Role of Snigdha Virechana with Chinchalavan Taila in the Management of Malavastambha: A Case Report

Gaurav Sawarkar1* and Punam Sawarkar2

1Department of Rachana Sharir, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod, Wardha, Datta Meghe Institute of Medical Sciences, Wardha, Maharashtra, India.
2Department of Panchakarma, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod, Wardha, Datta Meghe Institute of Medical Sciences, Wardha, Maharashtra, India.

Authors’ contributions

This work was carried out in collaboration between both authors. Both authors read and approved the final manuscript.

ABSTRACT

Background: Malavastambha (Constipation) is defined as the infrequent and difficult passage of stool. The main features of Constipation are infrequent or hard stool, abdominal pain, bloating, and feeling of unsatisfactory bowel evacuation. Contemporary laxatives, which are generally used in Constipation, become habitual after some duration and only symptomatic relief. Moreover, these medicines never alter the pathogenesis of the disease. So, it is a need of hour to search effective, safe & alternative formulations in Ayurveda, which can completely break the pathogenesis of Constipation. As per Ayurveda, Vata Dosha is the main factor involved in this condition. Therefore, the prime treatment principle recommended by Ancient Acharyas is to pacify Vata by using Vatahara herbs medicated with Snigdha Dravya, Amla, and Lavana Varga. The Chincha Lavana Taila is one such combination that possesses the above principle & so; it can be effective in Malavastambha.

Aim: This case study is primarily carried out to study the role of oral administration of Chincha Lavana Taila in Malavastambha

Objectives: To evaluate the efficacy of oral consumption of Chincha Lavana Taila in Malavastambha.

*Corresponding author: E-mail: drsawarkar.gaurav@gmail.com;
Methods: A single case study. A 50 years old male patient approached Panchakarma O.P.D. with Malavstambha for one year; he was advised to intake 15ml Chincha Lavana Taila orally at bedtime lukewarm water for consecutive 15 days.

Observation and Results: The patient got 100% relief in his all chief & associated complaints and had regular and satisfactory bowel habits after 15 days.

Conclusion: Chincha Lavana Taila is one of the best effective oral medicine for Constipation.

Keywords: Malavstambha; snigdha; virechana; chincha lavan taila.

1. INTRODUCTION

Constipation is defined as infrequent, difficult & unsatisfactory passage of stool with abnormal consistency. It is the more common disease of the gastrointestinal system. Its prevalence is increasing day by day due to faulty lifestyle & bad dietary habits [1]. It gives rise to multiple metabolic disorders in the future if it remains for a long time. It also disturbs the quality of life due to lethargy induced due to unsatisfactory bowel habits, which chief complaint in this clinical condition. Moreover, the chronic nature of this disease also disturbs the body's nutrition, leading to multiple degenerative diseases.

Due to frequent or excessive use of various modalities for Constipation in contemporary science, patients become highly dependent on them or suffer from multiple side effects [2]. In some cases, it also becomes ineffectve to correct the pathology. On the other hand, these treatment options are also contraindicated in some patients due to other co-morbidity [3]. All these scenarios demand to seek alternative or traditional formulation based on fundamentals in Ayurveda.

According to Ayurveda’s perspective, Constipation can be correlated with “Malavastambha” or “Vibandha” Vitiation of Vata is the main culprit in both above entities. Therefore, Snigdha Virechana with Vatanulomak drugs is prescribed by Ayurveda to treat such entities. The Chincha Lavana Taila or Anuloman Taila is one among formulation which induces both i.e. Vatanulomana & Snigdha Virechana in Malavastambha. It is mentioned in the textbook of Panchabhautik Chikitsa (Aushadhi Kalpa Part-1) & formulated by Vaidya Datar Shastri, who especially recommended it for various gastrointestinal diseases (Annavaha Strostudushti Vikara) such as Jeerna Malavarodha, Baddha Kostha, Gulma, Udavarta, Shula, Agnimandya, Hrudroga, Adhman, Atopa and Vataanuloman [4].

Though the broad utility of Chincha Lavan Taila in many gastrointestinal diseases, including Constipation, its’ simple but cost-effective method of preparation, easy availability of its raw drugs, it is neither yet included in standard databases of Ayurvedic Pharmacopoeia of India and Ayurvedic Formulary of India [5] nor any its preparative and analytical studies are conducted to set its standards.

