

A RANDOMISED CONTROL CLINICAL TRIAL OF SHIVPALPINDI IN THE MANAGEMENT OF AMLAPITTA

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ABSTRACT

Amlapitta is one of the disorders of Digestive system, where there is increased *Amla* and *drava guna* of *Pachaka Pitta*. The symptoms of *Amlapitta* are similar to that of Hyperchlorhydria or Hyperacidity where there is excess of hydrochloric acid in the gastric juice. *Amlapitta* is a commonest condition affecting the younger or middle aged people. A population based study shows that up to 15% of individuals have heart burn or regurgitation at least once a week and 7% have symptoms daily which are the classical symptoms of *amlapitta*. If it will be untreated, it will leads to several complication. The conventional remedies being used by the modern science has much adverse effect. Aim of this control study is to compare the effect of *Shivpalpindi* with a control drug (*khandkhushmandavaleh*) in the management of *amla-pitta*. This random control study was carried out on the 30 patients divided in two groups attending the OPD of the hospitals of M.M.M. Govt. Ayurved College for 30 days. Assessment of results was done by comparing the classical symptoms before and after treatment. The statistical analysis shows that *Shivapalpindi* is as much as effective like *kandkhushmandavaleh*.

Keywords:-*Amlapitta*, Hyperchlorhydria, *khandkhushmandavaleh*, *Shivpalpindi*

INTRODUCTION

Ayurveda stands apart from the rest of medical fraternity with its holistic and all encompassing approach to disease management on the basis of *nidana panchka* enables this eternal science to effectively handle many apparently minor ailments which certainly hamper the quality of life of humanity.

The first and foremost task in *ayurvedic* disease management is a proper understanding and description of its etiopathogenesis. In recent year life style is completely changed by all the means. Our diet pattern,

life styles and behavioral pattern is changed and it is not suitable for our normal physiology of digestion of body. The improper living style and faulty diet habits generates the imbalance of the body elements *vata*, *pitta* & *kapha* and thus various disorders may occurs. Due to this change of life style, many people are suffering from digestive system disturbance in which *amlapitta* is very common disease of digestive system which called acidity in laymen language. A population based study shows

that up to 15% of individuals have heart burn and regurgitation at least once a week and 7 % have symptoms daily which are the main symptoms of *Amlapitta*. *Amlapitta* can be correlated with Hyperacidity or Hyperchlorhydria or simply with the excessive gastric juice secretion of the stomach. On an average 500 ml of gastric juice is secreted per meal in the stomach and acidic in reaction. The cause that plays an important role into the excessive gastric acid secretion is bacterial infection, neurogenic stimulation, and increased serum gastrin level in response to ingested food in an atonic stomach, in Zollinger Ellison's Syndrome, Peptic ulcer, G-cell hyperplasia etc. *Charaka and Kashyapa* have clearly indicated that the *Grahani Dosha* and *Amlapitta* occur in the persons who could not check the temptation of food. The *Nidanasevana* create *Mandagni* & due to *Mandagni*, *Ajirna* is developed and it leads *Amavisha* production. This *Amavisha* mixed with *pittadi Doshas* and goes in *Amashaya* then it produce the *Amlapitta* diseases. Most of diseases are due to improper function of *Agni*. So far *Amlapitta* may lead to several diseases if not successfully treated.

OBJECTIVES:-

1. To compare the effect of *Shivpalpindi* with a control drug (*Khandkhushmandavaleh*) in the management of *amla-pitta*.
2. To evaluate the clinical efficacy of *Shivpalpindi* in the cases of *amla pitta*.

