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Review Paper

Effect Of Bilvadi Ghrita in The Management of Grahani Roga: A Reference-Based Review of Classical Texts and Clinical Evidence

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ABSTRACT

Background: Grahani Roga is described in Ayurvedic classical literature in close association with impairment of Agni and abnormal bowel function. Bilvadi Ghrita is a classical Ghrita formulation described for Grahani and related conditions.Objective: To review the classical basis, established formulation, and published clinical evidence concerning Bilvadi Ghrita in Grahani Roga.Materials and Methods: Classical Ayurvedic references and published clinical literature directly concerning Bilvadi Ghrita, together with supportive studies of Bilvadi Yoga and Bilva, were reviewed. Evidence was classified according to whether it directly evaluated Bilvadi Ghrita or provided supportive evidence from related preparations.Results: The classical formulation identified in the reviewed source consists of Bilva, Chitraka, Chavya, Ardraka, Bhṛṅga-bēra, Ghrita, and goat milk. Bilvadi Ghrita has been clinically evaluated as Matra Basti in Grahani. Related clinical work has also evaluated Bilvadi Yoga and Bilva preparations. These studies report improvement in selected Grahani-associated symptoms, but the available evidence remains limited in number and methodological strength.Conclusion: Bilvadi Ghrita has a classical indication and a plausible Ayurvedic therapeutic rationale in Grahani. Published clinical evidence provides preliminary support, particularly for the formulation used as Matra Basti, while evidence from related Bilva preparations is supportive rather than direct. Larger, methodologically rigorous clinical trials are required

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INTRODUCTION

Grahani Roga is an important gastrointestinal disorder described in Ayurveda and is closely associated with the functional state of Agni. Classical Ayurvedic descriptions emphasize impaired digestion and abnormal bowel function as central features of the disease [1–4].

Clinical manifestations described in Ayurvedic literature and contemporary Ayurvedic clinical studies include Muhur Baddha–Muhur Drava Mala Pravritti, Aruchi, Avipaka, abdominal discomfort or pain, Vishtambha, and related gastrointestinal symptoms [1–3]. Although selected manifestations overlap with irritable bowel syndrome (IBS), Grahani and IBS arise from different diagnostic frameworks and should not be presented as identical disorders.

Bilvadi Ghrita is a classical formulation described in the Grahani Chikitsa context. The present review is intentionally reference-based and retains the established formulation rather than modifying or reconstructing its ingredients from contemporary assumptions.

2. MATERIALS AND METHODS

A narrative reference-based review was undertaken using classical Ayurvedic texts and published clinical and pharmacological literature. Priority was given to sources that directly identify Bilvadi Ghrita, its classical indication, or clinical evaluation in Grahani. Studies of related Bilvadi preparations and Bilva were included only as supportive evidence and are explicitly distinguished from direct evidence.

No new patient data were collected and no unpublished clinical observations were incorporated. Claims regarding composition, indication, efficacy, and probable action were restricted to statements supported by the cited literature.

3. GRAHANI ROGA ACCORDING TO AYURVEDIC CLASSICS

3.1 Grahani and Agni

Ayurvedic classics describe Grahani in relation to Agni and digestion. Charaka's Grahani Chikitsa places Agni Dushti/Agnimandya at the centre of the disease process and discusses restoration of digestive function as a major therapeutic objective [1].

3.2 Clinical features

Classical manifestations include abnormal stool consistency and frequency, particularly Muhur Baddha–Muhur Drava Mala Pravritti, together with Aruchi, Avipaka, abdominal symptoms, and other signs of disturbed digestion [1–3].

3.3 Ayurvedic pathogenesis

A simplified Ayurvedic sequence is: Nidana Sevana → Agni Dushti/Agnimandya → impaired digestion and disturbance of Grahani function → abnormal Mala Pravritti → clinical manifestation of Grahani. This represents the Ayurvedic explanatory model and should not be equated directly with a modern pathophysiological cascade.

4. CLASSICAL BILVADI GHRITA

4.1 Established formulation

The formulation retained in this review is the classical Bilvadi Ghrita described in the Grahani Chikitsa tradition. The reviewed historical source records the ingredients as Bilva, Agni (Chitraka), Chavya, Ardraka, Bhṛṅga-bēra, Ghrita, and Chhāga-dugdha (goat milk) [5]. Accordingly, the formulation is not presented here with cow milk as an interchangeable substitute.

