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A CLINICAL STUDY ON HARITAKI WITH SAUVARCHALA LAVANA JALA AS ANUPANA IN PURISHAJA ANAHA (CONSTIPATION) WITH SPECIAL REFERENCE TO YUKTI GUNA (ANUPANA YOJANA)

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Abstract: Yukti is a unique concept which has been described in Ayurveda as both Guna and Pariksha. Yukti Guna is described as one of the ten Paradi Gunas while Yukti Pariksha is included under Chaturvidha Pariksha for the establishment of theory of re-birth. Paradi Gunas have been given more importance in clinical practice by describing them as 'Chikitsa Siddhi Upaya'. Thus in this study an attempt was made to assess the role of Yukti Guna in the management of Purishaja Anaha (constipation) with regards to proper Anupana Yojana. For this, two groups were formed out of which HS Group was treated with Haritaki and Koshna Sauvarchala Lavana Jala (lukewarm water containing Sauvarchala Lavana) as Anupana while H Group was treated with Haritaki and Koshna Jala (plain lukewarm water) as Anupana. Total 50 patients; 25 each in both the groups had completed the treatment and no adverse effects were reported during the treatment. Results were assessed after 10 days with the help of a specially prepared proforma. In assessment criterias, substantially better results were found in HS Group as compared to H Group. Based on the results it was concluded that Haritaki administered along with Anupana Yojana of Sauvarchala Lavana Jala is much efficient than single Haritaki administration in Purishaja Anaha.

Key words: Anupana, Constipation, Haritaki, Purishaja Anaha, Sauvarchala Lavana, Yukti

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INTRODUCTION:

Acharya Charaka has described Yukti as one of the Chaturvidha Pariksha and also included it under Paradi Gunas. Thus Yukti is such a concept which has been described in Ayurveda as both Pariksha and Guna. As Pariksha, it is described for the knowledge of Sat (manifested) and (unmanifested) things and also the establishment of theory of re-birth. Whereas when described as Guna, Yukti is regarded as a tool for the successful treatment i.e. 'Chikitsa Siddhi *Upaya*'.^{[1],[2]} Description of *Yukti* under *Paradi Guna*s is very significant as these Gunas (properties) are mandatory to be there in the physician and the pharmacist who actually take part in formulating the treatment plan. Commentator Chakrapani has opined about Yukti that, 'a process or methodology which is the perfect one and purposeful for achieving the desired effect is Yukti; while the methodology without perfection, logic or principle will never be Yukti, but is termed as Ayaugiki or Ayukti'. Here Yukti works as a Guna and plays an important role in formulating perfect therapeutic regimen for a particular disease.[3] Yukti is the property which is being applied either by the physician or by the pharmacist to get success in the treatment and formulations. It is high caliber of Yukti that a physician or a pharmacist can postulate or fabricate numerous newer aspects of a drug or formulation as per need and requirements for the treatment, which may not be quoted or advised in the text. Thus a physician who is proficient in the principles of propriety (Yukti) is always superior to those who are acquainted with the drugs only.[4] Administration of a drug with a specific Anupana to increase its efficacy is also based on Yukti Guna of physician. Considering this fact, effect of Anupana Yojana of Sauvarchala Lavana (Unaqua NaCl) with Haritaki (Terminalia chebula Retz.) in the disease Purishaja Anaha (Constipation) was assessed in the present study. For this, one group was given Haritaki with Koshna Sauvarchala Lavana Jala

(lukewarm water containing Sauvarchala Lavana) as Anupana while other group was treated by Haritaki with Koshna Jala (plain lukewarm water) as Anupana. The Yukti i.e. rationality behind choosing Haritaki and Sauvarchala Lavana can be understood by the classical references, in which both these drugs are said to have Vibandha and Anahahara properties. [5],[6] The study was designed with the following aims and objectives.

Aim and Objectives

To evaluate and assess the effect of *Anupana Yojana* (*Yukti Guna*) in the management of *Purishaja Anaha* with *Haritaki*.

