

¹ Dhere Reshma P.

² Chandurkar.Vivek S.

¹PG Scholar,Kayachikitsa department,S.G.R. Ayurved college Solapur.

²HOD & Associate Prof,Kayachikitsa department,S.G.R. Ayurved college Solapur.

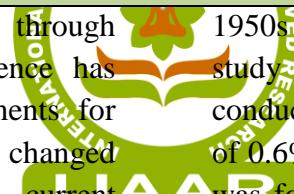
ABSTRACT :

“Amlapitta” is one of the commonest diseases of today’s generation. Nowadays change in lifestyle such as fast-food, ready-to-eat foodstuffs, spicy-food, oily-food, irregular food habits, skipping meals has caused today’s generation to suffer. In short Hurry-Curry-Worry are the factors responsible for *Amlapitta*.So, a clinical trial was carried out on 30 patients of age 20-60 years presented with signs and symptoms of *Amlapitta* irrespective of their Sex, Religion, Occupation and Socioeconomical status to see efficacy of *Aaragwadhamrutadi Kashaya*. In present clinical trial *Aaragwadhamrutadi Kashaya* was given in dose of 24 ml for 28 days. Out of total 30 patients 25 patients had got relief above 70% from signs and symptoms of *Amlapitta*. While 5 patients had got relief in the range of 30-70% from signs and symptoms of *Amlapitta*.Hence it is concluded that, *Aaragwadhamrutadi Kashaya* is effective in the management of *Amlapitta*.

Key words: *Amlapitta, Aaragwadhamrutadi kwath, chardi, praseka*

INTRODUCTION: While going through 21st century, though medical science has successfully found medical treatments for diseases at the same time due to changed lifestyle and food habits of current generation, incidence of lifestyle diseases also increased among which *Amlapitta* one of the major disease is caused by change in dietary habits & lifestyle. In present busy and fast life, one can’t follow the rules of *Dinacharya & Rutucharya* as per *Ayurveda*. Nowadays generally tendency of people is to eat fast & spicy food, which has very less nutritive value & has similar properties to *Viruddhahar*. *Amlapitta* closely resembles with Acid peptic diseases like Gastritis, Gastro-esophageal reflux, Hyperacidity syndrome etc in modern science and in chronic stage it may lead to ulceration.

Peptic ulcers were rare in the 19th century and became highly prevalent in the



1950s and 1960s. The first epidemiological study on peptic ulcer in north India was conducted in 1963. A population prevalence of 0.6% with a male to female ratio of 1.7:1 was found in a population of 10,096 urban dwellers. A higher prevalence was seen in higher socio-economic group. There has been a rapid rise in incidence of ulcer disease in early 20th century and this phenomenon has been seen globally but in the western countries over the last three decades the incidence of ulcer disease has shown a rapid decline. Peptic ulcer disease affects male and female equally in west while in India the men are affected 18 times more commonly than women. Both duodenal as well as gastric ulcer are equally common in west but incidence of duodenal ulcer is much more than incidence of gastric ulcer in tropics.

The standard treatment for Acid peptic diseases include antacids which are effective to certain level, but as the patient continues to do mistakes the disease progresses and continuous use of antacids leads to drug side-effects. *Ayurveda* understands disease physiology and treats it according to *Prakruti, Kala and Bala* which differs from individual to individual based on their *Dosha* phenotypes. So here an effort was made to study *Aaraghwadhamrutadi kashaya* in cases of *Amlapitta*.

AIM: To study the efficacy of *Aaragwadhamrutadi Kashaya* in *Amlapitta*

A] MATERIALS

Aushadhi yoga : *Aaragwadhamrutadi Kashaya*.

Reference : *sahasrayoga kashaya prakarana*.

