

A CLINICO-COMPARATIVE STUDY ON THE ROLE OF VAMAN KARMA AND PATOLADI KASHAYAM IN THE MANAGEMENT OF AMLAPITTA

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ABSTRACT

Amlapitta is a Psycho-somatic disease & it causes *Annavaha Srotasa Dusti*. The improper lifestyle and faulty dietary habits generate the imbalance of *Tridosha* specially the *Drava* and *Amla Guna* of *Pitta Dosha* are increased and causes the disease *Amlapitta*. According to world journal of Gastrology, Prevalence rate of dyspepsia varies considerably between different populations. In studies using “upper abdominal pain” as the definition, the prevalence of uninvestigated dyspepsia has varied between 7%-34.2%; population in India (30.4%) and New Zealand (34.2%) having the highest rates¹. *Ayurveda* have different modalities like *Nidan Parivarjana*, *Shodhana* and *Shamana* regimens. *Acharya Kashyapa* mentioned *Shodhan Chikista Vaman Karma* for *Urdvaga Amlapitta* and *Virechan Karma* for *Adhoga Amlapitta*². In *Vaman* and *Virechan Karma* *Kapha* & *Pitta Dosha* are eliminated from the body and relived the symptoms like heartburn, regurgitation, etc. In present study *Vamana Karma* along with *Patoladi Kashayam* (Group A) provided better relief than *Patoladi Kashayam* (Group B) alone in the treatment of *Amlapitta*.

Keywords: *Amlapitta*, Non-ulcer dyspepsia, *Vaman Karma*, *Patoladi Kashayam* etc.

INTRODUCTION

Amlapitta is a very common disease of *Annavaha Srotasa* caused due to irregular food habits specially, due to over consumption of *Viruddha Ahara* and *Pitta Prakopka Vidhahi Anna*. It affects more to those who do not follow the *Asitha Ahara Vidhi Visheshayatan*³. However, *Vihar* like *Krodh*, *Bhaya*, *Shoka*⁴ etc. have also been considered to *Pitta-Prakopaka* encountering in the present population may be included in this era. Disease is manifested by excessive Belching, Burning chest and abdomen, Indigestion, Tiredness, Heaviness,

Anorexia etc. In *Bruhatrayi* there is no description of *Amlapitta* as a separate disease entity.

“*Amlam Vidagdham cha Yat Pittam Tat Amlapittam*”⁵

Means normal *Pitta* having *Katu Rasa* turns to *Amla Rasa* and loses its digestive property leading to *Amlapitta*. First time *Acharya Kashyapa* described the *Amlapitta* as a separate disease entity. However, we cannot exactly co-relate *Amlapitta* with any of the disease entity mentioned in modern medicine but the

symptoms of *Urdhavaga Amlapitta* are closely related to Non-ulcer dyspepsia.

In modern medicine the drugs like Rabeparazole, H2 blockers etc. are used widely. However, these drugs provide only temporary relief to patients because the root cause is not treated leading to the facts that huge number of patients are turning toward the *Ayurvedic* treatment.

In *Ayurveda* well understood etiology and pathogenesis of the diseases has paved way for better management, plans consisting of *Shodhan* therapy and various *Shamana* drugs. According to *Acharya Kashyapa Vaman Karma* has been indicated in *Urdvaga Amlapitta* and *Virechan* in *Adhoga Amlapitta*⁶. Hence to validate the role of *Vaman Karma* and highly acclaimed *Kashayam* named as *Patoladi Kashayam* recommended by *Acharya Yogratnakar*⁷ the present clinical study was planned.

Aim and Objectives

1. To evaluate the efficacy of *Vaman Karma* along with *Patoladi Kashayam* in the management of *Urdhvaga Amlapitta*.
2. To evaluate the efficacy of *Patoladi Kashayam* alone in the management of *Urdhvaga Amlapitta*.
3. To compare the efficacy of *Vaman Karma* along with *Patoladi Kashayam* and *Patoladi Kashayam* alone in the management of *Amlapitta*.

