

CLINICAL STUDY OF HIMANSHWADI CHURNA IN THE MANAGEMENT OF VATAJ GRAHANI W.R.T. IRRITABLE BOWEL SYNDROME

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ABSTRACT

The term '*Grahani Dosha*' implies the dysfunctioning of *Agni*. *Grahani* & *Agni* are interdependent. Therefore all the etiological factors of *Grahani Dusti* leads to the conditions like *Aruchi*, *Praseka*, *Ajeerna to Alasaka* & life threatening toxic states like *Visuchika*. Functionally weak *Agni* i.e. *Mandagni* causes improper digestion of the ingested food which leads to *Grahani Dosha* & finally if not treated timely & properly then *Grahani Roga* ensues. According to Allopathy Medicine Irritable Bowel Syndrome is a blanket term for variety of disease causing discomfort of Gastrointestinal tract. It is functional Bowel disorder characterised by chronic abdominal pain with discomfort, abdominal bloating, alteration of bowel habits as well as certain Psychological conditions like anxiety, depression, fatigue, tinnitus, sleep disturbance. So *Vataj Grahani* can be correlate with IBS. To treat this *Grahani vyadhi* properly *Agni chikitsa* is very important. For that the drug should have properties like *Dipana*, *Pachana*, *Vatanulomana*, and *Agnivardhana*. Considering above factors, *Himanshwadi churna* was chosen in the management of *Vataj Grahani* & we observed that quite effective in *Vataj Grahani/ Irritable Bowel Syndrome*.

Key Words: *Grahani*, Irritable Bowel Syndrome (IBS), *Himanshwadi Churna*

INTRODUCTION

Irritable bowel syndrome (IBS) is the most common functional gastrointestinal (GI) disorder with worldwide prevalence rates ranging from 9–23%. It is the Functional disorder where there is an absence of structural or biochemical abnormalities on common diagnostic tests, which could explain symptoms. Significant proportions – 35% to 40% – of individuals who report IBS in the community are male. Approximately 60% to 65% of individuals who report IBS in the community are female. In Ayurveda *Mandagni* is called as the main causative factor in all *vyadhis* & *agni chikitsa* is called as

Kayachikitsa. *Grahani Dosha* if not treated timely & properly then over a period of time *Grahani Roga* ensues as *Grahani dosha*, is the preliminary stage of *Grahani Roga* (*Chark Chikitsasthana 15/57*). Now a days the prevalence of *Grahani Roga* i.e. IBS is increasing day by day because, people have disregarded the codes for bodily health as well as healthy mind also. Some factors like stressful life, improper & irregular food habits, lack of time for food intake & defecation which hamper digestive system. As the digestive system becomes weak it leads to various diseases related to digestion like *Grahani roga*,

Pravahika, Visuchika, Alasaka which can be correlated with modern aspect like IBS, Ulcerative colitis, Chron's disease etc. There is no any individual, who does not fall victim to some GIT disorders during his life span. The changing lifestyle of Human beings, by means of diet & behavioural patterns, play a major role in manifestations GIT disorders. Reccurent GIT disturbances lead to diseases like *Grahani, Atisara & Arsha*. To cure these diseases effective management by medicines should be done which the patient can take

easily in day to day life. Hence, the study of *Himanswadi churna* in *Vataj Grahani* is carried out.

AIMS & OBJECTIVES:

1. To study the efficacy of The *Himanshwadi Churna* in the management of *Vataj Grahani* w.r.t. to IBS.
2. To find out the mode of action of Himanshwadi Churna in the treatment of the Vataj Grahani / IBS.

MATERIALS & METHODS:

Contents of the *HIMANSHWADI CHURNA*

1. <i>Himanshu (Kapoor/Cinamonum Camphor)</i>	:	1 part
2. <i>Rasna (INula Racemosa)</i>	:	1 part
3. <i>Panchlavan -</i>	:	1 part
a) <i>Saindhav lavan</i>		
b) <i>Samudrik lavan</i>		
c) <i>Romak lavan</i>		
d) <i>Sourchal lavan</i>		
e) <i>Bid lavan</i>		
4. <i>Haritaki (Terminalia Chebula)</i>	:	1 part
5. <i>Kshardvya</i>	:	1 part
a) <i>Sarjjikshar</i>		
b) <i>Yavkshar</i>		
6. <i>Trikatu</i>	:	1 part
a) <i>Soonthi (Gingiber Officinale)</i>		
b) <i>Pippali (Piper Longum)</i>		
c) <i>Marich (Piper Nigrum)</i>		

SOURCE OF DATA & METHOD OF COLLECTION: 30 patients randomly were selected from the O.P.D. & I.P.D. department of *Kayachikitsa*, K.G. Mittal P. Ayurved Hospital Mumbai as per inclusion criteria.

REASEARCH DESIGN: Open Randomized Study of single group was done. Patients were administered *Himanshwadi Chuna* with *Takra Anupana* for 30 days.

1. Inclusive Criteria:-

- a) Patients between 20-70 yrs of age of both sex.

b) Patients showing classical symptoms of *vataj grahani* as mentioned in *brihatatrayi* and other *samhitas*.

c) Known case of I.B.S . diagnosed by sign and symptoms as mentioned in contemporary science.

