Role of shodhan and shaman chikitsa in amlapitta

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Amlapitta is an ayurvedic disease which is characterized by group of symptoms like vomiting(chhardi), belching(amaudgar), salivation with or without nausea(utklesha and hrullas), retrosternal burning and throat burning(hrut kanth daha), headache(shiroshool). Today’s lifestyle like improper food intake, unhealthy way of living, lack of proper sleep, mental stress, is one of the prime reason to develop such a disease which has a troublesome effect on one’s day to day life. It is one of the important and chronic disease which has to be taken into consideration as it is affecting many people as the condition worsens if early intervention is not done. Keeping this in mind ayurvedic management is one such method which plays an important role in giving relief to patients. Therefore I did a study on group of patients suffering from amlapitta. An ayurvedic approach that is shodhan and shaman chikitsa is an ideal method which was followed and the results were drawn on the basis of observation.

KEYWORDS
Amlapitta, Shodhan chikitsa, Shama chikitsa.

Considering main concept of chikitsa of Amlapitta it was in mind to evaluatena shama yoga, which have-
1) Tikta, Katu Ras, katu vipaka, and ushan veeirya
2) Easy availability of drugs
3) Simple method of preparation
4) Easy root of administration of drugs.

Thus while going through different ayurvedic texts ‘GUDUCHYADI KWATHA AFTER VAMANA IN AMLAPITTA’ satated by Bhaishajya Ratnavli (Amlapitta chikitsa 56/13) Which contains Guduchi, Yastimadhu, Khadir Daruharidra fulfils all the above criteria.

MATERIALS & METHODS
Proceduer of Vaman:
Procedure of vanama was performed as follows:

A) Purvakarma
1) Pachana was given to the patients for 5 to 7 days for Aam Pachana. Sunthi or Trikatu was used for it.

2) To determine the dose of Ghrita used, for Abhyantar Snehana, Koshtha of patients was determined by giving Ghrita in Hrasiyasi matra (1 pala-40 ml) orally. According to time required for digestion of Hrasiyasi matra of Ghrita, uttam matra of sneha was calculated. Schedule for seven days of snehana was prepared in increasing dose. Daily increase in dose was equal for all days. Snehanap was advised for 3, 5 or 7 days as per Koshtha of patient.

3) After visualizing Samyaka Snehana symptoms, for Abhyantar Snehanapana, for Shivayan Snehana, Koshtha of patients was determined by giving ghrita in Hrasiyasi matra (1 pala-40 ml) orally. According to time required for digestion of Hrasiyasi matra of Ghrita, uttam matra of sneha was calculated. Schedule for seven days of snehana was prepared in increasing dose. Daily increase in dose was equal for all days. Snehanap was advised for 3, 5 or 7 days as per Koshtha of patient.

4) Bahya snehana was done with Til Tail. For swedana Bashpa Sweda in Swedana case was performed. Sign and Symptoms of Samyaka Swedana were looked in every patient.

5) Utkleshakara Ahara was given on rest day in the Dinner

B) Pradhana Karma
1) Pachana was given to the patients for 5 to 7 days for Aam Pachana. Sunthi or Trikatu was used for it.

2) Afterward Bahya snehana and Swedana was done just before...
introducing Vaman drug

3) Yashtimadhu Fanta was used for Akanta Pan as per requirement and capacity of patient. Yashtimadhu Fanta was prepared using standard method of Fanta preparation as per narrated by Sharangadharana. And it was given to patient for Akanta Pan.

4) Vamana Yoga (Vamana drug)

Madanphala pippali- 4gm
Saindhava- 1gm
Madhu – as per requirement

5) Dose- May be adjusted as per Bala of Patient

6) After Akantha Pan Madanphala Yoga was administered to Patient.

Samyaka vamana was observed according to Antiki, Vaigiki, Maniki and Laimiki Parikshas

C) Pashchyata Karma-

1) Dhumpana was given to patient after completion of Vamana procedure after 1 Moohurta i.e 48 minutes.

