

**CRITICAL STUDY OF ANUPANA W.S.R. TO MADHU – SARPI AS ANUPANA OF SITOPALADI CHURNA IN HASTAPADANGADAHA**

**Vd. Sameer Isak Jamadar\*, M.D. (Samhita Siddhant)<sup>1</sup> and Vd. Sunil Chavan, M.D. (Agadtantra)<sup>2</sup>**

<sup>1</sup>Asst. Prof. Dept. of Samhita Siddhant, ADAMC, Ashta, Dist- Sangli.

<sup>2</sup>Asst. Prof. Dept. of Agadtantra, ADAMC, Ashta, Dist- Sangli.

Article Received on  
26 Feb. 2019,

Revised on 19 March 2019,  
Accepted on 09 April 2019,

DOI: 10.20959/wjpr20196-14768

**\*Corresponding Author**

**Vd. Sameer Isak Jamadar**

Asst. Prof. Dept. of Samhita  
Siddhant, ADAMC, Ashta,  
Dist- Sangli.

**ABSTRACT**

Ayurveda is science of life having aim of maintaining the health of healthy person and alleviating the disease of Patient. Anupana has given with food and medicine both. In classics Gunas of Anupana are given as Tarpan, Prinan, Bhrumhan, provides vitality, diffusion of food along the digestive tract and brings about breakdown. Anupana helps medicine and food to digest properly and to reach their target organs. The Karya of Anupana which is given with food is to digest it properly and take the nutritional part of food to its destination that is Dhatu's. Anupana increases the action and potency of medicine. Madhu-Sarpi and Jala has been explained as Anupana in many such formulation

described in Samhitas. The above reference is one of them and taken for the study to prove efficacy of Anupana.

**KEYWORDS:** Anupana, effect of Madhu – Sarpi As Anupana Of Sitopaladi Churna In Hastapadangadaha.

**INTRODUCTION**

Ayurveda has a unique vision about health and disease. Ayurveda is science of life having aim of maintaining the health of healthy person and alleviating the disease of Patient.<sup>[1]</sup>

Ayurveda has given many Sidhantas like Aahara Sevana Vidhi, Dincharya, Rutucharya etc, which helps in fulfilling the above aims. Anupana is one of the unique Siddhant explained by Ayurveda, none other branch of medicine has explained it.

अनुपानं करोत्यूर्जा तृप्तिं व्याप्तिं दृढांगताम I

अन्नासंघातशैथिल्य विक्रीत्तिजरणानि च II अ. ह. सू. ८/ ५२

Anupana is a liquid vehicle, which is taken along with or after food and medicine. Anupana energize mind, satiates, spreads medicine all over body, strengthens body, disintegrate the hard food material, liquefies the dry food material and digest it.<sup>[2]</sup>

Anupana plays an important role in daily routine of human being whether he is healthy or patient. In Samhitas it was found that same medicine work differently with deferent Anupanas. This determines that Anupana has capacity to judge action of a medicine.

सितोपालादिकम चूर्ण मधुसर्पियुत लिहेत I

श्वासकासक्षयहरम हस्तपादांगदाहजित II शा. सं. म. ६/१३८

Madhu-Sarpi and Jala has been explained as Anupana in many such formulation described in Samhitas. The above reference is one of them and taken for the study to prove efficacy of Anupana.

## AIM AND OBJECTIVES

Comprehensive study of Anupana.

### ❖ Objectives

- 1) Literary study of Anupana.
- 2) Study of Madhu – Sarpi as Anupana.
- 3) Comparative study of Madhu – Sarpi and Jala as Anupana of Sitopaladi churna in Hastapadangadaha

## MATERIALS AND METHOD

### A. Literary Research

Literary research about Anupana, Madhu, Sarpi and Daha is collected from relevant references. Assortment of references was done from Brahatrayi (Charaka Samhita, Sushruta Samhita, Ashtangsamgraha, and Hrudaya) and Laghutrayi with all appropriate commentaries. Apart from this, an effort was made to study the literature with the help of periodicals, scientific journals and through internet etc.

- **Drug**

- Anupana : Madhu – Sarpi for group 1 and Jala for group 2
- Aushadhi : Sitopaladi churna (SDM Ayurved Pharmacy)

- **Dose**

- Sitopaladi churna – 500 mg
- Madhu – Sarpi – Anupana = Madhu - ½ tsf (2.5 ml)  
Sarpi - 1 tsf (5 ml)
- Jala Anupana – 5 ml

- **Sevana Kala**

Adhobhakta i.e. bhojanoparant (After meal) twice daily.

