

Role of *Panchmooladya Choorna* in *Grahani Roga* (irritable bowel syndrome)-pilot study

Akshaya Ghanshyam Patil*¹, Vishwajeet Patade², Rajendra More³, Pankaj Tathed⁴

1. Assistant Professor,
2. Professor,
3. Associate Professor,
4. Assistant Professor,

Panchakarma Department, APM's Ayurved Mahavidyalaya ,Sion, Mumbai, M. S., India

Email-id: akshayapatil2189@gmail.com **Contact no.**8451944169

ABSTRACT

Lifestyle disorders like unhealthy dietary habits, physical habits, disturbed sleep and rest patterns are the principal factors that cause many digestion related disease. Irritable bowel syndrome (IBS) is also one such disease which occurs due to the ingestion of unwholesome diet causing disturbances in *Agni*. According to Ayurvedic science, this disease can be considered as a *Grahani roga*. So we may consider IBS as *Grahani roga*. Various herbal medications and *panchakarma* (biopurification) procedures are described in the treatment of *Grahani roga* though there is no reliable medical treatment for IBS in modern medicine; various efforts have been made to overcome this problem by the virtue of Ayurvedic therapy. The present study was done to assess the efficacy of *Panchmooladya choorna* with

Takra(buttermilk) as *anupan* in Group A(10Patients) and Group B(10Patients)with luke warm water as *anupan* in management of *Grahani roga* in total of 20patients.The results of therapy were assessed by various parameters after 1month with follow up of 15days.The result concluded that *Panchmooladya choorna* with *Takra* as *anupan* reduced the symptoms of *Grahani roga* as compared to Group B.

KEYWORDS: Dietary disorders, *Grahani dosha*, Irritable bowel syndrome, *Panchmooladya choorna*

INTRODUCTION

Faulty dietary habit and changing in the life style are main etiological factors responsible for *Doshadushti* resulting in *Agnimandhya*. Frequent Unhealthy junk food intake, disturbed schedule of meals,

stress leads to *Mandagni* and ultimately person suffers from *Grahani roga*. It is said that *Grahani* and *Agni* are interdependent; due to this nature these two are responsible for proper functioning of each other. As *Acharyas* had illustrated that most disease occur due to *Mandagni* (weak functioning of *Agni*). *Mandagni* for long period leads to disease called as *Grahani roga*. Irritable Bowel Syndrome (IBS) is a functional bowel disorder in which abdominal pain or discomfort is associated with defecation or change in bowel habits.

In this clinical trail *Panchmuladya churna* was selected in patients presenting signs and symptoms of *Grahani roga* as all the contents of *Panchmuladya churna* has *Agni deepan* and *aam pachan* properties.

AIM & OBJECTIVES

- 1) To study the etiopathogenesis of *Grahani roga* in the light of both Ayurvedic And Modern perspective.
- 2) To study the efficacy of *Panchmuladya churna* in management of *Grahani*.
- 3) To study the influence of Takra and Luke warm water as Anupan in management of *Grahani roga*.

MATERIALS & METHOD

Inclusion Criteria:

1) All patients of 18-40years age group of either gender.

2) All patients presenting with signs and symptoms of *Grahani roga*

Exclusion criteria:

- 1) Patients suffering from acute diarrhea, intestinal tuberculosis, ulcerative colitis, gastric and peptic ulcer, and uncontrolled Diabetes Mellitus and Hypertension.
- 2) Patients not willing for trial.
- 3) Patients who leave the treatment in between.

DRUG REVIEW-

पञ्चमूलाभयाव्योषपिप्पलीमूलसैन्धवैः।
रास्नाक्षारद्वयाजाजीविडङ्गशटिभिर्घृतम्।।८८।।

एतेषामौषधानां वा
पिबेच्चूर्णं सुखाम्बुना।।९२।।
वाते श्लेष्मावृते सामे कफे वा वायुनोद्धते।
दद्याच्चूर्णं पाचनार्थमग्निसन्दीपनं परम्।।९३।।
इति पञ्चमूलाद्यं घृतं चूर्णं च।

ch.chi.15

Contents of *Panchmuladya Churna*¹

Panchmool(bilva, syonaka, patala, gambhari, ganikarika), haritaki, trikatu (sunthi, pippali, marica), pippali mulla, saindhava, rasna, sajji kshar, yavak kshar, jeerak, vidang, sathi.

