



## Research Article

www.ijrap.net



### FUNDAMENTAL AND CLINICAL STUDY OF HRASA-HETUR VISHESHASHCHA WITH SPECIAL REFERENCE TO AMLAPITTA

Pinkee Shah<sup>1</sup>, Naresh Sharma<sup>2</sup>, Satish Gandharve<sup>3</sup>

<sup>1</sup>PG Scholar, Department of Samhita and Siddhant, Rajiv Gandhi Government Post Graduate Ayurvedic College, Paprola, Himachal Pradesh, India,

<sup>2</sup>Professor and Head, Department of Samhita and Siddhant, Rajiv Gandhi Government Post Graduate Ayurvedic College, Paprola, Himachal Pradesh, India

<sup>3</sup>Reader, Department of Samhita and Siddhant, Rajiv Gandhi Government Post Graduate Ayurvedic College, Paprola, Himachal Pradesh, India

Received on: 30/07/17 Accepted on: 01/11/17

**\*Corresponding author**

E-mail: pinkeeshah52@gmail.com

DOI: 10.7897/2277-4343.086294

#### ABSTRACT

The main objective of the study was to understand the principle visesa and implement it in the management of Amlapitta (Acid peptic disorder). Clinical trial was also conducted to evaluate the effect of Amlaki (*Phyllanthus emblica*) and Yastimadhu (*Glycyrrhiza glabra*) in powdered form, some yogic practices in the management of Amlapitta. The subjects were selected randomly and visesa principle was applied to divide them into three groups. Group I-Dravya Visesh (Amlaki Churna), group II-Guna Visesa (Yastimadhu Churna) and group III-Karma Visesa (Yogic practices). Thirty patients were selected for the study and the effect of therapy was assessed on the basis of relief found in chief complaints. Results obtained were significant, being a little better in group II as compared to group I and group III. No adverse effect was found in any of the group during the trial and in the follow up as well. The study revealed that Visesa Siddhant is one of the most important basic principles of Ayurveda and single drug therapy plays a vital role in the management of Amlapitta.

**Keywords:** Visesa, Amlapitta, Amlaki, Yastimadhu

#### INTRODUCTION

Every science is based on its own basic principles. To understand any science, knowledge of the fundamental principles of particular science is the most essential. The principle of Ayurveda is based on observational studies of a long time<sup>1</sup>. Over the established principles "Samanya-Visesa" is one of the most important fundamental principles. Acharya Charaka has introduced the concept of Satkaran in the first chapter of Sutra Sthana<sup>2</sup>. Sat karanas are meant to be utilized by physicians for the purpose of chikitsa. Visesa is the entity which is the principle cause for hrasa. Applied aspect of visesa is to reduce or decline the state of provoked doshas and dhatus to maintain the equilibrium of the body. In present scenario, Ayurveda has also to contribute according to the direction of WHO's recent motto of 'Health for all'. Although there is a significant advancement in the field of modern medicine, still the mankind is suffering from chronic stubborn diseases. Amlapitta is one of them, and is very distressing due to its chronic and remittent nature. It is very difficult to co-relate any Ayurvedic disease with modern medicine. The signs and symptoms of Amlapitta are very much similar to Acid-Peptic disorders or functional disorders of gastro-intestinal tract.

#### NEED OF THE STUDY

In clinical practice "Samanya Visesa Siddhant" like other basic principles is not truthfully implemented as illustrated in Samhita. Without understanding and implementing of these principles practitioners cannot get success in management of diseases. Appropriate understanding of etio-pathogenesis and

application of relevant principles in the management is essential to prevent unnecessary or excessive medication. Therefore, as research scholars we should implement these principles. Taking into consideration the above facts, present clinical study "Fundamental and clinical study of hrasa-heturvisheshashcha with special reference to Amlapitta" was under taken. The main objective of the study was to understand the concept of Amlapitta in Ayurveda & modern texts and to implement the principle visesa in the management of Amlapitta. In Amlapitta mainly pitta dosha is vitiated so, we can implement visesa principle to decrease vitiated pitta dosa<sup>3</sup>. We have selected single drugs (Amlaki and Yastimadhu) because in compound formulation the effect of the formulation is the result of the whole contents, so, in that case we cannot trace out that which drug is effective on which lakshana of Amlapitta. So, single drugs have been taken for the evaluation of specified action.

