



Research Article

EVALUATION OF THE ADDED EFFECT OF *AMRUTADI KASHAYA* IN THE MANAGEMENT OF *AMLAPITTA* VIS A VIS ACID DYSPEPSIA**Chauhan Himanshu Raj^{1*}, Rajashekhar C.V.²**¹P.G. Scholar, ²Professor & H.O.D., Department of Kayachikitsa, Ashwini Ayurvedic Medical College, Hospital & Research Centre, Tumkur, Karnataka, India.**Article info****Article History:**

Received: 17-03-2018

Accepted: 02-04-2018

KEYWORDS: *Amlapitta*,
Laghu sutashekharas,
Amrutadi kashaya.**ABSTRACT**

In Ayurvedic text *Mandagni* is the main cause of all the *Roga* including *Amlapitta*. by the increased *Drava guna* and *Amla guna* of *Pachaka Pitta* affecting the *Annavaha*, *Rasavaha*, *Raktavaha*, *Purishvaha srotasa*; *Samana*, *Prana*, *Apana Vayu*; mainly *Kledaka* and partially *Bodhaka Kapha*. *Prana vayu*, which having the *Karma* of *Aadana*, help the *Anna* to enter in the *Kostha* where the *Anna* gets disintegrated by fluids and softened by unctuous substances. *Samana Vayu* stimulates the *Jatharagni* which is situated in *Amashaya* and as a result proper digestion process starts. *Agni* performs normal functions when food is consumed in appropriate time and with appropriate and serves as promoter of longevity. Describing the *Samprapti* of *Amlapitta* *Acharya Charaka* says that *Aamvisha*, when get mixed with *Pitta*, the disease *Amlapitta* develops whereas *Acharya Kashyapa* described that the disease is caused by vitiation of *Doshas (Tridosha)* causing *Mandagni* which leads to *Vyadhi Amlapitta*.

Amlapitta can be correlated with Acid Reflux Syndrome which comprises of various types of Gastro-esophageal Reflux Diseases like Gastritis, Dyspepsia, Heartburn, Hyperacidity, Hypoacidity etc. Described in modern sciences.

The conventional science tries to find a cure for this through PPI, Antacid therapy, etc. which often results in ill effects. Here comes the importance of herbal remedies of Ayurveda. *Amrutadi kashaya* show a wide range of therapeutic usages. Because of its properties like *Ushanta*, *Tikshanta*, *Katu*, *Tikta rasa*, *Ushnaa veerya* help in *Samprapti vighatana* of *Amlapitta*. when *Amrutadi kashaya* is used with *Laghusutashekharas* then, its result increases many fold in *Amlapitta*.

In this study 40 patients of *Amlapitta* were registered and 03 patient (6.66%) were got no improvement, 18 patients got mild -improvement, 19 patient were got moderate improvement, 0 patient got Marked improvement and complete cure.

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INTRODUCTION

Ayurveda is as old as human civilization based on two principles i.e., maintaining *Swaasthya* of the *Swastha Vyakti* and curing the *Vikara* of the *Aatura*.

From stone- age to space age food pattern of people has undergone numerous changes. These changes have been always for the better aspect of life. Most of the *Vikara* are deeply rooted in

underprivileged dietary habits like *Ajirne bhojana*, *Akale bhojana*, *Akale anshana*, *Virudha bhojana*, *Atimatrasya Amla*, *Lavana*, *Katu rasa sevanam* etc; improper life style like *Vegvidharana*, *Divaswapa*, *Ratri jagrana* etc; and *Mansik bhavas* like *Chinta*, *Shoka*, *Bhaya*, *Krodha* etc. *Amlapitta* is one of them.

Amlapitta is not considered as a separate disease in *Bruhata trai* but is mentioned as a

symptom in number of places by *Acharya Charaka*. *Acharya Sushruta* while describing the disease caused due to excessive use of *Lavana* has mentioned a disease *Amlika* which is similar to *Amlapitta*.^[1] *Acharya Kashyapa* was the first to give a detailed description of the disease and analyzed it on *Doshika* basis,^[2] whereas *Acharya Madhavakara* has described the disease in detail and classified it on the basis of *Gati* i.e., *Urdhvaga Amlapitta* and *Adhoga Amlapitta*.^[3]