2) According to type of Shuddhi achieved Sansarjana KRama was advised to the patient for 1,2 or 3 annakala

Patient was advised to come for follow up after completion of Sansarjan Karma. Then oral drug Therapy was started

Drug Name: Guduchyadi Kwatha

1. Contents: Guduchi
Khadir
Daruharidra
Yastimadhu
All contents are in equal quantity
2. Preparation – was prepared as per Sharangdhar Samhita
3. Dose- 40 ml BD
4. Anupan – Madhu
5. Duration- 12 weeks
6. Diet – Regular diet was advised.
7. Pregnant and lactation
8. Immuno-compromised patients and patients on AKT
9. Patients with multisystem diseases or who are seriously ill
10. Patients having symptoms of ‘Hyperacidity’

CRITERIA FOR SELECTION OF PATIENTS

A) Inclusion Criteria

1. Age group 20 yrs to 70 yrs
2. Sex- Both Males and Females
3. Patients with Symptoms of Amlapitta
4. Patients with Symptoms of Amlapitta were selected
5. Patients having symptoms of ‘Hyperacidity’

B) Exclusion Criteria

1. Age group below 16 yrs and above 70 yrs
2. Patients having past history of hemorrhage esophageal varices
3. Patients having hyperacidity due to secondary underlying cause like esophageal carcinoma, chronic alcoholic liver disease, purpura, Koch’s Cardiovascular disorder DM
4. Patients with multisystem diseases or who are seriously ill
5. Immuno-compromised patients and patients on AKT
6. Pregnancy and lactation
7. All the contraindications for the vamana karma told by Aacharyas in Samhitas i.e Avamya

Drug- Guduchadi Kwatha after Vamana karma
Dose – 40 ml BD
Anupana- MADhu
Duration of Treatment- 12 weeks
Follow up- weekly

Investigations:

All baseline investigations required for the study and for screening was carried our initially and on completion of study. Such as CBC, ESR, LFT, RFT, BSL (Fasting & PP), HIV, VDRL, Gastroscopy

CRITERIA FOR ASSESSMENT

1. Chardi: Vomiting
2. Amlaudgar: Burp or Belching was asked for with sour or bitter taste
3. Tiktodgara: Bup or belching was asked for with sour or bitter taste
4. Utklesh and Hrullas: Salivation with or without nausea
5. Hrut-Kantha Daha: Retrosternal burning and burning sensation near throat
6. Shiroshoola: Headache

STATISTICAL ANALYSIS

All the data generated and collected during the study was subjected to statistical analysis to reach final result and conclusion

a) For subjective Parameters (Qualitative Data) Wilcoxon Signed rank test and Chi Square test was applied

b) For Objective Parameters paired “t” test.

Level of Significance

p <0.05 is statistically significant.

OVERALL ASSESSMENT OF THERAPY

The effect of Therapy was assessed as follows

Complete relief- 100%
Marked relief- More than 75%
Moderate Relief- 50-75%
Mild Relief- 25-50%
NO relief- below 25%

OBSERVATION & RESULTS

Observations:
The effect of Drug on ‘Amlapitta’ Symptoms were observed accordingly

Age – 55% were from 30 to 40 yrs age group
Sex- 50% males and 50% Females
Occupation- 35% House wife, 30% Service man, 20% labour
Economical Status- 40% lower class, 40% Middle class, 20% Higher class

Ahar (Diet)- 70% mixed diet, 30% vegetarian Diet

Vyasan (addiction) – 10% alcohol addiction , 15% smoking/tobacco, 25% Both alcohol and smoking/tobacco, 35% Tea, Coffee addiction, and 15% no addiction

Prakruti – 60% pittakafa prakruti, 25% kafavata, 15% vata pitta

Koshta- 45% visham agni, 35% mandagni, 20% tikshna agni

Koshtha- 40% Krurkoshtha, 45% Madhya koshta & 15% mridu koshta

Chronicity – 35% less than 1 year, 25% more than 2 years, 30% 1½ - 2 years, 10% – 1to 1½ years

Table showing effect on symptoms score of 20 patients of Amlapitta in group A

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Symptom</th>
<th>BT</th>
<th>AT</th>
<th>Difference</th>
<th>Percentage of Relief</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chardi</td>
<td>49</td>
<td>9</td>
<td>39</td>
<td>81.25</td>
</tr>
<tr>
<td>2</td>
<td>Amloudgar</td>
<td>50</td>
<td>11</td>
<td>39</td>
<td>78</td>
</tr>
<tr>
<td>3</td>
<td>Tiktodgara</td>
<td>49</td>
<td>8</td>
<td>41</td>
<td>83.673</td>
</tr>
<tr>
<td>4</td>
<td>Amloutklesh</td>
<td>51</td>
<td>8</td>
<td>43</td>
<td>84.313</td>
</tr>
<tr>
<td>5</td>
<td>Tiktoutklesh</td>
<td>48</td>
<td>6</td>
<td>42</td>
<td>87.5</td>
</tr>
<tr>
<td>6</td>
<td>Daha</td>
<td>50</td>
<td>10</td>
<td>40</td>
<td>80.00</td>
</tr>
<tr>
<td>7</td>
<td>Shiroshoola</td>
<td>23</td>
<td>2</td>
<td>21</td>
<td>91.30</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>319</td>
<td>54</td>
<td>265</td>
<td>83.072</td>
</tr>
</tbody>
</table>

