



Research Article

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EFFICACY OF AMLAPITTANTAK LAUHA IN AMLAPITTA

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ABSTRACT

The disease entity described under the heading of Amlapitta, a constellation of symptoms such as heart burn, abdominal pain, sour belching, reflexes of food taken, nausea, and loss of appetite, has become a very common cause of hospital visits worldwide. In the present clinical study, the efficacy of Amlapittantak Lauha was studied on 60 healthy individuals between the age group of 20-50 years. The cardinal symptoms viz., Hrit-kantha Daha, Tikta-amlodgar, Shirashula, Chhardi / Utklesh and Aruchi, were observed in both the groups. Amlapittantak Lauha shows 66.64% relief in Hrit-kantha Daha, 60.98% in Shirashula, 58% relief in Aruchi, 68.75% and 60% relief in Utklesh and Tikta-amlodgar respectively. The drug under trial "Amlapittantak Lauha" was effective in hyperacidity condition this beneficial effect of trial drug may be due to Madhura Rasa and Vipaka of Abhrak Bhasma, Pitta Shamaka property of Mandur and Ayaskant Bhasma of this preparation.

Keywords: Amlapitta, Amlapittantak Lauha, Pitta Prakopa.

INTRODUCTION

The continuous thirst of achieving higher goals and self-created lack of time has driven us towards stress, consumption of junk food and soft drinks etc. These conditions further deteriorate the status of one's health. The working capacity of each individual depends on the nutrition received and digestive system. Hence over all of health largely depends up on the health of digestive system.

Due to eating Viruddh, Dushta, Pitta Prakopak Anna-pana leads to Vidagdhajirna i.e. Vidagdha Paripaka in the body, eating heavy and moisture producing foods, unctuous, dry sour and liquid articles, what –so-ever is again eaten or drunk by ignoramus person, the same get situated in stomach. Then the person not having control over one self what-so-ever eats due to greed, the same gets severely vitiated due to Pitta this is called "Amlapitta".

Ayurveda puts a great stress on the diet and diet habit which are called "Pathya". No medicine is equivalent to food. It is possible to make a person disease free with just proper diet.

Those who take proper diet and drinks live a long life and those not doing so die prematurely. Proper maintenance of the power of digestion also depends upon the intake of proper diet.¹

Amlapitta has symptoms such as sour belching, heart burn, nausea, abdominal pain, loss of appetite and reflexes of food taken, has become a very common cause of hospital visits worldwide. In Charaka Samhita Amlapitta has not directly described as disease, he has mentioned that when Amavisha get mixed with the Pitta, Amlapitta will develop.² Amlapitta is first explained as separate chapter by Kashyapa Samhita.³ In Ayurveda Hyperacidity is called Amlapitta and it is clearly described by Madhav Nidana and in chronic stage it may lead to ulcerative conditions that presence of Avipaka, Klama, Utklesh, Amlodgar, Gaurava, Hrit-kantha Daha and Aruchi should be termed as Amlapitta.⁴

Charaka said that Amla has been a natural property of Pitta along with Katu Rasa.⁵ Where as Sushruta has enlisted Katu as its original Rasa. And mentioned that when Pitta, become Vidagdha Dhatus it changes into Amla.⁶ Also some quotations explained that Nirama Pitta is Tikta and Amlapitta is Amla in Rasa.

Amlapittantak Lauha mention in Bhaishaj Ratnavali in Amlapitta Rogadhikar. It contains Shuddha Parad, Shuddha Gandhak, Mandur Bhasma, Ayaskant Bhasma and Abhrak Bhasma, processed in Amlaki Ras.⁷

Aim

To study the efficacy of Amlapittantak Lauha in Amlapitta.

MATERIALS AND METHODS

Study design

Clinical trials on 60 healthy individuals between the age group of 20-50 years in both the sex were carried out. Selected 60 patients for the clinical trials were divided into 2 groups.

Group A

30 individuals were given Tablet Amlapittantak Lauha 250 mg two times in a day.

Group B

30 individuals were given Tab Rantac 150 two times in a day.

Dosage schedule

Kala- Empty stomach in Morning and 1 hrs before Dinner.
Duration of study- 21 days

Inclusion criteria

1. The patients of Amlapitta irrespective of gender, caste were included under the study.
2. The patient of age group of 20-50 years were selected.

Exclusion criteria

1. Patients with Lactic Acid Intolerance.
2. Patients with K/C/O DM and other systemic disorders.
3. Patients with Gastric Malignancies.
4. Patients who have undergone Gastric Surgeries.

Criteria for assessment**Table 1: Assessment of Parameter⁸**

Parameter	Grade 0	Grade 1	Grade 2	Grade 3
Amlodgar (in 24 hours)	No Amlodgar	1-2 times	3-4 times	5 or more times
Shirashula (before meal)	No Shirashula	30 minutes before meal	60-90 minutes before meal	Continuous
Utklesh /Chhardi	No Utklesh / Chhardi	In afternoon time	From afternoon to evening time	Continuous
Hrit-kantha daha	No Hrit-kantha daha	At empty stomach	Even after meal	Continuous
Aruchi	No Aruchi	Eating timely without much desire	Desire of food only after long interval	No desire at all

Procedure for Data collection

A standard case paper regarding oral health and informed consent letter was prepared and observations were noted accordingly.

