

AVIPATTIKARA CHURNA IN THE MANAGEMENT OF AMLAPITTA – A CLINICAL STUDY

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ABSTRACT

Amla Pitta is a disease manifesting in the *Annavaha Srotas*. It is very common due to the change in the food and life styles and a stressful life. It is mainly characterized by *Tiktamlodgara*, *Gaurava* and *Hritkanthadaha*. The etiological factors and the symptomatology manifested relate *Amlapitta* to diseases mentioned under Acid Peptic Disorders. A study found that 58.7% of the population has heartburn or acid regurgitation at least once during the course of a year and that 19.8% experience symptoms at least once weekly. The study aims to evaluate classical Ayurvedic formulation *Avipattikara Churna*, which is said to be very beneficial in reducing the symptoms of *Amlapitta*. A total of 10 patients were administered this medicine for 2 weeks. Clinically it was found effective in reducing the *Lakshana* and breaking the *Samprapti* of *Amlapitta*. The study was statistically significant with $p < 0.01$ to $p < 0.001$ among various parameters.

Keywords: Acid Peptic Disorders, *Amlapitta*, *Avipattikara Churna*, *Tiktamlodgara*,

INTRODUCTION

Amlapitta is a common disease of *Annavaha Srotas*. Faulty dietary habits like consuming food when the hunger is not manifested (*Ajirne Bhojana*), un-timely consumption of food (*Akale Bhojana*), consuming incompatible foods (*Viruddha Bhojana*), excessive consumption of sour, salt and pungent food substances (*Amla*, *Lavana*, *Katu Rasa*), improper life style like suppressing the natural urges (*Vegadharana*), sleeping during day (*Divaswapna*), being awake at night (*Ratri Jagarana*) and psychological factors (*Manasika Bhava*) like excessive thinking (*Chinta*), grief (*Shoka*), fear (*Bhaya*) and anger (*Krodha*) are elicited as few of the causes for *Amlapitta*. The disease is described in detail in *Kashyapa Samhita*¹, *Madhava Nidana*², *Bhaishajya Ratnavali*³,

*Yogaratanakara*⁴ and other texts. Its cardinal features are indigestion (*Avipaka*), lastitude (*Klama*), nausea (*Utklesha*), sour eructations (*Tiktamlodgara*), heaviness (*Gaurava*), retrosternal burning sensation (*Hritkanthadaha*) and loss of taste (*Aruchi*)⁵, which indicate the *Vikruti* of *Pachakapitta*, *Kledakakapha* and *Samanavata*. *Amlapitta* can be correlated with Acid Peptic Disorders which comprises of Gastro Esophageal Reflux Disease (GERD), Gastritis, Dyspepsia, and Hyperacidity described in the conventional system of medicine.

The etiological factors mentioned have an influence over the digestion (*Ahara Parinama*) and causes impairment in the metabolism resulting in improper metabolites (*Ama*). This inturn leads to *Sama Pitta*

and causes *Amlika*, *Amlasyata*, and *Amlodgara*. Due to the etiological factors, *Pitta* and *Kapha* will be deranged; the *Drava Guna* of *Pitta* is increased and causes *Utklesha* and *Chhardi*.

Teekshnata of *Pitta* results in the *Vidagdaga* of the *Ahara Rasa* and later *Daha* is manifested. Consumption of *Ushna Guna Ahara* manifests as *Ura-Udara-Kantha Daha*. *Nidana* which cause the *Sara Guna Vruddhi*, results in *Asamhata Malapravritti*.

Certain *Vihara* like *Vegadharana* causes *Tridosha Prakopa* and *Divaswapna* causes *Kapha Pitta Prakopa*. These have an adverse effect over the *Paka Karma*; they will cause the disturbance of the equilibrium of *Samana Vata*, *Pachaka Pitta* and *Kledaka Kapha* and result in derangement in the *Ahara Parinama*. In the event of abnormality in *Manasa Bhava*, *Matra Vat Ahara* does not get digested properly. Factors like constant and excessive consumption of *Madya* or other irritant substances and *Ushna Veerya Dravya* due to their *Ushnata* and *Teekshnata* cause *Pitta Prakopa* (Fig.1).

AIMS & OBJECTIVES:

To evaluate the utility of *Avipattikara Churna*⁶ in the management of *Amlapitta*

MATERIALS AND METHODS:

Study Design: Single arm open labeled study.

