



A comparative clinical study of Avipattikara choorna and Panchanimbadi choorna in the management of amlapitta w.s.r to hyperacidity

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Abstract

The digestive system disease amlapitta is fairly prevalent. Our nutrition, lifestyle, and behavioral patterns have all altered drastically in the modern world, and they are not compatible with our natural digestive physiology. Amlapitta is developing into a very dangerous condition that can cause numerous issues in the body, including metabolic syndrome, hormonal abnormalities, and autoimmune disorders. Amlapitta is one of the three Annavaha Srotas Vyadhis that result from the vitiation of three Doshas, and it manifests as Vidagdhajirna when one of the three Dosha-causing Mandagnis is present. Pitta Prakopakara Ahara, Vihara, which results in Amlatha, Dravata, and Vriddi of Pitta generating Shuktata of Pitta and manifesting the ailment Amlapitta and Manasika Bhavas, plays a significant role in it, is consumed in excess.

We conducted study on 40 patients with 2 groups, 20 patients each. Avipattikara Choorna & Panchanimbadi Choorna used in respective groups patients. Observations done & here is an article of it.

Keywords

Amlapitta, Hyperacidity, Avipattikara Choorna, Panchanimbadi Choorna

Introduction

Amlapitta is one of the most prevalent diseases in the modern era as a result of changing lifestyles, dietary preferences, and individual bodily constitutions. Pitta becomes more aggravated, especially in its drava and amla characteristics, which results in amlapitta.¹ According to Sushrut in the sutrasthana, pitta's quality is typically katu and changes to amla when it vidagdha.² When combined with vata, the worsened pitta results in Amlapitta, which produces excessive acidity in the stomach, a burning feeling, and colic pain. Vihara (Lifestyle), stress, and a lack of adherence to Ahara vihara vishshaayatana, among other factors, are the primary causes of the disease.³ An individual with a pre-existing inclination toward excessive pitta secretion who consumes unsuitable, unsanitary, sour, and pitta-vitiated foods and beverages would have a malsecretion of pitta, which is known as amlapitta.⁴ In the Kashyapa Samhita, Madhava Nidana, Bhavaprakash, and Chakradatta, Amlapitta is mentioned.^{5,6,7,8} The writings of Acharya Charak, Acharya Shusruta, and Acharya Vagabhatta do not mention Amlapitta as a distinct ailment. Acharya Charak just used the phrase "Amlapitta,"

but the 15th chapter of Charak's Chikitsa makes it abundantly obvious that agnimandya is the underlying cause of Amlapitta.⁹

These symptoms are known as hyperacidity in modern medicine. Diet, smoking, stress, infectious infections, and hereditary factors are the causes of this. Both duodenal and gastric ulcers are brought on by hyperacidity. Modern medicine states that standard antacids combined with increased milk consumption are the best treatment for hyperacidity. Drugs like Cimetidine and Ranitidine were used for it, as well as the anticholinergic medication Antrenyl. The following is how Amlapitta is treated in accordance with Ayurveda:

- Shodan: It includes Vaman, Virechan, Asthapan, and Raktamokshan.
- Shaman: It includes various drugs which breakdown the pathology of.

Nidan Parivarjan, Aampachan, and Agnidipan are, in brief, the main goals of the treatment of Amlapitta. Amlapitta illness has a high incidence, a wide range of symptoms, and severe consequences. The number of patients has increased recently, and despite numerous formulations being tested on various Amlapitta elements, there is still no known solution for the illness. Panchanimbadi Choorna and Avipattikar Churna are logical herbal mixtures designed to eliminate excess pitta through a moderate laxative action while simultaneously enhancing jataragni (digestive power). The goal of the current study is to assess the effectiveness of Panchanimbadi Choorna¹⁰ and Avipattikar Churna¹¹ in the scientifically sound management of Amlapitta.

Amlapitta

The term "Amlapitta" is a mashup of the phrases "Amla" and "Pitta." Amla, one of these two words, refers to the Rasa (sour taste), and Pitta, the Dosha responsible for this illness. Digestion and metabolism are responsibilities of the pitta dosha. As stated by Charaka, Amla is the Prakruta Rasa of Pitta¹². However, according to Acharya Sushruta, Katu is the Pitta's Prakruta Rasa, and it reaches Amlata in Vidagdhavastha¹³. Amlapitta is the state in which Pitta's inherent Katu Rasa is replaced by Amlata as a result of Vidagdhapaka.

