



Research Article

RASANIRDHARANA (ASSESSMENT OF TASTE) OF AN EXTRA PHARMACOPOEIAL DRUG -CISSUS LATIFOLIA LAM.

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ABSTRACT

Ayurveda literatures include the descriptions of many drugs in terms of their names, properties and therapeutic usage. But many drugs, despite their substantial therapeutic value and wide acceptance among numerous ethnic groups, are left unrecorded in the classical texts. These drugs are generally termed as Anukta Drayya. The action of an Anukta Dravya can be explained with its Rasapanchaka viz. Rasa (taste), Guna (quality), Veerya (potency), Vipaka (transformation) and Prabhava (special action). Among these attributes of a drug, Rasa perceived through the gustatory receptors of the tongue, is the only parameter that can be evaluated by direct perception. Cissus latifolia Lam. is an extrapharmacopoeial drug with several ethnomedicinal claims. No attempts have been made to explore the pharmacological properties of this drug. The Rasapanchaka in accordance with the principles of Ayurveda pharmacology is also not assessed till date. So, to study the properties of the drug, Rasa analysis was done by using the 'taste perception method' by administering 3 grams of powdered drug to 30 volunteers. A structured questionnaire prepared based on the Avurveda literatures was used for the collection of data from the respondents. The highest number of respondents pointed out Kashaya Rasa (76.6%) as the predominant Rasa and Tikta Rasa (63.3%) as the perceived Anurasa. So, it was concluded that Cissus latifolia Lam. have Kashaya Rasa (astringent) and Tikta Anurasa (bitter).

INTRODUCTION

Ayurveda explains the physiology of the human body, pathology of diseases and the pharmacology of the drugs based on its unique principles like Panchamahabhoota and Tridosha. Ayurveda has also explained the concepts of pharmacodynamics and pharmacokinetics through its own unique principles. These concepts are described using the *Saptapadartha* (drug), Rasa (taste), Guna (quality), Dravya Veerya (potency), Vipaka (transformation), Prabhava (special action) and *Karma* (pharmacological action).^[1] Among these attributes, *Rasa* (taste) of a substance is the foremost tool to assess the pharmacological behaviour of a Dravva.[2]

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Using the above methodology, Avurveda literatures have described many drugs in terms of their names, properties and therapeutic usage. But there are many drugs, despite their medicinal value and wide usage among ethnic groups, which are left unrecorded in the classical texts. These drugs are generally termed as Anukta Dravya.[3]

Rasapanchaka analysis is mandatory for incorporating Anukta Dravyas to The Ayurvedic Pharmacopoeia of India.[4] According to Ayurveda, Rasa are six in number viz; Svadu (sweet), Amla (sour), Lavana (salty), Tikta (bitter), Katu (pungent) and Kashaya (astringent).[5] But as per modern concept, there are only five tastes, sweet, sour, salty, bitter and umami.[6] Rasa means taste and is recognized by its own characteristic features. Assessment of Rasa can be carried out using two methods namely, 'The taste perception method' and 'The taste threshold method'.

Cissus latifolia Lam. commonly called as 'Chunnambuvalli' in Malayalam belonging to the family Vitaceae is one such drug (Figure.1). It is a climbing shrub seen distributed along peninsular India and Sri

Lanka. The seventh volume of 'Hortus Malabaricus' has a detailed description of the plant. It has reported its therapeutic uses in many conditions such as fever, cough, pleuritis, halitosis, odontalgia and also in wound healing.^[7] No attempts have been made to explore the *Rasapanchaka* of *Cissus latifolia* in accordance with the principles of Ayurveda pharmacology till date. So, the present study was

Figure. 1: Cissus latifolia Lam.



Material Collection and Preparation of the Powder

The aerial parts of *Cissus latifolia* Lam. was collected for the study in the month of July, 2021 from Thrissur, Kerala. The material was identified and confirmed at the Kerala Forest Research Institute, Peechi. A voucher specimen (18030) was also deposited in the institute. The plant was cleaned, chopped, dried in shade and powdered. A mesh size #80 was used to sieve the powder. (Figure.2)

designed to assess the *Rasa* of aerial parts of *Cissus* latifolia Lam.

