ABHYANTARA KSHARA PRAYOGA IN URDHVAGA AMLAPITTA


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ABSTRACT
Amlapitta or Acid peptic disease is a common crisis in this present era which impinges on more than 40 % of the population. It can be considered as Pranaparadhya janya vyadhi, as it occurs because of undisciplined and imbalanced food habits, where the concept of Hitabhuk, Mitabhuk and Rhatubhk is totally ignored. Similarly, with immense degree, hectic routine and psychological stress is also responsible for this condition. In this condition, Vidagdhatva of Pitta with dominancy of Amla bhava is seen. Amlapitta presents with the cardinal features like Avipaka, Klama, Utklesha, Tikta-Amla Udgara, Gaurava, Hrit-Kanta Daha and Aruchi. Depending upon Doshotklesha Gati, Amlapitta is of two types viz Urdhvara Amlapitta and Adhoga Amlapitta. The line of treatment for this condition includes Shodhana and Shamana. A clinical study was conducted with Sadyo Vamana followed by the internal administration of Yavavatara. Sadyo Vamana helps to evacuate the Utikista Dosa from Amashaya. Kshara converts the Amlabhava in to Madhura bhava, as it contains Amlavajripta pancharasa with dominancy of Katu or Lavana rasa.

INTRODUCTION
Amlapitta is one of the Amashaya gata, Annavaha Srotodusti vikara. There is no detailed description in Bhratrayis concerning this condition. Madhavakara and Kashyapa have described this disease as a separate entity with detailed description. Afterwards, authors accepted the same opinion. According to Kashyapa1 there will be involvement of three Doshas in Amlapitta, where as Madhavakara2 opines the dominance of Pitta. As per Charaka, the natural quality of Pitta is Amla and Katu; but Sushrutha opines only Katu and when it attains Vidagdha, it changes into Amla. “Vidadadhyamala Gunodrictam Pittam Amlapittam” (Madhukosha). Hence the condition of Vidagdha of Pitta with dominancy of Amla bhava is known as Amlapitta. Excessive intake of Katu, Amla, Vidahy foods such as fried food, chilies, spicy, undue consumption of alcohol, tobacco, beverages, smoking etc and improper living style are responsible for this condition. An abnormal psychological status in terms of anger, anxiety, worry, fear, greediness etc is also contributory factors. In our body Agni (digestive fire) is responsible for processing, transforming and assimilating the offered food in association with Pitta but above mentioned factors affects the normal functioning of Agni. The Vatadi Doshas get aggravated and affects the Agni to produce Jataragni Mandya which in turn leads to the Avipaka/Ama and Vidagdha of the consumed food. Hence formed Vidagdha Amarasa gets retained in the Amashaya leading to formation of Annavisha which combines with the vitiates Pitta and undergoes Shuktata resulting in the manifestation of Amlapitta. There will be Utiklesha avastha of Pitta with qualitative and quantitative increase in the Amlatva and Dravatva. The most important features of Amlapitta are Avipaka, Klama, Utklesha, Tikta-Amla Udgara, Gaurava, Hrit-Kanta Daha and Aruchi.3 According to Doshotklesha Gati Amlapitta is of two types viz Urdhvara Amlapitta and Adhoga Amlapitta. The Urdhvara Amlapitta is Kaphanubandhi and here patient vomits with different colored vomitus viz, Harita, Peeta, Neela, Krishna, Aruna, Rakta etc. The consistency of vomitus looks like Mamsodaka and Apitcchila. Even though patient is not taking the food, there will be Tiktara and Amlarasu yukta vomitus because of previous Vishama paka. There will be Tiktodgara, Amlodgara Hirdita, Kantadaha, Kukshidaha, Karadaha, Charanadaha Aruchi, Jwara, Kandu, Mandala, Pidaka etc. This condition can be compared with acid peptic disease or Gastro-oesophageal reflux disease (GERD). The features of this condition include heartburn, regurgitation of sour materials into the mouth, nausea, vomiting, altered bowel habit, abdominal pain etc4. The treatment modalities in conventional medicine include antacids, proton pump inhibitors, anti flatulences, H2-Receptor Antagonists etc5. But they have got their own limitations and side effects such as hypersensitivity and they may cause alkalosis, calculi, constipation etc. A systematic and scientific treatment has been mentioned in Ayurvedic literatures for the
management of Amlapitta. The treatment principles include Shodhana (Vamana and Virechana) followed by Shamana. There was many clinical works done in Amlapitta in the form of Virechana, Vamana, internal medications etc. Here the clinical study was conducted in Urdvaga Amlapitta with Sadyo Vamana as a Shodhana therapy and internal administration of Kshara as a Shamaka. Charaka opines that one can do the Vamana withought Snehana and Swedana, when the Doshas are in Utklesha avastha and are present in Amashaya. On this basis Sadyo Vamana was planned. After Vamana, Yavakshara (prepared from Yavanala) was given internally. Ksharas contain Amlavarjita Pancharas with Katu or Lavana pradhanata. ‘Ksharo Hi Yaati madhuryam Sheeghram Amlopasahitam’. When they act over Vidagdha Pitta it neutralizes the Amla bhava and becomes Madhura bhava which is Pitta shamaka. Tikshna guna of Kshara acts as Viparitarthakari chikitsa; there by increasing the Tikshnatha of Pitta, it brings about the Paka of Avipkwa anna.

