

**A COMPARATIVE CLINICAL MANAGEMENT OF AMLAPITTA
(GASTRITIS) WITH KHANDA KUSHMANDA AVALEHA &
NARIKELA KHANDA AVALEHA*****Dr. Deepika Yadav**

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Article Received on
21 Nov. 2019,Revised on 11 Dec. 2019,
Accepted on 01 Jan. 2020,

DOI: 10.20959/wjpr20201-16695

Corresponding Author*Dr. Deepika Yadav**Assistant Professor,
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University, Chandu
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One of the very common diseases caused by unhealthy food habits and lifestyle activities is Amlapitta. A comparative clinical trial was conducted to manage the disease through Khanda Kushmanda Avaleha and Narikela Khanda Avaleha. 50 patients, diagnosed as Amlapitta were selected from OPD and IPD of Ayurveda Mahavidyalaya, Hubli, Karnataka who fulfilled the inclusion criteria and randomly categorized in 2 groups, namely Group A and Group B, with each group consisting of 25 subjects. Special clinical proforma, based on criteria of selection and parameter, for assessment of subjects was prepared. 25 patients in Group A were given 25 gms of Khanda Kushmanda Avaleha along with Sukhoshna Dugdha as anupana for 30

days and 25 patients in Group B were given 25 gms of Narikela Khanda Avaleha along with Sukhoshna Dugdha as anupana for 30 days. Both the groups showed statistically significant results. Out of 50 subjects, 80% subjects showed excellent response in both the groups. 12% subjects in group A and 16% subjects in group B showed good response. Moderate response was shown by 8% subjects in Group A and 4% subjects in Group B. The study revealed that both Khanda Kushmanda Avaleha and Narikela Khanda Avaleha showed excellent results in the management of Amlapitta and both groups showed almost same results on objective and subjective parameters.

KEYWORDS: Amlapitta, Khanda Kushmanda Avaleha, Narikela Khanda Avaleha.**INTRODUCTION**

One of the very common diseases 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]

Food, when consumed without understanding one's own digestive capacity, will not be digested properly and gets sour (vidahata of Ahara). The fresh food ingested further too gets sour when it mixes with the previously soured food as the seat (Ashaya) itself is vitiated. Due to sourness of consumed food the liquidity of pitta increases further decreasing the capacity for digestion (Agnimandya). Hence, Rasadi Dhatu are not formed in proper manner. This, after certain period, manifests as Amlapitta.^[3]

Amlapitta is mentioned in Kashyapa Samhita^[4], Madhava Nidana^[5], Bhavaprakasha^[6] and Chakradatta.^[7] 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.

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 symptoms of Gastritis^[8] like dyspepsia, anorexia, nausea or vomiting, haematemesis or malaena can be somehow, more or less co-related with that of Amlapitta.

Here, in this study an attempt was made to manage the disease through Khanda Kushmanda Avaleha^[9] and Narikela Khanda Avaleha.^[10] 50 subjects were incidentally selected and randomly categorized into two groups. Group A was given Khanda Kushmanda Avaleha and Group B was given Narikela Khanda Avaleha.

OBJECTIVES OF STUDY

- To study the effect of Khanda Kushmanda Avleha and Narikela Khanda Avleha in the management of Amlapitta.
- To compare the efficacy of both the drugs in the management of Amlapitta.

MATERIALS AND METHODS

MATERIALS

1) AVIPATTIKARA CHOORNA^[11]

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.

3) NARIKELA KHANDA AVALEHA

Composition: Narikela, Godugdha, Dhanyaka, Pippali, Musta, Twak, Ela, Talishpatra, Nagakeshara and 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 (Gastritis) & 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 and Narikela Khanda Avaleha, were procured and prepared in the Dept. Of Rasashastra & Bhaishajya Kalpana, Ayurveda Mahavidyalaya, Hubli.

INCLUSION CRITERIA

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

EXCLUSION CRITERIA

- Subjects presenting with the features of carcinoma of stomach, gastric ulcer and duodenal ulcer.
- Subjects who are less than 18 Years and more than 50 Years of age, with chronicity more than 6 Months.
- Subjects suffering from other systemic and metabolic disorders, HIV & HBsAg positive, Pregnant and lactating women.
- 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), Hrit-kantha Daha (Burning sensation in throat & chest) & Chardi (Vomitting).

