

## CLINICAL EVALUATION OF ELADI CHURNA & YAVADI KWATH IN AMLAPITTA

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### ABSTRACT

*Acharya Charak* has not mentioned *Amlapitta* as separate disease entity like *Kashyap & Madhav*. The *Samprapti* of *Grahani Rog* mentioned by *Acharya Charak* is able to explain the pathogenesis; he mentions that *Ajirn, Atimatra, Vishama, Astamya, Veg Dharan* etc leads to vitiation of *Agni*, due to which one cannot digest even *Laghu Anna*. This undigested food becomes sour in taste & which works like poison. This form of *Annavisha* when associated with *Pitta* causes *Daha, Trishna, & Mukha Rog*. It also causes *Amlapitta* & such other *Paittik Vyadhi*<sup>1</sup>. Many conditions in Modern Science included under the broad umbrella of *Amlapitta*. Though the conventional methods being used have only symptomatic relief, no curative effect is provided, along with many adverse effects. Antacids are the one of the most widely used medicine all over the world. Food and drug Administration (FDA) warned that there is increase risk of fractures with the use of Proton Pump Inhibitor. By taking antacids the person neutralizes acid which is the first line of immunity and becomes more prone to various infections. The drug selected under the study *Eladi Churna & Yavadi Kwath* described in *Yogratnakara Amlapitta Chikitsa*, possesses properties which helps to pacify *Tridosha*, does *Ama Pachan* which provides a better approach of treatment<sup>2</sup>.

**Keywords:** *Amlapitta*, Acid peptic disease, *Eladi Churna*, *Yavadi Kwath*.

### INTRODUCTION

“**AMLAYA PITTAM AMLAPITTAM**”  
(*Vachaspati*)

It means *Pitta* leading to sour taste is called as *Amlapitta*. It is composed of word *Amla* & *Pitta*. *Pitta* is a *Dosha* which is present in the body at five different places & does five dif-

ferent functions like; *Rag* (*Ranjan* of *Rakta Dhatu*), *Pakti* (*Pachan*), *Tej* (*Drishti*), *Medha* (intelligence), *Ushma* (maintenance of temperature)<sup>3</sup>. Though, *Amla Rasa* has been mentioned as a natural property of *Pitta* along with *Katu Rasa* according to *Acharya Charak*.

Acharya Sushrut has enlisted *Katu* as its original *Rasa* and mentioned that when *Pitta* becomes *Vidagdha* then it changes into *Amla Rasa*. Its *Nidan* can be divided into *Aharaj*, *Viharaj*, *Manasik* & *Agantuj Hetu*. Symptoms of *Ajirna* and specially *Vidagdhajirna* appearing before the manifestation of disease may be considered as its *Purvarupa*. In *Charaka Samhita* while describing the *Samprapati of Grahani*, Acharya indicates *Amlapitta* also. Various symptoms are mentioned by different Acharya which can be mentioned as *Avipak*, *Klama*, *Utklesha*, *Amla Udgara*, *Hrit-Kantha Daha*, *Gaurav* & *Aruchi*<sup>4</sup>. Various types of *Amlapitta* can be explained on different classification basis i.e. on the basis of vitiated *Dosha*, on the basis of *Sthan Dushti* of *Srotas*<sup>5</sup>. According to Acharya Kashyap, *Nidana Sevan* causes *Dosha Prakopa* especially of *Pitta Dosha*. This *Dosha Prakopa* leads to *Mandagni* due to which ingested food becomes *Vidagdha* and attains *Shuktibhava* which further manifest *Amlata in Amashaya*. This condition is called *Amlapitta*<sup>6</sup>.

#### **Amlapitta Samprapti Ghatak:**

- *Dosha – Pitta Pradhan, Samana Vayu & Kledaka Kapha.*
- *Dushya – Rasa.*
- *Agni – Jathragni Mandhya.*
- *Ama - Jathragni Mandhyajanya Ama.*
- *Srotas – Annavaha, Rasavaha, Raktavaha & Purishavaha Srotas.*
- *Srotodushti – Atipravritti & Vimarg Gaman.*
- *Udhabhava – Amashaya & Pittadhara Kala.*
- *Sanchara Sthana – Sarva Shareera.*

- *Vyakta Sthana - Uraha, Kantha, Amashaya etc.*
- *Adhishthana – Amashaya.*
- *Rogamarga – Abhyantara.*
- *Rupa – Chirakari.*

No specific disease is seen similar to *Amlapitta* in Modern medicine. The signs and symptoms of *Amlapitta* disease are given in modern medicine under title of Acid peptic disease. There are number of disease in acid peptic diseases like – Acute gastritis, chronic gastritis, peptic ulcers, gastro oesophageal reflux diseases, non ulcer dyspepsia, hyperchlorhydria syndrome, menetrier's disease etc. Peptic ulcers (gastric and duodenal ulcers) have similar symptoms related to *Amlapitta*. But the pathophysiology and histopathology said that ulcer's can't be included in *Amlapitta*. It may be included in complications of *Amlapitta*.

