Clinical Research

A clinical study of Haritaki and Saindhava Lavana in Kaphaja Kasa with special reference to Samyoga Guna

Ajay K. Rout¹, R. R. Dwivedi²

¹M.D.(Ayu.), Speciality: Basic Principles, ²Professor and Head, Department of Basic Principles, Institute for Post Graduate Teaching and Research in Ayurveda, Gujarat Ayurved University, Jamnagar, Gujarat, India

Abstract

In clinical practice, Guna which are to be with Bhisak are mainly the Paradi Gunas which can also be called as Miscellaneous Gunas. As rightly quoted by Acarya Caraka, for getting success in the treatment Paradi Gunas are the best. The Sutra quotes “Sidhyupaya Cikitsayam” which means that Cikitsa i.e. Dhatusamya will be done mainly with the help of Paradi Gunas. Thus in this study an attempt was made to know the comparative effect of Haritaki and Saindhava lavana alone and Samyukta effect in Kaphaja Kasa. Three groups were made for proper evaluation of the therapy. In Group-A Haritaki Tablet 2 gm/ twice a day (500 mg tablet x 4), In Group-B Saindhava Lavana Curna 2 gm/ twice a day and in Group-C Haritaki + Saindhava lavana Tablet 4 gm/twice a day (500 mg tablet x 8) was given. Results were assessed after 7 days with the help of a specially prepared proforma. The hematological, Urine and Stool investigations were carried out. In subjective and objective criterias, significant results were found in Group-C as compared to Group-A and Group-B. Based on the results, it can be concluded that the combined (Samyoga) effect of Haritaki and Saindhava lavana is much efficient than the single drug therapy.

Key words: Gunas, Haritaki, Paradi Gunas, Saindhava Lavana, Samyoga

Introduction

On the concept of cause of the universe, Acarya Caraka describes six Karana i.e. Samanya, Visesa, Dravya, Guna, Karma and Samavaya which is also described by different Darshana and termed as Padartha i.e., Dravya, Guna, Karma, Samanya, Visesa and Samavaya. Among these, Guna is one by which any person accepts a drug or any matter. Each and every Dravya present in this universe have some specific properties by which their recognition by nomenclature and function with characteristics are determined.

Acarya Nagarjuna says that Guna is more important than others due to the causes of Rasanugraha, Rasabhibhava, Samkhya Bahulya, Vipaka Karanatva, Prayaagbahulya, Upadesa, Apadesa and Anumana.

Guna is related with Dravya with Samavaya relationship, Guna exist till the Dravya keeps its existence. Similarly Dravya is also related to Guna. As till one Dravya have its own properties that can be used in required form. If the Dravya has no such specific properties then it has no value. Hence Gunas stand on priority. In Ayurvedic texts, mainly two types of Guna are explained i.e. Samsiddhika and Naimittika Gunas. Samsiddhika are those Guna which cannot be changed by any physical, chemical or environmental condition e.g. Naimittika Guna of Pancamahabhuta like Usna Gunas of Agni which is only found in Agni Mahabhuta which is unchangeable and eternal.

Naimittika Gunas are those which can be changed as per need by either physical. Chemical or environmental conditions e.g., Guru Guna of rice get changed into Laghu Guna by Agni samyoga (Pakakiya as Odana). Hence here Laghu of Odana is Naimittika Guna. In clinical practice or in medical field, the Gunas which are to be with Bhisak they are mainly Paradi Gunas which are also be called as Miscellaneous Gunas. As rightly quoted by Acarya Caraka, for getting success in the treatment purpose Paradi Gunas are the best one. The Sutra quotes “Sidhyupaya Cikitsayam” which means that Cikitsa will be done i.e. Dhatusamya, mainly with the help of Paradi Gunas. Among Paradi Gunas Samyoga is one of them.[²]

According to vastsपatayam

अभावस्था या प्राप्ति: सेव संकेतै ईति:[³] meaning of this particular line of Slokas is better understood by a simple example, i.e. existence of life (अभावस्था या प्राप्ति:) is possible only by the Samyoga of Sukra and Artava. One can further understand the importance of Gunasamyogas Guna by using Anupana

