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# A Clinical study of *Erandamooladi Niruha Basti* in the management of *Grahani* w.s.r. to Irritable Bowel Syndrome

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## ABSTRACT

*Grahani Roga* described in classical text books of Ayurveda represents a group of disorders of digestive system caused by impairment of *Agni*. *Grahani* is such a disorder, where in its significance is emphasized by its inclusion among *Ashtamaha Gadas*. The cardinal features of *Grahani* explained in the classical text books of Ayurveda, have at most similarities with the clinical features of Irritable Bowel Syndrome (IBS) explained in western medicine. A total of 15 patients were selected and treated with *Erandamooladi Niruha Basti* and *Changeryadi Ghrita Anuvasana Basti*, was given in *Yoga Basti* pattern according to inclusive and exclusive criteria. Special case proforma was designed and parameters were assessed. It showed highly significant results in all the parameters at the level of  $p < 0.01$ .

**Key words:** *Grahani*, *Irritable Bowel Syndrome*, *Erandamooladi Niruha Basti*, *Changeryadi Ghrita*.

## INTRODUCTION

In Ayurveda, Ayu (life) is defined as conjunction of body, soul, mind and senses. Each has been given due importance in the prevention and curative aspect of disease. A healthy mind in a healthy body is the principle aim guiding all the prevailing systems of medicine. In present time, unwholesome food habits and changes in life style, mental disturbances like anxiety, grief, stress and strain etc. which leads to Gastric upset (*Agnimandhya*), which is a root cause for the manifestation of Gastric diseases like

*Amlapitta*, *Atisara*, *Pravahika*, *Grahani* etc.

*Grahani Roga* described in classical text books of Ayurveda represents a group of disorders of digestive system caused by impairment of *Agni*.<sup>[1-3]</sup> *Grahani* is such a disorder, where in its significance is emphasized by its inclusion among *Ashta Maha Gadas*.<sup>[4]</sup> Imbalance of *Agni*, *Samanavata*, *Pachakapitta*, and *Kledaka Kapha* are the most predominant factors involved in the pathogenesis of *Grahani Roga*. Once the disease manifests, secondary factors such as *Apanavata* and *Pranavata* also have significant role in the further progression of the disease.

The cardinal features of *Grahani* explained in the classical text books of Ayurveda, have at most similarities with the clinical features of Irritable Bowel Syndrome (IBS) explained in western medicine. Irritable bowel syndrome (IBS) is a disorder of G.I. tract which prevails in majority of the global population.<sup>[5]</sup> Irritable Bowel Syndrome (IBS) is one of the commonest diagnoses given to patients attending gastroenterology clinics, It is found that 15% of the

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general population is suffering with this disease. And become a major health problem in younger people.<sup>[6]</sup>

The general line of treatment for *Grahani* as per Charaka Samhita includes *Sadhyovamana* (in *Saamaavasta Kaphotklesha*), *Deepana*, *Shodana*, *Peyadikrama*, *Basti* and *Shamanoushadis*. The “*Basti*” *Chikitsa* is of prime importance among *Panchakarma* because of its wide applicability in various conditions in various forms. *Basti Chikitsa* is one of the *Shodhana* therapy which posses evacuatory, nourishing, as well as *Deepana* qualities.<sup>[7]</sup> Moreover is the choice of treatment in *Grahani Roga*.<sup>[8][9]</sup>

*Erandamooladi Niruha Basti* is used to treat the *Grahani*. *Erandamooladi Niruha Basti Dravyas* posses properties like *Deepana*, *Pachana*, *Grahi*, *Krimighna* and *Vatakaphahara* in nature. Hence in another group *Erandamooladi Niruha Basti* is given in the manegment of *Grahani*.<sup>[10]</sup>

Their efficacy was assessed with the symptoms like, *Muhur Muhur Mala Pravritti*, *Baddha Mala Pravritti*, *Drava Mala Pravritti*, *Udara Shula*, *Amayukta Mala Pravritti* by giving different grades for its severity.

