CLINICAL OBSERVATIONAL STUDIES OF AMLAPITTA: A REVIEW

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ABSTRACT
Great sages of Ayurveda envisage Agni as a prime factor for health. If for any reason Agni gets deranged food couldn't be digested properly and undigested or mal-digested food can't impart such qualities. Dietary factors such as added sugar products (bbq sauce, honey mustard), consumption of white bread, fried, grilled food, junk foods (pizzas.), packed sweets, preservatives, additives and lifestyle factors, as well as mental Status of a person, have a significant effect on Agni. In Ayurveda, Agnimandhya is the root cause of Amlapitta. Maximum drugs used in this research process having Madhura, Tikta rasa which is Pitta shamaka, Jathragni –Deepan, Pachan, Anulomak, Yakrittejaka, and grahi properties.

KEYWORDS: Pitta shamaka, Jathragni –Deepan, Pachan, Anulomak, Yakrittejaka, and grahi properties.

INTRODUCTION
Most of the people worldwide trying hard to attain more and more materialistic wealth. In this process, they have ignored the rules of healthy living. Faulty dietary habits, the craze of fast food, culture of eating out, erratic schedule, and stress are some of the major factors which invite an array of diseases; Amlapitta is one among such diseases.

Great sages of Ayurveda envisage Agni as a prime factor for health. Acharya Charaka says that food that is held responsible for the nutrition of the body as well as healthy tissue, Oja, Bala varna, etc. is dependent on Agni. Agni is the prime factor that renders food to impart these qualities. If for any reason Agni gets deranged food couldn't be digested properly and undigested or mal-digested food can't impart such qualities. Dietary and lifestyle factors, as well as mental Status of a person, have a significant effect on Agni.

Mental stress has become very common now a day. Eating habits are influenced by emotional factors. Acharya Charak says that if a person is suffering from some sort chinta (anxiety), shok(grief), bhay(fear), krodha(anger), then even a congenial food is taken in the right amount is not digested properly. Improperly digested food leads to the production of Ama. Adoption of wrong eating habits, unhealthy lifestyles, and stress is playing a major role in increasing the prevalence of Amlapitta.

DEFINITION
The term Amlapitta is derived from two words Amla & Pitta. The term Amla is type of Rasa and the word Pitta is suggestive of one of the Tridoshas and is responsible for Digestion and Metabolism inside the body. Acharya Chakrapani has stated that “Amlapittam Chaiti Amlagunodriktam Pittam” which means the qualities of Pitta (i.e., Sourness) is increased leading to Amlapitta.[3] Ayurvedic texts as Kashyaap Samhita, Madhav Nidaan, Bhavprakash differentiated pitta into prakrit and vidagadh bheeda, katu rasa for prakrit pitta and amla rasa for vikrit pitta. And when vidagadh pitta is increased in the body it is said to be Amlapitta. Acharya charak has also mentioned the term Amlapitam in chikitsa sithan 15th chapter stating that Agnimandhya is the root cause of Amlapitta due to Agnimandhya the food does not get properly digested.[4] Vitiation of agni in Amashaya (stomach region) due to various reasons causes Amlapitta, in which the prakrit rasa of pitta i.e., katu rasa is transformed into amla rasa, as the pitta has vidagdha. Factors like fasting, eating between meals, having food in hurry/ worry and eating spicy foods, derange the pachaka pitta (digestive enzymes etc.) which leads to vitiation of pachaka pitta such developed condition is called Amlapitta. Amlam vidagdham chatt Pittam Amlapittam when pitta gets vidagda there is a sour taste leading to AmlapittaDue to Agnimandhya, the food does not get properly digested. Vitiation of agni in Amashaya (stomach region) due to various reasons causes Amlapitta, in which the prakrit rasa
of pitta i.e. katu rasa is transformed into amla rasa, as the pitta has vaidagdha. Factors like fasting, eating between meals, having food in a hurry/ worry, and eating spicy foods, derange the pachaka pitta (digestive enzymes, etc.) which leads to vitiation of pachaka pitta. Such a developed condition is called Amlapitta. Amlam vidagdham cha tatt Pittam Amlapitam when pitta gets vidagdha there is a sour taste leading to Amlapitta.\(^\text{[5]}\)

**AIMS AND OBJECTIVES**

To know the pattern of academic research works carried out by ayurvedic scholars across India on Amlapitta. To provide guidelines for further research work on Amlapitta.

