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Clinical Evaluation of *Pulv. Triphala Bhavita Yava* and *Pulv. Unripe Kadali Phala* in *Grahani Roga* w.s.r to Irritable Bowel Syndrome

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ABSTRACT:

Background- *Grahani* and *Agni* have *Ashraya-Ashrita Sambandha* and *Paraspara Upakara Bhava* (mutually beneficial cycle). So, proper functioning of the element will ultimately boost the proper functioning of the other elements too and of course vis a versa. *Grahani* and *Agni* are interdependent, so etiological factors of *Agni Dushti* can be considered as etiological factors of *Grahani Roga*. **Materials And methods-** Clinical trial was carried out in patients of 16-65year of age group having cardinal sign and symptoms of *Grahani Roga*. Routine Hematological & Biochemical, Stool and Urine investigations were done to rule out any systemic disorder in all the registered patients.

Results- It is evident that the trial drug has better results and is significant and highly significant in all subjective parameters. In Comparison of all three Groups, Group A showed slight better results in subjective and objective parameters than rest of the two Groups.

Conclusion- *Mandagni* is the root cause of almost all diseases produced in the body (*Roga sarve api mandagni*). After the detailed study of disease *Grahani Roga* and clinical work; it may conclude that *Mithya Aahara Vihara* is the main cause of the *Agni dushti*, and finally for the disease occurrence. The overall effect of therapies showed that better results observed in *Muhurbaddha / Muhurdrava mala pravriti* by 77.19% in Group A. In Comparison of all three Groups, Group A showed slight better results in subjective and objective parameters than rest of the two Groups.

Keywords: *Grahani, Aahara, Agni*

INTRODUCTION

In *Ayurveda*, *Grahani Dosha* has been included among the *Ashta Mahagadas* (eight great disorders). The organ *Grahani* is the seat of *Jatharagni* so both are interrelated.

It is supported and nourished by the strength of *Jatharagni*. Functionally weak *Agni* i.e. *mandagni* causes improper digestion of ingested food & leads to *Grahani roga*, presenting with the cardinal symptom of *muhurbaddha* and

muhurdra *mala pravrutti*.¹ *Grahani* is a disease of great clinical relevance in modern era because of its direct link with the improper food habits and stressful lifestyle of the present time. Vitiation of *Agni* affect the digestive process and vitiates proper formation of further *dathus* thus affecting the nourishment of the body. In modern era the lifestyle disorders are increasing day by day. Due to irregular consumption of fast food and other food habits, gastro-intestinal problems are most common in our society. *Ayurveda* considers that the dysfunction of *Agni* is responsible for undigested food which is responsible for various functional and structural defects in the gastro-intestinal tract. By taking overviewing on the sign and symptom of *Grahani*, somehow it resembles to I.B.S, colitis, etc. In today’s practice, one can come across good number of patients suffering from the complaints related to G.I.T.² These complaints vary from loss of appetite to chronic abdominal pain, irregular bowel habit, incomplete evacuation, prolonged flatulence, constipation, diarrhea and failure to thrive etc. These factors affecting peoples will not only disturb the growth & development of physical health of bodily activities, social behavior, immunity & concentration power too. If above mentioned problems remain untreated or unnoticed, they may lead to related complications, According to the survey conducted by UN almost 500 million people in this world are suffering from G.I.T disorders. According to the available evidence the condition is even worst in India. In India, IBS affects about 15% of adult population.² A lot of research works have covered the diseases of *Annavaha srotas* like that of *Pravahika*, *Chardi*, *Krimi*, *Atisara* etc.; but no consideration was given to the aspect of such problems in a chronic stage or in recurrent form. This problem is seen in high percentage of patients visiting O.P.D. now days. So, all the above-mentioned factors and aspects, necessitated to work on this disease. For this what has to be done, is to go back to the basics. Concentrating on the basic principles, various references and physiology of digestion, a concept can be formulated covering all above aspects under heading of *Grahani Roga*. This is accepted and well supported by classics too. In *Ayurveda*, *Acharya Charaka* has given a vivid description about *Grahani Roga* which is described later in literature contexts.³ *Acharya Sushruta* and *Vagbhata*, also has thrown a very good light on *Grahani Roga*.^{4,5} *Grahani* is considered under *Ashta Maharoga* which means the disorders which are very difficult to treat.