#### AIMS AND OBJECTIVES OF THE RESEARCH WORK

- The fundamental and applied aspect of "hrasa-heturvisheshashcha" in Ayurvedic literature was studied in relation to the treatment of Amlapitta.
- The etiology, pathogenesis<sup>4</sup> and symptomatology of Amlapitta according to Ayurveda<sup>5</sup> as well as modern science<sup>6</sup> was collected and analysed.
- The efficacy of Amlaki (*Phyllanthus emblica*) churna as Dravyavisesa, Yastimadhu (*Glycyrrhiza glabra*) Churna (guna visesa) and Anulom-Vilom, Kapalbhati, Pawanmuktasan, Bhujangasan, Vajrasana (karma visesa) was evaluated in the management of Amlapitta.

**MATERIALS AND METHODS****Selection of Subject**

Thirty patients were randomly selected irrespective of their age, sex and religion from OPD of Samhita and Siddhant of Rajiv Gandhi Government Post Graduate Ayurvedic Hospital, Paprola and divided into three groups.

**Inclusion criteria**

- Patients willing for trial and ready to give informed consent.
- Age between 14-70 years of either sex.
- Patients presenting with classical feature of Amlapitta.

**Exclusion criteria**

- Patients not willing for the trial or not ready to give informed consent.
- Patients of age less than 14 and above 70 years.
- Diagnosed case of IBS and peptic ulcer.
- History of gastric surgery.
- Chronic consumers of NSAID'S
- Patients having Amalpitta associated with other diseases.

**Preparation of drug**

Drug was prepared according to the standards of GMP by the Charak Pharmacy of R. G. G. P. G. Ayurvedic College, Paprola, District. Kangra.

**Laboratory Analysis**

Following laboratory investigations were done on all the patients before starting the trial to rule out any other illness if present and to exclude them from the trial:

Blood: Haemoglobin, Total leukocyte count, Differential leukocyte count, Erythrocyte sedimentation rate

Biochemical examination: Fasting blood sugar, Blood urea, Serum Creatinine

Urine: Routine and microscopic examination

**RESULT AND DISCUSSION****Table 1: Effect of therapy in 10 patients of Group-I (paired t test)**

Sl. No.	Symptoms <sup>11</sup>	Mean		% relief		SD±	SE±	't'	P
		BT	AT	Diff.	%age				
1.	HritkanthaDaha(Retrosternal burning)	1.7	1.1	0.6	35.2	0.516	0.163	3.674	0.005
2.	Amlaudgara(Acidic Eructations)	1.7	1.3	0.4	23.5	0.516	0.163	2.449	0.037
3.	Utklesh (Nausea)	2	1	1	50	0.816	0.258	3.873	0.004
4.	Avipaka(Indigestion)	1.6	1.4	0.2	12.5	0.422	0.133	1.5	0.168
5.	Vaman(Vomitings)	1.9	1.4	0.5	26.3	0.707	0.224	2.236	0.052
6.	Aruchi(Loss of appetite)	2	1.2	0.8	40	0.632	0.20	4	0.003
7.	Aadhman(Flatulence)	1.7	1	0.7	41.1	0.483	0.153	4.583	0.001
8.	Klama(Mental fatigue)	0.7	0.5	0.2	28.5	0.422	0.133	1.5	0.168
9	GuruKoshtha(Heaviness in abdomen)	1.1	0.9	0.2	52.6	0.422	0.133	1.5	0.168
10	Kukshidaha(Epigastric burning)	1.6	1.2	0.4	25	0.699	0.221	1.809	0.104
11	Bhram(Giddiness)	1.3	1.1	0.2	15.3	0.422	0.133	1.5	0.168
12	Gauravata(Heaviness in body)	1.8	1.5	0.3	16.6	0.483	0.153	1.964	0.081

BT: Before Treatment, AT: After Treatment

**METHOD OF STUDY**

**IEC Clearance and Consent:** Approval from the Institutional Ethics Committee (IEC) was taken prior to the beginning of this study vide No. 27/2012. Written & informed consent of the patients was taken before their registration for the study.

