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ROLE OF CHAUSATH PRAHARI PIPPALI IN THE MANAGEMENT OF LIVER CIRRHOSIS: AN ANALYTICAL REVIEW

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ABSTRACT

Liver Cirrhosis is defined as the histological development of regenerative nodules surrounded by fibrous bands in response to chronic liver injury that leads to portal hypertension and end stage liver disease. The most common causes include chronic hepatitis C and alcohol dependence or alcoholism. Other causes include hepatitis B, autoimmune hepatitis, and hemochromatosis. It tends to progress slowly and often does not cause symptoms in its early stages. In Ayurveda, *Yakrit* is considered as an important organ right from the Vedic period. *Ayurvedic* classical references are available regarding the enlargement of *Yakrit*. The disease *Yakrddalyudara* has been included in eight types of *Udara Roga* in Ayurvedic classics. Specific medical therapies may be applied to many liver diseases in an effort to prevent the development of cirrhosis as there is no specific treatment for cirrhosis. Once cirrhosis develops, treatment is aimed at the management of complications as they arise. Ayurvedic treatment seems to be very specific including pitta pacifying therapy and purificatory therapy. The role of *Chausath Prahari pippali* is one such measure.

Keywords: Liver Cirrhosis, Yakrit, Yakrddalyudara, Chausath Prahari pippali

INTRODUCTION

LIVER CIRRHOSIS

Cirrhosis (derived from the Greek word scirrhus, which means orange or tawny) is a diffuse process of fibrosis that converts the liver architecture into structurally abnormal nodules ^[1,2]. It is a slowly progressing disease in which healthy liver tissue is replaced with scar tissue, eventually preventing the liver from functioning properly^[3]. The scar tissue blocks the flow of blood through the liver and slows the processing of nutrients, hormones, drugs, and naturally produced toxins ^[4]. It also slows the production of proteins and other substances made by the liver. Ac-

cording to the National Institutes of Health, cirrhosis is the 12th leading cause of death by disease. Cirrhosis is most commonly caused by alcohol, hepatitis B, hepatitis C, and non-alcoholic fatty liver disease ^{[5][6]}. Often there are no symptoms until the disorder has progressed like, anorexia, jaundice, weight loss, itchy skin, generalised weakness, and nose bleeding ^[7]. Global prevalence of cirrhosis from autopsy studies ranges from 4.5% to 9.5% of the general population ^{[8],[9],[10]}. Deaths from chirrosis have been estimated to increase and would make it as the 12th leading cause of death in 2020^[11]. Cirrhosis may be

caused by viral hepatitis, hemochromatosis, obstructive lesions of the biliary system, congestive heart failure, and chronic alcoholism. It is assumed that most cases of liver cirrhosis are due to alcohol consumption, and rates of prevalence, incidence, and mortality for liver cirrhosis are used as indicators of alcoholic cirrhosis. Early stages of alcoholic liver injury are reversible, but advanced stages are usually relentlessly progressive. The only known prevention for alcoholic cirrhosis is to limit consumption of alcohol. For many years cirrhosis among alcoholics was attributed to nutritional deficiencies associated with alcoholism and not to the direct effects of alcohol on the liver [12].

In Ayurveda liver chirrosis can be correlated to Yakrddalyudar .As mentioned in Ayurvedic texts "Evavmev vakridapi dakshin parshavastham kuryat..." The causes, symptoms and treatment of Yakraddvaludar is similar to Pleehodara except that it is on the right side [13]. Acharya Sushrut and Bhavaprakash have also included this disease indirectly in eight types of *Udara roga*. Bhavamishra has mentioned that it is situated right and below to the Hridaya and is the sthan of pitta and shonita [14]. Sushrut mentioned Yakrit as the place of Ranjaka pitta [15] and rakta [16] while Charak mentioned Yakrit and pleeha as the moola of Raktavaha srotas [17]. Madhavkara has mentioned Yakrit vikaras separately in Madhay Nidana [18].

