



Review Article

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A COMPARATIVE STUDY ON THE EFFICACY OF DIFFERENT AYURVEDIC PREPARATIONS IN THE MANAGEMENT OF AMLAPITTA (HYPERACIDITY): A SYSTEMATIC REVIEW

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ABSTRACT

Amlapitta (Hyperacidity) is a prevalent digestive issue often associated with dietary habits and daily routines. The following systematic review specifies different Ayurvedic herbal preparations that can successfully treat Amlapitta. A literary search was carried out using "Amlapitta" as the main word. 84 papers were obtained as a whole, and 9 research papers were selected to conclude the study. The considered papers are studied and reviewed in traditional Ayurvedic literature dealing with the disease.

Keywords: Churna (fine powder), Hyperacidity, Kwatha (decoction), Madhu (Honey).

INTRODUCTION

Amlapitta (hyperacidity) is a prevalent disease in contemporary times, influenced by lifestyle changes, dietary habits, and individual body constitution. Amlapitta is a condition that arises due to the aggravation of Pitta, specifically its drava (fluidity) and amla (sour) properties¹. In Sutrasthana, Sushruta states that the usual quality of Pitta is katu (pungent), but it becomes amla when it is vidagdha (contaminated)². Hyperacidity, also known as acid dyspepsia or Amlapitta is a widespread disorder that affects around 30% of the Indian population annually. It is often considered a disorder of modern and urban cities, where people's eating habits tend to be irregular. Hyperacidity, also known as Amlapitta, refers to increased stomach acidity. It is a common disease of the gastrointestinal system, known as annavaha srotas in Ayurveda, and is described in various classical Ayurvedic texts. The primary symptoms of Amlapitta include indigestion (avipaka), heart and throat burn (hrit kanta daha), and sour and bitter belching (tikta-amlodgara). Other common symptoms include exhaustion without physical exertion (klama), excessive salivation or nausea (utklesha), heaviness of the body (gaurava), burning sensation in the chest (hrit daha) and throat (kanta daha), and tastelessness (aruchi).

Procedure

A manual search strategy was employed to find research papers on Amlapitta. The search was conducted using two search engines: Google Scholar and PUBMED. The keyword "Amlapitta" was used to find documents on this topic. This search yielded a total of 84 articles. The inclusion criteria were to consider the papers with a clinical study, followed by statistical analysis with a sample size of 50 and above. After the final review, we excluded the articles that did not match our criteria, and in the end, 9 full-text articles were selected for the final analysis with the inclusion criteria. The flowchart in Figure 1 illustrates the article selection process for this review, showing

how the initial pool of 84 articles was narrowed down to the final selection of 9 articles.

The study has identified nine papers that comprise a variety of Ayurvedic medicines, i.e., Tugaksheere (*Curcuma angustifolia* Roxb. and *Maranta arundinacea* Linn.), Avipattikar churna, Sutasekhar rasa, Haritakyadi churna, Chatuhsama, Drakshadi vati, Shatavari ghrita, Vasadi dashanga kwatha, Patoladi kwatha, madhu pippali and Saptamrut lauha, for the management of the disease. The papers included in this research comprise a sample size of fifty and above since a good sample size always plays a vital role in proving the effectiveness of any drug trial. Table 1 shows that all the herbal preparations (considered for the evaluation purpose of the disease) show statistically significant results when dealing with Amlapitta.

DISCUSSION

Hyperacidity, also known as acid dyspepsia (Amlapitta), is a widespread condition that affects approximately 30% of the population in India¹². Due to changes in lifestyle, food culture, and individual body constitution, Amlapitta has become one of the most prevalent diseases in modern times¹³. Despite advances in science and technology, Ayurvedic remedies remain an effective treatment option. The drugs mentioned in Ayurvedic texts are highly valued for their properties and actions and play a crucial role in Ayurvedic preparations¹⁴. Like Tugaksheere possesses madhura rasa (sweet), shita virya (cold in potency), laghu (light), snigdha gunas (unctuousness quality), and madhura vipaka (sweet after digestion), which helps to relieve Amlapitta. Avipattikar churna consists of fourteen ingredients viz., Sunthi (dried ginger/ *Zingiber officinale*), Maricha (black pepper/ *Piper nigrum*), Pippali (long pepper/ *Piper longum*), Haritaki (*Terminalia chebula*), Bibhitaki (*Terminalia bellirica*), Amalaki (*Phyllanthus emblica*), Mustaka (*Cyperus rotundus*), Vida lavana (red granular salt), Vidanga (*Embelia ribes*), Ela (*Elettaria cardamomum*), Twak (*Cinnamomum zeylanicum*), Lavang

