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

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INTRODUCTION:

In today's modern and busy scheduled life people have a less time to pay attention to their diet and eating habbits. 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 प्रवृद्धो निचितं बलासं नुदत्यस्तादहिताशनस्य।

प्रवाहतो अल्पं बहुशो मलाक्तं प्रवाहिकां तां प्रवदन्ति तज्ज्~जाः। मा.नि.३/२१

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

योजयेत्स्नेहवस्तिं वा दशमूलेन साधितम् ॥

शटीशताव्हाकुष्ठैर्वा वचया चित्रकेण वा ।

अ.ह्र.चि.९/५०,५१

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. Styan 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,malapravrutti.This type of malapravrutti is abnormal in relation to prakruta malapravrutti. Such malapravrutti denotes Apana vayu vikriti also. Hence kaphasanchaya,vataprakopa,Agnimandya,Amotpatti, Srotorodhan, 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 organisma)

- 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 habbits. 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 (fucntional) 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

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पानानुवासनाभ्यंग प्रयुक्तं तैलमेकतः।
तथ्दि वाताजितामग्रयं शुलंच विगुणोऽनिलः। अ.ह्र.चि. 9/45
वाय्वाशये स तैले हि बिम्बिशी नावतिष्ठते। अ.ह्र.चि. 9/46
तैलेन युज्जात अनुवासनंचा सु.उ.तं. 40/144
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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 -

Dravya	Latin name		
Bilva	Aegle marmelos		
Shonyak	Oroxylum indicum		
Patala	Stereospermum suaveolens		
Kashmari	Gmelina arborea		
Agnimanth	Premna integrifolia		
Shaliparni	Desmodium gangeticum		
Prushniparni	Uraria picta		
Kantakari	Solanum xanthocarpum		
Brahati	Solanum indicum		
Gokshur	Tribulus terrestris		
Til Taila	Sesamum indicum		

.METHOD OF PREPARATION:

1 part of Dashmool kalka , 4 parts of Til taila and 16 parts of Dashmool kwatha(prepared by $1/4^{th}$ 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

Drug	Rasa	Guna	Virya	Vipaka	Doshagha nata	Karma
Bilva	Kashaya, Tikta	Laghu, Ruksha.	Ushna	Katu	KV ↓	Deepana, Pachana, Vadnasthapan
Agnimanth	Tikta, Katu, Kashaya, Madhura	Laghu, Ruksha	Ushna	Katu	KV↓	Deepana, Pachana and Anulomana
Shonyak	Madhura, Tikta, Kashaya	Laghu, Ruksha	Ushna	Katu	KV↓	Deepana, Pachana, vatahara
Patala	Tikta, kashaya	Laghu, Ruksha	Ushna	Katu	VPK ↓	Grahi, Trishnashamak, Ruchivardhak
Kashmari	Tikta, Kashaya, Madhura	Guru	Ushna	Katu	VPK ↓	Anoloman, Deepan, Trishnashamak
Prushniparni	Madhura, Tikta	Laghu, Snigdha	Ushna	Madhura	VPK↓	Deepana, Anulomaka, Grahi
Shaliparni	Madhura, Tikta	Guru, Snigdha	Ushna	Madhura	VPK↓	Deepana,Snehana, Stambhana, Anulomana,
Brahati	Tikta, Katu	Laghu, Ruksha, Teekshna	Ushna	Katu	KV↓	Deepana, Pachana, Grahi
Kantakari	Tikta, Katu	Laghu, Ruksha, Teekshna	Ushna	Katu	KV↓	Deepana, Pachana
Gokshur	Madhura	Guru, Snigdha	Sheeta	Madhura	VP ↓	Deepana, Anulomaka, Vatahara
Til Taila	Madhura, Kashaya, tikta	Guru, Snigdha	Ushna	Madhura	v ↓	Deepan, Grahi, Vatahar

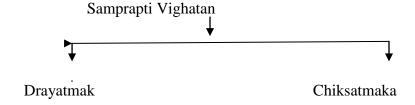
Mode of Action:

As described earlier, Pravahika is Vyadhi of annavaha & Pureeshavaha srotasa, 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 (fucntional) 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 proove 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 shamaka, properties. Taking all these points into consideration, this study was planned with following aims and objectives.