1.1 Aim

Overview of all the above facts, this case study is planned to evaluate the efficacy & safety of the oral administration of Chincha Lavana Taila for the management of Constipation.

2. MATERIALS AND METHODS

It is a single case study whose demographic details of the patients are given in Table 1.

2.1 Chief Complaints

Chief complaints of the patient with their duration & severity are tabulated in Table 2.

2.2 History of Present Illness

A 50-year-old patient was symptomless before one year, gradually emerging symptoms like hard stool and irregular bowel habit, etc. He had taken a laxative (Syp. Duphulac) for consecutive 15 days but didn’t get satisfactory relief. Therefore, he approached Panchakarma O.P.D., Mahatma Gandhi Ayurveda Hospital & research center, Salod, Wardha, Maharshtra.

2.3 History of the Patient

Specific History of the patient is given in Table 3.

3. GENERAL EXAMINATION (CLINICAL FINDINGS)

On examination, though the patient's general condition was moderate, the patient was afebrile, conscious, but irritated.

- P/A: Hard, Nontender
- No Ascites/ Hepatomegaly/Splenomegaly
- Blood pressure: 130/90 mm of Hg
• Weight: 55 kg
• Prakriti- Vatapradhana Pittaja
• S/E:- All systemic examination was within the normal level

3.1 Ashtavidha Parikshana
Details of Ashtavidha Parikshana are given in Table 4.

4. INVESTIGATIONS
Findings of his all routine blood investigations such as Complete Blood Count, Blood Sugar Level(fasting &postprandial ), and Routine and Microscopic Urine Examination were found within normal limits.

5. PATHOPHYSIOLOGY OF THE DISEASE
Pathophysiology of the disease that occurred in this patient with Samprapti Ghatak is given in Figs. 1 & 2, respectively.

6. DIAGNOSIS
Malavastambha (Secondary Constipation)

7. INTERVENTION
Intake of 15 ml Chincha Lavana Taila orally at bedtime with lukewarm water for consecutive 15 days was prescribed to the patient.

S.N. | Head | S.N.
--- | --- | ---
1 | Name | 6 | Occupation | :- labour
2 | Sex | 7 | Marital status | :- married
3 | Age | 8 | Education | :- S.S.C
4 | Address | 9 | Socio economic status :-LOWER Middle Class
5 | Phone no. | 10 | O.P.D. No. | :- 1708040044

Table 1. Demographic details

Fig. 1. Pathophysiology of the disease
| **Dosha:** Vata and Kapha (Apana Vata, Avlambaka Kapha) |
| **Dushya:** Rasa, Purish |
| **Srotas:** Annavaha & Purishvaha Srotas |
| **Adhisthan:** Pakvashaya |
| **Srotodushti:** Vimarg Gaman, Sang |
| **Agni:** Mandagni |
| **Svabhav:** Ashukari |
| **Sadhysadhyta:** Sadhya |

**Fig. 2. Samprapti ghatak**

*Chincha* will be cleaned (to remove foreign matter).

*Chincha* will be soaked in required quantity of distilled water for half an hour, then macerated and filtered using muslin cloth.

Obtained *Chincha Drava* (1/4th part) + *Murchhita Tila Tail* (1 part) and *Saindhav* 10g + water (4 parts) will be taken in a wide mouth steel vessel.

Above mixture will be heated on *Mandagni* (low flame-gently boiling) with frequent stirring till the *Snehasiddhi Lakshans* appears.

*Tail* will be allowed to get *Swang Sheeta*

After cooling *Tail* will be filtered through doubled muslin cloth and stored in air tight glass bottles.

**Fig. 3. Preparation method of chinchalavan taila**
Table 2. Chief complaints of the patient

| S.N. | Symptoms                                    | Severity                      | Duration         |
|------|---------------------------------------------|-------------------------------|------------------|
| 1    | Grathita Mala (Hard stool)                  | Bristol-Type 4- Sausage shape but lumpy | Since one year   |
| 2    | Aniyamit Mala Pravrutti (Irregular bowel Habit) | Thrice a weekly              |                  |
| 3    | Straining during defecation                | Time required 16-20 minutes  |                  |
| 4    | Adhmana (Fullness of the abdomen with discomfort) | Severe                       |                  |
| 5    | Krute Api Kruta Sandnya (Feeling of incomplete bowel evacuation) | Severe                       |                  |
| 6    | Aruchi (Loss of taste)                      | Present                       |                  |
| 7    | Apakti (Indigestion)                        | Present                       | Intermittent     |
| 8    | Udarshoola (Abdominal pain)                 | 2(Visual analogue scale)      |                  |
| 9    | Shirshoola (Headache)                       | 3                             |                  |

