

***A CLINICAL STUDY TO EVALUATE THE EFFICACY OF PICCHABASTI AND KAPIT-TASHTAKACHURNA IN THE MANAGEMENT OF IRRITABLE BOWEL SYNDROME W.S.R. TO PRAVAHIKA***

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**ABSTRACT**

Irritable bowel syndrome is a functional bowel disorder characterized by abdominal pain or discomfort and altered bowel habits in the absence of detectable structural abnormalities. Throughout the world about 10-20% of adult and adolescents have symptoms consistent with IBS and most studies show a female predominance. Women are diagnosed with IBS 2 to 3 times as often as men and make up to 80% of the population with severe IBS. Considering this, the study was undertaken to evaluate the efficacy of *picchabasti* (one of the treatment modality), followed by *Kapittashtakachurna ashamanoushadhi* in the Management of Irritable bowel syndrome vis-à-vis *Pravahika*. **Materials and Methods;** It was an observational clinical study with pre and post-test design, consisting of *Picchabasti (niruha)*, *pippalyaditaila (anuvasana)* and *kapittashtakachurna as shamanoushadhi*. The subjects fulfilling the diagnostic criteria of IBS vis-à-vis *Pravahika* were assigned in to single group consisted of 20 subjects. The symptoms like, Tenesmus (*kunthanasheela mala pravritti*), constipation (*Baddhamalapravritti*), abdominal pain/discomfort (*Udarashoola*), mucus in stool, Gas/ Flatulence, and increased frequency of defecation on grading were taken as parameters of assessment. The study consisted of 3 assessments i.e on 0<sup>th</sup> day, 8<sup>th</sup> day and on 31<sup>st</sup> day. **Results:** Statistical results on parameters showed highly significant results on symptoms of abdominal pain/discomfort, tenesmus, mucus in stool, flatulence and increased frequency of defecation with p value 0.000 and statistically significant result on symptom of constipation with p value 0.015.

**Keywords:** IBS, *Pravahika*, *kapittashtakachurna*, *picchabasti*, *pippalyaditaila*.

**INTRODUCTION**

Irritable Bowel Syndrome (IBS) is a functional GI disorder characterized by abdominal pain and altered bowel habits in the absence of a specific and unique organic pathology, rarely associated with microscopic inflammation.

Studies have revealed that IBS is a disorder that affects all ages, although most patients have their first symptom before the age of 45. Older individuals have a lower reporting frequency. In south Asia and in India, most IBS reporting patients are young men.

Almost all the symptoms of IBS are similar to that of *Pravahika*. *Pravahika* is a disease related to *pakvashaya* (colon) characterized by *pravahana* (straining) during defecation associated with *shoola*, *daha* and *vibaddhavatavarchas*. The *pureesha* (stool) will be *picchila* (slimy), *saphena* (frothy), *sakapha* (mucus) and excreted in little quantity with frequent episodes.<sup>1,2</sup>

For *Pakvashayagatavikaras* and *vataja* disorders, *Bastichikitsa* is considered to be one of the best methods of treatment. As IBS is a motility disorder related to colon (*pakwashaya*) which is chronic in nature and the main *dosha* involved in the pathogenesis of *pravahika* is *vata dosha*, this study was undertaken to evaluate the efficacy of *picchabasti*, followed by *Kapittashtakachurna* as *shamanoushadhi* (palliative treatment) in the Management of Irritable bowel syndrome vis-à-vis *Pravahika*. A total number of 20 subjects completed the intervention. Subjective improvement in IBS patients with statistical analysis of results has been explained in clinical study. All the observations were recorded in a specially designed proforma.

## **Aim and Objective**

To evaluate the combined effect of *Picchabasti* and *Kapittashtakachurna* as *shamanoushadhi* in IBS vis-à-vis *Pravahika*.

## **Materials & methods**

### **Source of data**

Subjects were selected from the O.P.D. and I.P.D. of Government Ayurveda Medical College & Hospital, Mysuru and from the Special camp conducted for the study at Government Ayurveda Medical College & Hospital, Mysuru for 1 month.

