



ISSN 2456-3110

Vol 3 · Issue 6

Nov-Dec 2018

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

A comparative clinical study on *Brimhana* effect of *Ashwagandhadya Ghrita Snehanapana* and *Matra Basti* in *Karshya* w.s.r. to Under Weight

Dr. Vijaylaxmi B. Patil,¹ Dr. Suresh N. Hakkandi,² Dr. Manjunath P. Akki³

¹Post Graduate Scholar, ²Professor and HOD, ³Professor, Dept. of Panchakarma, SJG Ayurvedic Medical College & Hospital, Koppal, Karnataka, INDIA.

ABSTRACT

Background: *Karshya* as per classics has *Shushkasphik*, *Udara*, *Greeva*, *Dhamanijalasantata*, *Twagasthishesha*, *Kshuda*, *Pipasa*, *Sheeta*, *Ushna*, *Vayu*, *Varsha*, *Bharadan Asahishnuta* and it is similar to the clinical features of under-weight/under nourishment includes loss of weight, muscle wasting, loss of subcutaneous fat, stress, fatigue and general weakness. **Materials and Methods:** The study was conducted as a randomized clinical trial and carried out in the Dept. of Panchakarma during the year 2016 - 2018. Patients with *Dourbalya* and anxious to gain weight were included in the study. Their age group was in between 18-45 years. 30 patients who fulfilled the inclusion and exclusion criteria were selected for the study. Patients were randomly allocated into two groups. Group A and Group B. In patients of Group A, *Ashwagandhadya Ghrita* as *Brimhana Snehana* 1 Pala i.e. 48ml daily in two divided doses for 15 days with *Ushnodaka*. In Group B, *Ashwagandhadya Ghrita* as *Matra Basti* i.e. 50ml daily for 15 days. **Results:** Statistically, Body weight is highly significant at the level of $p < 0.001$. In *Matra basti* group in comparison to *Snehapana* group.

Key words: *Karsya*, *Body Weight*, *Aswagandha Ghrita*, *Brimhana Snehanapana*, *Matra Basti*.

INTRODUCTION

Ayurveda basically deals with *Shodana* and *Shamana* procedures as basic elements of treatment. *Panchakarma* aspires the principles of *Shodana* therapy which helps in the complete elimination of vitiated *Doshas* from the body, which prevents the reoccurrence of diseases completely.^[1] *Acharya Charaka* defines *Swastha* as person having *Sama Mamsa Pramana*, *Sama Samhanana* and *Drudendriya*

and the word *Physique* has also its unique meaning as proper shape and size of the body of an individual.^[2] As it is said that "Life is not so bad if you have plenty of luck, a good physique and not too much of imagination" hence a proper physique plays a important role in the life of an individual.

As per the WHO assessment there is a significant decreasing trends in the prevalence of underweight were observed among both men (2.2% to 1.0%) and women (5.7% to 2.5%) aged between 20 to 70 years in developed country where as the prevalence rate in developing countries like India is 22.7%. It is not significantly different between women and men, but still at all survey time periods women are found to be more likely to be underweight than men.^[3]

Karshya is *Aptarpanajanya* and *Vataja Nanatmaja Vyadhi* and *Nidanas* like *Vegavarodha*, *Panchakarma Kriyatiyoga*, *Rookshanna Sevana*, *Shoka* etc., leads to *Krishata*.^[4] Features of *Karshya* as per classics *Shushkasphik*, *Udara*, *Greeva*, *Dhamanijala Santata*,

Address for correspondence:

Dr. Suresh N. Hakkandi

Professor and HOD, Dept. of Panchakarma, SJG Ayurvedic Medical College & Hospital, Koppal, Karnataka, India.