**Patient Information Sheet and Proforma:** All the patients were given an information sheet stating all the details of the study protocol, benefits of the trial & any expected side effects. A clinical research proforma was specifically designed to note down all the details of the patients and their disease regarding this study.

**Administration of Drug, Duration & Dosage**

Group I- was given Aamlakichurna (dravyavishesh) 5gm BD for 8 weeks<sup>7</sup>.

Group II- was given Yastimadhuchurna (gunavishesh) 5gm BD for 8 weeks<sup>8</sup>.

Group III- was advised to do Anulom-Vilom, Pranayam, KapalbhathiPawanmuktasan, Bhujangasan, Bajrasana (Karma Visesh)<sup>9</sup> for 8 weeks.

Follow up was done in every 15 days.

**Statistical Analysis of Results:** Scoring system was adopted for assessment of various subjective features and grades from zero to three were recorded to various features according to the severity.

All the data were collected and then statistically analyzed. The results were made on the basis of grades of various variables compared between pre trial and post trial values in terms of percentage, based on mathematical means and its difference. Values between variables were compared with student (t) paired test for dependent samples by using the degree of freedom p value. Inter group comparison was also done with independent one way ANOVA test. The results were expressed in terms of mean, standard deviation (S.D.) and standard error (S.E.)<sup>10</sup>.

**Table 2: Effect of therapy in 10 patients of Group-II (paired t test)**

Sl. No.	Symptoms	Mean		% relief		SD±	SE±	‘t’	P
		BT	AT	Diff.	%				
1.	HritkanthaDaha(Retrosternal burning)	1.9	0.6	1.3	68.42	0.483	0.153	8.510	<0.001
2.	Amlaudgara(Acidic Eructations)	1	0.3	0.7	70	0.483	0.153	4.583	0.001
3.	Utklesh(Nausea)	0.7	0.5	0.2	28.571	0.422	0.133	1.5	0.168
4.	Avipaka(Indigestion)	1.8	1.5	0.3	30	0.483	0.153	1.964	0.081
5.	Vaman(Vomiting)	1.0	0.7	0.3	16.66	0.483	0.153	1.964	0.081
6.	Aruchi(Loss of appetite)	0.8	0.3	0.5	62.5	0.527	0.167	3.0	0.015
7.	Aadhman(Flatulence)	1.2	0.5	0.7	58.33	0.675	0.213	3.280	0.010
8.	Klama(Mental fatigue)	0.3	0.2	0.1	33.33	0.316	0.1	1	0.343
9.	Gurukoshtha (Heaviness in abdomen)	1.3	0.6	0.7	53.846	0.483	0.153	4.583	0.001
10	Kukshidaha(Epigastric burning)	1.9	1.6	0.3	15.789	0.483	0.153	1.964	0.081
11	Bhram(Giddiness)	1.3	1.1	0.2	15.384	0.422	0.133	1.5	0.168
12	Gauravata(Heaviness in body)	1.3	0.7	0.6	46.153	0.516	0.163	3.674	1.05

