Clinical Research

Effect of selected *Samana* and *Vicitra Pratyayarabdha Dravya* w.s.r. to *Vipaka*

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Abstract

Concept of *Arabdhata* and *Pratyayarabdhata* is a unique concept of Ayurveda, which is related to the conjugation and configuration of *Mahabhutas* (penta elements). Every substance undergoes some changes during digestion and metabolism in terms of changes in its *Panchabhautika* composition. If substance retains its *Panchabhautika* composition throughout the digestion and metabolism, it is known as *Samana Pratyayarabdhata* and if *Panchabhautika* composition of substance becomes totally different after digestion and metabolism, it is known as *Vicitra Pratyayarabdha*ta. The change in *Panchabhautika* composition of substance can be seen at the level of *Vipaka* (post-digestive effect) or *Virya* (potency), which are not found according to *Rasa* (taste) and hence the *Karma* (action) of substance becomes different from its *Rasa*. Therefore, four drugs were selected, two having *Samana Pratyayarabdhata* (*Nimba* and *Vasa*) and two having *Vicitra Pratyayarabdhata* (*Bhumyamalaki* and *Shankhapushpi*). Clinical study was carried out on 24 healthy volunteers having *Madhyama Koshta*, divided into four groups, one group for each drug. The effects of drugs were assessed according to their *Vipaka* on *Koshta* (Bowel habit) especially on stool and habit of defecation (*Srishtavinmutrata* or *Baddhavinmutrata*). All the drugs showed effect according to their *Vipaka* in few parameters, but most of the results were statistically insignificant which suggested that substances perform their action according to their *Pratyayarabdhata*.

Key words: Samana Pratyayarabdha, Vicitra Pratyayarabdha, Vipaka

Introduction

Although many Ayurvedic concepts described in the *Samhitas* seem very easy, they are actually very difficult to understand, as the *Samhitas* presented everything in a concise form. There are certain concepts which need to be explored and evaluated through their practical applicability. One of such concepts is the concept of *Vipaka* (post-digestive effect) and its effect as a part of applied aspect of concept of *Samana* and *Vicitra Pratyayarabdhata*. All substances show mainly three types of *Vipaka* after digestion, which depends on their *Rasa* (tastes).[1] The relation of *Rasa* of substances with their *Vipakadi Guna* (post-digestive effect, potency, etc.,) is given based on the concept of *Samana* and *Vicitra Pratyayarabdhata*.[2] *Arabdhata* means the origin of any substance by its unique conjugation and configuration of *Panchamahabhutas*,[3] which determines all the properties of substances. Changes in the *Arabdhata* during digestion and

metabolism are known as *Pratyayarabdhata*,[4] which happen due to change in the conjugation and configuration of *Mahabhutas* during digestion and metabolism. When any substance is ingested, it is digested and metabolized by the action of different *Agni* (digestive power), i.e., *Jatharagni*, *Bhutagni*, and *Dhatwagni*. During the entire process, it decomposes and re-synthesizes several times in form of breakdown and reformation of bonds between the *Panchamahabhutas*.[5] So, the *Panchabhautika* composition of the substance changes again and again, resulting in the manifestation of *Vipaka*, *Virya* (potency), *Prabhava* (cause for specific action), etc., at different levels of *Agni* (digestive power). On the basis of the results of these breakdown and re-synthesis processes, all the substances can be categorized in two categories. The substances whose *Panchabhautika* composition after re-synthesis remains the same as that of the original substance every time are known as *Samana Pratyayarabdha* substances. In such type of substances, the *Vipaka*, *Virya*, *Karma* of a substance are found in conformity with *Rasa*, so determination of all the properties and action of substance is possible only by knowing its *Rasa*.[4] While the substance whose *Panchabhautika* composition changes at either level of digestion one or more times and becomes different from the original substance, are known as *Vicitra Pratyayarabdha* substances. In such type of substances,

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the *Vipaka, Virya, Karma*, etc., of the substances are not found in conformity with *Rasa*, so determination of all the properties of a substance is not possible only by knowing its *Rasa*, and it becomes mandatory to know about every property of a substance before using it.[6] Hence substances having same *Rasa* may also show different properties and action depending on their *Vipaka, Virya*, etc., at different levels of *Pratyayarabdhata*.

