

Original Research Article

## Role of Vidangadi Taila & Dhanypanchaka Vasti in the Management of Grahani Roga

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### ABSTRACT

Vasti has multidimensional utility. It fulfills the purpose of elimination, palliation and rejuvenation. Vasti is indicated in management of various diseases due to Vata, Pitta, & Kapha dosha. In Grahani Roga, it acts directly on adishthan and to correct shrotodusti it normalised the digestive system. Vasti is considered to have multidimensional effect due to its achintaya prabhavh. So this treatment method is very effective in management of chronic disorder like Grahani Roga.

A clinical study to evaluate of the effect of vasti with Vidagadi Taila and Dhanypanchak Kwath on Grahani Roga was done on 30 patients selected of Rishikul Ayurvedic College, Haridwar. A 32 days complete course of vasti karma was observed for 8days vasti karma in Yoga vasti manner and after 16 days interval the next course of 8days of vasti was performed. The vasti karma was formed significantly effective in drava mal pravriti, arochak, presaka, trishna, chhardi, shool, atopa,etc. All the patient were improved in respect of feeling of well being physical strength and sleep pattern.

**Key words:** Vidagadi Taila, Dhanypanchaka Vasti, Grahani Roga.

### INTRODUCTION

In modern era the life style disorders are increasing day by day. Due to vitiated and irregular consumption of food, gastro-intestinal problems are most common in society. *Ayurveda* considers that the dysfunction of *Agni* is responsible for undigested food which is responsible for various functional and structural defects in the gastro-intestinal tract. By taking a look on the sign and symptom of *Grahani*, somehow it resembles to I.B.S, colitis, Crohn's disease etc.

In *Grahani Roga*, due to *Dushit jathragni* the digestions of food do not occur properly. Undigested food forms a vitiated material called "*Ama*", which is responsible for producing various disorders. [1] This disturbs the normal flora of GI tract

and weakens the muscles and acid fluid configuration of GI tract. So *Prasad bhaga* of food is not form properly so nourishment of whole body does not occur.

In *Grahani Roga*, although *Rogadhistan* is *Grahani* but dysfunction occurs in whole G.I. tract. In *Grahani Roga*, due to vitiated *Samana Vayu*, *Kledaka Kapha* and *Dushit jathragni* the digestion of food not occur properly, so form undigested materials, which occur like toxins for whole body. [2,3] These materials also distorted the normal flora of GI tract. So we need such a therapy which provides not only purificatory effect but therapeutic and healing process also, for treatment of *Grahani Roga*. *Vasti karma* is indicated in the management of *Grahani*. [4] It helps in improving the function of gut and also heals

it. Disorders like I.B.S. colitis, Crohn's disease somehow resemble the symptoms of *Grahani*. So keeping this view in mind the work has been taken to evaluate the effect of *Vasti karma* in respect of the treatment of *Grahani Roga*. In *Ayurveda*, there are much more curative and preventive measures, by which one can get rid of itself and its hazardous effect. *Vasti Karma* is the one of these Ayurvedic measures.

*Vasti* has multidimensional utility. It fulfil the purpose of elimination, palliation, nourishment and rejuvenation. [5] *Vasti* fulfil all the purposes which are wanted in *Grahani Roga*, but previously very few works on *Vasti karma* (most commonly *pichcha vasti*) have been done in management of *Grahani Roga*, so there is need to do more research in respect of *Panchakarma therapy* in different directions. No work has been done to evaluate the efficacy of *Vasti Karma* (*Vidangadi Taila* [6] & *Dhanyapanchak Kwatha Vasti* [7] in management of this disease.

These are the reasons that, we have chosen the entire way of Ayurvedic treatment in the present study regarding *Grahani Roga*.

**Aim and objective:** Evaluation of the effect of *Vasti karma* with *Vidangadi tail* and *Dhanyapanchak kwath* in management of *Grahani Roga*.