E-mail: sureshhakkandi@gmail.com

Submission Date: 12/11/2018

Accepted Date: 08/12/2018

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.3.6.3

Twagasthi Shesha, Kshuda, Pipasa, Sheeta, Ushna, Vayu, Varsha, Bharadan Asahishnuta and it is similar to the clinical features of under-weight/under nourishment includes loss of weight, muscle wasting, loss of subcutaneous fat, stress, fatigue and general weakness.^{[5],[6],[7]} Therefore if left untreated it leads to *Atikarshya* which in turns causes *Shvasa, Kasa, Shosha, Pliha, Gulma, Raktapitta, Agnimandya, Bala Kshaya, Mamsa Kshaya, Ojo Kshaya* and finally leads to death.^[8]

In modern science it is treated with drugs which increase the appetite either as their primary effect or as a side effect such as antacids like pantaprazole, antidepressants, mirtazapine or amitriptyline, antipsychotics particularly chlorpromazine, tetrahydrocannabinol, all present an increase in appetite as a side effect. Other drugs which may increase appetite include certain benzodiazepines or Vit B supplements, sufficient nutritional diet is advised.^[9] All these drugs produce neurotoxicity, nephrotoxicity and hepatotoxicity. Hence for the safer side and better improvement in underweight our classics explains various treatment modalities which are *Brihmana* and *Laghu Santarpana*.^[10]

There is increasing curiosity and awareness about Ayurveda and its various branches, not only in India but also throughout the world. However, *Panchakarma* has attracted more than any other branch. In *Vatavyadhi Chikista, Snehana* and *Basti Karma* are considered as the prime line of treatment.^[11] Hence the present study is taken to compare the *Brihmana* effect of *Ashwagandhaadya Ghrita Snehanapana* and *Matra Basti* in the management of *Karshya*.

The selected drug *Ashwagandhaadya Ghrita* described in *Chakradatta* indicated for *Mamsa Vriddi, Balya* and *Vrishya* is taken for the treatment.^[12]

OBJECTIVES OF THE STUDY

To compare the efficacy of *Brumhana Snehapana* and *Matra Basti* in *Karshya*.

MATERIALS AND METHODS

Source of data

Patients anxious to gain weight are selected with pre-set criteria from the OPD of SJGAMC and Hospital, Koppal. 30 patients willing to treatment procedure in the study were selected based on the clinical features of *Karshya (Dourbalya, Panduta)* considering the inclusion and exclusion criteria.

Inclusion criteria

1. Patients suffering from *Karshya* with classical signs and symptoms.
2. Patient indicated for *Brumhana Snehapana* and *Matra Basti Karma*.
3. Patients of either sex with age group between 18-45 years.

Exclusion criteria

1. *Ayogya* for *Brimhana Snehana* and *Matra Basti Karma*.
2. Other systematic conditions like DM, HTN, TB, Respiratory disorders etc.

Research design

It's a Randomized clinical trial, in which 30 patients of *Karshya* were distributed randomly into two groups of 15 members each named Group A and Group B.

Investigations

- Hb%

Duration of study

- *Ashwagandaadhy Ghrita Brimhana Snehana 1 Pala* i.e. 48ml daily in two divided doses for 15 days.
- *Ashwagandaadhy Ghrita* as *Matra Basti* i.e. 50ml daily for 15 days.

Follow Up: 30 days

Preparation of the trial drugs

Ashwagandha roots were freshly collected and dried are collected and *Ghrita* was prepared in Rasashastra and Bhaisajya Kalpana Dept. of S.J.G.A.M.C and

Hospital, Koppal. As per standard procedure mentioned in classics as followed.

Table 1: Ingredients of Ashwagandhaadya Ghrita.

SN	Sanskrit Name	Botanical Name	Proportion
1.	Ashwagandha	Withania somnifera	Kalka = 1 part Kwatha = 16 parts
2.	Go-ghrita	Cow's Ghee	4 parts
3.	Ksheera	Milk	8parts

Procedure: Brimhana Snehapana

Materials required

- A clean Vessel
- Measuring Apparatus, Stove, Saindhava, Lemon.

Poorva Karma

Deepana - Pachana is administered with Vaishvanara Churna orally till the Nirama Dasha Avastha and enhancement of Agni Bala.

Pradhana Karma

The patient asked to wash his / her mouth with warm water, 24 ml Ghrita taken in a steel glass given to the patient, late during the morning hours approximately in between 7-8am at the regular time of food intake when the patient is hungry. Advise them to close the eyes and nostrils if any aversion towards smell and appearance of Ghrita. After drinking Ghrita a lemon was given to the patient for smell to avoid nausea, same procedure is repeated in the evening hours around 6pm for 15 days.

Paschat Karma

Advise the patient to have milk and all Brimhaniya Ahara.