Clinical Study

Plan of Study

Material and Methods

40 Patient attending the O.P.D. and I.P.D of Pt. Khushilal Sharma Government Ayurveda College and

Institute Bhopal (M.P), fulfilling the criteria of diagnosis and criteria of inclusion for this study were selected and randomly distributed into two groups irrespective of their age, sex, religion etc.

Grouping: All 40 patients were divided into two groups, each having 20 patients

Group A

Vaman Karma (*Madanphala, Vacha, Saindhav Lavana* and *Madhu*) along with *Patoladi Kashayam* with *Madhu* 20ml twice a day before food for 15 days.

Group B

Patoladi Kashayam with *Madhu* 20ml twice a day before food for 15 days.

Follow up period:-15 days for both groups.

Criteria for Diagnosis: -

Diagnosis was done on the basis of classical symptoms as described in *Ayurvedic* texts.

Avipaka, Klama, Gauravta, Utklesha, Tikta-Amla Udgara, Hrit-Kantha Daha, Aruchi. A special proforma was prepared including the age, sex, religion, etc, and the above clinical features which are mentioned in classics.

Criteria for Assessment

The assessment of therapy was prepared based on improvement in clinical symptoms and these symptoms were given score (Grading) and analysis statically.

Grading⁸(Gr.)

Grading of subjective parameter: -

None	0
Mild degree	1
Moderate degree	2
Severe	3

Table 1:

Avipaka (Indigestion)	
Gr. 0	No indigestion
Gr. 1	Unable to digest fatty food
Gr. 2	Unable to digest 3- course of meal
Gr. 3	Unable to digest any kind of food
Klama (Tiredness without labor)	
Gr. 0	No tiredness
Gr. 1	Tired after strenuous work
Gr. 2	Unable to perform mild work
Gr. 3	Unable to perform daily routine
Utklesha (Nausea)	
Gr. 0	No vomiting

Gr. 1	Occasional urge to vomit
Gr. 2	Vomiting occurs 1-2 times/ day
Gr. 3	Frequent vomiting daily
Tikta Amla Udgar (Acidic regurgitation)	
Gr. 0	No regurgitation
Gr. 1	Feeling of regurgitation
Gr. 2	Regurgitation of gastric content in the mouth
Gr. 3	Frequent regurgitation of gastric content in the mouth 3-4 times per day.
Gaurava (Heaviness)	
Gr. 0	Normal
Gr. 1	Feeling of heaviness in morning
Gr. 2	Feeling of heaviness in morning and evening after taking food
Gr. 3	Feeling of heaviness always
Hrit- Kantha Daha (Burning sensation)	
Gr. 0	No burning sensation (no retro-sternal discomfort)
Gr. 1	Sensation of warmth on throat occasionally (sub sternally)
Gr. 2	Burning sensation of throat and chest after a mild oily spicy food
Gr. 3	Feeling of burning sensation always irrespective of the diet
Aruchi (Anorexia)	
Gr. 0	Normal
Gr. 1	Lack of interest to take extra food
Gr. 2	Lack of interest to take lunch & dinner
Gr. 3	Lack of interest to take any food (even if the hungry)

Inclusion Criteria:-

- 1) Patient between the age group of 20-50years of both sexes.
- 2) Patient, those are fulfilling the diagnostic criteria.
- 3) Patient, those are *Vaman Arha* (fit for *Vaman*).

Exclusion Criteria:-

- 1) Patient, below 20 years and above 50 years.
- 2) Known case of Peptic or Duodenal ulcer, any type of Malignancy, Cardiac Diseases, Diabetes mellitus, Tuberculosis, Alcoholics, under treatment of Psychiatric ailments, pregnant women's and lactating mothers etc.

- 3) Patient those are *Vaman Anarha* (unfit for *Vaman*).

Statistical Analysis

The information gathered on the basis of observations was subjected to statistical analysis in terms of mean (x) standard deviation (S.D.) and standard error (S.E.). Wilcoxon test and Mann-whitney is a non-parametric test which was applied for paired and unpaired data respectively.

Level of Significance: $p < 0.05\%$ is Statistically Significant.