In treatment of *Amlapitta*, *Vaman* & *Virechan Karma* are mentioned but both these *Karma* are contra indicated in ulcers. Therefore we can't include peptic ulcers in *Amlapitta*. So, the Acid peptic disease without peptic ulcer can be included in *Amlapitta*. For the purpose of getting clinical co-relation and similarly between *Amlapitta* and non-ulcerative acid peptic disease.

#### **GASTRO-OESOPHAGEAL REFLUX DISEASE:-**

It refers to the various clinical manifestations of reflux of stomach & duodenal contents in to the oesophagus. Although, it may associate with the sliding hiatus hernia.

### **ACUTE GASTRITIS:-**

The term acute gastritis is usually acute erosive conditions that typically result in necrosis and haemorrhage of the mucosa with relative inflammation. It may however, be completely asymptomatic. Its course is self-limiting and healing usually occurs without any residual damage.

### **DYSPEPSIA (NON-ULCERATIVE)**

Dyspepsia (Indigestion) is a term for non-specific symptoms thought to originate from the upper gastrointestinal tract. Typical symptoms include upper abdominal discomfort with/without related to food, anorexia, nausea, vomiting, bloating & heartburn.

### **MANAGEMENT:-**

(1) Managed by relieving the causative factors.

(2) Drugs:-

- Antacids
- H-2 antagonists / proton pump Inhibitors.
- Prokinetic & anticholinergics.
- Antibiotics which relieve the infections like H-pylori.

(3) Supportive therapy:-

- Loading dose of Vit - B12
- Protein supplements.
- Intravenous fluid therapy.

(4) Surgical treatment in some cases is no substance in the world that does not have therapeutic utility.

### **NEED OF STUDY**

Due to urbanization, changed lifestyle and dietary incompatibility *Amlapitta* has become a common problem in the society. It affects the

quality of life and sometime though it is not life hindering but still it affects ones day to day life. Many studies have been done in this context but still it is a common prevalent problem.

### **MATERIAL AND METHODS**

Criteria for Assessment of *Amlapitta*

**(a) Subjective parameters**—grading was done on the basis of signs and symptoms mentioned in *Ayurvedic* texts & trial drug was assessed on that basis.

**(b) Objective parameters**— Routine blood examination— Hb%, TRBC, TLC, DLC. For assessment of result statistically suitable test were applied.

**Criteria for Selection of Patients—**

The diagnosis was done on the basis of clinical signs and symptoms mentioned in *Ayurvedic* classics and also based on special proforma.

### **METHODS OF COLLECTION OF DATA**

**1. Study Design**—A simple random two group observational study for 30 days.

**2. Sample Size**— The study was done in 30 patients with 15 patients in two groups for the clinical trial.

### **CLINICAL STUDY**

Patients suffering from *Amlapitta* and consenting to participate in drug trial was selected from OPD of NIA hospital, Jaipur.

### **ALLOCATION OF GROUP**

Patients were randomly selected in two groups A & B with 15 patients in each group.

Group A was given *Eladi Churna*, 3 gms twice a day, before meal for 30 days with two follow up.

Group B was given *Yavadi Kwath*, 40ml twice a day, after meal for 30 days with two follow up.

### INCLUSION CRITERIA

1. Classical symptoms of *Amlapitta*.
2. Patients of either sex and between 16-60 years of age.
3. Patients willing and able to carry out treatment for 30 days.
4. Patients were registered with duly signed informed consent prior to the trial.
5. Chronicity less than 1 year.

### EXCLUSION CRITERIA

1. Patients with diagnosed cases of gastric, peptic and duodenal ulcers.
2. Patients with any GIT, abdominal complications and chronic illness.
3. Patients with diagnosed cases of any systemic and structural disorder.
4. Pregnant and lactating women.