According to *Ayurvedic* texts, the function of *Grahani* are digestion, assimilation, propel and defecation, thus

Grahani extends from *Aamashaya* (stomach) to *Pakwashaya* (rectum) thus it covers whole G.I. tract. In *Grahani Roga*, due to vitiated *Samana Vayu*, *Kledaka Kapha* and *Dushit jathragni* the digestion of food does not occur properly, and thus undigested food materials is retained in GIT which leads to accumulation of toxins for whole body.⁶ These materials also disturb the normal flora of GI tract. So we need such a therapy which has got not only purificatory effect on GIT but also improves healing process and affects the system therapeutically in the treatment of *Grahani Roga*.

Sign and symptoms of IBS may vary but some of common symptoms are-

1. Abdominal pain and discomfort
2. Abdominal contraction increases after eating
3. Abdominal cramps with bloating
4. Chronic diarrhea or constipation or both
5. Flatulence

Most of the symptoms of IBS are same with *Grahani roga* symptoms. So we can treat IBS patient on the line of *Grahani roga*.

A To evaluate the safety of Pulv.*Triphala bhavita yava* and Pulv. *unripe Kadali* fruit in the management of *Grahani Roga*.

B To compare the clinical effect of Pulv.*Triphala bhavita yava* and Pulv. *unripe Kadali* fruit with *takra* and probiotics.

C To develop a safe and effective drug for the disease which can be helpful for the ailing community to combat the ailment.

MATERIALS AND METHODS:

In present study, keeping the above mentioned aims and objectives in mind, the clinical study carried out is as under,

1. Selection of Patients: The patients attending the *Kayachikitsa* OPD of college, hospital having classical signs and symptoms of *Grahani Roga* were selected for present study.

2. Sampling Technique: The patients were selected irrespective of their sex, religion, occupation etc. and simple random sampling technique was followed for grouping the patients in 3 (three) groups.

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METHOD OF STUDY

The method adopted in present study is randomized, Clinical, Open study.

Criteria For Selection: The patients were diagnosed on the basis of signs and symptoms as described in classical *Ayurvedic* texts.

Method Of Data Collection: Data of the selected patients those who fulfill with the inclusion criteria were collected.

Inclusion Criteria:

1. Patients between the age of 16-65yrs were included.
2. Patients with signs and symptoms of *Grahani* as explained in classics and which are devoid of any other complications, and does not disturb in treatment pattern of the study.

Exclusion Criteria:

Patients suffering from acute diarrhea, intestinal tuberculosis, ulcerative colitis, Crohn’s disease, sprue, celiac disease, gastric and peptic ulcer, diabetes mellitus, hypertension, other forms of colitis like Bechet’s disease, collagenous colitis, colitis associated with significant complications like hemorrhage, perforation, strictures, colonic cancer, toxic mega colon, hemolytic anemia, Cirrhosis of liver, anorectal diseases- hemorrhoids, fistula, rectal prolapse ,Hiatus hernia, Epilepsy, neurological and psychotic problems e.g. parkinsonism etc. Hyperthyroidism and hypothyroidism, Pregnancy and lactation, and patients who have taken antibiotics in the last 15 days.

Criteria For Diagnosis:

Effect of the treatment was assessed on the basis of gradation of both subjective and objective parameters before ,during and after treatment.

Subjective Parameters

1. *Muhurbadham-Muhurdravam* (Altered Bowel Habits)
2. *Trishna* (Increased Thirst)
3. *Arochaka* (Dyspepsia)
4. *Vairasya* (Perverted Taste In Mouth)
5. *Praseka* (Salivation)
6. *Tama* (Blackouts)
7. *Shoonpadkara* (Swelling Over Extremities)
8. *Asthiparvruk* (Pain In Smaller Joints)
9. *Chhardi* (Vomiting)
10. *Jwara* (Pyrexia)
11. *Lohaamgandhi-Tiktamlodgar* (Sour Eructation)
12. *Shleshma Mala Pravritti* (Mucus In Stool)
13. *Atidrava Mala Pravritti* (Watery Stool Frequency)
14. *Pravahana* (Tenesmus)
15. *Udara Shoola* (Abdominal Pain)

