

CONCEPT OF BILVADI CHURNA WITH TAKRA IN GRAHANI (IRRITABLE BOWEL SYNDROME)

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ABSTRACT

Grahani is the *adisthana* of *Agni*, it is called as *Grahani* as it holds the *Ahara* (food). It is situated above the umbilicus *i.e* between *amashaya* and *pakwashya*. *Grahani* holds up the food till it is digested and releases after *ahara pachana*, but when *doshas* are vitiated and *Agni bala* is reduced, *Grahani* released the food in the form of *apakwa awastha* and results in *Grahani Roga*. Its prevalence rate is about 69% in current time due to hurry, worry, curry with faulty dietary habits and stress, our life style is affected and so as our *Jatharagni*. *Grahani roga* can be correlated with Irritable Bowel Syndrome due to their similar causative agents and *lakshanas*. *Agnimandhya* is important factor in *samprapti* of the disease *Grahani Roga*. So, it should be mainly treated

for *Agnivardhana* by drugs with *Deepana* (which enhances digestive power) and *Pachana* (digestive) qualities. With the aim to provide relief to the patient and assess the efficacy of "Bilvadi Churna with *Takra* as *anupana* in *Grahani* (Irritable Bowel Syndrome) the present review study have been planned.

KEYWORDS: *Jatharagni*, Stress, *Agnimandya*, *Agnivardhana*, *Bilvadi Churna*, Irritable Bowel Syndrome.

INTRODUCTION

In today practice, one can come across good number of patients suffering from the complaints related to G.I.T. These complaints vary from loss of appetite to chronic abdominal pain, irregular bowel habit, incomplete evacuation, chronic flatulence, constipation, diarrhea

and failure to thrive etc. *Ayurveda* considers the dysfunction of *Agni* is responsible for undigested food which is responsible for various functional and structural defects in gastrointestinal tract. *Mandagni* is a root cause of *amadosha* and it is the crucial factor for manifestation of most of the diseases. Among them *Grahani* is the prime disease of gastrointestinal tract and seen often in day-to-day practice.

According to *Acharya Sushruta*, *Atisara* is considered as one of the predisposing factor for *Grahani Roga*.^[1] *Acharya Vagabhatta* describes *Arsha*, *Atisara* and *Grahani Vikara* as ‘*Anyonya Nidana Bhuta Vyadhi*’, of which *Agni Vikriti* (especially *Agnimandhya*) is the root cause.^[2]

Clinically IBS shows symptom like altered abdominal habit, abdominal pain and bloating, feeling of incomplete defecation, passage of mucus.^[3] The interventions in main stream bio medicine for IBS didn't prove as a permanent cure and have limitations owing to their unwanted effects. So, an attempt has been made in this context to understand the concept of *Grahani Roga* on the basis of *Ama*, *Agni* and *Pachana Kriya* carry out the present study *Bilvadi Churna*^[4] and *Takra* as *anupana*.

MATERIAL AND METHODS

The detailed review study has done by following the various modern books, internet, *Charaka Samhita*, *Shushruta Samhita*, *Vagabhatta Samhita* etc as per requirement. For the present review detailed literary study has been performed.

AYURVEDIC REVIEW

Grahani and *Agni* are interdependent (i.e. has *Adhara Adheya Sambandha*).⁵ *Grahani* is described as an *Agni Adhithana* by almost all *Acharyas* and commentators. Functionally weak *Agni* i.e. *Mandagni*, causes improper digestion of ingested food, which leads to *Ama Dosha*.^[6] This *Ama Dosha* is a root cause of most of the diseases and disturbs the natural flora of GIT and weakens the muscles and acid fluid configuration of GI tract.

In *Ayurveda*, *Acharya Charaka* has given a vivid description about *Grahani Roga* which is described later in relevant contexts.⁷ *Acharya Sushruta* and *Vagbhata*, also has thrown a very good light on *Grahani Roga*. *Grahani* is considered under *Ashta Maharoga*-very difficult to treat.^[8]

In *Grahani Roga*, although *Rogadhisthan* is *Grahani* but dysfunction occurs in whole G.I. tract. *Ayurveda* considers *Grahani* as a *Tridoshatmaka* disorder of digestive system which occurs due to vitiated *Samana Vayu*, *Kledaka Kapha* and *Dushit Jathragni* the digestion of food not occur properly, so form undigested materials, which occur like toxins for whole body.^[9]

