

THE EFFECT OF “SHUNTHYADI CHURNA VATI” IN ‘ATISAR SAMAVASTHA’

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ABSTRACT

In this twenty first century people are undergoing enormous stress and strain due to change in life-style and dietary habits. Habits like over-eating, fast food, unhealthy/unhygienic food like *atisnighdha*, *atiruksh*, *atidrava*, *virudhashan*, and contaminated water which causes disturb in GIT. *Atisar* is very common in India due to the above reasons. *Atisar* exists in the society in an endemic form and this *vyadhi* we can found throughout the year but it is more common in summer and in rainy season. Also it is found more in rural areas as compared to urban areas. This could be due to better and filtered water is supplied to city areas. In Ayurvedic literature two *avastha* of *Atisar* are described viz. *Samavastha* and *Niramavastha*. Ayurved physician should keep in mind about the *avasthas*. In *Samavastha* of *Atisar* *deepana*, *pachana* drugs are given whereas in *Niramavastha*, *stambhan* drugs are to be prescribed. In modern medicine they do not consider *avastha*, which may lead to aggravation of symptoms. In modern medicine *Atisar* can correlate with diarrhoea. The drug “*shunthyadi churna vati*” is taken from Sharangdhar *Samhita Madhyam Khanda* is mainly indicated for *deepana*, *pachana* in *samavastha* of *Atisar*. The drug showed encouraging results in reducing all the symptoms of *Atisar*.

Keywords: *Atisar*, *samavastha*, *shunthyadi churna*, diarrhoea

INTRODUCTION

Madhav Nidan describes meaning of *Atisar* as increased liquidity of stool or increased frequency of stool⁽¹⁾. *Atisar* can correlate with diarrhea in modern medicine. According to them diarrhoea is defined as passing of liquid stool and increase in the daily stool weight, the upper normal limit which is 200 gm in industrialized societies⁽²⁾. Diarrhoea is usually associated with increase stool frequency i.e. more than 3 motions and is often accompanied with urgency, per anal discomfort and incontinence, some patients may

have abdominal pain, anorexia, giddiness and in severe cases dehydration is present⁽³⁾. The modern treatment aims to replace the lost volume of water and electrolytes. They only give symptomatic treatment. Patients are hospitalized for the purpose of admission of saline and IV fluids and they use antibiotics, antispasmodic, anti-parasitic agent. They do not consider the *Avastha* of *Atisar* which may lead to aggravation of symptoms patient many times feels discomfort, fullness of abdomen and many other

complaints like loss of appetite due to use of *Sthamban dravyas*, which is quite costly and having some side effect also as compared to *Ayurvedic* medication⁽⁴⁾.

In *Ayurveda* the *Avashta* of *Atisar* are mentioned and according to that treatment and medication are indicated⁽⁵⁾. Whereas in modern medicine they only use fluid and electrolytes replacement and use of antibiotic which cause *Sthambhan* and due to these further complications are increases⁽⁶⁾. Also modern medication are quite costly and out of reach of common and poor people. They cannot afford such costly treatment. By use of *Ayurvedic* treatment we can provide better and quite effective medication in *Atisar*. *Ayurvedic* medication is cheap, affordable, easily available and having no side effects as compared to modern medication. Poor and tribal people can get chip and effective treatment in *Atisar*.

AIM: To study the effect of “*Shunthyadi Churna*” in ‘*Atisar Samavastha*’.

OBJECTIVES

- 1) To assess effect of “*shunthyadi churna*” on *mala parikshan*
- 2) To study *agni deepana* effect of “*shunthyadi churna*” in “*Atisar Samavastha*.”

METHODOLOGY:

SELECTION OF PATIENTS

Total 30 patients suffering from *Atisar samavastha* were selected irrespective of their sex, religion and economic status from OPD and IPD of *Kayachikitsa* department.

A) INCLUSION CRITERIA:-

1. The patients with *Atisar samavastha*.
2. Patients from age group of 18 to 70 years.
3. Both male and female are included in study.

