Original Research
Role of Lodhradi Vati and Shatavari-Guduchi Rasayana on Patients of Jirna Pravahika (Non Specific Colitis)

*Ushma G Bhavsara, **Gurudipsingh and ***Priyanka BV

*Formerly Research Scholar, IPGT&RA, Jamnagar
**Director PG & Ph.D. Studies SDM College of Ayurveda Hassan
*** Assistance Professor K. B. Ayurveda College Bangalore

Corresponding Author: Dr. Ushma Bhavsar; Mobile:+91 98280 3650

Access this article on online: www.japs.co.in

Published by International Academy of Ayurveda-Physicians (IAAP), 7HB, Gandhinagar, Jamnagar-361 002

Date of submission: 14-05-2018; Date of Revision: 21-06-2018; Date of Acceptance: 12-07-2018

Abstract:
10 patients of chronic non specific colitis (Jirna Pravahika) were treated with Lodhradi Vati and Shatavari-Guduchi Rasayana administered simultaneously for one month. The therapy provided significant relief in all most all the symptoms of non specific colitis (Jirna Pravahika) patients. It also significantly reduced frequency of stool, mucus in stool and tenderness in abdomen and improved the digestion power of the patients. The therapy provided marked improvement to 20% patients, moderate improvement to 60% patients and mild improvement to 10% patients.

Introduction
Pravahika (colitis) is manifested by frequent loose motions with gripping pain and accompanied with mucus and sometimes with blood. Non specific colitis is where causative factors are not known. In this condition Ayurveda prescribes such drugs which have Stambhana (fluid loss checking), Sangrahaniya (changes uniformed to formed stool) and Asranut (coagulant) actions. In this view Lodhri Vati comprising of Lodhra (Symplucas racemosa), Dhataka (Woodfordia fruticosis), Mocharasa (Salmalia malabarica), Lajjalu (Mimosa pudica), Priyangu (Callicarpa marophyllea) and Kutaja (Holarrhena antidysentrica) was formulated. Lodhra is Sandhaniya (healing), Purisha Sangrahaniya (changes uniformed to formed stool) and Rakta Stambhaniya (anti bleeding). Dhataka is Sandhaniya (healing) and Purisha Sangrahaniya. Mocharasa has Sangrahaniya (healing) and Asranut (anti bleeding) actions. Lajjalu is Stambhana (checks fluid loss) and Asranut. Priyangu is Dipana (digestive), Anulomana (carminative) and Stambhana and Kutaja is Dipana and Stambhana.

The disease which runs chronic course ultimately leads to Dhatu-Kshaya (loss of tissues) and debility. Role of autoimmunity has also been suspected in mucus colitis. Hence the Rasayana drugs may be beneficial in such conditions, so Shatavari and Guduchi were considered as Rasayana drug because both are Naimittika Rasayana for gastrointestinal tract.

Aim and Object:
To study the role of Lodhri Vati and Shatavari-Guduchi Rasayana administered simultaneously in the management of Jirna Pravahika (chronic non specific colitis)

Materials and Methods
10 patients of chronic non specific colitis were selected from IPGT&RA Hospital Jamnagar out of which one patient was dropout

Criteria of Diagnosis:
The patients having characteristic symptoms of colitis (Pravahika) were further subjected to macro and microscopic examination of stool and other Lab examination to exclude amebic, bacillary dysentery etc.

Criteria of inclusion: The adult patients of both the sexes suffering for more than one month were included.

Drug and Dose:
The patients were given Lodhri vati in the dose of 2 gm three times a day with warm water and simultaneously Shatavari-Guduchi Rasayana powder was administered in dose of 4 gm twice a day with mixing with ghee. The duration of the drug administration was one month.

Criteria of Assessment:
Relief in signs and symptoms by assigning the appropriate score was the main criteria of assessment the effect of the therapy.

