A Clinical Study of Haritaki Mixed with Gavya Ghrita in Vibandha with special reference to Samyoga Guna

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ABSTRACT:

In Ayurveda, every fundamental principle has its own practical utility and most of the concepts are expressed with Gunas. In Ayurveda Gunas described have been divided into various categories like Adhyatmika Gunas, Gurvadi gunas, Paradi gunas, Visista(Artha) Gunas etc. Among these Gunas, for the success and accomplishment of treatment, Paradi guna are the most important factor. These properties are very much useful in pharmaceutics, researches and clinics. So there is a large scope for application of Paradi gunas in field of research. These are total ten in number and enlisted in a way which begin in clinical practice or medical field. In clinical practice Guna which are to be with Bhisak are mainly the Paradi Gunas which can also be called miscellaneous Gunas. As rightly quoted by Acharya Charaka, for getting success in the treatment Paradi gunas are the best. The sutra quotes “Sidhyaupaya chikischayam” which means that chikitsa i.e Dhatusamya will be done mainly with the help of paradi gunas. In paradi Guna Samyoga Guna one of them. Samyoga is a property which has been used by physicians and pharmacists in formulating different yogas and on the basis of this property; it is decided which substances are to be combined or mixed with other substances. Thus in this study an attempt was made to know the comparative effect of Haritaki churna and Haritaki churna mixed Gavya Ghrita Samyukta effect in vibandha.

Keywords: Haritaki, Ghrita, Samyoga Guna, Vibandha
patients, Haritaki mixed gavya ghrita also administer the vibandha diseases, and the result was reflect the effect of Samyoga at the end of research work. Aprapastastu ya praptih sa eva Samyoga eriti meaning this particular line existence of life (aprpayastu ya prapti) is possible only by the Samyoga of Sukra and Artava. One can further understand the importance of Samyoga guna by using Anupana eliminates different diseases like Narayan churna with the Anupana of Takra eliminates Udara roga. So it is only the effect of samyoga Guna. That’s why this concept is used to prove different effects of Haritaki with different Samyoga as quoted by Acharya Bhava Mishra that means when Haritaki is taken with the Samyoga of Lavana then it eliminates Kaptha Dosha and when is taken with samyoga of sakara then it eliminates pitta dosha. When is taken of ghrita its eliminates Vata dosha. So, this particular concept could be evaluated with subjective criteria’s.

AIM & OBJECTIVES
• To evaluate and assess the effect of Samyoga Guna practically by using Gavya Ghitra and Haritaki churna individually and in Samyoga for the shamana of Vibandha.
• To study the concept of Paradi Guna
• To assess the clinical efficacy of Haritaki Churna in Vibandha.
• To assess the Clinical efficacy of Haritaki churna and Gavya ghrita in Vibandha.
• To evaluate & assess the effect of Samyoga guna.

MATERIALS AND METHODS
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IEC Number- 1147 /G.A.C&H Dt-20-05-2020
Study Design
Total 60 patients had been selected on the basis of inclusion & exclusion criteria by a special proforma covering demography along with Subjective Criteria’s from OPD of Govt. Ayurvedic College & Hospital, Balangir and Sardeswari Govt. Ayurvedic Hospital, Balangir. Before treatment consent of each patient was taken. (Inclusion & Exclusion criteria given below)

Inclusion Criteria
• Patient having vibandha as per clinical sign and symptoms as in classical text.
• Patients without systemic disorders.
• Straining during bowels.
• Patients of both sex in the between 18-60 year.

Exclusion Criteria
• Patient of both sex in the age below 18 and above 60yrs.
• Constipation associated with other systemic illness like external and internal piles, fissures, CA anus and fistula in ano, hypothyroidism.
• Ajirna, Madyapidita, Vishapidita, Trisna, Ardita and Garbhini.

Selection of Drug- Two drugs i.e Haritaki and Gavyaghitra were selected as vatamulomana and anivardhaka draya for Vibandha given in the form of churna and other one is churna mixed with Gavya ghrita internally. The drug was identified by the experts of department of drayaguna which was approved by DRC & IEC of college and Sambalpur University. Medicine was prepared maintaining SOP in the GMP certified in Govt. Ayurvedic Pharmacy, Balangir under the supervision of expert of Dept. of Rasashastra and Bhaisayya Kalpana.

