

COMPARATIVE STUDY OF BILVAPESHYADI CHURNA AND SANJIVANI VATI IN THE MANAGEMENT OF PRAVAHIKA

Dr. Harshwardhan Naole¹, Dr. Bhushan Raghuwanshi²

¹Associate Professor, Department of Rog-Nidan evm Vikruti Vigyan, DRGACH & RC, Amravati (MH), India

²Assistant Professor, Department of Kayachikitsa, DRGACH & RC, Amravati (MH), India

ABSTRACT

Background: - Ayurveda is an ancient medical science of India. Ayurveda treats the persons by application of Dinacharya Ritucharya, ahar vidhivisheshyatana etc. An Imbalance in this causes different strotovikruti which forms the diseases. Pravahika is one of the diseases of Purishvaha Strotasa, which affect the day-to-day life of the person. Hence is study is a step towards finding an alternative and easily palatable form of medication to cure Pravahika. **Aim and Objectives:** - This Comparative research was carried out with the aim to compare the efficacy of Bilvapeshyadi Churna and Sanjivani Vati in the management of Pravahika. **Materials and Method:** - All the patients of group A & group B were provided with a container of "Bilvapeshyadi Churna" & Sanjivani Vati respectively of 200 gms and 50 Vati for 10 days for internal intervention. **Results:** - In this Study, Group A shows a marked improvement in the Subjective as well as Objective assessment with more percentage improvement in classical lakshan as compared with Group B. Complete remission was not observed in this study. This may be due to the short duration of treatment. **Conclusion:** - Sanjivani Vati alone (group B) is effective in the management of Pravahika with the highly significant result from good to encouraging results. Bilvapeshyadi Churna (Group A) is very effective in the management of Pravahika with highly significant results from encouraging to excellent results. Group A therapy is more effective than Group B therapy.

Keywords- Pravahika, Bilvapeshyadi Churna, Sanjivani Vati etc

INTRODUCTION

In this jet era, everyone is striving hard to achieve various needs and get variety of comforts to get all these things, man has to do a lot of activities and efforts which has made him only a machine in the hands of modernisation. The life pattern has been changed and so are his habits. On the other hand, it has also brought so many dangerous problems along it. This has affected us physically and mentally too. It has changed our life style.

The Dinacharya, which was described by Charaka and Sushruta. The question arises that whether are following it or whether we are following the Aharvidhi-Visheshaayetana. Ultimately all these things change the samyavastha of Doshas and create diseases.

While working in Arogyashala Hospital, I have noticed so many patients, most of which were of Annava hastrotas, pravahika was one of it. I have noticed that almost 10-12% of patients were suffering from Pravahika.

Pravahika is a disease, which disturb one's day to day activities. It is said that the proper and soft daily motion is the secret of freshness of the early morning. If your day starts with these complaints, then what to tell about the whole day or even it may also leads to various complications if remain untreated. It is said that, Pravahika happens to be the root cause of many other diseases. Because in Pravahika Vyadhi, Agni is hampered and Agni is the base of our life. [1][2]

Hence this clinical study was planned on Pravahika due to its importance mentioned above. Even on there is just temporary effect of modern medicine on Pravahita, not a permanent solution. So it was the thing that was persistently initiating me to do something on this disease.

MATERIALS & METHOD

Study design:

It was a randomized comparative clinical study

Sources of materials:

1. **Clinical Source:** The subjects were recruited randomly from Kayachikitsa Outpatient and Indoor patient department of Arogyashala Rugnalaya attached with Ayurved Mahavidyalaya, Nashik.
2. **Pharmaceutical Source:** *Bilvapeshyadi Churna* was prepared in the Rasashala affiliated with Ayurved Mahavidyalaya, Nashik and *Sanjivani Vati* was procured from the market from the authentic sources. The raw materials were procured from reliable sources.
3. **Standardization of Trail Drug:** Standardization of *Bilvapeshyadi Churna* was done at K.T.H.M. College, Nashik. This Standardization was done before the advised and administration of drug to the patients.