NEED OF STUDY: -

Amlapitta is very common disorder of digestive system. Now a days it is affecting large number of population and is becoming a major health issue all over the world. A sedentary lifestyle with little or no exercise and unhealthy eating habits are the main culprits. Most younger and middle aged population

which is working is susceptible for the *amlapitta*. Contrary to popular belief, it a serious disease and it should be treated as early as possible. Taking pills every time you get a heart burn is definitely not the treatment. A thorough treatment of the core issue is necessary in order to avoid complications. If it will being untreated, it will leads to several complication like chronic gastritis gastric ulcer etc. Also we cannot use PPI and H-2 Blocker for long term as cause serious side effects and may even alter biochemical mechanisms of the body upon chronic usage.

Disease Review:-

Paribhasha:-

- *Chakrapani* has defined *Amlapitta* as- a condition in which *AmlaGuna* of *Pitta* is increased.¹
- *Amlapitta* is According to *Kashyapa*, *Vidagdha Annarasa* staying in *Aamashaya* attains *Shuktata* and produces *Amlapitta*.²
- *Madhava Nidana* defined *amlapitta* a condition in which there is *avipaka*, *klama*, *utklesha*, *tiktodgara*, *amlodgar*, *gaurava*, *hriddaha*, *kanthadaha* and *aruchi* are seen is supposed to be *Amlapitta*.³

Paryaya :-*Prameelakam*⁴, *Amlapitta*⁵, *Pitta vishoochika*⁶*Pittamla*⁷, *Shuktaka*⁸, *Amlaka*⁹, *Amleeka*¹⁰

Amlapitta is a *vyadhi*, which belongs to *anavahasrotasa*, where digestion of food occurs . In this *agni* plays an important role with the help of *kledaka kapha* and *samanavata*.

NIDANA:-

Table:-Showing the *samanya nidanas* of *amlapitta* according to different classical texts:-

NIDANAS	KS ¹¹	MN ¹²	BP ¹³	YR ¹⁴	GN ¹⁵	HS ¹⁶	V.S ¹⁷
Adhyashana	+	-	-	-	-	-	+
Ajeerna	+	+	-	-	-	-	+
Amapurna	+	-	-	-	-		+
Amlarasaatisevana	+	+	+	+	-	+	+
Atibhojana	+	+	+	+	+	-	+
Bhristadhanyaatisevana	+	-	-	-	-	-	+
Bhuktebhukteavagha	+	-	-	-	-	-	+
Bhuktebhuktesnana	+	-	-	-	-	-	+
Bhuktebhuktedivaswapa	+	-	-	-	-	-	+
Drava atisevana	+	-	-	-	-	-	+
Gorasatisevana	+	-	-	-	-	-	+
Gudasevana	-	-	-	-	-	+	-
Gurubhojana	+	-	-	-	-	-	+
Ikshuvikaraatisevana	+	-	-	-	-	-	+
Katu rasa atisevana	-	+	-	-	-	-	-
Kulatthaatisevana	+	-	-	-	-	-	+
Lavana rasa atisevana	+	-	-	-	-	-	+
Madyaatisevana	+	+	-	-	-	-	+
Phanitasevana	+	-	-	-	-	-	+
Pishtaatisevana	+	-	-	-	-	-	+
Pittaprapakopakaahara&pana	-	+	+	+	+	+	-
Pruthukatisevana	+	-	-	-	-	-	+
Rukshaatisevana	+	-	-	-	-	-	+
Snigdhaatisevana	+	-	-	-	-	-	+
Takrasura	-	+	-	+	-	-	-
Ushnaatisevana	+	-	-	-	-	-	+
Vikrtuabhojana	+	+	+	+	+	-	+
Viruddhabhojana	+	+	+	+	+	-	+
Viruddhasnana	-	-	-	+	-	-	-
Vishamashana	+	+	+	+	+	-	+

SAMPRAPTI: - Acharya Kashyapa explained the *samprapti* of *Amlapitta* in detail. Due to *nidana sevana doshas* become *prakupita*. These *prakupita doshas* lead to *agnidushti* which results in *jatharagnimandya*. Even after *jatharagnimandya* if person continues with *nidana sevana* then the consumed *aahara* attains *vidagdhata*. This vi-

dagdha amarasa stays in *amashaya* for long time and due to this prolong stasis in *amashaya* it undergoes *shuktapaka (amlata)*. In this condition whatever the food consumed gets *vidagdha* and later *shuktata* by *dushita pitta*. This condition is called as *Amlapitta*¹⁸.