BT: Before Treatment, AT: After Treatment

**Table 3: Effect of therapy in 10 patients of Group-III (paired t test)**

Sl. No.	Symptoms	Mean		% relief		SD±	SE±	‘t’	P
		BT	AT	Diff	%				
1.	HritkanthaDaha(Retrosternal burning)	1.3	1.1	0.2	15.38	0.422	0.133	1.5	0.168
2.	Amlaudgara(Acidic Eructations)	1.3	1.1	0.2	15.38	0.422	0.133	1.5	0.168
3.	Utklesh(Nausea)	0.7	0.4	0.3	42.85	0.675	0.213	1.406	0.193
4.	Avipaka(Indigestion)	0.3	0.1	0.2	66.66	0.422	0.133	1.5	0.168
5.	Vaman(Vomiting)	0.5	0.3	0.2	40	0.422	0.133	1.5	0.168
6.	Aruchi(Loss of appetite)	1.9	0.8	1.1	57.89	0.738	0.233	4.714	0.001
7.	Aadhman(Flatulence)	1.9	0.9	1	52.63	0.667	0.211	4.743	0.001
8.	Klama (Mental fatigue)	0.8	0.5	0.3	37.5	0.675	0.213	1.406	0.193
9.	Gurukoshtha(Heaviness in abdomen)	2.0	0.6	1.4	70	0.516	0.163	8.573	<0.001
10	Kukshidaha(Epigastric burning)	1	0.4	0.6	60	0.966	0.306	1.96	0.081
11	Bhram(Giddiness)	0.3	0.1	0.2	66.6	0.632	0.2	1	0.343
12	Gauravata(Heaviness in body)	1.4	0.6	0.8	57.9	0.632	0.2	4	0.03

BT: Before Treatment, AT: After Treatment

**Table 4: Overall Effect of Therapy**

Total effect	Group I		Group II		Group III		Total	
	No.	%	No.	%	No.	%	No.	%
Totally symptom free	-	-	-	-	-	-	-	-
Markedly Improved	-	-	-	-	03	30	03	10
Moderately Improved	05	50	09	90	06	60	20	66.66
Mild Improvement	05	50	01	10	01	10	07	23.33

**Group I:** Among 10 patients, 05 patients had mild improvement in symptoms, 05 patients were moderately improved. There was no patient who was markedly improved or totally improved.

**Group II:** Among 10 patients, 01 patient had mild improvement in symptoms, 09 patients were moderately improved. There was no patient who was markedly improved or totally improved.

**Group III:** Among 10 patients, 01 patient had mild improvement in symptoms, 06 patients were moderately improved and 03 patients were markedly improved. There was no patient who was totally improved.

**Probable mode of action of trial drugs**

**Amlaki:**-Prithvi, jala and agnimahabhuta are major part in Amlaki. So, it acts on Amlapitta disease because of its dravyaprabhava and dosaghanata of Amlaki is tridosashamak especially pitta shamaka. Amlaki has dipana and rochana property hence, it works on Agnimandhaya.

**Yastimadhu:**-Prithvi and jalamahabhuta are the major part in yastimadhu. So, yastimadhu acts on usnaguna of Amlapitta disease because usnaguna is agnimahabhuta dominant and prithvi and jalamahabhuta of yastimadhu is vatapittashamaka so it acts on usnaguna of pitta and gets pitta shaman<sup>12</sup>.

**Probable Mode of Action of yoga asanas and pranayams**

Pranayam (Anulom Vilom and Kapalbhathi) stimulates the system and fills the lungs with fresh air and plays an important role in increasing the absorption of oxygen which regulates the flow of energy throughout the body. After practicing Pranayama the body feels relaxed and full of energy. The mind becomes calm, thoughtless, feels pleasant and full of optimism. Anuloma-Viloma Pranayama, has calming effect, relieves anxiety, and improves concentration. Yoga Asanas increases the blood supply of GIT which promotes healing of gastric mucosa and peptic mucosa, improves digestion and relieves constipation. It may be due to above reasons there was effect of yoga asanas and pranayams in Amlapitta.

The result was significant only in few symptoms such as Aruchi, Aadhman, and Gauravta and percentage relief was also low. This may be because of small sample size and short interval of trial. Yogic practices should be done in presence of researcher to remove error of faulty technique. We have selected many Asanas and Pranayams for this trial. Here, effect of the therapy is the result of the all Asana and Pranayams so, in that case we cannot trace out that which procedure is effective on which

lakshana of Amlapitta. So, single Yoga Asana or Pranayam should be taken for the evaluation of specified action.