**B. Field Research**

- Patients visiting to hospital and through camps organized by hospital in surrounding were selected for the study.
- 60 Patients suffering from Hastapadangadaha were selected randomly and divided into two equal groups i.e. group 1 and group 2
- Group 1 – Sitopaladi churna with Madhu – Sarpi Anupana.
- Group 2 – Sitopaladi churna with Jala Anupana.

- **Inclusion Criteria**

- Age – 18 to 70 yrs.
- Sex- Both
- Patient having Hastapadangadaha

- **Exclusion criteria**

- Age – below 18 yrs. and above 70 yrs.
- Patient having DM and other patients with critical illness.

- **Patient's Consent**

The purpose of general objectives of the study was duly explained to each and every individual and written informed consent was taken before starting with the treatment. The data of every individual will be kept confidential.

- **Duration**

Patients were studied for 30 days with follow up of 10 days interval. Effect of Anupana vishesh was assessed in regards to clinical symptom on the basis of Numeric rating scale.

- **Parameters of Assessment**

Assessment was done based on scientific scale like NRS.

0	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Nil Worst

- **Assessment**

The change in the symptoms of patient in both Groups 1 and 2 are significant or not, was checked with the help of statistical test as within the group assessment Wilcoxon signed rank test and between the group assessment Mann Whitney U test at 5% level of significance had used.

## OBSERVATION AND RESULTS

1. Out of 60 patients 31 were males and 29 were females.
2. Out of 60 patients 1 were from age group 18-20 years. Then 9 patients were from age group 20-30 years. Then 21 patients were from age group 30-40 years. Then 16 patients were from age group 40-50. And 13 Patients were from age group 50-60.
3. Out of 60 patients, 9 patients were from group of 40-50 kg. Then 29 patients were from group of 50-60 kg. Then 17 patients were from group of 60-70 kg. And 5 patients were from group of 70-80 kg.

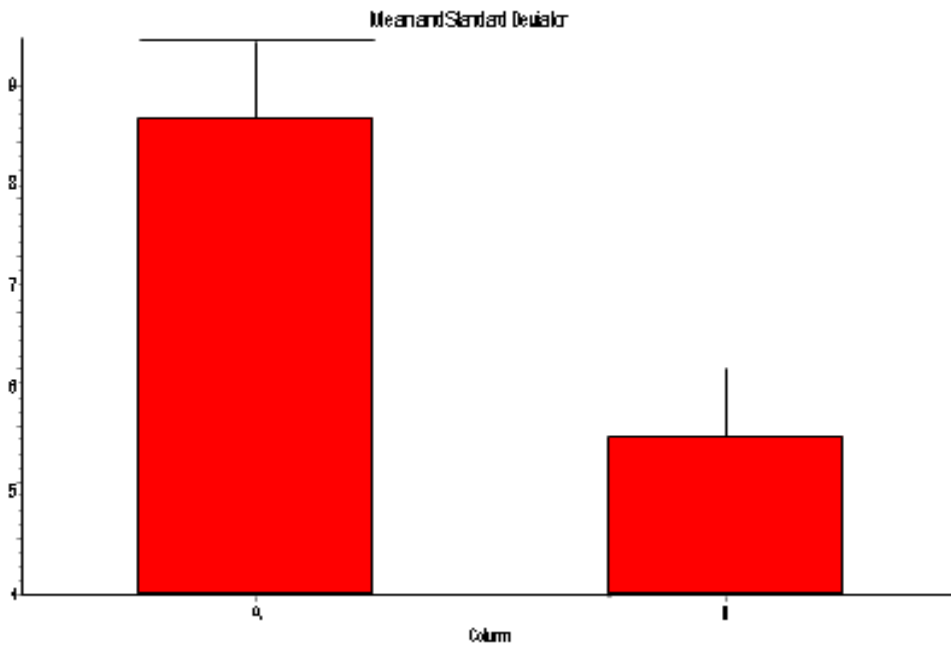
Out of 60 patients, 17 patients were housewife. Then 11 patients were farmer. Then 6 patients were merchants. Then 5 patients were in service. Then 3 patients were teachers, 3 patients were Mechanic. Then 2 patients were gavandi, 3 patients were student and other occupations have 1 patient each.