### **Sample size and Sampling method:**

A total of 23 subjects irrespective of gender, socio-economic status and religion, having the signs and symptoms of Irritable Bowel Syndrome vis-à-vis *Pravahika* fulfilling the inclusion criteria were registered for the study. The selected subject's detailed profile was prepared as per the detailed proforma designed for the same purpose, which incorporates relevant data like symptomatology, physical signs, laboratory investigation reports as well as assessment criteria after taking informed Consent of the subject.

### **Inclusion Criteria**

Patients with symptoms of IBS vis-à-vis *pravahika* viz.

- Abdominal pain associated with altered bowel habit that consists of constipation, diarrhoea or both. (*Sashoolamalapravritti* / *Vibaddhamala pravritti*).
- Mucus in stool (*Sakapha mala pravritti*).

- Altered stool passage (straining, urgency or feeling of incomplete evacuation/ *kunthanasheelamala pravritti/ Kruteapiakruta sangya*).
- Cases with or without dyspepsia, nausea, vomiting, flatulence were taken for the study.
- Patients between the age group of 16-60years were selected.
- Patients of all gender, religion, occupation were selected for the study.
- Both fresh and treated cases were taken for the study.

#### Exclusion Criteria

- Patients suffering from any other systemic disorders which interfere with the course of the intervention were excluded.
- Patients with complications of IBS like haemorrhoids, depression and weight loss were excluded.
- Patients with *upadrava* of *PravaHika* like *Gudabramsha* (rectal prolapse), *Gudapaka* (ano-rectal inflammation), *Gudashohta* (rectal swelling), *Gudenaraktasrava* (rectal bleeding) were excluded.
- Pregnant and lactating women were excluded.

#### Diagnostic Criteria

- Rome III criteria for functional bowel disorders.

The diagnosis was made based on the Rome III criteria. Recurrent abdominal pain or discomfort lasting at least 3 days a month in the last 3 months associated with any two below mentioned features

- Relieved with defecation

-Onset associated with a change in frequency of stool

-Associated with a change in form (appearance) of stool

Symptoms that support the diagnosis of IBS

- Altered stool frequency (may be defined as greater than 3 bowel movement/ day and less than 3 bowel movements/ week).
- Altered stool form (lumpy/hard or loose watery stool)
- Altered stool passage (straining, urgency or feeling of incomplete evacuation- *kunthanasheela, Sashoola mala pravritti, Kruteapiakrutasangya*).
- Passage of mucus –*Sakapha/saphena mala pravritti*.
- Bloating or feeling of abdominal distension.

#### Research design

The present study was an observational clinical trial with Pre and Post-test design.

#### Intervention:

The interventions were as follows.

1. *Picchabasti*<sup>3</sup> in *yogabasti* pattern for first 8 consecutive days.
  - *Anuvasana-PippalyadiTaila*<sup>4</sup>
  - *Niruha – madhu* (honey)- 30gms, *siandhava lavana* (rock salt)- 5gms, *pippalyadi-tail*-70ml, *yashtimadhu* (glycyrrhiza glabra) *kalka*- 12gms, *mocharasa* (*Salmalia malabarica*) *ksheerapaka*- 350ml
2. *Kapittashtakachurna*<sup>5</sup> 12gms in two divided doses of 6gms in the morning and 6gms in the night after food with *takra* (butter milk) as *anupana* (drink to be given)

along with medicine) for 22 days from 9<sup>th</sup> day of intervention.

Period of intervention- 30 days

### **Assessment -**

#### **Assessment schedule**

In this Study, total three assessments of the subjects were done. Pre-test assessment was done on 0<sup>th</sup> day, next assessment was done on 8<sup>th</sup> day (after *basti* therapy) and post-test assessment i.e. after the completion of intervention was done on 31<sup>st</sup> day

#### **Statistical methods**

The results were analysed statistically by using Cross tabulation analysis using Service product for statistical solution (SPSS) for windows software.