Observation & Results

Table 2: On Demographic Data

S. No.	Demographic parameter	Percentage (%) of patient	S. No.	Demographic parameter	Percentage (%) of patient
1	Age group (21-30yrs)	62.5	2	students	62.5
3	Male patient	67.5	4	<i>Vata Pitta Prakriti</i>	47.5
5	Habitat (urban area)	95	6	<i>Mandagni</i>	65
7	lower middle class	52.5	8	<i>Madhyama Kosta</i>	52.5
9	Mixed diet (veg. + non-veg.)	55	10	NSAID's	22.5
11	emotional stress	35	12	excessive tea	72.5
13	Alcohol	27.5	14	<i>Madhyama Ahara Shakti</i>	55
15	<i>Virrudha Ahar</i>	100	16	<i>Atiamla</i>	62.5
17	<i>Guru</i>	57.5	18	<i>Atyushna</i>	37.5
19	<i>Ati-Snigdha</i>	37.5	20	<i>Ati-Katu</i>	30

21	<i>Ikshu Vikara</i>	20	22	<i>Vegadharana</i>	50
23	<i>Bukte-Divaswapan</i>	50	24	<i>Antarodaka Pana</i>	40
25	<i>Bukte Snanam</i>	25	26	<i>Vishamasana</i>	17.5
27	<i>Chinta</i>	45	28	<i>Krodha</i>	17.5

On Symptoms: It shows the pattern of clinical recovery in various symptoms of various subjective parameters of *Amlapitta* in 40 patients treated by *Vaman*

Karma along with *Patoladi Kashayam* in Group A & *Patoladi Kashayam* alone in Group B – by Wilcoxon test.

Table 3: Group A

S. No.	Symptoms	Mean		MD	% Relief	SD	SE	P value	Results
		BT	AT						
1	<i>Avipaka</i>	2.300	0.8000	1.500	65.21	0.6070	0.1357	< 0.0001	VS
2	<i>Tikta Amla Udgara</i>	2.350	0.7000	1.650	70.21%	0.7452	0.1662	<0.0001	ES
3	<i>Utklesh</i>	2.250	0.9000	1.350	60.00	0.8127	0.1817	<0.0001	ES
4	<i>Klama</i>	2.150	0.7500	1.400	65.11	0.7539	0.1686	< 0.0001	HS
5	<i>Gaurav</i>	2.150	0.4000	1.750	81.39	0.4443	0.0993	< 0.0001	ES
6	<i>Hrit- Kantha Daha</i>	2.350	0.550	1.800	76.59	0.951	0.212	< 0.0001	HS
7	<i>Aruchi</i>	2.250	0.550	1.700	75.55	0.4702	0.1051	< 0.0001	HS

Table 4: Group B

S. No.	Symptoms	Mean		MD	% Relief	SD	SE	P value	Results
		BT	AT						
1	<i>Avipaka</i>	1.950	1.050	0.900	46.15	0.5525	0.1235	<0.0001	ES
2	<i>Tikta Amla Udgara</i>	2.050	0.8000	1.250	60.97	0.5501	0.1230	<0.0001	ES
3	<i>Utklesh</i>	1.900	1.000	0.900	47.36	0.4472	0.1000	<0.0001	VS
4	<i>Klama</i>	1.500	0.6500	0.8500	56.66	0.8127	0.1817	< 0.0005	S
5	<i>Gaurav</i>	2.100	0.800	1.300	61.90	0.7327	0.1638	<0.0001	HS
6	<i>Hrit- Kantha Daha</i>	1.950	1.100	0.850	43.58	0.4894	0.1094	< 0.0001	VS
7	<i>Aruchi</i>	1.750	1.000	0.7500	42.85	0.8507	0.1902	0.0020	VS

- ES – Extremely Significant, VS – Very Significant, HS – Highly Significant, S - Significant

Table 5: Inter Group Comparison (Mann-Whitney Test)

