



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

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Authors' contributions

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

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Case Report

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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*.

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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 ineffective 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 Strotodushti 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, Maharashtra.

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.

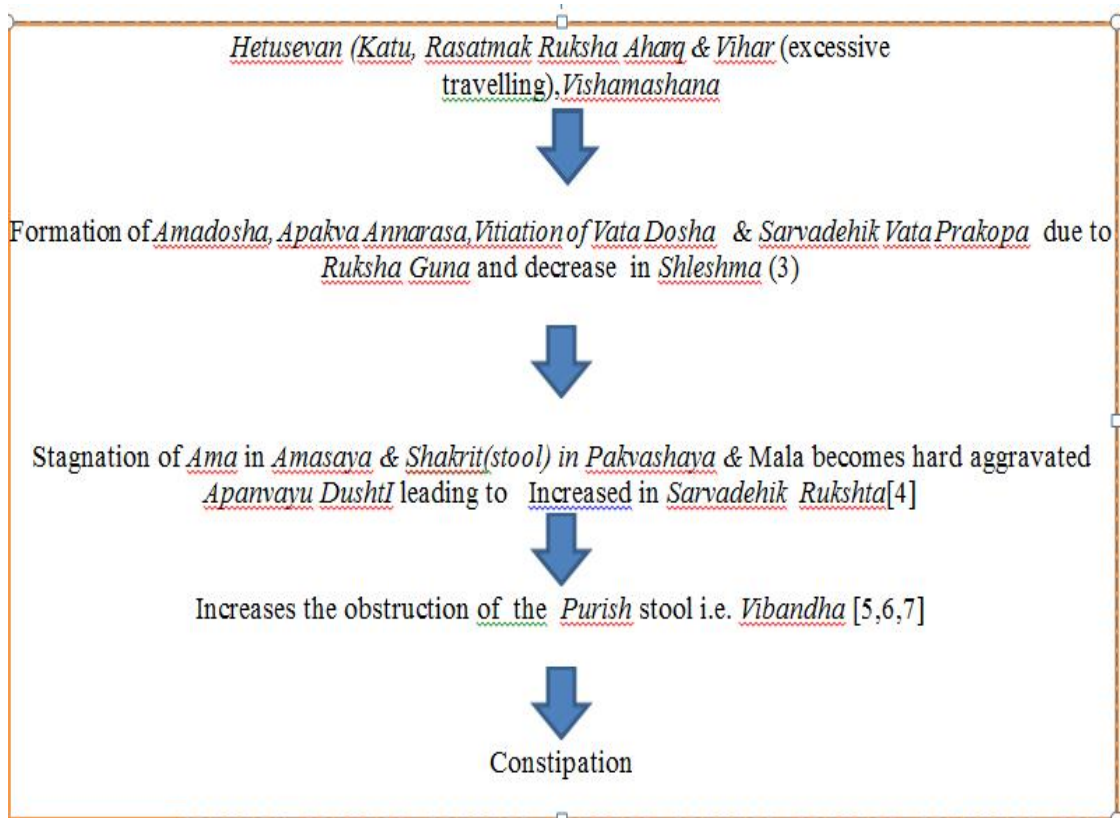


Fig. 1. Pathophysiology of the disease

Table 1. Demographic details

S.N.	Head		S.N.	Head	
1	Name	:- XYZ	6	Occupation	:- labour
2	Sex	:-male	7	Marital status	:- married
3	Age	:- 50 Years	8	Education	:- S.S.C
4	Address	:- Wardha	9	Socio economic status	:-LOWER Middle Class
5	Phone no.	:- *****2060	10	O.P.D. No.	:- 1708040044

- **Dosha:** Vata and Kapha (*Apana Vata,Avlambaka Kapha*)
- **Dushya:** Rasa,Purish
- **Srotas:** Annavaha & Purishvaha Srotas
- **Adhithan:** Pakvashaya
- **Srotodushti:** Vimarg Gaman, Sang
- **Agni:** Mandagni
- **Svabhav:** Ashukari
- **Sadhysadhyta:** Sadhya