Describing the *Samprapti* of *Amlapitta* *Acharya Charaka* says that *Aamvisha*, when get mixed with *Pitta*, the disease *Amlapitta* develops whereas *Acharya Kashyapa* described that the disease is caused by vitiation of *Doshas (Tridosha)* causing *Mandagni* which leads to *Vyadhi Amlapitta*. *Amlapitta* can be correlated with Acid Reflux Syndrome which comprises of various types of Gastro-esophageal Reflux Diseases like Gastritis, Dyspepsia, Heartburn, Hyperacidity, Hypoacidity etc. Described in modern sciences. Gastritis is the inflammation of gastric mucosa.^[4]

In Ayurvedic text *Mandagni* is the main cause of all the *Roga* including *Amlapitta*. by the increased *Drava guna* and *Amla guna* of *Pachaka Pitta* affecting the *Annavaha, Rasavaha, Raktavaha, Purishvaha srotasa; Samana, Prana, Apana Vayu; mainly Kledaka and partially Bodhaka Kapha*.

Now-a-days heart burn, reflexes of food taken, loss of appetite, abdominal pain, sour belching, nausea etc. has become very common complain to visit hospital, these all the symptoms can be concluded under the entity *Amlapitta*. Because of increasing incidence of the disease, scholars of different medical field are working to develop various means and measures to overcome this burning problem.

However the antacids are among the one of the most widely used medicine all over the world. Food and drug Administration (FDA) warned that there is increase risk of fractures with the use of Proton Pump Inhibitor. By taking antacids the person neutralizes acid which is the first line of immunity and becomes more prone to various infections. While in Ayurveda we concentrate more on *Agni vraddhi* and *Aam pachana* by various means. So there is an open field for Ayurvedic scholars.

Looking into the above fact, Here a sincere attempt has been made to provide a better management of *Amlapitta*. considering the need of the present study entitled, "Evaluation of the Added Effect of *Amrutadi Kashaya* in the Management of *Amlapitta vis a vis Acid Dyspepsia*" was carried out

which revealed that the combined effect of *Amrutadi kashaya* along with *Laghusutashekhara rasa* is found beneficial in alleviating the signs and symptoms of the above condition.

Objectives of the Study

This study entitled "Evaluation of the Added Effect of *Amrutadi Kashaya* in the Management of *Amlapitta vis a vis Acid Dyspepsia*" was carried with following aims & objectives.

1. To evaluate the efficacy of *Laghusutashekhara rasa* in the management of *Amlapitta vis- a- vis Acid dyspepsia*.
2. To evaluate the efficacy of *Laghusutashekhara rasa* along with *Amrutadi kashaya* in the management of *Amlapitta vis. a vis. Acid dyspepsia*.
3. To compare both the groups.

MATERIAL & METHODS

Source of Data

A minimum number of 40 Patients suffering from *Amlapitta W.S.R.* to Acid dyspepsia will be incidentally selected from OPD, IPD & camps conducted in Ashwini Ayurvedic Medical College Hospital & Research Centre, Tumkur, Karnataka.

Methods of Collection of Data

The patient will be assigned into two groups consisting of 20 Patients In each group. *Laghusutashekhara rasa* and *Amrutadi Kashaya* will be prepared as per classical method in AAMCH Pharmacy.

Inclusion criteria

- Age group between >20 years and <65 years
- Sex- male/female
- Presence of clinical features of *Amlapitta vis-a- vis to Acid dyspepsia*.

Exclusion criteria

- Patient Who is suffering from any systemic illness which interfere with the clinical trial will be excluded.
- Any organic G.I. disorder i.e. CA Stomach, Pylorus stenosis, Grade 3rd Duodenal ulcer; which have surgical intervention was excluded
- Pregnant and lactating women.
- Patient Who have undergone G.I. Surgery
- Chronic Tobacco chewer Smoker
- Congenital abnormalities of GI tract
- Pt. With Z.E. (Zollinger-Ellison Syndrome) will be excluded

Diagnostic Criteria

Diagnosis will be made on classical signs and symptoms of *Amlapitta*.

- *Amlodgara, Hridaya, Kanthadaha*
- *Udarashoola*
- *Aruchi, Avipaka, Charrdi*
- CBC
- OGD if needed

- iii. *Utklesha*
- iv. *Shoola*
- v. *Klama*
- vi. *Aruchi*
- vii. *Avipaka*
- viii. *Charrdi*

Assessment Criteria

The data will be collected before and after treatment for which scores will be given to the signs and symptoms and assessment will be done for the improvement of signs and symptoms.

