

CLINICAL MANAGEMENT OF AMLAPITTA WITH KHANDA KUSHMANDA AVALEHA

Dr. Deepika Yadav*

Assistant Professor, Kayachikitsa Department, Faculty of Indian Medical System, SGT University, Chandu Budhera, Gurgaon, Haryana.

Received date: 21 November 2019

Revised date: 11 December 2019

Accepted date: 01 January 2020

*Corresponding author: Dr. Deepika Yadav

Assistant Professor, Kayachikitsa Department, Faculty of Indian Medical System, SGT University, Chandu Budhera, Gurgaon, Haryana.

ABSTRACT

One of the very common diseases caused by unhealthy food habits and lifestyle activities is Amlapitta. A clinical trial was conducted to manage the disease through Khanda Kushmanda Avaleha. 25 patients diagnosed as Amlapitta were selected from OPD and IPD of Ayurveda Mahavidyalaya, Hubli, Karnataka who fulfilled the inclusion criteria. Special clinical proforma, based on criteria of selection and parameter, for assessment of subjects was prepared. All 25 patients were given 25 gms of Khanda Kushmanda Avaleha along with Sukhoshna Dugdha as anupana for 30 days. Results were statistically significant. Out of 25 subjects, 80% subjects showed excellent response. 12% subjects showed good response. Moderate response was shown by 8% subjects. The study revealed that Khanda Kushmanda Avaleha showed excellent results in the management of Amlapitta.

KEYWORDS: Amlapitta, Khanda Kushmanda Avaleha.

INTRODUCTION

One of the very common disease caused by unhealthy food habits and lifestyle activities is Amlapitta. Indulgence in food which is of incompatible combination, spoiled, very sour, food and drinks which cause increase of Pitta, Eating food before the previous food is digested, untimely food, eating too much of acidic food, eating when not hungry, drinking too much water during food and at a time unless required, very hot high fatty-fried food, stale food, heavy diet, excess consumption of horse gram vitiate all the three body humours (Tridosha) and produces Amlapitta.^[1,2]

Amlapitta is mentioned in Kashyapa Samhita,^[3] Madhava Nidana,^[4] Bhavaprakasha,^[5] and Chakradatta.^[6] Charaka Samhita clearly indicates that the Grahani Dosha and Amlapitta occur in the persons who do not check the temptation of food. Acharya Charaka, Sushruta and Vagbhata have not described this disease, Amlapitta, as separate though it has been referred at certain places.

It can be described as a disease of modernization due to irregular eating habits, it is more of psycho-somatic disorder caused due to mental stress & strain added with dietetic indiscrimination. It has predominance of vitiated Pachaka Pitta and involves vitiation of Annavaha and Purishavaha Srotas. The pathology includes Mandagni &

Ama. Excessive consumption of amla, katu, teekshna ahara that is faulty dietary habits, addictions like alcohol, smoking, tobacco chewing and other psychological factors like stress, strain also contributes in causing the Amlapitta disease.

By looking at the clinical features of Amlapitta, opined in our classics as Avipaka, Klama, Utklesha, Tikta Amlodgara, Gourava, Hrit Kantha Daha, Aruchi and Chardi, we can co-relate it to the Gastritis of the modern science.

The basic principles of the treatment namely Nidana Parivarjana and Samprapti Vighatana are also applicable in the treatment of Amlapitta. The effect of Shamana Aushadhis can work wonders for the patient. Acharya have told to use the drugs which are having Tikta-Madhura Rasa, Madhura Vipaka, Sheeta Virya and Laghu, Ruksha Guna with Kapha-Pittahara action. The present study is being undertaken to approach the disease Amlapitta through Khanda Kushmanda Avaleha.^[7] on 25 subjects.

MATERIALS AND METHODS

Materials

1) Avipattikara Choorna^[8]

Ingredients: Pippali, Shunthi, Maricha, Hareetaki, Vibhitaki, Amalaki, Musta, Vayavidanga, Ela, Lavanga, Trivruta, and Sharkara.