B) EXCLUSION CRITERIA:-

- 1) *Atisar* associated with pregnant women and lactating mother.
- 2) *Atisar* associated with pulmonary tuberculosis, and cardiac diseases and any other major illness.
- 3) The patient with severe dehydration.

4) The *niram lakshana Atisar*.

5) The patient of age group below 18 and above 70 yrs.

C) WITHDRAWAL CRITERIA:-

- 1) If patients develop any adverse effect during the treatment.
- 2) If patient not responding to treatment and aggravation of symptoms if any.

RESCUE TREATMENT

On aggravation of symptoms patient will be transfer on modern medicine treatment.

MATERIAL AND METHOD:-

A) METHOD:

- 1) 30 patients of *Atisar Samavastha* were taken.
- 2) The written inform consent of the patient was taken prior to commencement of the clinical trials.
- 3) The cardinal symptoms of *Atisar samavastha* were noted.
- 4) The nature of stool was noted according to *Ayurvedic* and modern examination tools.
- 5) Investigations: *Purisha* examination by *Ayurvedic mala parikshan* and routine stool examination were done at base line and at the end of treatment.

PLACE OF WORK –

The O.P.D. and I.P.D. of *Kayachikitsa* department.

SELECTION OF DRUG –

In *Ayurvedic Samhitas* there are many number of remedies are explained on *Atisar*. *Shunthyadi Churna* is taken from *Sharangdhar Samhita madhayam khanda*⁽⁷⁾.

STANDARD OPERATING PROCEDURE (S.O.P.) FOR DRUG PREPARATION-

‘*Shunthyadi Churna*’ was prepared in the pharmacy of our *Ayurvedic* College. The preparation method of *Shunthyadi Churna* was done according to *Sharangdhar Samhita*. For the correct and equal dose, *vati* of 500 mg was prepared from *Shunthyadi churna*. The standardized *Sukshma Churna* (fine Powder) of all six *dravyas* where taken in equal amount they mixed vigorously with help of mixer, after that 500 mg *Vati* was prepared⁽⁸⁾.

Table 1: Administration of drug:-

Drug	<i>Shunthyadi Churna</i>
Route of administration	Oral
Dose	500 mg (i.e.1.5gm) TDS
Kala	<i>Samankala</i>
Anupana	<i>Koshna jala</i>
Duration	5 Days (maximum)
Follow up	Every 2 days or earlier if required

Following the administration of drug *pathya-apathya* were advised.

SUBJECTIVE PARAMETERS:-

Signs and symptoms of patients were noted and assessed by various parameters. Symptoms such as *udarshool, udargaurav, annanabhilasha, adhman, Klam, trishna, aruchi*. These *lakshanas* was assessed by visual analogue scale.

VISUAL ANALOGUE SCALE:-

There is 0–10 numbered scale. 0 marking on left side indicate minimum or no appearance and 10 indicate maximum severity.

OBJECTIVE PARAMETERS:-

Various symptoms which were noted during examination of the patient were assessed by following criteria's.

