



Role of *Abhayadi Churna* in *Amlapitta*

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DOI: <https://doi.org/10.33545/26647222.2021.v3.i2a.20>

Abstract

Diseases and sufferings have become fundamental traits of human beings since ancient time. Earlier, Infectious diseases were the biggest cause of death globally. But now, the drift is changing towards increased prevalence of chronic diseases with causative factors mostly related to diet and lifestyle. One among them is *Amlapitta*, a disease of *Annavaaha Srotasa* mainly caused by intake of *Dushta*, *Viruddha*, *Amla*, *Vidahi* and *Pitta Prakopi Ahara*. *Amlapitta* is a result of inappropriate dietary regimen or stress. The signs and symptoms of *Amlapitta* are very similar to gastritis or Hyperacidity. According to Modern science, the most common causes of gastritis are H. pylori infections and prolonged use of Non-Steroidal Anti-Inflammatory Drugs (NSAIDS). *Ayurveda* states that *Agni* is responsible for both Health & Disease and the main cause for all the diseases is mainly the hypo-functioning of *Agni*. Keeping the same in mind, present study was carried out to assess the Role of *Abhayadi Churna* in *Amlapitta*. For this study 40 patients were selected on the basis of inclusion and exclusion criteria and were assessed on the basis of subjective parameters by applying appropriate statistical test. Most of the patients showed moderate to marked improvement in their symptoms. From this study it can be concluded that *Amlapitta* can be managed effectively with *Abhayadi Churna* as it consists of *dravyas* that possess *Katu-Tikta-Madhura rasa* and *Deepan-pachana* properties.

Keywords: *Amlapitta*, *Abhayadi Churna*, *Agni*, *faulty diet*, *hyperacidity* etc

Introduction

Before the existence of human beings, there was existence of science. *Ayurveda*, one of the ancient nature-based sciences of the universe also exist from time immemorial. Problems always come up with definitive solution. So, very true in case of Diseases. Even Ailments never exist without its remedy. According to NDDIC (National Digestive Disease Information Clearing house), the prevalence rate of Gastritis is 10 million while of Peptic ulceration is 5 million (1987) in India. About 11% to 38.8% of world population, 7.6% of Indians have significant symptoms of acid peptic disease^[1].

Ayurveda states that *Agni* is responsible for both Health & Disease and the main cause for all the diseases is mainly the hypo-functioning of *Agni*^[2]. According to *Acharya Sushruta*, the food which is not properly digested becomes toxic (*Shukta*), this inturn combines with *Pachaka Pitta* and leads to the origin of various *Pitta* dominant diseases. *Amlapitta* is one of them. *Acharya Kashyapa* was the first to give a detailed description of the disease. *Kashyapa* stated that the disease is instigated by vitiation of *Tridoshas* leading to *Mandagni* and *Amlapitta*^[3]. He described it as "*Bhishakamohakara*" as clinical picture of the many diseases like *Vidagdhajirna*, *Parinamashoola*, *Annadrava*

shoola, *Pittaja shoola*, *Pittaja Grahani* are overlapping with *Amlapitta* so it's very difficult to diagnose it and differentiate it. *Amlapitta* is *Pitta* dominant disease and considering same, the drug chosen for study is *Abhayadi Churna*^[4] described in *Bhaishajya Ratnavali* which contains *Haritaki*, *Pippali*, *Dhanyaka*, *Draksha*, *Sita*, *Yavasa*. Most of the contents having *Vata pitta shamak*, *Rochana*, *Deepana*, *Pachana*, *Anulomana* property^[5]. The assessment of effect of *Abhayadi Churna* in the patients of *Amlapitta* is the chief objective of the study with the replacement of the modern drugs by a safe and effective alternative in *Ayurveda*. The important concern towards health care system is high cost of medicine. But as far as *Abhayadi Churna*, it is cost effective and easy to prepare. So, testing its efficacy would come up as an asset to the health care arena.