Table 3. History of the patient

| S.N. | Heads                   | Details of the patient                                                                 |
|------|-------------------------|---------------------------------------------------------------------------------------|
| 1    | Past History            | No History of any significant medical or surgical illness                              |
| 2    | Family History          | Mother –K/C/O/, H.T.N. and I.H.D.                                                     |
|      |                         | Father –Osteoarthritis (knee)                                                         |
|      |                         | Siblings: one brother had been diagnosed with H.T.N.                                  |
| 3    | Personal History        | Ahara & Vihara Diet & Lifestyle:                                                       |
|      |                         | v Pure vegetarian, Daily intake of Katu Rasa Pradhan Dravya Sevan                      |
|      |                         | v Excess intake of bakery products(Bread)                                             |
|      |                         | v Aversion towards intake of Ghee(Ruksha Annasevana)                                  |
|      |                         | v Vegavrodha (Suppression of urges while on fieldwork)                                 |
|      |                         | v Ratri-Jagran due to shifting duty                                                   |
|      |                         | v Anashana & Vishamashana (due to irregular intake of food)                           |
|      |                         | v Less intake of water                                                                 |
|      |                         | v Traveling on two-wheeler due to field visit(Approximate 40 km daily)                |
|      |                         | Sleep: Interrupted                                                                    |
|      |                         | Micturition: Hesitancy (Suppression of urges while on fieldwork)                      |
|      |                         | No history of any addiction                                                           |

Table 4. Ashtavidha parikshana

| S.N. | Head    | Observation                  | S.N. | Head    | Observation                  |
|------|---------|------------------------------|------|---------|------------------------------|
| 1    | Nadi    | 88/min (Vata-Pitta)          | 5    | Shabda  | Spashta (Clear)              |
| 2    | Mala    | Unsatisfactory Saama, Aniyamit, Grathita | 6    | Sparsha | Samshtoshna (Normal)         |
| 3    | Mutra   | Asamyak (5-6 /day, 2-3time/night) Hesitancy Saam | 7    | Druka    | Good                        |
| 4    | Jivha   | Saam                         | 8    | Akruti | Madhyam                      |

8. RESULTS AND OBSERVATIONS

The Result & observations of the case are displayed in table no.5. After completion of total Ayurvedic therapy, the patient was significantly improved. The patient was feeling a fresh and relaxed mind. He has a sound sleep now. The patient was enjoying his day-to-day life very well.
Table 5. Assessment of the patient

| S.N. | Symptoms                                      | Before Treatment (on 1st day)                | On 7th Day                | After Treatment (15th day) |
|------|----------------------------------------------|---------------------------------------------|---------------------------|---------------------------|
| 1    | Grathita Mala (Hard stool)                   | Bristol-Type 4-Sausage shape but lumpy      | No hard stool             | Normal stool              |
| 2    | Aniyamit Mala Pravrutti (Irregular bowel Habit) | Thrice a weekly                            | Daily once                | Daily Twice               |
| 3    | Straining during defecation                  | Time required 16-20 minutes                 | Time required 5-10 minutes| No straining              |
| 4    | Adhmana (Fullness of abdomen with discomfort) | Severe                                     | Moderate                  | Absent                    |
| 5    | Krute api Kruta Sandnya (Feeling of incomplete bowel evacuation) | Severe                                     | Moderate                  | Absent                    |
| 6    | Aruchi (Loss of taste)                       | Present                                    | Absent                    | Absent                    |
| 7    | Apakti (Indigestion)                         | Present                                    | Absent                    | Absent                    |
| 8    | Udarshoola (Abdominal pain)                  | 2 (Visual analogue scale)                  | 0 (Absent)                | 0 (Absent)               |
| 9    | Shirshoola (Headache)                        | 3                                          | 0 (Absent)                | 0 (Absent)               |