Follow up

Both groups were examined time to time.

1st follow-up- on 7th day

2nd follow-up - on 14th day

3rd follow-up- on 21st day

OBSERVATION

Data analysis consisted of two parts, first part to describe the characteristic of the study subjects by using descriptive methods viz. general points like age, sex, diet etc. second part consisted of comparisons of pre-treatment measurements of the outcome with that of post treatment measurements where we used inferential methods and statistics.

Statistical analysis was done for the results using Wilcoxon Signed Rank Statistic W test of significance.

Table 2: Distribution according to Age

Age	Number of patients	%
20-25	8	13.34
26-30	11	18.34
31-35	16	26.67
36-40	12	20
41-45	8	13.34
46-50	5	8.34

16 (26.67%) Patients belongs to age group 31-35 years.

Table 3: Distribution according to Sex

Sex	Number of patients	%
Male	36	60
Female	24	40

Table 4: Distribution according to Diet

Diet	Number of patients	%
Mix	37	61.67
Veg	23	38.34

Table 5: Distribution according to Addiction

Addiction	Number of patients	%
Tea	58	96.67
Coffee	18	30
Tobacco	13	21.67
Alcohol	11	18.34

Table 6: Statistically analysis of reduction in Hrit-kantha Daha

Hrit-kantha Daha	Mean		% Relief	Wilcoxon Signed Rank test	P-Value	Significance
	B.T.	A.T.				
Trial	1.10	0.37	66.64	-3.0175 ^a	.003	Significant
Control	1.30	0.47	64.10	-3.345 ^a	.001	Significant

BT: Before Treatment, AT: After Treatment

In the Trial Group, the mean score of the patient, before the treatment was 1.10 and it had changed to 0.37 after the treatment. Trial group got 66.64% relief, Control group got 64.10% relief.

Table 7: Statistically analysis of reduction in Shirashula

Shirashula	Mean		% Relief	Wilcoxon Signed Rank test	P-Value	Significance
	B.T.	A.T.				
Trial	1.37	0.53	60.98	-3.228 ^a	.001	Significant
Control	1.77	0.73	58.49	-3.804 ^a	.000	Significant

BT: Before Treatment, AT: After Treatment

In the Trial Group, the mean score of the patient, before the treatment was 1.37 and it had changed to 0.53 after the treatment. With the help of the Wilcoxon signed rank test, it was found that, this change from before treatment to after treatment was highly significant, because the P value is < 0.05.

Table 8: Statistically analysis of reduction in Aruchi

Aruchi	Mean		% Effect	Wilcoxon Signed Rank test	P-Value	Significance
	B.T.	A.T.				
Trial	1.67	0.70	58.00	-3.685 ^a	.000	Significant
Control	1.47	0.73	50.00	-3.508 ^a	.000	Significant

BT: Before Treatment, AT: After Treatment

In the Trial Group shows 58% relief while control group shows 50% relief.

Table 9: Statistically analysis of reduction in Utklesh

Utklesh	Mean		% Effect	Wilcoxon Signed Rank test	P-Value	Significance
	B.T.	A.T.				
Trial	1.07	0.33	68.75	-3.115 ^a	.002	Significant
Control	0.67	0.20	70.00	-2.549 ^a	.011	Significant

BT: Before Treatment, AT: After Treatment

In the Trial Group, the mean score of the patient, before the treatment was 1.07 and it had changed to 0.33 after the treatment. In the Control Group, the mean score of the patient, before the treatment was 0.67 and it had changed to 0.20 after the treatment.

Table 10: Statistically analysis of reduction in Tikta-amlodgar

Tikta-amlodgar	Mean		% Relief	Wilcoxon Signed Rank test	P-Value	Significance
	B.T.	A.T.				
Trial	1.17	0.47	60.00	-3.217 ^a	.001	Significant
Control	1.63	0.73	55.10	-3.710 ^a	.000	Significant

BT: Before Treatment, AT: After Treatment

In the Trial Group, the mean score of the patient, before the treatment was 1.17 and it had changed to 0.47 after the treatment. In the Control Group, the mean score of the patient, before the treatment was 1.63 and it had changed to 0.73 after the treatment.