STUDY DESIGN: A Comparative Clinical Study**Sample Size**

A Minimum of 50 Subjects diagnosed as Amlapitta were incidentally selected and randomly categorized in two groups, namely Group A and Group B, with each group consisting of 25 Subjects.

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 in both the groups.

After Amapachana, Subjects were subjected for Shamana Chikitsa with Khanda Kushmanda Avaleha (25gm BID) along with Sukhoshna Dugdha as anupana for 30 days in Group A and with Narikela Khanda Avaleha (25 gm BID) along with Sukhoshna Dugdha as anupana for 30 days in Group B.

Pathya Aahara and Pathya Vihara was advised to all the Subjects in both the groups (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.

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
- 3-5 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 No. 01: Showing the incidence of Symptomatology (Roopa) in the subjects of Amlapitta (Gastritis).

Sl. No.	Symptomatology	Group A		Group B		Total	
		No. of Subjects	%	No. of Subjects	%	No. of Subjects	%
1	Avipaka	24	96%	24	96%	48	96%
2	Utklesha	20	80%	23	92%	43	86%
3	Tikta- Amla Udgara	20	80%	22	88%	42	84%
4	Hrit- Kantha Daha	21	84%	19	76%	40	80%
5	Chardi	6	24%	7	28%	13	26%

RESULT**Table No. 02 Comparative Efficacy of Therapies.**

Showing the Comparative efficacy of the therapies in Group A and Group B by using unpaired “t” test

Sl. No.	Parameters of Assessment	No. of Pts	Group A			Group B			‘t’	P	Remarks
			Mean	S.D. (±)	S.E. (±)	Mean	S.D. (±)	S.E. (±)			
1	AVIPAKA	25	1.720	0.61	0.12	1.64	0.63	0.12	0.451	0.6533	NS
2	UTKLESHA	25	1.320	0.90	0.18	1.60	0.76	0.15	1.186	0.2414	NS
3	TIKTA-AMLA UDGARA	25	1.720	1.06	0.21	1.56	0.86	0.17	0.582	0.5627	NS
4	HRIT-KANTHA DAHA	25	1.400	0.86	0.17	1.24	0.83	0.16	0.666	0.5082	NS
5	CHARDI	25	0.360	0.75	0.15	0.44	0.76	0.15	0.370	0.7124	NS
6	EPIGASTRIC TENDERNESS	25	1.120	0.60	0.12	1.08	0.64	0.12	0.227	0.8207	NS
7	PHYSICAL EXAM. OF REGURGITATED SAMPLE	25	0.440	0.86	0.17	0.64	1.11	0.22	0.707	0.4826	NS

Overall Response on Parameters**Table No. 03: Total Response of Therapy in Group A and Group B.**

(Comparison between Group A and Group B)

Response of Therapy	Group A		Group B	
	No. of Subjects	%	No. of Subjects	%
Excellent >75%	20	80%	20	80%
Good 51 – 75%	3	12%	4	16%
Moderate 26 – 50%	2	8%	1	4%
No Response 0 – 25%	0	0	0	0

DISCUSSION

Amlapitta is one of the disorders caused by faulty dietetic and behavioural pattern. Amlapitta is not a disorder caused only by the habitual, irregular diet schedule and activities, but also as a result of physiological and psychological aberrations. Acharya Charaka has given vivid description of diseases of Annavaha srotas in Grahani chapter. Acharya Kashyapa was the first person, who described the disease Amlapitta so elaborately and gave the due importance for its management. Madhavakara has described the disease separately by giving a full status to disease Amlapitta. For the Shamana Chikitsa Khanda Kushmanda Avalaha and Narikela Khanda Avaleha were selected as its maximum drugs are Madhura and Tikta in Rasa and Veerya is Sheeta and Laghu, Ruksha Guna, Madhura Vipaka and Kapha-Pitta Shamaka.

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 both Khanda Kushmanda Avaleha and Narikela Khanda Avaleha showed excellent results in the management of Amlapitta and both groups showed almost same results on objective and subjective parameters.
- Both the formulations were absolutely free from any kind of side effects or toxic effects.
- So it can be concluded that only Shamana Aushadhi can wonderfully manage Amlapitta if it is not chronic in nature.

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