Materials and Methods

Criteria for Selection of patients:

Patients having classical signs and symptoms of *Purishaja Anaha*^[7] were selected for the study irrespective of cast, religion, occupation and sex. Informed and written consents of all the patients were taken before registration. Clinical study had been started after getting approval of Institutional Ethics Committee (IEC Appr. No.-PGT/7-A2012-2013/1964, dated 21/09/2012). The study had been registered in Clinical Trials Registry of India (CTRI Reg. No.-CTRI/2013/09/003974, dated 12/09/2013).

Exclusion criteria

Patients below 20 years and above 60 years of age were excluded from the study. Patients suffering from any systemic disease which intervenes with treatment and patients in which *Haritaki and Sauvarchala Lavana* are contraindicated were also excluded from the study.

Grouping and Sampling: Registered patients were randomly divided in two groups with drugs and posology as shown in Table 1.

HS Group: These patients were treated with tablets of *Haritaki* with *Koshna Sauvarchala Lavana Jala* as *Anupana*.

H Group: These patients were treated with tablets of *Haritaki* with *Koshna Jala* as *Anupana*.

Investigations: All the patients were subjected to routine haematological, urine and stool examinations only to exclude any other pathology.

Criteria for assessment: The main criteria for the assessment were clinical subsidence in the symptoms of *Purishaja Anaha*. Symptomatic relief obtained by the treatment given, was assessed B.T. (before treatment) and A.T. (after treatment) with gradation on the basis of scoring pattern.

Criteria for assessment of overall effect of therapy:

Complete Remission	100 % relief
Marked Improvement	75 -99% relief
Moderate	50-74% relief
Improvement	
Mild improvement	25-49% relief
Unchanged	0-24% relief

Statistical Analysis

The information gathered on the basis of observations was subjected to statistical analysis in terms of mean (X), standard deviation (S.D.) and standard error (S.E.). Paired 't' test was applied at each symptom individually in both groups, while unpaired 't' test was applied to study the comparative results in both the groups at the levels of P<0.05, P<0.01 and P<0.001.

General Observations

Total 50 patients were registered; 25 each, in both the groups. There were no patients dropped out during the treatment in both the groups. Majority of the patients were male (66%), married (94%) and belonging to lower middle class status (48%). In observations related to *Malapravritti* (excretion of stool), all the patients (100%) showed *Balapurvaka Malapravahana* (straining during defecation) while *Grathita Malapravritti* (hardened stool) was observed in 98% of the patients. Majority of the patients (56%) were having *Mandagni* (decreased digestive power) whereas chronicity of the disease was less than 3 months in maximum patients

(56%). Among Aharaja Hetu (causes related to diet), Viruddhashana (intake of unwholesome food) and Vishamashana (consuming less or more quantity of food at improper time) was observed in 96% and 92% of the patients respectively. Whereas Adhyashana (consuming more quantity of food even before the previous meal is digested) and Ati Katu-Tikta-Kashaya Rasa Sevana (excessive intake of pungent, bitter and astringent food) was found in 60% and 54% of the patients respectively. Among Viharaja Hetu (causes related to lifestyle), Divasvapa (sleep during day time) Vegavidharana (suppression of natural urges) was observed in 86% and 64% of the patients respectively. Whereas Ativyayama (excessive exercise) and Ratrijagarana (vigil during night) was found in 42% and 38% of the patients respectively.

Results

Effect of therapy on chief complaints: Effect of therapy on chief complaints of *Purishaja Anaha* which are; *Purisha Apravartana, Udarashula, Udara Adhmana, Kati-prushtha Shula* and *Stambha* in HS and H Groups is as shown in Figure 1.

Effect of therapy in HS Group: The drug provided highly significant relief (< 0.001) in all the parameters of chief complaints. The percentage relief was 82% in *Purisha Apravartana*, 90.67% in *Udarashula*, 83.33% in *Udara Adhmana* while it was 82% and 78% in *Kati-prushtha Shula* and *Stambha* respectively.

