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A CLINICAL STUDY ON TAKRA BASTI IN THE MANAGEMENT OF GRAHANI W.S.R TO I.B.S

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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 ashta maha gadas. The cardinal features of Grahani explained in the clasical 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 Takra Basti as niruha basti and Changeryadi grita anuvasana basti,are given in yoga basti pattern according to inclusive and exclusive criteria. Special case Performa was designed and parameters were assessed. It showed highly significant results in all the parameters at the level as $P < 0.01$.

KEY WORDS: Grahani, Irritable Bowel Syndrom, Takra 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 & strain etc which leads Gastric-

upset(agnimandhya), which is a root cause for the manifestation of Gastric diseases like Amlapitta, Atisar, 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. Grahani is such a disorder, where in its significance is emphasized by its inclusion among ashta maha gadas ⁽¹⁾. Imbalance of Agni, samanavata, pachakapitta, & kledaka kapha are the most predominant factors involved in the pathogenesis of Grahani roga. Once the disease manifests, secondary factors such as Apana vata 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. Irritable Bowel Syndrome (IBS) is one of the

commonest diagnoses given to patients attending gastroenterology clinics, It is found that 15% of the general population is suffering with this disease. And become a major health problem in younger people.⁽²⁾

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 pancha karma 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.⁽³⁾ Moreover is the choice of treatment in Grahani Roga.^(4,5)

Takra prayoga in Grahani is highlighted as the best Aushadhi in all the classics of Ayurveda, which posses deepana, grahi & laghu gunas.⁽⁶⁾ Charaka explains takra as basti dravya under Amlaskanda which is one among shadasthapanaskanda.^(7,8) sushruta mentioned takra as avapa dravya in Grahi

basti⁽⁹⁾. Hence Takra is given as Basti dravya in management of Grahani. In this clinical study, Takra Basti and changeryadi grita anuvasana basti, are given as yoga basti.

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 & OBJECTIVES

To evaluate the efficacy of Takra 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 web sites.
- 3) Materials – raw drugs are 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 .

METHODS 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.
- T.C, D.C, ESR, Hb%, Blood sugar (If necessary)
- USG abdomen,
- Sigmoidoscopy/colonoscopy. (If necessary)

RESEARCH DESIGN

Takra Basti as niruha basti and Changeryadi ghrita anuvasana basti, are given in yoga basti pattern. There will be a follow up i.e 16th day after the procedure.

TAKRA BASTI:

POORVAKARMA

Sarvanga Abhyanga with murchita tila taila for 30 to 40 min & bhaspa sweda upto samyak swinna laxana.

Preparation of Takra Basti (640ml

Aprox):

In a round vessel take 300ml of fresh curd and add ½ part of water i.e 150ml, churn it and prepare the takra

by removing fat and filtered it. In a sizable Khalva 60 gm honey was triturated well with 10 gm Saindhava. To this mixture 130gm of changeryadi ghrita was added gradually and mixed thoroughly. After mixing 50gms of Kalka in it stirred well. At last 400ml of takra 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 Takra basti was administered in Yoga basti course. Therefore, on 1st, 3rd, 5th, 7th, 8th, day Anuvasana basti with Changeryadi ghrita was given. And on 2nd, 4th, 6th, day Takra Basti as niruha basti was given.

PASCHATAKARMA;

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 16days the treatment .

SUBJECTIVE PARAMETERS:

Symptoms	Scoring
Badda mala	
Normal once daily	0
Alter native	1
Once in two days	2
in three days	3
Once in four or more days	4
Muhurdrava Mala Pravruithi	
Normal once daily	0
Twice daily	1
3-4 times daily	2
5-6 times daily	3

> 6 times daily 4

Muhur Muhur Mala Pravruithi

Normal once daily 0

Twice daily 1

3-4 times 2

5-6 times daily 3

> 6 times daily 4

Udara shoola or Discomfort

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

Sense of incomplete evacuation

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

Semisolid 0

Solid 1

Very hard stools with pellets 2

Watery stool 3

Amayukta mala/ mucous in stool

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.

