Significant Role Of Dashmool Taila Matra Basti In The Management of Pravahika

Dr. Neeraj Khare*, Dr. Surendra Patel**, Dr. Anurag Pandey2, Dr. Mahendra Singh3

*PG Scholar, Deptt of Panchakarma, Loknete Rajarambapu Patil Ayurvedic Medical College, Sangli, India
**PG Scholar of Shalakta Tantra, Loknete Rajarambapu Patil Ayurvedic Medical College, Sangli, India
1 MD in Dept of Roga and Vikriti Vijnana, Bhopal India
3 Lecturer, Deptt. of Rasa Shastra, SAMC, Aligarh, India

# Corresponding Author - PG Scholar, Deptt of Panchakarma, Loknete Rajarambapu Patil Ayurvedic Medical College, Sangli, India, (Email - dr.neerajkhare@gmail.com)

INTRODUCTION:

In today’s modern and busy scheduled life people have a less time to pay attention to their diet and eating habits. They use to take unhygienic, vitiated food. Taking a fast food, junk food & Chinese food is a fashion nowadays. Hurry, worry and curry causes intestinal upsets frequently and that leads to gastrointestinal problems. Pravahika is also one of the important and oftenly occurring vyadhis of Annavaha and Pureeshvaha Srotasas in current time. Its main cause is Agnimandya.

“Pravahamanasya Pravahaka”

Su.Ut 40/38

वायुः प्रवहितो निरितं बलासं नुक्तस्तादिहितशनस्य।
प्रवाहितो अथं बहुशो मलाकं प्रवाहिकां तां प्रवदन्ति तल्लुर्न=जा। मा.नि.३/२१

Basti is explained as the therapy of choice by all the Acharyas. So Dashmool Taila Matra Basti is selected. It is described in Ashtang Hridaya Chikitsa sthan adhyaya 9/50.

योजयेत्तेनविशिषं व द्यमुलन साधितम।
शारीरार्धानुक्रमेः विचयः विद्वेष्केण वा।
अ.हु.चि.३/५०,५१

PATHOGENESIS-
Maharshi Sushruta Acharya and Madhav nidankar has given the clear idea about the samprapti of the disease Pravahika. Charak and Vaghbhat has described the samprapti of the disease Atisara only. In the disease Atisara there is loss of drava dhatu and in the disease Pravahika there is loss of kapha with stool mainly. The vata and kapha dosha are involved in the samprapti of Pravahika.

The agreevated vata (Prakupit) drags snchit (Accumulated) Kapha from its Sthan (Amashaya) and bring it to Pakwashaya. Due to ruksh and khar guna of vata dosha and snigdha guna of kledak kapha, styanata is created. Sty an kapha atheres to the walls of pakwashaya internally. Because of that Vata dosha requires more force to expell kapha out. For this purpose patient develops Pravahan i.e. forceful defaecation. Thus by more and more Pravahan, there is alpalpa, muhurmuhu defaecation of malayukta kapha. This process is called as Pravahika. It is characterized by defaecation of pureesha with small quantity of shleshma (Mucus) and rakta (if pitta is involved) frequently accompanied with Pravahan or Tenesmus. This is basic samprapti of Pravahika.

Vaghbhata says that all vyadhi are produced due to Agnimandya, (A.H.Ni.12/1) hence in Pravahika also Agnimandya is important factor. It is produced by dravaguni kledak kapha. This Agnimandya also effects prakruta saman vayu, because samana vayu and agni are closely related to each other, hence function of samana vayu is also hampered, it results into pachan vikriti. Agnimandya produce Ama, due to Ama, srotorodha is produced, this cycle continues. Prakupit vayu tries to expel out the sanchit kapha from pakwashaya. Due to styantwa of sanchit kapha this process become ridiculas hence there is sapravahana, alpalp, sakapha, muhurmuhur, malaprarvrtti. This type of malaprarvrtti is abnormal in relation to prakruta malaprarvrtti. Such malaprarvrtti denotes Apana vayu vikriti also. Hence kaphasanchaya, vataprakopa, Agnimandya, Amotpatti, Srootorodhan, samana and apana vayu vikriti are the main factors in the samprapti of Pravahika.