MATERIALS AND METHODS

Sample source
20 patients diagnosed as Urdvaga Amlapitta were taken from Alva’s Ayurveda Hospital, Moodbidri, India irrespective of their sex, religion, socio-economic status, occupation etc. Each patient was selected for the trial after voluntary consent. Study was carried out as per Institutional Ethical Committee Clearance No: CEC/ AAMC /2012/44.

Diagnostic criteria
- Utklesha
- Tikta-Amla Udgara
- Hrit-Kanta Daha
- Aruchi
- Avipaka
- Klama

Inclusion criteria
- Patients fulfilling the diagnostic criteria of Urdvaga Amlapitta.
- Patients between the age group of 20 to 50 years.
- More than two months chronicity.

Exclusion criteria
- Patient suffering with other systemic disorders which would interfere with treatment.
- Patient contraindicated for Vamana Karma.
- Patients contra-indicated for Kshara.
- Pregnant and lactating mothers.

Intervention
Total treatment duration is of 24 days.

Day 1: Sadyo Vamana

Previous day night, the patient was asked to take Kapha utklesha foods like curd rice or idly. On the day of Vamana, in the early morning Abhyanga (Mahanarayana taila) and Bashpasweda was done. Afterwards Vamana was conducted by giving Ksheera and Yastimadu Phanta till Pittanta.

Day 3 to 16: Abhyantara Kshara Prayoga. Yavakshara-250 mg before food two times a day with water

Day 17 to 24: Follow up period.

Assessment
Clinical assessment was done on the 1st, 3rd, 16th and 24th day and the data obtained was analyzed using paired student’s t-test. Grading was given for every clinical feature and presented in Table 1.

RESULTS
Comparison of treatment efficacy from baseline is presented in Table 2 and 3. It shows the mean difference and standard error of efficacy variables on 1st, 3rd, 16th and 24th days during the intervention. Clinically there was a remarkable improvement in the entire set of variables which was propped up by statistical analysis. All variable showed significance in all instances from the baseline. The therapy showed high significance on 24th day. There was a rapid decline in the mean value of Dosha utklesha and Hrit Kanta Daha immediately after Vamana showed a highly significant difference from baseline (P < 0.001). There was a great improvement with respect to Aruchi, Avipaka,Klama and Tikta Amla Udgara after internal administration of Kshara and in follow up period. The overall effect of the therapy is presented in Table 4.

DISCUSSION
Based on the demographic profile (Table 5) it was observed that Amlapitta is prevalent in life period of 20 to 40 years. Males (75 %) and physical workers (80 %) shows major incidence. These observations correspond to the etiology since these groups are usually exposes to etiological factors. Vamana showed a high efficacy in immediate reduction of Utklesha and Hrit Kanta Daha which was highly significant. It may be due to evacuation of Sanchita Vidagdha Pitta from Amashaya. After Vamana, Aruchi, Klama, Avipaka and Tikta Amla Udgara were observed for some extent. It may be because of Shesha Dosha as well as Ksheena Agni Bala. To overcome this, Yavakshara was given from 3rd day for 2 weeks. During this period the features which was not much affected by former treatment, was reduced significantly. There was a proper digestion and desire to take food without any lassitude. This improvement may be due to Pachana, Deepana, Vilayana properties of Kshara. Even though Kshara is Pitta vadhaka, but it is capable of neutralizing the Vidagdha Pitta as it consist of Amlavarjita Pancharas which converts the Amlabhava of Pitta in to Madhura Bhava.
Amlapitta is a familiar problem now-a-days because of improper diet and regimen. In Amlapitta there will be Utklesha avastha of Vidagdha Pitta with dominant of Amlata and Dravatva. Sadyo Vamana helps to evacuate the Utklista Dosha from Amashaya. Kshara converts the Amlabhava in to Madhura bhava and simultaneously it acts as Deepana, Pachana and Dosha vilayana. Hence internal administration of Kshara helps to relieve the features of Amlapitta.

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