



A COMPARATIVE CLINICAL STUDY OF NIDAN PARIVARJAN IN URDHVAG AMALPITTA WITH PIPPLI GHrita

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ABSTRACT :

According to *acharya charka varna*, happiness, beautiful voice, life, development of body and mental health etc are dependent on *anna* that's why we should eat food at regular time and proper amount. There has been an unprecedented increase of incidence related to gastro intestinal system due to change in life style like behavioural pattern, diet pattern and mental stress and strain. In these sequences *amlapitta* is most difficult one due to faulty life style. Ayurveda is the science of life. Ayurveda states first step of *chikista* is *nidan parivarjan*, avoidance of *hetu* which leads to *amalpitta*. Various drug trials were already carried out on *amlapitta*. Aim to take this research project to assess efficacy of *nidan parivarjan* in *urdhvag amlapitta* with *pippli ghrita*. 100 patients of *amlapitta* were studied for 1 month with the follow up after 7 days interval. The patients were divided into two groups of 50 patients each, Group A Patient of *urdhvag amalpitta* followed *nidan parivarjan* and administration of *pippli ghrita* and Group B Patient of *urdhvag amalpitta* took *pippli ghrita* but no *nidan parivarjan*. No complications or adverse effect incurred during treatment, drug is effective in management of *urdhvag amlapitta* Patients.

Keywords: *Amlapitta, urdhvag amlapitta, pippli ghrita.nidan parivarjan.*

INTRODUCTION: *Anna* is called as *prana* of *prandhari*. *ahara* (diet) is one of the most important aspects of life as it is one of the three *upastambhas* of life told by our acharya. In present era called era of modernisation and urbanization people don't have time to take food on time forget about the balanced digestible diet. If we see one side of coin development of science happening day by day which is adding luxury and comfort to our life but other side of coin shows degradation in health of human being. Due to busy schedule people are unable to follow *hritucharya, dinacharya* and *sadhyvrita* described by Acharya which is very essential for development of human being and leads improper work of *agni* and in turn leads to improper digestion of *anna*. It is more of a psycho-somatic disorder caused due to dietetic indiscrimination and mental stress.

The pathophysiology of *amlapitta* states it to be a disease caused due to functional disturbance rather than organic lesion which is caused by *mandagni* and *ama*. Describing the pathogenesis of *amlapitta* *acharya charaka* mentioned that, *amlapitta* is develop when *amavisha* get mixed with the *pitta*. Whereas *acharya kashyapa* believed that the disease is caused by vitiation of *dosha* (*tridosha*) causing *mandagni* leading to *vidagdhajirna* manifesting as *amlapitta*. *Madhavakara* following *charaka* has described the development of *amlapitta* due to vitiation of *pitta* which is already increased due to its own causes. *harita*, *chakradutta*, *bhavaprakasha*, *yogratnakar* and *bhaisajyaratnavali* have quoted the mangemanet for *amlapitta*.

AIM AND OBJECTIVES:

1. To study the role of *nidan parivarjan* in *urdhvag amalpitta* with *pippali ghrita*.
2. To study etiopathogenesis of *urdhvag amalpitta* as per the classical literature and modern texts.
3. To study the *hetu* of *urdhvag amalpitta* described in ayurvedic classics.

MATERIALS AND METHODS: Disease Review, Historical review and Modern review are compiled from various texts.

Selection of patients:

1. Patient suffering from sign and symptoms of *urdhvag amalpitta*.
2. Patients visiting to the college hospital OPDs and patients from various medical camps in the surroundings organized by college authorities were selected for the study
3. Study was carried out after appropriate counselling of the patients and informed written consent from the patients.

Study design: Open Randomised Parallel Prospective Comparative Clinical Study.

Sample size: Study of total 100 patients will be carried out in two groups of 50 patients in each group.

Group A: Patient of *urdhvag amalpitta* with *nidan parivarjan* and administration of *pippali ghrita*.

Group B: Patient of *urdhvag amalpitta* with administration of *pippali ghrita*.

INCLUSION CRITERIA:

1. Patient of both sexes is selected.
2. Patient suffering from signs and symptoms of *urdhvag amalpitta*
3. Patient of age group 20 – 50yrs

EXCLUSION CRITERIA:

1. Patient of age group below 20yrs and above 50yrs will be excluded from the study.
2. Pregnant and lactating mother.
3. Patient suffering from chronic diseases such as diabetes, hypertension, IHD,

chemotherapy and major operative procedure etc, will be excluded.

4. Irregular patients not providing proper data will be excluded.

Administration and selection of drug:

Patients were directed to take *pippali ghrita*.

Dose of Pippali ghrita: 10ml O.D (early morning) with 5ml *madhu* as *anupan* for both groups.

Pipali has been selected on the basis of its inherent properties mentioned in Ayurvedic classics. It is considered to show its direct effect on the symptomatology caused by *agni vaishmya* & *ama* by virtue of its classical *guna* e.g. *deepana*, *mridurechana*, *yakrituttejaka*, *medhya* and last but not least, having *rasayana guna* as a chief property. As *agnimandya* is the chief culprit to create pathology. *pippali*, by virtue of its *karma* (mentioned earlier) combats pathophysiology and create symptomatological improvement.