Overall effect was assessed in terms of complete remission, marked improvement, moderate improvement and unchanged

Complete Remission: 100% relief in all the signs and symptoms was considered as complete remission.
Marked Improvement: Relief in all the signs and symptoms between 70% and 100% was considered as marked improvement.
Moderate Improvement: 40% to 70% relief in all the signs and symptoms was considered as moderate improvement.
Mild Improvement: Less than 40% relief in all the signs and symptoms was considered as mild improvement.
Unchanged: No relief in the signs and symptoms was considered as unchanged.

Left Against Medical Advise (LAMA): Patient who did not completed the full course of the treatment was considered as LAMA.

Results
The effect of the Lodhradi vati and Shatavari-Guduchi Rasayana administered simultaneously for one month on the signs and symptoms of the non specific colitis (Jirna Pravahika) patients along with statistical data is presented in Table-1 and its effect on the clinical parameters is shown in Table-2.

Overall effect of the therapy on the 10 patients of non specific colitis (Jirna Pravahika) is presented in Table-3.
### Table-1

**Effect of Lodhradi vati and Rasayana on the Signs and Symptoms of Jirna Pravahika**

<table>
<thead>
<tr>
<th>Signs and Symptoms</th>
<th>Present in No. of Patients</th>
<th>Mean Score</th>
<th>% of change</th>
<th>SD (±)</th>
<th>SE (±)</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loose stool</td>
<td>9</td>
<td>1.22</td>
<td>0.22</td>
<td>81.8</td>
<td>0.707</td>
<td>0.235</td>
<td>4.2</td>
</tr>
<tr>
<td>Frequency of stool/day</td>
<td>9</td>
<td>4.33</td>
<td>2.22</td>
<td>48.7</td>
<td>1.269</td>
<td>0.423</td>
<td>4.9</td>
</tr>
<tr>
<td>Motion with gripping pain</td>
<td>9</td>
<td>2.44</td>
<td>0.67</td>
<td>72.7</td>
<td>0.667</td>
<td>0.222</td>
<td>8.0</td>
</tr>
<tr>
<td>Stool with mucus</td>
<td>9</td>
<td>2.55</td>
<td>0.77</td>
<td>69.6</td>
<td>0.667</td>
<td>0.225</td>
<td>7.8</td>
</tr>
<tr>
<td>Stool with blood</td>
<td>2</td>
<td>2.0</td>
<td>0.5</td>
<td>73.0</td>
<td>0.707</td>
<td>0.5</td>
<td>3.0</td>
</tr>
<tr>
<td>Pain in abdomen</td>
<td>7</td>
<td>2.0</td>
<td>0.71</td>
<td>64.3</td>
<td>0.488</td>
<td>0.184</td>
<td>5.43</td>
</tr>
<tr>
<td>Distension of abdomen</td>
<td>8</td>
<td>2.0</td>
<td>0.62</td>
<td>68.8</td>
<td>0.744</td>
<td>0.273</td>
<td>5.03</td>
</tr>
<tr>
<td>Feeling of defecation even after defecation</td>
<td>6</td>
<td>2.0</td>
<td>0.83</td>
<td>58.3</td>
<td>0.753</td>
<td>0.307</td>
<td>3.81</td>
</tr>
<tr>
<td>Tenderness in abdomen</td>
<td>9</td>
<td>2.0</td>
<td>0.77</td>
<td>61.1</td>
<td>0.667</td>
<td>0.222</td>
<td>5.49</td>
</tr>
<tr>
<td>Indigestion</td>
<td>9</td>
<td>2.0</td>
<td>0.5</td>
<td>75.0</td>
<td>0.535</td>
<td>0.202</td>
<td>7.0</td>
</tr>
</tbody>
</table>

