

A RANDOMISED COMPARATIVE CLINICAL STUDY OF SADHYO VIRECHANA AND SNEHA SWEDA PURVAKA VIRECHANA IN AMLAPITTA

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ABSTRACT

Today, in this ultra-urbanized society man has become intentionally ignorant regarding the quality of life, giving rise to multiple lifestyle disorders. *Amlapitta* is a clinical condition that has become a common problem for most people in this modern era. *Amlapitta*, being one such disease, has become a chief cause of discomfort in the normal proceedings of the day today activities. Hence in this study, an attempt is made to evaluate the comparison between the efficacy of *Trivrit lehya* for *Sadhyo-Virechana* and classical *Virechana* in *Amlapitta*.

The objective of the study:

- ✓ To study the effect of *Sadhyo-Virechana* in *Amlapitta*.
- ✓ To study the effect of classical *Virechana* in *Amlapitta*.
- ✓ To study and compare the effect of *Sadhyo-Virechana* & classical *Virechana* in *Amlapitta*.

Design of the study (INTERVENTION) It will be a randomized comparative clinical study. 40 patients were selected based on the diagnostic, inclusion, and exclusion criteria. The selected patients were randomly grouped

into two groups of 20 each. **Method: Group A:-** 20 patients administered with *Sadhyo-Virechana karma Abhyanga* was performed with *Murchita Tila Taila* followed by *Bashpa Sveda*. Then, *Trivritadi Virechana Yoga* was administered between 9 to 10 am on empty stomach. The assessment was done on, the D1 treatment of *Virechana*. Follow-up was done on the 21st & 30th days. **Group B:-** 20 patients administered with Classical *Virechana karma. Deepana-Pachana* was done with *Trikatu Choorna*, 6gms per day in divided dose until the attainment of *Nirama Lakshana*. *Indukantha ghrita* was given for *Snehapana* in *Arohana Krama* till *Samyak Snigdha Lakshana's* were attained. After that *Vishrama Kala* was given for 3 days in which *Sarvanga Abhyanga* was performed with *Murchita Tila Taila* followed by *Bashpa Sveda*. Finally, on the day of *Virechana*, *Trivritadi Virechana Yoga* was administered between 9 am - 10 am on empty stomach. The assessment was done on, before treatment D1 and after *Virechana* as D14. Follow-up was done on the 21st & 30th days. **Results:** Comparative analysis of the overall effect of the treatments in both groups was done statistically with an unpaired t-test. The test shows that the treatment is significant in Group B when compared to Group A. Group A's overall result is 73.79% and Group B's overall result is 97.16% **Conclusion:** As per the observations made during the study we could derive a conclusion that complete remission in symptoms was observed in patients with mild intensity, whereas in moderate and severe intensity cases there was a reduction in the severity of the disease. This proves the result of Classical *Virechana* is more significant than *Sadhyo-Virechana* in *Amlapitta*.

Keywords: *Amlapitta; Deepana - Pachana; Snehapana; Virechana* etc.

INTRODUCTION

Ayurveda is the finest treasure of medicine, originated in India, and is often called the "Mother of all healing". It has now been universally accepted that *Ayurvedic* medicines are far safer than that synthetic medicines and successful in the management of complex diseases.¹ *Amlapitta* is a clinical condition that has become a common problem for most people in this modern era. 'Hurry', 'Worry', and 'Curry' are the three main reasons for the disease. In *Brihatrayees*, *Amlapitta* was not considered or grouped under any specific disease, but the symptoms are mentioned. In *Laghutrayee's* description regarding *Nidana*, *Samprapti*, and *Laxanas*² are available. The disease under the heading *Amlapitta* the symptoms like *Avipaka*, *Klama*, *Utklesha*, *Hritkantadaha*, and *Tiktaam-lodgara*.² *Kasyapa samhita* is the first text which explained *Amlapitta* as a separate entity³. Which vivid description of *Amlapitta* along with its treatment has been mentioned. *Susrutha Samhita* while describing the diseases caused by excessive use of *Lavana*; mentioned a disease called "Amlika" which is similar to *Amlapitta*.⁴ *Acharya Chakrapani* has stated that *Amlapitta* is *Amla Gunayukta Pitta*. *Madhukosha* ex-