Objective Parameters:

1. Stool examination for consistency, odor, volume, presence of mucus, casts and occult blood, parasites, pus cells, ova etc.
2. Abdominal tenderness

Grouping And Drug Delivery Regimen:

Patients were selected randomly into Group A, Group B and Group C respectively treated by *Pulv. Triphala Bhavita Yava* And *Pulv. Unripe Kadali Phala* with *Takra*, *Pulv. Triphala Bhavita Yava* And *Pulv. Unripe Kadali Phala* With Probiotics and Probiotics alone Respectively for 3 months. Out of 68 patients, 60 had completed the course and 8 had leaved the course of treatment against medical advice. In Group A, 20 patients had completed the course; while in Group B, 20 patients and in Group C 20 patients had completed the course.(Table 1)

Follow Up: Patients were reviewed at the interval of 15 days for follow ups and monthly for assessment of signs and symptoms.

OBSERVATIONS

The observational assessment in 60 patients of the series are being discussed below.

1. **Age:** The observations made in this aspect lead to the conclusions that maximum number of patients i.e. 48.33% were from the age group of 26-35 years followed by 23.33% in 16-25 years age group. The lowest number of patients i.e. 5% was in the age group 56-65yrs years. So maximum patients were from middle age group i.e. 26-35yrs. In this age person are apt to indulge in *Adhyashana*, *Vishamashana*, *Ratrijagarana*, *Diwasvapana*, which leads to *Tridosha Dushti*– mainly *SamanaVayu*, *Pachaka Pitta*, & *Kledaka Kapha* and in this age group peer pressure of work exerts tension or anxiety on him which leads to *Agni dushti* and thereby *Amavastha* of *Grahani Roga* afflicts him.
2. **Sex, Religion & Marital Status:** Out of 60 patients of clinical study, Male and female ratio was 3:1 with the percentage 75%:25%. Male are more irregular in diet due to working condition and timing of work schedule. 60% patients were Hindu, 40% were Muslim. This signifies the demographical dominance of the community in the region & religion; as such it does not have any impact on the

disposition of the disease *Grahani Roga*. Maximum i.e. 57% patients were married, because this age group and ailment status is related the young adult i.e. middle age group. There is no relation between the *Grahani Roga* & Marital Status in the prevalence of *Grahani Roga*.