To find out the differences between *Samana* and *Vicitra Pratyayarabdha* substances, difference at the level of *Vipaka* has been selected here for applied study, as assessment of all the levels of *Pratyayarabdhata* is not possible in a single study. *Vipaka* shows its effect on *Dosha* (body humors), *Dhatu* (tissues), and *Malas* (excretory products),[7] and it is easy to assess the effect of *Vipaka* on the *Malas*, and hence, the present clinical study has been designed to ascertain the effect of selected *Samana* and *Vicitra Pratyayarabdha* drugs on *Malas*, particularly on stool. Four drugs having same *Rasa*, i.e., *Tikta Rasa* (bitter taste) and *Virya*, i.e., *Shita Virya* (cold in potency) but different *Vipakas* were selected. *Nimba* and *Vasa* possess *Katu Vipaka* (pungent post-digestive effect) whereas Bhumyamalaki and *Shankhapushpi* possess *Madhura Vipaka* (sweet post-digestive effect).

Hence, the applied (clinical) study was planned considering the hypothesis that *Samana Pratyayarabdha* drugs (*Nimba* and *Vasa*) will create *Baddhavinmutrata* (difficulty in excretion) as per their *Katu Vipaka* (pungent post-digestive effect) and *Vicitra Pratyayarabdha* drugs (*Bhumyamalaki* and *Shankhapushpi*) will create *Srishtavinmutrata* (easy excretion) as per their *Madhura Vipaka*.[7] The purpose of the present clinical study was not to cure any diseased condition, but to see the effect of *Vipaka* on *Koshta* (Bowel habit), so it was conducted in healthy volunteers and to find out the similarity and differences in *Karma* (action) of *Samana* and *Vicitra Pratyayarabdha* drugs.

Materials and Methods

Healthy volunteers
Healthy volunteers having *Madhyama Koshta* were selected from the PG and PhD scholars of I.P.G.T. and R.A., Jamnagar.

Drugs
Four selected drugs in tablet form.

The raw drugs were identified and authenticated in the Pharmacognosy Department, I.P.G.T. and R.A., Jamnagar. Then, the tablets were prepared by adding 3% gum acacia in pharmacy, I.P.G.T. and R.A., Jamnagar.

Research proforma
For the diagnosis and assessment of *Madhyama Koshta*, a specific research proforma was prepared on the basis of characteristics of *Madhyama Koshta* through scoring pattern based on the condition of stool and defecation, viz., frequency, passing, consistency, and quantity, etc., before giving the selected drugs. The scoring was given to each character ranging from 0-2.

Here, 0 stands For *Mridu Koshta*,

1 for *Madhyama Koshta*, and
2 for *Krura Koshta*.

- Frequency of stool
  0-2 times a day
  1 once a day
  2 - Passing stool on alternate day.

- Consistency of stool
  0 - Unformed
  1 - Formed
  2 - Formed and hard.

- Quantity of stool
  0 - Bahu
  1 - Normal
  2 - Alpa.

- Passing of stool (usually)
  0 - Without any effort and satisfactory
  1 - With normal efforts and satisfactory
  2 - With more efforts and unsatisfactory.

- Usually time taken for defecation
  0 - 1-5 min
  1 - 5-10 min
  2 - More than 10 min.

- Feeling of urge for defecation
  0 - Feeling of urge upon waking-up in the morning
  1 - Feeling of urge within 10-30 min of waking-up
  2 - Not feeling of urge and needs to consume food.

- Effect of taking hot milk, hot water, etc., at night
  0 - Watery loose stool and frequent
  1 - Slightly loose but formed stool once
  2 - No effect.

Totally, seven criteria were selected and if four or more than four criteria out of seven scored only one, then the volunteer was diagnosed as having *Madhyama Koshta*.

After giving medicine if there is a shift from 1 to 0 (upward), means the grading is decreasing, it is considered that medicine is creating *Srishtavinmutrata*. If otherwise then it is considered that medicine is creating *Baddhavinmutrata*.

Inclusion criteria
1. Healthy volunteers between 25 and 30 years. Age group having *Madhyama Koshta* were selected without any bar of race, religion, and gender
2. Volunteers whose pathological reports and general observations, i.e. temperature, pulse, respiratory rate, and B.P. were within the normal range.

Exclusion criteria
1. Volunteers below age of 25 years and above 30 years
2. Volunteers not having *Madhyama Koshta*
3. Sufferers of any major or minor disease.

Ethical clearance
The study was cleared by the ethical committee of the institute. Written consent was taken from each volunteer willing to participate before the starting of the study.

Investigations
To rule out major pathology or systemic disease, routine pathological investigation of blood, urine, and stool was carried out once before giving the drugs.

Research design

It was an open clinical trial.