Matra Basti

Poorva Karma

The patients were instructed to come after taking light diet and after elimination of stool and urine. The patients were also advised not to take diet more than $\frac{3}{4}$ th of routine quantity. The patients were subjected

to Sthanika Mrdu Abhyanga and Swedana prior to administration of Matra Basti.

Abhyanga: The Sthanika Abhyanga over abdomen for 10 min done by Sukoshna Tila Taila.

Swedana: After Snehana, the patient were subjected for Nadi Sweda about 5 min.

Pradhana Karma

After this Purvakarma the patient was advised to lie down on left lateral position without pillow on the Abhyanga table, the patient was asked to keep his / her left hand below the head. Anal region was anointed with small quantity of Tila Taila. Ashwagandhaadya Ghrita 48ml was taken in Basti syringe, There after the nozzle of Basti syringe was oiled with Ashwagandhaadya Ghrita. After removing the air from enema syringe, nozzle was inserted into the anus of the patient up to the length of 4 inches. The patient was asked to take deep breath and not to shake his body while introducing the Basti and drug. The entry of Vayu inside the Guda was avoided by leaving little amount of Ghrita in basti syringe.

Paschat Karma

After the administration of Basti, the patient was advised to lie in supine position with hand and legs spread over the table. There after both legs were raised and slightly flexed in knee joint for few times, gently tapped over the hips and the palms and soles were rubbed. After 10 minutes patient was advised to get up from the table and take rest in his bed and also not to sleep.

Regimen

All the patients of two groups were strictly instructed to avoid the Aharas and Viharas which make the Kopa of Vata Dasha by making them understand about the regimen to be followed during the treatment period.

OBSERVATION AND RESULTS

The patients were assessed based on the assessment criteria at the following stages;

Before the Treatment, On the 15th day of the Procedure, On the 30th day after the Procedure.

Assesment Criteria

- Body weight
- BMI
- HB%

Overall Assessment of the therapy**Table 2: Showing Assessment of the Therapy**

Effect	Percentage
Complete cure	100
Marked Response	67-99
Moderate Response	34-66
Mild Response	1-33
No response	0

DISCUSSION

Among 30 patients, 12 Patients (40%) belonged to age group from 25-31years, 11 Patients (37%) belonged to age group from 18-24 years. Among 30 patients, 18 Patients (60%) were Female, 12 Patients (40%) were Male. Among 30 Patients, 17 Patients (57%) were Students, 6 Patients (20%) were official and 7 Patients were of other Occupation. Among 30 patients, 10 patients (33%) had *Tikshnaagni*, 9 Patients (30%) had *Mandagni* and 5 Patients (16%) had *Vishmagni*. 21 Patients (70%) were of *Vata Pitta*, 5 Patients (17%) were of *Pitta Vata Prakruti* and 4 Patients (13%) were of *Vata Kapha*. Among 30 Patients, 12 Patients (40%) had *Madhyama Koshta*, 11 Patients (37%) had *Krura Koshta* and 7 Patients (23%) had *Mrudu Koshta*. Among 30 Patients, 16 Patients (53%) had *Madhyama* and 10 Patients (33%) had *Avara Abhyavarna Shakti* and 4 Patients (14%) had *Pravara*. Among 30 Patients, 10 Patients (67%) had *Madhyama* and 10 Patients (33%) had *Avara Jarana Shakti*. Among 30 patients, 25 Patients (83%) had Disturbed sleep and 5 Patients (17%) had Sound sleep.

Assessment on 15th day

Dourbalya on the 15th day of therapy in the *Snehapana* and *Matra Basti* group. There was marked decrease in the *Dourbalya*. There is no much change

in Hb% noted in *Snehapana* group compared to *Matra Basti* group. Internal medications, Dietary restrictions and rest are necessary to replenish the *Dhatus* and *Bala* after treatment, thus improving the general well being.

Assessment on the 30th day

On the 30th day assessment of the management of *Brimhana Snehapana*, *Matra Basti* there is Statistically *Dourbalya*, Body weight, BMI, significant. Reduction in *Dourbalya* (about 93% in group B, 61% in group-A). Shows the importance of *Parihara Kala* which has been given importance in classics.