Subjective criteria

- i. *Amlodgara*
- ii. *Daha*

Amlodgara (Acid Eructation)

Symptom	Score
No <i>Amlodgara</i>	0
Occasionally during day or night for less than ½ hr. after meals	1
<i>Amlodgara</i> occurs daily for 2 to 3 times for ½-1 hr. & relieved by <i>Madhur Rasa</i> , water and antacids	2
<i>Amlodgara</i> after every intake of meal or any food substance for ½-1 hr. and relieved by digestion of food and <i>Chhardi</i>	3
<i>Amlodgara</i> for more than 1 hr. not relieved by any <i>Upkrama</i>	4
<i>Amlodgara</i> disturbing the patient even small amount of fluid regurgitates to the patient mouth	5

Daha (Heartburn)

No <i>Daha</i>	0
<i>Daha</i> in any 1 area of <i>Udara, Urah, Kukshi, Kanth</i> occasionally for more than ½ hr.	1
<i>Daha</i> in any 2 areas occurs daily for ½ -1 hr.	2
<i>Daha</i> occurs daily in more than 2 area for 1 hr. or more and relieves after digestion of food or <i>Chhardi</i>	3
<i>Daha</i> involving most of the areas, patient may not sleep and does not relieved by any <i>Upkrama</i>	4
Severe degree of <i>Daha</i> involving the whole body like <i>Hasta, Pada Tala</i> or <i>Sarvanga</i> and does not relieves by any <i>Upkrama</i>	5

Shoola (Epigastric pain)

No <i>Shoola</i>	0
Mild or occasionally <i>Shoola</i> occurs and not need any medication	1
<i>Shoola</i> occurs for less than ½ hr. and relieves after ingestion of <i>Madhur Rasa, Shita peya, Dugdha</i> or antacid	2
<i>Udar shoola</i> after taking meal and relieves after digestion or by <i>Chhardi</i>	3
<i>Ugra Shoola</i> which does not relieved by any <i>Upakrama</i> and patient awake in night	4
<i>Ugara shoola</i> associated with <i>Chhardi</i>	5

Objective Criteria

- i. CBC
- ii. OGD in selective cases

CRITERIA FOR ASSESSMENT

The assessment was done on the basis of subjective and objective parameters as per the clinical proforma.

Chhardi (Vomiting)

No <i>Chhardi</i>	0
<i>Asyapraseka</i> occurs everyday	1
<i>Hrillas</i> (nausea) and <i>Chhardi</i> (vomiting) occurs occasionally	2
Frequency of <i>Chhardi</i> is 2-3 times/weeks	3
Frequency of <i>Chhardi</i> is daily	4
Frequency of <i>Chhardi</i> after every meal or even without meal	5

Klama (Malaise)

No <i>Klama</i>	0
Occasionally feeling of <i>Klama</i> (lassitude) without <i>Shrama</i> and remains for sometimes	1
<i>Klama</i> without <i>Shrama</i> daily for sometimes	2
<i>Klama</i> without <i>Shrama</i> daily for long duration	3

Avipaka (Indigestion)

Consumption of meal in good quantity 2-3 times	0
Consumption of meal in normal quantity 2 times a day	1
Consumption of meal in moderate quantity 2 times a day	2
Consumption of meal in less quantity 2 times a day	3
Taking of meal in less quantity 1 times a day	4
Not taking food	5

Aruchi (Tastelessness)

No <i>Aruchi</i>	0
Willing towards some specific food	1
Willing towards only most liking food and not to other foods	2
Totally unwilling for food	3

Utklesha (Nausea)

No <i>Utklesha</i>	0
<i>Utklesha</i> occurs occasionally 2-3 times in a week	1
<i>Utklesha</i> occurs daily but not severe	2
<i>Utklesha</i> subsides after <i>Langhana</i>	3
Severe degree of <i>Utklesha</i> not relieved by any <i>Upakrama</i>	4

Investigations

- Complete Haemogram
- UGIE in selective cases

OBSERVATION AND RESULTS

Total 40 patients were registered in this study, out of that all 40 patients were studied in this research work. 20 patients were in group A while 20 were in B group. Each patient was observed thoroughly and noted neatly. The observations are recorded and necessary charts and graphs were made.