NIDANA OF YAKRADDYALUDAR:

In Ayurvedic classics the cause of Yakraddyaludar has been described mainly due to excess intake of *vidahi* and *abhishyandhi ahara*.

SAMPRAPTI OF YAKRADDYALUDAR:

After intake of the substances which increases Kapha and Pitta dosha like Vidahi and abhishyandhi ahara the bhutaagni gets mandya since the liver is the main seat of bhutaagni impaired fatty acid metabolism takes place in the liver. Kapha gets accumulated in the Pitta sthana, accumulation of fat occurs due to avarana causing Yakrithvriddhi, Agni-

mandhya, Balaksheena etc symptoms thereby producing the disease Yakraddyaludar.

SYMPTOMS AND SIGN OF YAKRADDYA-LUDAR:

Bhavaprakash has described four types of Yakrit vridhi such as Raktaja Yakrit vridhi, Pittaja Yakrit vridhi, Kaphaja Yakrit vridhi, Vataja Yakrit vridhi. The patients of Raktaja Yakrit vridhi have the symptoms of tiredness, giddiness, burning sensation, discolouration, heaviness, unconsciousness. Pittaja Yakrit vriddhi patients having the symptoms like fever, thirst, burning sensation, unconsciousness, and yellowishness. The patients of Kaphaja Yakrit vriddhi having symptoms like thick, hard, and heaviness in the liver with enlargement, mild pain and loss of appetite. Vataja Yakrit vriddhi patients show the symptoms like pain feeling around the liver area [19].

In modern medicine the main goal to treat liver chirrosis is to stop or slow down the progression of liver damage and to treat the complications. Specific medical therapies may be applied to many liver diseases in an effort to prevent the development of cirrhosis as there is no specific treatment for cirrhosis. Once cirrhosis develops, treatment is aimed at the management of complications as they arise. Ayurvedic treatment seems to be very specific including *pitta* pacifying therapy and purificatory therapy. The role of *Chausath Prahari pippali* is one such measure.

DISCUSSION

Chausath Prahari pippali is a type of churna kalpana which has pippali as a principle drug. Chausath prahari pippali is prepared from pippali by triturating choti pippali with juice of badi pippali for 64 Prahar or 192 hours (Prahar is a Sanskrit term for a unit of time and it is approximately three hours long). It has carminative, stimulant, laxative, thermogenic, anti-cough and appetizing properties [20]. It is very useful medicine in treatment of both respiratory and digestive diseases.

CHAUSATH PRAHARI PIPPALI – INGREDI-ENTS

Choti pippali powder, Badi pippali phant

Preparation of *Chausath Prahari pippali*: *Choti pip-pali* powder is triturated *(mardana)* with *Badi pip-pali phant* for constant 192 hours.

PIPPALI:

Species of the genus Piper are among the important medicinal plants used in various systems of medicine ^{[21], [22]}. Piper longum L.Piperaceae), commonly known as "long pepper", is widely distributed in the tropical and subtropical regions of the world, throughout the Indian subcontinent, Sri Lanka, Middle Eastern countries and the Americas.

Vernacular names: English: Long pepper, Hindi: Pippali, Sanskrit: Pipali

Habitat: The native of the plant is considered to be South Asia and is found both wild as well as cultivated, throughout the hotter parts of India from central to the north-eastern Himalayas. The herb also grows wild in Malaysia, Singapore, Bhutan, Myanmar and elsewhere.

BOTANICAL DESCRIPTION:

It is having slender, aromatic, perennial climber, with woody roots and numerous wide-ovate, cordate leaves. The inflorescence is a cylindrical, pedunculate spike, the female flower is up to 2.5 cm long and 4-5 mm in diameter but the male flower is larger and slender. The fruits are small, ovoid berries, shiny blackish green, embedded in fleshy spikes [23].

