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RESEARCH ARTICLE

ROLE OF PATOLADICHURNA WITH PATHYA AND WITHOUT PATHYA IN THE MANAGEMENT OF AMLAPITTA

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Abstract

Amlapittais an irritating disease, which occurs due to faulty lifestyle, dietetic indiscriminatio, increased mental stress and due to complications of certain disease and medication. It is a common disease of Annavaahasrotas with cardinal symptoms like Avipaka (indigestion), Hritkanthadaha (heart and throat burn) and tikta – amlodgara (bitter or sour eructation). In modern terminology it is equated with Hyperacidity syndrome or Acid Peptic Disorders. In the present study 40 subjects were selected with Amlapitta among which 20 subjects were given Patoladichurna 3 gms thrice daily with luke warm water or honey without any implementation of diet (Group A) whereas remaining 20 subjects were given Patoladichurna 3 gms thrice daily with luke warm water or honey by following proper diet (Group B). The duration of the study was 30 days. Even though both groups showed better results, on comparing both groups Group B is better than Group A. This substantiates the role of diet in the management of Amlapitta.

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Introduction:-

It is time of fast technology and tough competition. Earlier, there were mortalities due to communicable/infectious diseases but now the prevalence of chronic diseases having factors related to diet and lifestyle has increased. Poor diet leads to hundreds of deaths in India annually, according to Lancet study which found that globally one in five people die due to the lack of optimal amounts of food and nutrients on their plates¹. These days most of the population is falling prey to series of diseases due to faulty lifestyle and food habits that are difficult to manage. Amlapitta among the chronic diseases having causative factors like bad food habits, disturbed biological clock due to shift jobs, increased mental stress, several types of addictions etc. have acquired majority of population.

Amlapittais an irritating disease, which occurs due to faulty lifestyle, dietetic indiscriminatio, increased mental stress and due to complications of certain disease & medication. As per Ayurveda classics, the root cause for any disease is reduced functioning of digestive fire i.e., Mandagni². Agnimandya is a pathological condition of delayed and improper digestion due to diminished power of digestive juices and initially leads to a clinical feature called Ajeerna (Indigestion). If Ajeerna persists for a prolonged period, that leads to Amlapitta condition (hyperacidity), a state of non-ulcer dyspepsia wherein the food becomes vidagdha (acidic) and produces epigastric discomfort, retrosternal burning, bitter and acid eructation along with indigestion. It is said in the text Vaidya Jeevana, that if Pathya is properly disciplined and followed then, there is no need of any medications³. Hence, in this study the role of strict diet control is studied in the form of a comparative study where one group received the trial drug Patoladi churna⁴ without any strict diet control and the other group is administered with the trial drug with strict diet control.

Aims and Objectives:-

1. To study the effect of the trial drug Patoladichurna in the management of Amlapitta
2. To study the effect of pathya in the management of Amlapitta

Methodology:-

40 Patients suffering from Amlapitta were selected from OPD and IPD wings of P.G. Department of Kayachikitsa of Major S.D. Singh P.G. Ayurvedic Medical College and Hospital, Farrukhabad U.P. after fulfilling the inclusion and exclusion criteria.

Type of study:

Comparative clinical study

Trial drug:

Patoladichurna with and without strict diet.

Contents of the drug:**PatoladiChurna**

Sl.No.	NameofDrug	Botanicalname	Proportion	Partused
1	Patola	TrichosanthesdioicaRoxb.	1part	Leaves
2	Nimba	AzadirachtaindicaA.Juss.	1part	Bark
3	Trayanti	Gentianakurroo	1part	Root
4	Tikta	PicrorhizakurroaRoyleexBenth	1part	Root
5	Kiratatikta	Swertiachirayita	1part	Wholepart
6	Parpataka	FumariavaillantiiLoisel.	1part	Wholepart
7	Kutaja	HolarrhenaantidysentericaLinn.	1part	Bark/Seed
8	Durva	CynodondactylonPers.	1part	Wholepart
9	Vacha	AcoruscalamusLinn.	1part	Rhizome
10	Darvi	Berberisaristata	1part	Stem
11	Padmaka	PrunuscercasoidesD.Don.	1part	Bark
12	Ushira	VetiveriazizanioidisLinn.	1part	Root
13	Yavani	TrachyspermumammiSprague	1part	Root
14	Musta	CyperusrotundusLinn.	1part	Rhizome
15	Chandana	SantalumalbumLinn.	1part	Stem
16	Sourashtri	Alum	1part	Alum
17	Ativisha	Aconitumheterophyllum	1part	Root
18	Twak	Cinnamomumzeylanicum	1part	Bark
19	Patra	Cinnamomumtamala	1part	Leaves
20	Ela	ElettariacardamomumMaton	1part	Fruit/seed
21	Daru	Cedrusdeodara	1part	Stem
22	Maricha	Pipernigrum	1part	Fruit
23	Pippali	Piperlongum	1part	Fruit
24	Shunthi	Zingiberofficinalis	1part	Rhizome