## MATERIALS AND METHODS

For present study 30 cases of *Grahani Roga*, after a detailed preliminary screening, were selected. The patients were administered with *Vasti* prepared with *Dhanyapanchak kwath as Nirooh Vasti* & *Vidangadi tail as Anuvasana Vasti*. The patients were selected randomly from O.P.D. of Rishikul Govt. P.G. Ayurvedic College & Hospital, Haridwar. A 32 days complete course of *Vasti karma* included 8 days *Vasti karma* in *yoga vasti* [8] manner and after 16 days interval the next course of 8 days of *Vasti* was performed.

The follow ups and assessment of the patients were done after completion of each course of *vasti*.

### A. Inclusion criteria

- Age - 16 - 60 years.
- Clinical features suggesting *Grahani Roga*. [9]
- Patients on conventional long term therapy with no satisfactory response.

### B. Exclusion criteria

- Patients with major ailments like heart disease, diabetes mellitus, piles, blood mixed stool, ascitis, etc.
- Patients having tuberculosis, malignancy or hepatic abscess.
- Patients with any surgery of GI tract.

### C. Investigation

Routine Haematological Hb%, TLC, DLC, ESR, Urine & Stool examination were carried out to assess the general condition and exclusion of other pathogenesis of the patients.

In the present study, schedule of *Yoga Vasti* followed where on day first 1 *Anuvasana* was given then Afterwards 3 *Anuvasana* and 3 *Nirooh* were given alternatively and at last 1 *Anuvasana Vasti* were administered.

### D. CONTENTS OF VASTI

*Nirooh Vasti*-

*Dhanyapanchak Kwatha* - 400ml

*Vidangadi Taila* - 100ml

*Madhu* - 100 ml,

*Dhanyapanchak Kalka* - 30 gm

*Saindhav* - 15 gm

Total dose administered - 645 ml

*Anuvasana Vasti* - *Vidangadi tail*

Dose administered- approx. 120ml

### E. PARIHARA

*Pathya Ahar* and *Vihar* should be observed for double the period as undertaken in the entire course of *Vasti* therapy. The patients should avoid activities like *Atyasana*, *Avasthana*, speaking loudly, sleeping during the day, excessive sexual activities, and use of cold water roaming in the sun, cold wind and angry temperament. He should take beneficial food, considering the *Kaal* [10]

## **F. PATHYA**

• **Nirooh:** After the *Vasti Dravyas* have been adequately let out, the patient was allowed to rest and take bath with luke warm water. Milk, *Yusha* and *Mansarasa* was advised to take in dominance of *Pitta*, *Kapha* and *Vata* respectively. [11,12] Soft blend diet should be taken with one third or half fraction of stomach remaining empty. [13] According to *Acharya Vagbhata Doshas* which gain momentum due to *Nirooh* and tend to produce complications should be pacified by the use of warm water. [14]

• **Anuvasana:** The day following *Vasti*, *laghu ahar* was given in the afternoon and *Yusha* in the evening. [15] The patients were given water decoctioned with *Dhanyaka* and *Nagar*. This helps in digestion, assimilation of *Sneha*, does *Kapha chhedana* and *Vatanulomana*. [16]

## **G. CRITERIA FOR ASSESSMENT**

Grading of parameters taken for assessment

### **1. Muhurbaddha / Muhurdrava Mal pravriti**

- 0 - Passing of normal consistency stool.
- 1 - Passing stool (2-3 times /day) irregular, without pain.
- 2 - Passing stool (3-5 times / day) just after meals, irregular, with pain.
- 3 - Passing stool more than 5 times/day just after meals, irregular, with pain

### **2. Arochak**

- 0 - Normal appetite.
- 1 - Loss of appetite without eating habits.
- 2 - Oral intake altered without significant weight loss.
- 3 - Associated with significant weight loss.

### **3. Trishna**

- 0 - No thirst.
- 1 -Thirst satisfaction from taking normal limited water.
- 2 - Thirst satisfactions after taking more than normal limited water. frequency of taking water is also increases.
- 3- No satisfaction after taking water, taking electrolytes.