Criteria for assessment:

The effects of '*nidan parivarjan*' & '*pippali ghrita*' will be assessed in regards to the clinical signs and symptoms on the bases of grading and scoring system and overall improvement.

OBSERVATION AND RESULT: After completion of duration 1 month, all the 50 patients of each groups were examined for sign and Symptoms which were assessed before the start of treatment. The data of all the symptoms & signs were also noted down after completion of treatment. Thus the change in the status of symptoms and sign were recorded. The history taking of patients recorded in this study on case record form, revealed the facts & findings which are presented herewith in the tabular form.

Table No.01: Showing effect of therapy on symptoms in 100 patient of urdhvag amalpitta.

GROUP :A

Sr no.	Symptom	B.T	A.T	Difference	% of relief
1.	<i>vanti</i>	28	10	18	64.28%
2.	<i>shirorujha</i>	87	32	55	63.21%
3.	<i>kar-charana daha</i>	59	16	43	72.88%
4.	<i>sarvanga daha</i>	26	06	20	76.92%
5.	<i>hridkanth daha</i>	98	03	95	96.93%
6.	<i>tikta-amloudgar</i>	85	05	80	94.11%
7.	<i>kandu</i>	10	02	08	80%
8.	<i>aruchi</i>	103	08	95	92.23%
9.	<i>jwara</i>	00	00	00	0%
10.	<i>mandal</i>	06	01	05	83.33%
11.	<i>pidika</i>	13	01	12	92.30%
	Average	46.8	7.6	39.18	83.70%

GROUP: B

Sr no.	Symptom	B.T	A.T	Difference	% of relief
1.	<i>vanti</i>	42	20	22	52.38%
2.	<i>shirorujha</i>	86	47	31	36.06%
3.	<i>kar-charana daha</i>	40	23	17	42.50%
4.	<i>sarvanga daha</i>	18	08	10	55.55%
5.	<i>hridkanth daha</i>	113	62	51	45.13%
6.	<i>tikta-amloudgar</i>	109	57	52	47.70%
7.	<i>kandu</i>	32	17	15	46.87%
8.	<i>aruchi</i>	99	46	53	53.53%
9.	<i>jwara</i>	08	00	08	100%
10.	<i>mandal</i>	05	02	03	60%
11.	<i>pidika</i>	08	05	03	37.5%
	Average	50.90	26.09	24.09	50.90%

Table no.02 Showing total effect of therapy on 100 patients by chi squared test

Remarks	Group A	Group B	Total	Percentage
Very Effective	17	00	17	17%
Slightly Effective	05	22	27	27%
Effective	28	02	30	30%
No Effective	00	26	26	26%

Chi-square: 76.237 .The P value is < 0.0001. The row and column variables are significantly associated.

Analysis on the clinical efficacy of the therapy suggested the following: It is observed that total percentage of relief in symptoms after *nidan parivarjan* and *pippali ghrita* is 83.70%. It is observed that total percentage of relief in symptoms after

pippali ghrita only is 50.90%. As out of 100 patients of 17 patients of group A treatment were very effective and 0 patients of group B, 28 patients of group A treatment were effective and 2 patients of group B, 5 patients of group A treatment

were slightly effective and 22 patients of group B and 0 patients of group A treatment had no effect and 26 patients of group B, it clearly indicates that *nidan parivarjan* has significant role in management of *amalpitta*. With the help of Chi-square test, we conclude the result as p value is <0.0001 which is statistically very significant and hence it not supports the null hypothesis. So, the effect of *nidan parivarjan* with *pippali ghrita* is better than *pippali ghrita* only.

CONCLUSION: In *brihatrayi amalpitta* has not been considered as a separate disease entity. *kashyapa* and *madhavakara* have given a separate disease status to *amalpitta*. From this study it can be concluded that non compliance of code of healthy diet selection and eating plays a major role in causation of this disease. The irresistible stress and strain of this present era are related with the pathogenesis of this disease. *amalpitta* is result of *agnidushti* and it is chronic in nature and difficult to cure. *Rasa* and *rakta* are involved as *dushya* and *rasa*, *rakta*, *annavaha* and *purishavaha srotasa* is involved. Maximum number of patients was obtained in the age group of 31-40 years that is 40%. Maximum patients were male 56%. Maximum number of patients was found in field work that is 39%. 78% of patients were found in mixed diet group. Maximum patients were found *krura koshta* which is 59%. Maximum patients were found having *manda agni* which is 49%. Maximum patient were found as *vata pitta prakriti* which is 57%. Maximum number of patients found was in the group having addiction of taking tea and coffee which is 42%. Maximum number of patient were found having symptoms *tikta-amloudgar*, *hridkanth daha* and *aruchi*. Study shows *pippali ghrita* with *nidan*

parivarjan shown excellent relief in sign and symptoms compare to treatment with *pippali ghrita* only. After considering statistical analysis and observation, concludes that treatment and *nidan parivarjan* when used simultaneously give more efficacies then when used only treatment. Conclusion of study shows that *nidan parivarjan* is important to achieve early and better result of the treatment.

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