Effect of therapy in H Group: The drug provided highly significant relief (< 0.001) in all the parameters of chief complaints. The percentage relief was 68% in *Purisha Apravartana*, 58.67% each in *Udarashula* and *Udara Adhmana* while it was 50.67% and 53.33% in *Kati-prushtha Shula* and *Stambha* respectively.

Effect of therapy on associated complaints

Effect of therapy on associated complaints of *Purishaja Anaha* which are; *Sashula Malapravritti, Udara Gaurava, Vata Apravartana and Mutra*

Apravritti in HS and H Groups is as shown in Figure 2.

Effect of therapy in HS Group: Maximum i.e. 90.67% relief was observed in *Udara Gaurava* followed by 87.5% relief in *Mutra Apravritti*. The relief was 86% in *Sashula Malapravritti* while it was 67.39% in *Vata Apravartana*. Statistically highly significant relief (< 0.001) was seen in *Sashula Malapravritti*, *Udara-Gaurava* and *Vata Apravartana* while it was significant (< 0.05) in *Mutra Apravritti*.

Effect of therapy in H Group: Maximum i.e. 65.22% relief was observed in *Vata Apravartana* followed by 62.67% relief in *Sashula Malapravritti*, 62.50% relief in *Mutra Apravritti* and 58.67% relief in *Udara-Gaurava*. Statistically highly significant relief (< 0.001) was seen in *Sashula Malapravritti*, *Udara-Gaurava* and *Vata Apravartana* while relief was insignificant (> 0.05) in *Mutra Apravritti*.

Total and comparative effect of therapy:Total and comparative effect of therapy in HS and H Groups, studied as percentage of patients showing improvement in different categories is as shown in Figure 3.

HS Group: Out of 25 patients in this group, 8% patients showed complete remission, 64% patients showed marked improvement whereas 28% patients got moderate improvement. There were no patients in mild improvement and unchanged categories in this group.

H Group: Out of 25 patients in this group, 12% patients showed marked improvement, 72% patients showed moderate improvement whereas 16% patients got mild improvement. There were no patients in complete remission and unchanged categories in this group.

DISCUSSION

In the group of *Paradi Guna*s which are also termed as *Chikitsakiya Guna*s, *Yukti Guna* has been studied here specifically. *Yukti* is the property which is being applied either by the physician or by the

pharmacist to get success in the treatment and formulations. As Yukti is a rationality based on proper combination of multiple factors those are employed in a process to get the desired and perfect effect, in Chikitsa which is also based on the process as above, the role of Yukti becomes crucial. With the invention of Yukti-vyapashraya Chikitsa, there started a new era of treating diseases according to Dosha, Dushya, Desha, Prakriti, Kala etc of an individual. With the application of Yukti, a broad field was obtained for the use of a single drug in treatment of different diseases as well as different stages of the same disease. Also a single drug can be used in many ways by means of different Anupana, Aushadha Kala, Matra, Kalpana etc which is nothing but the applied aspect of Yukti only. Administration of a drug with a specific Anupana to increase its efficacy is also based on Yukti Guna of physician. This is in accordance with Chakrapani's description about Yukti, in which he says that Yukti is nothing but the Samichina Kalpana of Bheshaja i.e. apt usage of medicine on the basis of Dosha, Dushyadi factors.[3] In the clinical study, an attempt was made to evaluate the effect of Anupana Yojana (Yukti Guna) practically by using Haritaki with Koshna Sauvarchala Lavana Jala as Anupana in the disease Purishaja Anaha. Logic behind the effect of Anupana Yojana has been discussed as follows.