DISTRIBUTION: It occurs in the hotter part of India from the central Himalayas to Assam, Khasi and Mikir hills, lower hills of Bengal and evergreen forest of Western Ghats from Konkan to Travancore [24]

AYURVEDIC PROPERTIES:

Rasa: Katu, Guna: Laghu, snigdha, tikshna Virya: Anushnashita, Vipaka: Madhur, Dosha: Kapha and Vata shamaka [25]

ROGAGHNATA:

Pippali having therapeutic action like *Gulma* (Abdominal tumour), *Udara sula* (Abdominal pain), *Arsha* (Piles), *Pandu* (Anaemia), *Yakrutvikar* (hepatic disorder), *Pleeha vridhi* (Spleen

Enlargement), Krimiroga (worm), Hridourbalya (heart disease), Raktavikara (Blood disorder), Amavata (Rheumatoid arthritis), Vata rakta (Gout), Kasa (Cough), Swasa (Asthma), Hikka (Hiccough), Yakshma (Tuberculosis), Mootravikara (Urinary track disorder), Kushtha (Skin disease), Jeernajwara (Chronic fever), Vishamjwara (Malaria).

BIOAVAILABILITY ENHANCEMENT:

Piperine was found to enhance the bioavailability of structurally and therapeutically diverse drugs, possibly by modulating membrane dynamics due to its easy partitioning and increase in permeability of other drugs such as vasicine, indomethacin, diclofenac sodium etc. [26],[27]. It was suggested that piperine might be inducing alterations in membrane dynamics and permeation characteristics, along with induction in the synthesis of proteins associated with the cytoskeletal function, resulting in an increase in the small intestine absorptive surface, thus assisting efficient permeation through the epithelial barrier [28], [29]. The study showed that piperine enhances the serum concentration, extent of absorption and bioavailability of curcumin in both rats and humans with no adverse effects [30].

Long pepper (pippali) is used in many Ayurvedic medicines to treat various health problems. It is one of the key ingredients of this medicine which is used to treat many diseases. Long pepper is used to treat a variety of conditions like asthma, bronchitis, cough, digestive disorders and enlargement of the spleen. Pippali is the main drug of Chausath prahari pippali. Pippali has katu rasa, ushna virya, madhur vipaka, tikshna and laghu guna. It acts as hetu viparit (against cause), vyadhi viparit (against disease i.e. Yakrit plihagna), dosha viparit (kaphavatahara, tridosh hara, pittavirodhi) and as rasayana.

PROBABLE MODE OF ACTION OF CHAU-SATH PRAHARI PIPPALI

Yakrit is the sthan of pitta dosha, rakta dhatu and Agni .Pippali being tikta and katu rasa pradhan acts as deepan and paachan aushadhi. It acts on jatharagni as well as dhatwagni. Tikta and katu rasa have properties to increase metabolism. Laghu guna helps in increasing jatharagni as they are easily digestible and forms less nitrogenous waste products. Ushna virya helps in enhancing the jatharagni as well dhatwagni because ushna virya increases metabolism (catabolism).

Piper longum Linn belongs to the family Piperacea, is a common Indian dietary spice which has been shown to possess a wide range of therapeutic utilities. It has been reported to possess antiasthamatic, anti-inflammatory, hepatoprotective, hypocholestremic and immunomodulatory activities. It contains various alkaloids like piperine, piperlongumine, piperlonguminine etc which helps in the regeneration of hepatocytes [31].

A study shows significant hepatoprotective effect on *Piper longum Linn*. Milk extract treatment in CCl₄ induced hepatic damage. An evident decrease in level of serum enzymes, total bilirubin and direct bilirubin was observed. Histopathological findings indicated that administration of *piper longum Linn* milk extract offered protection to the hepatocytes from damage induced by CCl₄, with mild fatty changes in the hepatic parenchymal cells, which corroborated the changes observed in the hepatic enzymes. It also showed regenerating liver cells around the necrotic area ^[32]. *Mardana* process converts the particle size of a substance. Reduction in particle size increases the surface area of the drug which helps in easy digestion and assimilation ^[33].

