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 exits 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. Shuntyadi 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:

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

Following the administration of drug *pathya-apathyā* 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,*

<table>
<thead>
<tr>
<th>Dravya</th>
<th>Latin Name</th>
<th>Rasa</th>
<th>Vipaka</th>
<th>Virya</th>
<th>Guna</th>
<th>Karma</th>
<th>Part used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shunthi</td>
<td>Zingiber officinale, Roxb.</td>
<td>Katu</td>
<td>Madhur</td>
<td>Ushna</td>
<td>Laghu</td>
<td>Snigdha</td>
<td>Deepan, Pachan, Grahi</td>
</tr>
<tr>
<td>Ativisha</td>
<td>Aconitum heterophylam,</td>
<td>Tikta katu</td>
<td>Katu</td>
<td>Ushna</td>
<td>Laghu</td>
<td>Snigdha</td>
<td>Deepan, Pachan</td>
</tr>
<tr>
<td>Hingu</td>
<td>Ferula narthex, Boiss.</td>
<td>Katu</td>
<td>Katu</td>
<td>Ushna</td>
<td>Snigdha, tikshna</td>
<td>Deepan, pachan, Agnivardhan</td>
<td>Niryas</td>
</tr>
<tr>
<td>Musta</td>
<td>Cyperus rotundus, Linn.</td>
<td>Tikta, katu maskhaya</td>
<td>Katu</td>
<td>Sheeta</td>
<td>Laghu, Ruksha</td>
<td>Deepan, Grahi</td>
<td>Kanda</td>
</tr>
<tr>
<td>Kutaj</td>
<td>Holarrhena antidysenterica, (Linn.)Wall.</td>
<td>Tikta, Kashya</td>
<td>Katu</td>
<td>Sheeta</td>
<td>Laghu, Ruksha</td>
<td>Stambhan, Sangrahi</td>
<td>Twaka</td>
</tr>
<tr>
<td>Chitrak</td>
<td>Plumbago zeylanica, Linn.</td>
<td>Katu</td>
<td>Katu</td>
<td>Ushna</td>
<td>Laghu, Ruksha, tikshna</td>
<td>Grahi</td>
<td>Multwak</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Pus Cell</th>
<th>Mean B.T.</th>
<th>Mean A.T.</th>
<th>t-Value</th>
<th>P-Value</th>
<th>% Effect</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>10.0</td>
<td>3.0</td>
<td>2.893</td>
<td>0.007</td>
<td>70.0</td>
<td>Significant</td>
</tr>
</tbody>
</table>

Since, p-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 α = 0.05 significance.

The Effect of drug on Vega:
Frequency was counted according to loose motion per 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.

Table 4: Showing The Effect of drug on Vega.

<table>
<thead>
<tr>
<th>Vega</th>
<th>Median B.T.</th>
<th>Median A.T.</th>
<th>Wilcoxon Signed Rank Test</th>
<th>P-Value</th>
<th>% Effect</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vega</td>
<td>4.5</td>
<td>0.0</td>
<td>-4.805a</td>
<td>0.000</td>
<td>100.0</td>
<td>Significant</td>
</tr>
</tbody>
</table>

Since, p-value = 0.00 < 0.05, we reject the null hypothesis and accept the alternate hypothesis.
Since, p-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,

<table>
<thead>
<tr>
<th>Picchhilata</th>
<th>Median</th>
<th>Wilcoxon Signed Rank Test</th>
<th>P-Value</th>
<th>% Effect</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>B.T.</td>
<td>A.T.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>0.0</td>
<td>-4.583(^4)</td>
<td>0.000</td>
<td>95.5</td>
<td>Significant</td>
</tr>
</tbody>
</table>

Since, p-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 stambhan dravyas. According to sharangdhara, Na tu Sangrahana, 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 purishsangrhaniya gana. And Na tu Pradhana Sangrahana means one shouldn’t use Stambhan chikitsa as 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.

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8. Dr. Guruprasad Sharma, Sharangdhar Samhita Madhayam Khanda, Chapter 6/118, Churna kalpa, pp.192

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