Discussion of Dourbalya

The results obtained out of 15 patients the mean of before treatment was 1.20 which was reduced after treatment to 0.53 this denotes the $p < 0.01$ which is of significant result. After the treatment the follow up is observed for 30 days where the mean value 1.20 was reduced to 0.47 indicative of p value < 0.01 denotes significant results which concludes that as the treatment progresses with follow up the *Dourbalyata* of the patient was started reducing periodically. It was observed that when compared to Group A, Group B was showing significant results than that of Group A. it was might be due to absorption phenomenon.

Discussion of body weight

As per the obtained results the mean before treatment 42.45 shifted to mean after treatment to 43.72 this gives at $p < 0.001$ indicative of highly significant results and with the follow up it is shifted from 42.45 to 44.53 this shows *Brimhana Snehana* gave significant results as per statistical data, but generally the body weight not raises soon after the treatment after some stipulated time with proper *Pathya* it uplifts the body weight. In Group B body weight was increased from 43.60 to 46.15 after treatment it is highly significant $p < 0.001$ and it was increased from 43.60 to 47.50 after follow up it is highly significant $p < 0.001$.

Discussion of BMI

The BMI of Group A owing results from 17.05 to 17.56 which is of < 0.001 p value which is showing significant result after the follow up it shifted to 17.87 from

17.05 of p value <0.001. The result obtained for the BMI is not upto the mark even though there is raise in body weight. If patient follows follows the treatment and *Pathya* for longer time then there might marked raise in BMI. In Group B BMI was increased from 16.87 to 17.85 after treatment , it is highly significant $p < 0.001$ and it was increased from 16.87 to 18.40 after follow up (AF), it is highly significant $p < 0.001$. But when the same is compared in between the Group A and Group B it is insignificant at p value > 0.05 .

Discussion on Hb%

The Hb% in Group A was increased from 11.77 to 11.99 after treatment, it is moderately significant at $p < 0.05$ and it was increased from 11.77 to 12.11 after follow up, it is significant at $p < 0.01$

As the drugs were intending to increase the muscle bulkiness where it is concentrating on *Mamsa Dhatu* and *Rasa Dhatu* but there is not much good results were obtained in Group A during treatment so we can say that further if treatment was continued it might have increased the hemoglobin levels.

In Group B Hb% was increased from 11.85 to 12.11 after treatment (AT), it is highly significant at $p < 0.001$ and it was increased from 11.85 to 12.17 after follow up (AF), it is moderately significant $p < 0.05$.

The results of *Matra Vasti* treatment were little more when compared to Group A. But the drug can't increase the Hb in both the groups may be due to *Prithvi Mahabhuta* predominant in all the drugs. Our intention was to increase the muscle bulkiness by giving *Brimaniya Dravya's*, so they would do *Rasa* and *Mamsa Brimhana* because of *Prithvi Mahabhuta* predominance and owing to *Shleshma Vridhi* that does *Samhanana* of *Mamsa Dhatu*.

Probable mode of action

Ashwagandha is having *Vata-Kaphahara*, *Balya*, *Rasayana*, *Shukrala* properties. *Go-Dugdha* is *Vata-Pitta Shamaka* and it is having *Balya*, *Brimhana*, *Rasayana*, *Sandhanakara*, *Asthapana*, *Vayah-Sthapana*, *Ojovardhaka*, *Jivaniya*, *Medhya* properties. *Go-Ghrita* is *Vata Pitta shamaka*, *Kaphakara*. It is

having *Rasa*, *Shukra*, *Oja Vardhana*, *Mrudukara*, *Swarya*, *Varnaprasadaka*, *Dhee*, *Smriti*, *Medha*, *Agni*, *Bala*, *Ayu*, *Kanti*, *Vardhaka*, *Chakshushya*, *Vishaghna*, *Rasayana*, *Vayasthapana* properties.

Brimhana Snehana

The *Karma* of *Brimhana Snehapana* as it is mentioned in classics that it will do *Brimhana* of *Shareera*, which brings *Brihatva* to the *Shareera* is called *Brimhana*.

The drugs having qualities of *Prithvi* and *Jalamahabhuta* which increases *Shleshma* in the body. By giving the *Brimhana Snehana Agnisndhukshana* takes place thus proper metabolism and assimilation is observed. The *Ashrayaashrayi Bhava* states that *Kapha* pocessess almost all the *Dhatu*s. The *Brimhana* drugs will nurture the *Kapha Dosha* in turn it supports and nourishes *Rasa*, *Mamsa*, *Meda*, *Majjaa*, *Shukra*, so we claim *Shareera Pustikara Bhavas* is attained.

