

ROLE OF
VASTI CIKITSĀ
IN
VĀTAJA GRAHAṆĪ



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SUMMARY AND CONCLUSION

(1) The present investigation entitled "Role of Vata Dikita in Vata Grahani" has been launched with the aim of undertaking a critical conceptual study on Grahani Roga with special reference to Vata Grahani, its clinical co-relates and clinical trial of classical Ayurvedic therapy, consisting of *Maha Vata* and *Prakasha* in the treatment of these patients.

(2) The literary and conceptual study reveals that Grahani is a well known disease for the part of *Agni* (digestive fire) which is located in the *Udara* (stomach) and the *Udara* is the seat of *Agni*. *Pradhana Kala*. As such, Grahani is the principal site of digestive activity of *Agni*.

Due to a variety of aetiological factors, *Agni* gets disordered, especially due to *tejasya Agni* (weak digestive fire) disease with a characteristic set of symptoms which is termed as *Grahani Roga*. *Grahani Roga* is of pure *Jvara* (fever) type.

Dependent on the aetiological factors and the pathogenesis one may categorise *Grahani Roga* in several syndromes such as (i) *Vata Grahani*, (ii) *Pitta Grahani*, (iii) *Kapha Grahani* and (iv) *Sarvikaala Grahani*. In addition, certain specific advanced symptom complexes occurring in long term chronic *Grahani Roga* have been described such as *Bhagbhag Grahani*, *Ghatyantra Grahani*, *Nirmoka Grahani*, *Gurma Samhata Grahani*, *Raja Grahani*, *Kastha Grahani*, *Kavala Grahani* etc. In fact all these appear to be the complications of *Grahani Roga*.

(3) As mentioned above, the present study concentrates only on *Vata Grahani* and its treatment. Classically *Vata Grahani* is a syndrome characterised by following features.

- (a) *Sukra Rakta* (Acid Disorder)
- (b) *Omra Rakta* (Delayed digestion)
- (c) *Udara Saha* (Abdominal pain)

SUMMARY AND CONCLUSION

(1) The present investigation entitled "Role of *Vasti Cikitsā* in *Vātaja Grahani*" has been launched with the aim of undertaking a critical conceptual study on *Grahani Roga* with special reference to *Vātaja Grahani*; it's clinical co-relates and clinical trial of classical Āyurvedic therapy, consisting of *Mātrā Vasti* and *Pindāsava* in the treatment of these patients.

(2) The literary and conceptual study reveals that *Grahani* is the term used for the part of Gastro-intestinal Tract starting from pyloric end of stomach up to the ileo ceacal junction, the area which is also considered as the seat of *Śashti Pittadharā Kalā*. As such, *Grahani* is the principal site of digestive activity of *Agni*.

Due to a variety of aetiological factors, when the *Grahani* gets disordered, especially due to faulty *Agni*, an individual develops a disease with a characteristic set of symptoms which is termed as *Grahani Roga*. A *Grahani* disorder of pure functional nature without organic pathology is designated as *Grahani Dosa*.

Depending upon the variations in symptom complex developing in the same disease, at different stages of the disease, or in relation to variants in the causative factors and the pathogenesis one may categorise *Grahani Roga* in several syndromes such as (i) *Vātaja Grahani*, (ii) *Pittaja Grahani*, (iii) *Kaphaja Grahani* and (iv) *Sannipātaja Grahani*. In addition, certain specific advance symptom complexes occurring in long term chronic *Grahani Roga* have been described such as *Samgrahani*, *Ghatlyantra Grahani*, *Nirmoka Grahani*, *Gulma Samjñaka Grahani*, *Rāja Grahani*, *Kṣataja Grahani*, *Kṣayaja Grahani* etc. In fact all these appear to be the complications of *Grahani Roga*.

(3) As mentioned above, the present study concentrates only on *Vātaja Grahani* and it's treatment. Classically *Vātaja Grahani* is a syndrome characterised by following features.

- (a) *Śukta Pāka* (Acid Disorder)
- (b) *Cirāt Pāka* (Delayed digestion)
- (c) *Udara Śūla* (Abdominal pain)
- (d) *Vairasyam* (Abnormal taste in mouth)
- (e) *Jirne Jirayati Cadhmānam Bhukte Swāस्थ्यam Mupaiti* (Distention of abdomen during and after digestion and relief after meals)

- (f) *Kṣut* (Appetite)
- (g) *Mastaka Śūla* (Headache)
- (h) *Hrt Piḍā* (Chest Pain)
- (i) *Daurbalya* (Weakness)
- (j) *Manasah Sadan* (Mental lassitude)
- (k) Erratic bowel action
- (l) Passing copious amount of mucus with stool.

In view of the above clinical presentation, *Vātaja Grahānī* appears to be a syndrome which can logically be co-related with Irritable Bowel syndrome as known in western modern medicine.

(4) Irritable Bowel Syndrome (I.B.S.) is a bowel motility disorder presenting with wide variety of symptoms related to Gastro-intestinal Tract besides several psychosomatic manifestations. I.B.S. is known to manifest in terms of above mentioned symptoms without any organic pathology.

(5) The Clinical material of the present study consists of an epidemiological, clinical, constitutional and therapeutic study of 30 randomly selected patients of *Vātaja Grahānī* vis-a-vis I.B.S. All those patients were subjected to careful basic studies following which they were placed in three groups for evaluation of the trial treatments.

(6) Considering the basic diathesis of the disease *Vātaja Grahānī*, we decided to evaluate the effect of *Vasti* therapy in these patients. The *Vasti* used for this purpose was essentially a *Mātrā Vasti* consisting of *Kutaja Daśamūla Kwātha* and *Tila Tail* given in rising dose of decoction 100 ml to 250 ml with constant amount of oil (30 ml) daily for sixteen days in the form of retention enema. The second group of patients received *Pindāsava*, a classical compound drug described by Caraka in *Grahānī Cikitsā*, mainly consisting of *Pippali*, *Vibhitaki Majjā* and Jaggery and the third group received the combined treatment i.e. *Vasti* followed by *Pindāsava*. Thus the present trial regimen comprises of both *Samśamana* and *Samśodhana* recipes adequate to tackle the *Vāta Doṣa* and *Agni Vikāra*.

(7) The parameters of assessment were essentially symptomatic relief and bowel behaviour. The effect of treatment as assessed in this preliminary study indicates that the treatment given in these patients brought about notable clinical relief. Most of these patients reported increasing feeling of well-being and better health after the treatment.

The Result of treatment was also scored in relation to *Deha Prakṛti* and *Doṣa Vikṛti* determined on the basis of the nature of clinical manifestations. It was observed

that *Vasti* therapy was more beneficial in cases predominant of *Vāta* and *Pitta Doṣa*, while *Piṇḍāsava* was effective in *Vāta* and *Kapha* predominant cases. Therapy of either *Vasti* or *Piṇḍāsava* is almost equally effective in *Vāta* and *Pitta* predominant cases.

Inter group comparison of the three trial groups indicate that combined therapy of *Vasti* and *Piṇḍāsava* is apparently more effective than other two groups.

Thus, the present study, though is a preliminary investigation of time bound nature, reveals many new informations about a common ailment like *Vātaja Grahāṇī* and exhibits evidence to suggest that *Vasti* therapy followed by a suitable *Sarṅsamana Cikitsā* by *Piṇḍāsava*, may be an effective regimen for the management of *Vātaja Grahāṇī*. These observations highly support and substantiate the *Āyurvedic* concepts related to *Grahāṇī Roga* and the hypothesis posed in this study. Further studies are suggested.