The registered patients were divided in to two groups.
• Group ‘A’: Haritaki churna 5gm at bed time for 30 days with Ushna jala.
• Group ‘B’: Gavya Ghrita mixed Haritaki Churna i.e 10ml ghrita+5gm Haritaki Churna mixed well and taken at bed time for 30 days with Ushna jala.

The trial drug i.e haritaki churna+Gavya Ghrita is explained as Vataamulomana.

Criteria for assessment
The assessment was done based on improvement in signs and symptoms with the help of suitable scoring method. Routine stool test whenever Investigations were carried out to rule out the systemic disorders as well as assess the effect of the therapy.

Gradation index
Subjective Parameters(Table 1)

OBSERVATION & RESULTS-
60 patients with features of Vibandha were registered for the study. In the present study the incidence of Vibandha was more in 51-60years(36.67%) age group, 58.33% males, 100% hindu, 80% married, 61.67% literate, 36.67% Housewife, 63.33% middle class, 56.67% Krura kostha, 58.33% Visama agni, 68.33% sound sleep, 100% constipated. Table no.2: Effect of prescribed drugs on signs & symptoms of Vibandha (BT&AT) test statics within the groups

Effects of therapy on chief symptoms of Vibandha, Shirosphula, Adhmana, Pakwasayasula, Vata varchaa pravritti during the study in group A and Group B.
Effect of therapy in Group A- The drug provided significant relief in almost all the signs and symptoms. The relief was 60.42% in Shirashula, 54.55% in Adhmana, 79.31% in Pakwasayasula, 54.39% in Vatavarchaapravriti.

Effect of therapy in Group B- The drug provided more significant relief in almost all the signs and symptoms. The relief was 91.49% in shirosula, 90.48% in Adhmana, 90.32% in Pakwasayasula, 85.37% in Vatavarchaapravriti. Table no-3 Statistiscal Analysis & comparison of all features (Subjective criteria) in both groups.

Shirashula
Statistically highly significant (p<0.001) result was obtained in all the groups. In the Group A, the relief in Shirashula was 60.42%, but in group B, the relief was 91.49%. Thus better relief was obtained in Shirashula in the Group B (Samyoga group). Due to Ushna veerya and Anuloman effect, so it may act on Shirasula.

Adhmana
Statistically highly significant (p<0.001) result was obtained in all groups. In the Group A, the relief in Adhmana was 54.55%, but in group B, the relief was 90.48%, thus better relief was obtained in Adhmana in the Group B. It is due to Deepana karma in Haritaki and mixed with Gavya Ghrita guna.

Pakwasaya shula-
In the Group-A, relief in pakwasayashula was 79.31% which was significant and in Group B the relief was 90.32% which was highly significant. Thus betters relief was obtained in Pakwasayasula in the Group-B. This is symptoms of Vata dominance, it is due to Vatanuloman and Ushna Guna of Haritaki along with the Snigdha guna Gavya Ghrita are in samyoga form able to pacify the Vibhandha.

Vatavarchaapravriti-
In the Group-A, relief in Pakwasayasula was 54.39% which was highly significant and in Group B the relief was 85.37% which was highly significant. Thus betters relief was obtained in Vatavarchaapravriti in the Group-B. In case of Vatavarchaapravriti Vata Dosha are aggravated. So this vata Guna has been pacified by the Sheeta, Ushna Guna of Gavya-Ghritta. So, better result was obtained in Group-B.

Comparative effect between the Group-A (Haritaki churna) and Group-B (Haritaki churna with Gavya-Ghrita)
The comparative effect of therapy between treated Group-A and Group-B showed significant results on parameters of Vibhandha after treatment.

In Group-B (Haritaki churna mixed with Gavya-Ghrita) i.e Samyoga Guna showed better relief than Group-A (Haritaki churna) on 04 parameters like Shirashula, Adhmana, Pakwasayasula, Vatavarchaapravriti. Therefore Samyoga Guna i.e Group-B was more effective than the Group-B was more effective than the Group-A (Samyoga Guna) on comparison.