Inclusion Criteria: Patients presenting with the *Samanya Lakshana* of *Amlapitta* - *Avipaka*, *Klama*, *Utklesha*, *Tiktamlodgara*, *Gaurava*, *Hritkanthadaha* and *Aruchi* to the OPD of SKAMCH&RC Bangalore, aged between 18 to 60 years irrespective of sex.

Exclusion Criteria: Known cases of Diabetes Mellitus, Hypertension, Gastric or Peptic Ulcers, Esophageal Varices, Pregnant and lactating women were excluded from the study.

Intervention: All the enrolled patients were administered *Avipattikara Churna* 12 grams (1 *Karsha*) after breakfast with *Sukhoshnaja* for 2 weeks. The patients were advised to follow the dietary restrictions which included restricted oily and spicy foods, timely consumption of food and to reduce mental stress.

Assessment: The *Samanya Lakshana* of *Amlapitta*, viz., *Avipaka*, *Klama*, *Utklesha*, *Tiktamlodgara*, *Gaurava*, *Hritkanthadaha* and *Aruchi* were graded (Table No 03) and assessed on 8th and 15th day of intervention and followed up after 7 days of non-intervention. Statistical test was performed on the data obtained on 0 day and 22nd day.

Observations: Observations are summarized in table number 01.

Results: Results are summarized in table number 04.

DISCUSSION

Maximum number of patients comes under *Madhyam Vaya*, where dominance of *Pitta Dosha* is more. *Vishamashana*, *Ati Amla Lavana Rasa Sevana* and *Atyambupana* were found to be as the chief causative factors, which support the *Nidana* mentioned in classics. *Hritkantha Daha*, *Tiktamlodgara* and *Avipaka* were seen predominantly and as frequent symptoms.

The drugs of *Avipattikara Churna* have *Katu Rasa*, *Madhura Vipaka*, *Ushna Virya*, *Kapha Vata Shamaka* and *Tridosha Shamaka* Property. *Katu Rasa*, *Ushna Virya* and *Laghu Guna* leads to *Shoshana* of *Pitta*, thus reducing the *Drava Guna*. *Trivrut* is *Agraya* in *Sukhavirechaka Dravya* and will eliminate excessive *Pitta Dosha* by *Adhomarga*, acting as a *Ruksha Virechaka*. The *Katu* and *Tikta Rasa* of the drugs will directly act on the vitiated *Rasadhatu* by its

Deepana – Pachana Karma. Most of the drugs have *Katu Rasa* and *Ushna Virya*, which increases the *Agni* and helps digest the *Ama*. *Triphala* and *Trikatu* helps in correcting the *Dhatwagni*. Thus, *Avipattikara Churna* helps in *Samprapti Vighatana* (Table No. 02).

The relief in the symptoms was seen at the end of 7 days in terms of reduction in the *Hritkantha Daha*, *Tiktamlodgara* and *Avipaka*. 2 patients reported a relapse of *Hritkantha Daha* and *Tiktamlodgara* on 19th day as they had resorted to spicy and untimely food. They were advised same dosage of *Avipattikara Churna* Stat. They no-

ticed immediate reduction in the symptoms after a single dose.

CONCLUSION

Amlapitta is an *Annavaha Sroto Vikara*, characterized mainly by *Hrukkanthadaha*, *Tiktamlodgara* and *Gaurava*. *Avipattikara Churna* has shown reduction in the *Hrut-Kantha Daha* in 3 days of starting the medication and has not relapsed even in the non-intervention period. *Avipattikara Churna* when given during acute flare-up of symptoms has provided immediate result. Thus, it can be effectively used as an emergency remedy in managing and treating the symptoms of *Amlapitta*.

Table No. 01 Showing the Observations:

	Parameter	Number	Percentage
Sex	Males	7	70
	Females	3	30
Marital Status	Married	8	80
	Unmarried	2	20
Age	18-28 yrs	2	20
	28-38 yrs	4	40
	38-48 yrs	3	30
	48-58yrs	1	10
Chronicity	0-1 Year	4	40
	1-2 Years	4	40
	> 2 Years	2	20
Nidana	<i>Vishamashana</i>	10	100
	<i>Amla Katu Rasa</i>	10	100
	<i>Atyambupana</i>	8	80
Lakshana	<i>Avipaka</i>	7	70
	<i>Klama</i>	6	60
	<i>Utklesha</i>	5	50
	<i>Tiktamlodgara</i>	10	100
	<i>Hritkanthadaha</i>	10	100
	<i>Aruchi</i>	3	30
	<i>Gaurava</i>	3	30