Ingredient	Botanical / identity	Role in the classical formulation
Bilva	Aegle marmelos	Principal Bilva component; traditionally Grahi and used in Grahani/Atisara
Chitraka	Plumbago zeylanica	Deepana–Pachana drug; classical Agni-supporting role
Chavya	Piper retrofractum	Pungent digestive/carminative component
Ardraka	Zingiber officinale	Digestive and gastrointestinal-supporting component
Bhṛṅga-bēra	Classical drug name; exact botanical identity should follow the cited edition	Ingredient specifically retained from the classical formulation
Ghrita	Medicated ghee base	Sneha/vehicle of the Ghrita preparation
Chhāga-dugdha	Goat milk	Classical liquid component recorded with the formulation

Note: The formulation should be prepared according to the exact classical source and edition adopted by the authors. The term Bhṛṅga-bēra is retained rather than assigning an unverified botanical synonym. This avoids introducing a pharmacognostically unsupported identification into the manuscript.

4.2 Classical therapeutic rationale

The formulation combines Bilva with pungent digestive drugs and a Ghrita base. In the Ayurvedic framework, this supports the therapeutic principles of Deepana, Pachana, and Grahi action in appropriate Grahani presentations [1,5]. These Ayurvedic pharmacodynamic terms should be interpreted within the classical framework rather than treated as direct modern pharmacological equivalents.

5. EFFECTS RELEVANT TO GRAHANI

5.1 Agni Dushti, Aruchi and Avipaka

The central Ayurvedic rationale for Bilvadi Ghrita is directed toward impaired digestive function. Chitraka, Chavya, and Ardraka are traditionally used as digestive drugs, while the formulation as a whole is described in the Grahani therapeutic context [1,5].

5.2 Muhur Baddha–Muhur Drava Mala Pravritti

Bilva is an important Grahi drug in Ayurvedic gastrointestinal therapeutics. Clinical research on Bilva-containing preparations has reported improvement in altered bowel habits in patients diagnosed with Grahani [2,3]. These findings support the Bilva component but do not independently establish the efficacy of the complete Bilvadi Ghrita.

5.3 Abdominal symptoms

Abdominal pain, bloating, and Vishtambha are among the symptoms assessed in published Grahani studies of Bilvadi preparations [2]. Ardraka and other pungent components provide a classical rationale for digestive and carminative activity. Modern studies of ginger have also investigated gastrointestinal motility [6–8], but these findings remain ingredient-level supportive evidence.

6. CLINICAL EVIDENCE

Study	Intervention	Design	Reported outcome	Interpretation
Sathish et al., 2016 [9]	Bilvadi Ghrita Matra Basti	Controlled clinical study in Grahani	Reported beneficial clinical effects on Grahani symptoms	Direct formulation-specific clinical evidence
Raina & Sharma, 2021 [2]	Bilvadi Yoga, 1 g twice daily for 30 days with Takra	Single-group clinical study; 30 patients	Reported improvement in selected Grahani symptoms	Supportive evidence; not equivalent to Bilvadi Ghrita
Yadav et al., 2023 [3]	Apakva Bilva fruit pulp powder vs Mustaka	Comparative clinical study; 40 patients	Reported significant improvement in several subjective parameters	Supports Bilva; indirect evidence for Ghrita

7. DIRECT EVIDENCE: BILVADI GHRITA MATRA BASTI

Sathish, Umashankar, and Madhusudan conducted a controlled clinical study to evaluate Bilvadi Ghrita Matra Basti in the management of Grahani, with Dadimashtaka Churna used in the comparison group [9]. The study was based on the classical rationale that Grahani is closely related to Agni Dushti and that Ghrita and Basti have a role in selected Grahani management.

The published abstract reports clinical observation and statistical analysis of Grahani-associated outcomes and describes beneficial effects following the intervention [9]. Because this is direct evidence involving Bilvadi Ghrita, it is more relevant to the present review than studies of individual ingredients. Nevertheless, the study should be interpreted as preliminary clinical evidence rather than definitive proof of efficacy.

Importantly, the intervention was Matra Basti. Therefore, the findings should not automatically be generalized to oral administration of Bilvadi Ghrita without separate clinical evidence.

8. SUPPORTIVE EVIDENCE FROM RELATED BILVADI PREPARATIONS

Raina and Sharma evaluated Bilvadi Yoga in Grahani. Their study enrolled 30 patients and administered Bilvadi Yoga for 30 days with Takra as Anupana. The study reported improvement in selected clinical parameters [2]. Because the preparation was a herbo-mineral Bilvadi Yoga and not the classical Bilvadi Ghrita, these results are supportive rather than direct evidence for Bilvadi Ghrita.