Table 6. Ingredients with proportion for preparation of chincha lavan taila

| S.N. | Ingredient                     | Part to be used | Proportion |
|------|-------------------------------|-----------------|------------|
| 1    | Chincha (Tamarind indica Linn) | Phala Majja     | 1/4th part |
| 2    | Saindhava Lavana (Rock Salt)  | -               | 1/64th part|
| 3    | Murchhit Tila Taila            | Beeja           | 1 part     |
| 4    | Jala (Distilled water)         | -               | Four parts |

Table 7. Properties of Ingredients of Chincha lavan taila [11]

| S.N. | Ingredient                     | Rasa          | Guna         | Virya | Vipak | Karma    |
|------|-------------------------------|---------------|--------------|-------|-------|----------|
| 1    | Chincha[10] Tamarind indica Linn | Madhur, Amla | Guru, Ruksha | Ushna | Amla  | Kapha Vatahara, Deepan |
| 2    | Saindhava Lavana (Rock Salt)  | Lavan, Madhur | Snigdha, Tikshna, Sukshma | Sheeta | Madhur | Tridoshahara |
| 3    | Tila Tail [12] Sesamum indicum Linn | Madhur, Kashay, Tikta | Guru, Snigdha | Ushna | Madhur | Vatahara   |

9. DISCUSSION

According to Ayurveda, Vataprakopa is a predominant factor in Malavastambha. In this patient, Vataprakopaka Ahara-Vihara leads to the pathogenesis of Malavastambha. Acharya recommends Sneha & Mrudu Virechana in Vibandha & Malavastambha. Therefore, Sneha Dravyas medicated with herbs having Snigdha, Amla, and Lavana Rasa & Vata pacifying properties are used here. Chincha lavana Taila is a type of Snigdha Virechana. Considering these facts, this domicile preparation developed by Vaidya A.V. Datar Shastri was used in this case. Individual properties of its ingredients with its method of preparation are described in table no. 6 - 7, & fig.3 respectively [6].

Soumya Virechak, Rochaka properties of Chincha are mentioned in Amrati Phala Varga by Bhavprakash Nighantu [7]. Ruksha Guna of Chincha helps in counteracting the Ama. It also pacifies Vata due to the property of Rukshamootrakara of Amla Rasa. Its Sara Guna helps to increase intestinal motility & corrects Apanavayu. The clinical findings in
research studies conducted by Panthong A et al.2008, Pimple B.P. et al. 2007, Bhadoriya SS et al.2011 & Balkrishnan A et al. 2017 also support this laxative effect of the tamarind [8,9,10,11,12]. According to these modern's perspectives, tamarind acts as an irritant laxative that may be helpful to detach the hard stool from the intestinal mucosa due to its irritant properties, irritates the colon's lining resulting in an increased urgency to pass bowel materials. It also improves liver function & digestion due to anti-oxidant & hepatoprotective properties of the high content of ascorbic acid & B-carotene. It acts as a good laxative due to high amounts of malic, tartaric, and citric acid extracts [8]. It also eliminates worms due to chronic Constipation by anthelmintic property of tannins present in it [9]. It also relieves abdominal pain in chronic Constipation by its antispasmodic action by blocking calcium channels due to malic acid [11,12].

Vata Anuloma, Pachak, Ruchikar properties of Saindhava are elaborated in Haritakayadi Varga by Bhavaprakash Nighantu. Saindhava induces Vibandhagha action due to its Sara and Vatanulomana properties. It stimulates digestive power by Dipana property. It acts as an osmotic laxative that increases the volume & Softness of stool by absorbing water in the colon due to its hygroscopic nature & stretches the wall of the bowel, triggering the defecation reflex. It also promotes digestion by secretion of various digestive juices & essential enzymes & improves the taste by maintaining the flow of salivary juices. In addition to this, it balances the natural production of H.C.L. & Induces laxation without worsening gastritis.

Anulomana property of Til Taila is described by Bhavaprakash Nighantu in Dhanyavarga & Shrangdhar Samhita Purvakhanda in Deepanpachanadi Adhday [7,13]. Til Taila brings lubrication of intestines & pacification of Vata due to its Ushna & Snigdha Guna. It acts as a lubricative & stimulant laxative that reduces the dryness in the intestine by lubricating intestinal mucosa & increases G.I motility & produces mechanical stimulation. It also facilitates the passage of stool by decreasing water absorption from the intestine. Few of the related studies were reported [14,15].