Aims and Objectives of Study

- To study the aetiopathogenesis of *Amlapitta*.
- To evaluate the effect of *Abhayadi Churna* in the treatment of *Amlapitta*.
- To provide reliable, cost effective Ayurvedic treatment for *Amlapitta* with minimum/no recurrence.

Materials and Methods

Selection of patients

Total 40 Patients with clinical features of the *Amlapitta* from the OPD of *Kayachikitsa, Acharya Pandit Mukundi Lal Dwivedi Ayurvedic Chikitsalaya*, Rishikul Campus, UAU Haridwar were selected randomly for this clinical study, irrespective of sex, religion, occupation, etc. A detail proforma was prepared on the basis of the *Ayurvedic* text and allied sciences. The patient who fulfilled the inclusion and exclusion criteria were registered on this proforma and scoring of the different clinical features was done on the assessment criteria.

Selection of sample: Randomized Sampling

Type of study- Single arm open trial

Level of study- OPD and IPD level

Period of study- 18 months (1½ year)

Duration of treatment- 45 days

Method of Treatment/Intervention

- Selection of Drug- *Abhayadi Churna*
- Form of Medicine- *Churna*
- Composition of Medicine

Table 1: Constituents of *Abhayadi Churna*

Name of drug	Botanical name	Family	Part	Part used
1. <i>Haritaki</i>	<i>Terminalia chebula</i>	Combretaceae	1	Fruit
2. <i>Pippali</i>	<i>Piper longum</i>	Piperaceae	1	Fruit
3. <i>Draksha</i>	<i>Vitis vinifera</i>	Vitaceae	1	Fruit
4. <i>Dhanyak</i>	<i>Coriandrum sativum</i>	Umbelliferae	1	Fruit
5. <i>Yavasa</i>	<i>Alhagi camelorum</i>	Leguminaceae	1	Whole plant
6. <i>Sita</i>	Crystallized Rock Sugar	----	1	Sugar crystals

d. Dose of Medicine- 5 gm BD with honey

e. Route of Administration- Oral

Reason for Dropouts

Initially 40 patients were registered for the study out of which 02 patients were dropped out in due course due to unknown reason.

Assessment

The assessment of the patients was done 3 times at the interval of 15 days.

Follow Up

The follow up was done 15 days after completion of treatment.

Inclusion criteria

- Classical symptoms of *Amlapitta* as described in *Ayurvedic texts* i.e. *Amlodgara, Tiktodgara, Kantha daha, Uraha daha, Aruchi, Utklesha, Udara Adhmana, Avipaka, Gaurava, Klama, Shiroruka*.
- Age 30-60 years.
- GERD without any metabolic complication.

Exclusion criteria

- Age group < 30 years and > 60 years.
- Known case of Gastric and Duodenal ulcer
- Known case of Gastric carcinoma
- Known case of Chronic gastritis (more than 1 year)
- Any other chronic illness.
- Known case of Barrett's Oesophagus.
- Addicted to alcohol.

Criteria for Withdrawal

- Personal matter
- Aggravation of complaints
- Intercurrent illness
- Any other difficulties
- LAMA (patient leave against medical advice)

Investigations

- Hb%, T.L.C, DLC, ESR
- Urine- Routine & Microscopic
- S. Bilirubin (T), SGOT, SGPT
- Blood Sugar (Random)
- USG (whole abdomen) if required.

The investigations were carried out before and after completion of trial.

Assessment Criteria

Assessment of the effect of the treatment was done on the basis of the relief in the subjective parameters of *Amlapitta*. The scores were recorded before and after the treatment, statistically analyzed and percentage of relief were noted to assess the efficacy of the trial drug.

