



Research Article

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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 Prajnaparadha janya vyadhi, as it occurs because of undisciplined and imbalanced food habits, where the concept of Hitabhuk, Mitabhuk and Rhutabhuk is totally ignored. Similarly, with immense degree, hectic routine and psychological stress is also responsible for this condition. In this condition, Vidagdhatta 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 Urdhvaga 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 Yavakshara. Sadyo Vamana helps to evacuate the Utklista Dosh from Amashaya. Kshara converts the Amlabhava in to Madhura bhava, as it contains Amlavarjita pancharasa with dominancy of Katu or Lavana rasa. This combined approach gives significant result ($P < 0.001$) in relieving the symptoms of Amlapitta.

Keywords: Amlapitta, Acid peptic disease, Sadyo Vamana, Yavakshara.

INTRODUCTION

Amlapitta is one of the Amashaya gata, Annavaha Srotodusti vikara. There is no detailed description in Brhatrayis 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 Sushruta opines only Katu and when it attains Vidagdhatta, it changes into Amla. "Vidahadhyamla Gunodriktam Pittam Amlapittam" (Madhukosha). Hence the condition of Vidagdhatta of Pitta with dominancy of Amla bhava is known as Amlapitta. Excessive intake of Katu, Amla, Vidahi 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 Vidagdhatta of the consumed food. Hence formed Vidagdha Amarasa gets retained in the Amashaya leading to formation of Annavisha which

combines with the vitiated Pitta and undergoes Shuktata resulting in the manifestation of Amlapitta. There will be Utklesha 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.² According to Doshotklesha Gati Amlapitta is of two types viz Urdhvaga Amlapitta and Adhoga Amlapitta. The Urdhvaga 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 Atipicchila. Even though patient is not taking the food, there will be Tiktarasa and Amlarasa yukta vomitus because of previous Vishama paka. There will be Tiktodgara, Amlodgara Hritdaha, 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 etc³. The treatment modalities in conventional medicine include antacids, proton pump inhibitors, anti flatulences, H₂-Receptor Antagonists etc⁴. 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 without Snehana and Swedana, when the Doshas are in Utklesha avastha and are present in Amashaya⁵. On this basis Sadyo Vamana was planned. After Vamana, Yavakshara⁶ (prepared from Yavanala) was given internally. Ksharas contain Amlavarjita Pancharasa with Katu or Lavana pradhanata⁷. 'Ksharo Hi Yaati madhuryam Sheeghram Amlopasahitam'.⁸ 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 Urdhvaga 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 utkleshaka 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 vardhaka, but it is capable of neutralizing the Vidagdha Pitta as it consist of Amlavarjita Pancharasa which converts the Amlabhava of Pitta in to Madhura Bhava.

Table 1: Showing grading for clinical feature

Avipaka	Klama	Utklesha	Tikta-Amla Udgara	Hrit –Kanta Daha	Aruchi
0: No indigestion 1: Heavy foods not digested properly 2: Delayed digestion of lighter foods 3: Impaired digestion of even lighter foods	0: No Klama 1: Occasional feeling of Klama for sometimes and vanishes 2: Klama daily for sometimes 3: Klama daily for long duration	0 : No salivation 1: Occasional but not daily 2: Daily and after taking solid food for sometime 3: Daily and after taking liquid food for sometime 4: Frequently and feels Amlata	0: No Tikta-Amla Udgara. 1: Appears 1-5 times/ day only on consumption of sour/spicy food. 2: Appears 6-10 times/ day on a consumption of any type of food. 3: Appears 10 times /day on consumption of any type of food.	0: No Hrith Kanta Daha 1: Occasional; only on consuming sour/ spicy food. 2: Occurs on consuming solid food only 3: Occurs on consuming liquid food also 4: Continuous burning, throughout the day.	0: No Aruchi. 1: Patient feel Aruchi but taking the food time to time 2: Patient sometimes takes food properly but most of the time avoids it. 3: Patient avoids the food at any time.