**MATERIAL AND METHODS**

All the previous research works on Amlapitta were collected from various research institute of India from the departments of Kayachikitsa, Roga Nidana & Vikriti Vigyan. The procured previous research works were studied in detail & scientific review was observed.

Upali pilapitiya(1996)\(^\text{[6]}\) - The clinical study was evaluated on 8 patients of amlapitta showing the efficacy of samshodhana and samshamana chikitsa. Samshamana chikitsa that is Virechana with phal virechana kwath was administered for two weeks followed by bhringraja churna of 1-3 masha for 1-2 weeks as per the patients need. Hence, it was concluded from the study that samshodhana chikitsa followed by samshamana chikitsa is very much effective in amlapitta disease.

Jogad Gautam S (2004)\(^\text{[7]}\) In this clinical study on the role of virechana and bhunimbadi vati in the management of urdhvaga amlapitita. A total of 40 patients were registered divided into two groups Shamana group and the virechana group. In the shamana group 25 selected patients of Amlapitta were given Bhunimbadi Vati in the dose of 6gm/day into three divided doses, water was given as anupana. In the virechana group 15 selected patients were given virechana and after that Bhunimbadi Vati in the dose of 6gm/day into three divided doses for 1month. The overall effect was assessed as a marked improvement in 25%, 66.64% patients showed moderate improvement, while 8.33% shows slight improvement, no patients remains unchanged however no patient has reported complete remission. In the Shamana group, 17.62% of patients showed marked improvement, 52.92% patients showed moderate improvement while 29.9% shows slight improvement and no patient remains unchanged. virechana group showed better results in comparison to shaman group.

Utkalini Nayak (2006)\(^\text{[8]}\) Etiopathological classification of Amlapitta on its doshik predominance and their management. In this study total of 42 selected patients of amlapitita registered were divided into two groups. In group, A 20 patients with pitta dominant amlapitita were treated with shatavaryadi vati in the dose of 3gm twice a day in the middle of the food with water for the one-month duration. In group B 22 patients of Kapha dominant amlapitta were treated with shunthi khanda in the dose of 5gm twice a day in the middle of the food with water for one-month duration same as in group A. Total improvement in the Amlapitta group was 79.09% whereas in the Kaphaja Amlapitta group it was 73.86%. Both these drugs had shown very good results according to Doshik basis.

Hemal patel (2007)\(^\text{[9]}\) A clinical comparative study of dashan yoga with or without shodhan in the management of amlapitta was evaluated in 20 patients. In group A 10 patients were administered Shodhan yoga churna followed by deepan pachan by lavanardaka was given to the patients in 2gm thrice a day before meal for 3 days. Patients were advised to take shodhan yoga (Haritakyadi Yoga), at night, with lukewarm water for 1 to 3 days the dose of Shodhan yoga was altered according to kosta of patients from 5-10 gms. After the Shodhan karma, shaman drug (Dashan yoga vati) was given in the dose of 4 tablets thrice a day for 5 weeks. In group B (shaman group) 10 patients were treated with Dashan yoga vati 4 tablets thrice a day for 6 weeks. In group A marked relief was found in 30% of the total patients. 60% cases has moderate relief and 10% has mild relief whereas in shaman group Marked relief was found in only 10% of the patients 50% have moderate relief and 40% have mild relief. Overall efficacy of the Shodhan with shaman therapy showed better results in comparison to the shaman group.