## RESULTS

### Group 1.

Group 1	Median score	S.D	T+ value	r value	P value	Significance
BT	9	1.382	465.0	0.5003	<0.0001	Extremely significant
AT	3	1.243				

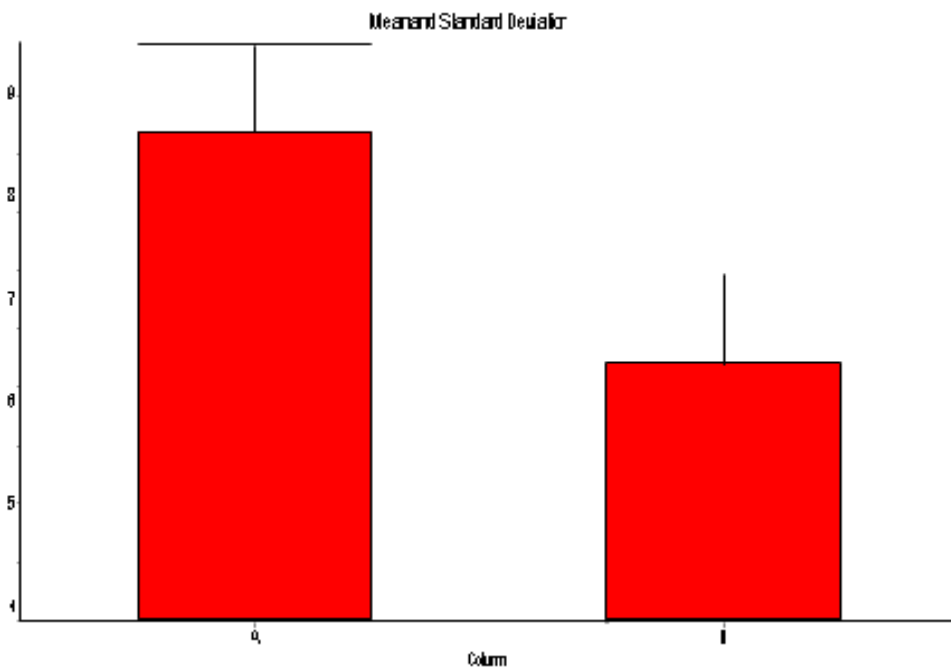
P value is < 0.0001 so test is extremely significant. Sitopaladi Churna with Madhu-Sarpi Anupana has significant effect on Hastapadangdaha.



**Group 2**

Group 1	Median score	S.D	T+ value	r value	P value	Significance
BT	9	1.520	465.0	0.7463	<0.0001	Extremely significant
AT	5	1.567				

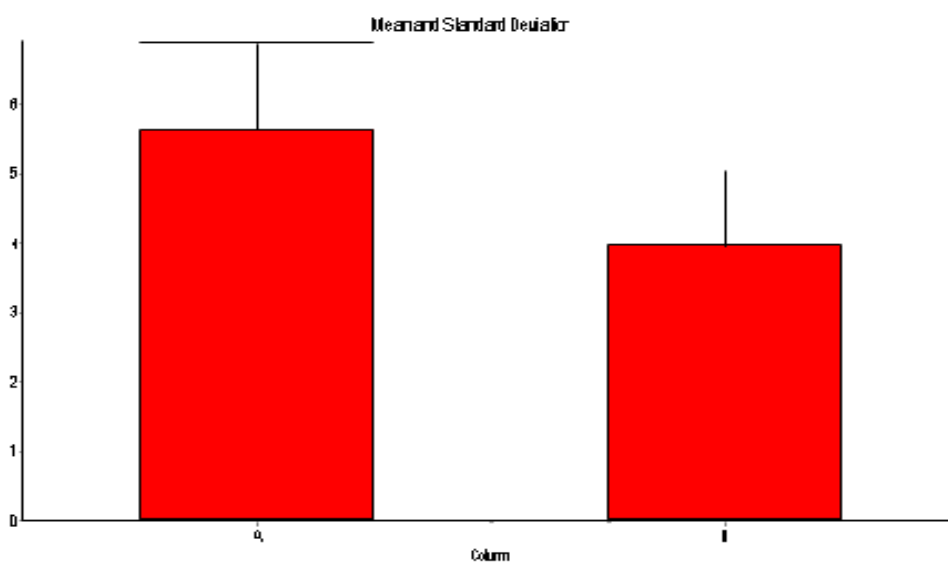
P value is < 0.0001 so test is extremely significant. Sitopaladi Churna with Jala Anupana has significant effect on Hastapadandaha.



