EFFECT OF BHUNIMBADI VATI IN THE MANAGEMENT OF GRAHANI DOSHA IN CHILDREN – A CASE STUDY

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ABSTRACT

Background: Grahani is a disease related with Agnidushti. This condition is more seen in childhood period due to faulty dietary habits and changing lifestyle which leads to many digestive diseases. So, it should be mainly treated for correction of Agni by drugs with Deepana and Pachana properties. Ingredients of Bhunimbadi Vati has properties of Deepana and Pachana mentioned in Charaka Samhita. Aim: To evaluate the effect of Bhunimbadi Vati in the management of Grahani Dosha in Children. Material and Method: A 5-years-old female patient of Grahani Dosha with complaints of defecation just after taking meal, Bowel frequency 3-4 times/day, Irregular bowel habit, loss of appetite, generalized weakness, occasional pain in abdomen, slow weight gain for 5-6 months was treated by Bhunimbadi Vati in three divided doses of 6 Vati per day after meal for 8 weeks with Sukhoshna Jala. Result: Marked improvement was found after 8 weeks of treatment i.e. Bowel frequency reduced to 1 time/day, no weakness, abdominal pain relieved, 1 kg body weight gained. Hematological parameters along with Routine & microscopic investigations of stool and urine were done before and after the treatment, all found normal. Mala Parikshana was done before treatment which shown sinking of stool in water and foul smell and after 8 weeks of treatment again Mala Parikshana was done where floating of stool in water and no foul smell were found. Conclusion: This case study has shown that Bhunimbadi Vati is effective in Grahani Dosha. Marked improvement found in all the symptoms of Grahani Dosha in Children.

KEYWORDS: Grahani Dosha, Bhunimbadi Vati, Mala Parikshana.

INTRODUCTION

Childhood is a period in which growth and development is on peak. Any factors affecting it in this period will not only disturb the growth of the child but its activities, social behaviour, immunity, concentration power and school performance too. If above mentioned problems are remaining untreated or unnoticed, they may turn into malnutrition that can hamper the overall growth and development of child. All the phases of growth and development are easily affected by unfavorable conditions like Mithya Ahara Vihara i.e. use of contaminated foods, water and faulty food habits etc. Today’s changing lifestyle is responsible for replacement of nutritious diet by preserved and fast food which leads to vitiation of
Agni. Improper function of Agni especially Mandagni is responsible for Grahani Dushti. The Grahani is the seat of Jatharagni both is interrelated. It’s supported and nourished by the strength of Agni. Normally, it receives the ingested food, which is retained by restraining the downward movement. After digestion it releases the food through sides of lumen to next Ashaya. Due to weakness and vitiation of Agni, it releases food in indigested form. It’s called Ama. Ama utpatti leads to Grahani Dosha. So, it should be mainly treated for correction of Agni by drugs with Deepana and Pachana properties. Ingredients of Bhunimbadi Vati have properties of Deepana and Pachana mentioned in Charaka Samhita.

MATERIAL AND METHODS:
Place of Study: -
OPD of Kaumarbhritya department, Institute for Post Graduate Teaching & Research in Ayurveda Hospital, Jamnagar, Gujarat, India, 361008.

Case Report: -
A girl aged 6 years old from Jamnagar city of Gujarat with Registration no. PG18082658 came with her mother in OPD of kaumarbhritya department IPGT & RA Hospital, Jamnagar on 13th November 2018 at around 9:30 am with the chief complaints of: -
1. Irregular bowel habit, defecation just after taking meal
2. Bowel frequency 3-4 times/day
3. Occasional pain in abdomen
4. Loss of appetite
5. Generalized weakness
6. Not gaining weight
Patient had above symptoms for last 5-6 months.

Haematological, Stool, Urine Investigations (Before Treatment)

Haematological, Stool, Urine Investigations (After Treatment)
On Systemic Examination:-
Inspection: No abdominal distension present
Palpation: Abdomen soft & tenderness absent
Percussion: Dull sound present
Auscultation: Bowel sound present

History of present illness:
According to her mother, patient was asymptomatic approx. 6 months back. But since then patient started complaints of irregular bowel habit, Bowel frequency 3-4 times/day, Occasional pain in abdomen, Loss of appetite, generalized weakness and not gaining weight. They have consulted to allopathic doctor and taken treatment for the same and got relief for some months but again above complaints started. Hence, they came to Institute for Post Graduate Teaching & Research in Ayurveda Hospital, Jamnagar, Gujarat, India for management.

Past History: -
Not significant.

Family History: -
Her father also has same complain of irregular bowel habits.

