INTRODUCTION
In the quest for material comforts man has been losing his health. He has not been following the codes of healthy living and reeling under myriad problems regarding health like ajeerna, grahani, amlapitta etc. The root cause of these diseases is agnimandya. Among these, grahaniroga characterized by muhubaddhamuhudravam i.e. Altered bowel habits in the absence of detectable structural abnormalities along with other symptoms like udarashula (chronic or recurrent abdominal discomfort or pain) udaraatopa (abdominal bloating) kaphanissarana (passage of mucus) mala tyagaasantusti (feeling of incomplete evacuation, constipation or diarrhoea or both). It is described in Ayurveda classics to be caused by impairment of agni. Samgrahani is one of its types characterized by

ABSTRACT
People has been losing their health and suffering from myriad health problems like ajeerna, grahani etc. due to changing lifestyles. grahaniroga is characterized by muhubaddhamuhudravam i.e. Altered bowel habits in the absence of detectable structural abnormalities along with other symptoms caused by impairment of agni. Madhavakara introduced a new pattern of grahani i.e. samgrahani as a new disease. In present time its clinical presentation is correlated with IBS. Severity of its symptoms varies and can significantly impair quality of life, resulting in high health care costs. Keeping in mind the chronic nature of disease the present case study was dealt with to enkindle the agni, having fast relief and regenerating effect simultaneously. Vijayaparpati having ingredients like swarna, raupya, parada, gandhaka was administered in vardhamanaparpatikalpa dosing pattern along with parpativishapathyakalpana. It is agnideepana, amapachaka, and possess rasayana properties which enhance the normal functioning of pakwashaya and thus breaking the pathogenesis of disease and strengthening the rogaashaya. It showed rapid relief in sign and symptoms of the patient without any side effect / adverse effects during the course of treatment.

Keywords: Grahani, samgrahani, IBS, vijayaparpati

Case Report
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EVALUATE THE EFFICACY OF VIJAYAPARPATI TO MANAGEMENT OF SAMGRAHANI W.S.R. TO IRRITABLE BOWEL SYNDROME - A CASE STUDY

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INTRODUCTION
In the quest for material comforts man has been losing his health. He has not been following the codes of healthy living and reeling under myriad problems regarding health like ajeerna, grahani, amlapitta etc. The root cause of these diseases is agnimandya. Among these, grahaniroga is characterized by muhubaddhamuhudravam i.e. Altered bowel habits in the absence of detectable structural abnormalities along with other symptoms like udarashula (chronic or recurrent abdominal discomfort or pain) udaraatopa (abdominal bloating) kaphanissarana (passage of mucus) mala tyagaasantusti (feeling of incomplete evacuation, constipation or diarrhoea or both). It is described in Ayurveda classics to be caused by impairment of agni. Samgrahani is one of its types characterized by
the clinical features ‘pakvamvasarujamputimahurbadhmmahurdravam’, divaprakoparatrishanti (nocturnal diarrhea), durbalata, sadan, alasya and ‘malamsangrahayasangrahakadachitatirechayet’. Stool is accompanied by passage of large amount of mucus. It is said to be durvigya, dushchikitsyavyadhi. The clinical presentation of samgrahani can be correlated with IBS. Irritable Bowel syndrome is a common syndrome often called by other names like spastic colitis, mucous colitis, and colon neurosis. The principal abnormality is a disturbance of bowel motility which is modified by psychosocial factors. The I.B.S. is the most common functional gastrointestinal disorder seen in clinical practice. Symptoms usually begin in teens to early 20s. Throughout the world, about 10–20% of adults and adolescents have symptoms consistent with IBS, and most studies show a female predominance. Severity of symptoms varies and can significantly impair quality of life, resulting in high health care costs. The management of I.B.S. with modern medicine is temporary and may produce serious problems and side effects. Ayurveda management seems to be more satisfactory because the effects are long lasting and it has multiple systemic regenerative actions. Keeping in mind the chronic nature of disease the present case study was dealt with to enkindle the agni, having fast relief and regenerating effect simultaneously.

MATERIAL AND METHODS
Madhavakara introduced a new pattern of grahani i.e. samgrahani as a new disease. In present time its clinical presentation is correlated with IBS. No clear diagnostic markers exist for IBS; thus the diagnosis of the disorder is based on clinical presentation. The diagnosis of the case was made by using well known criteria, namely ROME-III SymptomsCriteria. Vijayaparpati kalpa7 mentioned in Bhaishajya Ratnawali was administered and patient was kept on parpatikalpavisheshpathya.

