

# Research Article

# www.ijrap.net



## CRITICAL ANALYSIS ON TILAPISHTANIBHAM YASTU

P.R. Saranya 1\*, Kumari Nisha 2

<sup>1</sup>PG Scholar, Department of Roga Nidana, Sri Dharmasthala Manjunatheswara College of Ayurveda, Hassan, Karnataka, India

<sup>2</sup>Associate Professor, Department of Roga Nidana, Sri Dharmasthala Manjunatheswara College of Ayurveda, Hassan, Karnataka, India

Received on: 11/08/15 Revised on: 25/09/15 Accepted on: 13/10/15

## \*Corresponding author

E-mail: drsaranyabams@gmail.com

DOI: 10.7897/2277-4343.07132

### ABSTRACT

Tilapishtanibha varchas (stool resembling sesame paste) usually seen as a part of Shakhasrita Kamala (Obstructive Jaundice). Tilapishta has given as a simile for describing the mala (stool) in Shakhashrita kamala. It may show similarity in its form or appearance which in turn suggests the absence of pitta (bile) and the presence of malaroopi pitta (Excretable form of bile), associated with the presence of Ama (remnants of food) in the Gastrointestinal tract. Mala pareeksha (stool examination) describes the errors of digestion, metabolism, and absorption of food in koshta (gastrointestinal tract). The study aims at finding out the exact nature of Tilapishta and Tilapishtanibha varchas in Shakhasrita kamala with the aid of Mala pareeksha. On parallel to this malapareeksha, Liver Function Tests and Sonography has also observed. Sweta and Krishna Tila (white and black sesame), Khalwayantra (mortar), Mala of both Shakhashrita and Koshtasrita Kamala (Hepatocellular Jaundice) patients, Glass bottles, Glass beaker, Glass slides, Petri dish, Dropper, Spatula. Mala pareeksha has performed and compared it with the Tilapishta. By this study, it has observed that the explanation of Tilapishtanibha Varchas given for Shakhashrita Kamala confined to the color, appearance, consistency and nature of Tilapishta.

Key Words: Tilapishtanibha varchas, TilaPishta, Shakhashrita Kamala, Koshtashrita Kamala, Mala pareeksha

# INTRODUCTION

The disease in which the patient loses his desire towards food and other activities generally considers as Kamala (jaundice). Description of two different types of Kamala can find in classics. They are of Koshtashrita and Shakhashrita Kamala<sup>1</sup>. When the person afflicted with Pandu roga (Anemia), keeps on indulging in the pittala ahara viharas (food and activities that increases bile), further Pitta (bile) aggravation occurs and burns out the Asruk (blood) and Mamsa (muscles) of the person and produces the Koshtashrita Kamala. There will be lakshanas (symptoms) of Bahu pitta (increased bile) like Haridra netra twak anana (yellow discoloration of eyes, skin and face) and Rakta peeta shakrut mutrata (reddish yellow colored feces and urine). This can happen with or without the occurrence of Panduroga also<sup>1</sup> In controversy, Shakhasrita Kamala comes under the Alpa pitta avastha (condition of reduced bile). Here the person who undergoes Mithya aharas (unwholesome diet) like Rooksha (dry), Seeta (cold), Guru (heavy) and Madhura ahara (sweet food items) along with Ativyayama (excessive exertion) and Vega nigraha (forceful suppression of natural urges) becomes the victim of Vata prakopa (aggravation of wind). This prakupita vata in turn combines with the Kapha (phlegm). These both in their prakupitavastha (aggravated stage) expels out the Pitta from its own place Koshta. Further, the Kapha dosha along with the Ama that has already formed by the Agni vaishamya (diminished digestive fire) together produces margavarodha (obstruction) to the pitta, which has already expelled out from its sthana (place). This malaroopi pitta, which is unable to reach back the koshta starts circulating all over the body and produces symptoms according to the Khavaigunya (obstruction in channels). In this context, Acharya Charaka and Vagbhata have quoted Tilapishtanibha varchas as the main differentiating symptom in Shakhashrita Kamala.1, 2 The

description starting with "Tilapishtanibha yasthu varchah..." itself shows the importance of this cardinal symptom.