Address for correspondence: Dr. Ajay Rout, AT/PO - Singakhunta Via- Soro, District – Balasore State, Balasore -756 045, Orissa, India. E-mail: drajayarout@gmail.com
with Ahara and, Ausadha e.g. Narayan Curna with different Anupanas eliminate different diseases like Narayan curna with the Anupana of Tabra eliminates Udara Roga, with Badarambu eliminates Gulma and with Prasanna eliminates Vataroga. So it is only the effect of Gunasamyoa Guna. That's why this concept is used to prove different effects of Haritaki with different Samyoga as quoted by Acarya Bhava Mishra that - “लस्योन कामन हि तिम सर्वानं सर्वांका”[4] that means when Haritaki is taken with Samyoga of Lavana then it eliminates Kapha Dosa and when is taken with the Samyoga of Sarkara then it eliminates Pitta Dosa. So this particular concept could be evaluated with objective criteria's and tools.

From the above, it is clear that Gunasamyoa Guna enjoy the place of pride in Ayurveda. This Gunasamyoa Guna needs to be evaluated and assessed. Keeping in mind these features the following study is being planned with following aims and objectives.

**Objectives**

- To evaluate and assess the effect of Gunasamyoa Guna practically by using Lavana and Haritaki individually and in Samyoga for the Samana of Kaphaja Kasa.

**Materials and Methods**

**Criteria for selection of patients**

(1) Patients with the signs and symptoms of Kaphaja Kasa attending the O.P.D and I.P.D of LPG.T and R.A irrespective of sex and religion.

**Exclusion criteria**

(1) Patient below 15 years of age.
(2) Patients as mentioned under the excluded category for Haritaki Sevana i.e. Ajirna, Madyapidita, Visa Pidita, Trisna, Arditia and Garbhini.
(3) Patients with chronic complicated respiratory tract diseases, endocrinal imbalances of hypo / hyperthyroidism, diabetes mellitus, hypertension etc.

The registered patients were grouped in to three.
- **Group 'A':** Haritaki Tablet 2 gm/twice a day (500 mg tablet × 4) for 7 days with Usna jala in after dawn and after dusk i.e. in Kapha Prakopa Kala.
- **Group 'B':** Saindhava lavana Curna 2gm/twice a day for 7days with Usna jala in after dawn and after dusk i.e. in Kapha Prakopa Kala.
- **Group 'C':** Haritaki + Saindhava lavana (in equal quantity). Tablets were administered 4 gm/twice a day (500 mg tablet × 8) for 7 days with Usna jala in after dawn and after dusk i.e. in Kapha Prakopa Kala.

The registered patients were grouped in to three.

**Criteria for assessment**

The assessment was done based on improvement in signs and symptoms with the help of suitable scoring method. Routine hematological, stool and urine investigations were carried out to rule out the systemic disorders as well as assess the effect of therapy.

**Results**

Effects of therapy on chief symptoms of Sakapha Kasa, Sirashula and Kanthakandu during the study in group A, group B and group C have been provided in Figure 1.

- **Effect of therapy in Group A:** The drug provided highly significant relief in almost all the signs and symptoms. The relief was 71.43% in Sakapha Kasa, 88.89% in Sirashula and 84.62% in Kanthaka-kandu [Figure 1].
- **Effect of therapy in Group B:** The drug provided highly significant relief in almost all the signs and symptoms. The relief was 68.35% in Sakapha Kasa, 91.26% in Sirashula and 79.38% in Kanthaka-kandu [Figure 1].
- **Effect of therapy in Group C (Samyoga Group):** The drug provided highly significant relief in almost all the signs and symptoms. The relief was 92.3% in Sakapha Kasa, 100% in Sirashula and 92.3% in Kanthaka-kandu [Figure 1].

**Over all effect of therapy**

Overall effect of therapy studied as percentage of patients showing improvement in different categories during the study, in group A, group B and group C has been provided in Figure 2.

1) **Group A**
   - Out of 6 patients of this group no any patient obtained complete remission, whereas 33.33% patients got marked improvement and 66.66% moderate improvement [Figure 2].
2) **Group B**
   - Out of 6 patients of this group no any patient obtained complete remission, whereas 33.33% patients got marked improvement and 66.66% moderate improvement [Figure 2].
3) **Group C**
   - Out of 7 patients of this group no any patient obtained complete remission, 100% patients got marked improvement [Figure 2].