### Table-2

**Effect of Lodhradi vati and Rasayana on Clinical Parameters of Jirna Pravahika**

<table>
<thead>
<tr>
<th>Parameters</th>
<th>Mean Score</th>
<th>% of change</th>
<th>SD (±)</th>
<th>SE (±)</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>AT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body weight in Kg</td>
<td>60.55</td>
<td>60.66</td>
<td>0.18</td>
<td>0.911</td>
<td>0.303</td>
<td>2.97</td>
</tr>
<tr>
<td>Pulse/minute</td>
<td>75.55</td>
<td>77.77</td>
<td>2.94</td>
<td>4.294</td>
<td>1.431</td>
<td>1.55</td>
</tr>
<tr>
<td>Systolic BP in mm Hg</td>
<td>126.6</td>
<td>125.5</td>
<td>0.87</td>
<td>6.667</td>
<td>2.222</td>
<td>1.0</td>
</tr>
<tr>
<td>Diastolic BP in mm Hg</td>
<td>82.2</td>
<td>80.0</td>
<td>2.68</td>
<td>3.432</td>
<td>1.144</td>
<td>1.36</td>
</tr>
</tbody>
</table>

### Table-3

**Overall Effect of Lodhradi vati and Rasayana on Jirna Pravahika**

<table>
<thead>
<tr>
<th>Improvement</th>
<th>No. of Patients</th>
<th>%age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete remission</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Marked improved</td>
<td>2</td>
<td>20.0</td>
</tr>
<tr>
<td>Moderately improved</td>
<td>6</td>
<td>60.0</td>
</tr>
<tr>
<td>Mild improvement</td>
<td>1</td>
<td>10.0</td>
</tr>
<tr>
<td>Unchanged</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>LAMA</td>
<td>1</td>
<td>10.0</td>
</tr>
</tbody>
</table>

### Discussion

10 patients of chronic non specific colitis (Jirna Pravahika) were treated with Lodhradi Vati and Rasayana powder administered simultaneously for one month. The therapy provided significant relief in the symptoms of loose stool by 81.8%, defecation with gripping pain by 72.7%, pain in abdomen by 64.3%, distension of abdomen by 68.8% and feeling of defecation even after defecation by 58.3%. It significantly reduced frequency of stool by 48.7%, mucus in stool mucus by 69.6% and tenderness in abdomen by 61.1% and improved the digestion by 75.0% (Table-1).

The therapy provided marked improvement to 20% patients, moderate improvement to 60% patients and mild improvement to 10% patients (Table-3). The therapy did not provide complete remission to any patient therefore there is a need to explore other options.

### Conclusions

The therapy provided significant relief in all most all the symptoms of Non specific colitis (Jirna Pravahika) patients which include loose stool, defecation with gripping pain, pain in abdomen, distension of abdomen and feeling of defecation even after defecation. It significantly reduced frequency of stool, mucus in stool mucus and tenderness in abdomen.

The therapy also improved the digestion power of the patients. The therapy provided marked improvement to 20% patients, moderate improvement to 60% patients and mild improvement to 10% patients.

### Bibliography


Ashtanga Samgraha (antique): Vagbhata with Indu Comm. Published by Athetale M.A., Pune.


Chakradatta (antique): With commentary by Shivadasa Sen, Published by Vaidya Bhusan, Calcutta.


Sankal AI and Gurdipsingh (1985): A clinical study on the management of Jirna Pravahika (colitis) with reference to Piccha Sasti. MD (Ayu) thesis IPGT&RA Jamnagar


Sharma PV (1988): Dravya Guna Vigyan Part-1 nd Part-2; Chaukhamba Bhavan, Varanasi.

Sodhala (antique): Gada Nigraha, Chaukhambha Sanskrit series, Varanasi (1964)


Vasavrajiyam (1930): Vasavrajiyam, published by Govardhana Sharma Changani Goraksha Yantralay, Nagpur

Warner EC (1964): Savil’s System of Clinical Medicine, 14th ED. CBS Publication Delhi


Financial Assistance: IPGT&RA, Gujarat Ayurveda University Jamnagar; Interest of conflict: not declared