plained *Amlapitta* as "Amlam Vidagdham cha tat pit-tam Amlapittam" Here, *Amlapitta* denotes the vitiated condition of *pitta*, and it imparts *Amlatvam* and *Vidagdathavam* to the ingested food. The risk factors like spicy food, alcohol, aspirin, other NSAIDs, or any gastric irritant factors cause damage to gastric mucosa by inhibiting prostaglandins, gastric bi- carbonates, and mucous secretions and alter the mucosal micro circulation. This produces symptoms such as heart burn, sour belching, acid eructation, anorexia, and nausea. This leads to acute gastritis and if left unattended in the chronic stage it leads to Gastric or Duodenal ulcers, followed by perforation if untreated. The remedies in biomedicine are acid-suppressive agents like H₂ receptor antagonists, and Proton pump inhibitors⁵ including *Esomeprazole*, *omeprazole*, and *pentaprazole*⁶. These are working temporarily without any permanent solution as well as having adverse effects after long-standing usage. Hence, we shall consider the *Nidana Parivarjana* and *Samprapti vighatana* to overcome the disease. The *Pathyaahara* here plays an important role as a *Nidana Parivarjana*⁷. In *Ayurveda* emphasis has been given to *shodhana*.

Virechana is the best measure for *paittika* disorders⁸ and in which *pitta* is associated with *vata* and *kapha* eliminated. In *Amlapitta*, vitiation of *Annavaha*, *Rasavaha*, *Purishavaha*, and *Raktavaha* srotas occurs. *Virechana* is clearly indicated in *Annavaha srotas vyadhi*. Hence for the present study, *Virechana* is selected and is titled "A comparative clinical study of *sadhyo virechana* and *sneha sweda purvaka virechan* in *Amlapitta*".

Materials & Methods

Preparation of Medicine: The Trail medicines used in this study have been prepared at SSRAM's *Ayurveda* Pharmacy, Inchal. The Preparations were made by adopting standard methods which are discussed under drug review.

Source of data:

The patients of either sex suffering from *Amlapitta* fulfilling the diagnostic criteria were selected for the study from the OPD & IPD of P.G studies, Dept. of *Panchakarma*, SSRAM College and Hospital, Inchal. All 40 patients suffering from *Amlapitta*, who were selected for the study after fulfilling the inclusion criteria mentioned below, completed the course of the treatment. There were no dropouts. Following the specially designed case proforma, a detailed study of all 40 patients was done.

Sampling Methods: The patients of both sex presenting with the signs & symptoms of *Amlapitta* according

to the *Ayurvedic* texts; in the age group of 20-60 years were selected for the study after being diagnosed to have *Amlapitta*. A purposive sampling method was adopted for the selection of 40 patients for the study. Patients were selected on the basis of observations & interrogations so as to fulfill the inclusion criteria.

a)Inclusion Criteria:

1. Age group – 18 yrs. to 70 yrs.
2. Patients presenting with classical signs and symptoms of *Amlapitta* will be selected for the study.
3. Either male or female patients irrespective of caste, socio-economic status who fit for *Virechana*.

b)Exclusion Criteria:

1. Patients with K/C/O systemic illness.
2. Pregnant women
3. Unfit for *Virechana*

c)Diagnostic Criteria:

The clinical features of *Amlapitta* mentioned in *Madhava Nidana* were taken as the basis for diagnosis.