The formulations named as *Bilvapeshyadi Churna* (3) and *Sanjivani Vati* (4) has been elected for this study as internal administration. Ingredients of trial drug *Bilvapeshyadi Churna* are *Bilva*, *Lodhra*, *Marich* in equal quantity, *Guda* in equal quantity to above three, *Tila Taila* in as quantity required and *Sanjivani Vati* was used and advised as control. These combinations have been selected with the research hypothesis to revalidate its efficacy in the management of *Pravahika*.

Diagnostic criteria of selection:

Patient who presented with the following signs and symptoms of *Pravahika* (5) which are told in classics were selected for study i.e.

- Sakapha Malapravrutti (Stool with Mucus)
- Alpalpa Malapravrutti (Frequent motions but less quantity)
- Sapravahan Malapravrutti (Tinismus)
- Satyan Malapravrutti (Sticky Stool)
- Kruteapi Akrut Sadhyanata
- Udershoola (Abdominal Pain)

Inclusion criteria:

- Subjects diagnosed as *Pravahika* based on classical *lakshanas* like Sakapha Malapravrutti (Stool with Mucus), Alpalpa Malapravrutti (Frequent motions but less quantity), Sapravahan Malapravrutti (Tinismus), Satyan Malapravrutti (Sticky Stool), Kruteapi Akrut Sadhyanata, Udershoola (Abdominal Pain) (5)
- Subjects of either sex with the age group between 15 to 60 years.

Exclusion criteria:

- Subjects with age group below 15 years and above 60 yrs.
- Patients having secondary conditions like Bleeding piles, Ca rectum, Prolapse of rectum.

Investigations:

Microscopic Stool Examinations were carried out to exclude other systemic conditions before study.

Follow-up:

Follow-up was taken on the 5th day for the assessment of adverse or secondary effect of the treatment.

Table no. 1- INTERVENTION AND GROUPING

	Group A	Group B
Sample size	30	30
Intervention	<i>Bilvapeshyadi Churna</i> internally daily twice	<i>Sanjivani Vati</i> internally daily twice

	At morning and evening	At morning and evening
Dose	1 Tsf	250 mg
Duration	10 days	10 days

METHODOLOGY:

In this pilot study, all the 60 patients of group A & group B were selected randomly irrespective of gender, caste, occupation and provided with a container of "Bilvapeshyadi Churna" & "Sanjivani Vati" respectively of 200 gms and 50 Vati for 10 days. During the treatment, the patients were asked to take *Satvik Ahara*. Then *Churna* or *Vati* was asked to take internally with warm water. The duration of the treatment was fixed for 10 days. On 5th day patients were asked to come for follow up.

ASSESSMENT OF THERAPY:

The general conditions of the Subjects were thoroughly assessed through the classical *lakshanas* of *Pravahika* and objective criteria such as Cyst of E.H, *Samata* of *Mala*, *Jivha Samata*. The detailed history, examination findings and subjective assessment were noted verbally and objective assessment were measured with the help of examination and investigation before and after the intervention and the changes in observations were documented in a specially designed case Performa.

Total Assessment of the Therapy was done on the basis of relief, before starting the treatment and after completion of treatment in terms of percentage relief.

GRADING FOR VARIABLES:

Table no. 2 – Subjective Parameters:

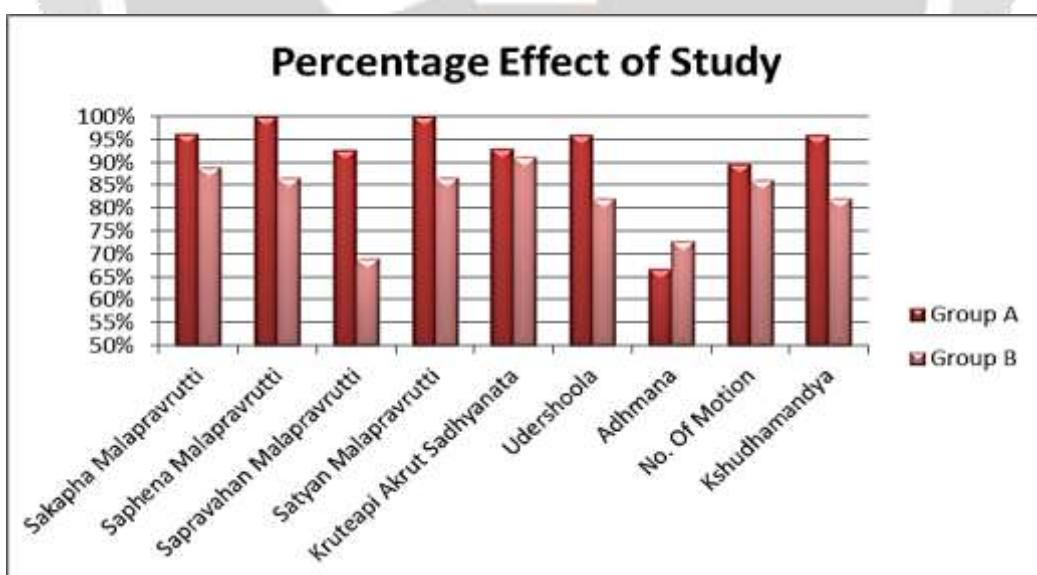
Subjective Parameter	-	+	++	+++	
Sakapha Malapravrutti	Absent	Mild (Little amount of Kapha with large amount of stool)	Moderate (Near about equal amount of Kapha & stool)	Severe (More amount of Kapha than stool)	
Saphena Malapravrutti	Absent	Mild (Little amount of Phena with large amount of stool)	Moderate (Near about equal amount of Phena & stool)	Severe (More amount of Phena than stool)	
Sapravahan Malapravrutti	Absent	Mild	Moderate	Severe	
Satyan Malapravrutti	Absent	Mild (can be easily was from toilet pot after flushing of water)	Moderate (cannot be easily was from toilet pot after flushing of water)	Severe (it takes quite force to wash the stool from toilet pot)	
Kruapepi Akrut Sadhyanata	Akrut	Absent	Mild	Moderate	Severe
Udershoola	Absent	Mild (Periodic pain which is bearable and patient can perform his routine activities)	Moderate (moderate pain but not hampering routine activity)	Severe (Severe pain hampering routine activity)	
Adhmana	Absent	Mild	Moderate	Severe	
No. Of Motion	No Motion	Mild (1-2)	Moderate (2-4)	Severe (More than 4)	
Kshudhamandya	Absent	Mild	Moderate	Severe	

Table no. 3 – Objective Parameters:

Cyst of E.H	Present	Absent		
Samata of Mala				
Jivha Samata				

OBSERVATIONS**1) Table no. 4 - Effect of study on Subjective Parameters**

Assessment Parameters	Groups	Grade				Total	
		Complete	Moderate	Mild	Uncured		
Sakapha Malaprvruttி	Group A	10	13	3	1	27	96.30%
	Group B	5	7	12	3	27	88.88%
Saphena Malaprvruttி	Group A	15	9	2	0	26	100%
	Group B	8	6	12	4	30	86.66%
Sapravahan Malaprvruttி	Group A	21	1	4	2	28	92.85%
	Group B	12	1	7	9	29	68.96%
Satyan Malaprvruttி	Group A	9	15	2	0	26	100%
	Group B	6	8	12	4	30	86.66%
Kruapei Akrut Sadhyanata	Group A	21	2	4	2	29	93.10%
	Group B	15	0	6	2	23	91.30%
Udershoola	Group A	20	1	4	1	26	96.15%
	Group B	16	0	7	5	28	82.14%
Adhmana	Group A	5	0	1	3	9	66.66%
	Group B	8	0	0	3	11	72.72%
No. Of Motion	Group A	16	6	4	3	29	89.65%
	Group B	10	3	12	4	29	86.20%
Kshudhamandyā	Group A	20	1	4	1	26	96.15%
	Group B	16	0	7	5	28	82.14%