### Content

When a person ingests the food, within time it reaches the Koshta by the action of Prana Vayu (type of vayu). There it undergoes Shithilata (breaking down) and Mriduta (softening) and undergoes proper pachana (digestion) by the Pachaka Pitta (type of pitta) stimulated by SamanaVayu (type of vayu). In the initial stage by the formation of Madhura avasthapaka (carbohydrate metabolism), Kapha pravridhi (increase in kapha) occurs in which the ahara looks like Phena (bolus). After this initial change, it turns into pakva apakva avastha (semi-digested form) that can produce Amla swaroopa (chyle). During the journey towards the Pakwasaya (intestine) from Amashaya (stomach), it reaches the Pitta sthana (place of pitta) and does the udeerana of pitta (stimulation of pitta). This pitta does the further digestion of food. This pakwahara (digested food) in Katu avasthapaka (assimilation) reaching pakwasaya stimulates the vayu, which absorbs the water content by its nature and makes it into the Paripinditha pakwa avastha (solid form). Finally, through the vama parswa (left side) excretes out as the well-formed Mala. 1In the similar way, descriptions are available regarding the digestion in contemporary science. Sight, thought, smell, and taste of food itself can stimulate the salivary glands and gastric glands. As soon as the food reaches stomach, gastric juice starts secreting. While passing down, it reaches the liver and the hepatocytes secrete Bile<sup>8,9</sup>. This carries out the further digestion of food and finally reaches the intestine. During the stay for about 3-10hours, it becomes solid or semisolid by the water absorption and passes out as the feces<sup>6</sup>. Explanation of bile secretion by the stimulation of food is nothing but the Pitta udeerana by ahara in classics. Therefore, if there is no pitta

udeerana or no bile secretion, the food does not undergo proper digestion and without reaching the pakwa avastha (formed stage), it passes out as it is along with the Ama<sup>1</sup>.

In case of Shakhashrita Kamala, due to the Vata and kapha avarana (obstruction), Pitta udeerana does not take place. As the pitta has expelled out already, there will not be prakrita Varna (normal color) for the Mala and pradushta kapha present in koshta gives Sweta Varna (white color) to mala, which resembles like Tilapishta. Thus the patient suffering from alpa pitta kamala i.e., Shakhashrita kamala voids the mala which resembles Tilapishta.

# Aims and objectives

The aim of the study was to find out the exact nature of Tilapishta and Tilapishtanibha varchas in Shakhasrita kamala with the aid of Mala pareeksha<sup>3</sup>.

- i) Study of color, consistency, and appearance of Tilapishta
- ii) Study of color, consistency, and appearance of Tilapishtanibhavarchas
- iii) Comparison of Tilapishta and Tilapishtanibha varchas by means of Mala pareeksha
- iv) Comparison of Tilapishtanibha varchas and its avastha with the laboratory investigations<sup>11,12</sup>

### MATERIALS AND METHODS

Both the Sweta and Krishna Tila<sup>5</sup>, Khalwa yantra, Mala of Shakhashrita and Koshtashrita Kamala patients, Glass bottles, Glass beaker, Glass slides, Petri dish, Dropper, Spatula.

Using khalva yantra, both the Sweta and Krishna Tila has made into fine paste<sup>4</sup> and taken in a petri dish.

The stool sample of both the patients has collected in the early morning soon after voiding. Mala pareeksha has performed with stool samples as per the classics<sup>3</sup> and the experiments repeated with both the Sweta Tilapishta and Krishna Tilapishta and then compared the results.

