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A clinical study of Marichyadi Churna in the management of Grahani w.s.r. to Irritable Bowel Syndrome

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Abstract

Grahani is described as an Agni Adhishthana in ayurveda. Mandagni is a root cause of Ama Dosha and it is the crucial factor for manifestation of most of the diseases. Among them, Grahani is the prime disease of gastro-intestinal tract and seen often in day-to-day practice. According to Acharya Charaka, Visamagni and Tikshanagni may cause Grahani Dosha but Grahani Roga is the consequence of only Mandagni. Chakrapanidutta has commented that Grahani Dosha. Grahani passes the food in the stage of Ama (Apakwaj) because of weak Agni and affection of Dosha. In the abnormal condition, when it gets vitiated because of weakness of Agni, it releases the food in undigested form only. In this study conclude that the clinical characteristics of vataja Grahani are the ones that most resemble those of irritable bowel syndrome among the several forms of Grahani. Marichyadi churna exhibit antimicrobial activity and may act as an anti-inflammatory agent. Marichyadi churna groups provided better relief in the amelioration of signs and symptoms of Grahani (Irritable Bowel syndrome). **Keywords:** Grahani, Irritable Bowel Syndorme, Marichyadi Churna.

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INTRODUCTION

The Grahani is the leading disorder of the digestive system. Due to various etiological factors of Grahani Roga, the Grahani becomes impaired as a result of Dusti or vitiation of Pachakagni and S

aman Vayu. [1] The logical outcome of the Grahani Dosha is the malabsorption of ingested food, resulting in the production of Pakwa Ama secondly the malabsorption of the products of digestion. The Vaisamya at Saman Vayu causes the hyper motility of gut resulting in frequent evacuation of the bowel, which one large and hard or liquid. Grahani and Agni are interdependent.[2] Functionally weak Agni i.e., Mandagni, causes improper digestion of ingested food, which leads to Ama Dosha. This Ama Dosha is a root cause of most of the diseases. It has pivotal importance in the pathogenesis of Grahani Roga. Grahani is considered under eight major diseases.[3] According to Acharya Charaka, Visamagni and Tikshanagni may cause Grahani Dosha but Grahani Roga is the consequence of only Mandagni. Chakrapanidutta has commented that Grahani Dosha. Grahani passes the food in the stage of Ama (Apakwaj) because of weak Agni and affection of Dosha. In an unusual situation, it releases the food in an undigested form only when it gets vitiated due to weakness of Agni.

The main line of treatment is to correct the Agni Dushti by following Langhana and administering drugs which are Ama Pachan and Agni Deepan in action. The Stambhana measure has to be adopted according to the Roga and Rogi Bala to restore health. Hence the present study was conducted to evaluate the management of Grahani (IBS) with herbal medications. The present drug

formulation Marichyadi churna is taken from Chakradatta Grahani Chikitsa 28.[4] It contains Kalimirch, Shunthi, Kutajtwak, Jaggery are all in powdered form. All ingredients of these are having Deepan, Panchan, Tridoshahara, Amapachak, Sangrahi, Krimighna & Vishaghna properties and it is beneficial for Atisar, and Grahani. Pravahika Marichvadi Churna has been mentioned in the treatment of Grahani roga.

Objectives:

1. To study literature of Grahani Roga in details and its probable Ayurvedic correlations with Irritable Bowel Syndrome.

2. To find the efficacy of oral Marichyadi Churna Churna in the management of Grahani.

Material and methods Source of Data:

The clinical trial that was conducted on 20 patients who had the characteristic symptoms of Grahni Roga (Irritable Bowel Syndrome). The patient attending the OPD & IPD irrespective of age and sex, from department of Kayachikitsa, Desh Bhagat Ayurvedic College & Hospital, Mandi Gobindgarh and from other referral hospital were selected for the study.

Inclusion Criteria:

- a. Patients of all sexes and from various ethnic backgrounds were taken into consideration, as well as patients between the ages of 20 and 60.
- b. Patients with Grahani syndrome and irritable bowel syndrome, as described in classical texts.
- c. Willing to consent

Exclusion Criteria:

- a. Patients under 20 and older than 60.
- People suffering from various diseases include tuberculosis, malignancy, ulcerative colitis, and acute illnesses like cholera and gastroenteritis. intestinal obstructions, etc.
- c. Women who are pregnant or lactating.

Diagnostic Criteria- Subjective criteria:

The patients having complaints of Grahani Roga, i.e. Muhurbaddha/Muhurdrava Mal Pravriti, Udara Shoola, Udara Gaurava, Apachana, Aruchi, Atopa, Vidaha, Aalasya, Vistambha, Praseka, Tamak Swasa, Pain in joint, Swelling, Trishna were selected for the study. For the purpose of perfect diagnosis and assessment an exceptional research Proforma was structured.

Objective criteria:

Routine Haematological, Biochemical and Routine-Microscopic, Urine & Stool examination were carried out to assess the general condition and exclusion of other pathogenesis of the patients.