## CONCLUSION

Visesa principle is one of the most important basic principles of Ayurveda. According to this principle, Visesa is always cause of hrasa of all beings in absence of pratibandhaka karana. Amlapitta is the stubborn problem in society due to present era's diet and lifestyle. The irresistible stress, strain and other behavioral habits include smoking, and alcoholism, excessive drinking of hot beverages like tea, coffee etc were the main causative and aggravating factors for the disease. The disease is not completely comparable with any modern diseases but, on the basis of symptoms we can compare the disease Amlapitta with acid peptic disorders. Some single drugs are effective on some specific sign and symptoms of the disease. So, to reduce the number of drugs and to do target based treatment, single drugs are essential. Amlaki is more beneficial in the symptoms of Amlapitta like HritkanthaDaha, Amlaudgar, Aadhman, and AruchiYastimadhu is more advantageous in the symptoms of Gauravta, Kukshi Daha, AmlaUdgar, and HritkanthaDaha. It can be safely concluded from present study that Group II (Yastimadhuchurna) has shown quite better relief in symptoms in comparison to Group I (Amlakichurna) and Group III (yoga therapy).

On the basis of the observations made in the present study it can be safely predicted that there is a substantial scope of using this Ayurvedic treatment modality as a safe and effective remedy for the management of Amlapitta. As the study was done over a small interval of time with small number of patients, so many aspects of the study might have been out of consideration. So, scope of further research in this field is still there.

## REFERENCES

1. Acharya Charaka, Charaka Samhita- With Ayurvedadipika Commentaries of Srimat Chakrapanidatta and Jalpakalpataru explanatory note by Sri Gangadhar KaviratnaKaviraja, 1st edition, Chaukhamba Orientalia, Varanasi, 1991
2. Acharya Charaka, Charaka Samhita- Ayurveda dipika Commentary of Chakra panidatta, Edited by Vaidya Jadavaji Trikamji Acharya, Published by Rashtriya Sanskrit Sansthana, New Delhi, reprint -2006.
3. Madhavakara, Madhava Nidana; with Madhukosha Sanskrit commentary of Shrivijayarakshita & Shrikanthadattawith Vidyotini Hindi commentary by SudarshanaShastri, published by Chaukhambha Sanskrit Sansthan, Varanasi, 26th edition, 1996.
4. Harsh Mohan's Text book of Pathology – 4<sup>th</sup> edition, Reprinted 2002.
5. Prof. Ram Harsh Singh, Kayachikitsa, editor; Chaukhambha Sanskrit Sansthan, Varanasi, 2004.
6. Harrison's Principles of Internal Medicine.
7. A.P.I Text Book of medicine, 9<sup>th</sup> edition, (2012)
8. Chakrapani dutta, ChakraDatta (Chikitsa Sangraha Grantha)- – with Sanskrit Tatvachandrika Commentary of Shivadas Sen ,& published by Chaukhambha Orientalia, Varanasi, reprint 1992.
9. Gherand Samhita
10. B. K. Mahajan, Methods in Biostatistics, Jaypee Brothers, Medical Publishers (P) LTD, Reprint – 2006.
11. VriddhaJivaka, Kashyapa Samhit, Vatsya, Edited by Pandit Hemaraja Sarma; Chaukhamba Sanskrit Sansthana; Varanasi, Seventh edition, 2000
12. P.V.Sharma Dravyaguna-vijnana-vol.2 2003.

## Cite this article as:

Pinkee Shah *et al.* Fundamental and clinical study of hrasa-hetur visheshashcha with special reference to amlapitta. Int. J. Res. Ayurveda Pharm. 2017;8(6):65-68 <http://dx.doi.org/10.7897/2277-4343.086294>

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

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of IJRAP editor or editorial board members.