

ROLE OF VATANU LOMAK (ABHAYADI) YAVAGU IN CHRONIC CONSTIPATION.

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ABSTRACT

The goal of *Ayurveda* is to achieve healthy life by its preventive and curative measures. In *Ayurvedic* text like *Charak Samhita*, *Sushruta Samhita* and *Astang Hridaya*, the all *dravyas* are classified into two categories -*Aushadha* (medicine) and *Aahara*(food items).The second part is known as *Pathya Kalpana* (do and don'ts of diet) is very important while dealing with the disease (Diet as a medicine). *Yavagu* is one of the common type of *Pathya Kalpana*. It is prepared from basic ingredient - Rice which is easy to digest and having good nutrients. It has medicinal use also. This study is carried out with the aim to study *Vatanuloman* effect of *Abhayadi Yavagu*, which

comprises *Abhaya* (*Terminalia Chebula*), *Pipalimula* (Root of *Piper longum*), *Vishva* (*Zingiber officinale*) in the patient suffering from chronic Constipation. Constipation can be correlated with '*Vibandh*' as both the terminologies have similar features like *Purishnigraha* (stasis of hard stool), *Parikartika* (pain during defecation). In this study, twenty cases of Chronic Constipation treated with *vatanulomak yavagu*, discussed. *Vatanulomak yavagu* given for 5 days. Patients were followed up after 5 days. After 5days, it was observed, pain during defecation reduced, patient passed soft stool regularly without straining and discomfort, did not require any purgative & overall appetite improved.

KEYWORDS: *Yavagu*, Chronic constipation, *Vibandh*, *Vatanuloman*.

INTRODUCTION

As described in *Ayurved* literature, *Apana vata* is the chief regulating *dosha* of *Basti* and *Guda*, Hence the pathogenesis of the disease of these systems (*Basti* and *Guda* disease) due

to its variation is obvious. Vitiating *Apana vata* vitiates the *Pakvashaya* whose vitiation inturn leads to the vitiation of prime *vata dosha* due to its common location. This *vata dosha*, due to its dynamic nature, vitiates *Pitta*, *Kapha* and four types of *vata*. As result the disease of respective system manifest. *Vibhanda* (Constipation) is not described as a seprate disease in our classical text, but there is mention of different presentation of *Purisha* (Faeces) like *Baddha - Purisha*, *Ghana- Purisha*, *Grathita- Purisha*, *Mala Avabaddhata* in various context in *Ayurveda*.^[1] *Vibhanda* occurs whenever there is an obstruction to proper functions of *Apaanavaayu*. Mal-vibanddh can also be produced secondarily by impairment of functions of *Samaana* and *Vyaana Vaayu*.^[2] Experiencing either a delay or a difficulty in passing hard stool is known as *Constipation*. It is an acute or chronic condition in which bowel movements occur less often than usual or consist of hard, dry stool that are painful or difficult to pass. Faulty toilet training and changed dietary habits are the two dominant factors for constipation.^[3] Following are the disease conditions in which constipation is mentioned as one among the clinical profile are *VaatikaArsas*, *Gulma*, *Jwaram*, *Udaavartam*, *Vaataavrita Vaayu*, *Tiktarasa dravyaprayoga*, *Vaatika grahani*, *Vaatika paandu*, *Raajayakshma*.^[4]

The word ‘*Anulomana*’ means due regulation or sending in right direction. The mode of regulation of *Apana Vata* by *Anulomana* karma is well explained in the following verse;

कृत्वा पाकं मलानां यद्धित्वा बन्धमथो नयेत्।

तच्चानुलोमनं ज्ञेयं यथा प्रोक्ताहरीतकी॥४॥ शा. पू. 4/4

The above citation implies that the process which breaks the abnormal *doshic* complex, propogates *Mala* (stool) and *Dosha* downwards after their appropriate digestion and excretes them from body through *Adhomarga*(Anus).^[5] *Anulomana* karma results in *Pakvashaya Shudhi* i.e *Sthanika dosha shudhi* and hence retains the physiological functions of *Apana vata*, main *vata dosha* and thus pacifies other *Dosha* also. Hence Helps to treats Post-operative Pain, Constipation, Gaseous Distention, Lower Abdominal Heaviness etc.

