

**“EVALUATE THE EFFICACY OF *DHANYAKADI GHANA VATI* WITH
USHANA JALA & TAKRA IN THE MANAGEMENT OF *GRAHANI*
ROGA”**

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ABSTARCT

Grahani is one among the “*Asta Maha Roga*” mentioned in Classics. It's the vital sickness of *Annavaha Srotas*. And seen in day to day apply. It Had been delineated as a chronic sickness that produces because of the weakness of *Agni* and it's four types *Vata*, *Pittaja*, *Kaphaj* and *Tridoshaja*. Patient passes stool as liquid, dried, skinny & undigested with sound, broken, mixed with secretion and significant, frequent motions. That are of typically, dry & watery consistency is that the cardinal symptoms. The symptoms of *Grahani Dosha* as mentioned in classics are like the disease referred to as Irritable bowel Syndrome. In allopath the treatment of includes

the utilization of Antidiarrhoals & mono amine neurotransmitter antagonist in symptoms distinguished IBS-D and use of laxatives in constipation distinguished IBS-C. IBS being a psychosomatic disorder tricyclic antidepressants are utilized in its treatment. Despite the utilization of these medicines the patients sometimes don't get complete relief. *Ayurveda* has been tried to be terribly effective in natural process in *Grahani Dosha*. And line of treatment includes *Nidana Parivarjana* and maintenance of *Agni* and *Dhatu*.

KEYWORDS: *Vata*, *Pittaja*, *Kaphaj* and *Tridoshaja*.

INTRODUCTION

In *Ayurveda*, *Ayu* is defined as conjunction of body, soul, mind and sense. Each has been given due to importance in the prevention and maintenance of health and cure of disease. Now a days *Grahani* is one of the major disease of the life style disorder. The disease in which *Grahani* or small intestine gets vitiated and there is impairment of *Agni* is called as

Grahani,. Hence in this disease the function of small intestine e.g digestion and absorption of food are disturbed (M.N, A.H. Su 12/8). This disease can be compared with sprue syndrome or krohn's disease and Irritable bowel disease, Ulcerative colitis, Amoebiasis etc.

Regarding prevalence of IBS, it is found that it affects 20% of population. Amoebiasis is the third most common cause of death from parasitic disease.it affects 480 million people worldwide about 12% of total population.Incidence of ulcerative colitis per lakh is found 2.2-14.3 and that of crohn's disease is 3.1-14.

LITERATURE REVIEW

The disease *Grahani Roga* is explained in all classical texts of *Ayurveda*. Its *Lakshanas* and *Chikitsa* are mentioned in *Charaka Samhita*, *Sushruta Samhita*, *Astanga Hridaya*, *Madhavanidana*, *Sharangadhara Samhita* and *Yogratnakar*. For *Grahani Roga*, it is mentioned in the texts.

“अधस्तु पक्वामामं वा प्रवृत्तं ग्रहणीगदः” (ch.chi. 15/42)

HETU

Agni gets vitiated because of the excessive fast, indigestion, over eating and irregular eating, intake of unwholesome heavy, cold, excessively unctuous and polluted food. Also if the diarrhoea is not properly treated, and the person starts eating improper diet without digestive fire becoming normal, then this disease is created.

Arsha, *Atisara*, and *Grahani* are develop due to *Agnimandya* and they can be created from each other. Hence in all these disease, protection of *Agni* is the most important factor.

SAMPRAPTI

Due to improper diet, digestive fire gets vitiated causing indigestion. Due to this, *Grahani* becomes weak and the disease is created.

The disease originates due to *Agnimandya*, Its main site is small intestine and the symptoms are observed in field of *Samana* and *Apana Vayu*.

PURVARUPA

Thirst, lethargy, delayed digestion, heaviness in body, anorexia, gas in abdomen and something vomiting. (Ch.Chi. 15/55 & M.N.).

ROOPA

The afflicted person voids stool in large quantity either in solid or liquid form and thirst, anorexia, distaste of mouth, excessive salivation, *Tamaka Shwas*, oedema in leg and hands, pain in bone, vomiting, fever, and eructation having metallic smell, smell of *Ama*, bitter as well as sour tastes.