SAMANYA RUPA:

Table: Showing Laxanas according to different classics.

LAXANAS	KS ¹⁹	MN ²⁰	BP ²¹	YR ²²	GN ²³	RRS ²⁴	V.S ²⁵	HS ²⁶
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<i>Adhamana</i>	+	-	-	-	-	-	-	-
<i>Amlodgara</i>	+	+	+	+	+	+	+	+
<i>Amlotklesha</i>	+	-	-	-	-	-	-	-
<i>Angasada</i>	+	-	-	-	-	-	-	-
<i>Antrakoojana</i>	+	-	-	-	-	-	-	-
<i>Aruchi</i>	-	+	+	+	+	+	+	-
<i>Atisara</i>	-	+	+	+	+	-	+	-
<i>Avipaka</i>	-	+	+	+	+	-	+	-
<i>Chardi</i>	-	+	+	+	+	-	+	-
<i>Gourava</i>	-	-	+	+	+	-	-	-
<i>Gurukoshtatha</i>	+	-	-	-	-	-	-	-
<i>Hikka</i>	-	-	-	-	-	-	-	+
<i>Hritdaha</i>	+	+	+	+	+	+	+	+
<i>Hritshoola</i>	-	+	-	-	-	-	+	-
<i>Kantahavidaha</i>	+	+	+	+	+	-	+	+
<i>Klama</i>	-	+	+	+	+	-	+	
<i>Romaharsha</i>	+	-	-	-	-	+	-	-
<i>Shiroruk</i>	+	-	-	-	-	-	-	+
<i>Tiktodgara</i>	-	+	+	+	+	+	+	-
<i>Udgara</i>	+	-	-	-	-	-	-	+
<i>Urovidaha</i>	+	-	-	-	-	-	-	-
<i>Utklesha</i>	-	+	+	+	+	-	+	+

SADHYASADHYATA:

Amlapitta in early stage (*nava*) is *sadhya*. When becomes chronic (*Chirothhita*), in few patients it becomes *Yapya* and in few patients who are following *ahitakara aahara vihara* it becomes *Krichchrasadhya*²⁷. Thus the early diagnosis and effective treatment is necessary.

UPADRAVA:

Kasyapa said that if *amlapitta* present with *Jwara, Atisara, Pandutva, Sula, Shotha, Aruchi, Bhrama*

Upadrava then *amlapitta* became *asad-haya*²⁸:

SAPEKSHA NIDANA:-

One should properly distinguish the disease from other diseases, which are having similar signs and symptoms. The disease which are having similar signs and symptoms as that of *Amlapitta* are *Vidagdhaajeerna, Pittajashoola, Parinamashool, Annadravashool, Pittaja gulma*

DRUG OF SHIVPALPINDI A VALEH:-

The trial drug is SHIVPALPINDI which is a *avaleh* preparation taken from reference book (*BHAVPRAKHASH*).²⁹