## AIMS AND OBJECTIVES

To evaluate the efficacy of *Erandamooladi Niruha Basti* in the management of *Grahani*.

## MATERIAL AND METHODS

### Source of data

1. Patients are selected from college attached hospital.
2. Ayurvedic classics, journals, magazines, seminars, conferences, digital library and websites.
3. Materials - raw drugs were collected from the Ayurvedic pharmacy under the supervision of Dravyaguna specialist.
4. Rasashala attached to college for preparation of medicine under the supervision of Rasashastra expert.
5. The *Basti Karma* will be conducted in our Panchakarma Theater.

### Method of collection of data

This is a clinical study, in which 15 patients will be selected on the basis of simple randomized sampling method as per inclusive criteria.

### Inclusion Criteria

1. Patients complaining of *Muhur Badda Drava Mala Pravritti*, *Muhur Muhur Mala Pravritti*, *Lakshanas* of *Grahani* were selected.
2. Patients between age group of 18-70 yrs were selected for the study.
3. Patients irrespective of sex, religion, occupation and chronicity were selected for the study.

### Exclusion Criteria

1. Patients with *Upadravas* of *Grahani* were excluded.
2. Patients suffering with other systemic diseases which interfere with the course of treatment were excluded from the study.
3. Patients not fit for *Basti Karma*

### Investigations

- Stool for occult blood and microscopic.
- TC, DC, ESR, Hb%, Blood sugar (If necessary)
- USG abdomen,
- Sigmoidoscopy/colonoscopy. (If necessary)

### Research Design

*Erandamooladi Niruha Basti*<sup>[11]</sup> and *Changeryadi Grita Anuvasana Basti*,<sup>[12]</sup> are given in *Yoga Basti* pattern. There will be a follow up on 16<sup>th</sup> day after the procedure.

### Erandamooladi Niruha Basti

#### Poorvakarma

*Sarvanga Abhyanga* with *Murchita Tila Taila* for 30 to 40 min and *Bhaspa Sweda* upto *Samyak Swinna Laxana*.

#### Preparation of Erandamooladi Niruha Basti (640ml Approx)

200 g. of coarse powder of *Kwatha* drugs of *Erandamooladi Niruha Basti* was boiled with 1600 ml of water in a steel pot to reduce it by one fourth i.e. 400ml.

This is according to the scheme of *Sharangadhara*. The prepared *Kwatha* was filtered. In a sizable *Khalva* 60 g. honey was triturated well with 10 g. *Saindhava*. To this mixture 130 g. of *Changeryadi Ghrita* was added gradually and mixed thoroughly. After mixing 50 g. of *Kalka* in it stirred well. At last 400 ml of *Erandamooladi Kwatha* was added and the whole mixture was stirred well utilizing churning stick until it became homogeneous. Prepared *Basti* was again filtered.

#### Pradhana Karma

In this study *Erandamooladi Niruha Basti as Yoga Basti* course. Therefore on 1<sup>st</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, day *Anuvasana Basti* with *Changeryadi Ghrita* was given. And on 2<sup>nd</sup>, 4<sup>th</sup>, 6<sup>th</sup>, day *Erandamooladi Niruha Basti* was given.

#### Paschat Karma

Lift the legs, padding to buttocks, anti-clockwise massage to abdomen etc. as explained in classics.

Follow the *Asta Maha Doshakara Varjya Vishayas* upto the *Parihara Kala* of 16 days.

### METHODOLOGY

The changes observed in the signs and symptoms were assessed by adopting suitable scoring method and the objective signs by using appropriate clinical tools. The details of scoring pattern adopted for assessment of clinical signs and symptoms is as follows;

Assessment was done before treatment, soon after the treatment and after 16 days of the treatment .