6 patients (40%) were of age group ranging from 20-30 years , 31 - 40 years 2 patients (13.33%), 41 – 50 years 3 patients (20%), & 51-60 years 4 patients (26.6%). No patients were of age above 60 years. Incidence of Grahani is maximum in male 10 patients(66.66%) as compared to female 5 patients (33.33%). Among 15patients 12 patients (80%) of patients belong to Hindu community and 3 patient (20%) to Christian community. Out of 15 patients, 2

patients (13.33%) were Students, 5 patients (33.33%) were doing service, 4 patients (26.66%) were doing business, 1 patients (6%) were doing agriculture and remaining 3 patients (20%) were Housewives. Socio economic status in this study showed majority of patients belonged to middle class i.e 8 patients (53.33%),9 patients (60%) were of upper middle class, 1 patients (6.6%) were rich and 1 patient (6.6%) was poor. Among 15 patients 5 patients (33.33%) had vegetarian diet, while 10 patients (66.6%) had mixed diet..Among 15 patients 7 patients (46.66%) were having tea addictions, 4 patients (80%) were having smoking addiction, 4 patients (26.66%) were having alcohol addiction .In this study the dominance of Vata-Pitta Prakruti 10 patients (66.66%), 2 patients (13.33%) were of Pttaa-Kapha Prakruti and 3 patients (20%) belong to Vata-

kapha prakruti. In the present study, out of 15 patients, 10 patients (66.66%) had Vishama Agni, 5 patients (33.33%) had Manda Agni, no patients were of Teekshna Agni or Sama Agni. In assessment of kosta, 9 patients (60%) had Mruduakostha, 2 patients (13.33%)

had Madhyamakostha & 4 patients (26.66%) had Krurakostha. In this study majority of the patients exhibited Madhyaa Satva 11 patients (73.33%), 4 patients (26.66%) are of Avara Satva and no patients belonging to Pravara Satva.

RESULTS

SUBJECTIVE PARAMETERS:

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 Takra Basti in treatment and follow up.

OBJECTIVE PARAMETERS

Table showing the effect of Takra Basti on Objective parameters

Sr. No	Parameters	B.T Mean±S.E	Assessment	A.T Mean±S.E	d.f	t!.value	p.value	Remarks	Efficacy%
1.	CONSISTENCY OF STOOL	2.6±0.13	AT	1.6±0.19	14	5.91	P<0.01	H.S	38.46
			AF	2.6±0.13	14	12.91	P<0.01	H.S	82.05
2.	MUCUS IN THE STOOL	2.33±0.12	AT	1.53±0.19	14	7.48	P<0.01	H.S	34.28
			AF	0.4±0.13	14	29	P<0.01	H.S	82.85

The overall result of the treatments:

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Sr.No	B.T Mean±S.E	Follow Up	A.T Mean±S.E	d.f	t!.value	p.value	Remarks	Efficacy %
1.	18.07±0.67	AT	11.73±0.59	14	27.26	P<0.01	H.S	35.05
		AF	3.8±0.52	14	34.98	P<0.01	H.S	78.96

Overall effect of Takra Basti shows better result i.e 78.96%. showed highly significant results in all the parameters at the level as $P < 0.01$.

DISCUSSION

EFFECT OF THERAPIES ON SUBJECTIVE AND OBJECTIVE PARAMETERS

Effect on muhur badda mala pravritti : - Relief in badda mala pravritti was observed 80.85% patients showed improvement. results were statistically highly significant ($P < 0.01$).

Effect on muhur drava mala pravritti : - Relief in drava mala pravritti was observed 76.74% 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 76.74% patients showed improvement. results

were statistically highly significant ($P < 0.01$).

Effect on udara shula: - Relief abdominal pain was observed 71.43% 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 80.85% patients showed improvement. results were statistically highly significant ($P < 0.01$).

Effect on consistency of stool: Improvement in the consistency of stool was observed 82.05% 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 82.85% patients showed improvement. results were statistically highly significant ($P < 0.01$).

OVERALL EFFECT OF THERAPY: -

The overall effect of therapy was 78.96% . 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 3rd & 4th decade of life.
- Takra Basti Showed significant results in all the parameters.
- Hence it can be concluded that

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IBS can be treated in Ayurveda under the treatment principles of vataja Grahani.

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