

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

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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 *muhubaddhammuhudravam* 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 *parpativisheshapathyakalpana*. 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*

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 *muhubaddhammuhudravam*¹ i.e. Alteration in bowel habits² 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*.³ *Samgrahani* is one of its types characterized by

the clinical features
'pakvamvasarujamputimahurbadhmahurdravam',
divaprakoporatrishanti (nocturnal diarrhea),
durbalata, sadan, alasya and
'malamsangrahayasangrahayakadachitatrechayet'.

Stool is accompanied by passage of large amount of mucus. It is said to be *durvigya, dushchikitsyavyadhi*⁴. 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.⁵

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 Symptoms Criteria⁶. *Vijayaparpati kalpa*⁷ mentioned in Bhaishajya Ratnawali was administered and patient was kept on *parpatikalpavisheshapathya*.

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 *parpatikalpavisheshapathya*.

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- spleenomegaly 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)⁸ 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.

Table 1: Showing improvement in sign and symptoms of disease with each regimen.

S.No.	Parameters/ symptoms	Before treatment	After treatment -1 st regimen	After treatment- 2 nd regimen	After treatment - 3 rd regimen	
1.	Udara Shula (Abdominal Pain or Discomfort)	Sometime / rarely abdominal pain/ discomfort	Sometime / rarely abdominal pain/ discomfort	rarely abdominal pain/ discomfort	No abdominal pain/ discomfort	
2.	Mala TyagaAsantusti(Constipation or Diarrhoea or Both)	Constipation	H/O hard stool and incomplete bowel evacuation.			
		Diarrhoea	Loose stools 10-12 times/ day	Passage of 3-4 loose stool occurring intermittently	pasty stool passage in morning	Stool with normal frequency & consistency
3.	KaphaNissarana(Presence of mucous in stool)	Passage of large amount of mucous in stool	Passage of mucous with stool frequent	Visible mucous stickled to the stool	No visible mucous in stool	
4.	UdaraAtopa(Gas or flatulence)	Occasional abdominal distension	Occasional abdominal distension	Occasional abdominal distension	No abnormal gas / flatulence	

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 arapid 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

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. *Paradabeing* excellent *rasayana* and *yogavahi*⁹ properties rectifies *agni* and *rasa poshakadhatu* and thus give rapid relief.
2. *Gandhakahas rasayana, deepana, pachana, amaunmochaka, shoshana, vishaharaproperties.*¹⁰
3. *Raupya* is also *snigdha, madhurapaki, rasayana, jatharaagnideepana, balya, sarvarogahara.*¹¹
4. *Swarnais vishapaham, balya, shoshakshayaghnam, ruchya, deepana,*¹²*rogapramathi, sarvadosha-amyaghna, brimhana, madhura paki*¹³ corrects *agnimandya* and thus disease from the root cause.
5. *Vaikrantais tridoshaghna, vishaghna, vrishya, deepana, rasayana.*¹⁴
6. *Mauktika* also have *deepana* properties¹⁵

As described by *BhaishjyaRatnavali* in the chapter of *samgrahanirogadhikar, parpati* acts on digestive system with its *doshaghna, jantughna* and *balya* properties. It helped to improve *grahanakarya* of intestines thus, reducing complaints of *atisara* (frequency) and cures *mandagni. vijaya parpati*¹⁶ is useful in patients of *samgrahani* by enhancing the normal functioning of *pakwashaya*. The *tridoshashamaka* effect rectified the pathogenesis at *dosha* level. By *deepana karmait* 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 *prakritisthapana* of the *rogaashya* is also important. This was incorporated by the *snigdthaguna, 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.

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