Method of preparation of the formulation:

Theabove mentioned drugs are taken in equal quantity and are made into fine powder, mixed well and stored in an air tight container. The medicine was prepared in the pharmacy attached to Major S.D. Singh P.G. Ayurvedic Medical College and Hospital, Farrukhabad, U.P. under the supervision of expert of Rasashtasta and Bhaishajya Kalpana.

Dose of the trial drug:

3 gms thrice daily with luke warm water or honey before food

Duration of the study:

30 days

Inclusion criteria

1. The patient having age group of 20 – 60 years of either sex
2. The patients having clinical features of Amlapitta irrespective of caste and socioeconomic status

Exclusion criteria

1. The patients having age less than 20 and more than 60 years
2. Known cases of gastric and duodenal ulcers
3. Patients with gastric malignancies
4. Gastritis with DM, Hypertension and Thyroid disorders
5. Pregnant ladies

Diagnostic criteria

Diagnosis was made on the basis of classical symptoms of Amlapitta and Acid dyspepsia or Hyperacidity syndrome as well as from laboratory investigations wherever found necessary.

Assessment criteria

All the cardinal features of Amlapitta⁵i.e., Avipaka, Klama, Utklesha, Gourava, Daha, Aruchi, Amla / Tiktaudgara and Chhardiwere taken into consideration for assessment and scoring pattern was adopted based on the intensity of these symptoms and each symptom was assessed on the following grading system:

Score	Features
0	No symptoms
1	Mild symptoms
2	Moderate symptoms
3	Severe but not restricting the daily activities
4	Severe and restricting daily activities

The following were the Do's and Don'ts followed for the patients of Amlapitta in the present study.

Do's in Amlapitta(Pathya)

1. Light food, coconut water, articles having cooling properties
2. Vegetables like white pumpkin, bitter gourd, matured ash gourd, leafy vegetables except methi
3. Wheat, old rice, barley, green gram, sugar candy, cucumber
4. Fruits like gooseberry, dry grapes, black grapes, sweet lime, pomegranate, fig, dry fig
5. Take adequate amount of fluids like pomegranate juice, lemon juice, amla juice, sweet lime juice, medicated water with ushir or coriander seeds, or laja (puffed rice) lukewarm water.
6. Dadimpak (sweet preparation made of pomegranate), Moramla (jam made from amla), Gulkand (jam made from rose petals) with milk.
7. A cup of lukewarm milk after every two or three hours
8. One teaspoonful of ghee with warm milk
9. Take adequate sleep and rest
10. Practice yoga, pranayama, meditation regularly

Don'ts in Amlapitta(Apathya)

1. Avoid excessive spicy, sour and salty substances
2. Avoid fried and junk food items
3. Do not remain hungry. Avoid fast
4. Do not overeat, take small frequent meals
5. Avoid untimely and irregular food habit
6. Avoid foods containing excess amount of garlic, salt, oil, chillies etc
7. Avoid rice, curd and sour fruits
8. Avoid lying down immediately after food and in supine position. The best recommended position is left lateral
9. Avoid smoking, alcohol, tea, coffee and aspirin type of medications
10. Avoid excessive stress and stressful situations

Observations and Results:-

Most of the patients were males (57.50%). As per the available data, 30% of the patients were belonging to 21 – 30 years and also to 31 – 40 years of age group, 50% were Hindus, 85% were married, 45% had Secondary education, 30% were service holders, 50% were of middle class socioeconomic status, 50% of patients were having chronicity of less than 6 months, 55% were vegetarians, 42.50% were having the history of Adhyashana whereas, 40% had Samashana, 65% had disturbed sleep, 62.50% of the cases had regular bowel pattern, 85% of them were addicted to tea or coffee.