Personal History:

<table>
<thead>
<tr>
<th>Name: XYZ</th>
<th>Appetite: Poor</th>
<th>Bowel: Irregular</th>
<th>Wt.: 19 kg</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age/Sex: 5 yrs/F</td>
<td>Dietary habits: Veg.</td>
<td>Urine: Regular</td>
<td>Ht.: 111cms</td>
</tr>
<tr>
<td>Habitat: Urban</td>
<td>Prakriti: Vata-Kapha</td>
<td>Sleep: Sound</td>
<td>BMI: 15.5 kg/m²</td>
</tr>
<tr>
<td>Occupation: Student</td>
<td>Agni: Mandagni</td>
<td>Bala: Avara</td>
<td>Immunization: Proper as per age</td>
</tr>
<tr>
<td>SES: Middle Class</td>
<td>Koshtha: Madhyam</td>
<td>Addiction: None</td>
<td>Growth &amp; Development: Proper as per age</td>
</tr>
</tbody>
</table>

Ashtavidha Pariksha:

<table>
<thead>
<tr>
<th>Nadi (Pulse): 72/min</th>
<th>Shabda (Speech): Clear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mala (Bowel): muhurbaaddhana-muhurdravama</td>
<td>Sparsha (Touch): Normal</td>
</tr>
<tr>
<td>Matra (Urine): Regular</td>
<td>Drika (Eyes): Normal</td>
</tr>
<tr>
<td>Jivha (Tongue): Coated</td>
<td>Akriti (Built): Krisha</td>
</tr>
</tbody>
</table>

Treatment Plan:
Patient was treated on OPD basis and drug prepared in Pharmacy of Gujarat Ayurved University, IPGT & RA, Jamnagar.

Following Drug used for internal use:
Bhunimbadi Vati: contains 9 ingredients- Bhunimba, Maricha, Pippali, Shunthi, Chitraka, Mustaka, Kutaja, Katuki, Indrayava.

Dosage:

<table>
<thead>
<tr>
<th>Dose</th>
<th>6 Vati</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosage form</td>
<td>Vati (500mg)</td>
</tr>
<tr>
<td>Route of administration</td>
<td>Oral</td>
</tr>
<tr>
<td>Time of administration</td>
<td>Adhobhakta (after meal)</td>
</tr>
<tr>
<td>Amupana</td>
<td>Sukhoshna Jala (luke warm water)</td>
</tr>
<tr>
<td>Duration</td>
<td>8 weeks</td>
</tr>
<tr>
<td>Follow up</td>
<td>4 weeks</td>
</tr>
</tbody>
</table>
Pathya-Apathya –
Patient is strictly advised to follow Pathya Palana (do’s and don’ts)

<table>
<thead>
<tr>
<th>Pathya</th>
<th>Vihara</th>
<th>Apathya</th>
<th>Vihara</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahara</td>
<td>Vihara</td>
<td>Ahara</td>
<td>Vihara</td>
</tr>
<tr>
<td>✔ Purana</td>
<td>Shali, Shashtika</td>
<td>✔ Langhan (fasting)</td>
<td>✔ Snigdha (Oily), Kathina (hard), Guru (heavy), Ahara (diet), Dugdha, (milk), Dushtambu (Contaminated water), Kanda (Tuber).</td>
</tr>
<tr>
<td>✔ Takra</td>
<td>(Buttermilk)</td>
<td>✔ Vyayama (Physical Exercise),</td>
<td>✔ Ratrijagrana (late night awakening), Viruddhashana (Antagonistic food), Atapasevana, (Sun Bath) Vegavinigraha (Urges retention), Shrama (Labor), Ativyayama (Excessive exercise).</td>
</tr>
<tr>
<td>✔ Masura</td>
<td>(Red gram)</td>
<td>✔ Kaleshayanam (Sleeping on time)</td>
<td>✔ Ushna Jala (lake warm Water)</td>
</tr>
<tr>
<td>✔ Mudga</td>
<td>(Green gram)</td>
<td>✔ Agni deepaka (Appetizer) and Laghu Ahara (light diet)</td>
<td>✔ Langhan (fasting)</td>
</tr>
<tr>
<td>✔ Arhara</td>
<td>(Split pigeon pea)</td>
<td>✔ Ushna Jala (lake warm Water)</td>
<td>✔ Vyayama (Physical Exercise),</td>
</tr>
<tr>
<td>✔ Ushna Jala</td>
<td>(lake warm Water)</td>
<td>✔ Kaleshayanam (Sleeping on time)</td>
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</tr>
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<td>(Appetizer) and Laghu Ahara</td>
<td>✔ Ushna Jala (lake warm Water)</td>
<td>✔ Agni deepaka (Appetizer) and Laghu Ahara</td>
</tr>
</tbody>
</table>