Contents of *Aaragwadhamrutadi Kashaya*:

- 1) *Aaragwadha* (Cassia fistula)
- 2) *Guduchi* (*Tinospora cordifolia*)
- 3) *Haritaki* (*Terminalia chebula*)
- 4) *Khadir* (*Acacia catechu*)

Kwatha Nirman Vidhi : In *Sharangdhar Samhita* mainly five types of *Panchavidha Kashaya Kalpana* are mentioned as *Swarasa, Kalka, Kwatha, Hima, Phanta*. *Kwatha* is nothing but the aqueous extract of the herb being used. *Kwath nirman* was done as per procedure described in *Sharangdhara Samhita*. There are three methods of *Kwath nirman vidhi* explained in it among them the method in which water is taken 16 times than coarse herbal powder and then boiled it till 1/8th quantity of total remain was adopted. Four ingredients present in *Aaragwadhamrutadi Kashaya* were taken in equal quantity i.e. 3gm each. Then 192ml of water was added to the 12gm

coarse powder of *Aaragwadhamrutadi Kashaya* and mixture was boiled in open vessel to reduce it 1/8th of its volume i.e. 24ml.

Dose : 24 ml twice a day.

Aushadhi Sevan Kala : *Bhojan-Madhye*

Route of Administration : Oral.

Duration : 28 days.

Follow up : After every 7 days.

B] METHODS

Center of study : S.S.N.J. *Ayurved Rugnalaya*, Solapur.

Method of Sampling Simple Randomized.

Study Design : Prospective Open Non-comparative

Source of Data : A total 30 patients were selected from O.P.D. of S.S.N.J. *Ayurved Rugnalaya Solapur*.

The contents of the *Aaragwadhamrutadi Kashaya* were collected from the ISO certified *rasashala* of S.G.R. *Ayurved* college and *kwath* was prepared with aforementioned method and send to laboratory for phytochemical analysis and quality assurance and after reporting it was used for study. Then the coarse powder of *Aaragwadhamrutadi Kashaya dravyas* was provided to patient and explained the procedure of preparation of *Kwatha* to take it at home in decided dose and advised to consult if any adverse effect occurs.

The efficacy of therapy was assessed on the basis of subjective parameters before and after treatment. To describe the result and for statistical analysis of subjective parameters multidimensional scoring system was adopted. Score was given for subjective parameters as follows

1. Chardi (Table-1)

| | |
|-------------------------------------|---|
| No Chardi | 0 |
| Chardi Weekly presents 1 or 2 times | 1 |
| Chardi presents weekly 3 to 5 times | 2 |
| Chardi present daily | 3 |

2. Praseka (Table-2)

| | |
|------------------------|---|
| No Praseka | 0 |
| Only in Morning | 1 |
| After eating food | 2 |
| Praseka always present | 3 |

3. Amlodgara (Table-3)

| | |
|---------------------------------------|---|
| No Amlodgara | 0 |
| Amlodgara present once or twice a day | 1 |
| After meal for long time | 2 |
| Always present | 3 |

4. Urodaha (Table-4)

| | |
|----------------------|---|
| No Urodaha | 0 |
| Occasionally present | 1 |
| Weekly 2-3 times | 2 |
| Always present | 3 |

5. Aruchi (Table-5)

| | |
|--|---|
| No Aruchi | 0 |
| Minor amount of Feeling of tastelessness | 1 |
| Intermittent feeling of tastelessness | 2 |
| Always present | 3 |

6. Aadhma (Table-6)

| | |
|-------------------------------|---|
| No Adhma | 0 |
| After meal for about 1 hour | 1 |
| After meal for about 3-4 hour | 2 |
| Continuously present | 3 |

7. Shirashula (Table-7)

| | |
|----------------------|---|
| No Shirashula | 0 |
| Occasionally present | 1 |
| with low intensity | 2 |
| with high intensity | 3 |

8. Kshudhamanya (Table-8)

| | |
|--------------------------------------|---|
| No Kshudhamanya | 0 |
| Feeling of hunger for shorter period | 1 |
| Intermittent feeling of hunger | 2 |

| | |
|----------------|---|
| Always present | 3 |
|----------------|---|

9. Udarshula (Table-9)

| | |
|------------------|---|
| No Udarshula | 0 |
| Weekly 1-2 times | 1 |
| Weekly 3-5 times | 2 |
| Always present | 3 |