(*Syzygium aromaticum*), Trivrit (*Operculina turpethum*) and Sarkara (sugar), while Sutshekhar rasa contains Sodhita Parad (purified Mercury), Sodhita Gandhak (purified Sulphur), Sodhita Makshik (purified Chalcopyrite), Shankh Bhasma (fine powder of Sea shell), Tamra bhasma (Copper powder), Tankan (Borax), Sodhit vatsanava (purified *Aconitum ferox*), Sodhit Dhatura (*Datura metel*), Sunthi, Maricha, Pippali, Twak, Patra (*Cinnamomum tamala*), Ela, Nagakeshar (*Mesua ferrea*), Bilwa majja (*Aegle marmelos* Corr.), and Bhringaraj (*Eclipta alba*) swarasa. The ingredients of Haritakyadi Churna are Haritaki, Pippali, Sita (sugar), Dhanyak (*Coriandrum Sativum*), Drakshak (*Vitis vinifera* Linn.), Vasak (*Adhatoda vasica* Ness). The

formulation of Chatuhsama consists of Sita, Amalaki, Shatavari (*Asparagus racemosus*) and honey in equal quantities, which is consumed with milk. Drakshadi vati contains Draksha, Haritaki, sugar. Vasadidashanga kwatha ingredients are Vasa, Amritha (*Tinospora cordifolia*), Parpataka (*Fumaria parviflora* var. *indica*), Bhunimba (*Andrographis paniculate*), Nimba, Bringaraja, Haritaki, Vibhitaka, Amalaki and Patola (*Trichosanthes dioica*). Patoladi kwatha contains Patola, Haritaki, Vibhitaka, Amalaki and Nimba. Saptamrut lauha content is Yashtimadhu (*Glycyrrhiza glabra* Linn.), Haritaki, Amalaki, Bibhitaka, Lauh bhasma (iron-rich herbo-metallic preparation) along with madhu (honey) and Go-ghrita (cow ghee).

