



Review Article

INTEGRATED STUDY OF MODE OF ACTION OF MOCHARASA BASTI IN GRAHANI VYADHI WITH SPECIAL REFERENCE TO INFLAMMATORY BOWEL DISEASE

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KEYWORDS: *Grahani Vyadhi*, IBD, Ulcerative colitis, *Mocharasa piccha basti*, integrated approach.

ABSTRACT

During medical practice physician many times come across such diseases which are difficult to treat and one of them is *Grahani*. All the clinical features of *Grahani Vyadhi* resemble with 'inflammatory bowel disease'. It is a broad term which indicates chronic inflammatory pattern of colon and thus also includes Ulcerative colitis and Crohn's disease. Ulcerative colitis and Crohn's disease both involve diarrhoea, pain in abdomen, fatigue, rectal bleeding and chronic persistence of disease results into weight loss. Crohn's disease affects small intestine, large intestine, mouth, stomach and anus as well, but in Ulcerative colitis it mainly affects colon and rectum. Inflammatory bowel syndrome may develop at any age but 15-30 years is the most common age group getting affected. The therapeutic approach towards these diseases remains symptomatic in current mainstream line of treatment and has no prompt treatment as such. According to *Madhava Nidana* compendia which describe *Grahani vyadhi* with reference to organ *Grahani*, where regular function of *Grahani sthana* (organ) gets impaired. *Grahani* is the prime location of *Agni*, *Pachaka pitta dosha*, and *Samana vayu*. According to Ayurveda clinical presentation of *Grahani Vyadhi* very closely depicts picture of Inflammatory Bowel Disease as mentioned above. *Acharya Charaka* has described *Mochrasa* (extract of plant *Bombax ceiba* Linn. rich in tannins) as one of the medication for *Grahani Vyadhi*. Tannin-polysaccharide complex protects ulcerated areas of colon. It has been proposed here that a *Mocharasa* can be used with milk as a *Basti* (medicated enema) preparation in patients with IBD.

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INTRODUCTION

During medical practice physician many times come across such diseases which are difficult to treat and one of them is *Grahani*.^[1] Such diseases do not have particular prompt treatment in any pathy. It is usually compared with inflammatory bowel disease, inflammatory bowel syndrome and Crohn's disease. The incidence of inflammatory bowel disease (IBD) varies widely between the populations. Crohn's disease appears to be very rare in the developing world yet ulcerative colitis, although still unusual, is becoming more common. In the west, the incidence of ulcerative colitis is stable at 10-20 per 100 000, with a prevalence of 100-200 per 100 000, while the incidence of Crohn's disease is increasing and is now -10 per 100 000, with a prevalence of 50-100 per 100 000. Both diseases most commonly start in young adults with a second incidence peak in the seventh decade^[2].

These diseases need medicinal treatment along with cognitive behavioral therapy, group therapy, relaxation therapy. But to avoid the side effects and long lasting results Ayurveda have much better treatment options and one of them is *Mocharasa basti*. This study

highlights logical reasoning of the integrated approach of mode of action of *Mocharasa basti* in *Grahani Vyadhi*. *Grahani Vyadhi* could be correlated with spastic colon, mucus colitis, irritable colon, ulcerative colitis, inflammatory bowel disease inflammatory bowel syndrome. A detailed review of pathogenesis occurring in Inflammatory bowel disease, and *Grahani Vyadhi* an integrated management of medical therapy with current anti-inflammatory drugs and steroidal agents, behavioral therapy etc. with *Ksheera* (milk) *Basti* (medicated enema) treatment of *Mocharasa piccha* (resinous extract of *Bombax ceiba* Linn.) could work better. This hypothesis has been stated in the present study.

METHODOLOGY

Inflammatory Bowel Disease is a group of inflammatory conditions of the colon and small intestine. Crohn's disease and ulcerative colitis are chronic inflammatory bowel disease. The main difference being that Crohn's disease affects small intestine as well as mouth, esophagus, stomach, and anus whereas ulcerative colitis primarily affects colon and rectum. Exact underlying cause of inflammatory bowel disease is

unknown. However, genetics and problem with the immune system have been associated with IBD.

Pathophysiology of IBD

Modern science have enlisted the causes for pathology of Inflammatory bowel disease as altered intestinal bacterial flora, loss of integrity of intestinal epithelium, high protein diet, especially animal protein intake and genetic component. There is a small contribution to IBD from dozens of genes. All the above causes results into inflammation if GIT mucosa which in turn leads to increased secretions of pro-inflammatory mediators like cytokines, cholecystokines. They cause high amplitude and high pressure peristaltic wave leading to diarrhea. When contractions of intestine are segmental it causes subsequent constipation symptoms. In both diseases the wall of intestine is infiltrated with acute and chronic inflammatory cells.

Signs and Symptoms

They vary depending on the location and the severity of inflammation. IBD presents with clinical features such as pain in (lower Lt. sided abdomen) especially peri-umbilical region, also altered and alternate diarrheal and constipation bowel habits, incomplete evacuation of rectum thus increased attempts of defecation. Varied stool consistency from semisolid or liquid mucus to hard pellet like is observed. Bleeding per rectal is also commonest presentation of inflammatory bowel disease.