Table 1: Distribution of Patients Based on Sex

Sex	No. of Patients and Percentage					
	Group A		Group B		Total	
Male	9	45%	8	40%	17	42.5%
Female	11	55%	12	60%	23	57.5%

Table 2: Distribution of Patients Based on Age

Age in years	No. of Patients and Percentage					
	Group A		Group B		Total	
20-30	1	5 %	1	05 %	2	5 %
31-45	17	85 %	18	90 %	35	87.5%
46-65	2	10 %	1	05 %	3	7.5%

Table 3: Distribution of patients Based on Addictions

Bowel	No. of Patients and Percentage					
	Group A		Group B		Total	
Alcohol	02	10%	02	10%	4	10%
Tobacco	04	20%	04	20%	8	20%
Smoking	02	10%	01	5%	3	7.5%
None	12	60%	13	65%	25	62.5%

Table 4: Distribution of Patients Based on Bowel

Bowel	No. of Patients and Percentage					
	Group A		Group B		Total	
Regular	12	60%	11	55%	23	57.5%
Constipated	08	40%	09	45%	17	42.5%

Table 5: Distribution of Patients Based on Appetite

Appetite	No. of Patients and Percentage					
	Group A		Group B		Total	
Moderate	12	60%	13	65%	25	62.5%
Poor	08	40%	07	35%	15	37.5%

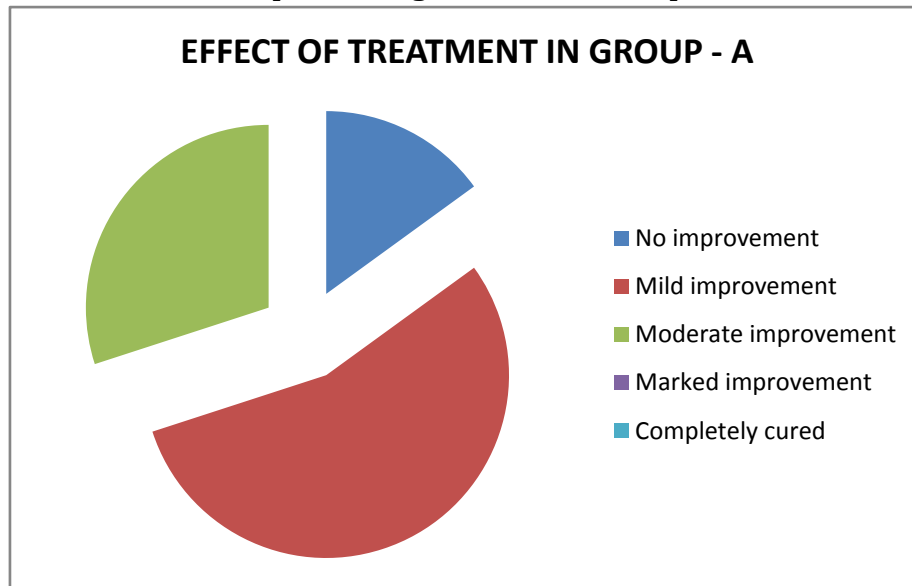
Clinical Study

Statistical analysis

Total 40 patients were registered in this study. Out of that, 20 patients were in group A while 20 were in B group. Each patient was observed thoroughly and noted neatly.