Avipattikara choorna was used as amapachana dravya in this clinical study. All the ingredients of this choorna are amapachaka in nature and also produce vatanulomana.

2) Khanda Kushmanda Avaleha

Composition: Kushmanda pulp and swarasa, Amlaki choorna, Sharkara, Goghrita, Godugdha, Madhu.

Methodology

Method of Collection of Data

The patients attending the OPD and IPD, PG Department of Kaya Chikitsa, Ayurveda Mahavidyalaya Hospital, Hubli diagnosed as Amlapitta & fulfilling the inclusion criteria were selected for clinical trial. Clinical evaluation of patient was done by collection of data/information obtained by history, clinical findings obtained by physical examination and laboratory test. The required medicines i.e. Avipattikara Choorna & Khanda Kushmanada Avaleha were procured and prepared in the Dept. Of Rasashastra & Bhaishajya Kalpana, Ayurveda Mahavidyalaya, Hubli.

Inclusion Criteria

- 1) Subjects with classical features of Amlapitta
- 2) Subjects of either sex were taken for study.
- 3) Subjects of age group between 18-50 Years.
- 4) Chronicity < 6 Months.

Exclusion Criteria

1. Subjects presenting with the features of carcinoma of stomach, gastric ulcer and duodenal ulcer.
2. Subjects who are less than 18 Years and more than 50 Years of age, with chronicity more than 6 Months.

Gradation Assessment of Subjective Parameters

1. Avipaka (Indigestion)

- Presence of all the symptoms of Jeernahara Lakshana - 0
- Presence of three symptoms of Jeernahara Lakshana - 1
- Presence of two symptoms of Jeernahara Lakshana - 2
- No symptoms of Jeernahara Lakshana - 3

2. Utklesha (Nausea)

- No Utklesha - 0
- Presence of salivation with Utklesha - 1
- Presence of Utklesha with occasional gastric contents - 2
- Presence of Utklesha with occasional vomiting - 3

3. Tikta – Amla Udgara (Spicy- Sour belchings)

- No Tikta-Amla Udgara - 0
- 1-2 times Tikta-Amla Udgara usually after consumption of sour/spicy food - 1

3. Subjects suffering from other systemic and metabolic disorders, HIV & HBsAg positive, Pregnant and lactating women.
4. Subjects with history of hematemesis, malena and severe anemia (Hb < 7 gm%).

Patients Examination & Diagnosis

This study is based on clinical trial. The following clinical features were considered as diagnostic feature for Amlapitta (Gastritis) i.e. Avipaka (Indigestion), Utklesha (Nausea), Tiktamlodgara (Sour & spicy belchings), Hritkantha Daha (Burning sensation in throat & chest) & Chardi (Vomiting).

Study Design: Open- labeled, interventional Clinical Study.

Sample Size

A Minimum of 25 Subjects diagnosed as Amlapitta were incidentally selected.

Investigations

Blood Routine Test – Hb%, TLC, DLC, ESR, RBS
Urine Routine Test – Albumin, Sugar, Microscopic
Endoscopy – as per the need.

Intervention

Amapachana with Avipattikara Churna 5 gm BID was given 30 minutes before food with Ushnodaka as Anupana for 3 to 5 days till nirama lakshana were seen.

After Amapachana, Subjects were subjected for Shamana Chikitsa with Khanda Kushmanda Avaleha (25gm BID) along with Sukhoshna Dugdha as anupana for 30 days. Pathya Aahara and Pathya Vihara was advised to all the Subjects (this was done to avoid unnecessary interference in the treatment modality).

Duration: 30 days - Weekly visit.

Follow up: 1 month - Weekly visit.

Criteria for Assesment

The assessment was based on the improvement in the grading of Subjective and Objective Parameters.