Discussion on Samprapti vighatan



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, vataghana 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 Samsthana.
- 3. Ashtanga Hridaya With ArundattaTika- Editor Pandit Hari Paradkar Published by Choukhamba publication (2002)
- 4. Ashtanga Sangraha-Editor Vd. Anant Damodar Athavale (2000) 8th edition; published by choukhamba orientalia.
- 5. Madhav Nidana -Editor Ayurvedacharya Shriyadunandopadhyaya (Reprint-2007) publication by Choukhamba Sanskrit sansthan, Varanasi.
- 6.Sharangadhara Samita Vd. Brahmanand Tripati Choukhamba Orientalia(2005)
- 7. Yogaratnakara-Editor Vd Laxmipati Shastri Published by Choukhamba publication (2005)
- 8. Bhaishajya Ratnavali- Editor Kaviraj Ambikadatta Shastri Choukhamba publication (18th edition)
- 9. Bhayaprakash -Editor Pandit Sri Brhmashankar Mishra published by Choukhamba (2005)
- 10 Rasendra sarsangraha Shri Indradev Tripati published by Choukhamba publication.
- 11 Ayurvediya Rasashastra Shri Sidhinandan Misra by Choukhambha.
- 12. Sartha Bhavaprakash-Editor Vd. P.G. Nanal
- 13. Dhanvantari Nighantu Published by Choukhamba publication.

- 14. Madanapal Nighantu- Khemaraj Shrikrishanad Publication Mumbai (1998)
- 15. Raj Nighantu-By Pandit Narahari edited by Dr.Indradeva Tripathi Krishanadasa academy Varanasi (1st edition)
- 16. Bhaishajya kalpana vidyanam -Dr. Ramachandra Reddy (2nd edition 2001) Published by Choukhamba Publication.
- 17. Grey's anatomy By Willams/ Bnister
- 18. Principles of anatomy and physiology- By Gerard Tortora (8th edition)
- 19. Human physiology By C. C. Chatterji 1982
- 20. Hutchinson's Clinical Methods By Michael SwashPublished by Churchil Livivgstone Elsevier Ltd.
- 21. Ayurvediya aushadi gundharma shastra By Vd. Gangadhar G. Gune (2005) Publication-Shri M. V. Datye.
- 22. Davidson's principles of medicine By John A. A. Hunter by Churchil Livivgstone Elsevier Ltd.
- 23. Indian Medicinal plant By Lt. Col K. R. Kirtikar & Major B.D.Basu
- 24. Medical statistics by B.K. Mahajan.
- 25. Websites- www.google.co.in www.Healthy.ontario.com
 - 26. Nidan Panchak, S.C. Dhyani, 1978
- 27. Panchakarma Therapy in Ayurveda, by Divakar Ojha &

Ashok Kumar, 2nd ed. in1993.

- 28. Panchakarma in Ayruveda, by Dr. P.H. Kulkarni 2nd ed. 2001
- 29. Panchakarma Chikitsa Vigyanam, by Dr. T.L. Devraj, 1st ed. 2000
- 30. Panchakarma Therapy, Prof. R.H. Singh, 2nd ed. 2002
- 31. Pharmacognosy of Indigenous drugs, CCRAS, 1982
- 33. Ayurveda Chikitsa Vijnan, Vol. II & III., by Vd. Banvari Lal Gaur ed. 1985
- 34. Ayurved ka Vaigyanika Itihasa, Vd. P.V. Sharma, 1987
- 35. Ayurvediya Kriyashareer, Vd. Ranjeet Ray Desai, ed. 1999
- 36. Ayruvediya Panchakarma Vigyan, Vd. H.S. Kasture, 5th ed. 1997
- 37. Ayurvedic Panchakarma, Prof. Dr. Subhash Ranade
- & Dr. Avinash Lete, Ist ed.2003.
- 38. Chakradutta, ed. by Jagdishwar Prasad Tripathi, 5th ed. 1983
- 39. Bhela Samhita, Sansakarana by G.D. Shukla, 1959
- 40. Bhaishajya Ratnavali, Shri Govind Das, with

chandraprabha comm.. by Jaydev Vidyalankara.

- 41. Bhavprakash Nighantu, Comm. by Chunekar K.C. ed. by G.S. Pandey
- 42. Bhavprakash Nighantu, Comm. by Vishwanath Devedi
- 43. Bhavprakash, ed. by B.S. Shashtri
- 44. Dravyaguna Vigyana, Vd., P.V. Sharma, Vol. I & II, 13th ed.
- 45. Database on Medicinal Plants used in Ayurveda CCRAS.
- 46. Harit Samhita, Ramvallabha Shashtri, 1st ed. 1985
- 47. Introduction to Kayachikitsa by C. Dwarkanath, 1986
- 48. Indian Materia Medica, Nadkarni, 3rd ed. 1954
- 49. Kayachikitsa, R. R. Pathak, 1996