#### Procedure

- 1) Each 50grams of Sweta and Krishna Tila has separately washed and dried out. Then made into a fine paste<sup>4</sup>by using Khalwa yantra (picture 3) and mortar separately (picture 4).
- 2) Patients who have admitted in the hospital for the following complaints have selected.

Patient I - Yellowish discoloration of skin, eyes, urine and face, passing of stools of white color and itching all over the body. Elevated bilirubin, Transaminases<sup>8,9</sup>, Erythrocyte sedimentation rate and Cholesterol levels, lowered Hemoglobin level (Shakhashrita Kamala) (picture 1)

Patient II – yellow discoloration of eyes, skin, nails, urine and feces, debility, general weakness, edema over limbs, loss of appetite and indigestion (Koshtashrita Kamala) (picture 2)

### Clinical Study

Complaints (Table 1)

Lab Investigation (Table 2)

## Experiment

Stool samples of the Patients have collected in a sterile glass bottle in the early morning soon after voiding. Without time delay, it has taken into the laboratory. Under all the aseptic conditions and precautions stool examinations<sup>7</sup> have performed. All the tests repeated with the Tilapishta prepared out of Sweta and Krishna Tila. (Table 3)

Table 1: Complaints of patients

rable 1: Complaints of patients					
	Patient – I	Patient – II			
Complaints	Yellow discoloration of skin, eyes and urine; passing	Yellow discoloration of eyes, skin, nails, urine and feces; Debility;			
Î	of white colored stools; Itching all over the body	Loss of appetite; Indigestion; Edema of limbs			
Physical	Appearance – ill look	Appearance – Normal			
Examination	Conscious – Well oriented	Conscious – Well oriented			
	Icterus – Present over eyes, palms	Icterus – Present over eyes, palms, nails			
	Skin – Yellow discoloration	Skin – Yellow discoloration			
	Appetite – Altered	Edema – Present on limbs, Pitting type			
	Bowel -White colored, Semisolid	Appetite – Reduced			
	Micturition - Yellow colored	Bowel- Yellow colored, Semisolid			
	Sleep – Disturbed	Micturition - Yellow colored			
		Sleep – Disturbed			
Systemic	CNS – Well oriented	CNS – Well oriented			
Examination	CVS – S1S2 heard	CVS – S1S2 heard			
	RS – NVBS	RS – NVBS			
	Loco motor – Normal	Loco motor – bilateral Ankle joints and Knee joints – painful			
	P/A – Soft, Tenderness present, No organomegaly	movements			
	Skin – Dry, Yellow colored	P/A – Soft, No Tenderness present and organomegaly			
		Skin – Dry, Yellow colored			
Diagnosis	Shakhashrita Kamala	Koshtashakhashrita Kamala			

**Table 2: Lab Investigations** 

Table 2. Lab investigations						
Values	Patient –I	Patient – II				
Hb%	9.0gm%	9.8gm%				
ESR	80mm/h	40mm/h				
WBC	7600cells/CMM	4500cells/CMM				
T. Bilirubin	4.0mg/dl	1.0mg/dl				
Direct Bilirubin	2.4mg/dl	0.7mg/dl				
Indirect Bilirubin	1.6mg/dl	0.3mg/dl				
SGPT	232.9IU/L	132IU/L				
SGOT	249 IU/L	23.2IU/L				
ALP	606.1IU/L	64IU/L				
T. Cholesterol	237.8mg/dl	158mg/dl				
USG	Normal	Normal				