1) Trishna**Table 2:** Showing the contents of *Shunthyadi churna vati*,

<i>Dravya</i>	Latin Name	<i>Rasa</i>	<i>Vipaka</i>	<i>Virya</i>	<i>Guna</i>	<i>Karma</i>	Part used
<i>Shunthi</i> ⁽⁹⁾	Zingiber officinale, Roxb.	<i>Katu</i>	<i>Madhur</i>	<i>Ushna</i>	<i>Laghu, Snigdha</i>	<i>Deepan, Pachan, Grahi</i>	<i>Kanda</i>
<i>Ativisha</i> ⁽¹⁰⁾	Aconitum heterophyllum,	<i>Tikta katu</i>	<i>Katu</i>	<i>Ushna</i>	<i>Laghu, Ruksha</i>	<i>Deepan, Pachan</i>	<i>Mul (kanda)</i>
<i>Hingu</i> ⁽¹¹⁾	Ferula narthex, Boiss.	<i>Katu</i>	<i>Katu</i>	<i>Ushna</i>	<i>snigdha, tikshna</i>	<i>Deepan, pachan Agnivaradhan</i>	<i>Niryas</i>
<i>Musta</i> ⁽¹²⁾	Cyperus rotundus, Linn.	<i>Tikta, katu kashaya</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Laghu, Ruksha</i>	<i>Deepan, Grahi Pachan,</i>	<i>Kanda</i>
<i>Kutaj</i> ⁽¹³⁾	Holarrhena antidysenterica, (Linn.)Wall.	<i>Tikta, Kashya</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Laghu, Ruksha</i>	<i>Stambhan, Sangrahi</i>	<i>Twaka</i>
<i>Chitrak</i> ⁽¹⁴⁾	Plumbago zeylanica, Linn.	<i>Katu</i>	<i>Katu</i>	<i>Ushna</i>	<i>Laghu, ruksha, tikshna</i>	<i>Grahi</i>	<i>Multwak</i>

Observation and Results:

Total 30 patients were included in study pus cell from the stool routine and microscopic report before

Mild- Drinking of water in 3 hr.
Moderate- Drinking of water in 2 hr.
Severe- Drinking of water in 1 hr.

2) Purish Vega –

Nil – 0-1 /day
Mild - 1-5 /day
Moderate -6-10 /day
Severe – more than 10 /day

3) Purish - Gandh Parikshan –

Nil – 0
Mild – 1-5 feet
Moderate – 6-10 feet
Severe – more than 10 feet

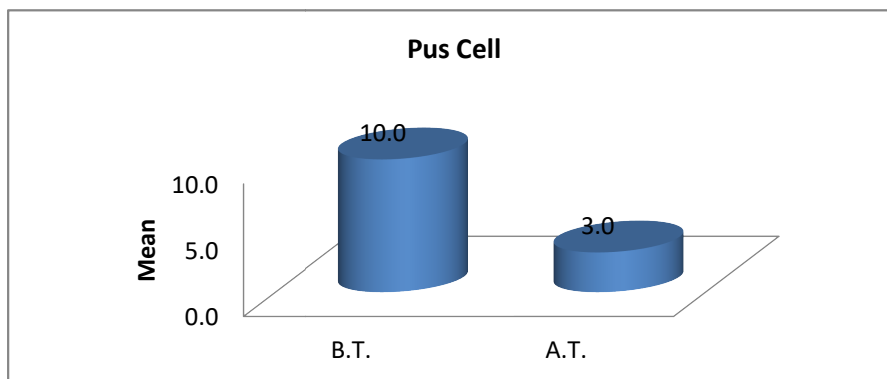
4) Purish Pichhilata-

Present – 1
Absent - 0

treatment and after treatment were noted. There was change in number of pus cells after treatment was noted.

Table 3: showing The Effect of drug on Number of Pus Cell:

Pus Cell	Mean		t-Value	P-Value	% Effect	Result
	B.T.	A.T.				
	10.0	3.0	2.893	0.007	70.0	Significant



Since, $p\text{-value} = 0.00 < 0.05$, we reject the null hypothesis and accept the alternate hypothesis. When patients are treated with *Shunthyadi Churna*, No. of Pus Cell after treatment was significantly reduced than No. of Pus Cell before treatment at the level of $\alpha = 0.05$ significance.