The present study is carried out to evaluate the effect of *Vatanuloman* by using *Yavagu Kalpana* in patient having Chronic Constipation, *vatanulomak yavagu* contains *Abhaya*, *Pimpalimula*, *Vishwa*.^[6]

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AIM: To evaluate effect of *Vatanulomak Abhayadi Yavagu* in patients of chronic Constipation.

MATERIAL AND METHOD

Inclusive Criteria

- 1) Age group= 20yr to 70yr
- 2) Both Male and Female
- 3) Pregnant women

Exclusive criteria

- 1) Patient with severe Comorbidities (Renal disease, Hepatic Disease, IHD, CABG).
- 2) Patients with constipation because of Obstructive pathology.
- 3) Colon and Rectal CA.

Drugs-Ingredients of *Vatanuloman Yavagu*

Sanskrit Name	Botanical Name	Part Use	Ratio
<i>Abhaya</i>	<i>Terminalia chebula</i>	Fal (fruit)	1
<i>Pipalimula</i>	Root of Piper Longum linn	<i>Mula</i> (Root)	1
<i>Vishva</i>	<i>Zingiber Officinale</i>	<i>Kanda</i> (Rhizomes)	1

Preparation of *Yavagu*

- 1) In first step, medicated water with *Abhaya*, *Pimpalimula*, *Vishva* - is prepared, then rice is cooked with this medicated water.^[7] *Matra* (quantity) of the rice is adjustable as variation is observed in the *Agni* of person to person.
- 2) *Yavagu* is prepared with six part of medicated water and one part of rice.^[8] Then it is boiled on mild fire till the rice is cooked and a little amount of water is allowed to remain in the final recipe. The additives (i.e Salt,) can be added according to taste before serving.
- 3) Patients were advised to consume this *yavagu* lukewarm adding *ghrita* as per *Agni* (around 5 to 10 gam).^[9]

Quality and Dose; A Quality *Yavagu* should possess normal Semisolid texture and should not be excessively concentrated or dilute.^[10]

Dose is prescribed as per digestive capability of the individual i.e of daily routine diet.^[11]

OBSERVATION AND RESULT

Table-1: (case 1to5).

Assessment criteria	Case 1		Case2		Case3		Case4		Case5	
	BF	AF	BF	AF	BF	AF	BF	AF	BF	AF
Frequency of stool	Once/2days	1–2 times/day	Once/2 to 3 days	once/day	Once/2 to 3 days	2times/day	Once/ 2 days	2 to3 times/day	Once/ 3 days	2times/day
Pain during defecation	-	-	Present	Absent	-	-	-	-	Present	Absent
Stool	Hard stool	Semi-solid	Hard stool	Semi-solid	Hard stool	Semi-solid	Hard stool	Liquid	Hard stool	Semi-solid
Burning sensation during defecation	-	-	-	-	-	-	-	-	Present	Absent
Straining during defecation	Present	Absent	Present	Absent	Present	Absent	Present	Absent	Present	Absent
Satisfaction after defecation	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

Table-2: (case 6to10).

Assessment criteria	Case 6		Case 7		Case 8		Case 9		Case 10	
	BF	AF	BF	AF	BF	AF	BF	AF	BF	AF
Frequency of stool	Once/2to3days	2to3 times/day	Once/2 days	2times/day	Once/day	3times/day	Once/ 2 days	1to2 times/day	Once/days	2to3times/day
Pain during defecation	-	-	Present	Absent	Present	Absent	-	-	-	-
Stool	Hard stool	Liquid	Hard stool	Semi-solid	Hard stool	Semi-solid	Hard stool	Semi-solid	Hard stool	Liquid
Burning sensation during defecation	-	-	Present	Absent	Present	Absent	-	-	Present	Absent
Straining during defecation	Present	Absent	Present	Absent	Present	Absent	Present	Absent	Present	Absent
Satisfaction after defecation	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

Table-3: (case11to15).