Chief complaints:

From the obtained data though it is evident that both HS and H Groups are showing statistically highly significant results in chief complaints but HS group is showing percentage wise more relief in all the parameters of chief complaints. Also on comparing the effects in both groups by applying unpaired 't' test, it was found that HS Group is showing highly significant results than H Group in *Udarashula* (< 0.001), *Udara Adhman* (< 0.001), *Katiprushtha Shula* (< 0.01) and significant result in *Kati-prushtha Stambha* (< 0.05) [Table 2]. This data supports the hypothesis that *Anupana Yojana* of

Sauvarchala Lavana Jala with Haritaki definitely has effect in curing the disease Purishaja Anaha in a better way. Here Sauvarchala Lavana with its Laghu, Sukshma, Tikshna and Vatashamaka properties has increased the efficacy of Haritaki which is evident from the obtained data. Though H group is also showing significant results but this may be due to the Anulomana property of Haritaki which will certainly show improvement in the above said symptoms but this improvement will be up to a certain limit only which is evident from the less percentage relief in H group [Figure 1].

Associated complaints:

From the obtained data it is evident that, in HS Group due to increased *Anulomana* effect of *Haritaki* with *Sauvarchala Lavana*, associated symptoms like *Udara Gaurava*, *Sashula Malapravritti* have also got relieved remarkably. The improvement in the associated symptoms in H group is not as remarkable as in HS group [Figure 2]. Also on comparing the effects in both groups by applying unpaired 't' test, it was found that HS Group is showing highly significant results than H Group in *Sashula Malapravritti* (< 0.001) and *Udara-Gaurava* (< 0.001) [Table 3].

Total effect of therapy:

8% complete remission was seen in HS group whereas no patients showed complete remission in H group. This indicates combination of Haritaki and Sauvarchala Lavana is more efficient than only Haritaki. 64% and 12% marked improvement was seen in HS and H groups respectively. This again indicates increased efficacy of Haritaki with Anupana of Sauvarchala Lavana Jala. 28% and 72% moderate improvement was observed in HS and H groups respectively whereas 16% mild improvement was observed there in H group while no patients showed mild improvement in HS group. Less number of patients showing moderate improvement and not a single patient showing mild improvement in HS group is because most of the patients are showing marked and complete relief in this group. While more patients showing moderate improvement in H group suggest that *Haritaki* when used singly is capable of giving results up to a certain extent only. There were no patients in the unchanged category in both the groups. This is because both groups are showing some improvement /effect in the symptoms of *Purishaja Anaha* [Figure 3].

Probable mode of action of drug:

Probable mode of action of drug can be understood with the help of a flow chart shown in Figure 4. In Purishaja Anaha the chief factor in Samprapti formation is increased Ruksha Guna of Apana Vata, which leads to accumulation of Purisha and obstruction to its normal passage.[7] When Haritaki is given in such condition as a single drug, it will show improvement owing to its Anulomana property but due to Rukshatva and Kashayatva of Haritaki, this improvement will be up to a certain extent only.[8] When given along with Sauvarchala Lavana, Haritaki shows better results as Lavanata and Sarata of Sauvarhala will pacify the Rukshata of Haritaki. Also Sara and Bhedana Gunas of Sauvarchala will increase the Anulomana effect of Haritaki.

CONCLUSION: This study was carried out with the hypothesis that Yojana of Anupana (Yukti Guna) will increase the efficacy of Haritaki in treating the Purishaja Anaha. Thus obtained disease observations which show better results in HS group than H group are in accordance with the hypothesis made. Though both groups are showing recognizable improvement, better results in HS group are indicative of increased efficacy of Haritaki when given along with Koshna Sauvarchala Lavana Jala as Anupana and thus proving the rationality behind formulating the treatment plan. This also proves the importance and applicability of Yukti Guna in treating a disease in a better way.