- Educational Status:** In clinical study, 83% patients were educated. Now a days, educated people in other words service class do not consume healthy diet due to lack of time because of their busy work schedule.
- Occupation:** In the present study, maximum number of patients 40% were service men followed by 23% student. They are consuming fast food and irregular in diet pattern leading to the digestion in shamble and thus causing diseases like *Grahani* and other digestive disorders.
- Socio-economic Status:** Maximum patients i.e. 50% were belonging to middle class. observation cannot establish any relationship with socio-economic status. This data suggests that socio-economic status does not have any specific impact on because patients of varied socio-economic classes are equally affected by this disease.
- Habitat:** Majority of patients i.e. 88% were belonging to urban habitat followed by 12% patients from rural area. Urbanization appears to be correlated with increase in prevalence of disease *Grahani* in the present study, it may be because of fast life style and irregular dietary habit. Moreover, since Delhi is a metro city having very less area of rural population compared to the large area of urban population. This may be important reason of habitat frond.
- Diet:** Majority of patients i.e.62% having vegetarian diet followed by 38% having non-vegetarian diet. This data speaks that any particular type of dietary habit does not have any attribute of the etiological factors of the disease.
- Dietetic Habit:** 32% patients were having Dietetic habit of *Visham-asana* while 30% *Adhya-ashana*, 10% *Sama-ashana* and 28% patients were doing *Viruddh-ashana*. These leads to *Ama* formation, finally it results into occurrence of disease.
- Vyasana (addiction):** Maximum numbers of patients i.e. 83% did not have any kind of addiction followed by 7% Tobacco chewing,5% were addicted to smoking. This data shows that addiction does not have any influence on the occurrence of *Grahani*.
- Physical activity:** 38% patients were doing low physical activity,50% patients doing moderate physical activity and 12% patients were doing vigorous physical activity.50% Maximum number of patients were doing moderate physical activity. This data reflects average strength of the people suffering with the disease of society.
- Sleeping pattern:** In clinical study, only 43% of the patients were having proper sleep and only 25% of patients had reported disturbed sleep. Patients who are physically as well as mentally stable they have reported regular sleep and patients with some psychological factors (stress) reported disturbed sleep.
- Status of Koshtha:** In the present clinical study, majority of patients i.e. 53% were having *madhyam koshtha* and 44% patients having *Mridu Koshtha*. This indicates the patients having *madhyam and mridu koshtha* are more prone to develop *Grahani*.
- Family History:** 90% max. no. of patients shows family history was absent and only in 10% patients family history was present. Thereby indicating that inheritance has no role in the occurrence of *Grahani*.
- Chief Complaints:** In the present study, *Muhurbaddha/ Muhurdrava mala privriti* was found as chief complaint in 100% patients. While *Arochaka* was found in 76.6% patients, *Trishna* in 83.33%, *Praseka* in 63.33%, and *Asthiparvaruk* in 76.66% patients. *Chhardan* was found in 48.33% patients, *UdaraShool* in 95% patients, *Shleshma mala pravriti* was found in 85% patients, *Loha-amagandhitikta udgara* in 78.33% and *jwara* in 88.33% patients. Faulty dietary habit, mental disturbance and sleeping pattern etc. are the etiological factors, due to these factors there is vitiation of *Tridosha* and by virtue of *tridosha prakopa* leading to functional derangement of *Grahani* (i.e. *Grahani dosha*) which results in symptoms of *Grahani Roga*.
- Deha Prakriti:** In present clinical study, maximum patients were having *Dwandaja Prakriti*. Amongst them 43% had *Vata-Pittaja* followed by 7% *Vata-Kaphaja Prakriti*, while 20% patients had *Vata-Kaphaja Prakriti*.15% patients were *Vataj prakriti* , 12% patients were *Pittaj prakriti* and 2% (min. no.) of patients were *Kaphaj prakriti*. Maximum involvement of *dosha* is *Pitta Dosha*.
- Saara, Samhanana, Pramana, Satva & Saatmya:** The majority of patients were having *Madhyama Saara* (75%), *Madhyama Samhanana* (67 %),*Sama Pramana* (65%), *Madhyama Satva* (60%) & *Madhyama Saatmya* (70 %). Looking of this data one can easily presume or infer that the most of the patients were having *Madhyama Bala*. The data reflects the trend of *Saara, Samhanana, Satva* and *Saatmya* of our society.
- Abhyavaharana Shakti:** 23% patients were of *Pravara Abhyavaharana Shakti*, 50% patients were having *Madhyama Abhyavaharana Shakti* and 27% patients were having *Avara Abhyavaharana shakti*. Patients of all the three types of *Abhyavaharana Shakti* were affected by the

disease out of which *madhyam Abhyavaharana Shakti* constitute the major chunk of among these three classes of *Abhyavaharana Shakti*.

18. **Jarana Shakti:** 5% patients were of *Pravara Jarana Shakti*, 38% patients were having *Madhyama Jarana Shakti* and 57% patients were having *Avara Jarana shakti*. Patients of all the three types of *Jarana Shakti* were affected by the disease out of which *Avara Jarana Shakti* constitute the major chunk of among these three classes of *Jarana Shakti*. This signifies the importance of *Agni* in the pathogenesis of *Grahani Roga*.
19. **Status of Agni:** In the present clinical study, highest number of patients i.e. 50% had *Mandagni*, followed by 32.79% of *Vishamagni*. This signifies the importance of *Mandagni* in the pathogenesis. *Mandagni* results into vitiation of *Dosha* which leads to *Ama* formation. It plays a key role in *Samprapti* of *Grahani Roga*. That's why drugs possessing *Deepana* and *Pachana* properties are useful in treating *Grahani*.
20. **Chronicity:** Maximum number of patients i.e. 45 % was having disease for more than >2yrs. Initially patients ignore mild symptoms of *Grahani* disease and use the medication once prescribed by physician of primary setup for the indigestion and dyspepsia and when the disease advances and take a chronic course, patient approaches a specialized hospital or physician in hope for a radical cure. This may be one of the reasons of the chronicity of disease.
21. **Frequency of bowel:** It was observed that 62% max. no. of patients had frequency of bowel >3-<5times/day, 32% patients had number of stools 5 to 7 times/day and 6% had more than 7 times/day. More than 5 times bowel frequency found in stressed and depressive patients.
22. **Psychological History:** 8% patients were of depressed mood, 35 % patients were in stress, 5 % patients were having anxiety whereas 52 % of the patients were having normal mood. It indicates about the mental status (*manasika bhava*) equally important contribution responsible for the development of *Ama Dosha*, *Annavisha* and finally *ajeerna* leading to formation of *Grahani Roga*.
23. **Classification of IBS:** It was observed that max. no. of patients 66% were found in category of IBS-D, 22% were found in IBS-M category, 7% patients were found in IBS-U and minimum no. of patients were found in IBS-C category.
24. **Types of Grahani Roga:** It was observed that 40% max. no. of patients were *pittaj grahani roga*, 39% patients were *vataj grahani roga*, 5% patients were *kaphaj grahani roga* and 16% patients were *sannipataj grahani roga*. 6th membrane is main seat of *pitta dosha* therefore if there is