Rina S Purani (2008)\(^\text{[10]}\) conducted a clinical study of guduchyadi compound with and without kosta suddhi with the placebo group to evaluate in 30 patients of amlapitita. In this study total of 30 patients were registered divided into three groups. In group, A (treated group) 10 patients were treated with Guduchyadi compound for 4 tablets (500 mg. each) were given thrice a day with madhudak for 6 weeks followed by deepan pachan. In group B (trial drug after kosta-shuddhdi) 10 patients were treated with Guduchyadi compound for 4 tablets (500 mg. each) were given thrice a day with madhudak for 6 weeks followed by deepan pachan and 5-10 gm of “Trivrutadi Yoga” (according to kosta) with ushnodaka was given at night for 3-5 days. In group, C 10 patients were treated with Placebo drug 1 Tablet(roasted wheat powder-250 mg each) and were given twice a day for 6 days followed by deepan pachan. All the patients were strictly kept on a specifically prescribed diet, as per the classics. The overall effect of each therapy was assessed based on improvement in individual patients. Group I: Complete remission was found in 20% of the total patients; 30% of the total patients showed marked improvement while 50% of the total patients showed moderate improvement. Group II: Complete remission was found in 20% of the total patients; 50% of the total patients showed marked improvement while 30% of the total patients showed moderate improvement. Group III: Complete remission
was found in 10% of the total patients; 20% of the total patients showed marked improvement; 50% of the total patients showed moderate improvement while 20% of the total patients had mild improvement. No one was found unchanged in either group. All the patients were strictly kept on a specifically prescribed diet, as per the classics. The study also shows that group I & II both have significant results in Amlapitta. In group III, a significant result was not obtained as compared to group I & II because Amlapitta is a mano-dahaika vyadhi and so when there is an alteration in the body’s constitution the only placebo does not yield fruitful results.

Jitendra Kumar (2009) [12] In this clinical study, the role of Shatpatrayadi churna tablet and Patolyadi yog was evaluated on 41 patients of amlapitta. In group, A 23 patients were treated with 2 Shatpatrayadi churna tablets thrice daily and in group B 18 patients were treated with 2 Patolyadi yog tablets thrice daily for 30 days. The overall effect of the Shatpatrayadi churna tablet was better than the Patolyadi yog.

Neha Joshi (2012) [13] In this comparative study compares the efficacy of Eladi churna with Avipattikar churna in Amlapitta. In this study total of 30 selected patients of amlapitta registered were divided into two groups. In group A, 15 patients were treated with Eladi churna in the dose of 5 gm twice a day for 6 weeks. In group B 15 patients were treated with Avipattikar churna in the dose of 3gm twice a day for 6 weeks. The study shows that group B yields more results than that group A. Both Eladi churna and Avipattikara churna showed significant and better results due to their Pitta Shamaka, Rechaka, and Dipana-Pachana properties. But statistically, group B showed a better result than group A.


The present comparative study carried out in 2 groups. In Group A (trial group) patients of this were treated with Yavadi Ghanvati containing Yava, Pippali and Patola. Group B A (trial group) patients were treated with Guduchyadi Ghana Vati containing Guduchi, Chitrak, Nimba, Patola. In yavady ghan vati group total 25 patients were treated in which 52% of patients got mild improvement, 44% of patients moderately improved while 4% of patients markedly improved. Rogabala improved by 52.09%, Dehabala by 32.05%, Chetasabala by 47.36%, Agnibala by 43.05% of patients. All these findings are statistically highly significant. were treated with Guduchyadi Ghana Vati containing Guduchi, Chitrak, Nimba, Patola. Total 54 Patients of Amlapitta were studied. Out of which 50 Patients completed the treatment. Total 25 patients were treated in this group (Group B). 24% of patients got mild improvement, 56% of patients moderately improved while 20% of patients markedly improved. Rogabala improved by 61.98%, Dehabala by 51.96%, Chetasabala by 46.36%.