S. No.	Symptoms	Mean difference Group A	Mean difference Group B	p Value	Remarks
1	<i>Avipaka</i>	1.500	0.900	p<0.0001	VS
2	<i>Tikta Amla Udgara</i>	1.650	1.250	p<0.0300	VS
3	<i>Utklesha</i>	1.350	0.900	p<0.0213	S
4	<i>Klama</i>	1.400	0.8500	p=0.046	CS
5	<i>Gaurav</i>	1.750	1.300	p=0.034	CS
6	<i>Hrit- Kantha Daha</i>	1.800	0.850	p<0.0001	ES
7	<i>Aruchi</i>	1.700	0.750	p<0.001	S

Table 6: Result shows in percentage of both groups

S. No.	Symptoms	Relief in Percentage (%)	
		Group A	Group B
1	Avipaka	65.21	46.15
2	Tikta Amla Udgara	70.21	60.97
3	Utklesha	60	47.36
4	Klama	65.11	56.66
5	Gaurava	81.39	61.90
6	Hrit-Kantha Daha	76.59	43.58
7	Aruchi	75.55	42.85

DISCUSSION

On the basis of observations and results findings of this study is being presented as below:

Amlapitta is a disease of *Annavaha Srotasa* & chronic in nature. It has not been mentioned in all *Bruhatrayi* as separate disease entity. But, *Kashyapa* and *Madhavakara* have considered it as a separate disease. It is mainly of two types *Urdhvaga* and *Adhoga Amlapitta* as described by *Madhavakar*. We can be correlated *Urdhvaga Amlapitta* with Non-ulcer dyspepsia. According to present knowledge it is assumed to be the abnormal functioning of the *Agni* and *Pachaka Pitta* (mainly *Drava* & *Amla Guna*).

From the present study it can be observed that this disease it caused due to non-compliance of dietetic code like *Viruddha Ahara Sevana*, *Atiamla Sevan*, *Atiushna*, *Guru*, etc., distraught lifestyle (*Vegadhara-na*, *Bukte-Divaswapan* & *Antarodaka Pana*, etc.), tea & Alcohol addiction, stress etc. is also a factor.

Recent advances reveal that it is caused by changes in acid secretion, alterations of fundic accommodation, antro-duodenal motility, gastric emptying, and gastric hypersensitivity triggered by chemo- or mechanoreceptors. From the above discussion it is clear that if not following the proper code of dietetics, it will aggravate the disease.

A detailed description of treatment regimen is also available in the classics. *Vaman Karma* is described as the first line of treatment and *Tikta-Madhura Rasa Pradhana Dravya* are indicated in *Amlapitta* & it is effective as well.

Probable mode of action of Vaman Karma in Amlapitta: *Amashaya* is considered as seat of *Kapha* & *Pitta*. When we take *Viruddha Ahara*, *Pitta Prokopka*

Ahar- Vihar & several kind of emotional triggers; thus the *Doshik* Vitiation occurs along with *Pitta* in *Amashay*, at this stage if the person further indulges *Vidhahi* and *Pittaj Ahara* and dietetic errors of nutrition, it converts in the *Vidagdhta* and *Shuktata*, which causes impaired digestion that means chyme and chyle being retain in the *Amashaya*, undergo such changes as yield toxic substances. This stage is called as *Aam*. This *Aam* get mixed with *Pitta* and *Sama Pitta* is produced. *Vaman* is best indicated for *Kapha Sansruta Pitta*⁹.

As emetic drugs possess *Ushna*, *Teekshna*, *Vyayi*, *Vikasi* properties they enter the micro channels of mucous membrane and liquefy the complex which is made through *Sama Pitta*. Increased liquidity will further help to flow through circulation. *Vaman* drugs are mild irritative in nature so causes inflammation in stomach and intestinal mucosa. This medically produced mild inflammation which facilitates quick absorption of the active principles of the drug in initial stage & later on it facilitates the excretion of the morbid matters, which generally are not supposed to be excreted out through the mucosa of gut. It is possible only because inflammation increases the permeability of the capillaries, which in turn allow the absorption, as well as excretion of such substances, which are not allowed in normal condition by this mode *Vaman Karma* helps to expel out the *Vikrita Pitta* which causing *Amlapitta*.