### **4. Praseka**

- 0- Normal salivation during meal.
- 1 - Morning or evening, one time without meal time.

- 2 - Morning and evening, both time without meal time.

- 3 - Everytime.

### **5. Shoonpaadkarah**

- 0 - No swelling.
- 1 - Only in lower limbs.
- 2 - Only in upper limbs.
- 3 - In all limbs.

### **6. Asthiparvaruk**

- 0 - No pain.
- 1 - Pain in major joints/bones in either one extremities.
- 2 - Pain in major joints/bones in either both extremities.
- 3 - Pain in all small & major joints/bones in all extremities.

### **7. Chhardan**

- 0 - No emesis
- 1 - 1- episode in 24 hours.
- 2 - 2-5 episodes in 24 hours.
- 3 - > 5 episodes in 24 hours

### **8. Udara Shoola (Abdominal pain or discomfort)**

- 0 - No abdominal pain.
- 1 - Sometime/ rarely abdominal pain.
- 2 - Intermittent crampy lower abdominal pain which is relieved by passage of flatus or stool.
- 3 - Continuous abdominal pain often over the right upper quadrant/ mid epigastria/ lower iliac region which is not relieved by passage of flatus or stool.

### **9. Shleshma mala pravriti (Presence of mucous in stool)**

- 0 - No visible mucous in stool.
- 1 - Visible mucous stickled to the stool.
- 2 - Passage of mucous with frequent stool.
- 3 - Passage of large amount of mucous in stool.

### **10. Atopa (Gas / Flatulence)**

- 0 - No abnormal gas/flatulence.
- 1 - Occasional abdominal distension.
- 2 - Frequently abdominal distention with increased flatulence & bleeding.
- 3 - Gargling/Rumbling sound present in abdomen.

### **11. Alasya**

- 0 - No laziness
- 1 - Laziness for hard physical work.
- 2 - Refuse to physical work.

3 - No desire even for routine activities.

## OBSERVATION

In the present study total 38 patients of *Grahani Roga* were registered for the treatment. Out of which 30 patients were completed.

Table no. 1 *Nidana* (Etiological factors) reported by 30 patients

Nidana	No. of patients	%
<i>Katu</i>	25	83.33
<i>Atisnigdha</i>	19	63.33
<i>Amla</i>	14	46.66
<i>Guru Ahara</i>	16	53.33
<i>Vidahi Ahara</i>	13	43.33
<i>Sheeta Ahara</i>	8	26.66
<i>Ruksha Ahara</i>	10	33.33
<i>Vishamashan</i>	13	43.33
<i>Adhyashana</i>	10	33.33
<b>Viharaja</b>		
<i>Divaswapna</i>	16	53.33
<i>Vega vidharana</i>	11	36.66
<i>Ratri jagarana</i>	13	43.33
<i>Ativyayama</i>	8	26.66
<b>Manasika</b>		
<i>Chinta</i>	22	73.33
<i>Shoka</i>	14	46.66
<i>Krodha</i>	13	43.33
<i>Bhaya</i>	6	20

**Aharaja:** According to *Nidana* of *Grahani Roga*, *Katu ahara* was observed in 83.33% of patients. *Atisnigdha ahara* was found in 63.33% of patients. *Amla* & *Guru ahara* were observed in 46.66% & 53.33% of patients respectively. *Sheeta ahara* was found in 26.66% of patients. *Adhyashana* was found in 33.33% of patients. *Ruksha ahara* was observed in 33.33% of patients. *Vishamashana* was found in 40% of patients.

**Viharaja:** According to *Viharaja Nidana*, *Divaswapna* was found in 53.33% of patients, *Ratri-jagarana* was observed in 43.33% of patients, *Vega-vidharana* was observed in 36.66% of patients, and *Ativyayam* was found in 26.66% of patients. **Manasika:** *Chinta* was found in 73.33% of patient, while *Shoka* was observed in 46.66% of patients. *Bhaya* was found in 20% of patient, while *Krodha* was observed in 43.33% of patients.