Table 2: Grading of subjective parameters

Parameters	Grade 0	Grade 1	Grade 2	Grade 3
<i>Avipaka</i>	Absent	Digests food in 9 hours	Digests food in 12 hours	Digests food in 24 hours or more
<i>Tikta-amla Udgara</i>	Absent	After taking spicy food	After taking any food	Having no relation with food
<i>Hrit-Kantha Daha</i>	Absent	After intake spicy food	After intake of normal food	Even empty stomach
<i>Gaurava</i>	Absent	After taking more quantity of heavy food.	Even after taking light food.	Even on empty stomach
<i>Utklesha</i>	Absent	After eating some peculiar food.	After eating all kinds of food.	Full day nausea, no relation with food.
<i>Klama</i>	Absent	Mild fatigue during morning hours.	Loss of partial interest in work.	Loss of total interest in work.
<i>Aruchi</i>	Absent	Eat food only two times without any snacks in between.	Eat only once.	Have no feeling of appetite.
<i>Shiroruka</i>	Absent	Occasionally	Almost daily	Throughout the day, need medication.
<i>Adhmana</i>	Absent	Occasional feeling of distention without pain.	Frequent feeling of distention with offensive flatus.	Continuous distended abdomen.

Observation and Results

Statistical analysis

- Wilcoxon Signed rank test was applied on the subjective parameters.
- The test was carried at the 0.05, 0.01, 0.001 level of P.
- Thus, the obtained result was interpreted as:
- P>0.05 Not Significant, P>0.01 & <0.05 Significant, P<0.01 highly significant.

Assessment of Overall Effect of the Therapy

Percentage of improvement of individual patient was calculated as shown below:

- All the BT. score of the above-mentioned subjective parameters of the patient were added.
- All the AT. Score of the above-mentioned subjective parameters of the patient were added.

Overall percentage improvement of each patient was calculated by the following formula:

$$\frac{\text{Total BT} - \text{Total AT}}{\text{BT}} \times 100$$

Over-all assessment of therapy

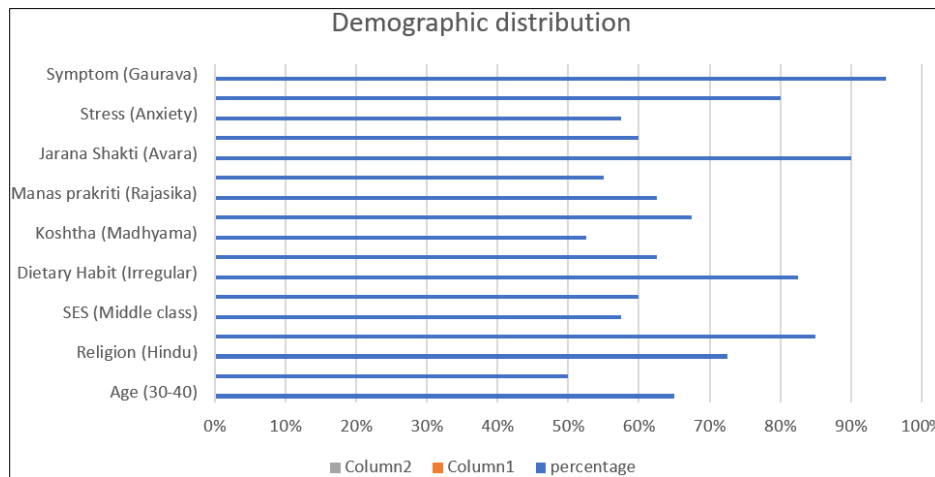
The result thus obtained from individual patient was categorized according to the following grades:

Complete remission: 100% relief

Marked improvement: >75% to 99% relief
 Moderate improvement: >50% to 75% relief
 Mild improvement: ≥25% to 50% relief
 No improvement: <25% relief.