**Chart No. 1 – Percentage Effect of Study (Subjective Parameters)**

2) Table no. 5 - Effect of study on Objective Parameters

Assessment Parameters	Groups	Grade		Total	
		Cured	Uncured		
Cyst of E.H	Group A	2	9	11	18.18%
	Group B	1	5	6	16.66%
Samata of Mala	Group A	21	7	28	75%
	Group B	19	8	27	70.37%
Jivha Samata	Group A	18	12	30	60%
	Group B	14	16	30	46.66%

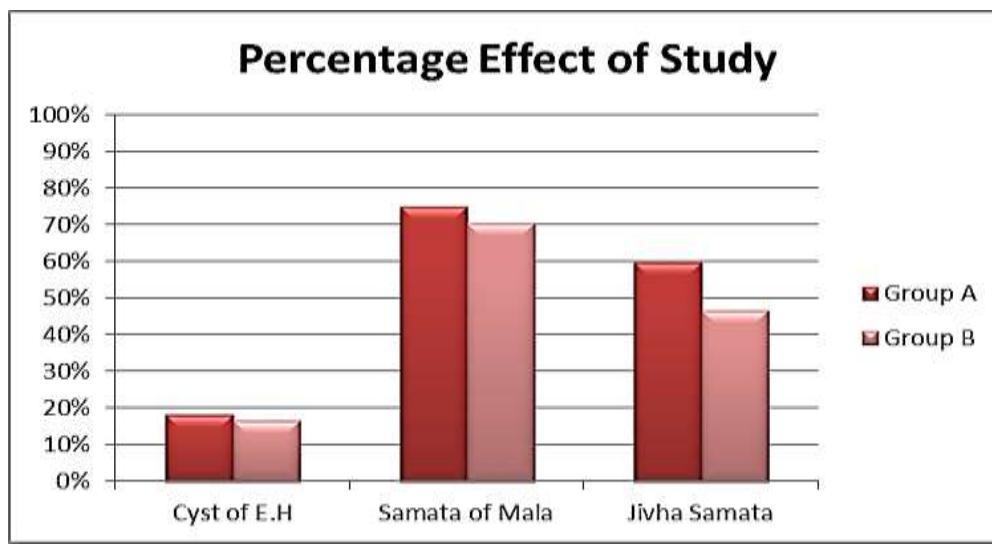


Chart No. 2 – Percentage Effect of Study (Objective Parameters)

DISCUSSION:

In this study, majority of patients (43.33%) were having *Vataj Prakriti* and hence majority of patients (51.67%) shows *lakshanas* of *Vataj Pravahika*. As *Pravahika* is the *vata-kapha pradhana vyadhi*, it may affect more to *vata pradhana prakriti* persons. On observation *vata kaphaj prakriti* persons are more prone to suffer from *Pravahika*. On observation mostly the age group in between 41-50yrs (*Madhyama vaya*) with some unavoidable causes were suffers more from *Pravahika*. So this age group mainly prone to the predominance of *Vata Dosha*.

Pravahika is a disease of *Purishvaha Strotas*. As *Vata* and *Kapha* are the main active *Doshas* in *Samprapti* of *Pravahika*. *Vataprakopak* and *Kaphaprakopak ahar* becomes the *Hetus* of *Pravahika*. Consumption of *Snigdha* and *Ruksha ahar* at a time is special *Hetu* mentioned in *Pravahika*. *Mandagni* is the root cause of *Pravahika* as other main diseases. Due to continuous and more *Pravahana*, *vata* gets more vitiated by *Ruksha*, *Chala Guna*. It tries to take out more and more *Kapha*, but as a result the *Kapha* becomes more and more *styana* and thus this viscous cycle continues. Due to *Chirkari* nature of *Pravahika* in last stage, only *Kapha* is expelled out without any quantity of *Purish*. Like *Atisar*, *Pravahika* can be differentiating into *Saam* and *Niram Awastha*. Hence it is the duty of a *vaidya* to differentiate the stages as *Amavastha* and *Pakwashtaa*. According to *Acharya Sushruta*, in the *chikitsa Langhana*, *Deepana-Pachana* and *Anuloman* can be given in *Aamvastha* (1) and in *Pakwashtaa* mainly *Vyadhipratyanik* and *Doshpratyani* treatment can be given.