- ❖ *Avipaka*
- ❖ *Klama*
- ❖ *Utklesha*
- ❖ *Tikta-Amla Udgara*
- ❖ *Hrit-Kanta Daha*

d)Laboratory Investigations:

CBC, RBS and other investigations are done if required

Table No.1: Treatment Chart

	<i>Sadhyo-Virechana karma</i>	<i>Classical Virechana karma</i>
Poorva Karma	<ul style="list-style-type: none"> • <i>Abhyanga</i> – <i>Murchita tail</i> & <i>Bhaspa sweda</i> 	<ul style="list-style-type: none"> • <i>Deepana & Pachana</i> - <i>Trikatu choorna</i> • <i>Snehapana</i> – <i>Indukantghrita</i> • <i>Abhyanga</i> – <i>Murchita tail</i> & <i>Bhaspa Sweda</i>.
Pradhana Karma	<ul style="list-style-type: none"> • Administration of <i>Trivrit avalehya</i> on empty stomach with <i>Ushna jala</i> at in <i>Shleshma gata kala</i> (9-10 am) • The dosage of <i>Trivrit Avalehya</i> is selected according to the <i>Kostha</i> & <i>Bala</i> of patients. • Observation of <i>vegas</i> 	<ul style="list-style-type: none"> • Administration of <i>Trivrit avalehya</i> on empty stomach with <i>Ushna jala</i> at in <i>Shleshma gata kala</i> (9-10 am) • The dosage of <i>Trivrit Avalehya</i> is selected according to the <i>Kostha</i> & <i>Bala</i> of patients. • The patient should be on an empty stomach upto stoppage of <i>vegas</i>. • Observation of <i>vegas</i>
Paschat Karma	<ul style="list-style-type: none"> • <i>Peyadi samsarjana krama</i> depending upon the type of <i>shuddhi</i> for 3,5,7 days 	<ul style="list-style-type: none"> • <i>Peyadi samsarjana krama</i> depending upon the type of <i>shuddhi</i> for 3,5,7 days.

Table No.2:Assessment Criteria

		GRADE	BT	AT	21D	30D
Avipaka						
1	Presence of all the symptoms of <i>Jirna-Ahara Lakshnas</i>	0				
2	Presence of four symptoms of <i>Jirna-Ahara Lakshnas</i>	1				
3	Presence of two symptoms of <i>Jirna-Ahara Lakshnas</i>	2				
4	No symptoms of <i>Jirna-Ahara Lakshnas</i>	3				
KLAMA						
1	No <i>Klama</i>	0				
2	Occasionally feeling of lassitude without <i>Shrama</i> remains for sometimes and vanishes	1				
3	Lassitude daily without <i>Shrama</i> for sometimes	2				
4	Lassitude daily without <i>Shrama</i> for a long duration	3				
UTKLESHA						
1	No Nausea	0				
2	Presence of salivation with Nausea	1				
3	Presence of Nausea with content coming to the throat	2				
4	Presence of Nausea with vomiting	3				
HRID-KANTHA DAHA						
1	Absent	0				
2	Appears 1-2 episodes /day does not interfere with work performance; occasionally feel inconvenience during routine work.	1				
3	Appears 3-4 episodes /day has interference with work but doesn't prohibit work performance and other activities.	2				
4	Appears more than 4 episodes/day prohibits work performance and other activities.	3				
TIKTA – AMLA UDGĀRA						
1	No <i>Tikta-Amla Udgara</i>	0				
2	Appears 1-5 times/day only on consumption of sour/spicy food	1				
3	Appears 6-10 times/day on the consumption of any type of food	2				
4	Appears 10 times /day on the consumption of any type of food	3				

ASSESSMENT OF THE TOTAL EFFECT OF THERAPY

Table no.3: Overall effect of Sadhyo-Virechana Group-A

EFFECT OF TREATMENT IN GROUP - A		
Class	Grading	No of patients
0%	No change	0
1%-30%	Mild	0
31% - 60%	Moderate	3
61% - 99%	Marked	17
100%	Complete Remission	0

