



**MANAGEMENT OF SANGRAHNI WSR TO SUWARNA PARPATI**

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**ABSTRACT**

*Sangrahnī* is a chronic psychosomatic Gastro Intestinal Tract (GIT) disease. This disease may be in two forms i.e. constipation predominant & on the other hand diarrhoea is the main feature. Due to faulty diet habits, stress, anxiety & depression incidences of the disease increasing now a days. In modern system of medicine this disease much close to the IBS(Irritable Bowel Syndrome) /Sprue & ROME-II Criteria & Manning's Criteria for the diagnosis of this disease. In our *Ayurvedic* texts this disease described in *Grahani dosha* by *Acharya Charak*. In *Madhav Nidan* the elaborate description of *Sangrahnī* is available. In *Ayurveda* number of herbal preparations available in the treatment portion. Different *rasaushdhis* along *Parapati Kalp* described for the treatment. In this present case study patient was treated with *Panchamrit Parapati* & in second phase with *Suwarn Parapati* along with other preparations. But one thing was important in the treatment that one can get desirable effect with anti stress & antidepressant herbals drugs since its a (psychosomatic disorder).

**KEYWORDS:** *Sangrahnī*, IBS, psychosomatic, ROME-II criteria, *Grahani dosha*, *Parapati*.

**INTRODUCTION**

*Sangrahnī* is a type of *Grahani*. *Grahani dosha* according to *Acharya Charak* the most important causative factor is *agnidushti*, specially *Jatharagni*. In the modern era faulty diet & life style are the two important causative factor for *agnidushti*. "Yohi bhukte vidhi tyaktwa grahanidoshan gadan, Sa lollyallabhate shighram vakshayanteata parm tut e." *ch.ch.15/41*. Its a chronic course disease & progressively weakness, emaciation, malabsorption symptoms developed in the chronic patient. In *Madhav Nidan* Its vivid description available in *Madhav Nidan (Grahni roga nidanam)*.

"*Aantrkujanamalasya daurbalyam sadanam tatha, Dravam sheetam ghanam sinigdhām sakativedanam shakrita. Aamam bahu spaichhiliyam sashabdām mandvedanam, Pakshanmasaddasahadwa nityam waapyath munchati. Divaprakopa bhavati ratro shantim vrijechch ya. Durvigeya duschikitsya chirkalanubandhini, Sa bhavetaamvaten sangrahnī mata.*" *Madhav nidān, Grahani roga, 4/1-3*

According to Modern system of Medicine the diagnosis of this patient is Irritable Bowel Syndrome (IBS). In this disease the symptoms remain for a longer period. For the diagnosis of the case there are two well known criteria, first one ROME- II Symptoms Criteria for the Diagnosis of IBS. This criteria has following features. At least three months at onset of pain, abdominal distension, mucus per rectum & feeling of incomplete continuous or recurrent

symptoms of 1. Abdominal pain or discomfort which is Relieved with defaecation. and/or associated with a change in frequency of stool, and/or associated with change in consistency of stool and two or more of the following, on at least a quarter of occasions or days. Altered stool frequency, altered stool form, altered stool passage, Passage of mucus, bloating or feeling of abdominal distension and second one criteria is Manning's Criteria for the diagnosis of IBS. Which is as follows. Pain eased after bowel movement, loose stools at onset of pain, more frequent bowel movements emptying of bowel.

**Pathophysiology**

No anatomical, microbiological or biochemical abnormality had been detected in these patients. Alterations in bowel motility and transit are the most common features identified. Stress is thought to be an important Causative factor. Abnormal Psychological features have been reported in over 70% of cases. Stressful life style are also reported with increased frequency. However a cause- and- effect relationship is not certain.

**History of Patient**

In the present case study the patient was a 56 yrs, female, house wife was suffering from 06 months with the symptoms 1. Diarrhoea - (Loose motion 12-15/day) (Loose motion start usually at 12.00 p.m. & remain upto

appx. 5.00 - 6.00 p.m.) 2. Tenesmus/Pain in abdomen 3. Irregular appetite 4. Distension of abdomen & 5. Progressively weakness.

### Investigation

No specific confirmatory investigation for IBS. The diagnosis was based on history with normal physical examination.