REVIEW OF LITERATURE**1) Samhita Kaal**

In *Charaka Samhita* – Acharya Charaka described *Grahani Roga* in *Chikitsa Sthana* chapter 15.

In *Sushruta Samhita* – Acharya Sushruta described *Grahani Roga* in *Uttaratantra* chapter 40.

2) Sangraha Kaal

In *Astanga Hridaya* – Acharya Vagbhata described *Grahani Roga* in *Nidan Sthana* chapter 8, and *Chikitsa Sthana* chapter 10.

In *Madhava Nidana* – *Grahani Roga* described in chapter 4.

In *Yoga Ratnakara* – *Grahani Roga* described in *Purvadhagat*.

In *Chakradatta* – *Grahani Roga* described in chapter 4.

DRUG REVIEW

Regarding the *Chikitsa Siddhant*, Acharya Charaka and other Acharyas have clearly mentioned that, If the *Ama* moves downwards and remains adhered to the *Pakvashaya* then the patient should be given Virechana therapy with such drugs as are *Deepana*, If the *dosa* in its *Ama* stage is converted into *Rasa* and pervades other parts of the body the patient should be undergoes *Langhana* by *Ahara* and *Vihara*. *Pachana* drugs should be given there after.

“लीनपक्वाशयस्थं वाप्यामं स्राव्यं संदीपनै, शरीरनुगते सामे रसे लघनपाचनम्” (Ch.Chi. 15/74)

Considering the above facts regarding the *Chikitsa* of *Grahani Roga* the drug chosen for its management is *Dhanayakadi Ghan Vati* with *Ushana jala* and *Takra*. Because *Takra* is efficacious in *Grahani* due to appetizing nature, astringency and lightness. Because of *Madhur vipaka*, it does not vitiate *Pitta*, is wholesome in *Kapha* due to astringent, hot, *Vikasi* and rough properties and in *Vata* due to sweet, sour, and Viscous in nature. Thus it is useful for all three *Doshas*. Buttermilk if fresh, do not produce burning, hence it is useful in *Grahani* and *Arsha* diseases.

Ushana Jala also has *KaphamedoShamaka*, *Vatanashaka*, *Deepana*, and *Bastishodhak* properties. That's why we use *Dhanyakadi Ghana Vati* with *Takra* and *Ushana Jala* as a *Anupan*.

In Allopathic system of medicine there are so many treatment modalities to manage *Grahani Roga* but patient has to rely on them throughout the life and the side effects of the drugs puts hazardous effect which throws the patients into the vicious circle of unending diseases. *Ayurvedic* science of life has told many treatment modalities to deal with the *Grahani Roga*.

AIMS AND OBJECTIVES OF THE STUDY

- To study the aetiopathogenesis of *Grahani Roga*.
- To evaluate the effect of *Dhanyakadi Ghana Vati* in the management of *Grahani Roga* with *Anupan* of *Takra*.
- To evaluate the effect of *Dhanyakadi Ghana Vati* in the management of *Grahani Roga* with *Anupan* of *Ushana Jala*.
- Comparative study of both the groups.
- To provide reliable, cost effective *Ayurvedic* treatment for *Grahani Roga* with minimum/no recurrence.

MATERIALS AND METHODS

1- *Dhanaykadi Ghana Vati* - Role of *Dhanyakadi Ghana Vati* in the management of *Grahani Roga* has been mentioned in the *Chakradatta 4/7*.

“धान्यकाति वपोदीच्यमानीमुस्तनागरम्, बलद् वपर्णीबिल्व च दध्यात्दीपनपाचनम्” (*Chakradatta 4/7*.)