#### **Investigations:**

Haematological investigations namely Haemoglobin %, TC, DC, ESR, Random blood sugar, and Urine examinations namely Sugar, Albumin & Microscopic, Stool for Ova, Cyst and Microscopic were carried out to rule out other systemic diseases in all the cases.

## **OBSERVATION AND RESULTS**

### **Pre test observation;**

Out of 20 patients, in pre- test assessment, 1(5.0%) subject had Continuous abdominal pain not relieved by passage of flatus & stool, 19(95.0%) had intermittent lower abdominal pain relieved by passage of flatus. 1(5.0%) subject had No tenesmus, 2(10.0%) subjects had occasional tenesmus, 11(55.0%) subjects had tenesmus 1-2 times/day and in 6(30.0%) subjects tenesmus was frequently pre-

sent. 17(85.0%) subjects had No constipation, in 3 (15.0%) subjects constipation was once in 2 days. 5 (25.0%) subjects had Passage of large amount of mucus in stool, 12 (60.0%) subjects had Passage of mucus with frequent stool, 3 (15.0%) subjects had visible mucus in stool. 9 (45.0%) subjects had Rumbling / Gurgling sound in abdomen, 11 (55.0%) subjects had Frequent abdominal distension with increased Flatulence & belching. In 4 (20.0%) subjects, frequency of defecation was > 6 times a day, in 15 (75.0%) subjects frequency of defecation was 4-6 times a day, in 1 (5.0%) subject frequency of defecation was 2-4 times day.

### **Observation after *basti* therapy**

Out of 20 patients, in mid- test assessment, 3(15.0%) subjects had intermittent lower abdominal pain, 11 (55.0%) subjects had occasional abdominal pain, 6 (30.0%) subjects had no abdominal pain. In 1 (5.0%) subject tenesmus was frequently present, in 4(20.0%) subjects tenesmus was 1-2 times/day, 10(50.0%) subjects had occasional tenesmus and 5(25.0%) subjects had no tenesmus. 3 (15.0%) subjects had alternative day constipation and 17(85.0%) had no constipation. 2 (10.0%) subjects had passage of large amount of mucus in stool, 3(15.0%) subjects had passage of mucus with frequent stool, 10(50.0%) subjects had passage of visible mucus with stool and 5(25.0%) subjects had no visible mucus in stool. 1(5.0%) subject had rumbling or gurgling sound in abdomen, 6(30.0%) subjects had frequent abdominal distension with increased flatulence and belching, 9(45.0%) subjects had occasional abdominal distension and 4 (20.0%) subjects had no abdominal flatu-

lence. In 3(15.05) subjects frequency of defecation was 4-6 times/day, in 9(45.0%) subjects frequency of defecation was 2-4 times/day and in 8(40.0%) subjects frequency of defecation was twice daily.

**Post test assessment:**

In Post- test assessment, 1(5.0%) subject had Occasional abdominal pain and 19(95.0%) subjects were completely relieved from abdominal pain.17(85.0%) subjects had no tenesmus, 2 (10.0%)subjects had occasional tenesmus, and in 1(5.0%) subject tenesmus was

1-2 times a day.20 (100.0%) subjects had no constipation, 0 (0.0%) subjects had alternative day constipation.17(85.0%) subjects had no visible mucus in stool, 2(10.0%) subjects had visible mucus in stool and 1 subject had Passage of mucus with frequent stool.15(75.0%) subjects had No abdominal distension, 4(20.0%) subjects had Occasional abdominal distension, 1 (5.0%) subject had frequent abdominal distension with increased Flatulence & belching. In 19(95.0%) subjects frequency of defecation was once daily, In 1(5.0%) subject frequency of defecation was twice daily.

