

STUDY THE *EFFICACY* OF TRADITIONAL HOME MADE REMEDIES IN THE MANAGEMENT OF *AMLAPITTA*

¹Rajguru Milind Gokul

¹Ph D Scholar Tilak Maharashtra Vidyapeeth Pune. (M.S.)

ABSTRACT

In *Amlapitta* there is mainly *vidagdatwa* of *pitta dosha*. Normally *pitta* has *katu rasa* but when *katu rasa* is converted in to *amalarasa*, it is called *vidagdhawasta* of *pitta dosha*. This *pitta* creates several diseases. *Amlapitta* is one of them. Bad food habits and stress are the causative factors of *Amlapitta*. Ayurveda has got potential remedy in the management of *Amlapitta*. A clinical study with *Eladi churna* was carried out on 15 patients of *Amlapitta* who were came in OPD and IPD of VPAMC Sangli. *Alabu*(bottle gourd) *swarasa* was administrated to 15 patients along with *Eladi churna*. The *Alabu swarasa* and *Eladi churna* proved to possess statistically significant response in the management of *Amlapitta*.

Keywords: *Amlapitta, Eladi churna, Alabu swarasa*

INTRODUCTION: *Amlapitta* is *annavaha srotasa vyadhi* and *amashaya* being the site of disease. Acharya Charaka said that the *Ama* which are generated from *Ajirna* are absorbed and deposited in different organs of the body and thus produces the metabolic disease¹ like *Amlapitta*. Kashyapa have mentioned bad food habits are the causative factors of *Amlapitta*². In Kashyapa samhita Acharya Kashyapa explains that due to *mandagni vidagdha anna rasa* turns to *shukta* form and this retained in *amashaya* causes *Amlapitta*³. The pathogenesis of *amlapitta* is mentioned by Acharya Charaka in *grahani chikitsa ama guna* of *pitta* increases and causes *vidaha*⁴ (burning sensation). this condition is known as *Amlapitta*.

Madhavkara defined *Amlapitta* as in which the *lakshna* like *avipaka, klama, utklesha tiktamlodgara hridkanthadaha, gaurava and aruchi*⁵ are seen. *Amlapitta* can be correlated with hyperacidity. The causes of *Amlapitta* are *katu tikta rasatmaka ahara, vidahi ahara*, faulty diet habits, alcohol addiction, excessive tea and coffee, *atijagarana*, psychological factor like stress, strain, anger, anxiety and today's fast life style. All these factors increase the incidence of *Amlapitta*.

Now a day health conscious people takes green vegetable juice, fruit juice in their daily life and fresh juices are available in

market. In my practice bottle gourd juice⁶ is one of them is observed very effective in curing *Amlapitta*. Bottle gourd is easily available for whole year and in very low cost as comparative to other medicine and anybody can make its juice easily. *Eladi churna*⁷ told by

Yogratnakara in *Amlapitta* is selected for evaluate its efficacy in *Amlapitta*.

AIM AND OBJECTIVE

1 To evaluate the efficacy of *Eladi churna* in *Amlapitta*.

2 To evaluate the efficacy of *Alabu swarasa* and *Eladi churna* together in *Amlapitta*.

MATERIAL AND METHODS:

This comparative clinical study was carried out at department of *Kayachikitsa* OPD and IPD of Vasantdada Patil Ayurvedic Medical College Sangli. Total 30 patients of *Amlapitta* were selected randomly irrespective of their sex, age, occupation, economic status, *prakriti*, and *agni* and divided in to two groups. Both acute and chronic phase of *Amlapitta* patients were taken for this study, following the criteria of the diagnosis of *Amlapitta* as the clinical features of *Amlapitta* described in Madhav Nidana. Group A was treated with *Eladi churna* and *Alabu swarasa* and Group B was treated with only *Eladi churna*. The parameters of evaluation of study were based on symptoms of *Amlapitta* and result had analyzed

statistically before and after treatment. This study is approved by college committee.