Grouping and posology

All volunteers were randomly divided into four groups.

Group-N: Tablets of *Nimba Patra Curna* (powder of leaves) were provided

Group-V: Tablets of *Vasa Patra Curna* were provided

Group-B: Tablets of *Bhumyamalaki Pancanga Curna* (powder of whole plant) were provided

Group-S: Tablets of *Shankhapushpi Pancanga Curna* were provided.

4 tablets (each of 500 mg) were administered thrice a day, after 3 h of meal with normal water for 7 days.

Criteria for assessment

1. Percentage change in scoring of the characteristics of *Madhyama Koshta* has been assessed by scoring and gradation pattern after giving the drugs
2. Comparison between the effects of drugs was done by assessing percentage changes in between groups.

Statistical design

Paired '*t*' test was used to assess the effect of drugs in each group.

Statistical analysis

- Insignificant $P < 0.1$
- Significant $P < 0.05$ or $P < 0.01$
- Highly significant $P < 0.001$.

Observations

A total of 24 healthy volunteers were registered for the present study, with 6 in each group. All volunteers had completed the clinical trial. Majority of the volunteers were female (58.30%), unmarried (62.5%), and from the higher middle class (75%). Maximum volunteers were taking diet regularly (87.5%), *Matravata*, i.e. according to hunger (75%), *Ushna*, i.e., hot (83.33%), *Snigdha*, i.e. unctuous (79.16%), and *Laghu*, i.e., light (54.17%) *guna* (property) dominant. Frequency of meal was two times a day in 41.67% of the volunteers and three times a day in other 41.67% of the volunteers. *Samashana* (eating wholesome and unwholesome diet collectively) was found in 41.67% of the volunteers. Maximum volunteers (62.5%) were habitual to taking water during the meal. Majority of the volunteers were having *Samagni*, i.e. normal digestive power (83.33%) and *Vata-Kaphaja Prakriti* (41.67%).

Among the characteristics of *Madhyama Kostha*, in majority of the volunteers, frequency of stool was once a day (83.33%), consistency of stool was formed (83.33%), quantity of stool was normal (83.33%), passing of stool was with normal efforts and satisfaction (79.17%), time taken for defecation was 1-5 min (58.33%) and 5-10 min (41.67%), feeling of urge for defecation was within 10-30 min of wake-up (62.5%), effect of taking hot milk, etc., at night was as slightly loose, but formed stool (62.5%).

Results

In Group N, frequency of stool (20%) and time taken for defecation (33.33%) were increased, while consistency of stool became hard (40%), passing required more efforts than previous (50%), quantity of stool (16.67%), and urge for defecation (40%) were decreased and there was no change in the effect of taking hot milk, etc., at night. All the changes were statistically insignificant [Table 1].

In Group V, frequency of stool (100%) and time taken for defecation (66.67%) and urge for defecation (25%) were increased, while consistency of stool became hard (40%), passing of stool required more efforts (80%) than previous, quantity of stool decreased (40%), and there was no change in the effect of taking hot milk, etc., at night. All the changes were statistically insignificant, except the frequency of stool which was highly significant ($P < 0.001$) [Table 2].

In Group B, frequency (66.67%), quantity of stool (50%), and urge for defecation (60%) were increased, consistency became unformed (50%) than previous, passing of stool became easy (16.67%), and the effect of taking hot milk, etc., at night was shifting toward *Baddhavitkata*, i.e. difficulty in excretion (12.5%). There was no change in time taken for defecation. Among these changes, change in frequency of stool ($P < 0.01$), consistency of stool ($P < 0.05$), and change in urge for defecation ($P < 0.05$) were significant and other changes were insignificant statistically [Table 3].

In Group S, frequency (16.67%), quantity of stool (42.85%), and urge for defecation (20%) were increased, while consistency of stool became unformed than previous (16.67%), passing required less efforts than previous (66.67%), and there was no change in time taken for defecation and effect of taking hot milk, etc., at night. Change in the quantity of stool ($P < 0.05$) and passing of stool were statistically significant ($P < 0.01$), while other changes were found insignificant [Table 4].