CASE REPORT
A 47 years old male patient, IPD/OPD Reg. No.115/6909012018, resident of Bharatpaur, Rajasthan (India), visited Kayachikitsa OPD of Arogyashala, National Institute of Ayurveda, Jaipur on 09 Jan 2018. He presented with chief complaints of increased frequency of bowel i.e. 10-12 times/day especially after having meals, stool mixed with mucus, discomfort in abdomen which was relieved after defecation, since 7 years, associated with generalized weakness. These symptoms were relieved in the evening and night. He was diagnosed as a patient of IBS. By allopathic treatment he had only mild temporary relief and symptoms recurred again. He was diagnosed as case of samgrahani and was treated initially with herbal drugs, then he was administered Vijayaparpatikalpa and parpatikalpavisheshpathya.

GENERAL EXAMINATION
Pallor- absent; Icterus- absent; Cyanosis-absent; Clubbing- absent; Lymph nodes- non palpable; Edema- absent. Bloodpressure-110/70 mm of Hg; Pulse- 80/min, regular; RR-20/min; Temp- 98.4°F.

SYSTEMIC EXAMINATION
Per abdomen-abdomen was shrunken, soft and non-tender. No hepato- splenomegaly present. CVS – no any abnormality detected in cardio vascular system, RS- no abnormality, CNS- Higher mental function were intact. Rectal examination – No perianal inflammation in the form of fissure, fistula or pile mass was noticed. CNS- Higher mental functions were intact. Musculo- skelton system examination – no abnormality found.

PERSONAL HISTORY OF PATIENT
Appetite-reduced; Sleep- disturbed; Bowel-loose stools,10-12 times per day; Bladder- normal; Addiction-None; Diet- vegetarian.

INVESTIGATION
Lab investigation Hematological reports reveals that Hb% -15.8 gm%, ESR-02 mm/hr, TLC- 5100 cells/cu mm, DLC (N/L/E/M/B) - 38/49/07/06/00 and other hematological parameters like lipid profile, LFT were normal, renal parameters and fasting and random blood sugar and urine investigation also within normal
limits. Chest X-ray & ECG showed no abnormalities. Stool examination revealed no ova or cyst, no occult blood/parasites/WBC were seen. His anti transglutaminase IgA antibody assay report was negative; sigmoidoscopy, colonoscopy and terminal ileoscopy reports were normal; His USG was suggestive of right sided nephrolithiasis 6mm. The Duodenal biopsy was normal and of ascending colon-epithelium was normal, crypt architecture and mucin preserved with stain for amyloid negative.

**TREATMENT**

*VijayaParpati*(ShuddhaParada, ShuddhaGandhaka, Swarna, Raupya, Vaikranta, Mauktika) was prescribed as follows-

**Dosing pattern of vijayaparpatikalpa**

1st day- Vijayaparpati- 250 mg (2 ratti) OD with Takrasanskarita with hinga and jeeraka; the dose was increased by 125mg (1 ratti) every day upto the dose of 10 ratti. Then the dose was decreased by 1 ratti every day up to 1 ratti. This regimen was repeated three times with 5 days interval of sansarjana karma.

**Pathya**- Patient was kept on takrasanskarita with hinga and jeeraka.

**Sansarjana karma**- It was done after each regimen for 5 days.

**RESULTS**

Improvement in sign and symptoms of disease was marked and rapid recovery was observed after three regimens of parpatikalpa. There was marked and rapid improvement in following sign and symptoms as shown in table: 1.

**DISCUSSION**

Grahani disease is described to be very difficult to treat and is chronic in nature (*Durvaaraam, duhsaadhyaam, bahuvaarshikeem*). *Samgrahani* is said to be *dushchikitsya*. This case study thus was focused on providing a rapid and permanent relief in the sign and symptoms of *samgrahani* in the patient.

After first regimen of *vijayaparpatikalpa* the frequency of stool was decreased markedly with lessened amount of mucus in stool. So the regimen