any mild imbalance in the *pitta dosha* occurs it will give rise to symptoms of *Grahani Roga* that is why data of our study reflects maximum no; patients of *pittaj Grahani Roga*.

RESULTS

It is evident that the trial drug has better results and is significant and highly significant in all subjective parameters.

Effect Of Therapy

Total 60 patients were registered for this study. These were randomly selected. For the assessment of results the symptoms described in classics taken into consideration. For statistical analysis to make these criteria more objective, an effort has been made to give scores to all subjective criteria. Each symptom has been given score 0-3. Few symptoms have been given Present/Absent scoring also. Further all the scores of symptoms have been combined to assess the overall effect of therapy. (Table 2)

1. Drug was found to be highly effective in relieving the symptom of *Muhurbaddha/ Muhurdrava mala pravriti* (Altered bowel habits) by 77.19%, 73.21%, and 66.07% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at $P < 0.001$ in all trial groups. In comparison Group A showed the best result with 77.19% relief in this symptom.
2. *Arochaka* (Dyspepsia) was relieved by 72.50%, 72.97%, and 79.31% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at $P < 0.001$ in all trial groups. In comparison it can be concluded that in Group C (Probiotics) showed better results than group A & B.
3. *Trishna* (Increased thirst) was relieved by 71.88%, 83.33%, and 86.67% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at $P < 0.001$ in all trial groups. In comparison it can be concluded that in Group C (Probiotics) & Group B showed better response than Group A.
4. *Vairasya* (Perverted taste in mouth) was relieved by 88.46%, 80.00%, and 82.35% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at $P < 0.001$ in all trial groups. In comparison it can be concluded that in Group A showed higher relieved rate than Group B & C, the result of Group B & C were almost identical.
5. *Praseka* (Salivation) was relieved by 80.77%, 81.25%, and 93.75% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at

P<0.001 in all trial groups. In comparison it can be concluded that in Group C showed better relieved rate than Group A & B. The result of Group A & B were almost identical.

6. *Tama* (Blackouts) was relieved by 78.95%, 76.92%, and 81.82% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at P<0.001 in all trial groups. In comparison it can be concluded that in Group C showed better relieved rate.
7. *Asthiparvaruk* (Pain in smaller joints) was relieved by 80.00% , 63.16%, and 75.86% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at P<0.001 in all trial groups. In comparison it can be concluded that in Group A & C showed almost similar results but better than Group B.
8. *Chhardi* (Vomiting) was relieved by 85.00% , 76.92%, and 86.67% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at P<0.001 in all trial groups. In comparison % improvement in this symptom was similar in Group A & Group C but better than Group B.
9. *Jwara* (Pyrexia) was relieved by 65.00% , 68.75%, and 80.95% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at P<0.001 in all trial groups. In comparison it can be concluded that in Group C showed best result whereas Group A & B showed similar result.
10. *Loh-aamgandhi-tiktamlodgar* (Sour eructations) was relieved by 66.67% , 57.14%, and 71.43% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at P<0.001 in all trial groups. In comparison it can be concluded that in Group C showed best result followed by Group A (66.67%) than Group B (57.14%).
11. *Shleshma mala pravritti* (Mucus in stool) was relieved by 76.47% , 79.31%, and 86.21% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at P<0.001 in all trial groups. In comparison it can be concluded that in Group C showed best result followed by Group B (79.31%) than Group A (76.47%).
12. *Atidrava mala pravritti* (Watery stool frequency) was relieved by 83.33% , 85.19%, and 74.07% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at P<0.001 in all trial groups. In comparison it can be concluded that in Group B showed best result followed by Group A (83.33%) than Group C (74.07%).

