



UNIQUE JOURNAL OF AYURVEDIC AND HERBAL MEDICINES

Available online: www.ujconline.net

Research Article

A CLINICAL STUDY TO ASSESS THE COMPARATIVE EFFICACY OF AVIPATTIKAR CHURNA AND PATOLADI KWATH IN MANAGEMENT OF AMLAPITTA

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Received 24-07-2016; Revised 22-08-2016; Accepted 20-09-2016

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ABSTRACT

Introduction: Amlapitta is one of the common problems of Annavaahasrotas caused due to Mandagni and vitiation of Pachaka pitta. Pathogenesis of Amlapitta involves three important factor (i.e.) Agnimandya, Ama, and annavaahasrotodusti along with vitiation of pitta and kapha leading to qualitative and quantative changes in pachaka pitta. Increase in ama and drava guna of pachaka pitta gives rise to Amlapitta.

Material and Methods:

Study Type: Interventional

Masking: Open comparative study

No. of Groups: Two

Sample Size: 30 patients in each group

Results:

1) In group A, out of 30 patients, 13 patients (43.33 %) were Effective cured, 10 patients (33.33 %) were Moderate improved and 3(10%) patients were mild improvement ,while 4 patients (13.33 %) showed In significant result.

2) In group B, out of 30 patients, 7 patients (23.33 %) were Effective cured, 11 patients (36.66 %) were Moderate improved and 3(10%) patients were mild improvement, while 9 patients (30 %) showed In significant result.

Discussion and conclusion: On the basis of observation and clinical finding certainly Avipattikar churna is better medicine than patoladi kwath. During the study we found satisfactory results of our medicine. it indicates that It properly works and All the concept of Ayurvedic literature regarding Amlapitta is absolutely true and scientifically.

Conclusion: Avipattikar churna with proper diet and regimen was more significant and better than the effect of the Patoladi kwath.

Keywords: Amlapitta, Avipattikar Chuurna, Patoladi Kwath, Case study.

INTRODUCTION

Ayurveda is known to be one of the oldest scientific medical systems in world. Amlapitta is one of the common problem of Annavaahasrotas caused due to Mandagni and vitiation of Pachaka pitta¹⁻³. Pathogenesis of Amlapitta involves three important factor (i.e.) Agnimandya, Ama, and annavaahasrotodusti along with vitiation of pitta and kapha leading to qualitative & quantative changes in pachaka pitta⁴. Increase in ama and drava guna of pachaka pitta gives rise to Amlapitta⁵.

In modern era, high consumption of junk and spicy food along with anxiety and depression are main reasons for Amlapitta. As

per Modern interpretation symptoms of amlapitta are found in certain Gastro-intestinal pathophysiological conditions of hyperacidity¹³⁻¹⁵. If not managed in time, this can give rise to ulceration⁶. The drugs chosen for present thesis work were purely herbal in origin, easily available and economic which offers added advantage for present study.

MATERIALS AND METHODS

Inclusion Criteria

1. The patient presenting with sign and symptoms of Amalapitta.
2. Age above 20 years and below 70 years.
3. Patient willing to participate for 45 days.

Exclusion Criteria

1. Past or present history of Duodenal or Peptic ulcer.
2. Pregnancy or lactating Mother.
3. Evidence of Malignancy.
4. Patient taking drug such as NSAIDS which is suppose to increase acid production and gastric ulceration.
5. Present history of Esophageal varices and haematemesis.

- Patients having mental stress are more affected by this disease.
 - Patients having Mix in diet are more affected by this disease than veg. diet
- Patients having constipation and irregular bowel are more affected by this disease.

GROUPING AND POSOLOGY:-

DRUG-1
Name: Avipattikar Churna
Reference: Bhaishajaya Ratnavali 56/24-28
Dose: 3 gm
Route of Administration: Oral
Time of Administration: Twice a day after meals
Anupana: Sheetal Jala
Duration of Therapy: 45 days

DRUG-2
Name : Patoladi Kwath
Reference: Chakradatta 52/19
Dose: 25 ml
Route of Administration: Oral
Time of Administration: Twice a day after meals
Duration of Therapy: 45 days

RESEARCH METHODOLOGY

Study Type: Interventional
Masking: Open comparative study
No. of Groups: Two
Sample Size: 30 patients in each group

ASSESSMENT CRITERIA:

Subjective: Aruchi, Tikta amlodgara, Utklesh, Hrud Kanthadaha, Klama (Madhava Nidana 51/2)

OBSERVATION

- Married persons are more affected by this disease than unmarried.
- Patients having Vatapitta prakriti are more affected by this disease than other prakriti.
- Patients of Middle age group are more affected by this disease than other age group.
- Both male and female Patients are equally affected by this disease.