Table no. 2 Stool Examination in 30 Patients

Stool	No. of patients	%
vegetative cells	30	100
Pus cells	5	16.66
epithelial cell	19	63.33
Ova, Cyst	0	0

Stool examination wise, vegetative cells was present in all the patients, pus cells was present in 16.66% of patients, epithelial cell was present in 63.33% of patients and ova & cyst was not found in any of patient.

Table no. 3 Chief complaints wise distribution of 30 Patients

Chief complaints	No. of patients	%
Muhurbaddha/Muhurdrava mala pravriti	30	100
Arochaka	27	90
Trishna	26	86.66
Praseka	21	70
Shoonpadkaraha	10	33.33
Asthiparvaruk	30	100
Chhardan	26	86.67
Udara Shoola	30	100
Shleshma mala pravriti	21	70
Atopa	30	100
Aalasya	27	90
Other complaints		
Lohaamagandhi-tiktaamla Udgara	18	60
Jwara	10	33.33

Table no. 4 Effect of Vasti Karma on Sign and Symptoms of 30 patients

Symptoms	Mean Score		Diff.	%of relief	SD +	SE +	T	P
	BT	AT						
Muhurbaddha/ Muhurdrava mala pravriti	2.26	0.56	1.7	75	0.59	0.10	15.62	< .001
Arochaka	2.16	0.3	1.86	86.15	1.04	0.19	9.81	< .001
Trishna	1.36	0	1.36	100	0.71	0.13	10.41	< .001
Praseka	1.36	0.43	0.93	68.29	0.78	0.14	6.51	< .001
Shoonpadkarah	0.6	0.26	0.33	55.55	0.66	0.12	2.76	< .02
Asthiparvaruk	2.33	0.43	1.9	81.42	0.71	0.12	14.61	< .001
Chhardan	1.73	0.13	1.6	92.30	1.00	0.18	8.73	< .001
Udara Shool	2.46	0.76	1.7	68.91	0.70	0.12	13.25	< .001
Shleshma mala pravriti	1.2	0.06	1.13	94.44	0.93	0.17	6.62	< .001
Atopa	2.5	0.43	2.06	82.66	0.69	0.12	16.36	< .001
Alasya	2.13	0.4	1.73	81.25	0.58	0.10	16.27	< .001

In the present study, *Muhurbaddha/drava mala pravriti* was found as chief complaint in 100% patients, while *Arochaka* were found in 90% patients,

*Trishna* in 86.66% patients, and *Praseka* in 70% patients, *Shoonpadkaraha* in 33.33% patients, *Asthiparvaruk* in all patients and *Chhardan* in 86.66% patients. *Udarshoola*

and *atopa* was observed in all patients, *Alasya* in 90% patients, *Shleshma malapravriti* in 70% patients, *Lohaamagandhi-tiktaamla Udgara* in 60% patients and in a few i.e. 33.33% patients *Jwara* was found.

The result of *Vidangadi Taila-Dhanyapanchak Kwath Vasti* has been found highly significant in all the symptoms except *Shoonpadkarah*.

Table no. 5 Effect of Vasti Karma on Hematological parameters

Parameters	Mean	
	BT	AT
Hb%	11.30	12.52
TLC	7660	6880
ESR	14.33	8.6

This table shows that hematological status (Hb, TLC and ESR) was improved after treatment.

Table no. 6. Overall effect of therapy

Overall Effect	No. Of Patients	%
Marked Improvement	24	80
Moderate Improvement	6	20
Mild Improvement	0	0
No Improvement	0	0

Twenty four patients (80%) got marked relief and six patients (20%) got moderate relief. No patient was listed under mild improvement or unchanged/ no Improvement category.