**Madhu-sarpi and Jala(comparison of results of Group 1 and 2)**

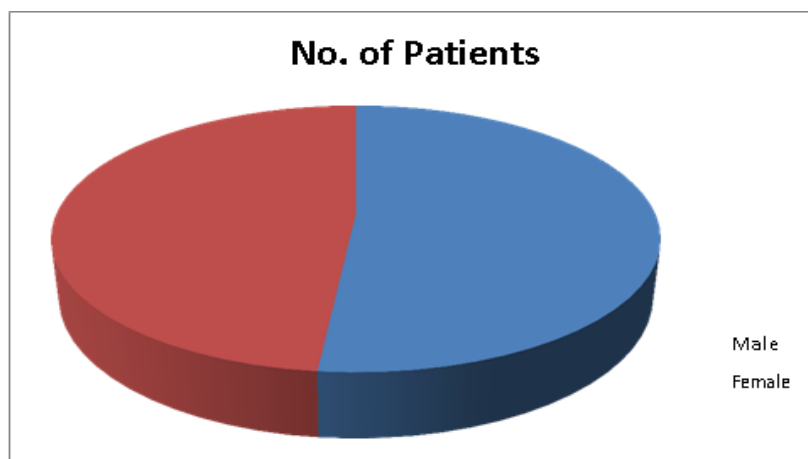
Group	Median of differences BT-AT	Mean of differences BT-AT	SD of differences BT-AT	Mann-whitney statistics	P value	Significance
Group 1	6	5.633	1.245	144	<0.0001	Extremely significant
Group 2	4	3.967	1.098			

P value is < 0.0001 so test is extremely significant. Test shows that there is significant difference in two groups. As mean of group 1 is greater than group 2, group 1 shows better result than group 2. Therefore Madhu-Sarpi as Anupana has better result than Jala in Hastapadangdaha.