Table No.1 Contents of *Panchmuladya Churna*

DRUG NAME	LATIN NAME	RAS	VIRYA	VIPAK	DOSHAGNTA
Haritaki,	<i>Terminalia chebula</i>	All five ras kashay main. except	Ushna	madhura	Tridosh nashak

		<i>lavan</i>			
<i>Rasna</i>	<i>Pluchea lacneolata</i>	<i>Tikta</i>	<i>ushna</i>	<i>Katu</i>	<i>Vatagna</i>
<i>Jeerak</i>	<i>Cuminum cyminum</i>	<i>Katu</i>	<i>ushna</i>	<i>Katu</i>	<i>Vatagna, Kaphagna</i>
<i>Vidang,</i>	<i>Embelia ribes</i>	<i>Tikta,katu, Kashay</i>	<i>ushna</i>	<i>katu</i>	<i>vatakaphanashka.</i>
<i>Shati.</i>	<i>Hedychium Spicatum</i>	<i>Kashay</i>	<i>ushna</i>	<i>katu</i>	<i>Vatakaphanashak</i>

ASSESSMENT CRITERIA⁵

Table No.2 Self Assessing Gradation Score

1	<i>Agnimandya</i>	Feels hunger after 5-6hrs Feels hunger after 6-7hrs Takes food only 1 time No hungry at all	0 1 2 3
	<i>Aruchi</i>	No aruchi Feels 1-2 times in 5-6days in a week Takes meal without feeling hungry Feels no hunger and no taste	0 1 2 3
3	<i>Muhu baddha mala pravritti</i>	Defecation occurring in every morning with Normal Frequency Defecation after physical exercise such as brisk walk or after taking liquid Difficult passage of stool with feeling of incomplete evacuation Passes hard stool(taking medication such as laxative)	0 1 2 3
4	<i>Muhu Drava mala pravritti</i>	Defecation with normal frequency and consistency. Diarrhoea or pencil like pasty stool in morning upon arising or just after doing breakfast Passage of 3-4 loose stool occurring intermittently Watery diarrhoea throughout the day or esp.nocturnal diarrhoea	0 1 2 3
5	<i>Amla/Tikta Udgara</i>	No Amla/Tikta Udgara Feels Amla/Tikta Udgara sometimes after having food Feels Amla/Tikta Udgara once or twice after having food Feels Amla/Tikta Udgara after every food	0 1 2 3
6	<i>Daurbalya (generalised weakness)</i>	No weakness Feels weakness sometime Feels weakness 2-3 times in a week Always Feels weakness	0 1 2 3

7	<i>Sarva sandhi shool(all joint pain)</i>	Absent.	0
		Occasional.	1
		3-4 times a day.	2
		Persistent throughout the day.	3
8	<i>Chardi</i>	No nausea or vomiting	0
		Nausea but no vomiting	1
		Once or twice vomiting in a week	2
		After having food immediately vomits	3

Table no.3: Total effect of therapy was assessed as follows-

Cured	100% relief
Markedly improved	More than 50% relief
Improved	25 To 50% relief
Unchanged	Below 25% relief

STUDY DESIGN

For the present study, the patients are selected from OPD & IPD of APM's Ayurved Mahavidyalaya, Sion, Mumbai

Type of study-Open comparative clinical study

Grouping: The selected patients were randomly placed and studied under the following two groups:

Group A- Panchmooladya choorna with Takra(buttermilk) as anupan (10Patients)

Dosage-5gms BD before meals for 1month.

Group B- Panchmooladya choorna with luke warm water as anupan(10Patients)

Dosage-5gms BD before meals for 1month

Total 20 patients

Table No.4: DRUG ADMINISTRATION

Treatment	Group A	Group B
Drug	Panchmuladya churna	Panchmuladya churna
Dose	5gms divided	5gms divided
Time	After meals	After meals
Anupan	Takra (buttermilk)	Lukewarm water
Route of drug	Oral	Oral
Treatment period	30days	30days
Assessment	F/U after 15days	F/U after 15days

OBSERVATION & RESULT

The statistical data on subjective improvement in 20 patients of

Grahani roga revealed an average 80% improvement (highly significant) in group A(treated with panchmuladya churna with takra(buttermilk) as anupan

,and in group B (treated with panchmuladya churna with luke warm water as anupan 60% improvement (highly significant) was noted after the therapy. It is observed that although both groups showed highly significant improvement in subjective observations but the percentage of improvement was maximum in group A and minimum in group B.