Analysis as per gradation of subjective parameters [Table no. 4] and objective parameters [Table no. 5] was carried out after completion of treatment, which showed a significant improvement in *Lakshanas* of *Pravahika*. Better improvement was seen in Group A treated with *Bilvapeshyadi Churna* as compared with Group B treated with control drug *Sanjivani Vati*. This might be due to different action of drug. Comparison of investigative finding showed no any significant change after treatment in both groups.

PROBABLE ACTION OF DRUG

Bilvapeshyadi Churna

This formulation selected for the pilot study having drugs which having effect of *Deepan*, *Pachan* and *Grahi* properties. These drugs promote the *Agnivardhana* which directly does action on the *Ama* and resulting *Pachana* of it. Due to *strotogamitva* properties of drugs, it enters into the *Annavaha Strotas* and promotes the vitality of *Dushya* and directly promotes the function of *Pakwashaya* and subside the actions like *Pravahana*, *Udarshool*, *Sakapha Mala*, etc. Hence like this, *Bilvapeshyadi Churna* causes the *Samprapti Vighatana*.

RESULTS:

On comparing the effects of therapy on Cyst of E.H, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**18.18%**) is more effective than Group B (**16.66%**). On comparing the effects of therapy on *Samata* of *Mala*, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**75%**) is more effective than Group B (**70.37%**). On comparing the effects of therapy on *Jivha Samata*, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**60%**) is more effective than Group B (**46.66%**). (Table no. 5)

On comparing the effects of therapy on *Sakapha Malapravrutti*, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**96.30%**) is more effective than Group B (**88.88%**). On comparing the effects of therapy on *Saphena Malapravrutti*, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**100%**) is more effective than Group B (**86.66%**). On comparing the effects of therapy on *Sapravahan Malapravrutti*, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**92.85%**) is more effective than Group B (**68.96%**). On comparing the effects of therapy on *Satyan Malapravrutti*, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**100%**) is more effective than Group B (**86.66%**). On comparing the effects of therapy on *Kruteapi Akrut Sadhyanata*, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**93.10%**) is more effective than Group B (**91.30%**). (Table no. 4)

On comparing the effects of therapy on *Udershoola*, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**96.15%**) is more effective than Group B (**82.14%**). On comparing the effects of therapy on *Adhma*, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**66.66%**) is more effective than Group B (**72.72%**). On comparing the effects of therapy on Number Of Motion, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**89.65%**) is more effective than Group B (**86.20%**). On comparing the effects of therapy on *Kshudhamanya*, there is a highly significant difference between percentage effects of these groups. On comparing the percentage, Group A (**96.15%**) is more effective than Group B (**82.14%**). (Table no. 4)

CONCLUSION:

Manifestation of *Pravahika* is irrespective of age, sex and *prakruti*, but predominantly seen in *madhyama vaya*, Males and *vataj prakriti* persons respectively. *Kala* (Time), *desh* (Place), *vihara* (Lifestyle) plays an important role in manifestation of *Pravahika*. Among *tridosha*, *vata* and *Kapha* plays an important role in the manifestation of *Pravahika*. *Sanjivani Vati* alone (Group B) is effective in the management of *Pravahika* with significant result from good to encouraging results. *Bilvapeshyadi Churna* (Group A) is very effective in the management of *Pravahika* with highly significant results from encouraging to excellent result. Group A therapy is more effective than Group B therapy.

RECOMMENDATION:

This study can be carried out by taking a large sample size and for a longer duration. Analytical study of prepared formulations should be carried out for safety.

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