Among the various causative factors, 77.50% patients were found consuming Ushnatikshnaahara, followed by 75% with excessive intake of Katu rasa sevana. Adhika Lavana consumption was seen in 32.50%, whereas adhika amla rasa consumption in 47.50%, Rukshanna 57.50%, Pishanna 72.50%, Ikshuvikarain 37.50%, Kulathasevana 12.50%, Adhyashana was seen in 42.50% of the cases. 50% Atisnigdha, 20% Vidahi, 10% Viruddha and 5% patients were found consuming other types of Aharaja Nidanans. Among various viharajanidanans, Atapasevana was seen in 60% of the cases and Avyayama was observed in 75% patients, whereas Analasevana was observed in 57.50% patients, Ratrijaganain 35% patients, whereas Diwasapnain 42.50% cases, Vegadharanain 27.50% and Adhikavyayama was observed in only 7.50% patients. Among psychological factors, Shoka was found in most of the patients (75%), whereas Ragawa was found in 72.50%, Chinta, Moha and Krodha each were found in 70% of the patients. Bhayawa was seen in 67.50% patients, Chittodvegain 57.50% patients, Udvega in 35% patients, Irshya was seen in 15% and Lobha was observed in 5% patients. Among the chief complaints reported in the patients, Daha was seen in 95% of the cases, Amla / Tiktaudgara was reported in 92.50%, Udarashoola and Aruchi were reported in 90%, Avipaka in 30% and Chhardi in 27.50% of the cases.

Group A: Effect of Patoladi Churna with normal diet pattern

In this group 20 patients were treated. They were given 3 gms of Patoladi Churna thrice a day with lukewarm water or honey for 30 days with normal diet. The result of the treatment obtained in this group are as follows:

Cardinal Features	'n'	Meanscore		%ofRelief	X	S.D.	S.E.	't'	P
		B.T.	A.T.						
Avipaka	7	2.71	1.43	47.23	1.30	0.86	0.32	5.35	<0.001
Klama	16	2.00	1.25	37.5	0.58	0.51	0.13	3.67	<0.05
Utklesha	6	1.83	1.17	36.06	0.84	0.51	0.21	3.14	<0.05
Gourava	11	2.18	1.27	41.74	0.48	0.53	0.16	3.26	<0.05
Daha	19	2.63	1.58	39.92	1.05	0.84	0.19	4.05	<0.001
Aruchi	19	2.53	1.47	41.89	1.06	0.67	0.15	5.26	<0.001
Amla/Tiktaudgara	19	2.63	1.47	44.10	1.16	0.76	0.17	4.49	<0.001
Udarashoola	18	1.67	1.05	37.12	0.62	0.74	0.17	4.52	<0.001

In this group, Avipaka was relieved by 47.23% and was statistically highly significant ($P < 0.001$). Relief in Klamawa was 37.5%, in Utklesha 36.06% relief was there, in Gourava 41.74% relief was found. All these three were statistically significant ($P < 0.05$). Relief of 39.92% was seen in Hritkanthadaha, 41.89% was seen in Aruchi, 44.1% of relief in Amla/Tiktaudgara and 37.12% of relief was seen in Udarashoola and all of these are statistically highly significant.

Group B: Effect of Patoladi Churna with strict Pathya (diet pattern)

In this group 20 patients were treated. They were given 3 gms of Patoladi Churna thrice a day with lukewarm water or honey for 30 days along with strict diet pattern. The result of the treatment obtained in this group are as follows:

Cardinal Features	'n'	Meanscore		%ofRelief	X	S.D.	S.E.	't'	P
		B.T.	A.T.						
Avipaka	5	2.6	1.0	61.54	1.6	-	-	-	-
Klama	14	2.14	0.86	59.81	1.28	0.68	0.18	6.1	<0.001

								2	
Utklesha	5	2.0	0.8	60.00	1.2	-	-	-	-
Gourava	12	2.25	0.92	59.11	1.33	0.88	0.25	5.9	<0.001
Daha	19	2.53	1.05	58.49	1.48	0.74	0.19	4.80	<0.001
Aruchi	17	2.53	1.12	55.73	1.41	0.67	0.16	6.35	<0.001
Amla/Tiktaudgara	18	2.83	1.11	60.78	1.72	0.94	0.22	7.26	<0.001
Udarashoola	18	1.67	0.61	63.47	1.06	0.62	0.15	5.33	<0.001

In this group, Avipaka was relieved by 61.54%, Klamaby 59.81%, in Utklesha 60% relief was there, in Gourava 59.11% relief was found. Relief of 58.49% was seen in Hritkanthadaha, 55.73% was seen in Aruchi, 60.78% of relief in Amla / Tiktaudgara and 63.47% of relief was seen in Udarashoola and all of these except Avipaka and Utklesha are statistically highly significant ($P < 0.001$). As the cases of Avipaka and Utklesha are less than 6 the SD will not be considered for the calculation.