As per modern science histamine is always present in small amount in stomach, however during excessive stimulation of vagus nerve the secretion is increased, which further increases the secretion of gastrin. The vagus nerve is stimulated by Acetylcholine but only in

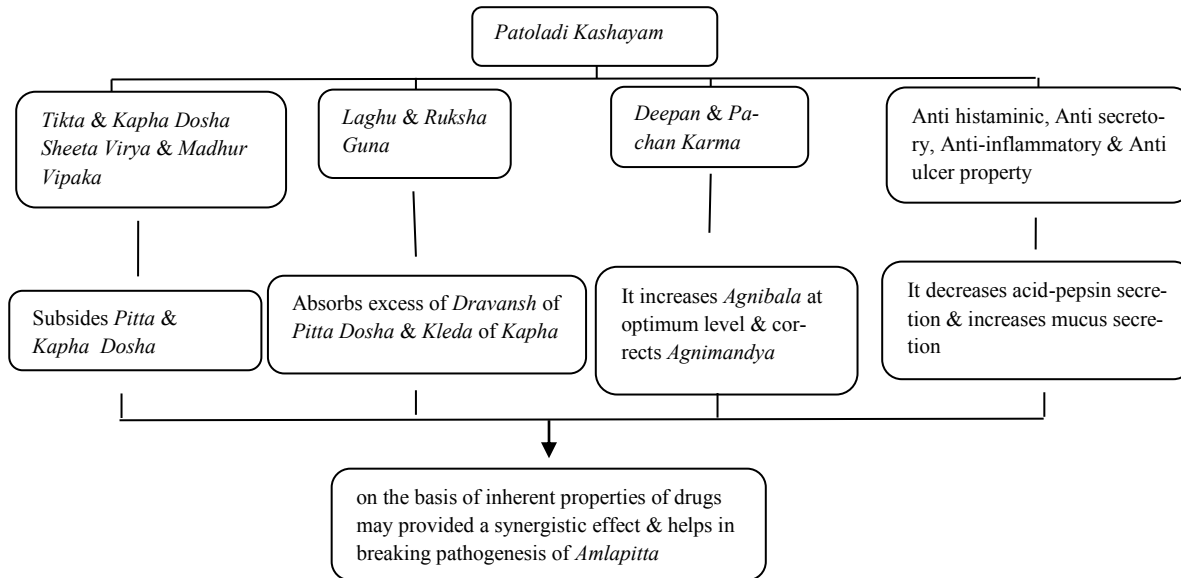
presence of gastrin releasing peptide which serves as intermediate. Decrease in histamine leads by decreases in gastrin releasing peptide and direct expulsion of histamine in the process of *Vaman Karma* which leads

to decreased production of HCl directly and also decreases the production of gastrin which indirectly decreases the HCl secretion. Hence *Vaman Karma* is helpful in the treatment of *Amlapitta*.

Probable mode of action of Patoladi Kashayam:

Contents of *Patoladi Kashayam* are:- *Patola, Nimba, Amalaki, Haritaki & Bibhataki*.

Flow chart of probable mode of action of Patoladi Kashayam in Amlapitta



CONCLUSION

In present study Group A 70.58% relief was noted whereas 51.35% relief was noted in Group B; which indicates that Group A (*Vaman Karma* along with *Patoladi Kashayam*) showed better results than Group B (*Patoladi Kashayam* alone) and recurrence in *Shodhan group* is also low after a follow up of 15 days as compared to *Shaman group*. The reason may be the excessive vitiated state of *Pitta* and *Kapha Dosha*, because through *Shodhan* maximum amount of vitiated *Dosha* were expelled out from the body and rest of the *Dosha* were pacified through *Patoladi Kashayam*. Whereas in group B there was *Shaman* therapy only *Patoladi Kashayam* was given, which was comparatively less effective in pacifying the *Dosha* in the scheduled time, this is reason for Group B was less effective than Group A.” So, we can conclude that *Vaman Karma* along with *Patoladi Kashayam* is more effective in *Amlapitta*.

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