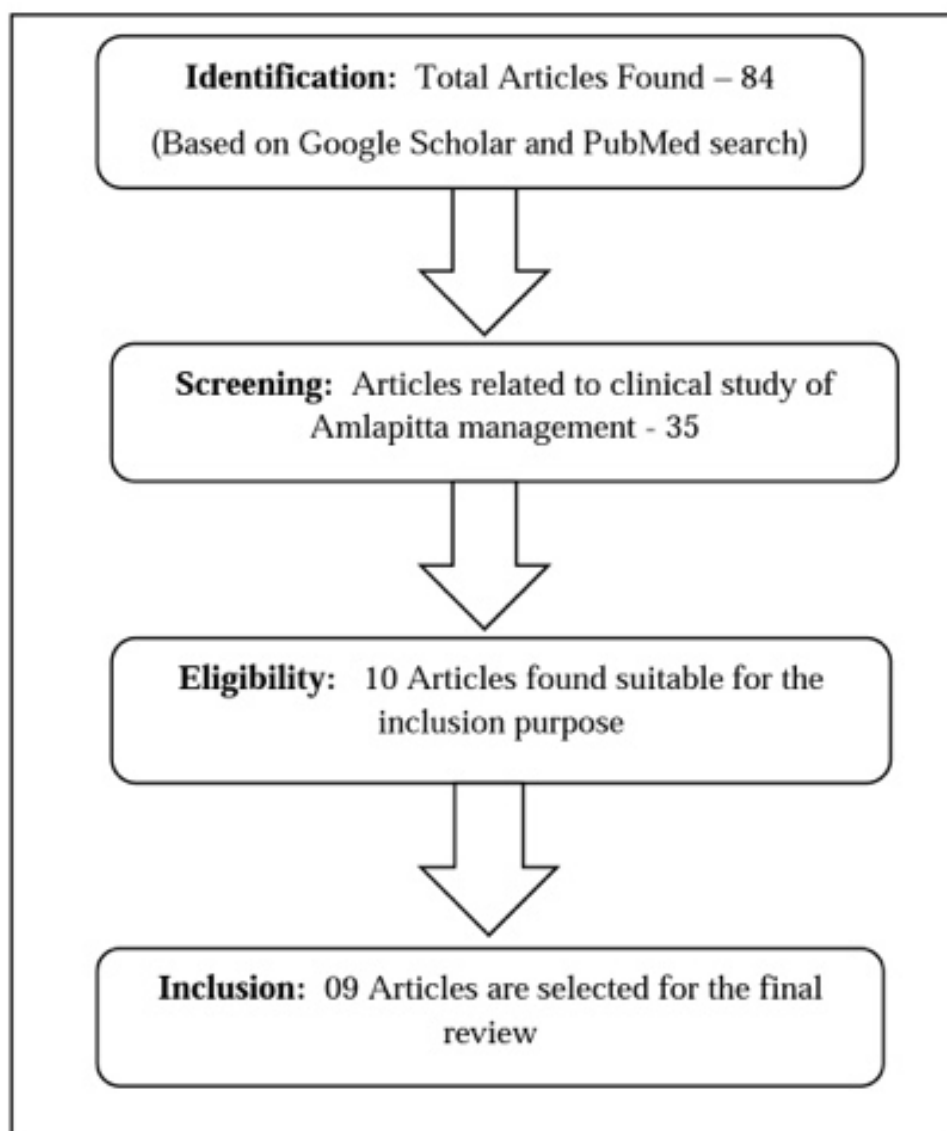


Figure I: Flowchart of different phases of review as per the PRISMA guidelines

Table 1: Different studies focused on ayurvedic preparations for treating Amlapitta