Table No. 02 Showing the Rasadi Panchaka of Dravya in Avipattikara Churna

Dravya	Latin Name	Rasa	Guna	Veer ya	Vi pa ka	Dosha karma	Karma
Shunti	Zingiber officinalis	Katu	Snigdha Guru Ruksha Teekshna	Ushna	Madhura	Kaphavata-shamaka	Deepana Pachana Vatanulomana
Maricha	Piper nigrum	Katu	Laghu Teekshna	Ushna	Katu	Vatakapha-shamaka	Deepana Pachana Vatanulomana
Pippali	Piper longum	Katu Madhura	Ladhu Snigdha Teekshna	Anushna heeta	Madhura	Vatakapha-shamaka	Deepana Truptighna Vatanulomana Krimighna Rasayana
Harithaki	Terminalia chebula	Lavanavarjita Kashaya prad- hana- Pancharas	Laghu Ruksha	Ushna	Madhura	Tridosha-shamaka	DeepanaPachanaAnu- lomanaMrudure- chanaKrimighna- Rasayana
Vibheetaki	Terminalia bellerica	Kashaya	Laghu Ruksha	Ushna	Madhura	Kaphaprad- hanaTi- dosha- Shamaka	Deepana AnulomanaKrimigh- naDahaprashamana
Amalaki	Emblicaofficinalis	Amlapradha- naLavanaVar- jitaPancharasa	Laghu RukshaShe- eta	Sheeta	Madhura	Pittaprad- hanaTi- dosha- shamaka	RochanaDeepanaAnu- lomanaChardinigra- haRasayana
Musta	Cyprus rotundus	Tikta Katu Kashaya	Laghu Ruksha	Sheeta	Katu	Kaphapitta- Shamaka	Pachana Grahi Krimighna
Vidanga	Emblicaribes	Katu Kashaya	Laghu Ruksha Teekshna	Ushna	Katu	KaphaVata- Shamaka	KrimighnaDeepana- PachanaAnulomana
Ela	Elettariacar-	Katu	Laghu Ruksha	Sheeta	Madhura	Tridosha- hara	Dahaprashamana Anulomana

	<i>domum</i>				<i>ur a</i>		
Twak	<i>Cinna- monum- tamala</i>	<i>Katu Tikta Madhura</i>	<i>Laghu Ruksha Teek- shna</i>	<i>Ushn a</i>	<i>Ka tu</i>	<i>Kaphavata- Shamaka</i>	<i>Deepana Pachana Vatanulomana Jantughna</i>
La- van- ga	<i>Syzigiu maro- mati- cum</i>	<i>Tikta Katu</i>	<i>Laghu Snig- dha Teek- shna</i>	<i>Sheet a</i>	<i>Ka tu</i>	<i>Kapha-pitta Shamaka</i>	<i>DeepanaPachanaVata- nulomanaRuchivard- haka</i>
Tri- vru- th	<i>Opercu- linathur pethum</i>	<i>Tikta Katu</i>	<i>Laghu Ruksha Teek- shna</i>	<i>Ushn a</i>	<i>Ka tu</i>	<i>Kaphapitta- Shamaka</i>	<i>Sukhavirechaka</i>
Sha- rka- ra	<i>Saccha- rumoffi- cinale</i>	<i>Madhura</i>	<i>Guru Snig- dha</i>	<i>Sheet a</i>	<i>Ma dh ur a</i>	<i>Vata Pitta Shamaka</i>	

Table No 03 Showing the Assessment Scores:

Symptom	Normal (0)	Mild	Moderate (2)	Severe (3)
Avipaka	Presence of all <i>Jeernahara</i>	Presence of any 4 <i>Jeernahara Lakshanas</i>	Presence of any 2 <i>Jeernahara Lakshanas</i>	No <i>Jeernahara Lakshanas</i> Seen
Klama	Absent	Fatigued due to exertion and re-	Fatigue with minimal exertion, not easily relived	Fatigue at rest
Utklesa	Absent	Presence of Salivation with Nausea	Presence of Salivation with Re-flux	Presence of Salivation with Vomiting
Tiktamloddgara	Absent	Appears 2-3 times / day on consumption of spicy / sour food	Appears 4-6 times / day on consumption of any type of food	Appears more than 6 times / day on consumption of any type of food
Gourava	Absent	Feel of heaviness in the <i>Udara</i>	Feel of heaviness associated with <i>Avipaka</i>	Feel of heaviness associated with <i>Klama</i>