Grahani roga results due to *avarana* of *apana vata* by *samana vata*. According to *Acharya Charaka* *avaraka dosha lakshanas* dominates the *avrita dosha lakshanas*. The *prakrita karma* of *apanavata* i.e. timely evacuation of stools is affected. *Samana vata dushti* results in altered frequency and consistency of stools.^[10]

Due to *pittadhara-kala dushti* in *atisara*, it results in *Grahani roga*. If proper *pathya sewan* is not done after *atisara vimukti* and due to *manda-agni*, *Grahani roga* occurs as mentioned by *Acharya Sushruta*. *Jatharagni mandhya* is the main cause of *Grahani roga* as per *Charaka Samhita*.^[11]

During *pachana karma*, *prana vata* brings the *anna* to *koshtha*, after that *samana vata*, *pachaka pitta* and *kledaka kapha* in *amashaya* works upon it. Due to *nidana sewan* the functioning of *samana vata* found altered due to which it doesn't kindle *jatharagni* and results in *apaka*. Other functions of *samana vata* like *grahana*, *munchana* and *vivechana* are also altered. Due to alteration in *agni*, *pitta dushti* takes place and results in *dravataha vridhi* of *pitta*. After vitiation, *prakrita rasa* of *pitta* i.e. *katu* attains *amla rasa* which further vitiates *kala* and results in *Grahani roga*.^[12]

The pathogenesis of the disease is confined to *Annavaha Srotas*, which is clear as *Charaka* has described *Pakwashayastha* and *Linawastha* after describing the *Grahani Dosha*. So the symptoms mentioned in *Charaka Samhita* such as manifested as *Vistambha*, *Aruchi*, *Gaurava*, *Praseka*, *Arti*, and *Vidaha* etc. *Mithya Aahara-Vihara* is the main cause of the *Agnidushti*, and finally for the disease manifestation.^[13]

As *Grahani* is caused due to *Agni Mandya*, the main line of treatment is to correct the *Agni Dushti* by *Langhana* and administering drugs which are *Deepana* and *Pachana* in action.^[14]

MODERN REVIEW

Epidemiology

Approximately 15% of the general population have symptoms that justify a diagnosis of IBS but only about 20% of these consult their doctors because of gastrointestinal referral^[15] and accounts for frequent absenteeism from work and impaired quality of life. Young women are affected 2-3 times more often than men. There is wide overlap with non-ulcer dyspepsia, chronic fatigue syndrome, dysmenorrhea and urinary frequency.^[16]

Overview: Functional gastrointestinal disorders are extremely common and are defined by the absence of structural. Irritable Bowel Syndrome (IBS) is the functional bowel disorder in which abdominal pain is associated with defecation or change in bowel habit.^[17]

IBS encompasses a wide range of symptoms and a single cause is unlikely. It is generally believed that most patients develop symptoms in response to psychological factors, altered gastrointestinal motility, altered visceral sensation or luminal factors.^[18]

Symptoms: The most common presentation is that of recurrent abdominal pain. This is usually colicky or cramping, is felt in the periumbilical region or lower abdomen, specially the left side.^[19] Abdominal bloating worsens throughout the day; the cause is unknown but it is not due to excessive intestinal gas. The bowel habit is variable. Most patients alternate between episodes of diarrhea and constipation but it is useful to classify patients as having predominantly constipation or predominantly diarrhea. The constipated type tends to pass frequently pellet stools, usually in association with abdominal pain or proctalgia. Those with diarrhea have frequent defecation but produce low-volume stools and rarely have nocturnal symptoms.

Despite apparently severe symptoms, patients do not lose weight and are constitutionally well. IBS is mainly of three types i.e. IBS with diarrhea predominant, constipation predominant, alternating constipation and diarrhea. Physical examination does not reveal any abnormalities, although abdominal bloating and variable tenderness to palpation are common.^[20]

Management: In the management, to make the positive diagnosis and reassure the patient are the important steps. Elimination diet are generally unhelpful but up-to 20% may benefit from a wheat-free diet, some may respond to lactose exclusion, and excess intake of caffeine or

artificial sweeteners such as sorbitol should be addressed. The role of probiotics has yet to be clearly established.

Psychological interventions such as cognitive behavioral therapy, relaxation and gut-directed hypnotherapy are reserved for the most difficult cases of Irritable bowel syndrome.^[21]

DISCUSSION

In *Ayurveda*, it is clearly defined the *upanayana* (discussion) has its own importance prior to *nigamana* (conclusion).