**Samprapti Ghatakas of Pravahika**

1. **Vyadhi** - Pravahika (amoebiasis)
2. **Udbhavasthanam** - Amashaya
3. **Sanchara** - Pureeshashaya
4. **Adhisthana** - Pureeshashaya
5. **Vyakti** - Pureesha
6. **Srotasas** - Pureeshavaha, Annahavaha
7. **Avayava** - Pakwashaya, Amashaya and Grahani
8. **Doshdushti** - Vayu - samana, apana
   - Pitta - Pachak
   - Kapha - Kledak
9. **Dushya** - Rasa, Pureesha
10. **Srotodusti lakshan** - Sang
DYSENTERY

Dysentery is inflammation of the large bowel producing frequency of stool with blood and mucus.

Aetiology

The following types of dysentery are recognizable on an aetiological basis (causative organisms)

I. Bacterial - Shigella dysenteriae, S. flexneri, S. boydi, S. sonnei, Campylobacter enteritis, Yersinia enterocolitis

II. Protozoal - Entamoeba histolytica

III. Helminthic (Bilharziasis) - Schistosma mansoni, S. haematobium

dysentery, infectious disease characterized by inflammation of the intestine, abdominal pain, and diarrhea with stools that often contain blood and mucus.

There are two major classifications of dysentery: bacillary and amebic, caused respectively by bacteria and by amoebas. Bacillary dysentery, or shigellosis, is caused by bacilli of the genus Shigella. Symptomatically, the disease ranges from a mild attack to a severe course that commences suddenly and ends in death caused by dehydration and poisoning by bacterial toxins. After an incubation period of one to six days, the disease has an abrupt onset with fever and the frequent production of watery stools that may contain blood. Vomiting may also occur, and dehydration soon becomes obvious owing to the copious loss of bodily fluids. In advanced stages of the disease, chronic ulceration of the large intestine causes the production of bloody stools. The most severe bacillary infections are caused by Shigella shigae (also called S. dysenteriae type 1), which is found chiefly in tropical and subtropical regions. S. flexneri, S. sonnei, and S. boydii are other Shigella bacilli that cause dysentery. The treatment of bacillary dysentery is based on the use of antibiotics. The administration of fluids and, in some cases, blood transfusions may be necessary.

Amebic dysentery, or intestinal amebiasis, is caused by the protozoan Entamoeba histolytica. This form of dysentery, which traditionally occurs in the tropics, is usually much more chronic and insidious than the bacillary disease and is more difficult to treat because the causative organism occurs in two forms, a motile one and a cyst, each of which produces a different disease course. The motile form causes an acute dysentery, the symptoms of which resemble those of bacillary dysentery. The cyst form produces a chronic illness marked by intermittent episodes of diarrhea and abdominal pain. Bloody stools occur in some patients. The chronic type is
the more common of the two and is marked by frequent remissions and exacerbations of symptoms. The chronic form may also produce ulcerations of the large intestine and pockets of infection in the liver. Both forms of amebic dysentery are treated with drugs that specifically kill the amebic parasites that thrive in the intestines.

Dysentery is transmitted through the ingestion of food or water that has been contaminated by the feces of a human carrier of the infective organism. The transmission is often by infected individuals who handle food with unwashed hands. The spread of amebic dysentery is often accomplished by people who are carriers of the disease but who at the time show no symptoms. Dysentery is commonly found when people are crowded together and have access only to primitive sanitary facilities. Spread of the disease can be controlled by boiling drinking water and by adequately disposing of human waste to avoid the contamination of food.