Assessment criteria	Case 11		Case 12		Case 13		Case 14		Case 15	
	BF	AF	BF	AF	BF	AF	BF	AF	BF	AF
Frequency of stool	Once/2days	2times/day	Once/2 to3days	2 to3 times/ day	Once/2days	3times/day	Once/ 3 days	1to2 times/day	Once/3to 4days	2times/day
Pain during defecation	-	-	Present	Absent	-	-	Present	Absent	Present	Absent
Stool	Hard stool	Liquid	Hard stool	Semi-solid	Hard stool	Liquid	Hard stool	Semi-solid	Hard stool	Liquid
Burning sensation during defecation	-	-	Present	Absent	-	-	-	-	-	-
Straining during defecation	Present	Absent	Present	Absent	Present	Absent	Present	Absent	Present	Absent
Satisfaction after defecation	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

Table -4: (case16to 20).

Assessment criteria	Case 16		Case 17		Case 18		Case 19		Case 20	
	BF	AF	BF	AF	BF	AF	BF	AF	BF	AF
Frequency of stool	Once/2days	2times/day	Once/day	2 to3 times/ day	Once/2days	3times/day	Once/2days	2times/day	Once/2to 3days	2times/day
Pain during defecation	-	-	-	-	-	-	-	-	Present	Absent
Stool	Hard stool	Liquid	Hard stool	Semi-solid	Hard stool	Liquid	Hard stool	Semi-solid	Hard stool	Liquid
Burning sensation during defecation	-	-	-	-	Present	Absent	-	-	Present	Absent
Straining during defecation	Present	Absent	Present	Absent	Present	Absent	Present	Absent	Present	Absent
Satisfaction after defecation	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes

BF-before treatment, AF-after treatment

DISCUSSION

In present case series total 20 patients taken, which are came to surgical OPD-4 of R.A Podar medical college Mumbai. out of them 10 were male and 10 were female patients between the age group of 20 to 70 yr. All patients were suffering from chronic constipation with hard stool and straining during defecation. Eight patients had pain and seven patient had burning sensation during defecation. after treatment with “vatanulomak Abhayadi Yavagu” all patients passed soft stool regularly without straining. Reduced pain and burning sensation during defecation. Gaseous distention in some patients are also decrease.

DISCUSSION ON DISEASE

In present study, the patient presented with complaints like hard stool once in 3 to 4 days and slight pain associated with defecation. It can be diagnosed as ‘*Vibandha*’. It caused due to *Prakopa* of *Apana Vata* resulting in impairment in its function i.e *Shakrut Nishkramana*. The *Prakopa* is caused mainly due to the *Vruddhi* of *Ruksha guna* which results in excessive *shoshana* of *drava* in the *Pakwashaya* and *Pureesha*. The *drava shoshana* in *Pakwashaya* leads to the decreased peristaltic movement of the large intestine and *Drava Shoshana* in *Pureesha* results in increase of the hardness of the stools. As a consequence of these, there is *Kshaya* in the *Snigdha* and *Chala guna* of *Apana Vata*. The pathology occurs in the *Pureesha vaha Sroto Moola* i.e *Pakwashaya* and *Sthoola guda*. Along with *Apana vata*, *Samana vata vaigunya* was also noted as the patient was having difficulty in *munchana* of *Anna kitta* i.e *shakrut*.

DISCUSSION ON TREATMENT

Based on the *lakshnas* it was concluded that there is *Apana Vata Vaigunya*. Hence the basic line of management was *Samyak anulomana* of *Apana Vata*. Hence *Vatanulomak Yavagu* given. *Yavagu* contains *Abhaya, Pimpalimula, Sunthi* in which *Abhaya* has *ushna virya* (helps for *Agnidipan*) and *Abhaya* works as *Vatanulomani, Dipaniya, Pachniya, Anulomak, Mruduvirechak Vibandhnashak*.^[12] *Pipalimula* having *Ushna virya* works as *Dipan, Pachan, Bhedi*.^[13] *Sundhi* also has *Ushna Virya*, helps for *Pachna*.^[14] *Yavagu* is the *pathya Kalpana* which is easy to digest, so we can use it in a patient who have low digestive power i.e *Agnimandya*. *Yavagu* possesses digestive, *Balya*(strengthen of body), *Tarpani*(nutritious), *Vatanashini* (pacify the vitiated *vata*) properties.^[15] It also adopts the pharmacological properties of the drug decoction which is used in the preparation of *Yavagu* for specific disease as described in *samhitas*.^[1]