Matra Vasti

The drugs administered though the rectal route i.e, *Pakvashaya Gata Basti* directly act over the *Udbhava Sthana* of *Vata Vyadhi* including *Sandigatavata*, as *Pakvashaya* is considered as *Udbhava Sthana* of *Vata Vyadhi*. *Acharya Charaka* opines that, *Gudavalies* will be relaxed, and also *Grahani* and *Guda* present in *Vama Parshwa* (Left side). So *Basti Dravya* reaches these organs easily, if the patient receives *Basti* in left lateral position. *Agni* may act over the *Sneha*, administered through *Matrabasti* and help in the action of that *Sneha Dravya*.

CONCLUSION

Karshya being *Anapatarpana Vyadhi* commonly associated with *Dhatukshaya* conditions specifically at *Sphik*, *Uadara*, *Greevashushkata* and many more is a prominent feature in manifestation. Here for *Brimhana*, *Ashwagandhaadya Ghrita* was selected, in two variant forms such as *Snehapana* and *Matrabasti* respectively. Hence the drug *Ashwagandhaadya Ghrita* is suitable and proved as standard in the management of *Karshya*. This *Ghrita* is mentioned in classics to increase *Rasadi Saptadhatus* generally, realizing ought to be the need of the hour study was

chosen for study. Both the procedures are safe and no severe complications were observed. But in *Snehapana* patient's oral non-acceptability due to non-palatability is observed. Where as in *Matrabasti* is found very effective.

REFERENCES

1. Vaidya Bhagwan Dash. Charaka samhita. Sutrasthana 16/11, Varanasi, Chaukhamba Sanskrit series 2014.P.no-303.
2. Vaidya Yadavji Trikamji, Sanskrit commentary, Charaka Samhita, Sutra Sthana 21/18, New delhi; Chaukhamba Samskrit Pratistana, reprint-2014, Page no 117.
3. <http://www.who.int/home-page/>
4. Vaidya Yadavji Trikamji, Sanskrit commentary, Charaka Samhita, Sutra Sthana 21/10-13, New delhi; Chaukhamba Samskrit Pratistana, reprint-2014, Page no 117.
5. Vaidya Yadavji Trikamji, Sanskrit commentary, Sushruta Samhita, Sutra Sthana 15/33, New delhi; Chaukhamba Samskrit Pratistana, reprint-2014, Page no 74.
6. Vaidya Yadavji Trikamji, Sanskrit commentary, Charaka Samhita, Sutra Sthana 21/15, New delhi; Chaukhamba Samskrit Pratistana, reprint-2014, Page no 117.
7. Suraj Gupte, Pediatric Nutrition and Nutritional Deficiency States. In: The short textbook of pediatrics,

10th edition. Newdelhi: Jaypee brothers medical publishers 2004

8. Vaidya Yadavji Trikamji, Sanskrit commentary, Charaka Samhita, Sutra Sthana 21/14-15, New delhi; Chaukhamba Samskrit Pratistana, reprint-2014, Page no 117.
9. <http://en.m.wikipedia.org/wiki/Underweight>
10. Vaidya Yadavji Trikamji, Sanskrit commentary, Charaka Samhita, Sutra Sthana 21/20, New delhi; Chaukhamba Samskrit Pratistana, reprint-2014, Page no 117.
11. Vaidya Yadavji Trikamji, Sanskrit commentary, Charaka Samhita, Chikitsa Sthana 28/75-82, New delhi; Chaukhamba Samskrit Pratistana, reprint-2014, Page no 620.
12. Acharya P.V.Sharma, Chakradatta, Chikitsa Sangraha 22/93, Delhi, Chaukhamba Orientalia, Edition 2007, Page no.194.

How to cite this article: Dr. Vijaylaxmi B. Patil, Dr. Suresh N. Hakkandi, Dr. Manjunath P. Akki. A comparative clinical study on Brihmana effect of Ashwagandhaadya Ghrita Snehapana and Matra Basti in Karshya w.s.r. to Under Weight. J Ayurveda Integr Med Sci 2018;6:17-22.
<http://dx.doi.org/10.21760/jaims.3.6.3>

Source of Support: Nil, **Conflict of Interest:** None declared.