MATERIALS AND METHODS

Rasa analysis of Cissus latifolia Lam. was done by using 'The taste perception method' following the guidelines of Prof. S.C. Dhyani. It was done by administering 3 grams of powdered drug to 30 healthy volunteers and analysis of the observed data.^[8]

Figure. 2: Powder of Cissus latifolia Lam Plant



Preparation of Questionnaire

A structured questionnaire was prepared based on the Ayurveda characteristics of each *Rasa* described in major literatures like Charaka Samhita, Susruta Samhita, Ashtanga Sangraha, Ashtanga Hrudaya and Bhavaprakasha. (Table.1) Questions for assessing the reactions experienced on the eyes, nose, tongue, buccal cavity, throat and palate when the drug is tested were also added.^[9] Total 16 characteristics were included in the questionnaire. Direct response in terms of *Rasa* and *Anurasa* were also recorded.

Table 1: Characteristics of each Rasa [10-14]

S. No	Taste	Characteristics			
1	Madhura	Vaktram Anulimpati (besmears the mouth)			
		Aaswadyamano Dehasya (soothing to the body)			
		Akshaprasadana (soothing to sense organs)			
2	Amla	Kshalayate Mukham (cleanses the mouth)			
		Danta Harsha (tingling sensation in teeth)			
		Roma Harsha (generates horripilation)			
		Aksibhruvam Sankochayati (constriction of eyes and eyebrows)			
		Mukhasravam Janayati (salivation in mouth)			
		Sradhaam Utpadayati (generates interest)			
		Urakantam Vidahati (burning sensation in chest and throat)			
3	Lavana	Syandayati Aasyam (moistens the buccal cavity)			
		Kapola Gala Dahakrt (burning sensation in throat and buccal cavity)			
		Bhakta Ruchim Utpadayati (generates taste in food)			
		Kapha Prasekam Janayati (produces salivation)			
		Mardavam Aapadayati (softens the buccal cavity)			
4	Tikta	Vishadayati Asyam (cleanses the mouth)			
		Rasanam Pratihanti (obstructs taste perception)			

		Svayam Arochishnu (distasteful)			
5	Katu	Udvejayati Jihvaagram (irritates the tongue tip)			
		Kurvati Chimichima (causes tingling sensation)			
		Sraavayati Akshi (lacrimation from eyes)			
		Sraavayati Nasam (secretion from nose)			
		Sraavayati Mukham (salivation)			
6	Kashaya	haya Jatayati Jihva (stiffness of tongue)			
		Kanta Vibandhakrt (obstructs the throat)			
		Pidayati Hrdayam (pressure on chest)			
		Vaktram Parisosayati (generates dryness in mouth)			

Selection of volunteers

30 healthy volunteers were selected for the study. All the participants were Ayurveda post graduate scholars of Govt. Ayurveda College, Thiruvananthapuram, Kerala. The methods of the study, its rationale and their role as a participant were explained in detail to each patient.

On the day of assessment, each participant was asked to thoroughly wash their mouth with distilled water. After 5 minutes, 3 grams of the powdered drug was served to them. After assessing the overall oral experience with the drug, they were asked to record their inputs in the questionnaire.

Statistical analysis

The answer (Yes/No) obtained for each characteristic and the perceived *Rasa* and *Anurasa* judged by each volunteer were tabulated in Microsoft excel and the data was analysed for statistical means and proportions.

RESULTS

30 volunteers participated in the study and provided their inputs. Data showed that 87% of the respondents experienced *Kashaya Rasa* and 43% of the respondents experienced *Tikta Rasa* (Table 2). When the data on direct response on perceived taste of the drug was analysed, highest number of respondents have pointed out *Kashaya Rasa* (76.6%) (Table 3). *Anurasa* perceived was *Tikta* (63.3%) (Table 4).