Table 2: Comparison of efficacy on 1st and 3rd day of treatment from baseline

Variable	1 st Day After Vamana				3 rd Day After Vamana				Result
	MD	SE	T	P-Value	MD	SE	T	P-Value	
Utklesha	0.1	0.14	16.18	< 0.001	0.1	0.14	16.18	< 0.001	HS
Avipaka	1.25	0.16	5.74	< 0.001	1.25	0.16	5.74	< 0.001	HS
Tikta-Amla Udgara	1.0	0.16	7.17	< 0.001	0.60	0.16	9.73	< 0.001	HS
Hrit-Kanta Daha	0.35	0.16	13.23	< 0.001	0.35	0.16	13.23	< 0.001	HS
Klama	0.95	0.16	8.31	< 0.001	0.60	0.14	11.87	< 0.001	HS
Aruchi	0.15	0.13	7.20	< 0.001	0.65	0.13	11.00	< 0.001	HS

MD- Mean Difference, SE-Standard Error, HS-Highly significant

Table 3: Comparison of efficacy on 16th and 24th day of treatment from baseline

Variable	16 th Day After Ksharapana				24 th Day Follow up				Result
	MD	SE	T	P-Value	MD	SE	T	P-Value	
Utklesha	0.0	0.15	16.66	< 0.001	0.0	0.15	16.66	< 0.001	HS
Avipaka	0.15	0.19	10.60	< 0.001	0.05	0.20	10.56	< 0.001	HS
Tikta-Amla Udgara	0.1	0.18	11.30	< 0.001	0.1	0.18	11.30	< 0.001	HS
Hrit-Kanta Daha	0.1	0.14	16.18	< 0.001	0.05	0.14	16.37	< 0.001	HS
Klama	0.15	0.19	14.41	< 0.001	0.05	0.20	14.41	< 0.001	HS
Aruchi	0.1	0.15	12.64	< 0.001	0.05	0.16	12.39	< 0.001	HS

MD- Mean Difference, SE-Standard Error, HS-Highly significant

Table 4: Showing Overall result of treatment

Overall effect of the treatment	No. of patients	Percentage of relief
Markedly Improved, 75- 100 % Relief	18	90 %
Moderately Improved, 50-74.99 % Relief	2	10 %
Mild Improvement, 25-49.99 % Relief	0	0 %
No Change, <24.99 % Relief	0	0 %

Table 5: Demographic profile of 20 patients

Age in years		Gender		Nature of work		Chronicity (In months)		Features	
1-30 Year	08 (40 %)	M	15 (75 %)	Sedentary	02 (10 %)	> 6	8 (40 %)	Avipaka	20 (100 %)
31-40 Year	08 (40 %)	F	05 (25 %)	Physical	16 (80 %)	7-12	4 (20 %)	Klama	15 (75 %)
41-50 Year	04 (20 %)			House wife	02 (10 %)	13-18	5 (30 %)	Utklesha	20 (100 %)
						19-24	1(10 %)	Tikta Amla	20 (100 %)
								Udgara	19 (95 %)
								Hrit Kanta Daha	14 (70 %)
								Aruchi	

M-Male, F-Female

CONCLUSION

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 Amlatva 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.

REFERENCES

- Srisatyapala editor and translator. Kashyapa Samhitha or Vriddhajivakiya Tantra of Vriddha Jivaka with Vidyotini hindi commentary of Srisatyapala. Reprint, Varanasi, Chaukhambha Sanskrit Sansthan; 2010. p. 335, 336.
- Vimala Madhudhara editor. Madhavanidana of Madhavakara with Madhukosha Sanskrit Commentary of Vijaya Rakshita. Reprint. Varanasi, Chaukhambha Sanskrit Surbharati Prakashan; 2011. p. 225.
- Dan Longo, Anthony Fauci, Dennis Kasper, Stephen Hauser *et al.* Harrison's Principles of Internal Medicine. 17thed. New York, McGraw Hill Companies; 2008. p. 1851.

4. Boon, Nicholas A editor. Davidson's Principles and Practice of Medicine of Davidson, Sir Stanley. 20thed, Philadelphia, Churchill Livingstone Elsevier; 2006. p. 889.
5. Vaidya Yadavji Trikamji editor. Charakasamhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Deepika Commentary of Chakrapanidatta, Reprint. Varanasi, Chaukhambha Surbharati Prakashan; 2011. p. 410.
6. Sharma PV. DravyagunaVijnana, 4thed. Varanasi, Chaukhambha Bharati Academy; 1995. p. 154.
7. Yadavji Trikamji editor. Sushruthasamhita of Sushruta with Nibandhasangraha Commentary of Dalhanacharya and Nyayachandrika Panchika of Gayadasa. 9thed. Reprint. Varanasi, Chaukhambha Orientalia; 2012. p. 48.
8. Vaidya Yadavji Trikamji editor. Charakasamhita of Agnivesha elaborated by Charaka and Drdhabala with Ayurveda Deepika Commentary of Chakrapanidatta, Reprint. Varanasi, Chaukhambha Surbharati Prakashan; 2011. p. 588.

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