These observations suggest that Panchmuladya churna have potent effect

on various clinical parameters. But the clinical response is further enhanced to the level of percentage of improvement when treated with Takra as anupan.

Therefore it can be clearly stated although the overall % improvement was more in group of patients treated with panchmuladya churna with takra (buttermilk) as anupan, however panchmuladya churna is a good remedy for the treatment of Grahani roga if taken appropriately.

Table No.5: Profile of Patients.

Age	Range in year 18-40 Yr	Group A	Group B
Religion	Hindu	6(60%)	6(60%)
	Muslim	4(40%)	4(40%)
Sex	Male	2(20%)	4(40%)
	Female	8(80%)	6(60%)
Economical status	Poor	2(20%)	2(20%)
	Middle	6(60%)	7(70%)
	Rich	2(20%)	1(10%)
Habitat	Urban	6(60%)	6(60%)
	Rural	4(40%)	4(40%)
Marital status	Married	6(60%)	7(70%)
	Unmarried	4(40%)	3(30%)

Table No.6: Distribution of patients according to food habits

Sr. No.	Diet	Group A		Group B		Total No. Patients	Percentage
		No. of pts.	%	No. of pts.	%		
1)	Vegetarian	3	30%	2	20%	05	50%
2)	Non-vegetarian	2	20%	1	10%	03	30%
3)	Mix	5	50%	7	70%	12	60%

Table no.7: Agni wise distribution

Sr. No.	Agni	Group A		Group B		Total No. Patients	Percentage
		No. of pts.	%	No. of pts.	%		
1)	Samagni	1	10	2	20	3	30%

2)	Mandagni	8	80	8	80	16	80%
3)	Tikshanagni	1	10	0	00	1	10%
4)	Visamagni	0	0	0	0	0	00%

Table No.8: INCIDENCE OF CARDINAL SYMPTOMS

Sr. No.	Cardinal symptom	Group A		Group B		Total No. Patients	Percentage
		No. of pts.	%	No. of pts	%		
1)	Muhu baddha mala pravritti	9	90	9	90	18	90
2)	Amla/Tikta Udgara	8	80	7	70	15	75%
3)	Aruchi	8	80	6	60	14	70%
4)	Daurbalya (generalised weakness)	6	60	5	50	11	55%
5)	Chardi	5	50	6	60	11	55%
6)	Muhu Drava mala pravritti	7	80	8	70	15	75%
7)	Sarva sandhi shool(all joint pain)	6	60	4	40	10	50%
8)	Agnimandya	9	90	6	60%	14	70%

CARDINAL SYMPTOMS**Table No.9: Statistical analysis showing effect in Group A**

Cardinal symptoms	Mean Score			%	S.D	S.E +/-	't' value	'p' value	Remarks
	B.T	A.T	Diff						
Muhu baddha mala pravritti	1.43	0.50	0.93	65.21	0.79	0.19	4.72	<0.001	H.Significant
Amla/Tikta Udgara	0.81	0.31	0.50	61.53	0.65	0.16	3.07	<0.01	Significant
Muhu Drava mala pravritti	0.62	0.06	0.56	90.00	0.52	0.13	4.30	<0.001	H.Significant
Daurbalya (generalised	0.5	0.12	0.37	75.00	0.49	0.12	3.04	<0.01	Significant

weakness)									
Chardi	0.33	0.11	0.22	66.66	0.42	0.10	2.21	<0.01	Significant
Aruchi	0.43	0.06	0.37	85.71	0.49	0.12	3.04	<0.01	Significant
Sarva sandhi shool(all joint pain)	1.35	0.62	0.75	54.54	0.75	0.18	3.97	<0.01	Significant
Agnimandya	1.18	0.31	0.87	73.68	1.05	0.26	3.31	<0.01	Significant