**Discussion**

In the group of Paradi Gunas which are also said as Chikitsiya Gunas, the Gunasamyoa Guna has been studied here specifically. The Word Samyoga is much familiar to Indian culture. It expresses variety of meanings such as conjunction,
union, combination, intimate union. It is derived from the root yuj, which means to join with Upasarga sm’ which means as per requirement. Different sciences have used this word according to their contexts to denote various entities. Ayurveda has used this word mainly in relation with drug and diet with meaning combination.

Samyoga can be defined as combination of two substances, which mostly results in the formation of a new Guna, which is not found in both the drugs separately. But this theory change in Guna is due to change in Panchabhituka Composition of a Dravya when used in combination (Samyoga). While understanding the concept of Samyoga, it is also important to discuss some important terms like Samskara, Yukti etc. with have a near relation with Samyoga. As Samyoga and Samskara are closely related processes, in texts at many places, they are used in adherence with each other. Samskara no doubt involves the union of one substance with another; however, the substance which is used as Samskaraka Dravya is not dominantly observed. Yukti is also important concept which is having relation with Samyoga. Along with Samyoga, Samskara, and Parimana (Matra) are also having important role while doing Yojana of drug. Remaining Paradi Guna like Samkhya, Vibhaga, Prthaktva, Abhyasa are dependent on the above three factors. Yukti is having its relation with Samyoga, because the former is nothing but the ‘Samicina Kalpana’ of Bhesaja. So, it can be said that success in treatment depends mainly on the Samyoga which is selected.

Proper Samyoga → Proper Yukti → Success in treatment
(दोषशिलादीय संयोग संघटन समीचीन कारण)

In the clinical study, an attempt was made to evaluate the effect of Samyoga Guna practically by using Haritaki and Saindhava lavana individually and in Samyoga for the Samana of Kaphaja Kasa [Figure 3]. Logic behind the effect of Samyoga Guna has been discussed as follows:

**Sakapha Kasa**
Statistically highly significant (P<0.001) result was obtained in all the groups. In the Group A, the relief in Sakapha Kasa was 71.43%, but in Group B, the relief was 68.35% and in Group C, the relief was 92.3%. Thus better relief was obtained in Sakapha Kasa in the Group C (Samyoga group). Because it may due to the Vatanulomana, Vata Kapha Samana and Usna Guna of Haritaki along with the Anusna Guna of Saindhava lavana are in Samyoga form able to pacify the Kasa, as the Kasa is dominant in Vata Kapha Dosa. So the results of Group-C are found highly significant in Kasa.

**Sirashula**
In Group A, the relief in Sirashula: Was 88.89%, which was significant (P<0.05). In Group B, the relief in Sirashula: Was 91.26%, which was highly significant (P<0.001), in Group C, the relief in Sirashula: Was 100%, which was highly significant (P<0.001). Thus better relief was again obtained in Sirashula: In Group C (Samyoga group). Since Samyoga drug performs Vatanulomana and Kapha kshapana action, so it may act on Sirashula and other symptoms like Kanthakandu also.

**Kanthakandu**
In Group A, the relief in Kanthakandu was 84.62%, which was significant (P<0.05). In Group B, the relief in Kanthakandu was 79.38%, which was highly significant (P<0.001), in Group C, the relief in Kanthakandu was 92.3%, which was highly significant (P<0.001). Thus better relief was obtained in Kanthakandu in the Group C (Samyoga group).

---

**Figure 2:** Overall effect of therapy studied as percentage of patients showing improvement in different categories during the study, in group A, group B and group C of the patients.

---

**Figure 3:** Probable mode of action of trial drug on Kaphaja Kasa.
Conclusion

Thus, in the end it can be concluded that the combined (Samyoga) effect of Haritaki and Saindhava lavana is much more efficient than the single drugs, thus proving the concept. On the basis of Samyoga concept, the applied medicine of Ayurveda could be developed. It is also found though both are having capacity to subside the Kaphaja Kasa independently up to some extent, Samyoga is either producing a new effect or enhancing the property of both the drugs. Similarly, when both are used in the Samyoga form, the effect of the drug is found to be increased in comparison to the effect produced when the drugs are used alone. Hence, it proves that Samyoga gives “अभावोत्तु वा यात्रिसेवं संयोगात स्वतंत्रम्”[6]

Acknowledgement

The authors would like to thank my guide, Professor R.R. Dwivedi Sir for giving his valuable time and instructive suggestions to prepare this research paper. The authors are also thankful to the Ex. Dean Professor H.M. Chandola Sir and Director Professor M.S. Baghel Sir for providing with all the facilities for research work.