### WITHDRAWAL CRITERIA

1. Any major disease necessary for starting new treatment modality.

### SCORING PATTERN

**Table1: AVIPAK**

Consumption of meal in good quantity 2-3 times.	0
Consumption of meal in moderate quantity 2 times a day.	1
Consumption of meal in less quantity 2 times a day.	2
Consumption of meal in less quantity once a day.	3
Not taking food.	4

2. Non-compliance of treatment regimen.
3. Adverse drug reactions of the trial drugs.

### ROUTINE EXAMINATION AND ASSESSMENT

Complete detailed history and physical examination of patients was recorded as per the Proforma. Clinical and physiological assessment was done before and after treatment.

### *Pathya-Apathya*

All the patients were strictly kept on specifically prescribed diet and were instructed to avoid the causes of *Amlapitta*, as per the classics.

### Diet

Usually the patient himself follows the dietary instructions, however, they were advised to follow the *Ashtavidha Aaharvidhi Visheshayatan* and restrict the use of *Amla*, *Katu* and *Lavan Rasa*, *Ushn* and *Tikshn Guna* diet due to their provocative nature.

### Follow-up

Follow-up was done on 15 days, 2 follow up was done.

**Table 2: KLAMA**

No Klama	0
Occasional feeling of Klama (lassitude) without Shrama and remains for some time.	1
Klama without Shrama daily for some time.	2
Klama without Shrama daily for long duration.	3

**Table 3: UTKLESH**

No Utklesh.	0
Utklesh occurs occasionally 2-3 times in a week.	1
Utklesh occurs daily but not severe.	2
Utklesh subsides after Langhana.	3
Severe degree of Utklesh not relieved by any Upakrama.	4

**Table 4: AMLA UDGARA**

No Amla Udgara.	0
Occasionally during day or night for less than ½ hr. after meals.	1
Amla Udgara occurs daily for 2 to 3 times for ½-1 hr.	2
Amla Udgara after every intake of meal or any food substance for ½-1 hr. & relieved by digestion of food or Chhardi.	3
Amla Udgara for more than 1 hr. not relieved by any Upkrama.	4

**Table 5: GAURAV**

No Gauravata.	0
Occasional feeling of Gauravata for some time in Hasta and Pada.	1
Feeling of Gauravata for some time in Hasta and Pada not affecting the routine activities.	2
Daily feeling of Gauravata in whole body, which leads to Akarmanyata.	3

**Table 6: DAHA**

No Daha.	0
Daha in any 1 area of Udara, Urah, Kukshi, Kantha occasionally for more than ½ hr.	1
Daha in any 2 areas occurs daily for ½ -1 hr.	2
Daha occurs daily in more than 2 areas for 1 hr. or more and relieves after digestion of food or Chhardi.	3
Daha involving most of the areas, patient may not sleep and does not relieve by any Upakrama.	4

**Table 7: ARUCHI**

Interested towards all Bhojya Padarth.	0
Uninterested towards some specific Bhojya Padarth but less than normal.	1
Uninterested towards some specific Rasa i.e. Katu, Amla, Madhura.	2
Uninterested towards Bhojya Padarth but can take meal.	3
Totally uninterested towards meal.	4

**Statistical Analysis**

- **Wilcoxon signed rank test-** Non parametric test for the case of two related samples

or repeated measurement on a single test. It was used for the assessment of the improvement in subjective & objective non-

parametric symptoms of group 'A' and 'B'.

- **Mann Whitney test-** It was used for comparison of results of symptoms of group 'A' and 'B'.

### OBSERVATIONS & RESULTS

It was found that the incidence was highest in the age group of 16-45 years constituting 80% of total number of patients. In the sample taken for study, 50% patients were males while 50% were females. 66.66% patients belonged to Hindu community, Majority of the patients were married. Majority of the patients belonged to middle class i.e. 66.66%, 33.33% belonged to poor class and no patients were of rich class. Maximum i.e. 50% patients were educated up to primary, 40% were house wives. Maximum i.e. 56.66% patients had tea habit, 20% have no addiction, 10% had tobacco, 6.66% had smoking and same no of alcohol addiction. Maximum i.e. 86.66% patients were taking *Amla*, 60% were taking *Katu* & 53.33% were taking *Lavan Pradhan Rasa* in their diet. Maximum i.e. 56.66% pa-