**Table 1:** Showing results on abdominal pain/discomfort

Day	Abdominal pain/discomfort				Total
	No abdominal pain	Occasional abdominal pain	Intermittent lower abdominal pain, relieved by passage of flatus	Continuous pain not relieved by passage of flatus & stool	
0 <sup>th</sup> day	0(0.0%)	0(0.0%)	19(95.0%)	1(5.0%)	20(100%)
8 <sup>th</sup> day	6(30.0%)	11(55.0%)	3(15.0%)	0(0.0%)	20(100%)
31 <sup>st</sup> day	0(0.0%)	0(0.0%)	17(85.0%)	3(15.0%)	20(100%)

The result on abdominal pain/discomfort showed statistically highly significant result with p value 0.000

**Table 2:** Showing the results on Tenesmus

Day	Tenesmus				Total
	No tenesmus	Occasional tenesmus	Tenesmus 1-2 times/day	Frequent tenesmus	
0 <sup>th</sup> day	1(5.0%)	2(10.0%)	11(55.0%)	6(30.0%)	20(100%)
8 <sup>th</sup> day	5(25.0%)	10(50.0%)	4(20.0%)	1(5.0%)	20(100%)
31 <sup>st</sup> day	1(5.0%)	0(0.0%)	13(65.0%)	6(30.0%)	20(100%)

The result on Tenesmus showed statistically highly significant result with p value 0.000

**Table 3:** Showing the results on Constipation

Day	Constipation				Total
	No Constipation	Alternative day constipation	Once in 2 days	Once in 3 days	
0 <sup>th</sup> day	17(85.0%)	0(0.0%)	3(15.0%)	0(0.0%)	20(100%)

8 <sup>th</sup> day	17(85.0%)	3 (15.0%)	0(0.0%)	0(0.0%)	20(100%)
31 <sup>st</sup> day	20(100.0%)	0(0.0%)	0(0.0%)	0(0.0%)	20(100%)

The result on constipation showed statistically significant result with p value 0.015

**Table 4:** Showing the results on Mucus in stool

Day	Mucus in stool				Total
	No visible mucus in stool	visible mucus in stool	Passage of mucus with frequent stool	Passage of large amount of mucus in stool	
0 <sup>th</sup> day	0(0.0%)	3(15.0%)	12(60.0%)	5(25.0%)	20(100%)
8 <sup>th</sup> day	5(25.0%)	10(50.0%)	3(15.0%)	2 (10.0%)	20(100%)
31 <sup>st</sup> day	17(85.0%)	2(10.0%)	1(5.0%)	0(0.0%)	20(100%)

The result on Mucus in stool showed statistically highly significant result with p value 0.000

**Table 5:** Showing the results on Flatulence

Day	Flatulence				Total
	No abdominal distension	Occasional abdominal distension	Frequent abdominal distension with increased flatulence and belching	Rumbling / Gurgling sound in abdomen	
0 <sup>th</sup> day	0(0.0%)	0(0.0%)	11(55.0%)	9(45.0%)	20(100%)
8 <sup>th</sup> day	4(20.0%)	9(45.0%)	6(30.0%)	1(5.0%)	20(100%)
31 <sup>st</sup> day	15(75.0%)	4(20.0%)	1(5.0%)	0(0.0%)	20(100%)

The result on Flatulence showed statistically highly significant result with p value 0.000

**Table 6:** Showing the results on increased frequency of defecation

Day	Increased frequency of defecation					Total
	Normal once daily	twice daily	2-4 times day	4-6 times a day	> 6 times a day,	
0 <sup>th</sup> day	0(0.0%)	0(0.0%)	1(5.0%)	15(75.0%)	4(20.0%)	20(100%)
8 <sup>th</sup> day	0(0.0%)	8(40.0%)	9(45.0%)	3(15.0%)	0(0.0%)	20(100%)
31 <sup>st</sup> day	19(95.0%)	1(5.0%)	0(0.0%)	0(0.0%)	0(0.0%)	20(100%)

The result of increased frequency of defecation showed statistically highly significant result with p value 0.000.