Intervention:

Group A - 20 patients (Marichyadi churna - 5 gm TDS with warm water after meal)

Dose of drug: 5 gm TDS with warm water after meal

Duration of study: 30 days

Scheduled follow-up

- 1. 0 day Enrolment Day
- 2. 15^{th} Day 1^{st} follow up
- 3. 30^{th} Day 2^{nd} follow up
- 4. $45^{\text{th}} \text{ Day} 3^{\text{rd}} \text{ Follow up}$

Criteria for Assessment

a. The assessment was made before, during and after the treatment on scoring of cardinal signs and associated symptoms.

- b. Scoring design was created according to severity of symptoms.
- c. Result was analyzed statistically on the basis of improvement in subjective as well as objective criteria.
- d. Relief in Ama Lakshanas of Grahani Roga.

Assessment of Total Effect:

The changes in clinical features of Grahani (Irritable Bowel Syndrome) were recorded before and after the treatment based on improvement in scoring Index. The result was recorded as-

Marked relief	-	Above	75%
improvement			
Moderate relief	-	50% -	75%
improvement			
Mild relief	-	25% -	50%
improvement			
No relief	-	Below	25%
improvement			

OBSERVATIONS - Observations and results have been discussed here with logical interpretation on the basis of Ayurveda science as well as modern medical science. Findings observed in the present study are–

Demographic Data -

- Age -47.5% patients belong to the age group between 20-30 years followed by 32.5% patients in 31-40 years, 12.5% in 41-50 years and 7.5% in 51-60 years
- 2) **Gender -** 55% was male while 45% patients were female.
- 3) **Marital status -** 85% was married while only 15% patients were unmarried.
- Religion -25% patients belong to the Hindu followed by 7.5% patients were of Muslim, 65% patient belong to Sikh and 2.5% patients were found from Christian community.

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- 5) **Occupation** 27.5% were doing sitting jobs (desk- work), 20% patients were labour, 17.5% patients were housewives and 35% were doing other types of jobs such as students, businessmen, farmers, army personnel etc.
- 6) Educational Status 30% patients were taking education up to higher secondary education. 17.5% patients were primary educated, 17.5% patients were taking education up to Graduation level and 10% patients were post graduate. 25% patients were illiterate.
- Economic Status 42.5% were of poor class, 40% patients were of middle class, 12.5% patients of middle-higher class and 5% patients were of higher class.
- 8) **Appetite** 45% had moderate appetite, 32.5% patients had poor appetite and 22.5% patients had good appetite.
- 9) **Diet** –45% patients were taking mixed type of diet and 55% patients were taking only vegetarian diet.
- 10) **Dietary Type -** Samashana was observed in 45% patients, Adhyashana in 20%, Vishamashana in 5% and Virudhashana was observed in 30% patients.
- 11) Addiction 28% was addicted to tea/coffee.
- 12) **Agni -** 75% had Mandagni and 25% patients had Vishamagni.
- 13) Kostha 65% had Mridu kostha,27.5% patients had Madhyam kostha and 7.5% patients had Krura kostha.
- 14) **Sleep Pattern -** 75% patients had disturbed sleep and 25% had sound sleep.
- 15) **Bowel Habit -** 90% patients and 10% patients had regular bowel habit.

- 16) Nature of work 17.5%
 patients were doing sedentary work;
 27.5% patients were doing moderate
 type of work and 55% patients were
 doing strenuous work.
- 17) Built 35% patients were having slim built; 45% patients were having normal built and 20% patients were obese.
- 18) Exercise 70% were doing Avar exercise, 12.5% patients were doing Madhyam exercise and 17.5% patients were doing regular Pravara exercise.
- 19) Dominance Rasa 60% were having Katu Rasa dominant in their routine diet, Madhura Rasa in 10% patients, Amla Rasa and Lavana Rasa in 12.5% patients each and Tikta Rasa in 5% patients.
- 20) **Dominance Guna -** 25% were having Ruksha guna dominant followed by Snigdha guna in 20% patients, Sheeta guna in 17.5% patients, Ushna guna in 15% patients, Laghu guna in 12.5% patients and Guru guna in 10% patients.
- 21) **Chronicity of disease -** 45% were suffering from Grahani Roga from more than one year, 15% patient from one month, 15% patients from upto 6 months and 25% patients were suffering from the disease from 6 to 12 months of duration.
- 22) **Emotional Makeup** 35% had tensive nature, 20% patients had anxiety, 17.5% patients had depression, 17.5% had sentimental nature and 10% patients were normal.
- 23) Abhyavaharana Shakti 45% were having Avar Abhyavaharana Shakti,
 42.5% patients were Madhyam and
 12.5% patients were having Pravara Abhyavaharana Shakti.

- 24) **Jarana Shakti -** 82.5% were having Avar Jarana Shakti and 17.5% patients were having Madhyama Jarana Shakti.
- 25) **Doshaj Prakriti -** 32.5% patients had Vatapittaj Prakriti, 27.5% patients had Vatakaphaj Prakriti and 40% patients had Pittakaphaj Prakriti.
- 26) **Manas Prakriti -** 65% patients were having Rajasika Prakriti and 35% patients were having Tamasika Prakriti.