INCLUSIVE CRITERIA

- 1 Patients with *lakshna* of *Amlapitta* i.e. *avipaka*, *klama*, *utklesha*, *tiktamlodgara* *hridaykanthadaha*, *gaurava* and *aruchi* and *chardi*.
- 2 Age between 18 to 50 years

EXCLUSIVE CRITERIA

- 1 Patients of other systemic illness and having complications which will affect the treatment.
- 2 Age below 18 years and above 50 years.

Trial drugs Dose and duration

For management of *Amlapitta* *Eladi churna* and *Alabu swarasa* were used to assess their efficacy. The ingredient of

Eladi churna (*ela*, *vanshalochana*, *twak*, *haritaki*, *amalaky*, *pippalimula*, *chandana*, *talisaparra*, *dhanyak* and *sita*) were purchased by market and prepared it as per reference. *Alabu swarasa* was prepared daily. Take *alabu* about 250 gm wash and cut it into small pieces, (taste a small piece to find out if the *alabu* taste is bitter)⁷. Add a bit of water and put it in to blender. *Alabu swarasa* was given early in the morning 200 ml in empty stomach. *Eladi churna* have a dose 5 gm before meal twice a day. Duration of the treatment of both the group was 30 days. Patients were advised to follow *madhura tikta rasatmaka* simple regular diet, to take sufficient quantity of water, to avoid spicy, oily, fried food.

Criteria for diagnosis of Amlapitta with Grading:(Table No 1)

Symptom	Severity	Gr.	Symptom	Severity	Gr.
<i>Avipaka</i>	Feels hungry after 4-5 hrs.	0	<i>Klama</i>	No tiredness	0
	Feels hungry after 6-8 hrs.	1		Feels tiredness some time	1
	Takes food only 1 time	2		Feels tiredness 1 or 2 times in a week	2
	Not hungry at all	3		Feels tiredness at all	3
<i>Utklesha</i>	No nausea	0	<i>Amla/Tikta udgara</i>	No <i>amla/tikta udgara</i>	0
	Nausea 2-3 times a week	1		Feels <i>amla/tikta udgara</i> some times after having food	1
	Nausea 2-3 times a day	2		Feels <i>amla/tikta udgara</i> once or twice after having food	2
	Nausea always after having food	3		Feels <i>amla/tikta udgara</i> after every food	3
<i>Kantdaha</i>	No <i>kantdaha</i>	0	<i>Hritaha</i>	No <i>hritdaha</i>	0
	Feels burning sensation in a throat relieved by water	1		Feels burning sensation relieved by water	1
	Feels burning sensation after having food but relieved by antacid	2		Feels burning sensation after having food but relieved by antacid	2
	Feels burning sensation in a throat not subsided by any food ,drink ,antacid	3		Feels burning sensation in a epigastric not subsided by any food ,drink ,antacid	3
<i>Aruchi</i>	No <i>aruchi</i>	0	<i>Chardi</i>	No vomiting	0

	Have symptoms 1-2 times in a week	1		Feels vomiting sensation but not vomits	1
	Without having taste but have food twice a day	2		Once or twice vomiting in a week	2
	Feels no taste no hungry also	3		After having heavy food immediately vomits	3

Result obtained in symptoms: (Table No 2)

Symptom	Group	B.T.	A.T.	Relief%	S.D.	S.E.	t	P
Avipaka	A	2.8	0.8	71.4	0.70	0.18	10.74	< 0.001
	B	2.4	0.8	66.6	0.73	0.19	8.42	< 0.001
Klama	A	2.4	0.73	69.5	0.59	0.15	11.5	< 0.001
	B	2.26	0.9	60.1	0.54	0.14	9.7	< 0.001
Utklesha	A	2.26	1.0	62.4	0.79	0.21	8.25	< 0.001
	B	1.93	0.8	58.5	0.63	0.27	6.64	< 0.001
Amlodgara	A	3.0	0.8	60.0	0.74	0.19	5.9	< 0.001
	B	2.2	1.0	54.4	0.67	0.18	6.6	< 0.001
Tiktodgara	A	2.5	0.9	64.0	0.71	0.19	8.42	< 0.001
	B	2.3	0.9	60.8	0.67	0.18	7.74	< 0.001
Hritdaha	A	1.53	0.52	66.0	0.82	0.22	4.5	< 0.001
	B	1.46	0.58	60.0	0.61	0.16	5.5	< 0.001
Kantdaha	A	2.6	0.9	65.3	0.79	0.21	7.9	< 0.001
	B	2.3	0.9	60.8	0.72	0.19	7.0	< 0.001
Aruchi	A	2.0	0.8	60.0	0.71	0.20	6.0	< 0.001
	B	2.2	1.0	54.5	0.74	0.19	5.9	< 0.001
Chardi	A	1.5	0.86	43.7	0.61	0.16	4.2	< 0.001
	B	1.6	0.9	41.8	0.89	0.24	2.75	< 0,001