In a nutshell the probable mode of action of Chincha Lavan Taila can be postulated as follows:- Madhura Rasa of Saindhava Lavana, and Tila Taila subsides Vata and Kapha Dosha. Ushna Virya of all three drugs directly induces the Vatashamaka effect. Madhura & Amla Rasa processed with Snigdha Guna of Taila effectively reduces dryness in the intestine, reducing local Vataprapoka. Moreover, Vata and Kapha subside due to Agni Deepana & Rochaka property of Madhura, Amla, Lavan Rasa of Chincha &Kashya – Tikta rasa of Tila Taila. As a result, Anulomana of Apana Vayu takes place & breaks down the Samprapti of Malavathambha.

10. CONCLUSION

This case study reveals that Chincha Lavana Taila effectively corrects the pathology of Constipation without causing any undue or adverse effects. The oral administration of Chincha Lavana Taila is found to be cost-effective, safe, and easy to prescribe at O.P.D. Level also. For more scientific validation, the study has to be conducted with a large sample size in different populations with specific markers in the future. Preparative and analytical studies are also expected & highly appreciable to establish standards for Chincha Lavan Taila to improve its Pharmaco-kinetic and Pharmaco-dynamic action by using different edible oils.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

ACKNOWLEDGEMENT

I would like to offer sincere gratitude to Datta Meghe University of Health Sciences, (D.M.I.M.S.U.), Maharashtra.
COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Werth BL, Williams KA, Fisher MJ, Pont LG. Defining Constipation to estimate its prevalence in the community: Results from a national survey. B.M.C. gastroenterology. 2019; 19(1):1-7.
2. Portalatin M, Winstead N. Medical management of Constipation. Clinics in colon and rectal surgery. 2012;25(1):12.
3. Valeriyovich SI, Volodymyrivna SO, Nazen BM. The modern concept of pharmacocorrection of the functional constipation. In the 5th International scientific and practical conference—Modern science: Problems and innovations (July 26-28, 2020) S.S.P.G. Publish, Stockholm, Sweden. 2020;433,71.
4. Haladvanekar S, Bhoskar G. Twenty Aushadhi Kalpa of Panchabhautik Chikitsa, vol I, 4th edi. Datarshastri A.V. Panchabhautik Chikitsa Evam Sanshodhan Kendra, Sangali,2016; 84.
5. Anonymous, Ayurvedic Pharmacopoeia of India Part-II, Vol-I, appendix, Central Council of Research in Ayurveda and Siddha, New Delhi; 113-14
6. Shrekantha Murthy KR, Sharangdhar Samhita of Sharangdhars (English), 7thed, Sneha Kalpana Adhyay, 9/1-3, Chaukhamba Orientalia, Varanasi. 2007; 123.
7. Bhavmishra, Bhavprakash Nighantu, Indian Materia Medica, Chunekar KC, Editor, Pandey GS, revised Edition, Chaukhamba Bharti Academy. Amraddrphala Varga. 2010;586.
8. Panthong A, Khonsung P, Kunanusorn P, Wongcome T, Pongsamart S. The laxative effect of fresh pulp aqueous extracts of Thai tamarind cultivars. Planta Medica. 2008;74(09):PH40.
9. Pimple B.P., Kadam PV, Badgajar NS, et al. Protective effect of Tamarindus indica Linn against paracetamol-induced hepatotoxicity in rats. Indian J Pharm Sci. 2007;69(6):827-831.
10. Bhadoriya SS, Ganeshpurkar A, Narwaria J, et al. Tamarindus indica: Extent of explored potential. Pharmacogn Rev. 2011;5(9):73–81.
11. Balkrishnan A. Reetha. Ayurved Jadi Buti Rehsya. Danik Bhaskar; 2017
12. WebMD.Tamarind: Uses, Side effects, Doses, Interactions [Internet]. Atlanta [last updated in 2016]
13. Tripathi B Sharanandhar Samhita with Dipika Hindi Commentary Purva khanda 1/49-50, Chauowkhabha Subharti Prakashan, Vanarasi; Reprint. 2013;12-13.
14. Thakare, Seema H. Assessment of Role of Diet, Life Style & Stress In The Etiopathogenesis of Constipation In Geriatric Patients. International Journal of Modern Agriculture. 2020;9(3):137–41.
15. Nami OP. Access, Cost, and Quality for APNs. International Journal of Intensive Care. 2019;15(1):15–19.