DISCUSSION

Samprapti of Amlapitta

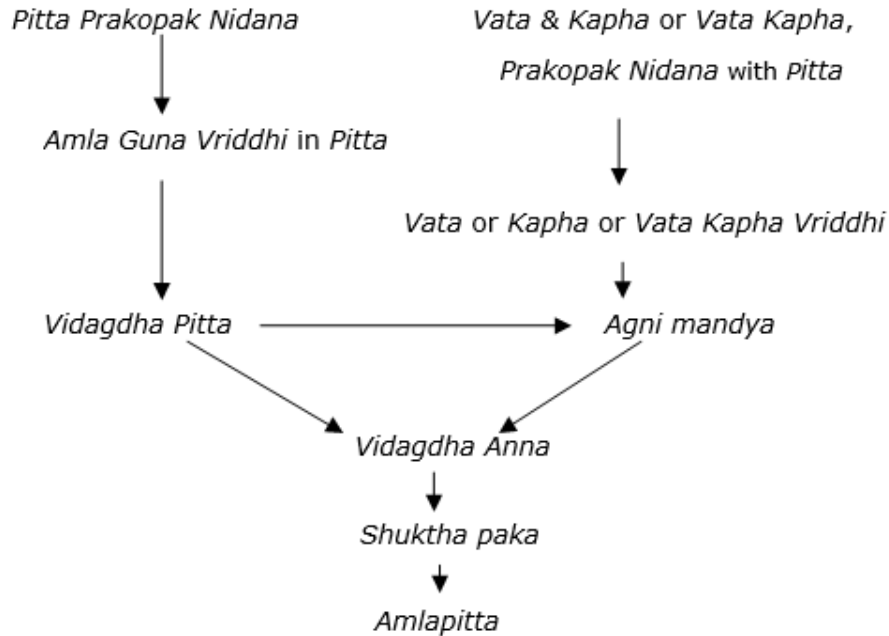


Figure 1: Schematic Presentation of Samprapti of Amlapitta

Samprapti Ghataka of Amlapitta⁹

Udbhava	Amashaya and Pittadharakala
Adhithana	Adhoamashaya
Dosha	Pachaka Pitta, Samana Vayu, Kledaka Kapha
Dushya	Ahara Rasa
Agnimandhya	Jatharagnimandhya
Ama	Jatharagnimandhyajanya Ama
Swabhava	Chirakari
Vyadhi	Amashayottha
Rogamarga	Abhyantara Roga Marga
Paradhanta	Pitta Dosh Pradhanya

Age

In the sample of 60 patients of Amlapitta, it was observed Maximum no. of patients registered i.e. 26.66% were from the age group of 31-35 years. This indicates that the middle aged populations are affected by this disease more, which is Pitta predominant period of life. Further this age group are one for whom hurry, worry and curry has been advised to restrict. In this age group nobody is going to restrict themselves for any dietetic and behavioral code.

Sex

In the sample of 60 patients of Amlapitta, it was observed Maximum no. of patients registered i.e. 60% were male & 40 % were female that does not make any particular conclusion. In this fast life style, male and female, both are suffered from mental stress, and intake irregular & spicy food which leads to aggravation of the process of Amlapitta.

Diet Pattern

In this study, it was observed Maximum no. of patients registered i.e. 61.67% were mixed diet while the rest were having vegetarian food. Non vegetarian diet and irregular pattern of food intake lead to Agnimandhya & Tridosha Dusti which also led the aggravation of this Amlapitta disease.

Vyasana

In the sample of 60 patients of Amlapitta, it was observed Maximum no. of patients registered i.e. 96.7% had addiction of tea, 30% had addiction of coffee. Addiction of tea leads to Mandagni, Dhaturkshaya, Prakopa of Doshas, especially Vata and Pitta. These factors irritate the gastric mucosa which leads to aggravation of Amlapitta.

DISCUSSION

Due to Katu, Lavana, and Amla Rasa Pradhanata in routine diet and other faulty dietary habits, cardinal signs and symptoms such as Tikta-amlodgar, Hrit-kantha Daha, Shirashula, Aruchi and Utklesh were found in all patients. Degree of severity was different in each and every patients as each individual is different by variation in the diet, metabolism, mental condition, sleeping pattern, and addiction. Individuals taking Amlapittantak Lauha shows 66.64% relief in Hrit-kantha Daha, 60.98% in Shirashula, 58% relief in Aruchi, 68.75% and 60% relief in Utklesh and Tikta-amlodgar respectively.

The drug Amlapittantak Lauha contains Abhrak Bhasma possesses Madhura Rasa, Shita Virya, Laghu, Snigdha Gunas

and Madhura Vipaka which act as Pitta Shamaka. Mandur Bhasma and Ayaskant Lauha have Pitta Shaman Gunas hence reduces the excessive acidic gastric secretions.

Dipan Pachan Guna of Gandhak stimulates Agni and helps in the process of digestion and remove Aruchi.

It was observed that both the drugs are highly effective in treating Amlapitta. They were highly effective in relieving the symptoms viz as Hrit-kantha Daha, Shirashula, Aruchi, Utklesh and Tikta-amlodgar.

CONCLUSION

In Brihatrayi, Amlapitta has not been considered as a separate disease entity Kashyapa & Madhavakara have given a separate disease status to Amlapitta. From this study it can be concluded that code & conduct of healthy eating is important to achieve early & better result of the treatment as Nidana Parivarajana. The drug under trial "Amlapittantak Lauha" was effective in hyperacidity condition this beneficial effect of trial drug may be due to Madhura Rasa and Vipaka of Abhrak Bhasma, Pitta shamaka property of Mandur and Ayaskant bhasma of this preparation.

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