In today’s modern and busy scheduled life people have a less time to pay attention to their diet and eating habits. They use to take unhygienic, vitiated food. Taking a fast food, junk food & Chinese food is a fashion nowadays. Hurry, worry and curry causes intestinal upsets frequently and that leads to gastrointestinal problems. Pravahika is also one of the important and oftenly occurring vyadhis of Annavaha and Pureeshvaha Srotasas in current time

**Basti Chikitsa In Pravahika:**

Anuvasana Basti is indicated especially in Pravahika, in Astang hridayam (A.H.Chi.9/50-51)

Karmata (functional) vikruti of Apan & Ruksha guna is increased in Pravahika. So oiling of Adhisthan Pakwashaya with Taila lowers the Ruksha guna of Apan with snigdha guna And vatanulom & Mal Anuloman takes place

- वानानुवासनां ध्येयं प्रवृत्ते तैलमेकतः।
- तत्तदाता जीतिं तापमानं विगुणोपनिल। अहचि 9/45
- त्रात्मायां स तेले हि विनिधी नावतितस्ते। अहचि 9/46
- दैलेन युज्ञात अनुवासनच सुः उः न 40/144

In Pravahika mainly vata and kapha doshas are involved, dashmool has vata-kaphashamak properties, so for the purpose of Matra Basti, Dashmoola Taila has been selected as it has Kapha-Vatashamaka properties and recommended in Pravahika in Atisara Chikitsa by Acharya Vagbhatta(A.H.chi 9/50-51).
The Till Taila is Deepana, pachana Grahi, shoolprashaman &vatashamak and usefull in agnimandya & grahani, So this has been opted for the present study as control drug.

MATERIAL

Dashmool Taila contains –

<table>
<thead>
<tr>
<th>Dravya</th>
<th>Latin name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilva</td>
<td>Aegle marmelos</td>
</tr>
<tr>
<td>Shonyak</td>
<td>Oroxyllum indicum</td>
</tr>
<tr>
<td>Patala</td>
<td>Stereospermum suaveolens</td>
</tr>
<tr>
<td>Kashmari</td>
<td>Gmelina arborea</td>
</tr>
<tr>
<td>Agnimanth</td>
<td>Premna integrifolia</td>
</tr>
<tr>
<td>Shaliparni</td>
<td>Desmodium gangeticum</td>
</tr>
<tr>
<td>Prushniparni</td>
<td>Uraria picta</td>
</tr>
<tr>
<td>Kantakari</td>
<td>Solanum xanthocarpum</td>
</tr>
<tr>
<td>Brahati</td>
<td>Solanum indicum</td>
</tr>
<tr>
<td>Gokshur</td>
<td>Tribulus terrestris</td>
</tr>
<tr>
<td>Til Taila</td>
<td>Sesamum indicum</td>
</tr>
</tbody>
</table>

METHOD OF PREPARATION:

1 part of Dashmool kalka, 4 parts of Til taila and 16 parts of Dashmool kwatha(prepared by 1/4th method) mixed with each other and heated over mandagni. After signs of tailasiddhi Dashmool taila prepared (sarangdhar samhita madhyam khand 9/1-2)
**PHARMACODYNAMICS OF DASHMOOL TAILA**