DESCRIPTION OF DRUGS IN SHIVPALPINDI

NAME	RASA	GUNA	VIRYA	VIPA	DOSHA-	PART	QUAN-
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OF DRUG				PA-KA	SHAMAKTA	USED	TITY
1.PAATHA	Tikta	Laghu, Tikshana	Ushana	Katu	Tridoshashamak (vishesthakaphapittashamak)	BhomiKand	1 part
2.PARWAL	Tikta	Laghu, Ruksha	Ushana	Katu	Tridoshashamak	Leaves	1 part
3.INDRAJAU	Tikta, Katu	Laghu, Ruksha	Sheet	Katu	Kaphapittashamak	Seed	1 part
4.CHANDAN	Tikta, Madhur	Laghu, Ruksha	Sheet	Katu	Kaphapittashamak	Kand	1 part
5.DHANIYA	Tikta, Katu	Laghu, singhadh	Ushana	madhur	Tridoshashamak	Phal,	1 part
6.AMALAKI	Panchras except lavan	Guru, Ruksha,	Sheet	madhur	Tridoshashamak especially Pittashamaka	Phal	1 part
7.VASA	tikta, kashaya	Laghu, Ruksha	Sheet	katu	Kaphapittashamak	Patre	1 part
8.TAJPATRA	tikta, katu, madhur	Laghu, Ruksha, tikshana	ushana	katu	Kaphavatashamak Tridoshashamak (jkOfuO)	Leaves	1 part
9.NAGKESAR	ka-shaya, tikta	Laghu, Ruksha	ishatushana	katu	Kaphapittashamak	Punke-shar	1 part
10.PIPALI	Katu	Laghu, Snigdha, Tikshana	unushanasheet	madhur	Kaphavatashamak Pittaavirodhi(lq) Pittashamak in aadra form	Phal	1 part
11.HARITAKI	panchras (-lavan)	Laghu, Ruksha	ushana	madhur	Tridoshashamak	Phal	1 part

Clinical Study:-

Material and Methods:-

Patients fulfilling the criteria and attending the OPD of all hospitals of M.M.M.Govt. Ayurved College, Udaipur, a detailed case taking Performa was specially designed ac-

ording to the protocol of the study encompassing all the aspects of the disease.

Inclusion criteria:-

1. Patients of either sex with age between 20 year to 60 years.

2. Cases with conformed diagnosed by signs/symptoms of *Amla pitta* (hyperchlorhydria).

3. No discrimination of chronic and severity of disease.

Exclusion criteria:-

1. Age below 20 years and more than 60 year.

2. Acidity associated with other gastrointestinal problems like chronic gastritis, peptic ulcers, gastric atropy, gastric carcinoma, hematemesis.

3. Any other serious systemic disease.

Study design:- Randomized control trial. 30 patients were divided in two groups randomly.

Drug and posology:-

Group A:-*KhandKhusmandavaleh* , 20 mg b.d with milk/honey, before meals.

Group B:-. *Shivpalpindiavaleh* , 20 mg b.d with milk/honey, before meals.

Duration: 30 days, follow up after 15 days

With taking *pathyaapathya* in mind.

Criteria for assessment:- By grading the classical symptom of *amlapitta* i.e *Avipaka*, *Aruchi* , *Gaurav* , *Hruddaha* , *Utklesha* , *Amlodgara* , *Klama* , *Tiktodgara* , *Kanthadaha* , *Chardi*.

GRADING SCORE:-

Grading 0-10 = nil

Grading 10-20 = mild

Grading 20-30 = moderate

Grading 30-40 = severe

Assessment of Result:- Paired Student 't' test was used for assessing the result of clinical study and % relief and p value was calculated for the assessment. The obtained results were interpreted as:

Insignificant $P < 0.05$, Significant $P < 0.01$, Highly Significant $P < 0.001$ and

1) Relieved: 100% improvement in Assessment criteria.

2) Well responded: 76 -100% relief in Assessment criteria.

3) Moderately responded: 51-75% relief in Assessment criteria.