Effect of Therapy on Symptoms score:

It was observed that overall percentage of relief (83.07%)
Table showing total effect of therapy in 20 patients of “Amlapitta” by Wilcoxon Matched Pairs signed Ranks test

<table>
<thead>
<tr>
<th>No</th>
<th>Symptom</th>
<th>Mean</th>
<th>SD</th>
<th>SEd</th>
<th>Z</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Chardi BT</td>
<td>2.400</td>
<td>0.6806</td>
<td>0.1522</td>
<td>1.950</td>
<td>0.0501</td>
</tr>
<tr>
<td></td>
<td>AT Diff</td>
<td>1.6048</td>
<td>0.1352</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Amloudgar BT</td>
<td>2.500</td>
<td>0.6707</td>
<td>0.1357</td>
<td>1.950</td>
<td>0.0501</td>
</tr>
<tr>
<td></td>
<td>AT Diff</td>
<td>1.5927</td>
<td>0.1352</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Tiktooudgar BT</td>
<td>2.450</td>
<td>0.6048</td>
<td>0.1352</td>
<td>1.950</td>
<td>0.0501</td>
</tr>
<tr>
<td></td>
<td>AT Diff</td>
<td>1.4900</td>
<td>0.1352</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Amloutkles BT</td>
<td>2.550</td>
<td>0.6048</td>
<td>0.1352</td>
<td>1.950</td>
<td>0.0501</td>
</tr>
<tr>
<td></td>
<td>AT Diff</td>
<td>0.4900</td>
<td>0.1352</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Tiktooutkles h</td>
<td>2.400</td>
<td>0.5982</td>
<td>0.1338</td>
<td>1.950</td>
<td>0.0501</td>
</tr>
<tr>
<td></td>
<td>AT Diff</td>
<td>0.4600</td>
<td>0.1338</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Daha BT</td>
<td>2.500</td>
<td>0.6200</td>
<td>0.1357</td>
<td>1.950</td>
<td>0.0501</td>
</tr>
<tr>
<td></td>
<td>AT Diff</td>
<td>0.5600</td>
<td>0.1357</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Shiroshool BT</td>
<td>1.5050</td>
<td>0.6048</td>
<td>0.1352</td>
<td>1.950</td>
<td>0.0501</td>
</tr>
<tr>
<td></td>
<td>AT Diff</td>
<td>0.4600</td>
<td>0.1352</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Conclusions

Here, based upon the result of the clinical study assessed in the form of tables and graphs in Observations chapter & discussed in previous chapter, conclusions of study is presented.

Amlapitta is result of Agnidushthi. It is chronic in nature and difficult to cure. In this disease, dosha involved are Pachaka Pitta having ‘Amla’ & ‘Drava’ guna pradhanya along with Saman Vayu & Kledaka Kapha, Dushya are Rasa & Rakta, Strotasa- Rasa, Rakta, Annavaha and purishvaha are involved.

‘Urdhavaga Amlapitta’ can be correlated with ‘Hyperacidity’ in modern medicine. Rog-Vishesha Vidnyana of ‘Urdhha Amlapitta’ can be correlated with ‘Hyperacidity’.

With the help of results obtained in clinical study following conclusions can be made.

1. Majority of the patients were from the age group 30-40 yrs.
2. Males than females have equal prevalence of Amlapitta
3. Most of the patients were from middle class income group
4. 15% patients were free form any kind of Vyasan, others had some sort of Vyasan such as Tea/Coffee, smoking, alcohol etc.
5. Most of the patients included in the study were of pittapKapha prakriti
6. Maximum Patients having history of Ratrijagarana, Diwaswap
7. Manasika Hetu- from total sample in 32.5% of patients mansika hetu like stress, anxiety was observed

So we can conclude that prevalence of amlapitta is more in pittakapha pradhan prakriti, middle age individuals & Middle economic class, Also history of addiction, Non-veg consumption, habit of Ratrijagarana, Diwaswap, psychological factors like stress, anxiety were observed as main cause factors for aplapitta.