- 3-5 times Tikta- Amla Udgara after consumption of any type of food - 2
 - Continuous Tikta-Amla Udgara after consumption of any type of food - 3
- 4. Hrit-Kantha Daha (Burning sensation in chest and throat)**
- No Hrit-Kantha Daha - 0
 - Repeated Hrit Kantha Daha, relieved after drinking water - 1
 - Repeated Hrit-Kantha Daha and not relieved after drinking water - 2
 - Repeated Hrit-Kantha Daha and not relieved even after taking medicine - 3
- 5. Chardi (Vomitting)**
- No Chardi - 0
 - Occurs once or twice in a week - 1
 - Occurs 2-4 times in a week - 2
 - Occurs daily - 3

Gradation Assesment of Objective Parameters

1. Epigastric tenderness

- No tenderness - 0
- Mild tenderness and tolerable - 1
- Moderate tenderness with wincing - 2
- Severe tenderness and not allowing to touch - 3

2. Physical Examination of the regurgitated sample

- No regurgitation - 0
- Regurgitation of only little amount (about 5 ml) of gastric juice - 1
- Regurgitation of excess amount of gastric juice with no food content - 2
- Regurgitation of gastric juice with food content - 3

Statistical Analysis

Improvement in subjective and objective parameters of Amlapitta (Gastritis), before and after the treatment.

The data which was obtained by the clinical trial was statistically analyzed by applying Student “t” test. The significance was discussed on the basis of Mean Scores, Percentages, SD, SE, “t” and “p” values.

OBSERVATIONS

Table 01: Showing the incidence of Symptomatology (Roopa) in the subjects of Amlapitta (Gastritis).

Sl. No.	Symptomatology	No. of Subjects	%
1	Avipaka	24	96%
2	Utklesha	20	80%
3	Tikta- Amla Udgara	20	80%
4	Hrit- Kantha Daha	21	84%
5	Chardi	6	24%

RESULTS

Table 2: Effect of Therapy on Avipaka.

GROUP	Mean		Difference in mean	% Relief	Paired ‘t’ test		‘t’	P	Remarks
	BT (±SE)	AT (±SE)			S.D	S.E of mean			
	1.96 (0.14)	0.24 (0.11)	1.72	87.75%	0.61	0.12	14.01	<0.0001	SHS

Table 3: Effect of therapy on utklesha.

GROUP	Mean		Difference In mean	%Relief	Paired ‘t’ test		‘t’	P	REM ARKS
	BT (±SE)	AT (±SE)			S.D	S.E Of mean			
	1.56 (0.200)	0.24 (0.119)	1.320	84.61%	0.900	0.180	7.333	<0.0001	SHS

Table 4: Effect of therapy on tikta- amla udgara.

GROUP	Mean		Difference	%Relief	Paired 't' test		't'	P	REMA
	BT	AT			S.D	S.E of			
	(±SE)	(±SE)	In mean			Of mean			RKS
	1.880	0.160	1.720	91.48	1.061	0.212	8.10	<0.0001	SHS
	(0.218)	(0.748)		%			2		

Table 5: Effect of Therapy on hrit-kantha daha.

GROUP	Mean		Difference	%Relief	Paired 't' test		't'	P	REM
	BT	AT			S.D	S.E of			
	(±SE)	(±SE)	In mean			mean			ARKS
	1.680	0.280	1.400	83.33	0.86	0.173	8.08	<0.000	SHS
	(0.170)	(0.122)		%	6		3	1	

Table 6: Effect of therapy on chardi.

GROUP	Mean		Difference	%Relief	Paired 't' test		't'	P	ARKS
	BT	AT			S.D	S.E of			
	(±SE)	(±SE)	In mean			mean			SS
	0.3600	0.000	0.360	100%	0.75	0.151	2.377	=0.025	
	(0.151)	(0.000)			7			8	

Table 7: Effect of Therapy on Epigastric Tenderness.