CONCLUSION

The cardinal features of *Vibandha* described in our classical texts are similar to that of Constipation in contemporary science. It is a clinical condition which very common among all age group. The timely treatment is most essential to avoid any complication or Surgery. *Vibandha* can be understood as a *Swatantra Vyadhi* or as an *Upadrava* of other disease. Treatment of *Vibandha* is mainly focused on the *Anulomona* of *Apana Vata* which results in *Samyak Mala Pravrutti*. Hence in this case *Vibandha* is diagnosed as a *Swatantra Vyadhi* and *Vatanulomak Yavagu* given. Along with *Chikitsa* adequate intake of lukewarm water were also advised.

REFERENCE

1. CL.Sahana, Kulkarni Reena, Janagond Bahuraj P, U. Shailaja, *Vibandha* in children ;An etiopathological review. World Journal of pharmaceutical Research, 2014; 6(8): 2205-2216.
2. Text book of Kaumarabhritya Publication Division Govt. Ayurveda college Thiruvananthapuram 1st edition, 2011; 285.
3. Karen J Marcdante, Robert M.K leigman, Nelson essentials of pediatrics, Elseviver, first south Asia edition, 2016; 434.
4. Kaumarbhritya updated by Dr.Dinesh K.S .Chaukhambha Sanskrit Sansthan Varanasi; edition reprint, 2019; 321.
5. Sharngadhara, Sharngadhara Samhita, hindi commentary by Jiwanorada, Pratham khand, Chaukhambha Orientalia Varanasi-2011;4/4,p-33
6. Charak,charak Samhita(charak Chandrika hindi Byaksha) Brahmananda Tripathy, editor. 4th edition. Varanasi-Chaukhamba surabharati Prakasana, 1995; Sustrasthan 2/34; p.49.
7. Sharngadhara Sharngadhara Samhita,hindi commentary by Jiwanorada, Varanasi; Chaukhambha Orientalia 2011, madhyam khand 2/159 p-159.
8. Sushruta, Sushruta Samhita (Nibandha Sangraha and Nyaya Chandrika commentary by Dalhana) Jadavaji Trikamji, editor.9th edition, Varanasi; Vhaukhamba Surbharati Prakashan, 2007; 238.
9. Sharngadhara Sharngadhara Samhita,hindi commentary by Jiwanorada, Varanasi; Chaukhambha Orientalia, 2011; Utter khand 1/8 p-318.
10. Kashyapa, Kashyapa Samhita.Hemraj Sharma, editor.8th edition, Varanasi;Chaukhambha Sanskrit sansthan, 2002; P 254.

11. Sushruta, Sushruta Samhita (Nibandha Sangraha and Nyaya Chandrika commentary by Dalhana) Jadavaji Trikamji, editor.9th edition, Varanasi; Vhaukhamba Surbharati Prakashan, 2007; P.25.
12. Vaidya Gogate, Dravyaguna vidyan,Vaidyamitra Prakashan pune, 2008; p-689.
13. Vaidya Gogate,Dravyaguna vidyan,Vaidyamitra Prakashan pune, 2008; p-505.
14. Vaidya Gogate,Dravyaguna vidyan,Vaidyamitra Prakashan pune, 2008; p-272.
15. Sharngadhara Sharngadhara Samhita (Gudarthadipika commentary by Kashiram) Parasurama sastri, editor.5th edition, Varanasi.Chaukhambha Orientalia, 2002; P.167
16. Agnivesh Charak Samhita, Siddhithana, Ayurveda Dipika Commentary, edited by Vaidya Jadavaji Trikamji Acharya, Chaukhamba publication, New Delhi, 2016 P.25.