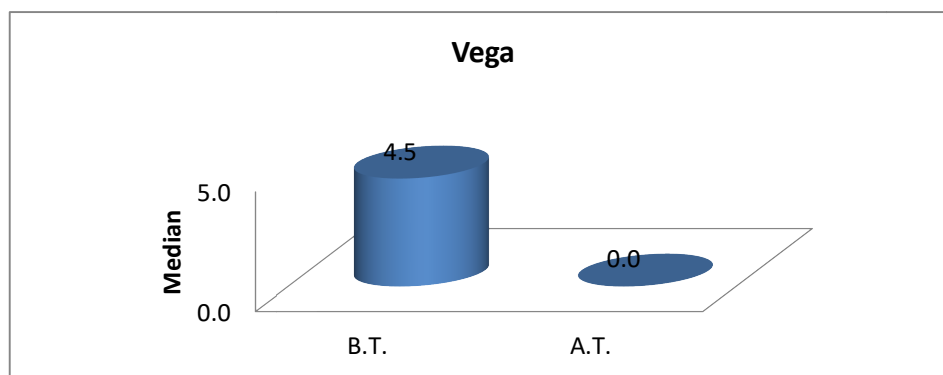
day by using severity index gradation. The difference in gradation before and after treatment was noted. It was found that out of 30 patients in the study, maximum number of patient were having severity grade 2 and 1 before treatment. But after treatment there was significant difference in severity gradation, out of 30 patients maximum numbers of patients were found to be in severity grade 0.

The Effect of drug on Vega:

Frequency was counted according to loose motion per

Table 4: Showing The Effect of drug on Vega.

Vega	Median		Wilcoxon Signed Rank Test	P-Value	% Effect	Result
	B.T.	A.T.				
	4.5	0.0	-4.805 ^a	0.000	100.0	Significant



Since, $p\text{-value} = 0.00 < 0.05$, we reject the null hypothesis and accept the alternate hypothesis. When patients are treated with *Shunthyadi Churna*, *Vega* after treatment was significantly reduced than *Vega* before treatment at the level of $\alpha = 0.05$ significance.

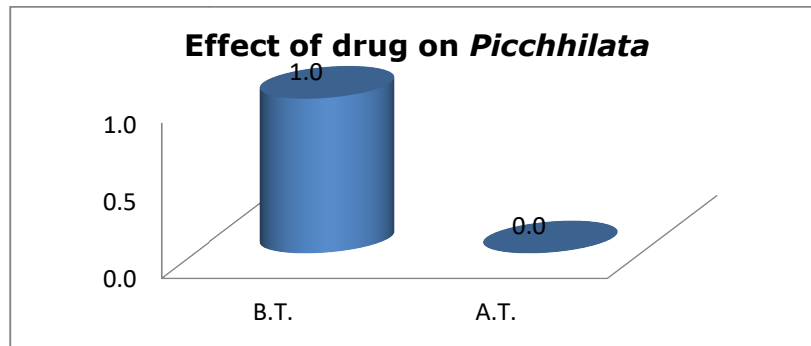
The Effect of drug on *Picchhilata*.

There is significant difference in effect of drug on *Picchhilata* before and after treatment.

Significance Threshold: $P < 0.05$.

Table 6: showing the effect of drug on *Picchhilata*,

<i>Picchhilata</i>	Median		Wilcoxon Rank Test	Signed	P-Value	% Effect	Result
	B.T.	A.T.					
	1.0	0.0	-4.583 ^a		0.000	95.5	Significant



Since, $p\text{-value} = 0.00 < 0.05$, we reject the null hypothesis and accept the alternate hypothesis. When patients are treated with *Shunthyadi Churna*, *Picchhilata* after treatment was significantly reduced than *Picchhilata* before treatment at the level of $\alpha = 0.05$ significance.

DISCUSSION

Most of *dravyas* of *Shunthyadi churna* having *tikta*, *katu*, *rasa* and *katu vipaka*, *ushna virya*, *laghu*, *ushna*, *ruksha guna* and *tridoshghna* properties due to which *deepan*, *pachan*, *shoshan*, and *krumighna karma* occurs and it helps to cure the *Atisar Samavastha*. When we treat a patient of *Atisar samavastha* with *shunthyadi churna* it shows a very good result due to its properties which help to digest the *Aam dosh* and it further helps to decrease the severity of *Atisar*. The *Shunthyadi churna* was found more effective on *pittaj* and *kaphaj Atisar*. All the symptoms of the patients usually disappeared on third to fifth day, even *samata* was also reduced. While taking trial, there is no side effect is found. There was no reaction of drug was found on any patient.