Chart No.1: Result of Group A

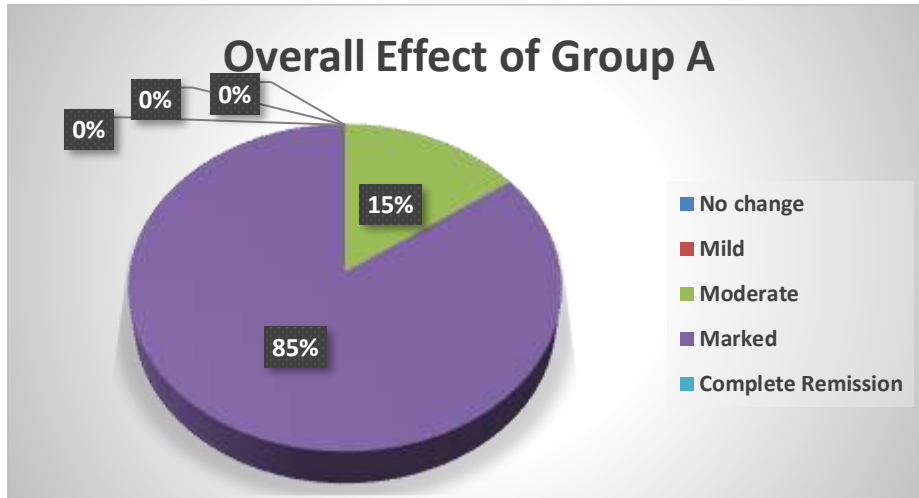
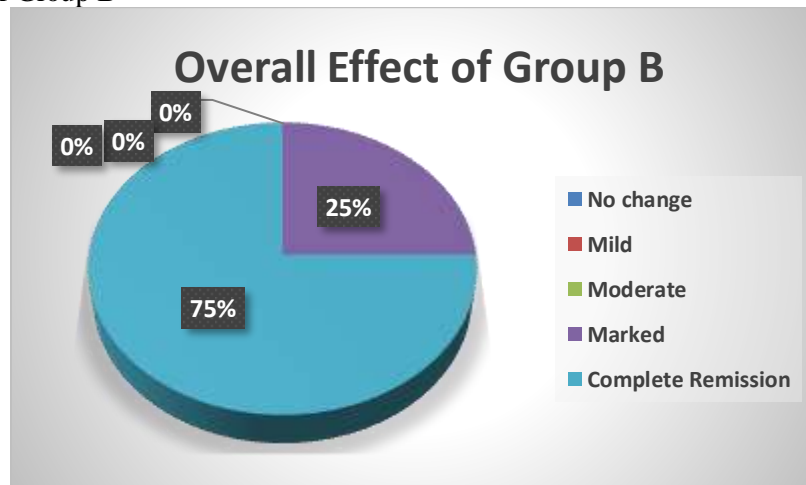


Table No.4: Overall effect of Group-B

EFFECT OF TREATMENT IN GROUP - B		
Class	Grading	No of patients
0%	No change	0
1%-30%	Mild	0
31% - 60%	Moderate	0
61% - 99%	Marked	5
100%	Complete Remission	15

Chart No.2: Result of Group B



DISCUSSION

The discussion provides the vision of truth by the logical interpretation of the collected literary material and the obtained clinical findings in a clinical

study. Logically convincing with the help of intellectual reasoning is a must because, without reasoning, the perception of truth could be a matter of chance.

A few recommendations for further study which involves *Shodhana* in the form of *Virechana* in the case of *Amlapitta* were put forth by previous research scholars who had conducted clinical trials by using *Shamana* medications on *Amlapitta*. They were of the view that to get the best results, it is better to adopt a course of *Shodhana* in the form of *Virechana* and then administer the *Shamana Oushadhi*.

Trikatu Choorna for Pachana and Deepana: This drug was chosen because, it is *Agni Deepaka*, *Ama Pachaka*, and also *Ruchikaraka*. It digests the *Shareera gata Ama*. This *Choorna* was given 3 gms three times a day in divided doses before food with *ushna jala* till the *Nirama Lakshanas* were seen.