### Exclusive Criteria were USG Whole abdomen

To rule out Cholelithiasis, Hepatitis, Amoebic liver abscess, any malignancy, Splenomegaly & diverticulitis etc. **LFT's** to rule out any liver disorders. **Upper G.I. Endoscopy:** to rule out Sprue & APD (Peptic ulcer, Chronic Gastritis), Hiatus hernia., **BFT:** to rule out Koch's abdomen (intestinal T.B.), **Sigmoid Colonoscopy:** to rule out haemorrhoid, fissures & any malignancy of lower G.I.T., **Stool:** for amoebae, giardia & occult blood, **24 - hours stool weight:** is recorded to rule out the large volume diarrhoea (small intestine, pancreatic).

**Ayurvedic Dashvidh Pariksha** – Prakriti- Vata-pittaj, Vikriti – prakriti samveta, Sara – medhyam, Sanghanana – awar, Satwa – prawar, Satmya – madhyam, Praman – awar, Aahar- medhyam, Vyayam – awar, Vaya- madhyam.

**Management:** Since its a life style disease in modern era hence advise for positive changes in her life style **Dont's (Harmful diets)** - are avoid heavy food articles as Phaseolus mungo (urda pulse), taro root (arbi) Cauliflower, kidney beans (rajma), white chick peas, jackfruit, milk, butter, clarified butter, other fatty diet, spinach, Cabbage & other green salad, excessive consumption of tea & coffee, chewing any forms of tobacco, spicy chicken, mutton, Cigarette smoking, alcohol.

### Symptomatology

S.N.	Symptoms	Before Treatment 24/01/13				After Treatment (Total 02 monts pd. Of treatment)
1.	Diarrhoea (frequency of stools/Day)	12-15	10-12	6-8	4-6	2-3
2.	Pain/Tenesmus	+++	++	++	++	---nt
3.	Weakness	++++	++	++	+	----nt
4.	Low Backache	+++	++	++	++	+ nt
5.	Mucous in stool	+++	++	++	+	---nt
6.	Heamoglobin (gm/dL)	8.0	8.0	8.6	9.4	10.8

### CONCLUSION

Hence I can conclude that with proper diagnosis & treatment with *parpati* (*panchamrit*, *vijay* & *Suwarn*) slectively for accordance to *doshas* involved in particular patient, excellent result can be gain in such types of patient (IBS/Ulcerative colitis, Chron's disease, Sprue,

**Do's (Useful diets)** - all light foods, buttermilk (takra) is much beneficial such types of patients, appropriate difference in between two meals, difference in dinner & sleeping time.

**Do's (Positive change in life style)** - by exercising Yoga, Meditation, Shavaasan & other related aasans, proper sleep, selection of good friends, positive thinking about life, reading inspiring books, Counselling about her disease & relation with stress.

**First phase of treatment for 01 month:** 1. Panchamrit parpati -125 mg, Sanjivani vati -125 mg, Bilwadi churna -2 gm, Kutajghan vati -500 mg, Dadimashtak churna-2 gm, Shatpushpadi yoga - 2gm(1 dose two times with Takra + Bhrista jeerak) 2. Chitrakadi vati - 2 vati before meal 3. Kutjarishta - 20 ml B.D., 4. Brahmi vati - 2 vati H.S., 5. Shankh bhasm 500 mg & Shoolvajarni vati 2 vati With cold water S.O.S.(when abdominal pain was prominent) Appx. 50-60% symptomatological relief. So we need to change our treatment strategy.

In second phase of treatment for 01 month. Further add to above regimen. 1. *Suwarn parpati* -125mg twice a day with *jeerak* & *saunf churna* & *madhu* 2. *Kutaj parpati* - 250mg twice a day. After 02 months continuous treatment appx. 85-90% symptomatological relief.

### RESULT

Since it's a case report of single patient hence I tried to express the progress/improvement of the patient on subjective parameters here I had choose 6 symptoms/parameters for the evaluation of this patient & patient showed much better result on each symptoms, after the 02 months follow up period.

Malabsorption syndrome) etc. such types as diagnosed by modern medicine & in *Ayurveda* all these conditions come under *agni dosha* (*Grahani/Sangrahani*). Number of preparations are available in our texts with much emphasis on *Pathya* (wholesome diet) & modified life

style, both of them were much important in the treatment of such cases.

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