Agnibala by 50.39% of patients. All these findings are statistically highly significant.

Mahesh R Patel (2015) [15] A clinical study on Vasadi Ghanvati and Chhinnodbhavadi Yoga Ghanvati in management of Amlapitta W.S.R. of Hyperacidity. In this clinical study Total 30 patients of Amlapitta were registered which divided into two groups 15 patients in group A and 15 patients in group B. In Group-A 15 patients were treated with Vasadi Ghanvati (500mg of 1 tab) 3 tablet three times a day with anupan of Madhu. Duration of the complete course will be 6 weeks Group-B Chhinnodbhavadi Yoga Ghanvati (500mg of 1 tab) 3tab three times a day with anupan of Madhu for 6 weeks. All the patients were strictly kept on specifically prescribed diet and were instructed to avoid the causes of Amlapitta, as per the classics. In group A (trial group) Maximum patients were suffering from Amlodgara after treatment shows 68.6% relief. Statistically, it is highly significant at p<0.001. Effect of therapies on tiktodgara shows 57.1% relief. Statistical, it was insignificant at p>0.05. on hrid-daha shows 84.6% relief. Statistically, it was significant at p<0.05, on udra daha shows 81.8% relief. Statistically, it was insignificant at p>0.05, on udara gaurav shows 83.3% relief. Statistically, it was significant at p<0.05 & p<0.01, on shira shoola shows 93.8% relief. Statistically, it was significant at p<0.05, on aruci shows 80.0% relief. Statistically, it was highly significant at p<0.01, bhran were relieved up to 66.7% Statistically, it was insignificant at p<0.05 and vibandha were relieved up to 77.3%. Statistically, it was significant at p<0.05 & p<0.01. In other group who were treated with Chhinnodbhavadi Yoga Ghanvati symptoms like Amlodgara were relieved up to 63.9% Statistically, it was significant at p<0.05 %- p<0.01, tiktodgara were relieved up to 66.7% Statistically, it was insignificant at p>0.05, hrid- daha were relieved up to 77.3% Statistically, it was significant at p<0.05 p<0.01, kantha daha were relieved 66.7% Statistically, it was insignificant at p>0.05, udara daha were relieved up to 61.5% Statistically, it was insignificant at p>0.05, udar gaurav were relieved up to 89.5% relief. Statistically, it was significant at p<0.05 & p<0.01, shira shoola were relieved Statistically, it was insignificant at p>0.05. Statistically, it was insignificant at p>0.05, kram were relieved up to relieved Statistically, it was insignificant at p>0.05. The percentage relief in aruchi was found 87.5% Statistically, it was significant at p<0.05 & p<0.01. The percentage relief on adhmaan was found 80.0% Statistically, it was insignificant at p>0.05. The percentage relief on vibandha was found 94.4% Statistically, it was significant at p<0.05 & p<0.01. Overall effect showed that in group A, 6.66% had complete remission, 46.66% had marked 66.6% patients’ improvement, 46.66% had moderate improvement. In group B, complete remission was found in 6.66% patients; 60% had marked improvement, 26.66% had
moderate improvement and 6.66% had mildly improved. While evaluating the overall effect of therapy, it was observed that none of the patients remained unchanged.

Mohit P Pagdhar(2018)[15] In this clinical study the role of guduchyadi churna and Eladi churna was evaluated on 30 pt of amlapitta. Guduchyadi churna was administered at a dose of 10 gm/day in two divided doses with water for 4 weeks. The Overall effect of Guduchyadi Churna Complete remission was found in 0% of the total patients 60% of patients had marked improvement, 40% of patients had moderate improvement. Whereas the effect of the Eladi Churna 6.66% of patients had complete remission; 73.33% of patients had marked improvement and 20% patients had moderate improvement. Maximum drugs are having Madhura, Tikta rasa which is Pitta shamaka, and Laghu and Ruksa guna property. Churna is having Dīpam Pachan property, so it will dissolve Aam.

