



"ASSESSMENT OF CLINICAL EVALUATION OF BILVADI YOGA IN PITTAJ ATISAR"

Dr. Sadanand V. Deshpande

MD. Ph.D. (Ayu), HOD, Professor, Kayachikitsa Dept. Tilak Ayurveda Mahavidyalaya, Pune.

Dr. Manjiri S. Deshpande

MD. Ph.D. (Ayu), Professor, Rognidan Dept. Tilak Ayurveda Mahavidyalaya, Pune.

Dr. Rupali R. Bhangale

PG Scholar, Kayachikitsa Dept. Tilak Ayurveda Mahavidyalaya, Pune.
Subject: Ayurveda

ABSTRACT

Atisar is the commonest disorder which can be compared with diarrhea. Diarrheal disease may have a negative impact on both physical fitness and mental development, it also reduces work productivity. Diarrhea can result in dehydration due to fluid loss which in turn is hazardous to life. Pittatisar or diarrhea is one of them. It can be well managed by ayurveda through various formulations in grantha. **AIM:** To assess the efficacy of *Bilvadi yog* with *madhu* and *tandulodaka* in management of *Pittatisar*.

METHODOLOGY:

Thirty Patients of *Pittaj Atisara* were given *Bilvadi yoga* 6 gm BD for 7 days before meal with *Tandulodaka* or *Madhu*. All patients were evaluated based on clinical features and laboratory investigations.

CONCLUSION: The *Bilvadi Yoga* with *anupaana Tandulodaka* & *Madhu* has very good effect on *pittaj atisara* & is useful in reducing symptoms. The therapy is safe, easily available, cost effective and can perform at home.

KEYWORDS

PittajAtisar,Bivadiyoga, Diarrhoea.

INTRODUCTION

Atisar is one of the commonest disease, as per ayurveda Agnimandya is said to be causative factor of almost all diseases. Atisar is formed due to agnimandya mainly, Jathragni the basic of all pachan kriyas in body gets disturbed due to various factors, which in turn lead to formation of atisar vyadhi.

Today's life style is completely changed, most of the peoples have bad food habits like irregular intake of food, eating of fried foods, excessive use of chilies, masalas in food etc. The improper living style and faulty diet habits generates the imbalance of the body elements vata , pitta, kapha and thus various disorders may occurs. Atisar is the commonest disorder occurring due to this changed life style. Diarrhea can result in dehydration due to fluid loss which in turn is hazardous to life.

Pittatisar is formed mainly due to amla, lavan, katu rasatisevan, ati surya santap, krodh, irshya etc., all these factors are very similar to fast food and stressful life style factors.

In Charak samhita treatment of Pittatisar is given in detail with various drug combinations One of them i.e. *Bilvadi yoga* with *madhu* and *tandulodaka* is selected for management of Pittatisar.

MATERIAL AND METHOD:-

Study Locate: OPD and IPD Seth Tarachand Ramnath Hospital,Pune.

Study Population: Mainly around Pune.

Study Period: 30 days.

Study Design: Open labeled Clinical trial

Inclusion Criteria :

- Age- 20 to 60 year.
- Patient of any sex, religion and socio-economic status.
- Patients with complaints of loose motion with no or some dehydration
- Patients suffering from Pittatisar symptoms for \leq 2days.

Exclusion Criteria :

- Patient suffering from Atisar as a upadrava of other diseases.
- Patient suffering from Atisar as well as Chhardi with severe dehydration.

- Patient suffering from chronic diarrhea associated with chronic systemic infections.
- Patient suffering from Pravahika and Visuchika (Cholera).

METHODOLOGY:

Approval of IEC NO. RSTH/PG/IEC/945/2016

Patients were selected acc. To Inclusion criteria

Informed written consent obtained from all subjects fulfilling inclusion criteria

Confirmation of diagnosis

Patients were given *Bilvadi yoga* 6 gm BD After meal with *Tandulodaka* or *Madhu*

Regular follow up done

Assessment of Result and Statistical Analysis

Bilvadi Yoga:

Bilvadi yoga churna will be prepared using standard procedure as per reference of *Sharangdhar Samhita*

अत्यंत शुष्कं यद्द्रव्यं सुषिष्टं वस्त्रगालितम् तत्स्यात् चूर्णं रजः क्षोदः ॥
शारंगधर संहिता मध्यम खंड ६/१

Fine Powder of ingredients of *Bilvadi yoga* prepared as per API guidelines i.e. a powder, all the particles of which pass through a sieve with a nominal mesh aperture of 180 μ m. (Reff. API

	Bilva	Daruharidra	Twak	Ushir	Duralabha
Latin Name	<i>Aegle marmelos</i> Corr	<i>Berberis aristata</i>	<i>Cinnamomum cassia</i>	<i>Vetiveria zizanioides</i>	<i>Alhagi camelorum</i>
Family	Rutaceae	Berberidaceae	Lauraceae	Graminae	Zygophyllaceae
Rasa	Kashay, Tikta	Katu, Tikta	Katu, Tikta, Madhur	Katu, Tikta, Madhur	Katu, Tikta, Madhur, Kashaya

Virya	Ushna	Ushna	Ushna	Sheeta	Ushna
Vipaka	Katu	Katu	Katu	Katu	Madhura

APPENDIX 1.1.2 & 3.1.1).

