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Clinical study of Bhunimbadya Churna in the management of Grahani with special reference to irritable bowel syndrome

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ABSTRACT

Functionally weak Agni i.e. Mandagni causes improper digestion of ingested food which leads to Grahani Dosha, In Grahani Roga, Dushit Jathragni hampers the digestion of food producing "Ama". This hampers the nourishment of whole body and produce symptoms like Pakwa-ama-Mala Pravriti, Atisrista Mala, Bibandha or Drava mala, Arochaka, etc. Defective digestion produces Ama. Ama initiate the disease process of Grahani causing vitiation of doshas. These very much resembles the Irritable Bowel Syndrome. IBS is a chronic relapsing disorder of gastrointestinal function; the main features are abdominal pain associated with an altered bowel habit (may present with diarrhoea or constipation or intermittently both). In Charaka Bhunimbadya churna mentioned in Grahani Chikitsa is highly effective, promote appetite, digestion and remove Ama Dosha from the system by increasing the power of Agni. Hence it is the need of the hour to establish a firm clinical research based scientific data for classical treatments. It is presumed that Bhunimbadya churna is effective in case of Grahani & effectively control the clinical condition associated with this disease. Total 20 patients of Grahani were registered for clinical trial of 45days. Result of the study revealed that Bhunimbadya churna produced significant results in almost all cases barring a few patients who were suffering from longer period

Keywords: Bhunimbadya churna, Grahani, Irritable bowel syndrome

INTRODUCTION

Almost in all Ayurvedic classics, the organ Grahani is described unanimously as an organ of digestion [1]. The word (term) Grahani is derived from Dhatu 'Graha' which in general means, to catch, to hold or to get. In this context, this is ascribed to be the action of holding something firmly or mitigating the strength of particular

subject, say Agni [2]. Grahani is the seat (Adhithana) of Agni and is located above Nabhi (umbilical region). It is also supported and nourished by the strength of Agni. Normally, it receives the ingested food, which is retained by it by restraining the downward movement (Grahanati). After digestion it releases the food through sides of lumen to next Ashaya i.e.

Pakwashaya. In abnormal conditions due to weakness of Agni, it gets vitiated and releases food in undigested form [3]. In Ashtanga Hridaya, it is quoted that Grahani is the organ of Mahasrotasa, which is a seat of Agni (i.e. Pachaka Pitta) and it receives and retains food. Again, he mentioned that according to Dhanavantri School of thoughts, it is Pitta Dhara Kala [4]. Vagbhata also specifically mentioned that the organ Grahani acts like Argala (Wooden bolt) of Bhukta Marga [5]. Agni dusti leading to undigested toxic material is the main pathological factor responsible for Grahani Roga. According to Sushrut the pathogenesis of Grahani roga is impairment of function of digestive system [6]. Acharya Charaka, while explaining Grahani Dosh has said that three out of four types of Agnis, which have been described in Roganeeka Adhyaya [7] viz. Tikshna, Manda, Vishama - Agnis may cause Grahani Dosh (Disorders of duodenum and small intestine), but Grahani Roga is the consequence of only Mandagni. In this way Charaka has considered Agni Dosh as Grahani Dosh which precursor to Grahani Roga. Acharya Vagbhata in Astanga Samgraha and Astanga Hridaya [8] classified Grahani Roga into four types as Vataja, Pittaja, Kaphaja and Sannipataja. Similarly Acharya Sushruta [9] and Acharya Charaka, [10] In pathogenesis of Grahani due to Agni Dushti, ingested food is not properly digested and results in Apachana (Indigestion) and Ama formation. Thus, the food attains Shuktata. At this stage, Dosh i.e. Kledaka Kapha, Pachaka Pitta, and Samana Vayu sheltered in the organ Grahani gets vitiated. [11] The Shuktapaka stage leads to Annavisha formation. Here indigested food undergoes fermentative changes. Now in this condition food attains such a form that it becomes able to produce so many ailments like poison does. Anna Visha gets located in Grahani and further vitiates it, resulting in functional abnormality (Karyatmaka Vikriti) of Grahani. Samanya lakshana [12, 13] of Grahani are Muhurbaddha-Muhurdrava Mala Pravritti, Ati Srushta Mala Pravritti, Vibbadha Mala Pravritti, Trishna, Arochaka, Vairashaya, Prasheka, Tamaka, Shuna Padakara, Chardana, etc. Considering Agnimandhya as an important factor in the Samprapti of the disease Grahani Roga, it should be mainly treated by Deepana Pachana Chikitsa. For this, Acharya Vagbhata suggested that, all the treatment modalities of Ajeerna should be