Table 1: Effect of test drug on *Koshta* (Group N)

Lakshana	Mean score		Difference	% change	S.D.	S.E.	t	P
	BT	AT						
Frequency of stool	0.83	0.67	0.167	20↑	0.408	0.167	1	<0.1
Consistency of stool	0.83	1.167	−0.33	−40↓	0.816	0.33	−1	<0.1
Quantity of stool	1	1.167	−0.167	−16.67↓	0.408	0.167	−1	<0.1
Passing of stool	0.667	1	−0.33	−50↓	0.81	0.33	−1	<0.1
Time taken for defecation	0.5	0.67	−0.167	−33.33↑	0.408	0.167	−1	<0.1
Urge for defecation	0.83	1.167	−0.33	−40↓	0.51	0.21	−1.58	<0.1

BT: Before treatment, AT: After treatment, S.E.: Standard error, S.D.: Standard deviation

Table 2: Effect of test drugs on *Koshta* (Group V)

Lakshana	Mean score		Difference	% change	S.D.	S.E.	t	P
	BT	AT						
Frequency of stool	0.83	0	0.83	100↑	0.408	0.167	5	<0.001#
Consistency of stool	0.83	1.167	−0.33	−40↓	0.816	0.33	−1	<0.1
Quantity of stool	0.83	1.167	−0.33	−40↓	0.516	0.21	−1.58	<0.1
Passing of stool	0.83	1.5	−0.667	−80↓	0.81	0.33	−2	<0.1
Time taken for defecation	0.5	0.83	−0.33	−66.67↑	0.516	0.21	−1.58	<0.1
Urge for defecation	0.667	0.5	0.167	25↑	0.408	0.167	1	<0.1

#P<0.001 Highly significant. BT: Before treatment, AT: After treatment, S.E.: Standard error, S.D.: Standard deviation

Table 3: Effect of test drugs on *Koshta* (Group B)

Lakshana	Mean score		Difference	% change	S.D.	S.E.	t	P
	BT	AT						
Frequency of stool	1	0.33	0.67	66.67↑	0.516	0.211	3.16	<0.01#
Consistency of stool	1	0.5	0.5	50↑	0.547	0.22	2.23	<0.05*
Quantity of stool	0.667	0.33	0.33	50↑	0.516	0.21	1.58	<0.1
Passing of stool	1	0.83	0.167	16.67↑	0.75	0.307	0.54	<0.1
Urge for defecation	0.83	0.33	0.5	60↑	0.547	0.22	2.23	<0.05*
Effect of taking hot milk etc., at night	1.33	1.167	0.167	12.5↓	0.75	0.307	0.54	<0.1

#P<0.01 significant, *P<0.05 significant. BT: Before treatment, AT: After treatment, S.E.: Standard error, S.D.: Standard deviation

Table 4: Effect of test drug on *Koshta* (Group S)

Lakshana	Mean score		Difference	% change	S.D.	S.E.	t	P
	BT	AT						
Frequency of stool	1	0.83	0.167	16.67↑	0.408	0.167	1	<0.1
Consistency of stool	1	0.83	0.167	16.67↑	0.408	0.167	1	<0.1
Quantity of stool	1.167	0.667	0.5	42.85↑	0.547	0.22	2.23	<0.05*
Passing of stool	1	0.33	0.667	66.67↑	0.51	0.21	3.16	<0.01#
Urge for defecation	0.83	0.67	0.167	20↑	0.408	0.167	1	<0.1

*P<0.05 significant, #P<0.01 significant. BT: Before treatment, AT: After treatment, S.E.: Standard error, S.D.: Standard deviation

Discussion

Most of the observations were supportive of healthy status of volunteers and were related to *Madhyama Koshta*.

It was found that in few volunteers, four criteria of *Madhyama Koshta* were found, in some volunteers five, in some six, and in some volunteers, all the seven criteria of *Madhyama Koshta* was found. So, on the basis of this finding, it can be said that *Madhyama Koshta* also may be of several types like *Pravara* (extreme), *Madhya* (medium), and *Avara* (slight) type.
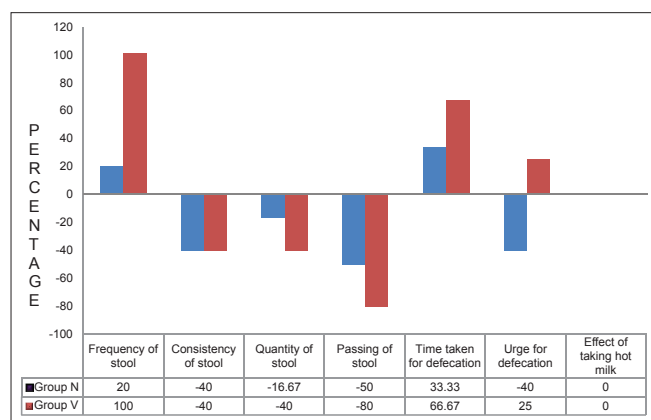
Vipaka acts on *Dosha*, *Dhatu*, and *Malas*, but effects on *Dosha* and *Dhatus* are difficult to assess because of the short duration of study (7 days) and effect on *Doshas* and *Dhatus* is usually cumulative effect of many factors, so to assess the effect of *Vipaka* on *Malas* becomes comparatively easy. Effect on urine output was also tried to assess, but it would become possible to assess in some volunteers only, as the changes in urine output were very minor.