tients were taking excessive water during meal, 36.66% were taking after meal & 6.66% were taking before meal. Maximum i.e. 63.33% patients were under stress. Maximum i.e. 66.66% patients were having Irregular bowel habit, maximum i.e. 53.33% patients were having habit of *Divaswapna*. 60% patients were of *Pitta-Kapha Prakriti*, 46.66% patients were of *Vata-Pitta Prakriti*, 16.66% patients were of *Vata-Kapha Prakriti*. 76.66% patients were of *Rajas Prakriti*, while 23.33% patients were of *Tamas Prakriti*. 56.66% patients were of *Madhyam Samhanana*. 70% patients were of *Madhyam Satva*. 60% patients were of *Avara Satmya*. 53.33% patients had *Madhyam Abhyavaharan Shakti*, while 46.66% patient had *Avara Abhyavaharan Shakti*. 60% patients had *Avara Jarana Shakti* & 40% patients had *Madhyam Jarana Shakti*. 76.66% patients had *Avara Vyayama Shakti*. *Rasavaha*, *Raktavaha* & *Annavaha Srotodushti* was found in 100% patients while *Purishavaha Srotodushti* was found in 66.66% patients.

**Table 1:** Eladi Churna (Group A) Effect of therapy on subjective criteria in 15 patients of Amlapitta

Criteria	Mean BT	Mean AT	Diff.	% of Relief	SD	SE	p Value	Result
<i>Avipak</i>	2.86	1.8	1.06	37.06	0.88	0.22	0.002	VS.
<i>Klama</i>	2.13	1.8	0.33	15.49	0.62	0.48	0.0625	NS.
<i>Utklesh</i>	2.33	1.6	0.73	31.33	0.70	0.18	0.0039	VS.
<i>Amla Udgara</i>	2.6	2.2	0.4	15.38	0.48	0.12	0.0625	NS.
<i>Gaurav</i>	2.46	2.2	0.26	10.56	0.45	0.11	0.1250	NS.
<i>Hrid Daha</i>	2.86	2.4	0.46	16.08	0.51	0.13	0.0156	S.
<i>Kantha Daha</i>	2.8	2.4	0.4	14.28	0.50	0.13	0.0313	NS.
<i>Aruchi</i>	1.66	1.46	0.2	12.04	0.41	0.10	0.2500	NS.

**Table 2:** YAVADI KWATH (GROUP B) Effect of therapy on subjective criteria in 15 patients of Amlapitta

Criteria	Mean BT	Mean AT	Diff.	% of Relief	SD	SE	p Value	Result
Avipak	2.73	1.93	0.8	29.30	0.77	0.20	0.0039	VS.
Klama	2.26	2	0.26	11.50	0.45	0.11	0.1250	NS.
Utklesh	2.06	1.4	0.66	32.03	0.48	0.12	0.0020	VS.
Amla Udgar	2.73	2	0.73	26.73	0.59	0.15	0.0020	VS.
Gaurav	1.93	1.73	0.2	10.36	0.41	0.10	0.2500	NS.
Hrid Daha	2.46	1.86	0.6	24.39	0.51	0.13	0.0156	S.
Kantha Daha	2.46	1.93	0.53	21.54	0.50	0.13	0.0313	S.
Aruchi	2.13	1.73	0.4	18.77	0.50	0.13	0.0313	S.

**Table 3:** Inter group comparison in 30 patients

Symptoms	Sum of Rank		Diff.		SD		SE		Uvalue	p value	Result
	G.A	G.B	G.A	G.B	G.A	G.B	G.A	G.B			
Avipak	252.00	213.00	1.067	0.8000	0.8837	0.7746	0.2282	0.2000	93.000	0.2015	NS
Klama	240.00	225.00	0.3333	0.2667	0.4880	0.4577	0.1260	0.1182	105.00	0.3573	NS
Utklesh	235.00	230.00	0.7333	0.6667	0.7037	0.4880	0.1817	0.1260	110.00	0.4623	NS
Amlaudgara	199.50	265.50	0.4000	0.7333	0.5071	0.5936	0.1309	0.1533	79.500	0.0628	NS
Gaurav	240.00	225.00	0.2667	0.2000	0.4577	0.4140	0.1182	0.1069	105.00	0.3460	NS
Hrid-Daha	217.50	247.50	0.4667	0.6000	0.5164	0.5071	0.1333	0.1309	97.500	0.2433	NS
Kantha Da-ha	217.50	247.50	0.4000	0.5333	0.5071	0.5164	0.1309	0.1333	97.500	0.2433	NS
Aruchi	210.00	255.00	0.2000	0.4000	0.4140	0.5071	0.1069	0.1309	90.000	0.1253	NS

## DISCUSSION

### COMPARISON OF THERAPIES

**Group A:** Patients treated with *Eladi Churna*, very significant relief was found in symptoms like *Avipak* & *Utklesh* while significant relief was found in symptoms like *Hrid Daha*.