implemented in the management of Grahani Ashrita Dosh. It is presumed that Bhunimbadya Churna [14] is indicated in case of Grahani. Bhunimbadya Churna contains Chirayita, Kutki, Sunthi, Marich, Peeper, Nagarmotha, Inderjau, Chitraka, and Vatsak. All these drugs we can see have Deepana and Ama Pachan and has Grahi properties. Hence study is selected as entitled 'Clinical study of Bhunimbadya churna in the management of Grahani W.S.R. to Irritable bowel syndrome'.

AIMS AND OBJECTIVES

1. To evaluate clinical efficacy of Bhunimbadya churna, in the patient of Grahani (Irritable bowel syndrome)
2. To review the literature of Grahani (Irritable bowel syndrome)

MATERIAL AND METHOD

20 Patients suffering from Grahani were selected from OPD/ IPD of Kayachikitsa department in Desh Bhagat Ayurvedic Hospital, Mandi Gobindgarh (PB). for investigation and trial. patients were selected randomly irrespective of race, caste, sex, religion etc.

Inclusion Criteria

1. Patients with clinical sign and symptoms of Grahani in classical ayurvedic texts and modern literature.
2. Abdominal pain, flatulence, and bloating that have been present for at least 3 Months.
3. Age between 18 to 60 years irrespective of both sex.
4. Patient willing for trial.

Exclusion Criteria

1. Patients having systemic diseases like Diabetes, Hypertension etc.
2. Pregnant and lactating women
3. Patients having tuberculosis, malignancy or hepatic abscess.
4. Any other state thought fit for exclusion

Investigations

Following investigation were carried out before & after treatment. Stool test, CBC, Plain X-Ray abdomen (only for differential diagnosis)

Study Design

A clinical trial in the study of 20 patients of Grahani (Irritable bowel syndrome) satisfying the inclusion criteria were selected for the study.

Drug, dose and duration

- Trial drug : Bhunimbadya churna orally

- Drug dose: 2 gm twice a day
- Anupana: Honey
- Duration of trial: Total 45 Days, with assessment on 15th, 30th and 45th day.
- Follow-up: 15 days

Table no. 1. Ingredients of Bhunimbadya churna

Drug Name	Botanical Name	Part Used	Quantity
Chirayita	Swertia Chirayita	Panchang	1 Part
Kutki	Picrorrhiza Kurrora	Roots	1 Part
Sunthi	Zinziber Officinale	Roots	1 Part
Marich	Piper Nigrum	Fruit	1 Part
Peeper	Piper Longum	Fruit	1 Part
Nagarmotha	Cyperus Rotundus	Roots	1 Part
Inderjau	Wrightia Tinctoria	Seeds	1 Part
Chitraka	Plumbago Zeylanica	Root	2 Parts
Vatsak	Holarrhena Antidysenterica	Bark	16 Parts

Assessment of Therapy

Criteria for assessment

The patients were examined as per suitable scoring pattern and objective signs were recorded to assess any changes present in the patients. The result of the treatment will be evaluated based on the detailed case sheet proforma prepared on Nidana and lakshana of Grahani as mentioned in the text.

Follow up: Follow up study was done after 15 days.

Subjective criteria

Mhubaddha / Muhudrava Malpravriti

Frequent bowel habit (in a day)

- G0 : Bowel habit with frequency 1 to 2 times.
 G1 : Bowel habit with frequency 3 to 4 times.
 G2 : Bowel habit with frequency 4 to 6 times.
 G3 : Bowel habit with frequency 6 times or more.

Alternate loose motion with constipation.

- G0 : Normal.
 G1 : Occasional constipation with diarrhoea.
 G2 : Twice in a week.
 G3 : More than twice in a week.

Arochaka

- G0 : Taking normal diet with interest.
 G1 : No interest in taking normal diet.
 G2 : Food has taken forcefully.
 G3 : Not taken a food even forcefully.