Indukantha Ghrita for Snehapana:

The medicated *Sneha* best suited for the purpose of *Snehapana* in this study is *Indukantha Ghrita* which is indicated for *Amlapitta*. *Doshas* which are lodged in *Shakha* are made to move towards *Koshta* by means of oleation and fomentation. *Snehapana* can elevate the quantity of *Dosha* at the site of the disease due to the *Kledana* property. It loosens and softens the *Dosha*, increases liquidity, penetrates through the micro channels, and directs the *Dosha* towards *Koshta*. The majority of the *Sneha* are of animal origin and a possibility of similarity in chemical and physiological nature to that of the cell membrane cannot be ruled out. This thus intensifies the penetration of *Sneha* through the cell membrane. Cell membrane however acts as a barrier for the passage of water-soluble molecules, but also provides free passage to lipid and lipid-soluble substances. It can be said that *Sneha* reaches deep into the body tissues causing partial rejuvenation of cell organelles and smoothening of vitiated *Doshas* (stagnated metabolic wastes) and making their elimination possible. Blood transports these wastes to specific areas like the liver, lungs, and kidneys from where they can be eliminated easily. Thus, it helps in dragging the *Dosha* from the periphery to *Koshta*. If *Snehapana* is not done, and *Shodhana* is carried out then it destroys the tissues of the body.

Murchita Tila Taila for Abyanga:

By doing *Moorchana*, *Taila* will lose its *Durgandha*, *Amadosha*, etc., and will be able to dissolve the active principles while preparation. It is considered *Twachya*.

Even though all the sense organs contain five basic elements, *Vayu* dominates the tactile sensory organ which is lodged in the skin. Massage is exceedingly beneficial to the skin as it works directly on the lymphatic system. This system is supplementary to the blood vascular system and offers an alternative route for the return of tissue fluid to the blood stream. By stimulating lymphatic flow and generating heat through friction (rubbing) and application of the oils, massage cleanses and vitalizes the body without causing the build-up of toxins. Thus, oil massage quickens the circulation of blood and lymph and dislodges toxins, and increases the vitality of the tissues.

Svedana:

Svedana in the form of *Bashpa Sveda* will do the liquification of the *Klinna Doshas* present in the *Sookshma Srotas* produced during *Snehapana*.

Svedana Dravyas increase the action of the skin and promote the secretion of sweat which, they do either by stimulating the terminal nerves in the cells of the sweat glands or by causing dilatation of the superficial capillaries or stimulating the sweat centers in the spinal cord.

Skin is the medium through which heat is conducted along the blood to the cutaneous, subcutaneous, and deeper tissues. The exchange of *Apdhatu* (watery content of blood) between the *Sthanas* of *Vata*, *Pitta*, and *Kapha* has long been recognized by the *Ayurvedists* and it is upon this most important principle in the body economy that the indication of *Svedana* as a preparatory step to *Panchakarma Chikitsa* is suggested.

It stimulates the circulation of blood, carries the toxins lying in the tissues to excretory organs such as bowels, skin, etc., and induces perspiration. Thus, it not only helps in eliminating toxins but provides the organs with fresh blood which contains nutrients and defensive agents. The toxins are driven out from the

tissues naturally and are brought to the bowels, where from they are subsequently evacuated by means of Shodhana procedures.

Trivrit lehya for Virechana:

Trivrit Virechana Yoga is a specific combination mentioned for *Amlapitta* in *Kashyapa Samhita* which includes *trivrit* and *trijata*. As this *Yoga* is directly indicated for *Virechana* in *Amlapitta*, I have selected this *Yoga* for my study. This *Yoga* is administered in the *Choorna* form with *Madhu* as *Anupana*. *Sharangadhara* has mentioned the dose for *Virechana* in the form of *lehya* as 1 *karsha* in *Uttama Matra*. Before starting the clinical trial, a pilot study was tried with 12 Gms in two patients, in which one patient passed only 3 *Vegas* and another patient did not pass even a single *Vega*. So later on the dose was increased to *Madhyama* and *Pravara Matra* which was administered after examining the *Koshta* of the individual.

OVERALL EFFECT OF THERAPY

Comparative analysis of the overall effect of the treatments in both groups was done statistically with an unpaired t-test. The test shows that the treatment is significant in Group B when compared to Group A. Group A's overall result is 73.79% and Group B's overall result is 97.16%.