Neha Uniyal (2020)[16] In this study clinical evaluation of the combined effect of Avipattikar Churna and kamududharas in the management of Amlapitta w.s.t Acid peptic disorder on 60 patients. Avipattikar churna was administered at a dose of 3 gm twice a day with luk warm water for 60 days whereas kamududharas was administered at the dose of 500mg twice a day with Luke warm water for 60 days. There was 82.27%relief in shooola, 91.08% relief in daha, 90.69% in aruchi, 91.66% relief in Pipali, 89.65% relief in aruchi, 93.02 relief in utklesha. The study showed that there is marked improvement in maximum of 28 patients i.e 53.84%. Complete improvement was found in a total of 19 patients i.e. 36.53% moderate improvement was noticed in 4 patients i.e. 7.69% whereas mild improvement was noticed in 1 patient with 1.92%.

Neha Arya (2020)[17] In this comparative clinical study evaluation of shodhana karma (vamana and virechana) with shaman yoga (panchnimbadi churna) in 60 patient of amlapitta. In each group 30 patients were taken for trial. In shodhana group deepan pachan is carried out with Dhanyak Phant 40 ml twice a day. Go ghir was given for abhyantar snehapaan followed by vaspa swedana with dashmool kwath for 1 day. Vamana aushadha yoga was prepared from nimbu twak kwath, madanphal, pippali churna, saindhav Lavan and Madhu followed by dhoompaan. Dhoumvari was made with mulethi churna, vacha churna, and Haridra churna. After vamana karma snehapaan started again for 3 days after samsarjan karma and on 3rd day after samayak snigda awasth patient was administrated with virechana drug. The virechana yoga comparised of Haritiki churna(10gm), Kutki kwath(100ml), along with icchabhed rasa(223tab) were administered to all patients inappropriate dose on the day of virechana icchabhed rasa. In shaman group panchnimbadi churna was given in the dose of 5 gram with anupana of madhu for one month. In shodhana group percentage relief on avipaka was found 58.82%, on aruchi 47.62%, on amlodgara 52.73, on hrit kantha daha 55.77%, on utklesha 69.64%, on shoohl 68.75% . In shodhana group percentage relief on avipaka was found 35.78%, on aruchi 48.72%, on amlodgara 37.86, on hrit kantha daha 38.65%, on utklesha 56.43%, on shoohl 65.52%. The Overall effect in shodhana group 7.69% of patients had marked improvement, 65.38% of patients had moderate improvement and 29.92% had mild improvement. Whereas the effect of panchnimbadi churna marked improvement was found in 0.00%, of the total patients 24.14% of patients had marked improvement, 68.97% of patients had mild improvement. Hence shodhana group a is more effective than shama group, most of the drug are katu, tikta, kashya, madhur rasa pradhana. Madhur, tikta, and kashya rasa are pitta shamak.

CONCLUSION
As per Ayurveda modalities for Amlapitta are the drugs which are mainly Tikta Rasa, Madhur Rasa dominant and having Pachan property. Acharyas of Ayurveda have also given the treatment of Pittaja disease. They said that first of all Tikta Rasa Dravyas have been used for Niramikaran of Pitta and then after Madhura Rasa & then Kashaya Rasa used for Pittata Vyadhis.

Analyzing all research works it is observed that all these studies were aimed at finding for better Dipana “Pachana” & Grahi “drug along with kapha - pittashamaka property. Most of the drugs used in these works have pitta - kapha shamaka, grahi, kledahara” dipana (appetizer), pachana (digestive) and medhya (brain tonic) properties with Madhura - Tikta - Kasaya "predominant rasa, Sheeta vinya and Madhur vipaka." . Through these research works scholars had managed to fortify the anti - ulcer & anti - acid (hyper & hypoacidity) as well as acid neutralizing activity of the used drugs which were proved beneficial to Amlapitta.

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