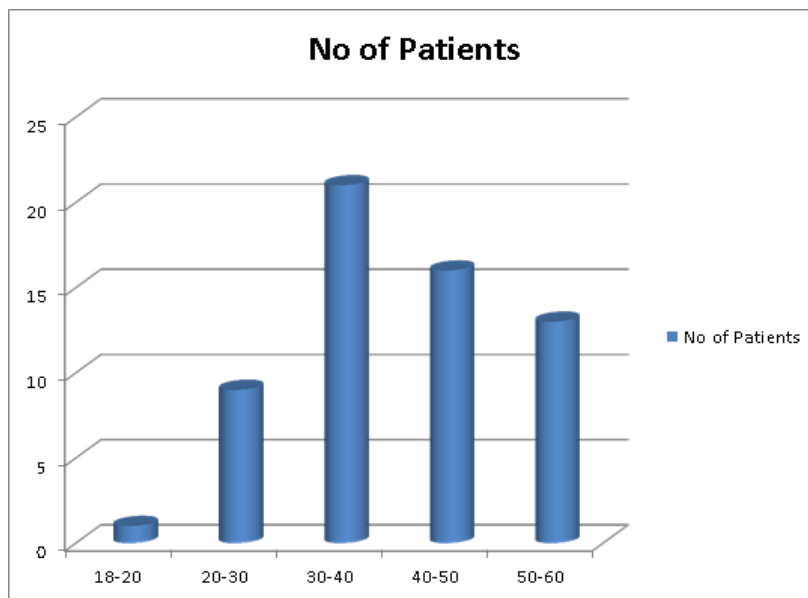
• Sex wise distribution

Sex	No. of Patients
Male	31
Female	29



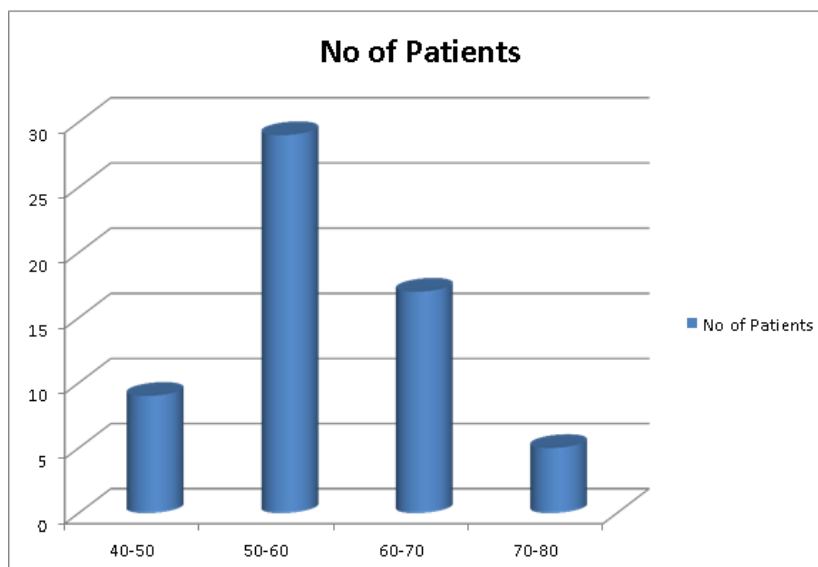
- Age wise distribution

Age in years	No. of Patients
18-20	1
20-30	9
30-40	21
40-50	16
50-60	13



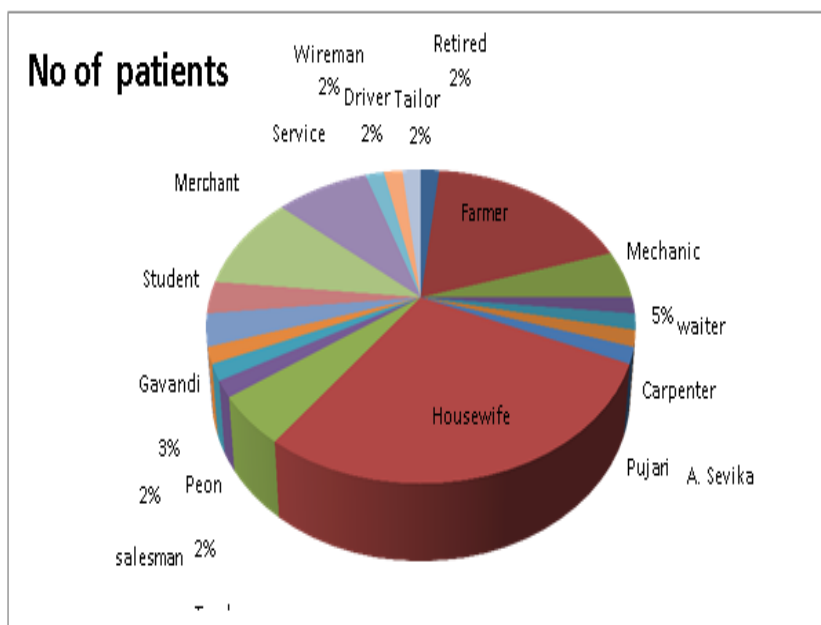
- Weight wise Distribution

Weight in Kg	No. of Patients
40-50	9
50-60	29
60-70	17
70-80	5



- Occupation Wise Distribution

Retired	1
Farmer	11
Mechanic	3
Waiter	1
Carpenter	1
Anganwadi Sevika	1
Pujari	1
Housewife	17
Teacher	3
Peon	1
salesman	1
Plumber	1
Gavandi	2
Student	2
Merchant	6
Service	5
Wireman	1
Driver	1
Tailor	1



## DISCUSSION

Anupana is liquid taken immediately after food or medicine; in Hemadri Tika of Ashtang Hruday we found Paan and Anupana definitions. Paan is taken irrespective of time and Anupana at appropriate time with specific procedure. In Rasatarangini we come across reference of Sahapana and Anupana. Sahapan is liquid taken mixed with medicine or food. Here Anupana has given with food and medicine both. In classics Gunas of Anupana are given as Tarpan, Prinan, Bhrumhan, provides vitality, diffusion of food along the digestive