DISCUSSION

Today's fast life style is the main cause of this disease. *Ama guna* of *pitta* increases and causes *vidaha* (burning sensation) . *In collected data* 68% female and 32% males seen affected by the disease. *Amlapitta* is seen in both poor 62% and rich 48% people. In case of rich people *ati atisnigdha amla rasatmak akal bhojana* etc. and mental stress *atijagarana* are leading causes. While in poor these are inadequate diet *viruddha dushta bhojana* over work etc. Patients of age gr.26-35 years are more affected 42% *pittavata prakriti* 64% and *mandagni* 72% *krurkoshti* 60% are more affected .

In *Eladi churna* the contains are *madhura tikta kashay rasatmak* and *madhura vipaka, deepak pachak pittakaphashamak* in property which helps to enhance *agni* to alleviate the *ama* to reduce the clinical manifestation of *Amlapitta* and to breakdown the *samprapti* of *Amlapitta*.

Alabu is *laghu sheet madhur sheetvirya madhura vipak pittakhapa shamak ruchkara anulomak* in property. These properties also help to breakdown the *samprapti* of *Amlapitta*.

And if we used both *Alabuswarasa* and *Eladi churna* in *Amlapitta* patient remedy increases the properties and shows most significant results. It proved statistically.

CONCLUSION:

On the above basis of results it can be concluded that *Eladi churna* is effective in curing symptoms of *Amlapitta* up to much level but the *Alabuswarasa* and *Eladi churna* together are much greater potential to ameliorate the symptoms of *Amlapitta*

REFERENCES:

1. Charak samhita, Dr. Bramhanand Tripathi Chaukhamba Prakashana, Varanasi. Ed 2001, 15-42/43Pg No 559
2. Kashyapa Samhita Vriddhajivakiyantra Nepalrajguru Pandit Hemraj Shirma Chaukhamba Sanskrit Sasthan Varanasi

Ed 2006 Amlapittachikitsa Adhata 16/1-9
Pg No 335-336.

3. Kashyapa Samhita Vruddhajivakiyantra
Nepalrajguru Pandit Hemraj Shirma
Chaukhamba Sanskrit Sasthan Varanasi
Ed 2006 Amlapittachikitsa Adhata 16/1-
9.43Pg No 335-336.

4. Charak samhita, Dr. Bramhanand Tripathi
Chaukhamba Prakashana, Varanasi. Ed
2001, 15-42/43Pg No 559

5. Madhavnidana Ayurvedacharya Shri
Sudarshan Shastri Chaukhamba
Prakashana, Varanasi Part 2 Ed 2007
/Amlapitta/1 Pg 170

6. Assessment of effects on health due to
consumption of bitter bottle gourd
(Lagenaria siceraria) juice Indian Council
of Medical Research Task Force* , New
Delhi, (India, Indian J Med Res 135 Jan
2012, pp 49-55)

7. Yogratakara Ayurvedacharya
Laxmipatishastri Chaukhamba
Prakashana, Varanasi Uttarahagata
Vishaysuchi Amlapittachikitsa Ed 2008 Pg
No 240

Corresponding Author:

Dr. Rajguru Milind Gokul, Ph D Scholar
Tilak Maharashtra Vidyapeeth Pune.
(M.S.)
Email: milind_rajguru@yahoo.com

Source of support: Nil
Conflict of interest: None
Declared

*Cite this Article as : [Rajguru Milind Gokul et al :
Study the Efficacy of Traditional Home Made
Remedies in the Management of Amlapitta]
www.ijaar.in : IJAAR VOLUME IV ISSUE II
MAY-JUNE 2019 Page No: 68-71*