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Parameters/ symptoms</th>
<th>Before treatment</th>
<th>After treatment -1st regimen</th>
<th>After treatment- 2nd regimen</th>
<th>After treatment - 3rd regimen</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><em>Udara Shula</em> (Abdominal Pain or Discomfort)</td>
<td>Sometime / rarely abdominal pain/ discomfort</td>
<td>Sometime / rarely abdominal pain/ discomfort</td>
<td>rarely abdominal pain/ discomfort</td>
<td>No abdominal pain/ discomfort</td>
</tr>
<tr>
<td>2.</td>
<td><em>Mala Tyaga Asantusti</em> (Constipation or Diarrhoea or Both)</td>
<td>Constipation H/O hard stool and incomplete bowel evacuation.</td>
<td>Diarrhoea</td>
<td>Loose stools 10-12 times/day</td>
<td>Passage of 3-4 loose stool occurring intermittently</td>
</tr>
<tr>
<td>3.</td>
<td><em>KaphaNissarana</em> (Presence of mucous in stool)</td>
<td>Passage of large amount of mucous in stool</td>
<td>Passage of mucous with stool frequent</td>
<td>Visible mucous stickled to the stool</td>
<td>No visible mucous in stool</td>
</tr>
<tr>
<td>4.</td>
<td><em>Udara Atopa</em> (Gas or flatulence)</td>
<td>Occasional abdominal distension</td>
<td>Occasional abdominal distension</td>
<td>Occasional abdominal distension</td>
<td>No abnormal gas / flatulence</td>
</tr>
</tbody>
</table>
was repeated again to cure the patient. After successive regimens the patient was relieved of all his symptoms. *Vijayaparpati* is having ingredients which act very fast on the pathology of disease.

1. *Parad* being excellent *rasayana* and *yogavali* properties rectifies *agni* and *rasa poshakadhatu* and thus give rapid relief.

2. *Gandhakahas rasayana, deepana, pachana, amaumnochaka, shoshana, vishaharaproperties.*

3. *Raupya* is also *snigdha, madhurapaki, rasayana,* *jatharaagnideepana,* *balya,* *sarvarogahara*

4. *Swarna* *vishapaham, balya, shoshakshayaghnam, ruchya,* *deepana,* *rogapramathi,* *sargvadosha-amyaghn,* *brimhana,* *madhura paki* corrects agnimandya and thus disease from the root cause.

5. *Vaikrantais tridoshashagha, vishaghna, vishaya, deepana, rasayana.*

6. *Mauktika also have deepana properties*.

As described by *BhaishajyaRatnavali* in the chapter of *samgrahanirogamadikar,* parpati acts on digestive system with its *dosagha, jantughna and balya* properties. It helped to improve *grahanakarya* of intestines thus, reducing complaints of *atisara* (frequency) and cures *mandagni.* *vijaya parpati* is useful in patients of *samgrahani* by enhancing the normal functioning of *pakwashaya.* The *tridoshashamaka* effect rectified the pathogenesis at *dosa* level. By *deepana karma* enkindled the agni, *pachana karma* reduced the *ama* formed due to *mandagni.* The *mala of poshaka rasa dhatu* is *kapha.* The mucus (*mala rupikapha*) thus decreased by rectified *rasadhatvagni.* Thus the patient got relief in the symptom of mucus in stool. The *prakritishapana* of the *rogaashya* is also important. This was incorporated by the *snigdhaguna, madhuravipaka and balya, brimhana* and *rasayana* properties of its ingredients.

**CONCLUSION**

Management of *samgrahani* by *vijayaparpati* used in *parpatikalpa* showed marked and rapid improvement in all the signs and symptoms of the disease. After completion of treatment LFT and RFT investigation was done to rule out any adverse effect of drugs. LFT and RFT both were within normal limits, so no side effect / adverse effects were found during the course of treatment. Patient is on regular follow up and advised to follow *pathyaahara* and *vihara* and is satisfied with the treatment.

**REFERENCES**


7. Mishra Siddhinandan,BhaishjiyaRatnavalisidhipradahindivyak hasahita; Adhyaya8/461-484; ChaukhambhaBharati Academy Varanasi. 2012;293.


9. Acharya Bhavamishra, Bhava Prakash Nighantu, commentary by Dr. K.C. Chunekar, ChaukhambaSanskritSansthan; 2006, dhatadvarga / 92

10. Shri Vagbhattacharya, RasaratnaSamuchchaya, Kulkarni D.A., Hindi commentary, MeharchandLaxmandas publication, New Delhi, 2006: 3/16

11. Shri Vagbhattacharya, RasaratnaSamuchchaya, Kulkarni D.A., Hindi commentary, MeharchandLaxmandas publication, New Delhi, 2006: 5/28-29
13. Shri Vagbhattacharya, Rasaratna Samuchchaya, Kulkarni D.A., Hindi commentary, Meharchand Laxmandas publication, New Delhi, 2006: 5/10
14. Shri Vagbhattacharya, Rasaratna Samuchchaya, Kulkarni D.A., Hindi commentary, Meharchand Laxmandas publication, New Delhi, 2006: 2/ 55-56
15. Shri Vagbhattacharya, Rasaratna Samuchchaya, Kulkarni D.A., Hindi commentary, Meharchand Laxmandas publication, New Delhi, 2006: 4/14

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