13. *Pravahana* (Tenesmus) was relieved by 78.79% , 72.41%, and 72.00% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at P<0.001 in all trial groups. In comparison % improvement in this symptom was similar in Group B & C but better in Group A (78.79%).
14. *Udara shoola* (Abdominal pain) was relieved by 84.85% , 77.78%, and 74.19% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at P<0.001 in all trial groups. In comparison it can be concluded that in Group A showed best result whereas Group B & C showed similar result.
15. *Udara sparsha asahishnuta* (Abdominal tenderness) was relieved by 86.96% , 68.97%, and 76.00% in Group A, Group B and Group C respectively, these were found to be statistically highly significant at P<0.001 in all trial groups. In comparison it can be concluded that in Group A showed best result followed by Group C (76.00%) than Group B (68.97%).

It was observed that, *Muhurbaddha/Muhurdrava mala pravritti* was seen as chief complaint in 60 (100%) patients. While *Arochaka* was seen in 46 (76.6%) patients, *Trishna* in 50 (83.33%) patients, *Praseka* in 38 (63.33%) patients, and *Asthiparvaruk* in 46(76.66%) patients. *Chhardan* was seen in 29 (48.33%) patients, *UdaraShoola* in 57 (95%) patients, *Shleshma mala pravritti* was presenting complaint in 51 (85%) patients, *Loha-amagandhitikta amlaudgara* in 47 (78.33%) and *jwara* in 53 (88.33%) patients. Loose stool was present in 54 (90%), Tenesmus was present in 57 (95%) patients whereas Abdominal tenderness was observed in 54 (90%) patients. TABLE NO.3 TABLE NO. 4.

DISCUSSION

In Classics, *Grahani Roga* is discussed as an independent disease and is considered as *Maharoga*. *Grahani Dosha* is a condition considered as precursor / forerunner of *Grahani Roga*. When the vitiated *Doshas* get confined only to the organ *Grahani*, i.e. condition of functional disorder of the *Grahani* is called *Grahani Dosha*. When the vitiated *Doshas* travels throughout the *Rasadi Dhatus* i.e. *Sarvasharira Gatatva* and results in the disarrangement then it should be called as *Grahani Roga*. The *Grahani* and *Agni* are having *Adhara Adheya Sambandha*.⁸ This view is confirmed by corroborative evidence from recent development in pathology. The mucosal damage in the form of villous atrophy and other microvillous changes in different enteropathies affect the enzymes present in the

enterocyte brush borders. When the disease process progresses, it further affects the pancreatic secretion as it depends upon cholecystokinin and secretin secretion from the enterocyte. The immature epithelial cells are unable to secrete the required amount of cholecystokinin and secretin. In the Samprapti of *Grahani Roga*, *Acharya Charaka* elaborated a cascade of events viz. indulgence in *Agni Vikritikara Hetus* → *Agni Dushti* → *Apachana* → *Ama Utpatti* → *ShuktaPaka* → *Anna Visha or AmaVisha* → *Grahani dosha* → *Grahani dushti* → *Grahani roga*.

Regarding the *Purvarupa* of the disease, In *Ashtanga Hridaya* the *Purvarupa* are described i.e. ‘*Pragrupam Tasya Sadanam.*’⁹ But, *Acharya Arundatta* has commented over it by saying that these are the *Rupas* of *Grahani Roga*. While the immediate next *Shloka* of *Ashtanga Hridaya* explains the clinical features of *Grahani Roga* which is accepted as a *Rupa* of *Grahani Roga* by *Arundatta* too. Clinical features of *Grahani Roga*; the Pathogenesis of the disease is confined to *Annavaha Srotas*, which is clear as *Charaka* has described *Pakwashayastha* and *Linawastha* after describing the *Grahani Dosh*. So the symptoms, mentioned in *Charaka* which are manifested as *Vistambha*, *Aruchi*, *Gaurava*, *Praseka*, *Arti*, and *Vidaha* etc.