2. Exclusive Criteria :-

- a) Patients below 20 yrs and above 70 yrs of age.
- b) Pregnant and lactating women.
- c) Known case of Abdominal Koch's, CA of stomach.
- d) Known case of gastric ulcers, intestinal obstruction.

e) Known case of ulcerative colitis and Cronhs disease.

f) Those patients showing acute symptoms and symptoms indicating fatal consequences.

Investigations:

Pathological Parameters	Radiological Parameters
Stool examination: routine and microscopic.	Barium meal of lower GIT

Mala Parikshan: Sam, Niram, shushka, muhurbadham muhur dravam, phenyuktam, sashabdham Malapravrutti.

TREATMENT SHEDULE: The Patients were given *Himanshwadi Churna* as a treatment twice daily in *Vyan & Udana Kala*. Required assessments were done before treatment, after treatment & follow up was taken after every week.

Dose: 5 gm BD

Kala: Vyan kala i.e. Pratah Bhojanottar. & *Udana kala* i.e. Sayam Bhojanottar.

Anupan : Takra.

Route of Administration: Oral.

Duration: 30 days.

CLINICAL ASSESSMENT

Table No. 1] Subjective criteria:- Gradation will be done as following:

Symp.No.	Lakshan	0	1	2	3
01	Abdominal pain	Absent	Mild	Moderate	Severe
02	Abdominal discomfort	Absent	Mild	Moderate	Tiredness on rest
03	Aadhmanam(Bloating)	Absent	Mild	Moderate	Severe
04	ShwasDifficulty in Breathing)	On heavy exertion	On exertion	Even after daily activities	Present even at rest
05	Aasyavairasya (Tasteless tongue)	Absent	Aasya-vairasya related to only daily food	Aasya-vairasya seen on fresh and good food.	Aasya-vairasya seen all type of food
06	Shuktpaka (indigestion)	Absent	Sometime after taking food	Regularly after taking some food	Commonly, not related to taking of food or not
07	Grudhi sarvrasanam(Feeling to take all rasas)	Absent	Mild	Moderate	Severe
08	Trushna (Thirst)	Absent	Mild	Trush-naoccurs after taking	Trushna occurs any time.
09	Karnaswanam(Tinnitus)	Absent	Mild	Sometimes	Frequently
10	Mana sadnam(disturbed mental condition)	Absent	Mild	Sometimes feel	Regularly or commonly
11	Kruchapaka(indigestion)	Absent	Mild	Sometimes	Regularly

					or commonly
12	Alteration of bowel habit(irregualar consistency of stool)	Rarely	Monthly	Weekly	Frequently
13	Shushka tanu apkwa phenyukta malapravrutti Hard,soft.indigested,sticky stool)	Absent Mild Mild Some-times	Sometimes After meal After meal Regular	Regular Regular Regular Commonly	Commonly Commonly commonly commonly

Relief was characterised by reduction in scale from 3,2,1,0

Grades:-

0 – Absent

1(+) – Mild

2(++) – Moderate

3(+++) – Severe

OBSERVATIONS, ANALYSIS & INTERPRETATIONS:

Table No.2] Application of wilcoxon matched pairs sign rank test for each symptom:

Symptom	Mean		S.D		S.E.		Median		'P' Value	'r' Value	Result
	B.T	A.T	B.T	A.T	B.T	A.T	B.T	A.T			
1	2.1 67	0.53 33	0.69 89	0.77 61	0.12 76	0.14 17	2.00 0	0.0 00	< 0.0001	0.5827	ES
2	2.1 67	0.56 67	0.68 14	0.62 61	0.12 44	0.11 43	2.00 0	0.5 00	<0.000 1	0.4348	ES
3	2.2 00	0.82 22	0.61 03	0.71 44	0.11 14	0.13 04	2.00 0	1.0 00	< 0.0001	0.6546	ES
4	2.0 67	0.63 33	0.63 97	0.66 87	0.11 68	0.12 21	2.00 0	1.0 00	< 0.0001	0.6027	ES
5.	2.1 67	0.63 33	0.69 89	0.66 87	0.12 76	0.12 21	2.00 0	1.0 00	< 0.0001	0.5659	ES
6.	0.2 00	0.83 33	0.61 03	0.69 89	0.11 41	0.12 76	1.00 0	0.0 00	< 0.0001	0.4809	ES
7.	2.0 33	0.53 33	0.71 84	0.57 13	0.13 12	0.10 43	2.00 0	0.5 00	<0.000 1	0.5362	ES
8	1.9 00	0.56 67	0.54 77	0.50 40	0.10 00	0.92 02	2.00 0	1.0 00	< 0.0001	0.4632	ES
9	2.1 67	0.33 33	0.69 89	0.47 95	0.12 76	0.87 54	2.00 0	0.0 00	< 0.0001	0.3354	ES
10	2.0 67	0.33 33	0.63 97	0.47 95	0.11 68	0.87 54	1.00 0	0.0 00	< 0.0001	0.4896	ES
11	2.1 03	0.36 67	0.61 79	0.55 61	0.11 47	0.10 15	1.00 0	0.0 00	< 0.0001	0.4948	ES
12.	1.9 67	0.40 00	0.66 87	0.56 32	0.12 21	0.10 28	2.00 0	0.0 00	< 0.0001	0.2833	ES
13.	2.0	0.53	0.58	0.50	0.10	0.92	1.00	0.0	<	0.3336	ES