**Group B:** Patients treated with *Yavadi Kwath*, very significant relief was found in symptoms like *Avipak*, *Utklesh* & *Amlodgara* while significant relief was found in symptoms like *Hrid-Kantha Daha* & *Aruchi*.

### Probabale Action of *Eladi Churna* in *Amlapitta*

The *Dosha* involved in the *Amlapitta* are *Vata*, *Pitta* & *Kapha*. Pharmacodynamic study of drug shows that the majority of the drugs have *Madhura* (80 %), & *Tikta Rasa* (50%), *Madhura* (60%) & *Katu Vipak* (40%), *Sheeta Virya* (50 %), *Ruksha* (80%), *Laghu* (70%), *Snigdha* (20%) *Guna* & *Tridosha Shamak* Property (30%). Effect on *Vata*: - *Madhura Rasa* & *Madhura Vipak* of drugs may help to pacify *Vata Dosha*. Effect on *Pitta*: - *Madhura* & *Tikta Rasa* property of drugs may help to pac-

ify *Pitta Dosha*. Effect on *Kapha*: - *Katu Vipak*, *Ruksha* & *Laghu Guna* of drugs may help to pacify *Kapha Dosha*. In *Amlapitta Rasadhathu* 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 (50%), *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*. *Trigandha* or *Trijata* has *Ruksha*, *Ushna*, *Laghu* and *Pittakrata* properties which help in formation of *Niram Pitta*. So, the *Tikta Rasa* property of the drugs purifies the *Pitta* by *Niramikaran*. According to *Ayurveda Tikta Rasa Dravya* have been used for *Niramikaran* of *Pitta* and then after *Madhura* & *Kashaya Rasa* used for *Paittik Vyadhi*. *Snigdha Guna* of drugs may cause *Sroto Mardavata*. The *Anulomaka* property may act on *Vimarg-Gaman Sroto Dushti* which may be the main causative factor in the breakdown of the pathogenesis<sup>7</sup>.

#### **Probabale Action of Yavadi Kwath in Amlapitta**

The *Dosha* involved in *Amlapitta* are *Vata*, *Pitta* & *Kapha*. The pharmacodynamic study of drugs shows that the majority of the drugs have *Madhura* (50%), & *Kashaya Rasa* (50%). *Madhura Vipak* (50%) & *Katu Vipak* (50%). *Sheeta Virya* (50%) & *Ushna Virya* (50%). 75% drugs have *Laghu* & 75% drugs have *Ruksha Guna*. 90% drugs have *Pitta Kapha Shamak* property. Effect on *Vata*: - *Madhura Rasa*, *Madhura Vipak* & *Ushna Virya* property of drugs helps to pacify *Vata*

*Dosha*. Effect on *Pitta*: - 90% of the drugs have *Pitta Kapha Shamak* property. Along with this *Sheeta Virya* of *Yava* & *Madhu* helps to pacify *Pitta Dosha*. Effect on *Kapha*: - *Kashaya Rasa*, *Laghu* & *Ruksha Guna* of drugs help to pacify *Kapha Dosha*. In *Amlapitta Rasadhathu* is affected. *Katu Rasa*, *Katu Vipak* & *Ushna Virya* of drugs exhibit *Deepan-Pachan Karma* which may act on the vitiated *Rasa Dhatu*. This *Deepan Pachan* property of drugs may act on *Sama Pitta* by which it becomes *Niram* and *Agni* will be increased. *Agni Vardhak Karma* of *Yava* may act on *Manadagni* by which it may help in the breakdown of the pathogenesis. *Anulomaka* property of drug acts on *Vimarg-Gaman* kind of *Sroto-Dushti* involved in the disease. Due to *Rakta Shodhak* property of drug it may also act on *Raktavaha Srotodushti*<sup>8</sup>.

#### **CONCLUSIONS**

**Group A:** Patients treated with *Eladi Churna*, very significant relief was found in symptoms like *Avipak* & *Utklesh* while significant relief was found in symptoms like *Amlodgara* & *Hrid Daha*. **Group B:** Patients treated with *Yavadi Kwath*, very significant relief was found in symptoms like *Avipak*, *Utklesha* & *Amlodgara* while significant relief was found in symptoms like *Hrid-Kantha Daha* & *Aruchi*. Statistically, group A & group B show similar effect. On the basis of improvement in symptoms *Aushadh Yog* of group-B yields more result than that of group-A. Both the *Aushadh Yog* showed significant and better results due to its *Pitta Shamak*, *Rechak* and *Dipan-Pachan* properties. Both the drugs have encouraging effects without any side effects.



No recurrence was found during the follow up period in both the groups.

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