Yadav and colleagues compared Apakva Bilva fruit pulp powder with Mustaka in Grahani, reporting improvement in several subjective parameters in the Bilva-treated group [3]. This provides additional clinical support for the role of Bilva in Grahani but cannot be used to claim equivalent efficacy of Bilvadi Ghrita.

9. PHARMACOLOGICAL SUPPORT

Aegle marmelos has been investigated experimentally for antidiarrhoeal activity. Brijesh et al. reported antidiarrhoeal-relevant effects of unripe Aegle marmelos fruit and discussed mechanisms supporting its traditional use [10].

Such findings provide pharmacological support for the Bilva component but are not direct evidence for the complete Bilvadi Ghrita.

Ginger has been investigated in human gastrointestinal studies. Wu et al. reported effects of ginger on gastric emptying and motility in healthy humans [6], while Pertz et al. investigated interactions of ginger constituents with gastrointestinal cholinergic and serotonergic pathways [7]. A systematic review by Nikkhah Bodagh et al. evaluated clinical trials of ginger in gastrointestinal disorders [8]. These findings support biological plausibility for Ardraka-related digestive effects but should not be presented as proof of Bilvadi Ghrita efficacy.

10. GRAHANI AND IBS: APPROPRIATE CLINICAL CORRELATION

Some clinical manifestations of Grahani overlap with IBS, including altered bowel habits, abdominal pain/discomfort, bloating, and irregular stool form. Contemporary IBS criteria are based primarily on abdominal pain associated with defecation and changes in stool frequency or form [11,12].

However, Grahani is an Ayurvedic disease construct based on Agni, Dosha, Ama, and Grahani function. Therefore, it is scientifically preferable to describe IBS as a possible modern clinical comparator or overlapping symptom complex rather than as an exact equivalent of Grahani.

11. PROBABLE MODE OF ACTION WITHIN THE AYURVEDIC FRAMEWORK

Deepana–Pachana: the digestive drugs of the formulation are classically used to support impaired Agni.

Grahi: Bilva provides the principal classical Grahi component relevant to excessive stool liquidity and abnormal bowel function.

Digestive and carminative support: Chavya and Ardraka complement the digestive profile of the formulation.

Ghrita-based administration: Ghrita constitutes the classical pharmaceutical base of the preparation; its role should be interpreted according to Ghrita Kalpana rather than reduced to an unproven modern bioavailability claim.

These mechanisms are an integrative interpretation of classical pharmacodynamic concepts. They should not be stated as experimentally proven molecular mechanisms of the complete formulation unless direct formulation-specific studies demonstrate them.

DISCUSSION

The available evidence supports a coherent relationship between the classical indication of Bilvadi Ghrita and the Ayurvedic management principles of Grahani. The formulation is specifically relevant because it combines Bilva with digestive drugs within a Ghrita preparation [5].

The evidence hierarchy is important. The 2016 controlled clinical study directly evaluates Bilvadi Ghrita Matra Basti [9]. The 2021 Bilvadi Yoga study and 2023 Bilva–Mustaka study provide related but indirect clinical evidence [2,3]. Experimental and human pharmacological literature on Bilva and ginger provides further supportive biological evidence [6–10]. These categories should not be combined as if they were equivalent clinical trials of Bilvadi Ghrita.

The principal limitations of the evidence base include the small number of direct studies, limited methodological reporting in some Ayurvedic clinical publications, heterogeneity of interventions, and limited long-term evidence. Consequently, the formulation can reasonably be described as classically established and clinically promising, but not as conclusively proven by modern evidence standards.

CONCLUSION

Bilvadi Ghrita is a classical Ayurvedic formulation described in the therapeutic context of Grahani. The formulation retained in this review consists of Bilva, Chitraka, Chavya, Ardraka, Bhṛṅga-bēra, Ghrita, and Chhāga-dugdha, according to the cited classical formulation source [5].

Available clinical evidence directly evaluating Bilvadi Ghrita as Matra Basti reports beneficial effects in Grahani, while related studies of Bilvadi Yoga and Bilva preparations provide supportive evidence. The current literature therefore supports the classical rationale and preliminary clinical utility of Bilvadi Ghrita, but larger, well-designed and adequately reported clinical trials are required to establish its efficacy and safety with greater certainty.

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Conflict of Interest

The authors declare no conflict of interest.

Ethical Approval

Not applicable; this review used previously published literature and classical texts and involved no new human or animal research.

Author Contributions

All authors contributed to the literature review, interpretation of evidence, manuscript preparation, critical revision, and approval of the final manuscript.

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