Parameters of study:

Subjective Parameters:

- 1) Malavega (frequency of stool)
- 2) Malavarna (colour of stool)
- 3) Mala Durgandhitwa (odour of stool)
- 4) Trushna
- 5) Daha
- 6) Sweda
- 7) Murchchha
- 8) Udarshool
- 9) Gudadaha
- 10) Malasamhanana
- 11) Dehydration
- 12) Malasamata

Objective parameters-

1. State of dehydration (as per W.H.O.)
2. Investigations:- Haemogram and Stool Examination

Data Analysis: Data has been analysed by Wilcoxon signed rank test was used And calculated by MedcalC software

OBSERVATION, RESULT AND DISCUSSION:

Demographic profile:

1) Sex: Out of 30 patients in study and maximum number of patients were female. Female were 24(80%) and male were 6(20%) in number. It is because of female has more irregular dietary pattern than male. and also due to over workload and faulty dietary habits they are easily exposed to Hetus like guru, ushna, snigdha, drava, tikshna gunatmaka ahar and adhyashan, vishmashan, virudhashan etc. It means that Pittaj Atisar was quite common in female in this study. i.e. 80% were female in this study.

2) Age: Patients were selected in the age group between 21 to 60 years. This was the selection criteria of patients. Out of total 30 patients in study, maximum number of patients found in age group 31-40 years i.e. 13 number of patients (43.33%) This age group contains more working male and female. In case of these people, they themselves are easily exposed to the hetus. Also this is the age in which pitta get aggravated more. Also this indicates the dietary and habitual pattern of this age group. It means that total % of young middle age group affected by pittaj atisara, followed by 21-30 yrs age group i.e. 10 number of patients (33.33%)

3) Religion: Out of 30 patients in study maximum number of patient was found in hindu people i.e. 16 number of patients(53.33%), followed by Buddha religion i.e. 10 number of patients(33.33%), means the pittaj atisar is common in Hindu religion group. This is because of Hindu dominance population and then in Buddha religion.

4) Occupation: Out of 30 patients in study, mostly patients were from housewives, labor workers. They were 13(43.33%) and 7 (23.33%) respectively. It means pittaj atisar mostly observes in housewives and then in labor worker because of dietary and food habits

5) Socioeconomic state: According to economic status of patients, out of 30 patients in study most patients were from middle class and poor people group, while higher middle class was few. In observed study, maximum numbers of patient were of middle class and poor category of economic state, followed by higher middle class people. They were 16(53.33%), 12(40%), 2(6.66%) respectively. It means in study middle class and lower economic groups were more sufferer. Though pittaj atisara was quite occupying in all economic status people.

6) Ahara: In clinical study, maximum numbers of patients were of vegetarian diet i.e. 19 people (63.33%) and other were of mixed diet i.e. 11 people (36.66%).

7) Prukruti: Maximum number of patients was found in Vatpitta dominance and Pittakapha dominance prakruti. they were 15(50%), 10(33.33%) respectively, Followed by Kaphavata dominance prakruti.

Statistical Analysis:

	Symptom	Median Value		P value	Result
		Day 0 BT	Day 7 AT		
1	Malavega	2	0	<0.0001	Significant
2	Mala Varna	2	0	<0.0001	Significant
3	Mala Durgandhitwa	2	0	<0.0001	Significant
4	Trushna	1	0	<0.0001	Significant
5	Daha	1	0	<0.0001	Significant
6	Sweda	1	0	<0.0001	Significant
7	Moorcha	0	0	0	-
8	Udarshoola	2.5	0	<0.0001	Significant
9	Guda daha	2	0	<0.0001	Significant
10	Mala Samhanan	2.5	0	<0.0001	Significant
11	Mala Samta	2	2	0.0312	Significant
12	Dehydration	1	0	0.0117	Significant

CONCLUSION

The Bilvadi Yoga with anupan Tandulodaka & Madhu has very good effect on Pittaj Atisara & is useful in reducing symptoms. The therapy is safe, easily available, cost effective and can perform at home.

REFERENCES:-

1. Acharya Charaka, 'Charaka Samhita' with Hindi commentary 'Charaka Chandrika' by Dr. Brahmanand Tripathi, Published by Chaukhamba Surabharati.
2. Acharya Charaka, 'Charaka Samhita' with English commentary 'Charaka Chandrika' by Dr. Ram Karan Sharma, Published by Chaukhamba Sanskrit series.
3. Acharya Vagbhata 'Ashtangahrudaya' with Sanskrit Commentaries 'Sarvanga Sunder', by Arunadatta and 'Ayurved Rasayana' by Hemadri, edited by Bhisgacharya Harishastri Paradakara Vaidya, published by Chaukhamba orientalia, in 2005.
4. Acharya Madhava, 'Madhava Nidana' with Sanskrit commentary 'Madhukosha', by Shri. Vijarakshita and Shrikanthadatta, with Hindi commentary "Vidyotini" by Shri Yadanandonopadhyaya Published by Chaukhamba Sanskrit Sansthan, 13th edition in 2000.
5. Acharya Sharangdhara, 'Sharangdhara Samhita' with Hindi commentary 'Dipika' by Dr. Brahmanand Tripathi, Published by Chaukhamba Surabharati, 2006.
6. Kaychikitsa-Prof. Ramharsha Singh, 2nd edition, published by Chaukhamba Sanskrit Pratishthan, Varanasi.
7. Davidson's- Principles and practice of Medicine, 19th edition, international editor-John A.A.Hunter, Churchill, living stone.
8. API - Text book of medicine, 8th edition, published by- the Association of Physicians of India, Mumbai.
9. Dravya guna Vidnyan by Vd. Vishnu Mahadeva Gogate