## DISCUSSION

Total 30 patients were registered for this study. These were randomly selected. For the assessment of results the symptoms which are in classics were adopted. For statistical analysis to make these criteria more objective, an effort has been made to give scores to all subjective criteria. Each symptom has been given score 03. Few symptoms have been given Present/Absent scoring also.

Further all the scores of symptoms have been combined to assess the overall effect of therapy. Assigning the score depending upon their severity did the assessments of signs & symptoms regarding improvement.

Drug was found to be highly effective in relieving *Muhurbaddha* /

*Muhurdrava mala pravriti* by 75% which was statistically highly significant ( $p < 0.001$ ). *Arochaka* was promptly relieved by 86.15% which was statistically highly significant ( $p < 0.001$ ). *Trishna* was subsided by 100% which was statistically highly significant ( $p < 0.001$ ). *Praseka* was relieved by 68.29% which was statistically highly significant ( $p < 0.001$ ). In 55.55% patients improvement in *Shoonpadkarah* was seen which was statistically significant ( $p < 0.05$ ). *Asthiparvaruk* was relieved in 81.42% patients which was statistically highly significant ( $p < 0.001$ ). The symptoms of *Chhardan* reduced by 92.30% which was statistically highly significant at  $p < 0.001$ . *Udarshoola* was relieved by 68.91% and was statistically highly significant ( $p < 0.001$ ). *Atopa* was subsided by 82.66% which was statistically highly significant at  $p < 0.001$ . Relief in *Alasya* was found in 81.25% patients which was statistically highly significant ( $p < 0.001$ ). *Shleshma mala pravriti* was relieved by 94.44%, which was statistically highly significant at  $p < 0.001$ . *Jwara* was subsided after treatment and *Loha-amagandhi-tiktaamla Udgara* was remaining only 10% patients.

Twenty four patients (80%) were markedly improved and Six patients (20%) were moderately improved. From this observation, it is seen that drug - *Vidangadi Taila Dhanyapanchak Kwatha Vasti* was highly effective in treating Grahani Roga. As mentioned earlier all these above mentioned symptoms are caused mainly due to vitiation of *Pachaka Pitta, Samana-Vayu and Kledaka Kapha, Jatharagnimandya, Amarasa. Vidangadi tail-Dhanyapanchak kwath Vasti* provided better relief in almost all the symptoms because their *Dravyas* have *Katu-tikta rasa, Laghu-tikshna-sukshma guna, Deepana-pachana property and Katu Vipaka* reduces *Kapha- Vata dushti*, correct the *Jatharagni*, and digest the *Ama*. By this normal physiology of digestion gets restored which in turns leads to proper formation of *Sara and Kitta bhaga* and relief in above symptoms.

## CONCLUSION

It can be concluded from the study that *Vidangadi Taila and Dhanyapanchak Kwatha Vasti* found very effective in the management of *Grahani Roga*. No patient reported any adverse effect of the treatment. The complete course of the treatment has improved the feeling of wellbeing and health status of the patients.