Proper Samyoga –Proper Yukti –Success in the treatment
In the clinical study, an attempt was made to evaluate the effect of Samyoga Guna practical by using Haritaki churna and Gavya ghrita individually and in Samyoga for the Vibhandha. Logic behind the effect of Samyoga Guna has been discussed as follows.

Overall effect of therapy-
Overall effect of therapy studied as percentage of patients showing improvement in different categories during the study, in group A and in group B Fig-1

1) Group A
   Out of 60 patients of this group 26.67% patients got marked improvement 20.00% patients Moderate Improvement, 40.00% patients Mild Improvement and 13.33% patients are unchanged.

2) Group B
   Out of 60 patients of this group no any patient obtained complete remission, whereas 76.67% patients got marked improvement and 16.67% patients moderate improvement, 6.67% patients mild improvement and
   Out of 60 patients of this group 76.67% patients got marked improvement 6.67% patients Moderate Improvement 6.67% patients Mild Improvement.

DISCUSSION
Due to busy lifestyle and chaotic working atmosphere it’s difficult for one to follow the proper dinacharya, ritucharya leading to disturbance in equilibrium of dosha, dhatu and mala. Vibhandha is most common digestive complaint of modern lifestyle. Almost 70%-80% people struggle with it. Age wise distribution shows that majority of patients, i.e 36.67% were belonging to age group of 51-60 years. This age group indicate constipation is the common symptoms at old age due to is Vata dominantina kala. The 31-50 years age group of people were mainly due to busy schedule, they are not able to daily activities properly and does vegadharana. Sex wise distribution shows that majority of the patients, i.e. 58.33 % were males whereas 41.67% were females. Though the sex factor is not
suppose to be a particular factor for this disease but the data of study reveals that most of the patients were male. The probable reason for such a finding could be that, the male are busier and remain in tension of the duty for the family and outdoor duty. It leads to improper dietic and behavioral regimen. Hence, they are prone to Vibandha. The 60 no. of patients from Hindu community, religion could not be the factor for the Vivandha condition. The research area is hindu dominant. Majority of patients i.e 80% were married and 20.00% are unmarried. The patients reporting to hospital are mostly young and married. Family tension may be cause for it. Majority of patients i.e 61.67% were literate. Educational status does not have any direct relationship with the disease. But it could be chance not a positive sign because education is always a preventive factor not the causative factor. probably the busy schedule, improper food habits and regular sitting habits can be the cause. Majority of patients i.e 36.67% were housewife. This reveals that due to family tension, they are always irregular in Ahara and Vihara thus making them more prone for Vivandha. Also causes of adharamaneeya vega dharana. Majority of patients i.e 63.33% belongs to middle class family. This may be due to the increased stress and strain, faulty dietary habits, among the middle class people. 36.67% patients were lower class, Their can’t afford for fibre rich food leading to vivandha. Diet wise distribution shows that majority of patients i.e 85.00% was taking mixed diet where as 15% were vegetarians. Non-vegetarian food contains less moisture and fibre, so leading to Vivandha and also Guru ahara lead to indigestion that leads to vibandha. Majority i.e 56.67% patients were krura kostha.krura kostha the Vata dominating state i.e Rukshya and laghu guna dominating, so it may defacilitate the easy movements of the pakwasaya contents. Hence it could be said that krura kosta persons are more prone to the Apanavaigunya. Agni wise distribution shows that majority of patients 58.33% were visama Agni. In Ayurveda it is mentioned that the vitiation of Vata dosha in the body leads to visamagni which is causative factor for vibandha and 41.67% were mandagni. Mandagni causing Ama proves the hypothetical hetus for the vibandha. Majority of patients i.e 68.33% were having sound sleep and 28.33% were less sleep due to the effect of age and associated with other complaints. The statistically analysis (Mann whitney ‘U’ test) on subjective criteria showed that p-value on all parameters are less than 0.05 but mean rank for Group B in all clinical features is greater than Group A, which imply that there is significant difference between Group A and Group B.Proper Samyoga –Proper Yukti –

Success in the treatment

In the clinical study, an attempt was made to evaluate the effect of Samyoga Guna practically by using Haritaki churna and Gavya ghrita individually and in Samyoga for the Vibandha. Logic behind the effect of Samyoga Guna has been discussed in flow chart

CONCLUSION

Thus, at the end it can be concluded that the combined (Samyoga) effect of Haritaki mixed with Gavya ghrita is much more efficient than the single drug Haritaki. Thus proving the concept. On the basis of Samyoga concept, the applied medicine of Ayurveda could be developed. It is also found though both are having capacity to subside the Vibandha independently up to some extent, Samyoga is either producing new effect or enhancing the property of both the drugs. Similarly, when both are used one in the form and other in single, the effect of the drug were found to be increased in comparison to the effect produced when the drugs were used alone. Hence it proves that Samyoga. Proved that samyoga guna ,paradi guna as mentioned by charak has important role in treatment.