Table 3: Demographic distribution of patients

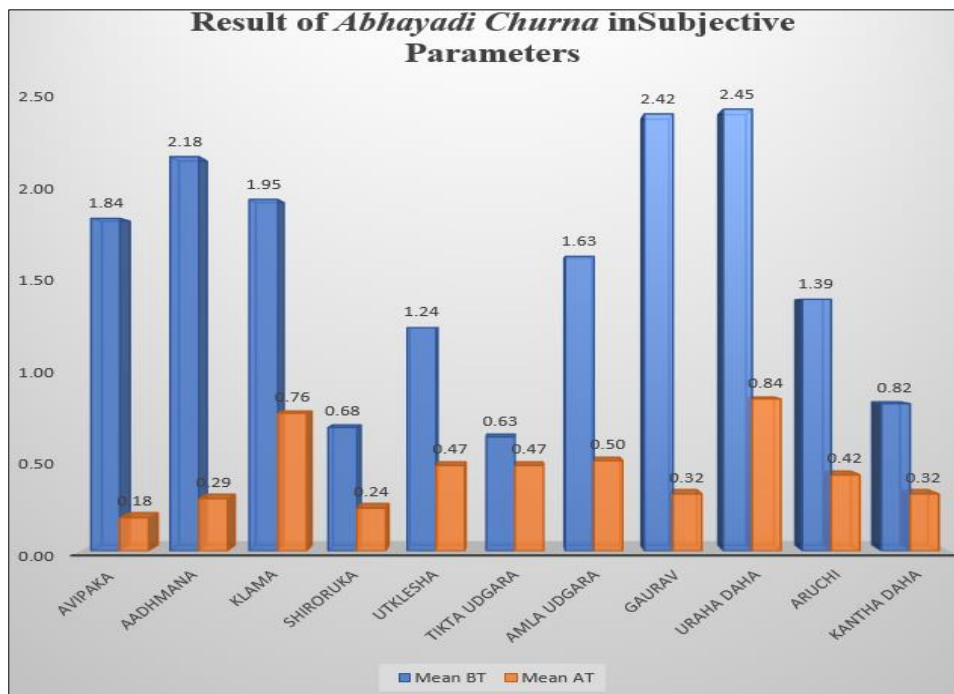
S. no.	Features	No. of patients	Percentage (%)
1.	Age (30-40)	26	65%
2.	Sex (Male)	20	50%
3.	Religion (Hindu)	29	72.5%
4.	Marital status (Married)	34	85%
5.	SES (Middle class)	23	57.5%
6.	Diet (Vegetarian)	24	60%
7.	Dietary Habit (Irregular)	33	82.5%
8.	Agni (Mandagni)	25	62.5%
9.	Koshtha (Madhyama)	21	52.5%
10.	Deha Prakriti (Vata-Pittaja)	27	67.5%
11.	Manas Prakriti (Rajasika)	25	62.5%
12.	Abhyavarana Shakti (Avara)	22	55%
13.	Jarana Shakti (Avara)	36	90%
14.	Bowel (Irregular)	24	60%
15.	Stress (Anxiety)	23	57.5%
16.	Vyayama Shakti (Avara)	32	80%
17.	Symptom (Gaurava)	38	95%



Graph 1: Demographic distribution of patients

Table 4: Assessment of result of *Abhayadi Churna* in subjective parameters of *Amlapitta*