**Table 3: Experiments** 

Table 5. Experiments							
Patient I	Patient II	SwetaTilapishta	Krishna Tilapishta				
Color – whitish yellow	Color – Yellow	Color – White colored	Color – Clay colored				
Consistency-Semisolid	Consistency-Semisolid	Consistency-Semisolid	Consistency-Semisolid				
Appearance - Shiny, Heavy,	Appearance – Heavy, Slight	Appearance – Shiny, Heavy,	Appearance – Shiny, Heavy,				
Sticky, Oily	sticky	Sticky, Oily	Sticky, Oily				
Odor – Offensive smell	Odor – Offensive smell	Odor – Normal	Odor –Normal				
Quantity – Madhyama (medium)	Quantity – Madhyama (medium)	Quantity – Sufficient	Quantity – Sufficient				
JalanimajjanaPareeksha- Sinked	JalanimajjanaPareeksha – Sinked	JalanimajjanaPareeksha  – Sinked	JalanimajjanaPareeksha – Sinked				
in 100ml of water within 10sec	in 100ml of water within 30sec	in 100ml of water within 15sec	in 100ml ofwater within 15sec				
when dropped from a height of	when dropped from a height of	when dropped from a height of	when dropped from a height of				
7cm	7cm	7cm	7cm				
PichilataPareeksha- When pasted	PichilataPareeksha – When	PichilataPareeksha – When	PichilataPareeksha – When				
on a glass slide and on trying to	pasted on a glass slide and on	pasted on a glass slide and on	pasted on a glass slide and on				
flush it out, it took more quantity	trying to flush it out, it took	trying to flush it out, it took more	trying to flush it out, it took more				
of water with more force to clean	minimal quantity of water with	quantity of water with more force	quantity of water with more force				
the slide	less force to clean the slide	to clean the slide	to clean the slide				
pH – 7	pH – 8.5						
Occult blood - Absent	Occult blood - Absent						
Microscopically – starch,	Microscopically- food particles,						
undigested food materials and	starch, pus cells						
few bacilli10							



Picture 1



Picture 3



Picture 2



Picture 4

## RESULTS

The results obtained from the Mala pareeksha of Shakhashrita kamala was exactly similar to as that of the pareeksha done with Tilapishta of both Sweta and Krishna Tila. All the three were shiny, oily and greasy in appearance; stickiness was there on touch and while putting into water all settled down at the bottom of water within the same time. Among that stool sample of the Shakhashrita patient was looking similar to Sweta Tilapishta with reference to color also. Whereas the Mala pareeksha with the mala of Koshtashrita Kamala patient has not shown similarity with the above three.

## DISCUSSION

1) Tilapishta prepared out of Sweta and Krishna tila appeared as white and clay color respectively. Apart from the color, it has

observed as shiny, heavy, and oily. In the similar way, by the mere observation, Mala of Patient I appears as Whitish yellow in color, semisolid, sticky, oily and heavy with offensive smell. On the other hand, Mala of Patient II was yellow in color, semisolid, not so heavy, and oily. On conducting Jalanimajjana Pareeksha¹ (examination by putting into water), all the three got settled down at the bottom of water within no time which shows the presence of Ama in both the Mala and Heaviness in case of Tilapishta. During the Pichilata Pareeksha (examination for stickiness), both the Tilapishta were in demand of excess of water with too much of force for clearing out. In the similar way, Mala of Patient I took more quantity of water with large force to clear out and Mala of Patient II were able to clear out with minimal quantity of water and less force. This shows the similarity in Pichilata of Tilapishta and Mala of Patient I.

2) By the similarity in Physical appearance, color, consistency, oiliness, heaviness and stickiness, both the Tilapishta and Mala

of Patient I resembled with each other whereas the Mala of Patient II differs in many of the aspect except heaviness.

3) As the Mala of Patient I resembles with Tilapishta, the diagnosis of respective patient has confirmed as Shakhashrita Kamala and as there was no similarity in Mala of Patient II with Tilapishta, with the consideration of presenting lakshanas also, that patient has included under Koshtashrita Kamala.