The Ayurvedic texts have a number of definitions of Amlapitta. Madhava Nidana Amlapitta means "Vidahadyamla Gunodriktam Pittam Amlapittam," according to Vijayarakshita commentator. Vidaha means partially digested. Amlapitta¹⁴ is the name given to the pitta that develops excessive Amlata as a result of Vidagdha Paka. "Amla Pittam Cheti Amla Gunodriktam Pittam," claims Chakrapani. Accordingly, the pitta known as Amlapitta¹⁵ has an excessive amount of Amlata or Amla Guna Udrikrita Pitta. The Hindi Vimarsha of Madhava Nidana states: "Amlam Vidagdham Cha Pittam Amlapittam." The Amlapitta¹⁶ is the Vidagdha Pitta that reaches Amlata. Amlapitta, according to Vachaspati, is the name for Pitta that causes a sour taste. "Amlaya Pittam Amlapittam"

Gastritis

It is an inflammation of the stomach's gastric mucosa. Depending on the underlying cause, gastritis may be acute or persistent and coexist with more severe disorders such stomach atrophy.

The following signs and symptoms of gastritis or their relationship to the underlying cause include: Gastric haemorrhage, hypochlorhydria, appetite loss, belching, nausea, vomiting, fever, and lethargy are all symptoms of upper abdomen pain or discomfort.

Hyperacidity

Acidity is the term used to describe a group of symptoms brought on by an imbalance between the protective systems that keep the proximal intestine and stomach from harm and the mechanisms that secrete acid. Acid, which is generally secreted by the stomach and is vital to digestion. During digestion, this acid aids in breaking down the food. Acidity is a medical disorder that occurs when the gastric glands in the stomach produce too much acid. However, in some ulcer types, acid secretion is either normal or even low. Acidity is the cause of symptoms like dyspepsia, heartburn, and ulcer development (erosion of the stomach or intestine lining).

Acidity is far more common in people who are anxious and extremely emotional. Although there has been a recent rise in occurrence in underdeveloped nations as well, it is also more prevalent in wealthy and industrialized countries. Gastric acidity is also influenced by the consumption of alcohol, extremely spicy foods, meat-based diets, and non-steroidal anti-inflammatory drugs (NSAIDs).

Avitathikara Choorna-

Individual herbs such as Trikatu, Triphala, Musta, Vida Lavana, Vayavi-danga, Cardomom, Cassia Leaves (1 part each), Lavanga (11 parts), and Nishotha (44 parts), as well as raw sugar equivalent to the weight of the powder (66 parts), should be combined. Ingredients: Vida lavana, Vaya vidanga, Cardomom, Cassia leaves, Lavanga, Nishotha, and individual herbs of Trikatu, Triphala, Musta, Vida lavana, and Musta. Oral administration is the route.

Panchanimbadi choorna-

Add 10 parts of sugar to 1 part Panchanimba, 2 parts Vridshadaraka, and 10 parts Saktu (roasted corn flour) to make the dish sweeter. Panchanimba (leaves, bark, flowers, fruits, roots, and blossoms), Vriddhadaraka, Saktu (roasted maize flour), and sugar are the ingredients. Oral administration is the route.

Methodology:

Single blind Randomized Comparative Clinical study with sample size of 40 patients who fulfils the inclusion criteria were selected and divided into two groups with 20 patients in each for the study.

In Group A 20 patients were treated with Avitathikara Choorna in the dosage of 6 gram twice a day with anupanam as Dugdha for the duration of 30 Days.

In Group B 20 patients were treated with Panchanimbadi choorna in the dosage of 6 gram twice a day with anupanam as Sheetajala for the duration of 30 Days.

Drug	Avitathikara Choorna	Panchanimbadi choorna
Patients	20	20
Dose	6 gram twice a day	6 gram twice a day
Anupan	Dugdha	Shita jala
Duration	30 days	30 days

Patients were observed on 1st, 15th and 30th day to assess the progress of the condition Follow up-15th day and 30th day during the treatment and 2nd weeks after the course of treatment.

Symptoms Avipaka, Klama, Utklesha, Tiktaamlodgara, Gaurava, Hrutkanthadaha, Aruchi are give grades 0 to 4. Absent, Occasional, Once in a week, once in 2-3 days, Everyday respectively 0 to 4 grades. Both the groups were assessed before treatment and after treatment with unpaired t-test

Observation-

Avipaka was reduced by 94% and 89% in group A and group B respectively. Klama was reduced by 77% and 76% in group A and group B respectively. Utklesha was reduced by 81% and 74% in group A and group B respectively. Tikta Amla udgarawas reduced by 86% and 72% in group A and group B respectively. Gaurava was reduced by 97% and 85% in group A and group B respectively. Hrit-Kanta Daha was reduced by 85% and 75% in group A and group B respectively. Aruchi was reduced by 65% and 68% in group A and group B respectively.