<table>
<thead>
<tr>
<th>Drug</th>
<th>Rasa</th>
<th>Guna</th>
<th>Virya</th>
<th>Vipaka</th>
<th>Doshagha nata</th>
<th>Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilva</td>
<td>Kashaya, Tikta</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>KV ↓</td>
<td>Deepana, Pachana, Vadnathapana</td>
</tr>
<tr>
<td>Agnimanth</td>
<td>Tikta, Katu, Kashaya, Madhura</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>KV ↓</td>
<td>Deepana, Pachana and Anulomana</td>
</tr>
<tr>
<td>Shonyak</td>
<td>Madhura, Tikta, Kashaya</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>KV ↓</td>
<td>Deepana, Pachana, vatahara</td>
</tr>
<tr>
<td>Patala</td>
<td>Tikta, Kashaya</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Katu</td>
<td>VPK ↓</td>
<td>Grahi, Trishnashamak, Ruchivardhak</td>
</tr>
<tr>
<td>Kashmiri</td>
<td>Tikta, Kashaya, Madhura</td>
<td>Guru</td>
<td>Ushna</td>
<td>Katu</td>
<td>VPK ↓</td>
<td>Anoloman, Deepan, Trishnashamak</td>
</tr>
<tr>
<td>Prushniparni</td>
<td>Madhura, Tikta</td>
<td>Laghu, Snigdha</td>
<td>Ushna</td>
<td>Madhura</td>
<td>VPK ↓</td>
<td>Deepana, Anulomaka, Grahi</td>
</tr>
<tr>
<td>Shaliparni</td>
<td>Madhura, Tikta</td>
<td>Guru, Snigdha</td>
<td>Ushna</td>
<td>Madhura</td>
<td>VPK ↓</td>
<td>Deepana, Snehana, Stambhana, Anulomana</td>
</tr>
<tr>
<td>Brahati</td>
<td>Tikta, Katu</td>
<td>Laghu, Ruksha, Teekshna</td>
<td>Ushna</td>
<td>Katu</td>
<td>KV ↓</td>
<td>Deepana, Pachana, Grahi</td>
</tr>
<tr>
<td>Kantakari</td>
<td>Tikta, Katu</td>
<td>Laghu, Ruksha, Teekshna</td>
<td>Ushna</td>
<td>Katu</td>
<td>KV ↓</td>
<td>Deepana, Pachana</td>
</tr>
<tr>
<td>Gokshur</td>
<td>Madhura</td>
<td>Guru, Snigdha</td>
<td>Sheeta</td>
<td>Madhura</td>
<td>VP ↓</td>
<td>Deepana, Anulomaka, Vatahara</td>
</tr>
<tr>
<td>Til Taila</td>
<td>Madhura, Kashaya, tikta</td>
<td>Guru, Snigdha</td>
<td>Ushna</td>
<td>Madhura</td>
<td>V ↓</td>
<td>Deepan, Grahi, Vatahar</td>
</tr>
</tbody>
</table>

**Mode of Action:**
As described earlier, Pravahika is Vyadhi of annavaha & Pureeshavaha srotas, and Pakwasamuttha vyadhi with vata and kapha dosha predominance. Basti is the best and ultimate treatment for it.

Hence, Basti is the best mode of administration of the drug as Acharya Charaka has quoted “the medicine administered through anus is more effective in the disorder of Pakvashaya” (Ch. Chi. 30/295). Hence, out of different types of Basti given in classics – the simplest type of Basti - Matra Basti, which can be used in O.P.D. patients also and is harmless was taken for the study. Karmata (functional) vikruti of Apan & Ruksha guna is increased in Pravahika. So oiling of Adhisthan Pakwashaya with Taila lowers the Ruksha guna of Apan with snigdha guna And vatanuloman & Mal Anuloman takes place (A.H.Chi.9/46) the Matra Basti is selected for the present study to prove its efficacy.

In Pravahika mainly vata and kapha doshas are involved. For the purpose of Matra Basti, Dashmoola Taila, which is indicated in the management of Pravahika by Acharya Vagbhatta (A. H. Chi. 9/50-51) was selected. All the drugs included in Dashmoola Taila were having Vata-kapha shamaaka, properties. Taking all these points into consideration, this study was planned with following aims and objectives.

**Discussion on Samprapti vighatan**

<table>
<thead>
<tr>
<th>Samprapti Vighatan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drayatmak</td>
</tr>
<tr>
<td>Chiksatmaka</td>
</tr>
</tbody>
</table>

**Dravyatmak samprapti vighatan**

Pravahika is Vyadhi of annavaha & Pureeshavaha srotas, and Pakwasamuttha vyadhi with vata and kapha dosha predominance.

In draya Dashmoola taila major of ingredients are mainly having properties Tikta, katu, kashaya rasa and Laghu guna, rooksha guna, ushna virya, katu vipaka. Due to Laghu, rooksha guna and ushna virya it causes kaphagna, vataghan karma.

Vaghbhata says that all vyadhi are produced due to Agnimandya, hence in Pravahika also Agnimandya is important factor. Agnimandya produce ama, due to ama srotorodha takes place All of the drugs in Dashmool tail have Deepan, Pachan, Amapachan, Vatanuloman, Vataghna, Kaphaghna, shoolahar,
Anuloman, krimighna, jwaraghna activities. So according to rule viruddhartha viparyaya kapha and vata dosha comes normalcy and upshaya in signs and symptoms in Pravahika. Dashmool tail is effective in treatment of Pravahika.

