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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 *Aaragwadhamrutadi kashaya* in cases of *Amlapitta*.

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

AJ 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 *Sharangdhara 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. *Kwatha nirman* was done as per procedure described in *Sharangdhara Samhita*. There are three methods of *Kwatha 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.

BJ 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 *kwatha* 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. Aadhman (Table-6)

No Aadhman	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. Kshudhamandya (Table-8)

No Kshudhamandya	0
Feeling of hunger for shorter period	1
Intermittent feeling of hunger	2

Always present	3
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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*

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.

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*

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 'Vichitrapratyarabdha' 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, Yakrut-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, Chaukhambha sanskrit prakashan 2004 9th edition. Page no 335-339
2. Sahastrayogam, by Dr. Ramnivas Sharma and Dr. Surendra Sharma, Chaukhambha sanskrit prakashan 2009, 3rd edition. Page no 286
3. Charak samhita, by Acharya Vidyadhar Shukla and Pro. Ravidatta Tripathi, Chaukhambha Sanskrit prakashan reprint 2012, Page no 368
4. Sushrut Samhita, by Dr. Ambikadattashastri, Chaukhambha Sanskrit sansthan, reprint 2010. Page no 119,203

5. Sharangdhar samhita, by Vd. Smt.Shailaja Shrivastava, Chaukhambha Orientalia publication Varanasi, reprint 2009 Madhyamkhanda 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>

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