### CONCLUSION

This study shows the exact nature of Tilapishta and Tilapishtanibha varchas in Shakhasrita kamala with the aid of Mala pareeksha. By means of this diagnostic tool, color, consistency and appearance of Tilapishta, Tilapishtanibha varchas and their comparison have understood. For supporting the experiments, laboratory investigations have also compared with the results. By these, conclusion has drawn as the explanation of Tilapishtanibha Varchas given for Shakhashrita Kamala confined to the color, appearance, consistency, and nature of Tilapishta

## REFERENCES

- Agnivesa. Charaka Samhita, Commentary by Chakrapanidatta, Ayurveda Deepika. Vaidya Yadavji Trikamji Acharya, editor. Reprinted edi 2011.Chikitsa Sthana – 15/9-11, 56-57, 16/124-127. Varanasi: Chaukhambha Orientalia; 2011. p. 512, 517, 532.
- Vagbata. Ashtanga Hridaya, Commentary by Arunadatta, Ayurveda Rasayana, Hemadri, Sarvanga Sundari. Hari Sadashiva Sastraparadakara, editor. Reprinted edi 2012.Nidana Sthana – 13/15-16, Chikitsa Sthana – 13/45. Varanasi: Chaukhambha Sanskrit Sanstan; 2012.p.519, 704.
- Yogaratnakara. Vidyotini Hindi Commentary by Vaidya Sri Lakshmipati Sastri. 1<sup>st</sup> chapter. 1<sup>st</sup> Edi. Varanasi: Chaukhambha Prakashan; 2010.p.12-13, 254-257, 332-333.

- Sarangadhara. Sarngadhara Samhita, Commentary by Adhamalla's Dipika and Kashiramas Gudhartha Dipika. Pandit Parasurama Sastri Vidyasagar, editor. 7<sup>th</sup> edi. Madhyama Khanda -5/1-2.Varanasi: Chaukhambha Orietalia; 2012. p.173-4.
- Bhava Mishra. Bhava Prakasha. Pandit Brahmashankara Sastri, Shri Rupalalaji Vaisya, editor. Poorva Khanda, Nighantu Bhaga. Dhanya varga. Varanasi: Chaukhambha Sanskrit Bhavan; Reprint edi 2013.p.651-2.
- Gerard J. Tortora, Bryan Derrickson. Principles of Anatomy and Physiology. 11<sup>th</sup> edi. 24<sup>th</sup> chapter. p.911-38.
- Godkar.B.Praful. Textbook of Medical Laboratory Technology. Reprint edi. 43<sup>rd</sup> chapter. Mumbai: Bhalani publishing House; 2001.p.587-91.
- U. Satyanarayana, U.Chakrapani. Biochemistry. Reprint edi 2011. Section II – 8<sup>th</sup> chapter, 20<sup>th</sup> chapter. Kolkata: Books and Allied (P) Ltd; 2011. p.165-79,453-9.
- A C DEB. Fundamentals of Biochemistry. 9<sup>th</sup>edi. 9<sup>th</sup> chapter, 37<sup>th</sup> chapter. Kolkata: New Central book agency (P) Ltd.p.132-8.697-703.
- P.Chakraborty. A Textbook of Microbiology. 2<sup>nd</sup>edi. Section I, 2<sup>nd</sup> chapter. Kolkata: New Central book agency (P) Ltd; reprint edi 2009. p.14-5.
- Aspi.F. Golwalla, Sharukh.A.Golwalla. Golwalla's Medicine for students.24<sup>th</sup>edi. 2<sup>nd</sup> chapter. Mumbai: The National Book Depot; 2014.p.37-8, 52-7.
- Dan.L.Longo, Antony.S.Fauci et al. Harrison's Principles of Internal Medicine.18<sup>th</sup>edi. 301<sup>th</sup> chapter. United States of America.p.2520-33.

### Cite this article as:

P.R. Saranya, Kumari Nisha. Critical analysis on tilapishtanibham yastu. Int. J. Res. Ayurveda Pharm. Jan – Feb 2016;7(Suppl 1):76-79 <a href="http://dx.doi.org/10.7897/2277-4343.">http://dx.doi.org/10.7897/2277-4343.</a>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.