Coming on the point, course of the disease, etiological factors lead to vitiation of doshas at the site of *Grahani* i.e. disturbance in the functions of *Grahani* manifested as *Grahani Dosh*. If the etiological factors and environment remains persistent the pathology will not remain confined to *Aamashaya*, but it will lead to severity with *BhuyatahVikriti*, *Linatwa* (distribution of *Doshas* all over the body) and *Bahudoshatwa* (exaggerated form of *Dosh*) manifesting as “*GrahaniRoga*” which is described as a *Maharoga*.

Probable mode of action OF drugs

Drugs for clinical trial are *Pulv. Triphala bhaavita Yava* and *Pulv.* (powder of) *unripe Kadali phala* with *takra* and probiotics. *Deepana* and *graahi chikitsa* needed to treat the patients of *Grahani Roga*. *Aacharya Charak* has mentioned *Yava* (Barley) as a part of regular diet. It is strength promoting because it clarifies obstruction to channels of circulation (*rukshaguna*, high cellulose fiber content) and provides mobility to the body (*saraguna*) with *pureeshjanan* and *pureeshvaatkrita* property that’s why combats constipation as per *Ayurveda*.¹⁰ *Triphala* balances *ApanaVata*, the *subdosha* of *Vata* that regulates the functions of colon, lower abdomen (*Basti*) and is a mild laxative and for that reason it is excellent for clearing toxins from the digestive system (*Mahasrotas*), *Pulv.*

Triphala bhavita yava (Barley soaked in *Triphala* Decoction) is used to increase the bioavailability and efficacy of drug. *Unripe Kadali phala pulv.* contains property of *deepana* and *graahi guna* with *stambhak karma* and reduces diarrhea.

Use Of *Takra* ‘*Takram tu grahani doshe deepana graahi laaghwat.*’ (C.Ci.15)¹¹

PROBIOTICS-As a living microbial food supplement that improves the host by improving its intestinal bacterial balance and may improve symptoms of IBS/colitis and can be used as supplement to standard therapy.

CONCLUSION

Acharya Charak while describing properties and indications of *Takra* in *Agryaushad* as- “persistent use of *Takra* is best medicine for *Grahani dosha*, *Shoph*, *Arsh* and *Ghrityyapad* (complications due to intake of butter. Thus it can be concluded that *Takra* has a definite role in the diet without which the diet can’t be called as a balanced diet. No patient reported any adverse effect of the treatment. The complete course of the treatment has improved the feeling of wellbeing and health status of all the patients of the series. *Mandagni* is the root cause of almost all diseases produced in the body. The treatment of any disease can be based on *Sama & Nirama avastha* because *mandagni* leads to formation of *Ama*. After the detailed study of disease *Grahani Roga* and clinical work; it may concluded that *Mithya Aahara Vihara* is the main cause of the *Agni dushti*, and finally for the disease occurrence. The overall effect of therapies showed that better results observed in *Muhurbaddha / Muhurdrava mala pravriti* by 77.19% in Group A. In Comparison of all three Groups, Group A showed slight better results in subjective and objective parameters than rest of the two Groups.

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TABLE NO.1 GROUPING AND DRUG DELIVERY REGIMEN

| S.NO. | GROUP | DESCRIPTION | DOSE | TOTAL DURATION |
|-------|---------|--|---------------------------------------|----------------|
| 1. | Group A | <i>Pulv. Triphala Bhaavita Yava</i> and <i>Pulv. Unripe Kadali Phala With Takra</i> | 3-6gm before meals , 2 times in a day | 3 months |
| 2. | Group B | <i>Pulv. Triphala Bhaavita Yava</i> And <i>Pulv. Unripe Kadali Phala With Probiotics</i> | 3-6gm before meals , 2 times in a day | 3 months |
| 3. | Group C | Probiotics | 1cap. 2 times in a day | 3 months |