Comparison of effect of therapy on Cardinal symptoms in both groups

Symptom	Group	Mean	Std.dev.	T value	P value
Avipaka	Group A	1.30	0.86	-	-
	Group B	1.6	-		
Klama	Group A	0.58	0.51	0.39	>0.05
	Group B	1.28	0.68		
Utklesha	Group A	0.84	0.51	-	-
	Group B	1.2	-		
Gourava	Group A	0.48	0.53	0.29	>0.05
	Group B	1.33	0.88		
Daha	Group A	1.05	0.84	0.46	>0.05
	Group B	1.48	0.74		
Aruchi	Group A	1.06	0.67	1.29	>0.05
	Group B	1.41	0.67		
Amla/Tiktaudgara	Group A	1.16	0.76	1.22	>0.05
	Group B	1.72	0.94		
Udarashoola	Group A	0.62	0.74	0.29	>0.05
	Group B	1.06	0.62		

On comparing between the two groups, the effect of therapy on cardinal symptoms like Klama, Gourava, Daha, Aruchi, Amla / Tiktaudgara and Udarashoola showed the calculated t value 0.39, 0.29, 0.46, 1.29, 1.22 and 0.29 respectively. Statistically all these tests were insignificant at $P > 0.05$ level. Statistical comparison of Avipaka and Utklesha were not possible as the cases are less in Group B. By observation, even though the comparison of efficacy of therapy is statistically not significant, on account of percentage wise result Group B is better than Group A. Thus we can say that following the proper diet pattern is an essential part of the treatment of Amlapitta.

Overall effect of therapy

Result	Group A		Group B	
	No. of patients	Percentage	No. of patients	Percentage
Excellent relief	0	0.00	0	0.00
Significant relief	0	0.00	1	5.00
Moderate relief	11	55.00	11	55.00
Mild relief	7	35.00	8	40.00
Norelief	2	10.00	0	0.00

As per the data obtained overall result of the therapy on Amlapitta among 20 subjects in Group A where Patoladi Churna was given without any implementation of diet 55% got moderate relief, 35% got Mild improvement

and 10% had No relief from the symptoms. Among 20 subjects in Group B 5% got Significant relief, 55% had Moderate improvement and remaining 40% of the subjects achieved mild improvement.

Probable mode of action of the drug:

Most of the drugs of Patoladichurna are having Tikta, Kashaya rasa and also having Deepana, Pachanaproperties. Most of the drugs are having Laghu, Rukshaguna and Katuvipaka which are Kaphashamakaby nature whereas, some of the drugs having Madhuravipaka and Sheetaviryawhich might have counteracted the Tikshanaguna of vitiated pitta. In Amlapitta, Ama production takes place due to Agnimandya, this Ama in association with Pitta leads to Amlapitta, hence due to Ama normal rasa of Pitta changes to Amla and causes Vidagdhatu of Pitta and Rasadhatu. Tikta rasa drugs act directly on vitiated Rasa dhatu and converts Sama Pitta into Niramavastha. Trikatudrug having Ushna, Tikshna Guna, Katu rasa improves Agni functions, also it removes Srotorodha and normalizes dhatu poshana process. Patola and Trayanti are laxative and remove excessive Pitta and thereby reducing the symptoms of Amlapitta. Durva, Vacha, Pippali having Medhya property and thus it helps in relieving the tension and this ultimately indirectly improves digestion and also Amlapitta. Patola, Usheera, Ela, Parpataka and Chandana having cooling effect hence reduces the burning sensation. Nimbatakwahaving analgesic and antiulcer properties so it will reduce the pain and protects gastric mucosa.

Role of Pathya in Amlapitta:

Pathya is used for the prevention of a disease as well as used as a part of the treatment of a disease. The diet and the regimens which are conducive to the body are termed as Pathya and those which are not conducive are known as Apathya. As per Charaka it is one among the synonyms of chikitsa which shows its importance in the treatment of any disease. If a person follows the rules of Pathya for a particular disease, there is very little significance of drug treatment, and when a person exposed to Apathya then drug treatment has of no value. Amlapitta is one such condition which develops due to the faulty diet habits and faulty life style which act as the causative factor for the occurrence of the disease. Avoiding such diets and regimens are considered as Nidanaparivarjana which was well observed in this particular study.

Conclusion:-

The knowledge of etiological factors is very important as Nidana Parivarjana is the first line of treatment. It plays very important role to cure as well as to prevent its recurrence. In the present study both groups provided improvement in reducing the signs and symptoms of Amlapitta. On comparison with the percentage wise of improvement the treatment group with diet provided better result. Hence, it is necessary to educate the people regarding do's and don'ts about diet and lifestyle (Ahara-Vihara) as it plays a major role in the manifestation as well as management of Amlapitta.

Acknowledgement:-

Nil.

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