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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 pharmaceuticals, 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 “*Sidhyupaya chikischayam*” which means that *chikitsa* i.e *Dhatusamyam* 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*

INTRODUCTION

During the therapeutic treatment of the diseases multi drug therapy had developed from ancient time as well as single drug therapy. Because multi drug therapy is more potent than single drug therapy for treating the diseases as mentioned by Charaka samhita. On the basis of this contents Charaka mention to get definite result from treating diseases *Paradi Guna* are very Importance in comparison of other *Gunas*. So, on the basis of that

Samyoga Guna was selected in the research work to prove the importance of *Samyoga Guna on Vibandha*. It is not diseases, it is a symptoms. In general *vibandha* word stands for hardening of stool with difficult defecation due to severe *vata prokapa*. As in the research selected drugs were *Haritaki¹ & Gavya ghrita both are Vatanulomana* but to prove the *Samyoga guna*. The potency of drug action individual *Haritaki churna* was administer to the *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. ***Aprapstastu ya praptih sa eva Samyoga eritai***² meaning of this particular line existence of life (*aprapyastu 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*³. 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 *Kapha Dosha* and when is taken with *samyoga of sarkara* then it eliminates pitta dosha. When is taken of *ghirta*⁴ 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 Ghrita 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 Vivandha*.
- To assess the Clinical efficacy of *Haritaki churna and Gavya ghrita in Vivandha*.
- To evaluate & assess the effect of *Samyoga guna*.

MATERIALS AND METHODS

CTRI/2022/05/042856

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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 18-60year.

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 Gavya-ghrita* were selected as *vatanulomana and agnivaradhaka dravya 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 *dravyaguna* 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 Bhaisajya 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 30days with *Ushna jala*.

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

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*, *Shiroshula, 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 *Vatavarchaaprabritti*.
- 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 *Vatavarchaaprabritti* Table no-3 Statistical 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 better relief was obtained in *Pakwasayashula* in the Group-B. This is symptoms of *Vata* dominance. It is due to *Vatanulomana* and *Ushna Guna* of *Haritaki* along with the *Snigdha guna Gavya Ghrita* are in *samyoga* form able to pacify the *Vibandha*.

Vatavarchaaprabritti-

In the Group-A, relief in *Pakwasayashula* was 54.39% which was highly significant and in Group B the relief was 85.37% which was highly significant. Thus better relief was obtained in *Vatavarchaaprabritti* in the Group-B. In case of *Vatavarchaaprabritti* *Vata Dosha* are aggravated. So this *vata Guna* has been pacified by the *Sheeta, Ushna Guna* of *Gavya-Ghrita*. 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 *Vibandha* 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, Pakwasayashula*

Vatavarchaaprabritti. Therefore *Samyoga Guna* i.e. 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 Vibandha*. 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 16.67% 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*. *Vibandha* 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 do 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 dietetic 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 *Vibandha* 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 doesnot 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 *Vibandha*. Also causes of *adharaneeya 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 *vibandha*. 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 *Vibandha* and also *Guru ahara* lead to indigestion that leads to *vibandha*. Majority i.e 56.67% patients were *krura kosta*. *krura kosta* 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 whtney ‘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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Flow chart Probable mode of action of trial drug on *Vibandha*

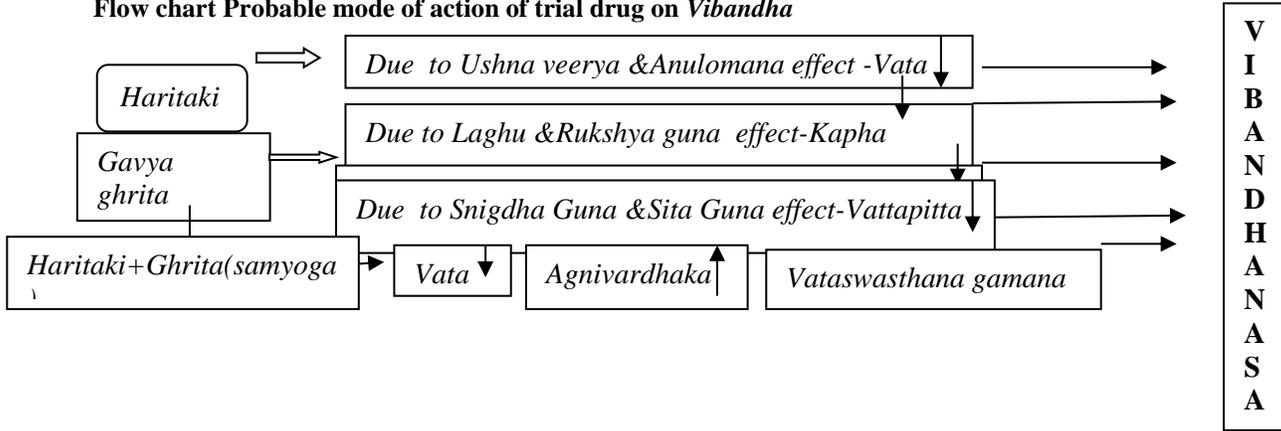


Table 1 Subjective Parameters

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

Table no.2:Effect of prescribed drugs on signs &symptoms of *Vibandha*(BT&AT)-test stastics within the groups

Sign& Symptoms	Group	Wilcoxon Signed Rank W	P-value	% effect	Result
<i>Shirashula</i>	A	-4.172 ^b	0.000030	60.42	Sig.
	B	-4.378 ^b	0.000012	91.49	Sig.
<i>Adhmana</i>	A	-4.409 ^b	0.000010	54.55	Sig.
	B	-4.549 ^b	0.000005	90.48	Sig.
<i>Pakwasayashula</i>	A	-3.372 ^b	0.000746	79.31	Sig.
	B	-3.373 ^b	0.000743	90.32	Sig.
<i>Vatavarchaapravritti</i>	A	-3.905 ^b	0.000094	54.39	Sig.
	B	-3.573 ^b	0.000352	85.37	Sig.

Table no-3 Statistical Analysis& comparison of all features(Subjective criteria) in both groups.

Variable	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value
<i>Shirashoola</i>	Group A	30	25.95	778.50	313.500	0.033
	Group B	30	35.05	1051.50		
	Total	60				
<i>Adhmana</i>	Group A	30	24.27	728.00	263.000	0.004
	Group B	30	36.73	1102.00		
	Total	60				
<i>PakwasayaShoola</i>	Group A	30	29.58	887.50	422.500	0.047
	Group B	30	31.42	942.50		
	Total	60				
<i>Vatavarchaapravritti</i>	Group A	30	29.98	899.50	434.500	0.048
	Group B	30	31.02	930.50		
	Total	60				

FIG 1