4) Poorly Responded: 26-50 % relief in Assessment criteria

5) Not responded: Less than 25% relief in complaints

Observation and result:-

There were total 30 patients enrolled for trial in which 15 in each group. 28 patients had completed the trial and 2 patients were dropped out. In these trial .maximum patients were of 40-60 age group and sex ratio was nearly equal and in this 75% patients were having sedentary life style. Maximum patients are of vata-pitta prakriti with *avara abhayavaransakti* and *madhyam jaransakti* and *mandagni* which is the root cause of *amlapitta*. As *amlapitta* is due to faulty food habits which are proved by observing the patients. Also stressful life style increase the acidity, maximum patients were having stressful life style with different type of mental disturbance. But by comparing two groups, in group A stressful life style was the main reason for maximum patients and group B faulty food habits were main cause for maximum patients. If we talk about the main symptoms of *amanita*, every patient were having at least 7 main symptoms in which all patients having *hruddaha* and 27 patient having *amlodgara* which are the recognizing symptom of *amlapitta*. Chronicity of disease was 3 year for maximum patients with moderate severity followed by 1 year with mild severity. Spicy food was the aggravating factor for maximum patient and taking antacid was the relieving factor. Maximum patients were taking *vidhahi aahara* and *amla* and *pittavid-*

hikaraahar and also doing vegavidharana and chinta.

RESULT:-

TABLE:- SHOWING EFFECT OF TREATMENT ON SYMPTOMS IN GROUP –A

		Mean	Mean Diff.	%Relief	SD±	SE±	t value	P value	S
<i>AVIPAKA</i>	BT	2.86							
	A T	0.79	2.07	71.32%	0.43	0.16	12.59	<0.001	HS
<i>ARUCHI</i>	BT	1.71							
	A T	0.43	1.29	74.4%	0.51	0.24	5.264	<0.001	HS
<i>GAURAV</i>	BT	2.21							
	A T	0.50	1.71	77.3%	0.52	0.29	6.00	<0.001	HS
<i>HRUDDAHA</i>	BT	3.43							
	A T	0.86	2.57	74.9%	0.36	0.173	14.869	<0.001	HS
<i>UTKLESHA</i>	BT	2.14							
	A T	0.50	1.64	76.6%	0.52	0.27	6.097	<0.001	HS
<i>AMLODGARA</i>	BT	2.93							
	A T	0.86	2.07	70.6%	0.36	0.22	9.352	<0.001	HS
<i>KLAMA</i>	BT	2.43							
	A T	0.57	1.86	76.5%	0.51	0.29	6.32	<0.001	HS
<i>TIKTAODGA- RA</i>	BT	1.21							
	A T	0.29	0.93	76.8%	0.47	0.325	2.857	<0.05	S
<i>KANTHADAHA</i>	BT	3.21							
	A T	0.71	2.50	77.8%	0.47	0.228	10.94	<0.001	HS
<i>CHARDI</i>	BT	0.57							
	A T	0.13	0.43	75.4%	0.27	0.202	2.21	<0.05	S

TABLE: - SHOWING THE IMPROVEMENT OF INDIVIDUAL PATIENT OF GROUPA

Sr.no.	Patient Name	BT SCORE	AT SCORE	BT MEAN	AT MEAN	% OF RELIEF
1.	RAMLAL	24	05	2.40	0.50	79.16%
2.	VANDANA GOSA- WAMI	30	08	3.00	1.33	73.3%

3.	BHARUNISHA	24	05	2.40	0.50	79.2%
4.	ARVINDKUMAR SHARMA	20	04	2.20	0.60	72%
5.	DIVYAPUROHIT	20	06	2.00	0.60	70%
6.	Daksha kawar	17	05	1.70	0.50	70.5%
7.	MOHAMMAD IQ-BAL	25	06	2.50	0.60	76%
8.	KAMALA NAL-WAYA	19	04	2.00	0.40	80%
9.	SHIVKANT	20	06	2.10	0.40	71.4%
10.	KANKU BAI	12	03	1.20	0.30	75%
11.	RAMESHCHANDER SHARMA	15	03	1.60	0.40	75%
12.	SUBHASH PURI	25	07	2.50	0.70	72%
13.	SUMITRA SWAMI	30	06	3.00	0.60	80%
14.	SARDAR SINGH JI	32	07	3.20	0.70	78.1%