Tables and Figures:

Table 1: Drugs and Posology

	HS Group	H Group			
Drug	Haritaki (Terminalia chebula Retz.)	Haritaki (Terminalia chebula Retz.)			
Kalpana	Vati (Tablets)	Vati (Tablets)			
Dose	4 tablets of 500mg each	4 tablets of 500mg each			
Anupana	Koshna Sauvarchala Lavana Jala	Koshna Jala (plain water)			
	(lukewarm water containing Sauvarchala				
	Lavana) (1 gm in q. s. Koshna Jala)				
Kala	Apana kala (before meal, twice a day)	Apana kala (before meal, twice a day)			
Duration	10 days	10 days			

Table 2: Comparative efficacy of HS Group (A) with H Group (B) on chief complaints

Symptoms	Df	Mean (% relief)		Diff.	íţ'	P
	יט	Gr. A	Gr. B		(P
Purisha apravartana	48	82.000	68.000	14.000	1.850	> 0.05
Udarashula	48	90.667	58.667	32.000	3.810	< 0.001
Udara adhmana	48	83.333	58.667	24.667	4.922	< 0.001
Kati-prushtha shula	48	82.000	50.667	31.333	3.444	< 0.01
Kati-prushtha stambha	48	78.000	53.333	24.667	2.234	< 0.05

Table 3: Comparative efficacy of HS Group (A) with H Group (B) on associated complaints

Symptoms	Df	Mean (% relief)		Diff.	' †'	P
		Gr. A	Gr. B	יווט.	(•
Sashula malapravritti	48	86.000	62.667	23.333	3.836	< 0.001
Udara- gaurava	48	90.667	58.667	32.000	4.251	< 0.001
Vata apravartana	44	67.391	65.217	2.174	0.154	> 0.05
Mutra apravritti	6	87.500	62.500	25.000	0.926	> 0.05

Figure 1: Effect of therapy on chief complaints in HS and H Groups

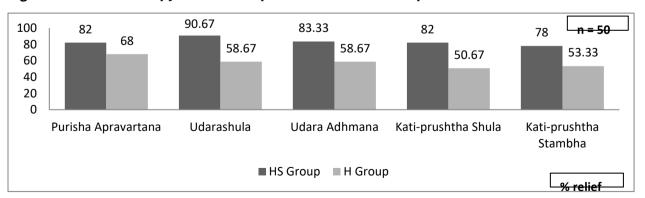


Figure 2: Effect of therapy on associated complaints in HS and H Groups

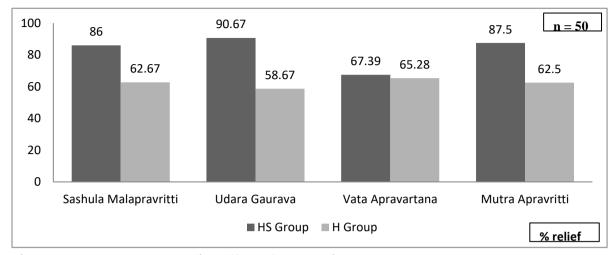


Figure 3: Total and comparative effect of therapy in HS and H Groups

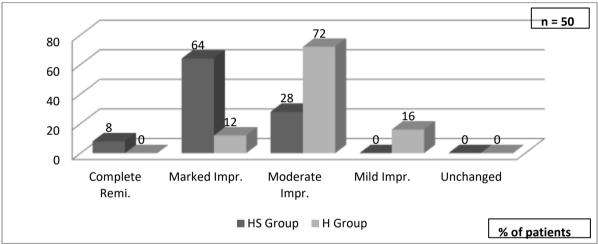
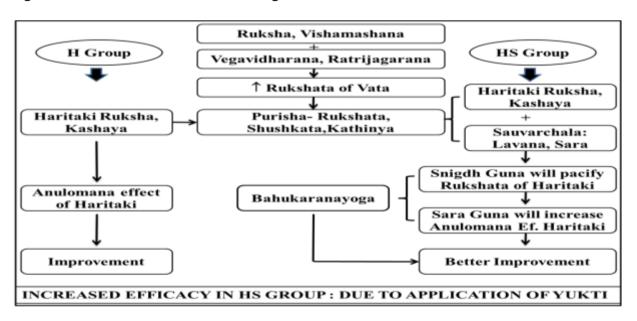


Figure 4: Probable mode of action of drug.



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Conflicts of interest

Nil

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