TABLE NO.2 INCIDENCE OF CHIEF COMPLAINTS OF THE PATIENTS IN THE SERIES

| SYMPTOM | GROUP A | GROUP B | GROUP C | TOTAL NO. OF PTS. | % OF PTS. |
|--|---------|---------|---------|-------------------|-----------|
| <i>Muhurbadham-Muhurdravam</i> (Altered Bowel Habbit) | 20 | 20 | 20 | 60 | 100% |
| <i>Trishna</i> (Increased Thirst) | 17 | 17 | 16 | 50 | 83.33% |
| <i>Arochaka</i> (Dyspepsia) | 16 | 16 | 14 | 46 | 76.66% |
| <i>Vairasya</i> (Perverted Taste In Mouth) | 17 | 10 | 9 | 36 | 60% |
| <i>Praseka</i> (Salivation) | 16 | 10 | 12 | 38 | 63.33% |
| <i>Tama</i> (Blackouts) | 13 | 7 | 14 | 34 | 56.66% |
| <i>Shoonpadkara</i> (Swelling Over Extremities) | 0 | 0 | 0 | 0 | 0% |
| <i>Asthiparvruk</i> (Pain In Smaller Joints) | 15 | 17 | 14 | 46 | 76.66% |
| <i>Chhardi</i> (Vomiting) | 13 | 9 | 7 | 29 | 48.33% |
| <i>Jwara</i> (Pyrexia) | 19 | 16 | 18 | 53 | 88.33% |
| <i>Lohaamgandhi-Tiktamlodgar</i> (Sour Eructations) | 17 | 13 | 17 | 47 | 78.33% |
| <i>Shleshma Mala Pravritti</i> (Mucus In Stool) | 18 | 16 | 17 | 51 | 85% |
| <i>Atidrava Mala Pravritti</i> (Loose Stool Fre.) | 19 | 18 | 17 | 54 | 90% |
| <i>Pravahana</i> (Tenesmus) | 20 | 19 | 18 | 57 | 95% |
| <i>Udara Shoola</i> (Abd. Pain) | 20 | 20 | 17 | 57 | 95% |
| <i>Udara Sparsha-Asahishnuta</i> (Abd. Tenderness) | 18 | 19 | 17 | 54 | 90% |

TABLE NO.3.COMPARISON OF EFFECT OF THERAPY IN GROUP A, B AND C

| SYMPTOM | Group A | Group B | Group C |
|----------------------------------|----------------|----------------|----------------|
| <i>Muhurbadham-Muhurdravam</i> | 77.19% | 73.21% | 66.07% |
| <i>Trishna</i> | 71.88% | 83.33% | 86.67% |
| <i>Arochaka</i> | 72.50% | 72.97% | 79.31% |
| <i>Vairasya</i> | 88.46% | 80.00% | 82.35% |
| <i>Praseka</i> | 80.77% | 81.25% | 93.75% |
| <i>Tama</i> | 78.95% | 76.92% | 81.82% |
| <i>Asthiparvaruk</i> | 80.00% | 63.16% | 75.86% |
| <i>Chhardi</i> | 85.00% | 76.92% | 86.67% |
| <i>Jwara</i> | 65.00% | 68.75% | 80.95% |
| <i>Lohaamgandhi-Tiktamlodgar</i> | 66.67% | 57.14% | 71.43% |
| <i>Shleshma Mala Pravritti</i> | 76.47% | 79.31% | 86.21% |
| <i>Atidrava Mala Pravritti</i> | 83.33% | 85.19% | 74.07% |
| <i>Pravahana</i> | 78.79% | 72.41% | 72.00% |
| <i>Udara Shoola</i> | 84.85% | 77.78% | 74.19% |
| <i>Udara Sparsh-Asahishnuta</i> | 86.96% | 68.97% | 76.00% |

TABLE NO. 4. OVERALL ASSESSMENT OF THERAPY IN THE PATIENTS OF SERIES

| ASSESSMENT CRITERIA | GROUP A | GROUP B | GROUP C | Total No. of Pts. |
|---|----------------|----------------|----------------|--------------------------|
| Cured (>90% relief) | 1 | 0 | 0 | 1 |
| Marked improvement (75% - 90% relief) | 6 | 0 | 2 | 8 |
| Moderate improvement (50% - 74% relief) | 8 | 14 | 12 | 34 |
| Mild improvement (25% - 49% relief) | 5 | 6 | 5 | 16 |
| No improvement : (< 25% relief) | 0 | 0 | 1 | 1 |