1) % Wise Improvement of Symptoms
A significant improvement was observed in symptoms. Vamanottar Guduchiyadi Kwatha reduced symptoms upto 83.07% which is very beneficial. However Wilcoxon test applied to effect of therapy on symptoms is found highly significant. It indicates that Guduchyadi Kwatha is effective in reducing symptoms of Urdhavaga Amlapitta

2) Symptom score was evaluated by Mann-Whitney test
Symptoms are effectively relieved by the therapies Vamanottar Guduchi Kwatha having better action;

3) Pathological Improvement
A significant improvement was observed in Gastroscopy before n after treatment. Vamanottar Rudychyadi Kwatha reduces Gastroscopic changes markedly

Finally we can conclude that

• Vaman Karma ‘ and Guduchiyadi Kwatha’ are also highly effective in the management of Urdhavaga Amlapitta
• Therefore we can say that, shodhanapurvak shaman chikitsa is better than shaman chikitsa alone in Urdhavaga Amlapitta as it cures the root cause of the disease because of ‘Samprapti Bhanga’
• Treatments are safe and there is no side effects observed during the study.

Table showing total effect of therapy in 20 patients of Amlapitta

<table>
<thead>
<tr>
<th>No</th>
<th>Total effect of Therapy</th>
<th>Group A</th>
<th>No of Patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cured (100 % relief)</td>
<td>3</td>
<td>15 %</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Marked Relief (&gt; 75 % relief)</td>
<td>14</td>
<td>70 %</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Moderate Relief (50-75 % relief)</td>
<td>3</td>
<td>15 %</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Mild Relief (25-50 % relief)</td>
<td>0</td>
<td>0 %</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>No Relief (&lt; 25 % relief)</td>
<td>0</td>
<td>0 %</td>
<td></td>
</tr>
</tbody>
</table>

Table 3: Effect of Hematological investigations by paired ‘t’ test

<table>
<thead>
<tr>
<th>No</th>
<th>Investigation (Units)</th>
<th>Mean</th>
<th>SD</th>
<th>SEd</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hb. (gm%)</td>
<td>11.54</td>
<td>11.51</td>
<td>0.030</td>
<td>0.798</td>
<td>0.3758</td>
</tr>
<tr>
<td>2</td>
<td>RBC (million/mm³)</td>
<td>4.19</td>
<td>4.23</td>
<td>0.40</td>
<td>0.6669</td>
<td>0.6002</td>
</tr>
<tr>
<td>3</td>
<td>WBC (million/mm³)</td>
<td>5955</td>
<td>5970</td>
<td>15.00</td>
<td>82.166</td>
<td>0.1826</td>
</tr>
<tr>
<td>4</td>
<td>ESR</td>
<td>18.70</td>
<td>18.25</td>
<td>0.45</td>
<td>0.7415</td>
<td>0.6069</td>
</tr>
<tr>
<td>5</td>
<td>BSL F</td>
<td>88.80</td>
<td>90.20</td>
<td>1.40</td>
<td>0.8221</td>
<td>1.703</td>
</tr>
<tr>
<td>6</td>
<td>BSL PP</td>
<td>113.3</td>
<td>113.7</td>
<td>0.40</td>
<td>1.286</td>
<td>0.3110</td>
</tr>
<tr>
<td>7</td>
<td>SGOT</td>
<td>26.05</td>
<td>25.45</td>
<td>0.60</td>
<td>0.8059</td>
<td>0.7445</td>
</tr>
<tr>
<td>8</td>
<td>SGPT</td>
<td>25.00</td>
<td>25.65</td>
<td>0.65</td>
<td>0.9550</td>
<td>0.6806</td>
</tr>
<tr>
<td>9</td>
<td>S. Bilirubin</td>
<td>0.80</td>
<td>0.78</td>
<td>0.02</td>
<td>0.2359</td>
<td>0.5558</td>
</tr>
<tr>
<td>10</td>
<td>Blood Urea</td>
<td>23.30</td>
<td>23.30</td>
<td>0.00</td>
<td>0.5477</td>
<td>0.0000</td>
</tr>
<tr>
<td>11</td>
<td>S. Creatinine</td>
<td>0.880</td>
<td>0.825</td>
<td>0.055</td>
<td>0.0320</td>
<td>1.718</td>
</tr>
<tr>
<td>12</td>
<td>BUN</td>
<td>10.345</td>
<td>10.390</td>
<td>0.45</td>
<td>1.0570</td>
<td>0.4255</td>
</tr>
</tbody>
</table>

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