Table 2: Symptoms Experienced by the Respondents

S.No	Symptoms	Lakshana type	Corresponding rasa	Number reported (n=30)	%
1	Besmears the mouth/causes stickiness in mouth, coating in mouth (Vaktram Anulimpati)	Individual	Madhura	8	27
2	Pleasant or soothing sensation to the nose, mouth, throat, lips and tongue (Ghrana Mukha Kanta Oshta Jihwa Prahladano)	Individual	Madhura	0	0
3	Causes salivation (Aasyam Aasravayati)	Common	Amla, lavana, katu	8	27
4	Cleanses the mouth (Visadayati Vadanam)	Common	Amla, tikta	3	10
5	Tingling sensation of teeth (Dasanaan Harshayati)	Individual	Amla	1	3
6	Constriction of eyebrows and eyelids (Akshibhruvam Samkochayati)	Individual	Amla	1	3
7	Softens the buccal cavity (Mardavam Cha Aapadayati)	Individual	Lavana	1	3
8	Burning sensation in the throat and buccal cavity (<i>Kantakapolam Vidahati</i>)	Individual	Lavana	1	3
9	Instant irritation to tongue tip	Individual	Katu	2	7

	(Bhrisham Udvejayati Jihwagram)				
10	Irritation in throat and buccal cavity (Chimichimayati Kanta Kapolam)	Individual	Katu	9	30
11	Secretion from nose (Sravayati Naasikam)	Individual	Katu	0	0
12	Lacrimation (Sravayati Akshi)	Individual	Katu	1	3
13	Distasteful (Arochishnu)	Individual	Tikta	13	43
14	Dryness of mouth (Vaktram Parisoshayati)	Individual	Kashaya	26	87
15	Feeling of stiffness of tongue (Jadayati Jihwaam)	Individual	Kashaya	8	27
16	Obstructive feeling in throat (<i>Kantam Badhnaati</i>)	Individual	Kashaya	10	33

Table 3: Direct Response on Rasa

Rasa reported	Total respondents	Percentage
Kashaya	23	76.6%
Tikta	7	23.3%

Table 4: Direct Response on Anurasa

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Anurasa reported	Total respondents	Percentage		
Tikta	19 Ayurveda	63.3%		
Kashaya	5 a. http://paper.in	16.6%		
Katu	2	6.6%		
Madhura	1	3.33%		

DISCUSSION

Rasa of a Dravya has an effect on its Karma and the identification of Rasa could be one of the means for inferring Guna, Virya and Vipaka of the Dravya. So, the Rasa of aerial parts of Cissus latifolia Lam. was analysed using a structured questionnaire and the analysis of the data revealed that the Rasa of the drug was Kashaya followed by Tikta Anurasa.

According to Ayurveda, each one of the six *Rasa* is constituted by the combination of any two of the *Panchamahabhuta*. The constitution of *Kashaya rasa* is *Vayu* and *Prthwi*, while that of *Tikta Rasa* is *Akasha* and *Vayu*.^[13] Generally, drugs having *Kashaya* and *Tikta rasa* are inferred to be *Rooksa* (dry) in *Guna*, *Sheeta* (cold) in *Veerya* (potency) and *Katu* (pungent) in *Vipaka* (transformation), if the drug follows the general principle (*Samana Prathyayarabda*).

Both Kashaya Rasa and Tikta Rasa are Ruksha, Pittakaphasamaka, Kledamedovisoshana (dries up moisture and fat), Lekhana (scraping) and Jwarahara (relieves from fever). Kashaya Rasa is said to have Karma (functions) like Ropana (healing), Sandaneeya (helps to heal fractured bones and wounds), Jihwa Vaishadyakara (cleanses the tongue), Asra Visodana (purifies blood) and Twakprasadana (tonic to skin). Tikta Rasa possesses Karma like Dipana (appetizer), Pachana (digestive), Mukha Vaishadyakara (cleanses

oral cavity), *Puyagna* (reduces pus), *Visagna* (antipoisonous), *Krimigna* (antihelminthic), *Daha Prasamana* (relieves burning sensation) and *Trsna Prasamana* (relieves thirst).[15]

Cissus latifolia Lam. is a drug predominantly used as an ethnomedicine by the traditional healers of southern and central parts of Kerala. There are many ethnomedical claims for this drug as reported by the seventh volume of Hortus malabaricus. This includes inflammatory pain and swellings, fever, cough, pleuritis, odontalgia, halitosis and wound healing which are among the therapeutic indications for Kashaya Rasa and Tikta Rasa drugs in Ayurveda. Most of the reported ethnomedicinal claims can be explained by the activities attributed to Kashaya Rasa and Tikta Rasa and it be inferred that Cissus latifolia Lam. possess Kashaya Rasa as the predominant taste.