The overall effect of each therapy was assessed at the end of completion of treatment. In Group A, 65% patients & in group B, 40% patients were responded complete remission.

In Group A. 35% patients & in group B 60% patients were gained marked improvement.

Discussion

In Avipattikara Choorna, The Dosha involved in the Amlapitta are Vata, Pitta & Kapha. Avipattikara Choorna contains Pippali, Maricha, Shunthi, Amalaki, Haritaki, Vibhitaki, Vidanga, Ela, Musta, Lavanga, Trivrutta, Sharkara. Pharmacodynamic study of drug shows that the majority of the drugs have Madhura & Tikta Rasa, Madhura & Katu Vipak, Sheeta Virya, Ruksha, Laghu, Snigdha Guna & Tridosha Shamak Property.

In Amlapitta Rasadhatu is affected. Tikta Rasa & Katu Vipak of drugs exhibit Deepan - Pachan Karma which may act on the vitiated Rasa Dhatu. Due to Tikta Rasa property of drugs, Sama Pitta will become Niram and Agni will be increased. In Amlapitta, Acharya Charaka says that Manadagni and Ajirna produces Annavisha, when it mixes with Pitta Dosha creates Pittaja Vyadhi like Amlapitta. According to Ayurveda Tikta Rasa Dravya have been used for Nirama karan of Pitta and then after Madhura & Kashaya Rasa used for Paittik Vyadhi.

In Panchanimbadi Choorna, It contains Nimba, Vrudhadharuka, Saktu. Maximum drugs have Rasa as Madhura, Tikta and Kashaya which are Pittashamaka and Kaphanashaka. In pathogenesis of Amlapitta, Mandagni leads to Ama formation and Vrudhadaruka is the medicine for Amapachana and alleviates the Srotorodha by its Laghu snigdha Guna and Ushna virya. Most of the drugs have Deepana Pachana property, which improves the status of Agni. Laghu Ruksha Guna and Katu Vipaka are KaphaShamaka. The Tikta, kashaya, Madhura Rasa, Sheeta Veerya, laghu, Ruksha, Mrudu Guna with Dahahara and Agnivardhaka property refers to the soothing action of Saktu on Annavaha Srotas thus reducing the irritation.

In group A patient were treated with Avipattikara Choorna, here we observed percentage relief in symptoms like Avipaka 94%, Klama 77%, Utkesha 81%, Thikta Amlaudhgara 86%, Gaurava 97%, Hrit-KantaDaha 85%, Aruchi 65% In group B patients were treated with Panchanimbadi Choorna, here we observed percentage relief in symptoms like Avipaka 89%, Klama 76%, Utkesha 74%, Thikta Amlaudhgara 72%, Gaurava 85%, Hrit-KantaDaha 75%, Aruchi 68%

Here the Avipattikara Choorna is the more effective than Panchanimbadi Choorna because of Amlapittahara property of the aushdhas.

Conclusion

Amlapitta is a psycho-somatic disorder where the psychological factor like stress etc. plays an important role along with diet variations in the causation of disease. It could be said that Avipaka, Klama, Utklesha, Tikta-Amla Udgara, Gaurava, Hrit Kanta Daha and Aruchi are the important Lakshana of Amlapitta. Agnimandhya, Ama and Strotodushti are the main factors in the pathogenesis of the disease Amlapitta. If not treated at proper time and if it becomes chronic, it will lead to further vitiation of Doshas of causing Updrava like Jwara, Atisara, Grahani, Sheetapitta etc.

Amlapitta is Tridoshika in variety. Urdhvaga Amlapitta is Kapha predominant and Adhoga is Pitta predominant, but in fact both are of Tridoshika in variety. The irresistible stress and strain of this present era are related with the pathogenesis of this disease. From this study it can be concluded that Ratri Jagarana & irregular sleep will cause the Amlapitta

In Group A. 65% patients & in group B 40% patients were responded complete remission. In Group A. 35% patients & in group B 60% patients were gained marked improvement.

Since this study is an attempt to manage Amlapitta has shown good results, it is recommended that the study should be carried out in large number of patients to evaluate and analyse the results. This study is for specific period so; it should be carried out for longer duration for better results. Both the drugs were used as a Shamana chikitsa in the management of Amlapitta Shodhana chikitsa should be needed and also the treatment should be changed according to the severity of disease. The efficacy of the drug can also be evaluated in the chronic Amlapitta patients.

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