GROUP	Mean		Difference	%Relief	Paired 't' test		't'	P	REMA
	BT	AT			S.D	S.E of			
	(±SE)	(±SE)	In mean			mean			RKS
	1.280	0.160	1.120	87.5%	0.600	0.114	9.333	<0.0001	SHS
	(0.122)	(0.074)							

Table 8: Effect of Therapy on Physical Exam of Regurgitated.

GROUP	Mean		Difference	% Relief	Paired 't' test		't'	P	REMA
	BT	AT			S.D	S.E of			
	(±SE)	(±SE)	In mean			mean			RKS
	0.480	0.040	0.440	91.66	0.86	0.174	2.52	=0.018	SS
	(0.1925)	(0.040)		%	9		9	4	

Overall Response on 25 patients in Amlapitta

Table 9: Total Response of Therapy.

Response of Therapy	No. of Subjects	%
Excellent >75%	20	80%
Good 51 – 75%	3	12%
Moderate 26 – 50%	2	8%
No Response 0 – 25%	0	0

DISCUSSION

Table 10: Showing Properties of Drugs Used For Khanda Kushmanda Avaleha.

Drugs	Rasa	Guna	Virya	Vipaka	Doshaghnta	Karma
Kushmanda (Benincasa hispida)	Madhura	Laghu, Snigdha	Sheeta	Madhura	Tridosahara	Medhya, Vrishya, Balya, Basti shodhaka
Amlaki (Emblica officinalis)	Pancharasa, Lavana rahita,	Guru, Sheeta, Ruksha	Sheeta	Madhura	Tridosha hara, mainly pittahara	Rasayana, Vrishya, Chakshushya
Sharkara	Amla pradhana Madhura,	Sheeta	Sheeta	Madhura	Vata-Pittahara	Vrishya

	Tikta, Kashaya					
Godugdha	Madhura	Sheeta, Mrudu,	Sheeta	Madhura	Pittahara	Rasayana,
		Snigdha, Guru				Jeevaneeya
Goghrita	Madhura	Sheeta	Sheeta	Madhura	Pittahara	Medhya, Vrishya
Madhu	Madhura	Laghu,	Ushna	Madhura	Tridosahara	Ropaka,
	Kashaya	Rooksha,				Shodhaka,
		Sookshama				Sandhanaka

Probable Mode of Action of Khanda Kushmanda Avaleha

When we analyze the ingredients of Khanda Kushmanda Avaleha, it is evident that maximum drugs are having Madhura, Tikta and Kashaya Rasa. Madhura, Tikta, and Kashaya Rasa are Pitta Shamaka. Tikta rasa and Kashaya Rasa also subside Kapha Dosha. Madhura Rasa having soothing effect promotes strength and pacify Pitta and Vata Dosha and is useful in Daha. In this Avaleha, 2 drugs are Tikta Rasa pradhana. According to Charaka Samhita, Tikta Rasa is having the following properties such as Krimighna, Murchahara, Dahanashaka, Kanduhara, Trishnashamaka, Jwaraghna, Agnideepana, and Pitta Sleshma Upasoshana. In Amlapitta, natural Rasa of Pitta, i.e., Katu is converted into Vidagdha Amla Rasa due to Agnimandhya by virtue of Dravata increase of Pitta Dosha. Tikta.

Rasa drugs directly act on the Vidagdha Pitta and convert it into Nirama Pitta. Tikta Rasa decreases the Pitta Dravata Vriddhi, so it is beneficial in pacifying symptoms such as Utklesha, Amlaodgara, and Avipaka. Tikta Rasa is having Deepana, Pachana Karma as well as it subsides Pitta and Kapha in contrast to Katu Rasa which is Pittakara. The necessary properties in Amlapitta Chikitsa like Laghu, Ruksha, Sheetam are also attributed to it. The formula also contains drugs having Laghu and Ruksha property, which are exactly against the Gunas of Samapitta. Maximum drugs in Khanda Kushmanda Avaleha are having Madhura Vipaka, which is indicated in Amlapitta. From the point of view of Veerya concept also, dominancy of Sheetam.