RESULTS

1. In Group A ,before treatment Aruchi was found in 30 patients (100 %) while after treatment Aruchi is reduced & found in 14 patients (46.66 %).In Group B, before treatment Avipaka was found in 30 patients (100 %) while after treatment Avipaka is found in 18 patients (60%)
 1. In Group A, before treatment Tikta Amlodgara was found in 24 patients (80%) but after treatment it reduced & found in 4 patients (16.66 %).In Group B, before treatment Tikta Amlodgara was found in 27 patients (90%) but after treatment it reduced & found in 11 patients (40.74 %)
 2. In Group A, before treatment Hrud Kantha Daha was found in 29 patients (96.66%) while after treatment it reduced in 10 patients (34.48 %). In Group B, before treatment Hrud Kantha Daha was found in 30 patients (100%) while after treatment it reduced in 15 patients (50%).
 3. In Group A, before treatment Utklesh was found in 11 patients (36%) while after treatment it reduced in 3 patients (27.77 %).In Group B ,before treatment Utklesh was found in 9 patients (30%) while after treatment it reduced in 4 patients (44.44 %).
 4. In Group A, before treatment klama was found in 19 patients (63.33%) while after treatment it reduced in 5 patients (38 %).In Group B, before treatment klama was found in 17 patients (56.66%) while after treatment it reduced in 9 patients (52.94%).

Table 1: Overall effect of Avipattikar churna and Patoladi kwath on 60 patients of Amlapitta

Result	Group A		Group B	
	No. of patients	%	No. of patients	%
Effective Cured	13	43.33	7	23.33
Moderate Improvement	10	33.33	11	36.66
Mild Improvement	3	10	3	10
In significant	4	13.33	9	30

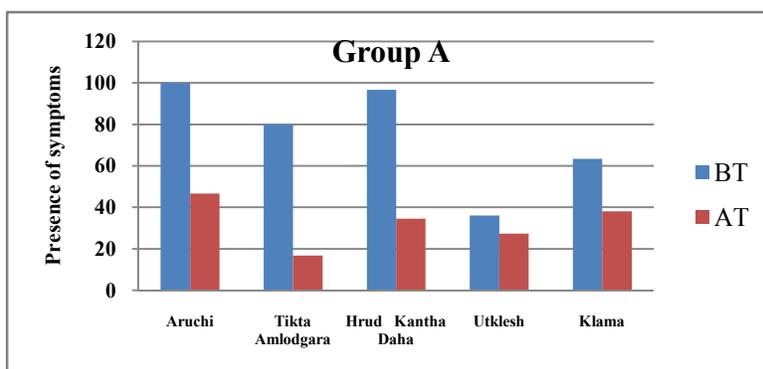


Figure 1: Subjective interpretation for group A

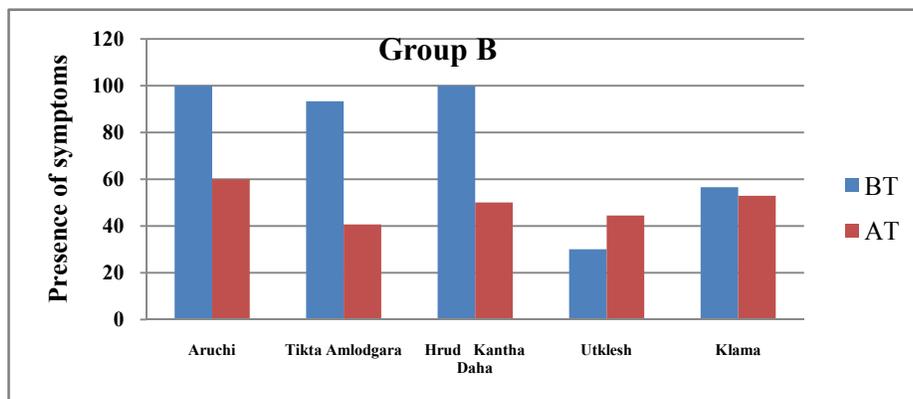


Figure 2: Subjective interpretation of group B

The above chart reveals that –

In group A, out of 30 patients, 13 patients (43.33 %) were effectively cured, 10 patients (33.33 %) were Moderate improved and 3(10%) patients had mild improvement, while 4 patients (13.33 %) showed Insignificant result. In group B, out of 30 patients, 7 patients (23.33 %) were Effectively cured, 11 patients (36.66 %) were Moderate improved and 3(10%) patients were mild improvement, while 9 patients (30 %) showed Insignificant result. It means Avipattikar churna is highly effective remedy for Amlapitta as compared to Patoladi kwath.

DISCUSSION

The reason for the selection of Amlapitta disease-Now a days, Amlapitta is very common problem in our society. It is observed that Ayurveda medicine has significant effect in Amlapitta disease. It is related to Kayachikitsa discipline. So, Amlapitta disease is chosen for present clinical study⁷.