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REFERENCES
2. Tripathi B, Bhavaprakash Nighantu Chapter Haritakyadi varga-sloka no-33, Varanasi choikhabh Orientalia 2009 pp.6

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Flow chart Probable mode of action of trial drug on Vibandha

![Flow chart image]

Table 1 Subjective Parameters

<table>
<thead>
<tr>
<th>SYMPTOMS</th>
<th>SEVERITY</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirashoola</td>
<td>Headache is absent</td>
<td>0</td>
</tr>
<tr>
<td>(Headache)</td>
<td>Mild-Persistance of thriving type headache but it is for sometimes only</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Moderate-Persistance of Shirashoola throughout the day, but does not affect daily routines</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Severe-Shirashoola persists throughout the day, which requires medication and gets relieve after evacuation</td>
<td>3</td>
</tr>
<tr>
<td>Adhmana</td>
<td>Absent</td>
<td>0</td>
</tr>
<tr>
<td>(Distention of Abdomen)</td>
<td>Mild-Occasionally feeling of bloating gas in abdomen</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Moderate-Feeling of bloating gas abdomen almost throughout the day but it does not hamper the intake of food.</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Severe-Feeling of Distention of Abdomen throughout the day and does not feel interest to take food.</td>
<td>3</td>
</tr>
<tr>
<td>Pakwasaya Shoola</td>
<td>No pakwasayashoola</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Mild-Pricking type of pain persist at one side of flanks which occurs occasionally</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Moderate-Pain persist at both side of flanks</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Severe-Pain persist throughout the abdomen and affect day to day activities.</td>
<td>3</td>
</tr>
<tr>
<td>Vatavarchaaprvriti</td>
<td>Absent</td>
<td>0</td>
</tr>
<tr>
<td>(Belching)</td>
<td>Mild-Belching occurs 1-2 times in a day</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Moderate-Belching occurs 3-4 times in a day</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Severe- belching occurs more than 4</td>
<td>3</td>
</tr>
</tbody>
</table>

Table no.2: Effect of prescribed drugs on signs & symptoms of Vibandha (BT&AT)-test stastics within the groups
Table no-3  Statistical Analysis& comparison of all features(Subjective criteria) in both groups.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Group</th>
<th>N</th>
<th>Mean Rank</th>
<th>Sum of Ranks</th>
<th>Mann-Whitney U</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shirashoola</td>
<td>Group A</td>
<td>30</td>
<td>25.95</td>
<td>778.50</td>
<td>313.50</td>
<td>0.033</td>
</tr>
<tr>
<td></td>
<td>Group B</td>
<td>30</td>
<td>35.05</td>
<td>1051.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adhmana</td>
<td>Group A</td>
<td>30</td>
<td>24.27</td>
<td>728.00</td>
<td>263.00</td>
<td>0.004</td>
</tr>
<tr>
<td></td>
<td>Group B</td>
<td>30</td>
<td>36.73</td>
<td>1102.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pakwasayashula</td>
<td>Group A</td>
<td>30</td>
<td>29.58</td>
<td>887.50</td>
<td>422.50</td>
<td>0.047</td>
</tr>
<tr>
<td></td>
<td>Group B</td>
<td>30</td>
<td>31.42</td>
<td>942.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>60</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vatavarchaapravritti</td>
<td>Group A</td>
<td>30</td>
<td>29.98</td>
<td>899.50</td>
<td>434.50</td>
<td>0.048</td>
</tr>
<tr>
<td></td>
<td>Group B</td>
<td>30</td>
<td>31.02</td>
<td>930.50</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>60</td>
<td></td>
<td></td>
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</tbody>
</table>