Name of the drug	Latin name	Part	Part used
<i>1-Dhanayak</i>	<i>Coriandrum sativum</i>	1 part	<i>Panchanga</i>
<i>2-Bilwa</i>	<i>Aegle marmeloes</i>	1 part	<i>Phala majja</i>
<i>3-Shunthi</i>	<i>Zingiber officinale</i>	1 part	<i>Kanda</i>
<i>4-Ativisha</i>	<i>Aconitum officinale</i>	1 part	<i>Mula</i>
<i>5-Musta</i>	<i>Cyprus rotandus</i>	1 part	<i>Kanda</i>
<i>6-Ajwain</i>	<i>Trachyspermum ammi</i>	1 part	<i>Phala</i>
<i>7-Bala</i>	<i>Sida cardifolia</i>	1 part	<i>Mula</i>
<i>8-Sugandhbala</i>	<i>Valeriana wallichii</i>	1 part	<i>Mula</i>
<i>9-Mudagparni</i>	<i>Phaseolus trilobus</i>	1 part	<i>Panchanga</i>
<i>10-Mashparni</i>	<i>Teramnus labialis</i>	1 part	<i>Panchanga</i>

PLAN OF STUDY**(A)– Selection of patients**

Total 40 patients of *Grahani Roga* will be selected from the OPD / IPD of P.G. dept. of *Kayachikitsa*, UAU, *Rishikul* campus, *Haridwar*, *Uttarakhand*. The study will be conducted on the patients randomly divided into 2 groups that means 20 patients in each group on the basis of inclusion and exclusion criteria depending on the detailed clinical history, physical examination and other necessary / desired investigation.

Patients of *Grahani Roga* will be selected irrespective of *Doshik* predominance.

(B) – Selection of drug

Dhanayakadi Ghana Vati

(C)– Dose of drug

1- *Dhanayakadi Ghana Vati* 1gm TDS with Anupan of *Takra*.

2- *Dhanayakadi Ghana Vati* 1gm TDS with Anupan of *Ushana Jala*.

(D)– Duration of study – 45 days.

(E)– Type of study – Single blind

(F) – Drug trial schedule

The patient will be selected randomly divided into following 2 groups.

Group I – Patient will be treated with *Dhanayakadi Ghana Vati* with Anupan of *Takra*.

Group II - Patient will be treated with *Dhanayakadi Ghana Vati* with Anupan of *Ushana Jala*.

(G) – Assessment of patients:- The assessment of the patients will be done 3 times at the interval of 15 days.

(H)– Follow up:- The follow up will be done 1 month after completion of treatment.

(I) – Inclusion criteria

- Patients between the age group of 18-60 yrs will be selected.
- Patients irrespective of sex, religion, occupation and chronicity will be selected for the study.

- Patients with symptoms of – *Muhurbadda – Muhurdrava Mala Pravritti, Ama – Malapravritti*, with or without other *Lakshanas* of *Grahani* like *Praseka, Trishna, Arochaka, Ajeerna, Udara Gaurav, Alasya, Vidaha*, will be selected for the study.

Exclusion criteria

- Patients suffering from any other systemic disorders like Hypothyroidism, Hyperthyroidism, Diabetes mellitus, Hypertension, Cardiac disease, renal dysfunction which interfere with the course of the disease and treatment will be excluded.
- Life threatening disease like abdominal Koch's, CA colon, and partial abdominal obstruction will be excluded.
- Patients with *Upadrava* of *Grahani* like *Gudabramsha, Gudapaka, Gudashotha* will be excluded.
- Patients with features such as severe anaemia, rectal bleeding, and significant weight loss will be excluded

(J) – Criteria for withdrawal

- 1) Personal matters
- 2) Inter current illness
- 3) Aggravation of complaints
- 4) Any other difficulties
- 5) Leave against medical advice

(K)– Criteria for assessment

The assessment of the trial will be done on the basis of following parameters.

1. Subjective
2. Objective

1. Subjective: The subjective assessment will be done on the basis of:

- a) *Muhurbaddham muhurdrava malapravruti*
- b) *Apakva malapravruti*
- c) *Dourgandhita malapravruti*
- d) *Udara Shool*
- e) *Udara Gourava*
- f) *Vishtmbha*
- g) *Aruchi*
- h) *Alasya*

- i) Vidaha
- j) Ajeerna

2.Objective – The objective assessment will be done on the basis of changes in stool like-frequency of stool, mucus in stool, blood in stool, ova cyst, before, during and at the end of the trial.