Trishna

- G0 : Normal thirst.
 G1 : Mild thirst,
 G2 : Moderate thirst increase. frequent intake of water.
 G3 : Excessive thirst, never satisfied after taking a good amount of water.

Praseka

- G0 : No complaint.
 G1 : Mild salivation.
 G2 : Moderate salivation with nausea occasionally per day.
 G3 : Excessive salivation with nausea and with often vomiting.

Shoonpaadkaraha

- G0 : Normal, no swelling
 G1 : Occasional swelling around ankle joint
 G2 : Occasional swelling in legs and hands
 G3 : Continuous swelling in legs and hands

Asthiparvaruk

- G0 : No pain.
 G1 : Mild pain in bone and joints
 G2 : Moderate pain in bone and joints but no medication required
 G3 : Excessive pain in bone and joints, medication required

Chhardan

G0 : Normal, No vomiting
 G1 : Occasional vomiting
 G2 : Frequent vomiting but no medication required.
 G3 : Frequent vomiting, medication required.

Udara Shool

G0 : No abdominal pain
 G1 : Some time / rarely abdominal pain
 G2 : Intermittent crampy abdominal pain which is relieved by passage of flatus & stool
 G3 : Continuous abdominal pain which is not relieved by passage of flatus & stool

Shleshma malapravriti

G0 : No visible mucous in stool
 G1 : Visible mucous stickled to the stool
 G2 : Passage of mucous with frequent stool
 G3 : Passage of large amount of mucous in stool

Atopa

G0 : No complaint.
 G1 : Occasional burberism
 G2 : Before passing stool. 2-3 times/day
 G3 : Whole day.

Alasya

G0 : Enthusiastic.
 G1 : Occasionally feel litharge.
 G2 : Often feel litharge.
 G3 : Persistent.

Jwar

G0 : No fever
 G1 : Mild Fever only at night
 G2 : Mild fever throughout the day
 G3 : Severe fever throughout the day

Lohaamagandhi-tiktaamla Udgaar

G0 : No complaint.
 G1 : Occasional (1-3 days/week)
 G2 : Frequent (3-5 days/week)
 G3 : Persistent (throughout the week)Statistical analysis

The information gathered on the basis of above observation was subjected to statistical analysis. Data was analyzed statistically in terms of Mean score, Percentage of relief, Standard Deviation (S.D.), Standard Error (S.E.) and ‘t’ test. interpreted as: Insignificant P > 0.05, Significant P < 0.05, Highly significant P < 0.01

OBSERVATIONS AND RESULTS

Table no.2 showing the percentage of patients improved after treatment in trail group with respect to Clinical sign and symptoms

Sign & Symptoms	AT1 (After 15D)	AT2 (After 30D)	AT3 (After 45D)
Frequent bowel habit (in a day)	70	100	100
Frequent bowel habit (in a day)	40	100	100
Arochaka	58.82	100	100
Trishna	62.50	100	100
Praseka	80	100	100
Shoonpaadkaradaha	72.22	100	100
Asthiparvaruk	63.16	100	100
Chhardana	73.33	100	100
Udara shola	63.16	100	100
Slesma malapravriti	61.11	100	100
Atopa	78.95	100	100
Alasya	83.33	100	100
Jwar	76.47	100	100
Lohaamagandhi-tiktaamla Udgaar	70.59	100	100

Frequent bowel habit (in a day)

In Trail Group 70% patients got improvement after 15 days of treatment and 100% patients after 30 days and 45 days of treatment.

Alternate loose motion with constipation

In Trail Group, 40% patients got improvement after 15 days of treatment and all patients i.e.

100% patients after 30 days and 45 days of treatment.

Arochaka

In Trail Group, 58.82% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment.

Trishna

In Trail Group, 62.50% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment.

Praseka

In Trail Group, 80% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment.

Shoonpaadkaradaha

In Trail Group, 80% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment.

Asthiparvaruk

In Trail Group, 63.16% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment

Chhardana

In Trail Group, 73.33% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment.

Udara shola

In Trail Group, 63.16% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment. .

Slesma malapravriti

In Trail Group, 61.11% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment.

Atopa

In Trail Group, 78.95% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment.

Alasya

In Trail Group, 83.33% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment.

Jwar

In Trail Group 76.47% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment.