TABLE: - SHOWING EFFECT OF TREATMENT ON SYMPTOMS IN GROUP – B

	Mean	MeanDiff.	% Relief	SD±	SE±	t value	P value	Sig
<i>AVIPAKA</i>	2.29							
	0.71	1.58	69.9%	0.61	0.228	6.90	<0.001	HS
<i>ARUCHI</i>	2.14							
	0.57	1.57	73.8%	0.51	0.173	9.098	<0.001	HS
<i>GAURAV</i>	2.57							
	0.79	1.79	69.6%	1.05	0.30	3.726	<0.001	HS
<i>HRUDDAHA</i>	3.43							
	0.93	2.50	72.8%	0.47	0.203	12.315	<0.001	HS
<i>UTKLESHA</i>	2.50							
	0.61	1.86	74.4%	0.50	0.206	9.0206	<0.001	HS
<i>AMLODGARA</i>	3.29							
	0.79	2.50	75.98%	0.43	0.203	12.31	<0.001	HS
<i>KLAMA</i>	2.07							
	0.57	1.50	72.4%	0.51	0.251	5.967	<0.001	HS
<i>TIKTAODGARA</i>	1.64							
	0.50	1.07	69.5%	0.52	0.254	4.507	<0.001	HS
<i>KANTHADAHA</i>	3.57							
	0.51	2.79	78.15%	0.58	0.18	14.90	<0.001	HS
<i>CHARDI</i>	0.43							
	0.14	0.29	67.4%	0.53	0.19	1.47	>0.05	NS

TABLE:- SHOWING THE IMPROVEMENT OF INDIVIDUAL PATIENT OF GROUP B:-

Sr.no.	Patient Name	BT SCORE	AT SCORE	BT MEAN	AT MEAN	% OF RELIEF
1.	DURGA CHOU-BASHA	32	08	3.10	0.80	74.19%
2.	CHAMPA DEVI	31	07	3.10	0.70	77.4%
3.	GANGA DEVI	20	05	2.00	0.50	75%
4.	AALIYA	24	06	2.40	0.60	75%
5.	BHAGWAT SINGH	34	17	3.40	1.60	50%
6.	MOHAMMAD SHARIF	19	04	1.90	0.40	78.9%
7.	VIMLA DEVI	17	05	1.70	0.40	76.4%
8.	SNEHLATA KHMESRA	19	05	1.90	0.50	73.6%
9.	ABDUL KADIR KHAN	32	09	3.20	0.90	71.8
10	TULSI	13	03	1.30	0.30	76.9%
11.	GOTAM	22	06	2.20	0.60	72.7%
12.	HUKAM CHAND	23	05	2.30	0.50	78.2%
13.	KAMALA DEVI	26	06	2.60	0.50	80.7%
14.	HEERA LAL	23	05	2.30	0.60	73.9%

Table:- Showing comparison of all over result of patients of group A and group B

Result	Group A	Group B	% OF Group A	% OF Group B
Relieved	00	00	00	00
Well responded	06	06	42.8%	42.8%
Moderately responded	08	07	57.1%	50%
Poorly responded	00	01	00	7.14%
Not responded:	00	00	00	00

As shown above in tabular form, the results of treatment individually and comparatively are as follows:-

1. Patients of group A was treated with a control drug *KHAND KHUSHMAND AVALEH* which is a well known and establish drug in the treatment of *amlapitta* which is also verified by this study results as all over result of *KhandKhushmandavaleh* on 14 patients was highly significant. If we talk about individual symptom of assessment criteria i.e %

Relief of *avipaka* was 71.3%, *aruchi* was 74.4%, *gaurav* was 77.3%, *hruddaha* was 74.9% *Utklesha* was 76.6%, *amlodgara* was 70.6%, *klama* was 76.5%, *tiktaodgara* was 76.8%, *kanthadaha* was 77.8% , and *chardi* was 75.80 %.