Assessment of Total Effect of Therapy

Graph showing the result of Group A



Graph showing the result of Group B

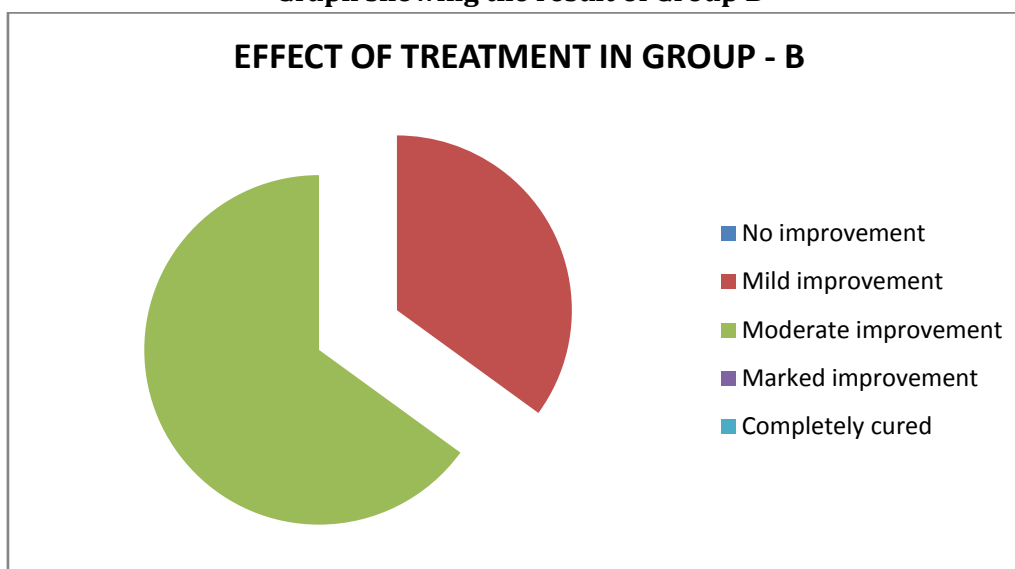


Table 6: Showing the comparative results of Group - A and Group - B

Characteristics	Group - A			Group - B		
	Mean score		Percentage of relief	Mean score		Percentage of relief
	BT	AT2		BT	AT2	
<i>Amlodgara</i>	2	0.9	55	1.85	0.85	54.05
<i>Hrid daha</i>	1.9	1.15	39.47	1.75	0.8	54.28
<i>Kantha daha</i>	2.15	1.35	37.20	2.15	0.95	55.81
<i>Utklesha</i>	1.95	1.25	35.89	1.95	1	48.71
<i>Udara shoola</i>	1.95	1.2	38.46	1.95	0.8	58.97
<i>Shireh shoola</i>	1.9	1.1	42.10	1.9	0.85	55.2
<i>Klama</i>	1.75	1.1	37.14	1.75	0.8	54.28
<i>Aruchi</i>	2.15	1.35	37.2	2.15	0.95	55.81
<i>Avipaka</i>	1.95	1.25	35.89	1.95	1	48.71
<i>Chhardi</i>	1.85	1.1	40.54	1.85	0.75	59.45

DISCUSSION

Kashayapa Samhita is the first available Samhita describing *Amlapitta*. The main causative factor of *Amlapitta* is *Viruddhashana*. As different type of food habits and some foods increases *Amlapitta*, for example *Kulatha*, *Rajmasha* etc.

Madhava nidana describes 2 types of *Amlapitta*, viz- *Urdhvagata* and *Adhoga Amlapitta*. When *Pitta* got *Vidhagta* it changes to *Amlata* and leads to *Amla-pitta*. The signs and symptoms of *Amlapitta* disease have given in modern medicine as an under title of Acid peptic disease. There are number of disease in acid peptic diseases like - Acute gastritis, chronic gastritis, peptic ulcers, gastro esophageal reflex diseases, non ulcer dyspepsia, hyperchlorhydria syndrome, menetrier's disease etc. Peptic ulcers (gastric and duodenal ulcers) have similar symptoms related to *Amlapitta*.

But the pathophysiology and histopathology said that ulcer's can't be included in *Amlapitta*. It may be complication of *Amlapitta*.

In treatment of *Amlapitta*, *Vamana* & *Virechana karmas* are mentioned but both these *karma* are contraindicated in ulcers. Therefore we can't include peptic ulcers in *Amlapitta*. So, the Acid peptic disease without peptic ulcer can be included in *Amlapitta*.

CONCLUSION

- *Pitta prakopaka nidanas*, which includes *Aahara*, *Vihara* and *Mansika hetus*, are predisposing factors to play a major role in aetiogenesis of *Amlapitta*.
- As enumerated earlier *Pitta prakopa* and *Vidagdha* of *Pitta* are main responsible factors in pathogenesis of *Amlapitta*. So that type of drug

should be recommended which pacify these factors and it can be accomplished by combination of *Madhura vipaka, Ushana virya* dugs, as in *Laghusutashekhara rasa* and in *Amrutadi kashaya*, as in present study.

- All the Patients taken for the study are Common patients without systemic disease.
- It is important to mention that all the 40 patients registered in this study responded to the treatment.
- With regard to the percentage of improvement in results and also the relief given by the treatment it could be concluded that *Laghusutashekhara rasa* when given along with *Amrutadi kashaya* is very effective in relieving all signs and symptoms of *Amlapitta*.
- On the basis of present study it can be concluded that a better line of treatment can be offered to the patients, if *Laghusuta-shekhara rasa* is administered along with *Amrutadi kashaya*.
- *Pathya* and *Nidana Parivarjana* also play an important role in the management of *Amlapitta*.
- The plus point observed in present study is absence of any hazardous effects which is really a great benefit to the patient and is of vital

importance in view of the global acceptance of Ayurveda.

- Results of this study is very encouraging and trial should be conducted on large sample with better parameters.

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Cite this article as:

Chauhan Himanshu Raj, Rajashekhar C.V. Evaluation of the Added Effect of Amrutadi Kashaya in the Management of Amlapitta vis a vis Acid Dyspepsia. AYUSHDHARA, 2017;4(6):1448-1454.

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

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