While treating the *Atisar*, everyone should think about *avastha*. In *samavastha* do not use *stambhaka dravyas* use *deepan*, *pachan dravyas* and in *niramavastha* we can use *sthambhan dravyas*. According to *sharangdhara*, *Na tu Sangrahanama*, means *Na tu Shita Sangrahana i.e.* one shouldn't use *shita virya dravyas* or one shouldn't use *stambak* or constipating medicines. We can also take different meaning of *Na tu Sangrahanama is As Na tu Poorva Sangrahanama* means in the early stage of *Atisar* one shouldn't use *stambhaka dravyas*. *Na tu Purisha Sangrahaniya* means one shouldn't use *dravyas* from *purishsangrahaniya gana*. And *Na tu Pradhana Sangrahanama* means one shouldn't use *Stambhan chikitsa* as a *pradhan chikitsa*.

In *Shunthyadi Churna* great author of *Sharangdhar Samhita* made a combination of these *dravya* in such a way that it leads to break Pathology of diseases *Atisar*

CONCLUSION

- *Shunthyadi Churna Vati* shows significant results in *Atisar samavastha*.
- In the present study, it can be concluded that *Shunthyadi Churna Vati* has significant *Agni deepan* property.

REFERENCES

1. Prof. Yadunandana Upadhyaya (Revised, edited by) Sri Sudarsana Shastri, 29th edition- 1999, Madhavanidana of shri Madhavakara with the ‘Madhukosha’ Sanskrit commentary by shri Vijayarakshita and Srikanthadatta with the ‘Vidyotini’ Hindi commentary and notes, part I & II; Chaukhamba Sanskrit sansthan, Varanasi.
2. Harrison;s Principles of Internal Medicines, Volume I, 17th edition, Mc graw hill Medical publication, chapter 40, pp.247
3. Davidson’s Principles and practice of Medicine, edited by C.R.W. Edwards / I.A.D. bouchier / C.Haslett / E.R. Chilvers, 17th Editon,Punlication Churchil Livingstone, Reprinted 1996, Chapter 7th, pp.464
4. K.D. Tripathi, Essentials of medical Pharmacology, 5th Edition, jaypee brother medical publication, Chapter 46, pp.619
5. Acharya Siddhi Nandan Mishra, Charak Samhita, Part II, Choukhmba orientalia, Varanasi, Edition –First 2009, chapter 19/5, pp.498
6. Harrison;s Principles of Internal Medicines, Volume I, 17th edition, Mc graw hill Medical publication, chapter 40 ,pp.250
7. Dr. Guruprasad Sharma, Sharangdhar Samhita Madhayam Khanda, Chapter 6/118, Churna kalpna, pp.192
8. Dr. Guruprasad Sharma, Sharangdhar Samhita Madhayam Khanda, Chapter 6/118, Churna kalpna, pp.192
9. Shri. Bramhshankar Mishra and Shri. Rupalalji Vaisya, Bhavaprakash, part- I, Choumbha Sanskrit Bhawan, Varanasi, Edition 2012, Haritakyadi varga, pp.13
10. Shri. Bramhshankar Mishra and Shri. Rupalalji Vaisya, Bhavaprakash, part- I, Choumbha Sanskrit Bhawan, Varanasi, Edition 2012, pp.126
11. Shri. Bramhshankar Mishra and Shri. Rupalalji Vaisya, Bhavaprakash, part- I, Choumbha Sanskrit Bhawan, Varanasi, Edition 2012, pp.41
12. Shri. Bramhshankar Mishra and Shri. Rupalalji Vaisya, Bhavaprakash, part- I, Choumbha Sanskrit Bhawan, Varanasi, Edition 2012, pp.244
13. Shri. Bramhshankar Mishra and Shri. Rupalalji Vaisya, Bhavaprakash, part- I, Choumbha Sanskrit Bhawan, Varanasi, Edition 2012,pp. 347
14. Shri. Bramhshankar Mishra and Shri. Rupalalji Vaisya, Bhavaprakash, part- I, Choumbha Sanskrit Bhawan, Varanasi, Edition 2012, pp. 22

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