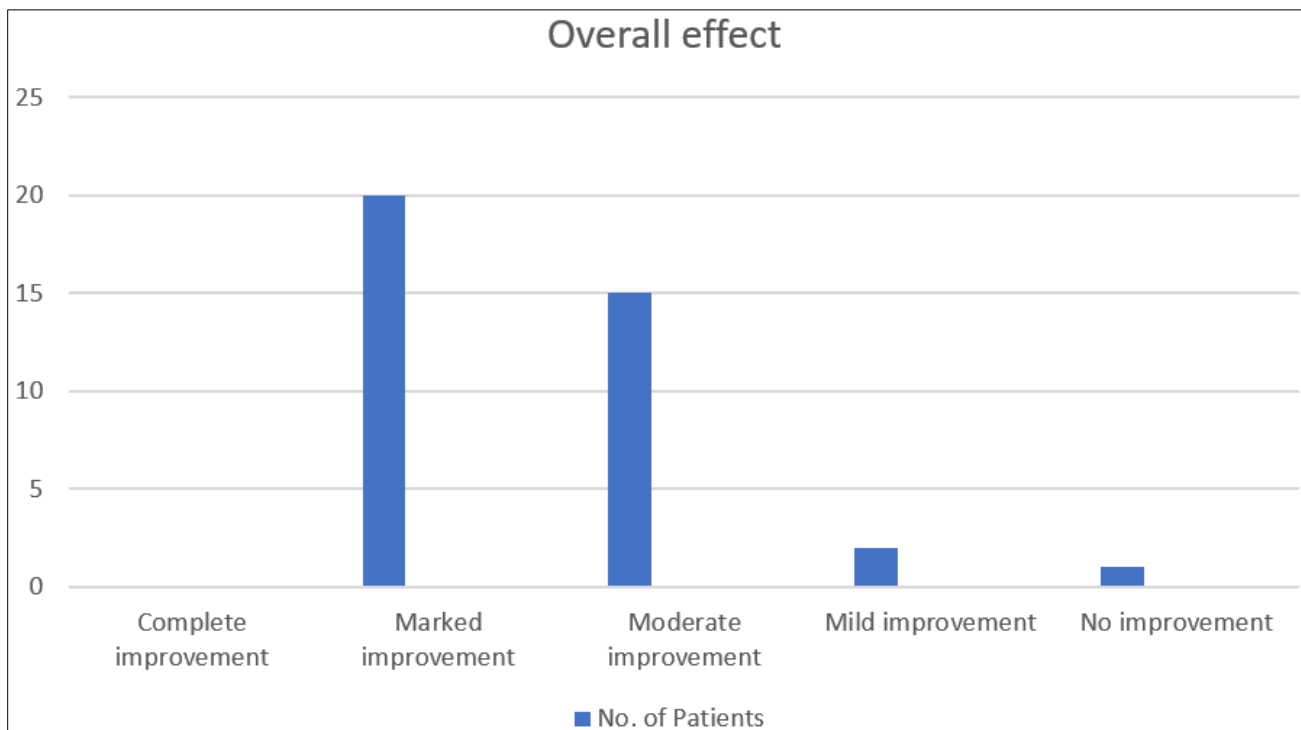
Parameter	Mean		Median		SD		Wilcoxon W	P-Value	% Effect	Result
	BT	AT	BT	AT	BT	AT				
<i>Avipaka</i>	1.84	0.18	2	0	0.79	0.51	-5.295 ^a	<0.001	90	HS
<i>Adhmana</i>	2.18	0.29	2.5	1	1.04	0.46	-5.107 ^a	<0.001	86.75	HS
<i>Klama</i>	1.95	0.76	2	0	1.04	0.79	-5.061 ^a	<0.05	60.81	Sig
<i>Shiroruka</i>	0.68	0.24	0	0	0.87	0.49	-3.314 ^a	<0.05	65.38	Sig
<i>Utklesha</i>	1.24	0.47	1.5	0	1.13	0.6	-4.123 ^a	<0.05	61.7	Sig
<i>Tikta udgara</i>	0.63	0.47	0	0	1.17	0.86	-2.724 ^a	>0.05	25	NS
<i>Amla udgara</i>	1.63	0.5	2	0	1.28	0.56	-4.532 ^a	<0.05	69.35	Sig
<i>Gaurava</i>	2.42	0.32	2	1	0.64	0.53	-5.315 ^a	<0.001	86.96	HS
<i>Uraha Daha</i>	2.45	0.84	3	1	0.95	0.72	-5.165 ^a	<0.05	65.59	Sig
<i>Aruchi</i>	1.39	0.42	1.5	0	1.28	0.68	-4.261 ^a	<0.05	69.81	Sig
<i>Kantha Daha</i>	0.82	0.32	0	0	1.31	0.7	-2.850 ^a	<0.05	61.29	Sig