Veerya drugs can be seen, which is again indicated in this illness. Similarly maximum drugs in this Avaleha are either Tridosahara or Kaphapittahara. Looking into the Karma of the individual drugs, a wide range of action is observed on Annavaaha and Purishavaha Srotas in favour of Amlapitta.

If we talk about the main drug of Khanda Kushmanda Avaleha i.e., Kushmanda, it should be mentioned that it is beneficial in conditions such as Chinta and Shoka due to its Medhya properties. Ghrita also does the same action along with effective Pitta-shamana. Kushmanda is also having Gastroprotective, Anti-Ulcer, Anti-oxidant and Anti- Diarrheal properties. Amalaki, Sharkara and Godugdha control Daha due to their cooling properties. Wound healing property of Madhu and Ghrita is also beneficial in gastric and duodenal ulcers. Amlaki, Godugdha and Goghrita also possess Rasayana Properties, so they also help in nourishing the Dhatus.

CONCLUSION

- Present lifestyle that has disturbed the food habits giving rise to agnimandya, vidagdhajirna, and finally leads to Amlapitta.
- Socio-economic condition, mental stress and strain play an important role in causing and aggravating the disease.
- The study revealed that Khanda Kushmanda Avaleha showed excellent results in the management of Amlapitta
- The formulation was absolutely free from any kind of side effects or toxic effects.

REFERENCES

1. Madhavakara; Madhava Nidanam, Uttaradha with Madhukosha Vyakhya by Vijayarakshita and Srikantadutta, Vidyotini tika by Ayurvedacharya Sri Sudarshana shastri; 29th edition, Chaukambha Sanskrit samsthan, varanasi Uttar Pradesh. Chapter, 1999; 51/1.
2. Prof. K.R. Shrikant Murthy, Sri Bhavamishra, Bhavaprakasa, Vol II (Madhya & Uttarkhanda) with text english translation, notes, appendices & index; 4th Edition: Chaukambha Krishnadas Academy; Varanasi, 2009; 223-225.
3. Kashyapa Maricha Kashyapa Samhita; ed. Pandit Laxmiraja sharma, Shri Satyapala Bhishagacharya with Vidyotini hindi vyakhya, 6th edition, Chaukambha sanskrit samsthan, Varanasi, Uttar Pradesh. Chapter, 1998; 16/1-14.
4. Madhavakara; Madhava Nidanam, Uttaradha with Madhukosha Vyakhya by Vijayarakshita and Srikantadutta, Vidyotini tika by Ayurvedacharya Sri Sudarshana shastri; 29th edition, Chaukambha Sanskrit samsthan, varanasi Uttar Pradesh. Chapter, 1999; 51/2-12.
5. Prof. K.R. Shrikant Murthy, Sri Bhavamishra, Bhavaprakasa, Vol II (Madhya & Uttarkhanda) with text english translation, notes, appendices & index; 4th Edition: Chaukambha Krishnadas Academy; Varanasi. Chapter, 2009; 10/20-22.
6. Chakrapanidutta; Chakradutta [Chikitsa sura sangraha]; 2nd edition, edited by P.V. Sharma; Published by Chaukambha Orientalia, Varanasi Chapter, 52: 295.
7. Prof. K.R. Shrikant Murthy, Sri Bhavamishra, Bhavaprakasa, Vol II (Madhya & Uttarkhanda) with text english translation, notes, appendices & index; 4th Edition; Chaukambha Krishnadas Academy; Varanasi. Chapter, 2009; 10/20-22.

8. Govinda Dasa; Bhaishajya Ratnavali; redacted by Bhishakratna Shri Brhama Shankara Mishra with Bidyotini tika by Kaviraja Sri Ambikadutta Shastri; edited by Sri Rajeshwara Dutta Shastri; 13th edition; published by Chaukambha Sanskrit Samsthan, Varanasi. Chapter, 1999; 56/25.