2. Patients of Group B was treated with a trial drug *SHIVPALPINDI AVALEH* , and all over result of *shivalpalpindiavaleh* on 14 patients of *amlapitta* was highly significant that's shows that *shi-*

vapalpindiavaleh is also very effective drug as much as *KhandKhushmandavaleh*. If we talk about individual symptom of assessment criteria i.e % Relief of *avipaka* was 69.9%, *aruchi* was 74.4%, *gaurav* was 69.6%, *hruddha* was 72.8% *Utklesha* was 74.4%, *amlodgara* was 76% , *klama* was 72.4%, *tiktaodgara* was 69.6% , *kanthdaha* was 78.2% , and *chardi* was 67.4 %.

3. If we talk about individual patient relief in group A, then shows that patient no 8th and 13th got maximum relief i.e 80%, 6 patients got relief between 75% to 80%, and 6 patients got relief between 70% to 75% . All these data shows that 42.8% patients of *amlapitta* were well responded to *KhandKhushmandavaleh* and 57.2% were moderately responded.
4. The data of individual patient relief in group B shows that 13th patient got maximum relief i.e 80.7% , 7 patients were in the group of relief in between 75% to 80% , 5 patients were got relief in between 70% to 75% . All these data shows that 42.8% patients of *amlapitta* were well responded to *shivpalpindiavaleh*, 50% patients were moderately responded and 7.14% were poorly responded.
5. If we compare the above statistical data, the difference between the % relief in individual symptom in both group and the difference between the % reliefs of individual patient in both group was not significant. This shows that the efficacy of *shivpalpindiavaleh* in the management of *amlapitta* is nearly same like *KhandKhushmandavaleh*. Hence, we can state that *shivpalpindiavaleh* is also a significant drug in management of *amlapitta*.

Samprapti Vighatana by the trial drug:-

The *samprapti* of *Amlapitta* starts from increased *jaleeyaamsha* of *Pachaka pitta*, leading to *Agnimandya*. This preparation contains the drugs which are either *pittakaphashamak* or *tridoshashamak* in action. Maximum drugs are having *tikta rasa* which dries the extra *jaleeyaamsha* of *pitta*, and helps in restoring the normal function *pakti karma*. *Agnimandya* leads to *ajeerna*, here particularly *Vidagdhaajeerna*. The formulation contains *deepaneeya* and *pachaneeyadravya*, which treat the *agnimandya*, and help to attain *niramatwa* which act on *Vidagdhaajeerna*. The increased *Amla guna* of *pitta* is reduced by its opposite *rasa* of *dravya* present formulation like *Madhura, Tikta and Kashaya*. All the *dravyas* used in the preparation are *Pittashamaka* in nature so does the *shaman* of aggravated *pitta*, particular in this condition, *Amlapitta* .In this way; this formulation does the *sampraptivighatana*, and thus cures the disease, *Amlapitta*.

CONCLUSION

- It can be concluded that non compliance of code of healthy diet selection and eating and irritable and long standing stress and strain of this present era plays a major role in causation of this disease. Hence we can say that code and conduct of healthy eating and good life style is important to achieve early and better result of the treatment in short *Nidana Parivarjana*. As result of control trial was concerned *Shivpalpindiavaleh* is as much as effective like *khushmandavaleh* but by observing all patients on the scale of *nidana*, result inspite of statistical data, what I feel that patients of *amlapitta* with more stress will got more relief by *khandkhushmandavaleh*

whereas patient of *amlapitta* with less quality wise dietary habits will get more relief by *Shivpalpindiavaleh* as it contain *deepan, pachaan darvya*. *Shivpalpindiavaleh* consists of a combination of drugs which could deal with root off treatment of *amlapitta* without any complication and also improves the digestion by which re-occurrence of *amlapitta* does not occur. Hence, *shivpalpindiavaleh* is effective in the management of *amlapitta*.

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