Lohaamagandhi-tiktaamla Udgaar

In Trail Group, 70.59% patients got improvement after 15 days of treatment and all patients i.e. 100% patients after 30 days and 45 days of treatment.

Table no.3: statistical analysis showing the effectiveness of treatment with respect to the sign and symptoms

Sign/ symptoms	Study period	Mean ± SD	Df	SE	t value	P value
Frequent bowel habit (in a day)	BT	2.40±0.4				
	AT1	1.70 ± 0.47	19	0.105	6.65	< 0.001
	AT2	1.1 ± 0.45	19	0.105	12.36	< 0.001
	AT3	0.20 ± 0.41	19	0.117	18.8	< 0.001
Alternate loose motion with constipation	BT	2.25 ± 0.64				
	AT1	1.65 ± 0.49	19	0.11	5.33	< 0.001
	AT2	0.85 ± 0.49	19	0.11	12.45	< 0.001
	AT3	0.25 ± 0.44	19	0.14		< 0.001
Arochaka	BT	2.24 ± 0.66				
	AT1	1.65 ± 0.70	16	0.12	4.78	< 0.001
	AT2	1.06 ± 0.56	16	0.09	12.34	< 0.001

Trishna	AT3	0.29 ± 0.47	16	0.13	14.40	< 0.001
	BT	2.13 ± 0.62				
	AT1	1.50 ± 0.73	15	0.12	5	< 0.001
Praseka	AT2	1.75 ± 0.45	15	0.12	11	< 0.001
	AT3	0.13 ± 0.34	15	0.13	19.49	< 0.001
	BT	2.40 ± 0.51				
	AT1	1.40 ± 0.51	14	0.09	7.48	< 0.001
	AT2	0.73 ± 0.46	14	0.12	13.23	< 0.001
Soonapadakaradaha	AT3	0.20 ± 0.41	14	0.1	20.58	< 0.001
	BT	2.11 ± 0.47				
	AT1	1.39 ± 0.61	17	0.11	6.64	< 0.001
Asthiparvaruk	AT2	0.61 ± 0.50	17	0.12	12.36	< 0.001
	AT3	0.06 ± 0.24	17	0.09	20.95	< 0.001
	BT	2.05 ± 0.52				
	AT1	1.42 ± 0.61	18	0.11	5.55	< 0.001
	AT2	0.84 ± 0.50	18	0.09	12.59	< 0.001
Chhardana	AT3	0.32 ± 0.48	18	0.12	13.47	< 0.001
	BT	1.80 ± 0.56				
	AT1	1.07 ± 0.26	14	0.11	6.2	< 0.001
Udarashoola	AT2	0.67 ± 0.49	14	0.13	8.5	< 0.001
	AT3	0.00 ± 0.00	14	0.14	12.43	< 0.001
	BT	2.11 ± 0.46				
	AT1	1.41 ± 0.62	18	0.14	5.55	< 0.001
	AT2	1.47 ± 0.51	18	0.11	12.21	< 0.001
Slesma mala pravrutti	AT3	0.68 ± 0.48	18	0.07	26.15	< 0.001
	BT	2.00 ± 0.49				
	AT1	1.39 ± 0.61	17	0.11	5.16	< 0.001
	AT2	0.67 ± 0.49	17	0.11	5.16	< 0.001
	AT3	0.06 ± 0.24	17	0.09	19.8	< 0.001
Atopa	BT	2.00 ± 0.47				
	AT1	1.21 ± 0.63	18	0.96	8.21	< 0.001
	AT2	0.58 ± 0.51	18	0.11	12.21	< 0.001
Alasya	AT3	0.11 ± 0.32	18	0.72	26.19	< 0.001
	BT	2.22 ± 0.43				
	AT1	1.39 ± 0.50	17	0.09	9.21	< 0.001
	AT2	0.67 ± 0.49	17	0.12	12.90	< 0.001
	AT3	0.17 ± 0.38	17	0.05	18.37	< 0.001
jwara	BT	1.65 ± 0.70				
	AT1	0.88 ± 0.40	16	0.10	7.2	< 0.001
	AT2	0.18 ± 0.39	16	0.12	11.78	< 0.001
Lohamagandhi Tiktoamlodgara	AT3	0.06 ± 0.24	16	0.15	10.59	< 0.001
	BT	2.00 ± 0.63				
	AT1	1.35 ± 0.49	16	0.11	6.19	< 0.001
	AT2	0.41 ± 0.51	16	0.11	13.78	< 0.001
	AT3	0.18 ± 0.39	16	0.11	16	< 0.001