Subjective Criteria of Assessment-
Muhurbaddhama muhurdravama mala pravritti (Irregular bowel habit), Udarashula (Abdominal pain), Arochaka (Anorexia), Mukhavairasya (Tastelessness), Balakshaya (weakness), Jarana Shakti (Intake Capacity), Abhyavarana Shakti (Digestive Capacity)

Objective Criteria of assessment-
Sama and Nirama Mala Parikshana done (before and after treatment), Sama Mala – Sinks in water and foul smell, Nirama Mala – Floats on water and no foul smell. Haematological, Stool and Urine investigations done before and after treatment in which not found any significant Findings.

Criteria for Assessment-
1. Muhurbaddhama Muhurdravama Mala Pravritti
0 - Passing of normal consistency stool (1 time/day) in the morning.
1 - Passing stool irregular (1-2 times/day).
2 - Passing stool irregular (2-3 times/day).
3 - Passing stool irregular & just after meal (3-4 times/day).
4 - Passing stool irregular & just after meal (>4 times/day).

2. Udarashula
0 - No pain.
1 - Occasionally pain.
2 - 3 to 4 days/week, pain ignored by child.

3 - 5 to 6 days/week, pain ignored by child.

4 - All the 7 days, which affect the activity of child, forced child to take medicine.

3. Arochaka
0 - Taking normal diet with interest.
1 - No interest in taking normal diet.
2 - Food has taken forcefully.
3 - Not taken a food even forcefully.

4. Balakshaya
0 - No weakness.
1 - Weakness but performs day to day activities.
2 - Weakness and difficulty in performing day-to-day activities.
3 - Child cannot able to get up from the bed.

5. Mukha Vairasya
0 - No complaint.
1 - Occasionally.
2 - Frequently.
3 - Continually.

6. Abhyavarana Shakti
0 - Good quantity thrice a day
1 - Good quantity twice a day
2 - Normal quantity twice a day
3 - Less quantity twice a day
4 - Less quantity once a day

7. Jarana Shakti
Scoring according to Jeerna Aahara Lakshana present after 6 hours after taking food. They are Utsaha,
Laghuta, Udgara Shuddhi, Kshudha Trishna Pravritti, and Yathochit Malotsarga.

0 - Presence of 5 symptoms.
1 - Presence of 4 symptoms.
2 - Presence of 3 symptoms.
3 - Presence of 2 symptoms.
4 - Absence of all the symptom.

RESULT

<table>
<thead>
<tr>
<th>No.</th>
<th>Parameters</th>
<th>B.T.</th>
<th>A.T.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Muhurbaddhama muhrdravama mala pravritti</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2</td>
<td>Arochaka</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>Udarashula</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>Balakshaya</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Mukhavairasya</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>Abhyavarana Shakti</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>7</td>
<td>Jarana Shakti</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Bowel frequency reduced to 1 time/day in morning.
Abdominal pain relieved
Appetite increased
2 kg body wt. gained

ON MALA PARIKSHANA - Nirama mala lakshana found i.e. Stool floats on water & no foul smell.

ON INVESTIGATIONS (HAEMATOLOGICAL, STOOL & URINE): No any significant findings found.

DISCUSSION

Because of Mithya Ahara Vihara Sevana, Samana Vayu and Pachaka Pitta vitiate that interrupt the normal function of Grahani by which indigestion of food occurs that leads to Amotpatti and cause Shukta Paka that resulting in Annavisha formation, these all leads to Grahani Dosha and when further dosha dushiti occurs it leads to Grahani Roga. Bhunimbadi Vati (Charaka Chikitsasthana Chapter 15) contains ingredients Bhunimba, Maricha, Pippali, Shunthi, Chitraka, Mustaka, Kutaja, Katuki, Indrayava which have Katu Tikta Rasa, Katu Vipaka, Ushna Virya and Deepana, Pachana, Rochaka and Sangrahaka properties. So, it mollifies Pachaka Pitta and Samana Vayu that resulting in Agni pradipti. Due to increase in Agni, improvement is seen in Abhyavarana and Jarana shakti and finally helps to get relief in symptoms of Grahani Dosha.

CONCLUSION

Due to faulty dietary habits & modified life style pattern, this disease is more common in children. So, by changing diet pattern, lifestyle modification and consumption of Bhunimbadi Vati, had shown better result in reducing the symptoms of Grahani Dosha.
But, to confirm the efficacy of above treatment protocol needs further larger sample clinical evaluation.

REFERENCES


Source of Support: Nil
Conflict Of Interest: None Declared