TOTAL EFFECT OF THERAPY (Table-10)

| | |
|-------------------|---|
| Excellent Results | Relief in <i>Lakshanas</i> above 70% |
| Moderate Results | Relief in <i>Lakshanas</i> between 30-70% |
| Poor Results | Relief in <i>Lakshanas</i> below 30% or no change in <i>Lakshanas</i> . |

OBSERVATIONS: In this clinical study 30 patients were registered. All of them have regular follow up. They were enrolled in a special case Proforma made for clinical study. Clinical trials were carried out methodically and proper record of the observations was maintained. The objective of this study was to study the efficacy of *Aaragwadhamrutadi Kashaya* in *Amlapitta*

RESULTS:

Symptom wise % of relief distribution of 30 patients of *Amlapitta* (Table-11)

| Symptoms | BT Score | AT Score | Relief | Relief % |
|----------------------|----------|----------|--------|----------|
| <i>Chardi</i> | 33 | 10 | 23 | 70% |
| <i>Praseka</i> | 63 | 10 | 53 | 84% |
| <i>Amlodgara</i> | 57 | 9 | 48 | 84% |
| <i>Urodaha</i> | 68 | 9 | 59 | 87% |
| <i>Aruchi</i> | 49 | 12 | 37 | 76% |
| <i>Aadhman</i> | 42 | 8 | 34 | 81% |
| <i>Shirashula</i> | 43 | 9 | 34 | 79% |
| <i>Kshudhamandya</i> | 50 | 9 | 41 | 82% |
| <i>Udarshula</i> | 15 | 6 | 9 | 60% |

The above result shows relief in percentage, There was 70% relief in *chardi*, 84% relief in *Praseka*, 84% relief in *Amlodgara*, 87% relief in *Urodaha*, 76% relief in *Aruchi*, 81% relief in *Aadhman*, 79% relief in *Shirashula*, 82% relief in *Kshudhamandya*

Vyadhi. The assessment was carried out before and after treatment to evaluate the total effect of treatment. Assessment criteria for this study were mainly subjective criteria which is *Amlapitta Vyadhi Lakshanas*. All the observations were observed thoroughly. For the interpretation of the observations statistical analysis is done. Wilcoxon signed Rank test is applied for this study.

and 60% relief in *Udarshula*. Out of total 30 patients 25 patients had got relief above 70% from signs and symptoms of *Amlapitta* while 5 patients had got relief in the range of 30-70% from signs and symptoms of *Amlapitta*.

DISCUSSION: *Amlapitta vyadhi* is first described by *Kashyap* in his *Kashyap samhita*. While describing *Samprapti* of *Amlapitta Kashyap* said that, *Nidan sevan* causes *Doshaprakopa*. This *Doshaprakopa* create *Mandagni* and due to this *Mandagni* ingested food becomes *Vidagdha* and *shuktibhava* and which create *Amlata* in *Amashaya* and this condition is called *Amlapitta*. *Acharya Kashyap* also gave the importance to *Desha* as a main causative factor of the *Amlapitta*. *He said* that in *Anupa Desha Amlapitta* seen mostly.

The chief *Dosha* involved in the *Amlapitta* is *Pitta & Kapha*. Majority of the drugs have *Tikta & Kashaya rasa*, *Katu & Madhur Vipaka*, *Sheet & Ushna Virya* so they possess *Pitta Kapha Shamaka* property and *Tridosha Shamaka* Property.

In *Amlapitta Rasadhatu* is affected. The property of *Deepan*, *Pachan Karma* and *Tikta Rasa* of the drugs will directly act on the vitiated *Rasa Dhatu* and useful to manage *Amlapitta vyadhi*.

Mandagni and *Ajirna* create *Annavisha*, when it mixed with *Pitta Dosha* creates *Pittaja Vyadhi* like *Amlapitta*. Most of the drugs have *Tikta Rasa*, *Deepan*, *Pachan Karma* which is useful in *Ama-Pachan* and *Agni* will be increased hence useful in *Amlapitta Vyadhi*. *Aaragwadhamrutadi Kashaya* contains *Aaragwadh*, *Guduchi*, *Khadir* and *Haritaki*.