Chikitsatmak samprapti bhanga

Pravahika is Vyadhi of annavaha & Pureeshavaha srotas, and Pakwasamuttha vyadhi with vitiation of vata and kapha dosha. Karmata (functional) vikruti of Apan & Ruksha guna is increased in Pravahika. So oiling of Adhisthan Pakwashaya with Taila lowers the Ruksha guna of Apan with snigdha guna and vatanuloman & Mal Anuloman takes place. Basti chikitsa is helpful which directly enters into sthana Pakwashaya which is the site of lesions of Pravahika.

According to above discussion ingredient drugs of Dashmool Tail and Basti karma in Pravahika. Find out Probable action of Dashmool tail matra Basti is effective in Pravahika.

References -
1. Charaka samhita – Editor Acharya Ravidatta Tripathi Published by Choukhamba Sanskrit sansthan, Varanasi. Reprint-2003
2. Sushruta samhita-Editor Kaviraj Ambikadutta Shastri (2003) 14th edition; Published by Choukhamb Sanskrit Samsthan.
3. Ashtanga Hridaya With ArundattaTika- Editor Pandit Hari Paradkar Published by Choukhamba publication (2002)
7. Yogaratnakara-Editor Vd Laxmipati Shastri Published by Choukhamba publication (2005)
8. Bhaishajya Ratnavali- Editor Kaviraj Ambikadatta Shastri Choukhamba publication (18th edition)
10. Rasendra sarsangraha – Shri Indradev Tripati published by Choukhamba publication.
12. Sartha Bhavaprakash-Editor Vd. P.G. Nanal
13. Dhanvantari Nighantu - Published by Choukhamba publication.
15. Raj Nighantu-By Pandit Narahari edited by Dr.Indradeva Tripathi Krishanadasa academy Varanasi (1st edition)
17. Grey’s anatomy By Willams/ Bnister
19. Human physiology By C. C. Chatterji 1982
20. Hutchinson’s Clinical Methods – By Michael SwashPublished by Churchil Livigstone Elsevier Ltd.
22. Davidson’s principles of medicine – By John A. A. Hunter by Churchil Livigstone Elsevier Ltd.
25. Websites- www.google.co.in
  www.Healthy.ontario.com
27. Panchakarma Therapy in Ayurveda, by Divakar Ojha & Ashok Kumar, 2nd ed. in1993.
28. Panchakarma in Ayurveda, by Dr. P.H. Kulkarni 2nd ed. 2001
30. Panchakarma Therapy, Prof. R.H. Singh, 2nd ed. 2002
31. Pharmacognosy of Indigenous drugs, CCRAS, 1982
33. Ayurved ka Vaigyanika Itihasa, Vd. P.V. Sharma, 1987
34. Ayurvediya Kriyashareer, Vd. Ranjeet Ray Desai, ed. 1999
36. Ayurvedic Panchakarma, Prof. Dr. Subhash Ranade & Dr. Avinash Lete, 1st ed.2003.
37. Chakradutta, ed. by Jagdishwar Prasad Tripathi, 5th ed. 1983
38. Bhela Samhita, Sansakarana by G.D. Shukla, 1959
<table>
<thead>
<tr>
<th>No.</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>41.</td>
<td>Bhavprakash Nighantu, Comm. by Chunekar K.C. ed. by G.S. Pandey</td>
</tr>
<tr>
<td>42.</td>
<td>Bhavprakash Nighantu, Comm. by Vishwanath Devedi</td>
</tr>
<tr>
<td>43.</td>
<td>Bhavprakash, ed. by B.S. Shashtri</td>
</tr>
<tr>
<td>45.</td>
<td>Database on Medicinal Plants used in Ayurveda – CCRAS.</td>
</tr>
<tr>
<td>46.</td>
<td>Harit Samhita, Ramvallabha Shashtri, 1st ed. 1985</td>
</tr>
<tr>
<td>47.</td>
<td>Introduction to Kayachikitsa by C. Dwarkanath, 1986</td>
</tr>
</tbody>
</table>