Table No. 4: showing the clinical assessment of sign and Symptoms after treatment

Clinical Assessment	AT1		AT2		AT3	
	f	%	f	%	f	%
Cured	0	0	0	0	5	25
Maximum Improvement	0	0	3	15	15	75
Moderate Improvement	11	55	17	85	0	0
Mild Improvement	9	45	0	0	0	0
Unsatisfactory	0	0	0	0	0	0

DISCUSSION

The digestion occurring in Grahani is very important. Due to the Amla Bhava of Ahara coming from the stomach, Achcha Pitta is secreted in the Grahani. The meaning of word Achcha is pure, this Pitta is pure, Katu in taste and more Ushna, Tikshna in qualities than Pitta secreted in stomach. According to modern physiology it can be considered as secretions from liver (Yakrita) and Pancreas i.e. Taila Vartika and glands present in small intestine. Thus, process of Paka (digestion) continuous further in Adho-Amashaya or Kshudantra. The food which is thick liquid now slowly moves throughout the length of Kshudantra (Small intestine). This part of Antra gives out its own Pachaka Pitta (Intestinal juice). The movement of food is always in forward direction or analwards i.e. Purasarana. Then separation of Sara and Kitta occurs (Sara Kita Prithakarana). The Sukshma Shrotansi (Villi) begins to absorb the Sara Bhaga (Nutrient portion). [15] All these functions are carried out by the sole site Agni, (Pachaka Pitta) and Samana Vayu i.e. Grahani, Pitta Dhara Kala and Mala Dhara Kala in Grahani, Adhogami Dhamanias; the remaining functions are carried out by Pakwashaya. According to Charak lifespan, complexion, strength, health, enthusiasm, immunity, energy and all other vital factors of life depend on Agni. One may die if this Agni is extinguished. The author further states the following five etiological factors for Grahani Dusti. [16] The result shows that after 15 days of treatment 11 patients (55%) got moderate improvement and 9(45%) got mild improvement, After 30 days of treatment, 3 patients (15%) got maximum improvement and 17 patients (85%) got moderate improvement and After 45 days of treatment, the result shows that 5 patients (25%) got cured, 15 patients (75%) got maximum improvement, 5 patients (33.33%) got moderate improvement. No unsatisfactory results were found

during treatment. Bhunimbadya churna maintained in Grahani Chikitsa contains Chirayita, Kutki, Sunthi, Marich, Peeper, Nagarmotha, Inderjau, Chitraka, and Vatsak. All these drugs have Dipana, Pachana, Jvaraghna, Vranasodhana, Saraka, Trsnapaha, Ruchya and Ama dosahara properties. It contain Katu Tikta rasa which increase Agni, due to Kashaya rasa it is Grahi. Due to Ruksha Laghu guna it goes deep in Srotus and remove Kapha Avarana Most of drug has Kapha pitta Shamak properties. According to constituents of Bhunimbadi Churna, pusses anti-inflammatory, Anti hyperglycaemic, hypolipidemic, antioxidant and other therapeutic properties.¹⁷ Most of the drug alkaloid has antisecretory, spasmolytic, antienterpooling, antimotility, and antiperistaltic activity. [18] Thus all the properties of Bhunimbadya churna improves the sign and symptoms of Grahani Roga.

CONCLUSION

The relation that exists between Grahani and Agni is reciprocal i.e. Agni supports the function of Grahani and Grahani supports the function of Agni. Any impairment of Agni involves the integrity of Grahani and vice versa. Defective digestion produces Ama. Ama initiate the disease process of Grahani causing vitiation of doshas. The vitiated doshas further aggravate the defective function of Jhatar- Agni. The postulated mechanism of Bhunimbadya churna action is due to its anti-motility action on the bowel and there by correcting the disordered colonic motor activity and Ama pachana and Deepana property of medicine. It is also found in normalizing the excessive excitation of Doshas and marked decrease of excess formation of mucus. The trial drugs Bhunimbadya churna administered in the dose of 2gm twice a day after food for 45 days and cases followed up for 15 days. It produced significant results in almost all cases barring a few patients who were suffering from longer period.

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