Fig. 2. Samprapti ghatak

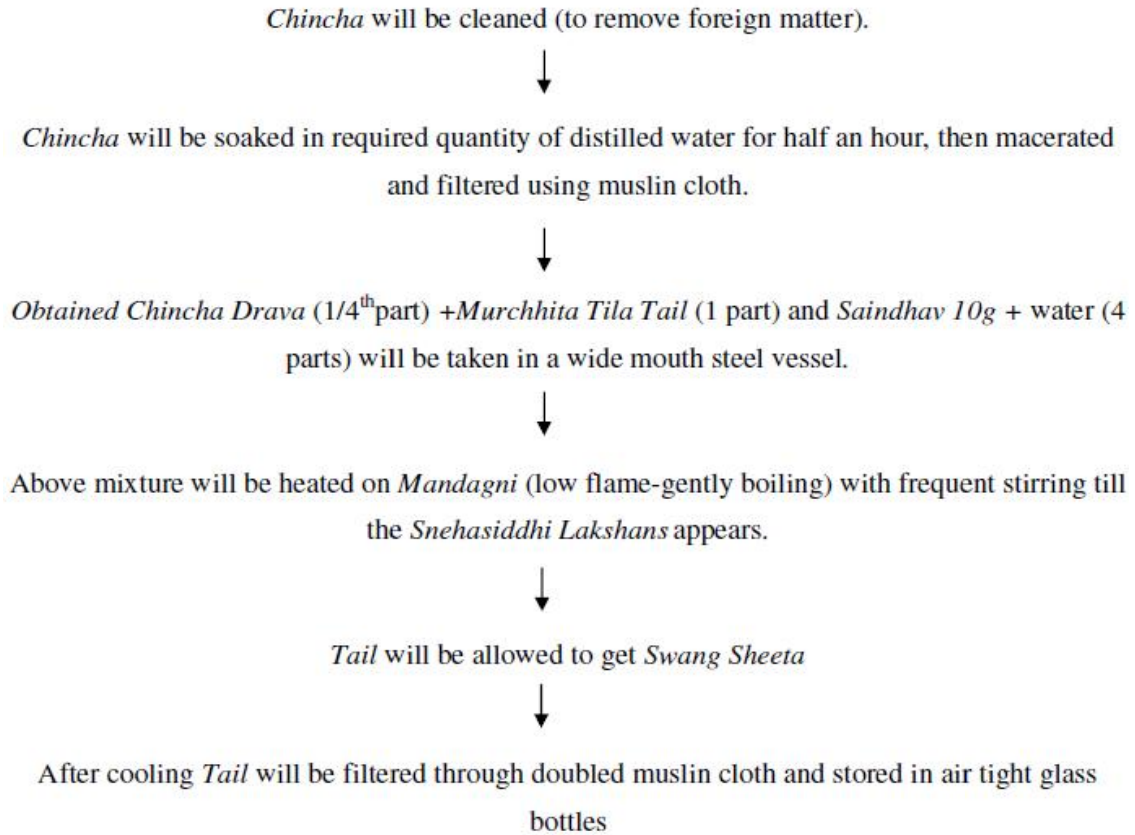


Fig. 3. Preparation method of chinchalavan taila

Table 2. Chief complaints of the patient

S.N.	Symptoms	Severity	Duration
1	<i>Grathita Mala</i> (Hard stool)	Bristol-Type 4- Sausage shape but lumpy)	Since one year
2	<i>Aniyamit Mala Pravrutti</i> (Irregular bowel Habit)	Thrice a weekly	
3	Straining during defecation	Time required 16-20 minutes	
4	<i>Adhmana</i> (Fullness of the abdomen with discomfort)	Severe	
5	<i>Krute Api Kruta Sandnya</i> (Feeling of incomplete bowel evacuation)	Severe	
6	<i>Aruchi</i> (Loss of taste)	Present	
7	<i>Apakti</i> (Indigestion)	Present	Intermittent
8	<i>Udarshoola</i> (Abdominal pain)	2(Visual analogue scale)	
9	<i>Shirshoola</i> (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: <ul style="list-style-type: none"> ❖ Pure vegetarian, Daily intake of <i>Katu Rasa Pradhan Dravya Sevan</i> ❖ Excess intake of bakery products(Bread) ❖ Aversion towards intake of Ghee(<i>Ruksha Annasevana</i>) ❖ <i>Vegavrodha</i> (Suppression of urges while on fieldwork) ❖ <i>Ratri-Jagran</i> due to shifting duty ❖ <i>Anashana & Vishamashana</i>(due to irregular intake of food) ❖ Less intake of water ❖ 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	<i>Nadi</i> (Pulse)	88/min (<i>Vata-Pittaja</i>)	5	<i>Shabda</i> (Speech)	<i>Spashta</i> (Clear)
2	<i>Mala</i> (Stool)	Unsatisfactory <i>Saama</i> , <i>Aniyamit</i> , <i>Grathita</i>	6	<i>Sparsha</i> (Touch)	<i>Samshitoshna</i> (Normal)
3	<i>Mutra</i> (Urine)	<i>Asamyak</i> (5-6 /day, 2-3time/night)Hesitancy	7	<i>Druka</i> (Vision)	Good
4	<i>Jivha</i> (Tongue)	<i>Saam</i>	8	<i>Akruti</i> (Posture)	<i>Madhyam</i>

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 1 st day)	On 7 th Day	After Treatment (15 th day)
1	<i>Grathita Mala</i> (Hard stool)	Bristol-Type 4- Sausage shape but lumpy)	No hard stool(Bristol-Type 4)	Normal stool
2	<i>Aniyamit Mala Pravrutti</i> (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	<i>Adhmana</i> (Fullness of abdomen with discomfort)	Severe	Moderate	Absent
5	<i>Krute api Kruta Sandhya</i> (Feeling of incomplete bowel evacuation)	Severe	Moderate	Absent
6	<i>Aruchi</i> (Loss of taste)	Present	Absent	Absent
7	<i>Apakti</i> (Indigestion)	Present	Absent	Absent
8	<i>Udarshoola</i> (Abdominal pain)	2(Visual analogue scale)	0 (Absent)	0(Absent)
9	<i>Shirshoola</i> (Hedache)	3	0(Absent)	0(Absent)

Table 6. Ingredients with proportion for preparation of *chinchavatan taila*

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

Table 7. Properties of Ingredients of *Chinchavatan taila* [11]

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

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 Snehana & Mrudu Virechana* in *Vibandha & Malavstambha*. Therefore, *Sneha Dravyas* medicated with herbs having *Snigdha, Amla, and Lavana Rasa & Vata* pacifying properties are used here. *Chinchavatan 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 *Amradi Phala Varga* by *Bhavprakash Nighantu* [7]. *Ruksha Guna* of *Chincha* helps in counteracting the *Ama*. It also pacifies *Vata* due to the property of *Srushmalamootrakara* 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 potassium acid. It increases the Intestinal small transit due to tartaric acid, malic acid, 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 *Vibandhaghna* 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* and *Amla Rasa* of *Chincha*,

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 *Vataprakopa*. 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 Pharmacokinetic and Pharmacodynamic 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.

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COMPETING INTERESTS

Authors have declared that no competing interests exist.

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