Aaragwadha: *Virechan* is basic *Doshopakrama* of *Pitta Dosha* and *Aaragwadha* is *Shreshtha* in *Mrudu virechak dravyas* and *stransan* is the main *Karma* of it. It exhibits *Sanshodhan Karma* in *Kapha-Pittaj vikar*. Due to its *madhur*, *tikta rasa*, *madhurvipaka* and *sheeta virya* it acts as a

Pitta shamak. Due to *Tikta rasa* it exhibits *Yakruta-uttejana Karma* and useful in *Aruchi*.

Guduchi : *Guduchi* acts as *Rasayan* and *Dhatvagnivardhan*. Due to *Rasayan Karma* it gives *bala* to *aashaya* which avoid *Punurudhbhava* of any disease. Because of its '*Vichitraprathyarabdha*' property it is *Tridosha shamak*, *Raktagata kleda*, *Pitta*, *visha shamak*. It exhibits *Deepan*, *Pachan*, *Pitta-saraka Karma* which is useful in *Prakruta Pitta nirman* and it improves *Pachan kriya*. It reduces *Aamashayagata amlata* which is the main *Samprapti ghataka* of *Amlapitta Vyadhi*.

Haritaki : *Haritaki* is *Tridosha-shamaka*. It also exhibits *Rasayan Karma* by which it gives *bala* to *aashaya* and avoids *Punurudhbhava* of disease. Due to *ruksha Guna* and *Kashaya rasa* (*Kashaya rasa* is *Grahi Gunatmaka*) it reduces *Drava Pitta* which is responsible factor of *Amlapitta Vyadhi*. It acts as *Deepan*, *Pachan*, *Yakruti-uttejana* which is useful to reduce *Agnimandya* and improve *Pachan-kriya*. It acts as *Anulomaka*, *Mrudu-rechan* and because of this it is *Vibandha-nashak*.

Khadir : It exhibits the *Kapha-Pitta shamak* activity by virtue of its *Tikta*, *Kashaya rasa* and *Sheeta virya*. It is useful in *Aruchi* due to its *Tikta Kashaya rasa*. Due to *Ruksha Guna* it reduces *Drava Pitta* which is responsible for *Amlapitta*. So, all ingredients of *Aaragwadhamrutadi Kashaya* are useful in management of *Amlapitta*

CONCLUSION: *Aaragwadhamrutadi kashaya* along with lifestyle modification helps not only to reduce the symptoms of *Amlapitta* in less duration but also to maintain health. But there is need of further

study whether recurrence of disease occurs afterwards and if so, then need to use other drug therapy which will give strength to *Srotodushti sthan* and act as *Apunarbhavakar chikitsa*.

REFERENCES:

1. Kashyap samhita, by shri satyapal bhishagacharya, Chaukhamba sanskrit prakashan 2004 9th edition. Page no 335-339
2. Sahastrayogam, by Dr. Ramnivas Sharma and Dr. Surendra Sharma, Chaukhamba sanskrit prakashan 2009, 3rd edition. Page no 286
3. Charak samhita, by Aacharya Vidyadhar Shukla and Pro. Ravidatta Tripathi, Chaukhamba Sanskrit prakashan reprint 2012, Page no 368
4. Sushrut Samhita, by Dr. Ambikadattashastri , Chaukhamba Sanskrit sansthan, reprint 2010. Page no 119,203
5. Sharangdhar samhita, by Vd. Smt.Shailaja Shrivastava, Chaukhamba Orientalia publication Varanasi, reprint 2009 Madhyam-khanda Page no 135
6. Madhav-nidan part -2, by Dr. Yadunandan Upadhyaya , Chaukhambha Surbharti prakashan, reprint in 2007. Page no 170-172
7. Internate link <http://medind.nic.in/jac/t03/i3/jact03i3p228.pdf>

Corresponding Author : Vd. Reshma P. Dhere.M.D., Scholar, Kayachikitsa department.S.G.R. Ayurved college Solapur. Email id –reshmadhere26@gmail.com

Source of support: Nil
Conflict of interest:None
Declared