Current treatment modalities of modern medicines have their own limitations and side effects. So, it is the need of hour to have life-style modification, relief from medications without having side effects.

Chikitsa sutra of Grahani

yhua iDok'k;L;a ok··l;kea lzkO;a InhiuS%A
'kjhjkuqxrs lkes jls y³~?kuikpue~AA (*ch.chi.15\75*)

In *Grahani chikitsa*, most of the treatment mentioned in *Charaka Samhita* are aimed at *koshta shuddi*, *agni sthapana* and *vata anulomana*. Initially, when general line of treatment is explained, it is mentioned that *sama dosha* residing in *Grahani* giving rise to *lakshanas* like *vishtambha*, *praseka*, *daha* etc are to be treated with *sadhyovamana*. The *ama doshas* adhered in *pakwashaya* are to be treated with *deepana* and *virechana*.^[22]

Grahani is basically a gastro-intestinal disorder. So, *Bilvadi Churna* is *tridoshshamaka*, *deepana* and *pachana* in nature. The drug in combination with *takra* is having appetizer, carminative, digestive, antispasmodic, anti-microbial, anti-ulcerogenic, immune-modulator, mood improver, anti-anxiety and haematinic properties. The *Rasa* of the combination is predominantly *Katu* followed by *Tikta*, *Guna* is basically *Laghu* followed by *Ruksha*, *Virya* is *Ushana* and *Vipaka* is *Katu*. Basically it is *Kapha-Pitta shamak* and *Kapha-Vata shamak*. It detoxifies *pitta dosha*, pacifies *vata dosha* and reduces *kapha dosha*. Thus this polyherbal drug helps to combat *grahani roga*.^[23]

It contains *Bilva*, *Mocharasa*, *Shunthi*, *Bhanga*, *Dhaya flower*, *Dhaniya* and *Saunf* which are herbo-mineral in nature and is easily available and also an excellent combination of *Deepana* and *Pachana* drugs.^[24]

Drug ^[25]	Botanical name	Rasa	Guna	Virya	Vipaka
<i>Bilva</i>	<i>Aegle marmelos</i>	<i>Tikta, Kashaya</i>	<i>Ruksha Laghu</i>	<i>Ushana</i>	<i>Katu</i>
<i>Mochrasa (Shalmali niryasa)</i>	<i>Salmallia malbarica</i>	<i>Kashaya</i>	<i>Laghu, Snigdha</i>	<i>Shita</i>	<i>Katu</i>
<i>Shunthi</i>	<i>Zingiber officinale</i>	<i>Katu</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>
<i>Bhanga</i>	<i>Cannabis sativa</i>	<i>Tikta</i>	<i>Laghu, Tikshana</i>	<i>Ushna</i>	<i>Katu</i>
<i>Dhatki</i>	<i>Woodfordia fruticose</i>	<i>Katu</i>	<i>Laghu, Ruksha</i>	<i>Shita</i>	<i>Katu</i>
<i>Dhanyak</i>	<i>Coriandrum satium</i>	<i>Kashaya, Tikta, Madhur, Katu</i>	<i>Laghu, Snigdha</i>	<i>Ushana</i>	<i>Madhura</i>
<i>Satpushpa</i>	<i>Anethum sowa</i>	<i>Katu, Tikta</i>	<i>Laghu, Ruksha, Tikshana</i>	<i>Ushana</i>	<i>Katu</i>

Takra - Buttermilk is efficacious in *Grahani roga* due to appetising nature, astringency and lightness. Because of sweet *vipaka*, it does not vitiate *pitta*, is wholesome in *kapha* due to astringent, hot, *vikasi*(depressant) and rough properties and in *vata* due to sweet, sour and viscous nature (thus is helpful in all the three *doshas*). Buttermilk, if fresh, does not produce burning or acidity. Hence the uses of buttermilk prescribed earlier in abdominal disorders and piles are all applicable in *grahani roga* and should be applied in all ways.^[26]

This review study explores the treatment of disease *Grahani* by *Bilvadi Churna* with *Takra* as *anupana* as described by *Sidha Yoga Sangraha* by *Yadav Ji Trikam Ji*. Ayurvedic treatment with this drug may surely be effective without any side-effects.

CONCLUSION

This literary review is a step towards a noble work to explore the treatment in many ways by proper explaining the disease and drug of its use. A scientific approach is required to elaborate and establish the drug and its *anupana* combination efficacy for the specific targeted study.

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