Author	Journal Name (with YOP)	Study type	Drug Used	Methodology	Major Outcomes
Rajashekhar N. and Sharma P.P. ³	AYU; Dec 2010; 31(4)	The clinical study was conducted at O.P.D. and I.P.D. sections in the department of Dravyaguna, I.P.G.T. and R.A., Hospital, Jamnagar	Tugaksheeree	The effectiveness of the drug Tugaksheeree (study including 67 patients) was considered with the starches of <i>Curcuma angustifolia Roxb.</i> (Fam. <i>Zingiberaceae</i>) in Group I (having 34 patients) and <i>Maranta arundinacea Linn.</i> (Fam. <i>Marantaceae</i>) in Group II (with 33 patients included) with the dose of 4 g thrice daily with water for 30 days	The drugs significantly reduced the cardinal symptoms viz., Avipaka, Tikta-amlodgara, Daha, Shoola, Chhardi and the associated symptoms viz., Aruchi, Gaurava, Udaradhmana, Antrakujana, Vit bheda, Shiroruja, Angasada, and Trit.
Chauhan Gouri <i>et al.</i> ⁴	JPSI; Feb 2015; 4(1)	Open, single-arm clinical trial (In the O.P.D. of All India Institute of Ayurveda, New Delhi, India)	Avipattikar Churna and Sutasekhar Rasa	133 patients were treated with Sutasekhar Rasa (125 mg twice a day) and Avipattikar churna (05 g twice a day), both 30 minutes after principal meals for 4 weeks	Improvement in clinical features like Hrit-Kantha Daha, Tikta-Amla Udgaar, Aruchi, Utklesha, Avipaak, Gurutaa and Klama was found to be statistically significant ($p \leq 0.05$).
Gavali <i>et al.</i> ⁵	WJPR; March 2016; 5(4)	Open, randomized clinical study (from the OPD & IPD of Kayachikitsa department of CARC Ayurveda Rugnalaya, Akurdi)	Haritakyadi Churna	A total of 60 patients were divided into two groups, in which Group A was treated with Haritakyadi Churna 3 gm BD with diet restriction for 30 days, and Group B was followed the same, but without diet restriction for 30 days.	Haritakyadi churna with diet restriction is effective in urdhavaga amlapitta since the Z value in the trial group shows a 78.64% result in all the assessment criteria.
Santosh <i>et al.</i> ⁶	WJPR; July 2017; 6(8)	Single arm open labelled study (In O.P.D. of Dept. of Swasthavritta, Dr. D.Y. Patil Ayu. College & Hosp. Pune)	Drakshadi Vati	A dose of 500 mg was administered after meal two times a day for 4 weeks to 55 patients of Amlapitta	The drugs showed statistically significant results on the symptoms like Kukshi daha, Amlodgara, Katu udgara, and Avipaka.
Premkumar Badwaik ⁷	WJPR; September 2017; 6(12)	An open, comparative, randomized clinical study conducted at the OPD level of Mahatma Gandhi Ayurveda College Hospital & Research Salod (H), Wardha	Chatuhsama	Out of the 60 patients in the study, a random sample of 30 each in 2 groups is considered. One is the study group of Chatuhsama (given 2 gm twice a day, empty stomach for 28 days with cold milk), and the second is the placebo control group.	17.62% of patients showed marked improvement, 52.92% showed moderate improvement, 29.9% showed slight improvement, and no patient remained unchanged.
Sanjore <i>et al.</i> ⁸	AJPRD; June 2019; 7(3)	A clinical study in which patients were divided into two groups by simple random sampling, carried out at Ayurveda Rugnalaya and Anusandhana Kendra, Akola	Shatavari Ghruta	Group A (which includes 25 patients) was treated with Shatavari Ghruta (the dose is 10 -20 ml, BD (orally) for 12 weeks), and Group B (having 25 patients) was given Sutasekhar Rasa and Kamadudha Rasa (Each 250 to 500 Mg, TDS (orally) for 12 weeks) both with lukewarm milk	Urdhwaga Amlapitta can be managed effectively with Shatavari ghruta, Sutshekhar rasa, and Kamdudha rasa, as both groups statistically show equally effective results.
Manjit Singh and Sarvesh Kumar Agrawal ⁹	JOA; March 2020; XIV (1)	Randomized clinical study (carried out in the Department of Swasthavritta and Yoga of National Institute of Ayurveda, Jaipur)	Pathya Ahara and Avipattikara Churna	In Group A, ½ Karsha (6 gms) of Avipattikar churna was given twice a day, half an hour before major meals, to 30 patients, and in Group B, Diet Module + Avipattikar Churna was followed, both for 6 weeks	Pathya diet plays an essential factor in the management of disease and can enhance the efficacy of medicine
Mithun K, K. Ravindra Bhat ¹⁰	IJAPR; October 2020; 8(10)	Patients were randomly selected from OPD and IPD of Teaching hospitals in south Canara, and referral sources and special camps were conducted for the purpose	Vasadidashanga kwatha and Patoladi kwatha	A total of 60 patients were administered, out of which 30 were given Vasadidashanga kwatha and the remaining 30 Patients with Patoladi kwatha, both with the quantity of 48ml before breakfast and 48ml before dinner with honey 6ml.	The statistical analysis shows that the improvement after treatment is highly significant with Vasadidashanga kwatha when compared to Patoladikwatha.

Patil et al. ¹¹	WJPR; January 2021; 10(2)	Clinical Study (Prospective, randomized, interventional, hospital-based comparative study)	Madhu pippali and Saptamrut lauha	60 patients were selected and divided into 2 groups (30 patients in each). The first group was treated with Madhu pippali (Pippali choorna 500mg + Madhu 5ml twice a day, after morning and evening meals), and the second group was treated with Saptamrut lauha (500mg twice a day with Madhu 5ml + Goghrita 10ml), both for 35 days.	Madhu pippali is statistically more effective than Saptamrut lauha by giving 1.9% more relief in all symptoms.
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CONCLUSION

Amlapitta is one of the common diseases encountered in all age groups due to the modern lifestyle and changing patterns of eating habits. This study elaborates on the Ayurvedic concepts related to Hyperacidity (Amlapitta). Thus, the inference that can be drawn from all the reviewed articles is that the various herbal formulations effectively work in the treatment of Amlapitta. Given all the preparations under consideration, the study also concludes that there are some common ingredients as well in them, which are Haritaki (*Terminalia chebula*), Amalaki (*Phyllanthus emblica*), Nimba (*Azadirachta indica*), having predominant rasas like kashaya (astringent), tikta (bitter) which are antagonistic to Pitta dosha. Because of what has been considered in this systematic review, Ayurveda potentially helps relieve the symptoms of Amlapitta.

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