## REFERENCES

1. Charaka Samhita, of Agnivesa elaborated Vidyotini Hindi Commentary by Pt.Kasinatha Sastri & Dr.Gorakha nath Chaturvedi edited by Pt. Rajeshwara dattaSastri Chaukhambha Bharati Academy Varanasi Reprint-2009 Chachi15/5p.p 453.
2. Charaka Samhita, of Agnivesa elaborated Vidyotini Hindi Commentary by Pt.Kasinatha Sastri & Dr.Gorakha nath Chaturvedi edited by Pt. Rajeshwara dattaSastri Chaukhambha Bharati Academy Varanasi Reprint-2009 Chachi15/6-8 p.p 453.
3. Charaka Samhita, of Agnivesa elaborated Vidyotini Hindi Commentary by Pt.Kasinatha Sastri & Dr.Gorakha nath Chaturvedi edited by Pt. Rajeshwara dattaSastri Chaukhambha Bharati Academy Varanasi Reprint-2009 Chachi15/44 p.p 460.
4. Charaka Samhita, of Agnivesa elaborated Vidyotini Hindi Commentary by Pt.Kasinatha Sastri & Dr.Gorakha nath Chaturvedi edited by Pt. Rajeshwara dattaSastri Chaukhambha Bharati Academy Varanasi Reprint-2009 Chachi15/194p.p 478.
5. Charaka Samhita, of Agnivesa elaborated Vidyotini Hindi Commentary by Pt.Kasinatha Sastri & Dr.Gorakha nath Chaturvedi edited by Pt. Rajeshwara dattaSastri Chaukhambha Bharati Academy Varanasi Reprint-2009 Chasi. 1/27-28 p.p 969.
6. Charaka Samhita, of Agnivesa elaborated Vidyotini Hindi Commentary by Pt.Kasinatha Sastri & Dr.Gorakha nath Chaturvedi edited by Pt. Rajeshwara dattaSastri Chaukhambha Bharati Academy Varanasi Reprint-2009 Chasi. 4/18 p.p1008.
7. Chakradatta, Indradev Tripathi, Chaukhambha Sanskrit Bhavan,2010 3/20 p.p 49.
8. Charaka Samhita, of Agnivesa elaborated Vidyotini Hindi Commentary by Pt.Kasinatha Sastri & Dr.Gorakha nath Chaturvedi edited by Pt. Rajeshwara dattaSastri Chaukhambha Bharati Academy Varanasi Reprint-2009 Chashi 1/18 p.p 973.
9. Charaka Samhita, of Agnivesa elaborated Vidyotini Hindi Commentary by Pt.Kasinatha Sastri & Dr.Gorakha nath Chaturvedi edited by Pt. Rajeshwara dattaSastri Chaukhambha Bharati Academy Varanasi Reprint-2009 Chachi 15/45-49 p.p460.
10. Charaka Samhita, of Agnivesa elaborated Vidyotini Hindi Commentary by Pt.Kasinatha Sastri & Dr.Gorakha nath Chaturvedi edited by Pt. Rajeshwara dattaSastri Chaukhambha Bharati Academy Varanasi Reprint-2009 Chasi 1/54-55 p.p 975.
11. Charaka Samhita, of Agnivesa elaborated Vidyotini Hindi Commentary by Pt.Kasinatha Sastri & Dr.Gorakha nath Chaturvedi edited by Pt. Rajeshwara dattaSastri Chaukhambha Bharati Academy Varanasi Reprint-2009 Chasi 3/70 p.p 1005p9.
12. Sushruta Samhita Edited with Ayurveda Tatta-Sandipika Hindi Commentary by Kaviraj Ambikadutta Shastri, Chaukhambha Sanskrit Sansthan reprinted 2008 Su.Chi-38/12p.p169.
13. Sushruta Samhita Edited with Ayurveda Tatta-Sandipika Hindi Commentary by Kaviraj Ambikadutta Shastri, Chaukhambha Sanskrit Sansthan reprinted 2008 Su.Chi-38/13 p.p169.
14. Astang hridaya with the commentaries Sarvang sundara of Arundutta and Ayurved Rasayana of Hemadri, edited by Pandit Hari Sadashiva Shastri Paradakara Bhisag Acharya, Chaukhamba Orientatalia, Varanasi, Reprinted-2009 Astang Hridaya sutra stan 19/51p.p 167.
15. Sushruta Samhita Edited with Ayurveda Tatta-Sandipika Hindi Commentary by Kaviraj Ambikadutta Shastri, Chaukhambha Sanskrit Sansthan reprinted 2008 Su.Chi-38/11-13p.p169.

16. Charaka Samhita, of Agnivesa elaborated  
Vidyotini Hindi Commentary by  
Pt.Kasinatha Sastri & Dr.Gorakha nath  
Chaturvedi edited by Pt. Rajeshwara

dattaSastri Chaukhambha Bharati  
Academy Varanasi Reprint-2009 Cha-si  
4/43-44p.p 1012.

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