CONCLUSION

The work "An observational study on *Trivrit Virechana Yoga* in *Amlapitta*" draws out the following conclusions:

- ❖ A detailed description of *Amlapitta* is not found in *Brihatrayees*, though some scattered references can be traced out indirectly. Clear-cut descriptions can be found only in later treatises like *Kashyapa Samhita*, *Madhava Nidana*, *Yoga Ratnakara*, etc.
- ❖ *Amlapitta* is a psycho-somatic disorder where psychological factors like stress etc play an equally 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 Lakshanas of *Amlapitta*.

- ❖ *Agnimandhya*, *Ama*, and *Srotodushti* are the main factors in the pathogenesis of the disease *Amlapitta*.
 - ❖ The *Poorvaroopa* of the disease has not been mentioned in the classics. *Roopa* in the milder form could be considered as the *Poorvaroopa* itself.
 - ❖ *Amlapitta* is commonly seen in the age group of 20-40 years.
 - ❖ Susceptibility is more in males than females; especially the official class of people is more prone to this disease.
 - ❖ This disease is more common in non-vegetarians than in vegetarians.
 - ❖ People living a sedentary lifestyle and those getting indulged in the consumption of incompatible food were seen to be more prone to get *Amlapitta*.
 - ❖ *Amlapitta* if not treated at the proper time and if it becomes chronic, will lead to further vitiation of *Doshas* causing *Upadravas* like *Jwara*, *Atisara*, *Grahani*, *Sheetapitta*, etc.
 - ❖ A maximum number of patients attained *Samyak Snigda Lakshana* on the 3rd day itself.
 - ❖ *Madhyama Shuddi Virechana* was attained in most of the patients.
 - ❖ Symptomatic improvement has been observed in the majority of the patients after *Virechana*.
 - ❖ No complications were observed in the patients during the entire treatment schedule.
 - ❖ *Pathya* also plays an important role in the management of *Amlapitta*.
 - ❖ With regard to the high percentage of improvement in results and also the relief is given by the treatment it could be concluded that *Trivrit Yoga Virechana* is an effective therapy in *Amlapitta*.
- As per the observations made during the study, we could derive a conclusion that complete remission in symptoms was observed in patients with mild intensity, whereas in moderate and severe intensity cases there was a reduction in the severity of the disease. This proves the result of Classical *Virechana* is more significant than *Sadhyo-Virechana* in *Amlapitta*.

REFERENCES

1. Prof. Chunekar K.C. & Prof Yadava C.L., Medicinal plants of Susrutha Samhita, France, European Institute of Vedic Studies, Varanasi.
2. Acharya Madhavakara virachita Madhava nidana; Vijayarakshita and Srikanthadatta Madhukosha teeka; with Vidyotini Hindi commentary by Sri Sudarshanashastri; 51/1-6, 31st edition 2002; Chaukhamba Sanskrit Samsthana, Varanasi; Pg: 170.
3. Pandit Hemraja Sharma, editor. Kashyapa Samhita with Vidhyotini Hindi commentary Khil Sthana Chapter 16. Verse 7-13. 3rd ed. Varanasi: Chaukhamba Sanskrit Series Office; 2008. Pg.335
4. Jadavaji Trikamji Susruta Samhita- Nibandhasangraha Commentary of Shri Dalhanacarya, Edited; Chaukhamba Orientalia Varanasi, Seventh Edition 2002. Pg.175
5. Siddhartha Shah Et al; A.P.I. Medicine; 8th reprint edition 2002. The Association of Physicians of India Distributors Mumbai, Page number 630.
6. "The Times of India" Ahmedabad, Saturday Date: 29th May 2010.
7. Govinda Dasa virachita Bhaishajya Ratnavali; Vidyotini Hindi commentary by Ambikadatta Shastri; 15th edition 2002; Chaukhamba Sanskrit Samsthana, Varanasi; Amlapitta adhikara, Page number 651.
8. Kaviraj Atridev Gupt, Vagbhata virachita, Astang Hridayam, Nidan Sthan, Chapter 12, verse 1, edition 2011, Varanasi: Chaukhambha Sanskrita Sansthana, Pg. 358.

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