tract and brings about breakdown. Anupana helps medicine and food to digest properly and to reach their target organs. The Karya of Anupana which is given with food is to digest it properly and take the nutritional part of food to its destination that is Dhatu's. Anupana increases the action and potency of medicine. Acharya Sharandhar mentioned medicine taken along with Anupana spreads all over body very quickly as drop of oil spread very fast in water (sha.M.6/5). Here Anupana is explained by Sharangdhara in Churna Prakaran. As Churnas are difficult to swallow alone, Anupana makes easy swallowing of Churnas. In our Samhitas different Anupanas are given to a medicine according to the different diseases ex. Narayan Churna<sup>[29]</sup> is given with 1) Takra in Udara, 2) Badarambu in Gulma, 3) Sura in Vata vibandha, 4) Prasanna in Vata Vyadhi, 5) Dadhimand in Malabadhata, 6) Dadimambu in Arsha, 7) Vrukshamla ras in Parikartika and 8) Usnambu in Ajirna. In Ashtang Hrudaya Uttar Tantra Rasayanadhyaya we found reference of Chitrak Churna<sup>30</sup> given in Vatarog with Tail, in Switra and Kushta with Gomutra and in Arsha with Takra. By this explanation We can say that same medicine works differently with different Anupana. Anupana changes action of Aushadhi, increases its potency and its Gamitva (action on specific or particular site). Anupana mask the bad smell of medicine. It also reduces the unwanted effect of medicine. In Sushruta Samhita Annapanavidhi Adhyaya different Anupanas are mentioned according to Aahar Dravya and according to Vihara. According to Doshas Anupana are mentioned, also according to Vyadhis Anupana is mentioned by Acharyas. This indicates that Anupana is a very important part of Chikitsa as well as in daily regimen for Swastha (healthy) person.

## SUMMARY

The present thesis entitled —Critical study of Anupana w.s.r. to Madhu – Sarpi as Anupana of Sitopaladi Churna in Hastapadangadahal comprises of seven sections i.e. Introduction, Aim and Objectives, Review of Literature, Materials and Method, Observation and Results, Discussion, Conclusion and Summary.

The Literature review begins with historical review of Anupana. Detailed study of Anupana, its definition, Guna and Phala of Anupana, and its Action was carried out. Study of Ghruta, Madhu and Jala have been conducted from the available references in Bhuhatrayis and Laghutrayis. Daha is not explained in Granthas as a separate Vyadhi, so its study was carried out from Panatyayaprathishedha Adhyaya of Sushrut Samhita, Madhava Nidan and from other references Daha Lakshana in Bruhatrayis and Laghutrayis. The methodology consists of two parts- Materials and Methods. Drugs and doses of Sitopaladi Churna and that of Anupana

were mentioned in the chapter of materials. The section of Methods includes the criteria of inclusion and exclusion, assessment criteria and their gradations and the statistical tests used to interpret the results. The observations were tabulated and the results obtained were analyzed statistically and presented with the details. The observations found in clinical study were discussed to represent reasonable conclusion.

On the basis of observations it was found that Sitopaladi Churna is useful in Hastapadangdaha. Same formulation was used in both the groups with different Anupana (Jala and Madhu-Sarpi). Satisfactory results were found in both the groups, but better results were found in the group where Madhu-Sarpi was used as Anupana. It was found in this study that efficacy of the drug changes with different Anupana; hence Anupana plays important role while treating the patient.

The section of Discussion includes reasons behind the selection of the drug and Anupana. A postulate is put forth regarding the probable mode of action of both the Anupana along with Sitopaladi Churna. Conclusions were drawn on the basis of conceptual references, critica review, observations made and results achieved. Through this significance of Anupana in treatment evaluated and proved.

## CONCLUSION

- Anupana" is a substance that is taken along with or after medicine and also it is considered as a fluid vehicle for medicine.
- "Anupana" is a very important factor which helps in Absorption, Assimilation, as well as in the efficacy of the drug.
- Anupana is a vehicle that carries the medicines to its target.
- Anupana should be decided according to the Prakruti of the patient as well as condition of Doshas.
- Anupana augmenting the effect of the primary drug thus helps in producing a therapeutic effect.
- Anupana acts as a transport media in the drug absorption and there is influence of Anupana in the symptom relief as well as it is contributory in the curative aspects.
- The Subjects of **Group 1** showed better results in Daha compared to **Group 2**.
- Madhu-Sarpi as Anupana has better result in Hastapadangdaha than Jala,
- -Anupana plays an important role in Ayurvedic practice.