## DISCUSSION

Ingredients of *pippalyaditaila* possess *deepana* (appetizer), *pachana* (digestive), *vatanulomana* (carminative), *grahi* (absorbent) and

*shoolahara* (analgesic) properties. *Taila* (*Sneha*) in general is *Vatahara*, removes the obstruction produced by *mala*. Owing to the *SnigdhaGuna* (unctuous nature), it produces

unctuousness in the body and by *Sukshma-Guna* (minuteness) it helps the potency of the drug to reach into the micro channels. *Mocharasa* is having *kashaya*(astringent) *rasa*, *snigdha* (unctuous), *sheeta* (cold), *grahi* (absorbent) and *sthambhanaguna* (with-holding property). *Ksheera* (milk) acts as *vata pitta shamaka*, *rasayana*, *balya* by virtue of its properties and when processed with *mocharasa* it acts as *sthambhaka*, *grahi*, *vatanulomaka* and hence helps in the management of *Pravahika*. *Mocharasa* also possesses the properties like antibacterial and antimicrobial, thus helps in managing post infectious IBS.<sup>6</sup>The main ingredient of *kapittashtata-kachurna* is *phalamajja* (fruit pulp) of unripen *kapitta* fruit (*Limonia acidissima*). The *phalamajja* of unripen fruit is used here because it possesses *Grahi* and *sthambaka* action. Other ingredients of this yoga have *deepana*, *pachana*, *vatanulomana*, *shoola prashamana* and *tridoshashamaka* properties.

## CONCLUSION

*Pravahika* is a *vatakaphapradhanavyadhi* characterised by *pravahana* (straining), *sakapha mala pravritti* (mucus in stool), *alpalpa mala pravritti* (little quantity of stool) and *muhurmuhur mala pravritti* (increased frequency of stools). All these correlates with the symptoms of IBS. It is clear from the observation made on 20 subjects that, maximum number of subjects had history of irregular food habits, which can be considered under *ahitashana* (improper diet), which on long run vitiates *vata* and *kapha doshas*. So the *piccha basti chikitsa* helps in treating *vata* as well as the *vatasthanagata kapha*. The overall assessment

has shown that; Complete relief was found in 7 (35.0%) subjects, marked improvement was found in 5 (25.0%) subjects, Moderate improvement was found in 2(10.0%) subjects, Mild improvement was found in 5(25.0%) subjects, No improvement was found in 1(5.0%) subject. From the results obtained it can be concluded that both the interventions used in the study are effective in the management of IBS vis-à-vis *Pravahika*. If the same line of treatment is continued in more number of subjects, effectiveness of the intervention can be assessed accurately.

## REFERENCES

1. Sushruta, Sushruta Samhita,(2014) sanskrit Commentary by sri Dalhanacharya edited by yadavajitrikamjiacharya, Chaukhamba Prakashana, Varanasi, Uttarantra 40/138 ,706pp
2. Vridda Vagbhata-Ashtangasangraha,(1989)edited by punyashlokachandshastri, Chaukhamba Prakashana, Varanasi, chikitsasthana 11th chapter,787-789pp
3. Sushruta, Sushruta Samhita,(2014) sanskrit Commentary by sri Dalhanacharya edited by yadavaj itrikamji acharya, Chaukhamba Prakashana, Varanasi, Uttarantra 40/141-142, 706pp
4. Kaviraj Govind Das Sen, Bhaishajya Ratnavali (2007), Siddhipradahindi commentary By siddinandana Mishra, Varanasi: ChowkambaSurabharatiPrakashana, arshachikitsa, 9/207-210, 319pp.
5. Vagbhata, Astangahrudaya, Sarvangasundariteeka by Arunadutta Edited by Harishastry Paradakara, choukambaSurabhara-

thiprakashana, Vranasi, chikitsasthana,  
9/110-112, 664pp

6. [https://issuu.com/ayurharivenkatesh/docs/gjrmi\\_-\\_volume\\_5\\_\\_issue\\_4\\_\\_april\\_20/25](https://issuu.com/ayurharivenkatesh/docs/gjrmi_-_volume_5__issue_4__april_20/25)

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