#### Subjective Parameters

<b>Baddha Mala</b>	<b>Scoring</b>
Normal once daily	0
Alternative days	1
Once in two days	2
Once in three days	3
Once in four or more days	4

<b>Muhurdrava Mala Pravruthi</b>	<b>Scoring</b>
Normal once daily	0
Twice daily	1
3-4 times daily	2
5-6 times daily	3
> 6 times daily	4

<b>Muhur Muhur Mala Pravruthi</b>	<b>Scoring</b>
Normal once daily	0
Twice daily	1
3-4 times daily	2
5-6 times daily	3
> 6 times daily	4

<b>Udara Shoola or Discomfort</b>	<b>Scoring</b>
No abdominal pain	0
Occasional / rarely abdominal pain	1
Intermittent lower abdominal pain, relived by passage of flatus & stool	2
Continuous pain not relieved by passage of flatus & stool	3

<b>Sense of incomplete evacuation</b>	<b>Scoring</b>
No sense of incomplete evacuation	0
Sense of incomplete evacuation till two motion	1
Sense of incomplete evacuation till 3 to 4 motions	2
Sense of incomplete evacuation till 5 to 6 motions	3
Sense of incomplete evacuation even after 6 motions	4

**Objective Parameters**

Consistency	Scoring
Semisolid	0
Solid	1
Very hard stools with pellets	2
Watery stool	3

Amayukta Mala/ mucous in stool	Scoring
No visible mucous in stool	0
Visible mucous stickled to the stool	1
Passage of mucous with frequent stool	2
Passage of large amount of mucous in stool	3

**CLINICAL OBSERVATIONS**

The patients were analysed according to various factors like Age, Sex, Religion, Socio-economic status, Occupation, *Prakruti*, Diet, *Satva* etc. of 15 patients details are shown.

5 patients were of age group ranging from 20-30 years, 31-40 years 9 patients, 41-50 years 1 patients, No patients were of age above 50 years. Incidence of *Grahani* is maximum in male 9 patients as compared to female 6 patients. Among 15 patients, 13 patients belong to Hindu community and 2 patient to Christian community. Out of 15 patients, 4 patients were students, 7 patients were doing service, 2 patients were doing business, and remaining 2 patients were Housewives. Socio economic status in this study showed majority of patients belonged to middle class i.e. 4 patients were of upper middle class and 2 patients were rich. Among 15 patients 4 patients had vegetarian diet, while 11 patients had mixed diet. Among 15 patients 8 patients were having tea addictions, 4 patients were having smoking addiction, 3 patients were having alcohol addiction. In this study the dominance of *Vata-Pitta Prakruti* 9 patients, 3 patients were of *Pttaa-Kapha Prakruti* and 3 patients belong to *Vata-Kapha Prakruti*. In the present study,

out of 15 patients, 8 patients had *Vishama Agni*, 6 patients had *Manda Agni* and 1 patients were of *Teekshna Agni*. In assessment of *Kosta*, 7 patients had *Mruduakostha*, 3 patients had *Madhyamakostha* & 5 patients had *Krurakostha*. In this study majority of the patients exhibited *Madhyaa Satva* 10 patients, 5 patients are of *Avara Satva* and no patients belonging to *Pravara Satva*.

**RESULTS****Subjective Parameters**

**Table 1: Showing the effect of Erandamooladi Niruha Basti on subjective parameters.**

Parameters	B.T Mean $\pm$ S.E	Assessment	A.T Mean $\pm$ S.E	d .f	't'	p	Efficacy %
<i>Badda Mala</i>	3.2 $\pm$ 0.22	AT	2.26 $\pm$ 0.22	14	7.89	P<0.01	29.16
		AF	1.27 $\pm$ 0.22	14	12.61	P<0.01	60.41
<i>Muhur Drava Mala</i>	2.8 $\pm$ 0.14	AT	0.75 $\pm$ 0.19	14	7.48	P<0.01	28.57
		AF	1.27 $\pm$ 0.22	14	11.5	P<0.01	54.76
<i>Muhur Muhur Mala</i>	2.93 $\pm$ 0.15	AT	2.13 $\pm$ 0.16	14	7.48	P<0.01	27.27
		AF	1.2 $\pm$ 0.17	14	9.53	P<0.01	59.09
<i>Udara Shula</i>	1.8 $\pm$ 0.11	AT	1.47 $\pm$ 0.13	14	2.64	P<0.01	18.52
		AF	1.07 $\pm$ 0.15	14	4.78	P<0.01	40.74
<i>Sense Of Incomplete Evacuation</i>	2.46 $\pm$ 0.13	AT	1.8 $\pm$ 0.17	14	5.3	P<0.01	27.03
		AF	1.07 $\pm$ 0.23	14	8.57	P<0.01	56.76