**REFERENCES**

1. Kaviraj Ambikadattashashtri, Sushrut Samhita, Chaukhambha Snskrita Sansthan, Varanasi, 14<sup>th</sup> edition.
2. Dr. Bramhanad Tripathi, Charaka Samhita, Chaukhambha Surbharati Prakashan, Varanasi, 2007.
3. Acharya Vidhyadhar Shukla and prof. Ravidatta Tripathi, Chaukhambha Snskrita Pratishthan, Delhi, edition, 2009.
4. Dr. Lakshmidhar Dvivedi, Charaka Samhita, Part 1, Chaukhambha Krushnadas Akadami, Varanasi, First edition,
5. Kai. Dr. Ganesh Krushna Garde, Sarth Vagbhat, Anmol Prakashan, First edition, reprint, 2004.
6. Dr. T. Sreekumar, Ashtang Hruday, Part 1, Publication deprtment Harisree Hospital, Thrissur, Kerala.
7. Acharya Priyavat Sharma, Sushrut Samhita Nibandhasangraha Vyakhya, Chaukhambha Orientalia, Varanasi.
8. Ayurvedacharaya shriyadunadanopadhyay, Madhav Nidan, Part1, Chaukhambha Snskrita Sansthan, Varanasi.
9. Vai. Vishnu Mahadev Gogate, Dravyaguna Vidnyana, Vaidyamitra Prakashan, Sadashiv Peth, Pune, 1<sup>st</sup> edition, 2008.
10. Dr. J. L. N. Shastry, Dravyaguna Vijnana, Chaukhambha Orientalia, Varanasi.
11. Kaviraj Ambikadattashashtri, Bhaishajya Ratnavali, Chaukhambha Prakashan, Varanasi.
12. Dr. Bramhanad Tripathi, Sharangdhara Samhita, Chaukhambha Surbharati Prakashan, Varanasi, Reprint, 2004.
13. Dr. Mallika, K. Ponraj; A Study on Anupanam And Brief Discussion on its various Types; IAMJ, April- 2017; 5(4): 1092-1104.
14. Pandit Parashuram Shastri Vidyasagar, Sharandhara Samhita with Gudarthadipika Commentary, Chaukhambha Orientalia, Varanasi, Reprint edition, 2012.
15. Late. Anna Moreswar Kunte, Ashatanga Hruday Satik, Chaukhambha Orientalia, Varanasi, Reprint 9<sup>th</sup> edition, 2005.
16. Prof. Jotir Mitra, Asthanga Sangraha satik, Chaukhambha Snskrita Series Office, Varanasi.
17. Sri. Abhay Katayana, Bhela Samhita, Chaukhambha Surbharati Prakashan, Varanasi, First edition, 2009.
18. Vaidya Jaymini Pandey, Harita Samhita, Chaukhambha Visvabharati, Varanasi. 1<sup>st</sup>

- edition, 2010.
19. Dr. Indradev Tripathi, Raj Nighantu, Krishnadas Academy, Varanasi, Second edition, 1998.
  20. Dr. S.D. Kamat, Dhanavantari Nighantu, Chaukhambha Sanskrit Pratishsthan, Delhi, First edition, 2002.
  21. Dr. K.C. Chunekar, Bhavaprakash Nighantu, Chaukhambha Bharati Academy Reprint, 2002.
  22. Shri Bapalal G. Vaidya. Nighantu Adarsha Part-2, Chaukhambha Bharati Academy second edition Vi. S., 2056.
  23. P. Kashinatha Shastri, Rasatarangini, Motilal Banarasidar, Delhi, Varnasi, 8<sup>th</sup> edition, 2014.
  24. Prof. Dr. Gyanendra Pandey, Shodhal Nighantu, Chaukhambha Krishnadas Academy, Varanasi, First edition, 2009.
  25. Vaidya Jadavaji Trikamji Acharya, Charaka Samhita With Ayurveda Dipika Tika, Chaukhambha Orientalia, Varanasi, Reprint, 2009.
  26. Taber's Cyclopedic Medical Dictionary Part-1, Jaypee Brothers Medical Publication, First Indian edition, 1993.
  27. Taber's Cyclopedic Medical Dictionary Part-2, Jaypee Brothers Medical Publication, First Indian edition, 1993.
  28. Srisatyapala Bhishagacharya; Kasyapa Samhita; Chaukhambha Sanskrit Sansthan Varanasi; reprint, 2010.
  29. Dr.Indradeva Tripathi, Dr. Daya Shankar Tripathi; Yogaratnakara; Chaukhambha Krishnadas Academy; Varanasi; second edition, 2007.
  30. Dharmic Scripture Team; The Puranas; PDF, October 3, 2002; 1: 1.
  31. Vaidya G. A. Phadake; Dravya Guna Shastram; Shudha Ayurveda Pathyakram Samiti, Pratham Pushpam, PDF 1960.