References

1. Caraka, samhita-sutra 26/30, Acarya J. T., Caraka Samhita of Caraka, Ayurveda Dipika Tika of Cakrapani, Reprinted, Varanasi: Chaukhambha Surabharati Prakashan 2005. p. 141.
2. Caraka sutra 26/2, Acaryaa J. T., Caraka Samhita of Caraka, Ayurveda Dipika Tika of Cakrapani, Reprinted, Varanasi: Chaukhambha Surabharati Prakashan 2005. p. 141.
3. Vachaspatyam, Sri Taranatha Tarkavachaspati, Vacaspatyam, Vol.6, Reprinted, Varanasi: Chaukhambha Sanskrita Series Office; 2002. p. 5174.
4. Bhavaprakash nighantu chapter-Haritakyadi varga - shloka no-33, Chunekar. K. C., Bhavaprakasa Nighantu of Bhavamishra, Vol. 1, 9th ed., Varanasi: Choukhamba Orientalia; 1999. p. 6.
5. Caraka sutra 26/31(cakrapani tika), Acarya J. T., Caraka Samhita of Caraka, Ayurveda Dipika Tika of Cakrapani, Reprinted, Varanasi: Chaukhambha Surabharati Prakashan; 2005.p.141.
6. Vachaspatyam, Sri Taranatha Tarkavachaspati, Vacaspatyam, Vol. 6. Reprinted.Varanasi: Chaukhambha Sanskrita Series Office;2002. p. 5174.

हिन्दी सारांश

कफज कास में संयोग गुण पर आधारित हरितकी और सेंधव लवण का 
चिकित्सकीय अध्ययन

अजय कुमार राउट, आर. आर. द्विवेदी

अभी तक संयोग गुण के विचार पर कोई एकल शोधकार्य नहीं हुआ है इसलिए इस अध्ययन में चिकित्सा के क्षेत्र में संयोग गुण की आवश्यकता, प्रधानता एवं उपयोगिता को मुख्य उद्देश्य के साथ शोध कार्य में लिया गया है। इस उद्देश्य के लिए संयोग गुण से सम्बन्धित सभी प्रयोग एवं आयुर्विज्ञान साधन आधुनिकता को ध्यान में रखकर एकत्रित, विश्लेषण, वरीयता और पुनर्व्यवस्थित किया गया है। चिकित्सकीय कार्य में जो गुण भिन्न में होते हैं, वे मुख्यतः परादि गुण हैं, जैसा आचार्य चरक ने कहा है। चिकित्सा में सफलता के लिए परादि गुण सबसे अधिक है इसलिए “सिद्ध्युपायाचिकित्सा” का तात्पर्य है कि परादि गुणों की सहायता से चिकित्सा करना ही धार्मिक है, इसलिए इस अध्ययन में हरितकी और सेंधव लवण का भाग लेने अत्यन्त सहायक अध्ययन जानने का प्रयास किया गया है। चिकित्सात्मक प्रभाव के अध्ययन के लिए तीन वर्ग बनाए गए हैं। वर्ग ‘अ’ में हरितकी वटी 2 ग्राम दिन में दो बार (५०० 
मिया. × ४), वर्ग ‘ब’ में सेंधव लवण चौथ २ ग्राम दिन में दो बार और वर्ग ‘स’ में सेंधव लवण युक्त हरितकी वटी ४ ग्राम दिन में दो बार (५०० 
मिया. वटी × ५) कफ काल में ढाई गए। चिकित्सात्मक परिणाम ५ दिन के पश्चात प्राप्त किए गए। समस्त महत्त्वपूर्ण रूढिचर, पूजा और मल परीक्षण किए गए थे। वर्ग ‘स’ में वर्ग ‘अ’ और ‘ब’ का तुलना में उत्तम परिणाम पाए गए।