It was supposed that *Samana Pratyayarabdha* drugs (*Nimba* and *Vasa*) which are having *Katu Vipaka* should cause *Baddhavinmutrata* in terms of decrease in frequency and quantity of stool, hard consistency, passing with difficulty, increased time taken for defecation, and decreased urge for defecation. In contrast to this, *Vicitra Pratyayarabdha* drugs (*Bhumyamalaki* and *Shankhapushpi*) which are having *Madhura Vipaka* should cause *Srishtavinmutrata* in terms of increase in frequency and quantity of stool, loose consistency, easy passing, decreased time taken for defecation, and increased urge for defecation.

In *Nimba*-treated group, most of the changes were according to the hypothesis, [Graph 1] i.e., *Baddhavitkata* (difficulty in excretion), except the frequency of stool which has increased. The reason may be that frequency of stool may increase in both the conditions, i.e. constipation and loose stool. Because in the condition of constipation, bowels do not evacuate properly at once, as passing of stool requires more efforts and the person may require to defecate more than one time. There was no change in the effect after taking hot milk, etc., because the *Baddhavitkata* was not so much that it could change the type of *Koshta*.

In the *Vasa*-treated group too, majority of changes were according to the hypothesis, [Graph 1] i.e., *Baddhavitkata*, except frequency of stool and urge for defecation, which were increased. The reason for increased frequency is same as in *Nimba* group.

Graph 1: Percentage change in habit of defecation – Group N and Group V

	Frequency of stool	Consistency of stool	Quantity of stool	Passing of stool	Time taken for defecation	Urge for defecation	Effect of taking hot milk
Group N	20	-40	-16.67	-50	33.33	-40	0
Group V	100	-40	-40	-80	66.67	25	0

Graph 2: Percentage change in habit of defecation – Group B and Group S

	Frequency of stool	Consistency of stool	Quantity of stool	Passing of stool	Time taken for defecation	Urge for defecation	Effect of taking hot milk
Group B	66.67	50	50	16.67	0	60	12.5
Group S	16.67	16.67	42.85	66.67	0	20	0

Urge for defecation was increased in the *Vasa* group, it may be due to either of two reasons:

1. If in the condition of constipation person passes stool on alternate day, then urge may increase because of increased fecal load in intestines.
2. It may be change in *Pratyayarabdhata* of *Vasa* at few places due to *Vipaka Viparyasa* (change in *Vipaka*) told by *Bhadanta Nagarjuna* in *Rasa Vaisheshika Sutra*.[8]

In the *Vasa*-treated group too, there was no change due to drinking of hot milk, etc., same as the *Nimba* group.
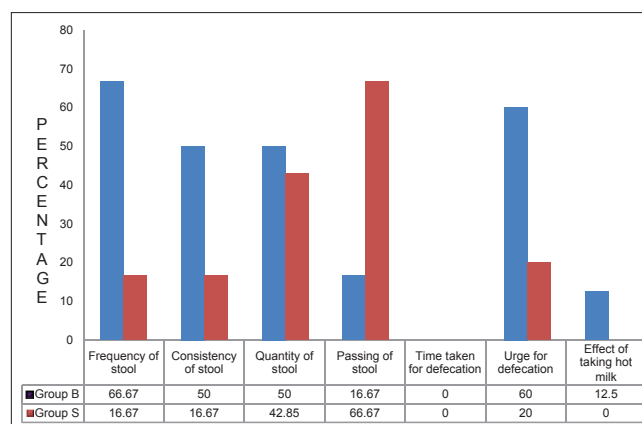
The percentage changes in frequency, quantity, passing, and time taken for defecation were more in *Vasa* group than in *Nimba* group. The reason could be due to its *Ruksha Guna* (dry property), leading to more *Baddhavitkata*.[9]

In the *Bhumyamalaki*-treated group too, most of the effects were according to the hypothesis, [Graph 2] i.e., *Srishtavitkata* (easy excretion), indicating that *Bhumyamalaki* is acting according to *Vipaka* (post-digestive effect). There was no change in time taken for defecation, because it was within 1-5 min before treatment and in case of *Srishtata* even if there was a decrease in time taken it was also considered in same range. There was slight change in effect of taking hot milk, etc., which was shifting toward *Baddhavitkata* and was opposite of the hypothesis, but the change was very minute and insignificant.