Management

Current medical management includes anti-inflammatory agents (amino salicylate) such as Mesalazine (more useful in Ulcerative colitis); also anti-microbial therapy. Surgical approach gives an option of proctocolectomy, which may not eliminate symptoms present in extra-colonic area.

All the above explanations leave lacunae for medical management of IBD, with alternative therapy. Case presentation of IBD, very closely matches to *Grahani Vyadhi* described in Ayurvedic texts. *Grahani* has also been mentioned as one of the eight mighty diseases (*Ashtau maha gada*) by *Acharyas of Brihatrayi* [3].

Pathogenesis of *Grahani Vyadhi*

Its pathogenesis commences with *Agni dushti* (vitiating of *Agni*) due to underlying *Ajeerna* (indigestion)^[4]. This indigestion results into vitiating of *Pitta Dosha* and the principal location of action of *Pachak pitta* is *Grahani* (organ)^[5]. The normal function of this organ is to receive food, digest it, and differentiate the components of it into *Sara bhaga* (useful portion) and *Kitta bhaga* (portion to be excreted out of body) and propel the *Kitta bhaga* for further process^[6]. This function gets disturbed in *Grahani Vyadhi*. Thus it produces symptoms as altered stool consistency (loose /constipated) *Atisrushta ati baddha*, systemic symptoms as excessive thirst (*Trushna*), tastelessness (*Arochaka*), altered oral taste (*Asyavairasya*), excessive salivation (*Praseka*), edema over hands and feet (*Shoonapadakara*:) pain at phalangeal joints and bones (*Asthiparva ruk*), vomiting (*Chardana*), fever (*Jwara*), and iron pungent

odor of burps^[7]. Clinically patient also shows symptoms such as peri-umbilical abdominal pain, cramping, loose blood mucus mixed stools, febrile illness and chronic cases also presents with anaemia, weight loss and fatigue.

Components of *Moccharsa Basti*

Mocharasa is the resinous extract of *Bombax ceiba* Linn. Tree. The active principal component of *Mocharasa* is Tannin. Tannin is polyphenol compound which has two principal types as hydrolysed and condensed one. They have anti-dysenteric, anti-diarrheal and anti pyretic effects^[8]. *Ksheera basti* of this resinous extract of *Shalmali* tree (*Bombax ceiba* Linn.) could be prepared by *Ksheerapaka vidhi*. Sticking to integrated approach cognitive behavioral therapy, group therapy, etc. could also continue.

DISCUSSION

Acharya Bhavprakash has mentioned the properties of *Shalmaliniryasa* (resinous extract) as *hima* (cool in potency), *Grahi* (astringent), *Pitta raktadaha* nut (rectifies the vitiating of blood, *Pitta dosha*, and decreases symptoms of burning), *Pravahikaghna* (corrects pathogenesis occurring in *Pravahika* disease)^[9]. Resinous extract of *Shalmali* tree (*Bombax ceiba* Linn.) contains Tannin as principal component along with Gallic acid^[10]. It is astringent in property which when coming in contact with intestinal ulcerated inflamed mucosa resists the chemical and mechanical injury decreasing local irritation. Anti-oxidant property promotes tissue repair. They also exhibit anti-helicobacter effect and anti-inflammatory effect.

A case study by Manish V Patel and et al states that an Ayurvedic *Basti* regimen along with oral drugs as well showed a significant relief in patients of Ulcerative colitis^[11]. It signifies that *Basti* treatment is apt for lower gastro intestinal tract diseases.

Milk preparation helps in the healing process of ulcerated colon. Polyphenol compound (hydrolysed Gallic acid, ester,) exhibits water proofing of outer layer of mucus membrane and injured epithelial tissues^[12]. Tannins precipitate micro-proteins at the site of ulcer forming substances promoting resistance to the action of proteolytic enzymes.

Proteins and Wound Healing

Proteins aid the body in repairing damaged tissues. Deficiency of proteins has been shown to contribute to poor healing rates of wound. It leads to difficult collagen forming plus there is significant protein loss. This retards wound healing process also fluid leakage from affected area. For this reason, resinous extract was combined with milk protein to be directly administered via rectal route. High protein diet but preferably vegetable proteins have been indicated in wound healing process^[13].

CONCLUSION

This review article proposes a study design inculcated with integrated approach of inflammatory bowel disease, a group of chronic inflammatory disease of bowels. This approach mainly focuses on *Basti*

treatment of resinous extract of *Bombax ceiba* Linn. (*Mocharasa*) in the form of milk preparation. There could be excellent wound healing of ulcerative lesions of colon, better intestinal integrity and lesser rates of remission.

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Cite this article as:

Dongre Parshuram, Baghel Prashant. Integrated Study of Mode of Action of Mocharasa Basti in Grahani Vyadhi with special reference to Inflammatory Bowel Disease. AYUSHDHARA, 2016;3(5):850-852.

Source of support: Nil, Conflict of interest: None Declared