CHAUSATH PRAHARI PIPPALI - USES

Useful in *Vata* and *Kapha* diseases, Cough, asthma, respiratory diseases, Digestive impairment, low appetite, hyperacidity, Hiccups, anemia, piles, pain, Post-partum fever, fever

due to cold & cough, chronic fever, Improves breast milk in lactating mothers. Gives strength to heart ^[34]. **DOSE OF** *CHAUSATH PRAHARI PIPPALI:* 250 mg to 500 mg twice daily with honey ^[35].

CONCLUSION

Hence, from the above study we can conclude that *Chausath prahari pippali* can play an important role in the management of liver cirrhosis. Studies have already been proved that the principle component *pippali* has hepatoprotective and hepatogenerative properties.

REFERENCES

- Braunwald E, Fauci AS, Kasper DL, Hauser SL, Longo DL Jameson JL, editors. Harrison's Principles of Internal Medicine. 15th Ed. New York, NY: McGraw-Hill; 2001.
- Edwards CRW, Bouchier IAD, Haslett C, Chilvers ER, editors. Davidson's principles and practice of medicine. 18th Ed. New York, N.Y: Churchill Livingstone; 1999. pp. 948–52.
- Kale Kakade Namrata; Liver rejuvenation The best & Painless solution for liver Cirrhosis Published on October 15, 2015 https://www.linkedin.com/pulse/liver-rejuvenation-best-painless solution for liver cirrhosis
- 4. https://www.quora.com/What-is-the-treatment-of-acute-liver-cirrhosis Menzel Georgia Answered Oct 27, 2016
- https://en.wikipedia.org/wiki/ Cirrhosis; National Institute of Diabetes and Digestive and Kidney Diseases. April 23, 2014. Archived from the original on 9 June 2015. Retrieved 19 May 2015.
- https://en.wikipedia.org/wiki/Cirrhosis; GBD 2013
 Mortality and Causes of Death, Collaborators (17
 December 2014). "Global, regional, and national agesex specific all-cause and cause-specific mortality for
 240 causes of death, 1990–2013: a systematic analysis for the Global Burden of Disease Study 2013".
- 7. https://www.maxhealthcare.in/blogs/gastroenterology/what-you-need to know more on liver cirrhosis?
- 8. Melato M, Sasso F, Zanconati F. Liver cirrhosis and liver cancer. A study of their relationship in 2563 autopsies. *Zentralbl Pathol* 1993; 139: 25–30.
- 9. Gradual N, Leth P, Marbjerg L, Galloe AM. Characteristics of cirrhosis undiagnosed during life: a comparative analysis of 73 undiagnosed cases and 149 diagnosed cases of cirrhosis, detected in 4929 consecutive autopsies. *J Intern Med* 1991; 230:165–171.