Table No.10: Statistical analysis showing effect in Group B

Cardinal symptoms	Mean Score			%	S.D	S.E +/-	't' value	'p' value	Remarks
	B.T	A.T	Diff						
Muhu baddha mala pravritti	0.33	0.11	0.22	66.66	0.42	0.10	2.21	<0.05	Significant
Amla/Tikta Udgara	0.81	0.31	0.50	61.53	0.65	0.16	3.07	<0.01	Significant
Muhu Drava mala pravritti	2.5	0.87	1.62	65	0.37	0.17	4.02	<0.01	Significant
Daurbalya (generalised weakness)	2.60	2.07	0.53	20.51	0.52	0.13	4.00	<0.01	Significant
Chardi	1.20	1.09	0.11	9.17	0.13	0.03	3.32	<0.01	Significant
Aruchi	2.57	2.00	0.57	22.22	0.79	0.30	1.92	>0.01	Insignificant
Sarva sandhi shool(all joint pain)	1.36	1.07	0.29	21.08	0.24	0.06	4.65	<0.01	Significant
Agnimandya	1.73	1.27	0.47	26.92	0.52	0.13	3.50	<0.01	Significant

Table No.11: Percentage of relief

Sr. No.	Effect	Group A		Group B		Total No. Patients	Percentage
		No. of pts.	%	No. of pts	%		
1)	Cured	2	20	1	00	02	20%
2)	Markedly improved	6	60	3	30	09	90%
3)	Improved	2	80	5	50	07	70%
4)	Unchanged	0	00	1	30	03	30%

After doing statistical analysis it was observed that Group A i.e churna given

with takra as anupan showed highly significant changes in all the signs and symptoms of Grahani roga than Group B.

DISCUSSION

Grahani Dosha is due to functional derangement of *Grahani*. *Grahaniroga* is considered as the advance stage. According to ayurveda the chief site for digestion of food is *Grahani* and is considered as organ where agni resides which in turn carry out the function of digestion. Although *Grahani Roga* is primarily a pitta disorder, one must take into account the metabolic power and intelligence (Agni) of both Vata and Kapha doshas.

PROBABLE MODE OF ACTION OF DRUG⁹.

Panchmula has laghu, ushna and rooksha guna; have tikta, kashya and a little madhura rasa; have katu vipaka and ushna virya. They act as grahi because of their ushna veerya, thus causing mala and mutra-sangrahana, hence acts on drava mala pravriti. They act as agni deepan and aampachan due to tikta rasa and ushna veerya, thus they are useful in agnimandya. The Panchmuladya churna is carminative and it is an excellent stimulator of the power of digestion. **Trikatu choorna** stimulates stomach to produce enzymes. Hence it helps digestion. **Haritaki** helps in improving appetite and helps digestion. **Rasna** is used in digestive disturbances like flatulence, abdominal colic and indigestion. **Jeerak-** It enhances metabolism and keeps the digestive system in track so that disorders like diarrhoea, nausea, flatulence, mal absorption syndrome can get combat. It

pacifies the Vata and Kapha Doshas and ads in the Pitta Dosha which helps in better digestion and metabolism. **Vidanga** improves the functioning of the digestive system and alleviates flatulence, gaseous belching and constipation. All the drugs of Panchmuladya churna have Deepana (which enhances digestive power) and Pachana (digestive) qualities which are essential in treating the *Grahani Roga*. The ingredients of Panchmuladya churna are known to be having the properties capable of correcting the Agni.

Benefits of Takra (Buttermilk)³-it is an excellent anupan because it stimulates the power of digestion, it is grahi (constipative) and light for digestion. It is sweet in vipaka and therefore, it does not cause aggravation of pitta. Because of its astringent taste, hot potency, vikasitva (which relieves the stiffness and causes looseness of joints) and unctuousness, it is useful for counteracting the aggravated kapha. Because of the sweet and sour tastes and density, it is useful for counteracting the aggravated vayu. To sum up, it neither aggravates nor alleviates pitta.

Benefits of warm water⁴-warm water stimulate hunger, help digestion, relieves hiccup, flatulence.

CONCLUSION

- Panchmuladya churna has proved to be very effective in *Grahani*. It has shown very good results in Vataj *Grahani*. Takra (Buttermilk) aids in enhancing the properties of Panchmuladya churna.
- No side effects found.

- Majority of the symptoms have effectively reduced.
- Improvement in the functions of digestion.

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