The Reason for the selection of Drug -Clinically and literally it has been seen that Avipattikar churna has specific effect on Amlapitta disease. Amlapitta is Pitta Dosha dominant disease. Contents of Avipattikar churna has Pittashamaka property and clinically this churna is commonly used by physicians to treat Amlapitta. According to Chakradutta, Patoladi kwath has good effect on Amlapitta. Its content also has Pittashamaka property, but clinically it is not commonly used by physicians. So both drugs are selected to know their probable mode of action and clinical efficacy in amlapitta according to Ayurvedic concept. This study would also help to know that which medicine is better in result⁸.

Probable mode of action of medicine

1. **Avipattikar churna**-Contents of Avipattikar churna such as Lavang, Vidang, Trikatu and Nagarmotha have deepana and pachana property whereas Nishotha and Triphala are laxative in nature. All have pitta and kaphashamaka property. Mishri is vata- pitta shamaka due to madhura rasa. Due to presence of above drugs, Avipattikar churna works better in Amlapitta having samavastha of pitta dosha⁹,

2. **Patoladi kwath**_Contents of Patoladi kwath include Patol, Triphala and Nimba. Patol and Nimba are mainly tikta in rasa and Triphala is mild purgative. As such it helps in pacifying pitta dosha and hence is effective in Amlapitta¹⁰.

The Reason of better result of Avipattikar churna than Patoladi kwath.

1 On the basis of Ayurveda concept - Avipattikar churna has lots of constituents. Few are Tridoshashamaka, few are pitta-kaphashamaka and remaining are vata-kaphashamaka. Looking at the quantity and taste of various ingredients present in this churna, it has Madhura, katu and Tikta rasa predominance. Contents of Avipattikar churna such as Trikatu, Lavang, Tejpatra, Musta, Vaividang are deepana, pachana, krimighna and amapachaka whereas Mishri is dahashamak in nature. Nishotha and triphala provides gentle purgative action leading to pitta virechana. Contents of Patoladi kwath such as Patol and Neem have kashaya and tikta rasa predominance with mild amapachana property whereas Triphala offers mild laxative action as compared to Avipattikar churna. Hence Avipattikar churna is comparatively better medicine with respect to Patoladi kwath¹¹.

2 On the basis of experimental study -On the basis of observation and findings obtained in clinical study it can be inferred that Avipattikar churna is comparatively better medicine than Patoladi kwath as it has shown more relief in symptoms considered for present study¹².

Effect of drug on various symptoms

1. Effect of therapy on Aruchi: Percentage relief in Aruchi was 68.12% and 52.65% in Group A and Group B respectively. As such effect of therapy was comparatively much better in group A than group B. The reason may be stated as follows-Patoladi kwath has contents such as Patol which has deepana and pachana property but Avipattikar churna has many contents which have deepana and pachana property such as Trikatu, Nagarmotha and lavanga. Due to multiple contents and their action, Avipattikar churna has shown comparatively much better effect on Aruchi¹³.

2 Effect of therapy on Tiktoamlodgara: Effect of therapy on Tikta amlodgara was 90% and 60% in Group A and Group B respectively. As such effect of therapy was comparatively much better in group A than group B. The reason may be stated as follows-

As stated above Avipattikar churna has better Deepan, Pachan & Laxative property as compare to Patoladi kwath. Better improvement in digestion is responsible for better effect of Avipattikar Churna on Tiktoamlodgara¹⁴.

3 Effect of therapy on Hrudkanthadaha: Effect of therapy on Hrudkanthadaha was 77.92% and 44.19% in Group A and Group B respectively. Effect of therapy was comparatively

much better in group A than group B. Patoladi kwath has contents which have pittashamaka property such as Patol and Triphala. But Avipattikar churna has many contents which have pittashamaka property specially Mishri and lavanga. Mishri has madhura rasa and lavanga is sheeta virya. Nishoth, in addition causes Pitta virechana leading to decrease in Ushna & Tikshna Guna. Due to effective contents, Avipattikar churna has shown comparatively better effect on Hrudkanthadaha¹⁵.

4 Effect of therapy on Klama: Effect of therapy on Klama was 79.08% and 44.19% in Group A and Group B respectively. Effect of therapy was comparatively much better in group A than group B. As is known, Avipattikar Churna has better Amapachan & Strotoshodhan Karma, therefore it has shown better result¹⁶.

5 Effect of therapy on Utklesh: Effect of therapy on Utklesh was 78.62% and 55.55% in Group A and Group B respectively. Effect of therapy was comparatively much better in group A than group B. Patoladi kwath has contents which have mild kaphashamaka property. But Avipattikar churna has many contents which have kapha and amapachaka property such as Nagarmotha, Lavanga and Trikatu¹⁷. Hence it works better in Utklesh as this symptom is related to vitiated kapha.

CONCLUSION

1. The overall effect of the Avipattikar churna with proper diet and regimen was more significant and better than the effect of the Patoladi kwath after treatment and even follow-up.
2. No any side effects or adverse effects were observed during the study.

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Source of support: Nil, Conflict of interest: None Declared