INTRODUCTION
Atisar is one of the commonest disease, as per ayurveda Agnimandya is said to be causative factor of almost all diseases. Atisar is formed due to agnimandya mainly, Jathragni the basic of all pachan kriyas in body gets disturbed due to various factors, which in turn lead to formation of atisar vyadhi.

Today’s life style is completely changed, most of the peoples have bad food habits like irregular intake of food, eating of fried foods, excessive use of chilies, masalas in food etc. The improper living style and faulty diet habits generates the imbalance of the body elements vata, pitta, kapha and thus various disorders may occurs. Atisar is the commonest disorder occurring due to this changed life style. Diarrhea can result in dehydration due to uid loss which in turn is hazardous to life.

Pittatisar is formed mainly due to amla, lavan, katu rasatisevan, ati surya santap, krodh, irshya etc., all these factors are very similar to fast food and stressful life style factors.

In Charak samhita treatment of Pittatisar is given in detail with various drug combinations One of them i.e. Bilvadi yoga with madhu and tandulodaka is selected for management of Pittatisar.

MATERIAL AND METHOD:-
Study Locate: OPD and IPD Seth Tarachand Ramnath Hospital, Pune.
Study Population: Mainly around Pune.
Study Period: 30 days.
Study Design: Open labeled Clinical trial

Inclusion Criteria :
• Age- 20 to 60 year.
• Patient of any sex, religion and socio-economic status.
• Patients with complaints of loose motion with no or some dehydration
• Patients suffering from Pittatisar symptoms for ≤ 2 days.

Exclusion Criteria :
• Patient suffering from Atisar as a upadrava of other diseases.
• Patient suffering from Atisar as well as Chhardi with severe dehydration.

KEYWORDS
Pittatatisar, Pittaj, Atisar, Bilvadi yogurt, Diarrhoea.
Parameters of study:
Subjective Parameters:
1) Malavega (frequency of stool)
2) Malavarna (colour of stool)
3) Mala Durgandhitwa (odour of stool)
4) Trushna
5) Daha
6) Sweda
7) Murchcha
8) Udarshool
9) Gudadaha
10) Malasamhanana
11) Dehydration
12) Malasamata

Objective parameters-
1. State of dehydration (as per W.H.O.)
2. Investigations:- Haemogram and Stool Examination
3. Symptom

Data Analysis: Data has been analysed by Wilcoxon signed rank test was used And calculated by Medcalc software

OBSERVATION, RESULT AND DISCUSSION:

Demographic profile:
1) Sex: Out of 30 patients in study and maximum number of patients were female. Female were 24(80%) and male were 6(20%) in number. It is because of female has more irregular dietary pattern than male. and also due to over work load and faulty dietary habits they are easily exposed to Hetus like guru, ushna, snigdh, drava, tikshna gunatmaka ahar and adhyashan,vishmashan,virudhahshan etc. It means that Pitta Atisar was quite common in female in this study.i.e. 80% were female in this study.

2) Age: Patients were selected in the age group between 21 to 60 years. This was the selection criteria of patients. Out of total 30 patients in study, maximum number of patients found in age group 31-40 years i.e. 13 number of patients (43.33%) This age group contains more working male and female. In case of these people, they themselves are easily exposed to the hetus. Also this is the age in which pitta get aggravated more. Also this indicates the dietary and habitual pattern of this age group. It means that total % of young middle age group affected by pittaj atisara, followed by 21-30 yrs age group i.e. 10 number of patients (33.33%)

3) Religion: Out of 30 patients in study maximum number of patient was found in hindu people i.e. 16 number of patients(53.33%), followed by Buddha religion i.e. 10 number of patients(33.33%), means the pittaj atisar is common in Hindu religion group. This is because of Hindu dominance population and then in Buddha religion.

4) Occupation: Out of 30 patients in study, mostly patients were from housewives, labor workers. They were 13(43.33%) and 7 (23.33%) respectively. It means pittaj atisar mostly observes in housewives and then in labor worker because of dietary and food habits

5) Socioeconomic state: According to economic status of patients, out of 30 patients in study most patients were from middle class and poor people group, while higher middle class was few. In observed study, maximum numbers of patient were of middle class and poor category of economic state, followed by hig her m iddle c lass p e ople . T h ey w e re 16(53.33%),12(40%),2(6.66%) respectively. It means in study middle class and lower economic groups were more sufferer. Though pittaj atisara was quite occupying in all economic status people.

6) Ahara: In clinical study, maximum numbers of patients were of vegetarian diet i.e. 19 people (63.33%) and other were of mixed diet i.e. 11 people (36.66%).

7) Prakruti: Maximum number of patients was found in Vatpitta dominance and Pittakapha dominance prakruti.they were 15(50%),10(33.33%) respectively, Followed by Kaphavata dominance prakruti.

Statistical Analysis:

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Median Value Day 0 BT</th>
<th>Median Value Day 7 AT</th>
<th>P value</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Malavega</td>
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<td>0</td>
<td>&lt;0.0001</td>
<td>Significant</td>
</tr>
<tr>
<td>Malavarna</td>
<td>2</td>
<td>0</td>
<td>&lt;0.0001</td>
<td>Significant</td>
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<tr>
<td>Mala Durgandhitwa</td>
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<td>0</td>
<td>&lt;0.0001</td>
<td>Significant</td>
</tr>
<tr>
<td>Trushna</td>
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<td>0</td>
<td>&lt;0.0001</td>
<td>Significant</td>
</tr>
<tr>
<td>Daha</td>
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<td>0</td>
<td>&lt;0.0001</td>
<td>Significant</td>
</tr>
<tr>
<td>Sweda</td>
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<td>Significant</td>
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<tr>
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<tr>
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<tr>
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<tr>
<td>Dehydration</td>
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</table>

CONCLUSION

The Bilvadi Yoga with anupan Tandulodaka & Madhu has very good effect on Pitta Atisara & is useful in reducing symptoms. The therapy is safe, easily available, cost effective and can perform at home.

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