In the *Shankhapushpi* group too, the changes were according to the hypothesis, [Graph 2] i.e., *Srishtavitkata*. There was no change in the time taken for defecation and in effect of taking hot milk, etc., the reason is same as the *Bhumyamalaki* group.

Most of the changes in *Bhumyamalaki* group were more in percentage than *Shankhapushpi* group, because of *Laghu Ruksha Guna* (light and dry property) and *Dipana Karma* (appetizer quality). *Bhumyamalaki* causes more correction of *Agni* (digestive power) by decreasing *Dravata* (liquidity) of *Pitta Dosha* and subsequently in defecation.[10]

Maximum changes were statistically insignificant, because there is limitation of *Karma* of a drug. A drug affects more on the pathological condition, but in normal physiological condition, it does not cause much effect. As the trial was conducted on healthy volunteers, the changes occurring in normal physiology were found only to limits which are not reaching up to pathological condition. It is the tendency of the body, that in healthy condition, it tries to tolerate the effect of any medicine up to a limit, but when it becomes beyond the limit that a body can respond to medicine, the response remains in normal ranges and does not reached-up to pathological condition. So in healthy volunteers, the drugs didn't show more changes.

Conclusion

Both *Samana Pratyayarabdha* drugs *Nimba* and *Vasa* show effect according to the hypothesis in most of the parameters, but percentage of changes in *Vasa* group were more as compared to *Nimba* because of *Ruksha Guna* of *Vasa*. Both *Vicitra Pratyayarabdha* drugs also show effects according to the hypothesis, which proves the action of drugs according to *Vipaka*. Most of the effects were statistically insignificant, which shows that drugs act according to *Vipaka* to some extent, but *Vipaka* is not the only factor which decides the action of a drug. Another reason of insignificancy may be due to its use on clinically healthy volunteers, where changes are not expected to be more. So, it can be said that the substances perform their action according to their *Pratyayarabdhata*.

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हिन्दी सारांश

समान तथा विचित्र प्रत्ययारब्ध द्रव्यों का विपाकानुसार चिकित्सकीय प्रभाव का अध्ययन

अनुरुचि जादोन, रामबाबू द्विवेदी

आरब्धता एवं प्रत्ययारब्धता का सिद्धांत आयुर्वेद का एक विशेष सिद्धांत है, जो कि पंचमहाभूतों के संयोग तथा संगठन से संबंधित है । पाचन प्रक्रिया के दौरान प्रत्येक द्रव्य के पांचभौतिक संघटन में कुछ परिवर्तन होते हैं । यदि संपूर्ण पाचन प्रक्रिया के दौरान द्रव्य अपना पांचभौतिक संघटन बनाए रखता है, तो वह समान प्रत्ययारब्ध द्रव्य कहलाता है । परंतु यदि पाचन प्रक्रिया के दौरान द्रव्य का पांचभौतिक संघटन पहले से पूर्णतः भिन्न हो जाता है, तो द्रव्य विचित्र प्रत्ययारब्ध कहलाता है । द्रव्य के पांचभौतिक संघटन में होने वाले परिवर्तन विपाक, वीर्य, आदि के स्तर पर व्यक्त होते हैं, जो कि रस अनुसार नहीं पाए जाते । अतः द्रव्य के कर्म रस से भिन्न हो जाते हैं । प्रस्तुत अध्ययन में दो समान प्रत्ययारब्ध (निम्ब तथा वासा) और दो विचित्र प्रत्ययारब्ध (भूम्यामलकी तथा शंखपुष्पी) वाले औषध द्रव्यों का चयन किया गया तथा उनका विपाक के अनुसार मलों (मुख्यतः पुरीष एवं मलप्रवृत्ति) पर प्रभाव जानने के लिए मध्यम कोष्ठवाले २४ स्वस्थ व्यक्तियों पर चिकित्सकीय अध्ययन किया गया । सभी स्वस्थ व्यक्तियों को द्रव्यों के अनुसार चार वर्गों में विभाजित किया गया । सभी द्रव्यों ने कुछ मापदण्डों पर विपाक के अनुसार कार्य किया परंतु परिणाम सांख्यिकीय दृष्टि से असार्थक रहे ।