AT - After Treatment. AF - After Followup

Statistical analysis of the results shown significant level of reduction in the intensity of all the subjective parameters like *Badda Mala*, *Muhur Drava Mala*,



Muhur Muhur Mala, Udara Shula, Sense of incomplete evacuation after Erandamooladi Niruha Basti in treatment and follow up.

### Objective Parameters

**Table 2: Showing the effect of Erandamooladi Niruha Basti on Objective Parameters**

Parameters	B.T Mean $\pm$ S.E	Assessment	A.T Mean $\pm$ S.E	d.f	't'	p	Efficacy %
Consistency of stool	2.73 $\pm$ 0.11	AT	1.93 $\pm$ 0.15	14	5.53	P<0.01	29.27
		AF	1.07 $\pm$ 0.23	14	8.91	P<0.01	60.97
Mucus in the stool	2.4 $\pm$ 0.13	AT	1.67 $\pm$ 0.21	14	6.24	P<0.01	30.55
		AF	1 $\pm$ 0.21	14	10.69	P<0.01	58.33

AT - After Treatment. AF - After Followup

### Overall Result

B.T Mean $\pm$ S.E	Assessment	A.T Mean $\pm$ S.E	d.f	't'	p	Efficacy %
18.33 $\pm$ 0.67	AT	13.26 $\pm$ 0.73	14	15.33	P<0.01	27.63
	AF	7.93 $\pm$ 0.87	14	21.84	P<0.01	56.72

AT - After Treatment. AF - After Followup

### DISCUSSION

**Effect on Muhur Badda Mala Pravritti :** Relief in Badda Mala Pravritti was observed 60.41% patients showed improvement. Results were statistically highly significant (P < 0.01).

**Effect on Muhur Drava Mala Pravritti :** Relief in Drava Mala Pravritti was observed 54.76% patients showed improvement. Both the results were statistically highly significant (P < 0.01).

**Effect on Muhur Muhur Mala Pravritti :** Relief in Muhur Muhur Mala Pravritti was observed 59.09%

patients showed improvement. Results were statistically highly significant (P < 0.01).

**Effect on Udara Shula:** Relief abdominal pain was observed 40.74% patients showed improvement. results were statistically highly significant (P < 0.01).

**Effect on sense of incomplete evacuation of stool:** Relief of sense of incomplete evacuation of stool was observed 56.76% patients showed improvement. results were statistically highly significant (P < 0.01).

**Effect on consistency of stool:** Improvement in the consistency of stool was observed 60.97% patients showed improvement. Both the results were statistically highly significant (P < 0.01).

**Effect on presence of mucus in the stool:** Relief in the mucus in the stool was observed 58.83% patients showed improvement. Results were statistically highly significant (P < 0.01).

### Overall effect of therapy

The overall effect of therapy was 56.72%. Showed highly significant results in all the parameters at the level as P<0.01

### CONCLUSION

Diagnostic criteria of IBS i.e. Rome III criteria is same as the *Pratyatmaka Lakshanas* of *Grahani*. The disease is seen more in the 3<sup>rd</sup> and 4<sup>th</sup> decade of life. *Erandamooladi Niruha Basti* showed significant results in all the parameters. Hence it can be concluded that IBS can be treated in Ayurveda under the treatment principles of *Vataja Grahani*.

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