- 10. Lim YS, Kim WR. The global impact of hepatic fibrosis and end-stage liver disease. *Clin Liver Dis* 2008; 12: 733–746.
- Murray CJ, Lopez AD. Alternative projections of mortality and disability by cause 1990–2020: Global Burden of Disease Study. *Lancet* 1997; 349: 1498– 1504.
- 12. NIAAA (National Institute on Alcohol Abuse and Alcoholism). 1983. Fifth Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health and Human Services. DHHS Publ. No.ADM) 84-1291. Public Health Service, U.S. Department of Health and Human Services, Rockville, Md. 146 pp.).
- 13. 13. Shastri K N, Chaturvedi GN, *Charak chikitsasthan* 13/38,"Vidyotini" Hindi Commentary Part 2, Varanasi Chaukhamba Bharti Academy, Edition Reprint 1998
- 14. Srikantha Murthy KR (2002), Bhavaprakash Samhitha, Vol II, Madhyama Khanda, 33/9, Varanasi:Chowkamba Krishna Das Academy, pp.446).
- 15. Srikanta Murthy KR (2004) Susrutha Samhitha, 2nd ed., Sutrasthana 21/10, Varanasi: Chaukhamba Orientalia, pp.15).
- 16. Srikanta Murthy KR (2005) Susrutha Samhitha, 2nd ed., Sutrasthana 21/16, Varanasi: Chaukhamba Orientalia, pp.157).
- 17. Sharma Ram Karan, Dash Bhagwan (Ed.) (2007) Charaka Samhitha, Vol.II. Vimanasthana 5/8, Varanasi: Chaukhamba Sanskrit Series Office, pp.117
- 18. Yadunandan Upadhyaya (2000) Madhava Nidana, 29th ed., Part 2, Parishistam, Yakrit Roganidanam, Varanasi: Chaukhamba Sanskrit Sansthan, pp.467
- 19. Bhavaprakash, Madhyama Khanda, Chikitsa Prakarana, 33:2, 3)
- Baidyanath Ayurveda Sara sangrah page 361; Shri Baidyanath, Ayurved Bhavan Limited, Naini, Ilahbaad.
- 21. Kirtikar KR, and Basu BD, Indian Medicinal Plants, 2nd Edn, Lalit Mohan Basu Publications, Allahabad, 1933, pp.2131-2133.
- 22. Parmar NS, Jain SC, Bisht KS, Jain R, Taneja P, Jha A, Tyagi OD, Prasad AK, Wengel J, Olsen CE, Boll PM, Oxygen deprivation stress in a changing environment, Phytochem, 1997, 46(4), 597-599.
- 23. Williamsons, Piper longum, Major herbs of Ayurveda, 1st Edn, and Dabur research foundation, Dabur Ayurvet Limited, Elsevier health science, 2002, pp. 225-22
- 24. (CCRAS, Database on Medicinal Plant Used in Ayurveda, Vol- III, Reprint 2005, p-472.)
- 25. P.V. Sharma, Dravyaguna Vigyana II Part, Chaukhamba Barati academy, Varanasi Ed 2001 p-275

- 26. Khajuria A, Zutshi U, Bedi KL, Intestinal Permeability characteristic of Piperine, an active alkaloid from peppers and bioavailability enhancer, Indian J Exp Biol, 36(1), 1998, 46-49.
- 27. Atal CK, Zutshi U, and Rao PG, Scientific evidence on the role of Ayurvedic herbals on bioavailability of drugs. J Ethnopharmacol, 4(2), 1981, 229-232.
- 28. Lala LG, D'Mello PM and Naik SR, Pharmacokinetic and pharmacodynamics studies on the interaction of "Trikatu" with diclofenac sodium, J Ethnopharmacol, 91(2), 2004, 277-280.
- 29. Khajuria A, Thusu N, Zutshi U, and Piperine modulates permeability characteristics of intestine by inducing alterations in membrane dynamics: influence on brush border membrane fluidity, ultrastructure and enzyme kinetics, Phytomed, 9(3), 2002, 224-231.
- 30. Shoba G, Joy D, Joseph T, Majeed M, Rajendran R, Srinivas PS, Influence of piperine on the pharmacokinetics of curcumin in animals and human volunteers, Planta Med, 64 (4), 1998, 353-356
- 31. Gupta AK 2003. Quantitative analysis of medicinal aromatic plants, (3) pp-125 to 129
- 32. .Patel JA Shah US. Hepatoprotective activity of piper longum traditional milk extract on carbon tetrachloride induced liver toxicity in Wistar rats.
- 33. Raju Thomas et al / Int J. Res. Ayurveda Pharm 5(3), May June 2014
- Baidyanath Ayurveda Sara Sangrah page 361; Shri Baidyanath, Ayurved Bhavan Limited, Naini, Ilahbaad.
- Baidyanath Ayurveda Sara Sangrah page 361; Shri Baidyanath, Ayurved Bhavan Limited, Naini, Ilahbaad.

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