Graph 2: Result of Abhayadi Churna in subjective parameters

Table 5: Estimation of overall response in patients of Amlapitta

Overall effect	Frequency	Percentage
Complete Improvement	0	0.0%
Marked Improvement	20	52.63%
Moderate Improvement	15	39.47%
Mild Improvement	02	5.26%
No Improvement	01	2.63%
TOTAL	38	100%



Graph 3: Estimation of overall effect in Amlapitta

Discussion

Discussion on observations

Maximum 65% patients were in the age group 30-40 (*Pitta* predominance age, habit of consuming more junk food, neglect dietary regimen, anxiety due to instability of economic status and struggle), Married (85%) due to Responsibility, adjustment with adverse situations, economic condition and attention to family, Graduates (40%) due to their busy work schedule, irregular dietary pattern, tendency to consume outside food, remain awake till late nights (*Ratrijagrana*) [6], house wives (42.5%) as they ignore their preferences, skip their meals and also the stress to look after their families, belonging from middle class (57.5%), 57.5% of patients were not doing any exercise as According to *Acharya Charaka*, proper exercise leads to *Agnivridddhi* and *Dosha Kshaya* [7], *Mandagni* (62.5%) as *Nidana Sevana* pedigrees *Agninirvapana* by growing *Dravatva* of *Pachaka Pitta* and *Snigdha guna* of *Kledaka Kapha* which propagate *Klinnata* in our body. This excessive *kleda* causes *Agnimandya* and produces *Ama*. According to *Acharya Vagbhata*, *Mandagni* is the main cause of origin of maximum diseases. *Vata-Pittaja Prakriti* (67.5%), afflicted with anxiety (57.5%), habituated in *Vishamasana* dietary habit (82.5%) as *Acharya Charaka* mentioned *Vishamasanata* in one of the causes of *Agnimandya* and *Ajirna* [8], *Avara Abhyavrana Shakti* (55%) and *Avara Jarana Shakti* (90%) as *Mandagni* and *Ajirna* affects the *Abhyavrana* and *Jarana Shakti*. In the present study, in all symptomatic assessment, symptom of *Gaurava* was found in maximum patients (95%) followed by *Avipaka* and *Uraha Daha* (90%), *Aadhmana* (85%). In this disease, main cause is *Agnimandya* leading to *Ajirna* & *Ama*. *Lakshana* of *Sama dosha* mentioned by *Acharya Vagbhata* includes *Gaurava*, *Avipaka* & *Bala bhransha*.

Discussion on effect of therapy

- Statistically highly significant result was found in subjective parameters like *Avipaka*, *Adhmana* and *Gaurava*, as P- value is less than 0.001 (P< 0.001) in each symptom.

- Statistically significant result was found in subjective parameters like *Klama*, *Shiroruka*, *Utklesha*, *Amla-Udgara*, *Uraha Daha*, *Aruchi* and *Kantha Daha* as P- value is less than 0.05 (P< 0.05) in each symptom.
- Statistically not significant result was found in *Tikta-Udgara* because P- value is greater than 0.05 (P> 0.05).

Assessment of total outcome

Complete remission (100% relief): There is no patient belonging to this group.

Marked improvement (>75%): 52.63% of patients belongs to this group.

Moderate improvement (50- 75%): 39.47% of patients belongs to this group.

Mild improvement (25- 50%): 5.26% of patients belongs to this group.

No improvement (<25%): 2.63% of patients belongs to this group.