INVESTIGATIONS

- Hb%
- T.L.C.
- E.S.R.
- Stool –routine and microscopic, ova cyst.
- SGOT,SGPT
- Blood urea and serum creatinine.
- USG whole abdomen (if required)

These investigations will be carried out before and after completion of trial.

Grading For Subjective Parameter

For the sign and symptoms of the disease *Grahani Roga* grading will be done depending upon the severity and assessment will be done on the following *Lakshanas* graded.

1. *MuhurbaddhamMuhurdravaMalapravruti*

0	Passing of normal consistency stool (1 time/day).
1	Passing stool (2-3 times/day) with irregular consistency, without pain.
2	Passing stool (4-5 times/day) with irregular consistency, without pain.
3	Passing stool (2-3 times/day) with irregular consistency and occasional pain.
4	Passing stool (>3 times/day) with irregular consistency and occasional to regular pain.

2. *Udara Shool*

0	No pain,
1	Occasional pain
2	1 to 2 days/week,
3	3 to 4 days/week,
4	5to 6 days/week

3. Udara Gaurav

0	No <i>Gaurav</i>
1	Occasionally feeling of abdominal heaviness after taking heavy food,
2	Daily after intake of heavy food,
3	Heaviness of abdomen after intake of normal food,
4	Heaviness of abdomen even after easily digestible food,

4. Aruchi

0	Normal desire for food,
1	Desire for food at least twice in a day
2	Desire for food atleast once in a day
3	No desire even for favorite dish
4	Aversion for any kind of food

5. Vidaha

0	No <i>Vidaha</i> ,
1	Occasionally 1-2 time after taking spicy food
2	3-4 times in week after taking spicy food
3	Burning all the time even after normal food,
4	Burning all the time even after normal light food.

6. Aalasya

0	No laziness,
1	Refuses for any hard physical work,
2	Refuse to moderate physical work,
3	Refuse even for mild physical work,
4	No desire even for routine activities.

7. Vistambha

0	No <i>Vistambha</i>
1	Feeling of incomplete evacuation 1-2 days in a week,
2	Feeling of incomplete evacuation 3-4 days in a week,
3	Feeling of incomplete evacuation 5-6 days in a week,
4	Feeling of incomplete evacuation daily.

8. Ajeerna

0	Can be able to digest even heavy food,
1	Occasionally prolonged food digestion period after heavy meals,
2	Occasionally prolonged food digestion even after taking normal diet,
3	Consistently prolonged food digestion period even after taking normal diet.
4	Consistently prolonged food digestion period even after taking light food.

9. Dourgandhita mala pravrutti

0	No foul smell in stool
1	Passing of foul smelling stool 1-2 times in week,
2	Passing of foul smelling stool 3-5 times in week,
3	Passing of persistently foul smelling stool.

10. Apakva mala pravrutti

0	Normal stool consistency and odour,
1	Occasionally sticky stool with foul smell
2	Sticky stool with occasionally foul smell
3	Consistently sticky and foul smelling stool

Grading for objective parameters**1- Frequency of stool**

0	Normal stool
1	More than two times/day
2	More than five times/day
3	More than ten times/day

2- Mucous in stool

0	Absent
1	Present

3- Blood in stool

0	Absent
1	Present

4- Ova-cyst

0	Absent
1	Present

STATISTICAL ANALYSIS

No improvement – < 25% improvement

Mildimprovement – >25% to <50% improvement

Moderate improvement – >50% to 75% improvement

Marked improvement—> 75% improvement.

Complete improvement – 100% improvement (cure)

OBSERVATION

- The observation of patients will be carried out before, during and after completion of treatment.

- Little addition or exclusion may be done as per necessity of the study.

CONCLUSION

Conclusion will be made on the basis of the observation which is done on subjective and objective parameters.

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