CONCLUSION

The study to evaluate the *Rasa* of an extrapharmacopoeial drug, *Cissus latifolia* Lam. revealed that it possesses *Kashaya Rasa* and *Tikta Anurasa* based on the responses elicited using a structured questionnaire. The ethnomedicinal claims are in tune with the pharmacological activities of *Kashaya* and *Tikta Rasa*. As *Rasa* is the only directly perceivable parameter, *Rasa Nirdharana* is one of the primary

steps in process of screening of an extrapharmacopoeial drug in accordance with Ayurveda pharmacology. This gives scope for further research in drug development on this plant based on its ethnomedicinal claims.

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REFERENCES

- 1. Sitaram B. Bhavaprakasa of Bavamisra Vol. I, Varanasi; Chowkhambha Orientalia; 2018. p. 117
- 2. Rath SK, Panja AK, Nagar L, Shinde A. The scientific basis of rasa (taste) of a substance as a tool to explore its pharmacological behaviour. Ancient Science of Life. 2014; 33(4): 198-202.
- 3. Shivappa, Shreevathsa, Bharathi BH, Dileep Kumar KJ. Conceptual review on anukta in Ayurveda. Journal of Ayurveda and Holistic Medicine. 2015; 3(1): 14-19.
- 4. Nishteswar Karra. Assessment of Rasa (taste) of non-classical drugs- A Pharmacodynamic Principle. Annals of Ayurvedic Medicine. 2014; 3(1-2): 29-35.
- Sharma RK, Bhagwan Dash. Charaka Samhita of Agnivesha (Sootra Sthana). Vol. I, Varanasi; Chowkhambha Sanskrit Series; 2014. p.46.

- 6. Gravina SA, Yep GL, Khan M. Human biology of taste. Annals of Saudi Medicine. 2013; 33(3): 217-222.
- 7. Manilal KS. Hortus malabaricus. Edn 1, Vol. 7, Thiruvananthapuram; University of Kerala; 2003. p. 42.
- 8. Dhyani SC. Rasa panchaka. Edn 2, Varanasi; Choukhamba Krishnadas Academy; 2003. p. 75-118.
- 9. Pushpan R, Nishtewsar K. Rasa Nirdharana (Assessment of taste) of Leonotis nepetifolia (L.) R. Br.: A preliminary study in healthy volunteers. Ancient Science of Life. 2014; 33: 186-91.
- Sharma RK, Bhagwan Dash. Charaka Samhita of Agnivesha (Sootra Sthana). Reprint Edn, Vol. I, Varanasi; Chowkhambha Sanskrit Series; 2014. p. 465-469.
- 11. Srikantha Murthy KR. Susruta samhita. Reprint Edn, Vol. I, Varanasi; Chowkhambha Orientalia; 2008. p. 297-298.
- 12. Srikantha Murthy KR. Astanga samgraha. Edn 3, Vol. I, Varanasi; Chowkhambha Orientalia; 2000. p. 336.
- 13. Srikantha Murthy KR. Astanga hrdayam. Edn 9, Vol. I, Varanasi; Chowkhambha Orientalia; 2013. p. 143-144.
- 14. Bulusu Sitaram. Bhavaprakasa of Bavamisra. Edn 1, Vol. I, Varanasi; Chowkhambha Orientalia; 2018. p. 118-120
- 15. Sharma RK, Bhagwan Dash. Charaka Samhita of Agnivesha (Sootra Sthana). Reprint Edn, Vol. I, Varanasi; Chowkhambha Sanskrit Series; 2014. p. 468-469.

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