Symptoms		Group	A
	Sc	core	Relief
	BT	AT	%
Muhurbaddha/drava Mala	62	25	59.67
Udara Shoola	48	18	62.50
Udara Gaurava	49	20	59.18
Apachana	47	18	61.70
Aruchi	41	19	53.65
Atopa	40	19	52.50
Vidaha	26	13	50.00
Alasya	33	13	60.60
Vistambha	34	18	47.05
Praseka	37	19	48.64
Tamaka Swasa	28	11	60.71
Pain in joint	33	10	69.69
Swelling	17	07	58.82
Trishna	17	06	64.70

Effect of therapy - The total symptom score and percentage of each symptom of all patients were evaluated. The relief percentage in individual symptoms of Grahani revealed a better therapeutic efficacy of treatment.

Symptom n	n		ean	Mean SD SE 't'		·+'	Р	
• •	11	BT	AT	Diff.	3D	SE	L	Г
Muhurbaddha /Muhurdrava Mal Pravriti	20	3.10	1.25	1.85	0.59	0.13	9.8	<0.001
Udara Shoola	20	2.40	0.90	1.5	0.61	0.14	11.38	< 0.001
Udara Gaurava	19	2.58	1.05	1.53	0.51	0.12	7.15	< 0.001
Apachana	20	2.35	0.90	1.45	0.51	0.11	11.22	< 0.001
Aruchi	20	2.05	0.95	1.10	0.64	0.14	7.63	< 0.001
Atopa	18	2.22	1.06	1.17	0.51	0.12	5.09	< 0.001
Vidaha	15	1.73	0.87	0.87	0.64	0.17	5.81	< 0.001
Alasya	17	1.94	0.76	1.18	0.53	0.13	5.6	< 0.001
Vistambha	17	2.00	1.06	0.94	0.43	0.10	3.77	< 0.001
Praseka	18	2.06	1.06	1.00	0	0	5.56	< 0.001
Tamaka Swasa	16	1.75	0.69	1.06	0.57	0.14	5.09	< 0.001
Pain in joint	18	1.83	0.56	1.28	0.57	0.14	8.48	< 0.001
Swelling	13	1.31	0.54	0.77	0.60	0.17	3.92	< 0.001
Trishna	09	1.89	0.67	1.22	0.67	0.22	6.1	< 0.001

The total effect of treatment on symptoms of Grahani in each patient was evaluated before and during every intervention of the treatment. In the groups, patients showed statistically significant improvement after completion of treatment.

		Group A		
Assessment	Score	Number of Patients	Percentage	
Complete Cure	100%	Nil	-	
Marked Relief	>75% to <100%	Nil	-	
Moderate Response	>50% to 75%	14	70%	
Mild Improvement	>25% to 50%	06	30%	
No Relief	Up to 25%	Nil	-	

Table no 3. Assessment of Overall Effects of Therapy of 20 patients of Grahani

Overall Effect of therapy –

The efficacy of Marichyadi churna in Grahani Roga (IrritableBowel Syndrome) i.e. provided moderate response in 14 (70%) patients and 06 (30%) patients showed mild improvement after completion of treatment.

DISCUSSION -

Mode of Action of Marichyadi **Churna** – The present drug formulation Marichvadi churna is taken from Chakradatta Grahani Chikitsa 28. It contains mainly Kalimirch, Sunthi, Kutaj Twak, Jaggery all are in powdered form.[5] All ingredients of these are having Deepan, Panchan, Tridoshahara. Amapachak, Krimighna Sangrahi, & Vishaghna properties and it is beneficial for Atisar, Pravahika and Grahani. It acts as antidiarrheal, anti-dysenteric, appetizer, astringents, carminative, digestive and stomachic. It reduces the frequency of bowel movements. It gives relief in intestinal spasms and pain. It controls diarrhea by preventing micro-organism and their toxic effects in the intestines. It supports intestinal flora and aids healthy digestion. Kutaj lowers the viral load on the liver. The anti-inflammatory and hepatoprotective activity help in liver disorders.[6] Sunthi is unctuous, hot in

potency and increases Pitta and decreases Kapha. It improves taste, light to digest, improves digestive strength, and helps to absorb excess moisture especially in intestine. [7] Marich is an excellent antiviral and antibacterial helps in treating liver infection. Jaggery is rich in minerals, iron & instant glucose. It is not only easily digestible but has various minerals & vitamins in right proportion, which is for extremely useful our body.[8] Carbohydrate which is prominently present in Sugar, needs Vitamin-B for their proper utilization by the body.

CONCLUSION –

The clinical characteristics of vataja Grahani are the ones that most resemble those of irritable bowel syndrome among the several forms of Grahani. The medications chosen for the clinical study are having All the drugs chosen for the are having Deepan, study Pachan, Amapachaka, Sangrahi properties in nature. The drugs are easily available, cheaper and with no side and adverse effects. The drugs act as anti-diarrheal, anti-dysenteric, appetizer, astringents, carminative, digestive and stomachic. The medications are easily available, cheaper and with no side and adverse effect. It provided better relief in the amelioration of signs and symptoms of Grahani (Irritable Bowel syndrome). Also statistically significant results were found.

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