67	33	33	74	65	64	00	00	0.0001		
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ES- Extremely Significant

Objective criterion on the basis of Malaprikshan: In objective criterion, all investigation should be normal so no change in objective criterion but on the

basis of *Mala parikshan* i.e *Samayukt Apakva* form of stool consistency get converted in the form of *Pakva Niram Swarup*.

<i>Malaswarup</i>	N=30	
<i>Parikshan</i>	BT (No. Of patients)	AT (No. Of patients)
<i>Sama Mala Swarup</i>	27	07
<i>Shushka Mala Swarup</i>	14	05
<i>Muhurbadham Muhurdravam</i>	24	08
<i>Phenvat Mala Swarup</i>	19	07
<i>Sashabdam Malaswarup</i>	22	09
Total	106	36
Difference	70	
Averade % Relief	66.3%	
Paired t test		
Mean	21.200	14.00
S.D	4.970	1.483
S.E	2.223	0.6633
Median	22.00	7.00
Passed normality	Yes	
'P' Value	0.0017	
't' value	7.483	
Result	Very Significant	

BT- Before treatment

AT – After treatment

DISCUSSION

The disease *Vataj Grahani* is found to be common in these days due to increasing stress factor & improper food habits which hampered Digestive system & are known as Causative factors of *Vataj Grahani* (IBS). Thus it was decided to select this disease for Research work. Due to resemblance of onset & progress of disease *Vataj Grahani* & IBS was included in the study. Modern medical management is limited only upto use of laxatives, antacids & appetisers rather than treating actual pathophysiology of the disease. In pathogenesis of the *Vataj Grahani* due to He-

tusevana Agnimandya & Amotpatti occurs which vitiates the *Vata dosha* especially *Saman Vayu & Apan vayu*. *Karmataha & gunatha kshaya of Saman vayu occurs and karmataha vrudhi of Apan vayu* occurs due to *gunataha vrudhi of Chala, ruksha & parush guna*. Due to that *Grunhati, Pachati, Vivechayati & Munchati* (intake, digestion, dividation of usful & unuseful parts,excretion) these functions of *Saman vayu* gets hampered. So food dosen't undergo above mentioned procedures & undigested food expel out in *apakva* form by *Munchati* process.

Role of Drug action in VATAJ grahani

i.e. IBS:

Shunthi : Ginger contains gingerol content which is assumed to have antiemetic, analgesic, sedative, antibacterial and other physiological effects though other non-volatiles may have some of the same effects¹

Pippli: *Pippali* is Thermogenic, diuretic, tonic, purgative, stomachic, digestive, emollient, & antiseptic² *Trikatu* powder helps to regulate digestion & metabolism³

Panchlavan: It digests undigested *ama* and increases *Jatharagni*⁴ The sum total effect of the *Himanshwadi churna* are as follows

RASA: Lavan, Tikta, Katu. VIPAKA : katu, VIRYA: ushna, GUNA : Snigdha, Laghu, KARMA : Dipan, pachan, Aampachan, Agnivardhan, DOSHAGHNA-TA: vata kaphagna, DUSHYA : Rasa dhatu, STROTSA: Annavaaha, purishvaha. In *Grahani* mainly there will be vitiation of *Agni*, usually *Mandagni* is seen. This ultimately results in *Aama* formation and also may lead to *Shuktapaka*, *Himanshwadi Churna* due to its *Lavan, Tikta, Katu Rasa, Katu Vipaka, Laghu, Tikshna Guna*, acts as *Agni Dipaka* and also *Amapachaka*. *Tikta Rasa* and *Laghu, Ruksha Guna* help in reducing the colonic motility and thereby reduces *Muhurbadham Muhurdravam Mala Pravrtti* (Irregular consistency of Stool). Thus *Himanshwadi Churna* acts on *Grahani* and helps to overcome disease process and provides beneficial action.

Considering Gradation of symptoms, symptom wise result seen is as follows-

- A) Excellent Result (70-80%)- *Abdominal Pain, Abdominal Discomfort*
- B) Good Result (50-70%) - *Adhman, Shwas, Asyavairasya, Grudhi Sarva Rasanam, Alteration in Bowel Habit,*

Shushka, tanu, apakvam, fenavat Mal-apravrutti.

C) Average result (25-50%) - *Manasada, Karnaswana, Kruchrapaka.*

D) Average % relief seen in this study was 61.47%.

CONCLUSION

Good Clinical improvement was seen with the use of *Himanshwadi Churna* in the *Vataj Grahani*. Hence *Himanshwadi Churna* is quite effective in the management of *Vataj Grahani* (IBS) & it can be considered as the new availability in *Vataj Grahani/ IBS* so that quality of life can be improved.

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