Hritdaha	Absent	Retrosternal Discomfort	Associated with Pain	Associated with Gastric regurgitation
Kanthadaha	Absent	Burning sensation in throat region	Associated with <i>Utklesha</i>	Associated with Gastric regurgitation
Aruci	Absent	Loss of interest in intake of food	Aversion to the Food	Nausea and sometimes vomiting after intake of food

Table No 04 Showing the Results:

Parameter	Mean Score				t Value	p Value	Remarks
	BT	AT ₁	AT ₂	AT ₃			
Avipaka	2.3±0.48	0	0	0	15.05	<0.001	HS
Klama	1.1±0.88	0.4±0.51	0.2±0.42	0.1±0.31	3.87	<0.01	S
Utklesha	2.3±0.67	0.5±0.70	0.2±0.42	0	10.77	<0.001	HS
Tiktamlodgara	2.9±0.31	0.1±0.31	0.1±0.31	0.1±0.31	21	<0.001	HS
Hritkanthadaha	2.8±0.42	0	0	0	21	<0.001	HS
Aruchi	0.80±0.63	0	0	0	4	<0.01	S
Gaurava	1.2±0.42	0	0	0	9	<0.001	HS

BT: Before Treatment; 0th Day

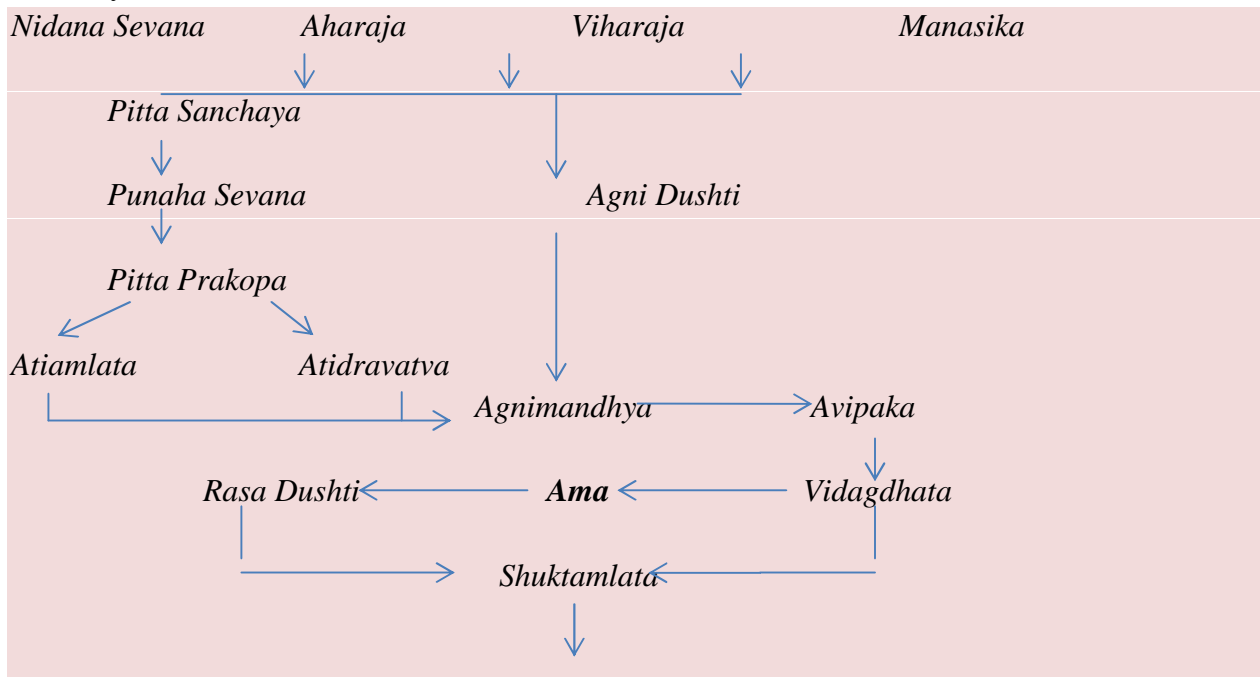
AT₁: After Intervention; 8th Day

AT₂: After Intervention; 15th Day

AT₃: After Non-interventional Follow-up;

22nd Day

Fig. 1; SCHEMATIC REPRESENTATION OF SAMPRAPTI OF AMLAPITTA



Prakupita Pitta + Amavisha Samurchhana



Avipaka, Utlkesha, Daha, Udgara



AMLAPITTA

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