Probable Mode of Action of *Abhayadi Churna*

According to *Acharya Kashyapa*, the aim of treatment is to smoothly enhance the body and longevity and pacification of the disease [9]. Before giving medicine to any patient, the following parameters should be minutely assessed such as *Dushya, Desha, Bala, Kala, Agni, Prakriti, Vaya, Satva, Satmya* and *Ahara avastha*. Keeping the same in mind, here an effort is made to explain the probable mode of action of the *Abhayadi Churna*. Majority drugs have *Tikta-Madhura rasa*, *Madhura Vipaka*, *Shita Virya*, *Tridoshanashaka* properties and *Deepana-Pachana karma* [10].

Madhu which is used as an *Anupana* helps in pacification of *Pitta* due to its *Pichhila Guna, Kashaya-Madhura Rasa* and *Madhura Vipaka*.

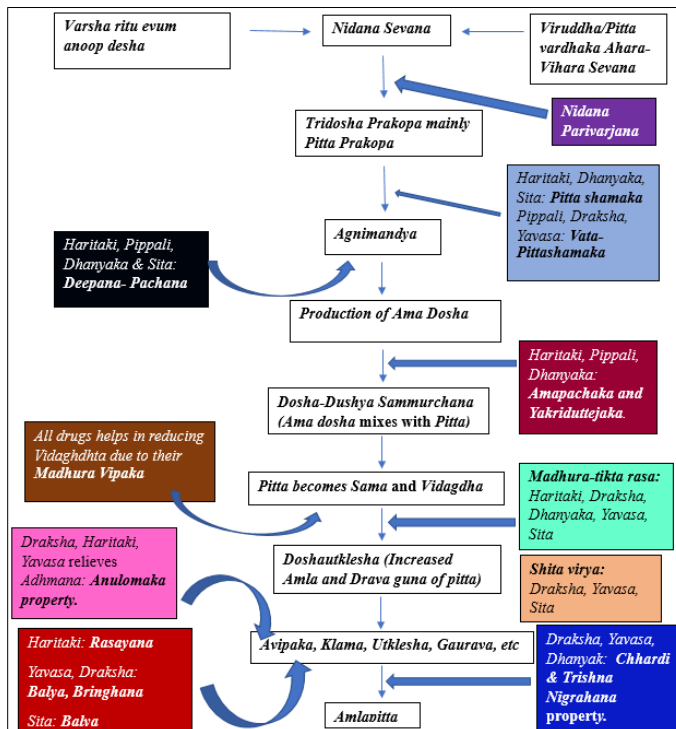


Fig 1: Samprapti vighatana

Conclusion

Jatharagni is the leader of all factors concerned with digestion and metabolism in the living body. *Amlapitta* is *Pitta Pradhana Vyadhi* which has clinical features similar to Acid peptic disease. *Ahara* (Dietary factors), *Vihara* (Lifestyle), *Manasika* (Psychological factors), *Agantuja hetus*, Faulty eating habits, stress, NSAIDs are the major etiological factors for the manifestation of the disease. Maximum patients had the history of *Vishamasana* and *Mandagni* which clearly shows the importance of *Ahara Vidhi Vidhana* while intake of food. In present study, effect of *Abhayadi churna* was recorded by using the classical symptoms of *Amlapitta*. The result demonstrated that drug was very much effective for relieving the signs and symptoms of the patients of *Amlapitta*. During follow up of 15 days period it was found that there was relapse of few symptoms with less intensity. No adverse effect of the therapy was noted during the trial and in the follow-up period. So, it can be concluded that the *Ayurvedic* management provide better alternative to allopathic treatment in treating *Amlapitta* without any side-effects as seen in PPI's and H₂ blockers.

Recommendations

- Study should be repeated by taking larger sample with longer duration to see effectiveness of drugs in managing the disease.
- A comparative study of *Abhayadi churna* can be conducted to compare its efficacy with some standard drug of *Amlapitta*.

The inclusion of further assessment criteria like pre- and post-treatment gastro- duodenoscopy and gastric juice analysis may be helpful to give some clues on histological changes in future studies.

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