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A COMPARATIVE CLINICAL STUDY ON THE EFFECT OF PATOLADI KWATHA AND YAVADI KWATHA IN THE MANAGEMENT OF URDHVAGA AMLAPITTA (HYPERACIDITY)

*Dr Annapoorna Rao B, **Dr Pro Shripathi Acharya

*Final year PG scholar of kayachikitsa Department ,Muniyal Institute of Ayurveda, Manipal.

**Director Academic WHO Collaborator, Muniyal institute of Ayurveda, Manipal, India.

ABSTRACT

Background & Objective: *Amlapitta* is among *Annavahasrotasovyadi*. Improper food habits, stress are considered as causative factors. Hyperacidity is a condition where similar symptoms to that of *Urdhvaga Amlapitta* are seen. *Patoladi kwatha* & *Yavadi kwatha* are two drugs possess *pittahara*, *amapachana* & *Agnivardaka* properties will help in treating *Urdhvaga Amlapitta*. **Method-** A Single blind randomized comparative clinical study. Totally 40 patients of *Urdhavaga Amlapitta* were selected, divided into two groups equally- Group A treated with *Patoladi kwatha* (Control-drug), and Group B with, *Yavadi kwatha* (trial-drug) with *Anupana* honey for 15days. **Result**-Statistically *Yavadi kwatha* showed better symptomatic relief -*Avipaka*(90%), *klama*(66%), *tiktamlodgara*(84%), *utklesha*(88%), *gourava*(87%), *hritkantadaha*(93%), *Aruchi*(88%) than *Patoladi kwatha*- *Avipaka*(75%), *klama*(90%), *tiktamlodgara*,(66%), *utklesha*(86%), *gourava*(95%), *hritkantadaha*(75%), *Aruchi*(78%). Comparing the effect of *Patoladi kwatha* & *Yavadi kwatha*, there was no significant difference obtained. **Conclusion-**Both the drugs found to be highly effective. Statistically symptomatic relief found to be more effective in *Yavadi kwatha* than *Patoladi kwatha* in this study.

Key words: Urdhvaga Amlapitta, Hyperacidity, Patoladi kwatha, Yavadi kwatha.

INTRODUCTION

"Amlapittam cheti Amlagunoundriktam pittam" (Chakrapani)

That means the increased *Amla guna* of *pitta* or *udrikta pitta* is known as *Amlapitta*¹. It is considered to be one among *Annavaha srotovyadhi*². *Acharya Sushruta*, mentioned that the disorder of *pitta* of *Annavaha srotas* may lead to *vidaha* of *Ahara*. *Acharya Kashyapa*, mentioned that the *vidagdha Amarasa* turns to *shukta* and this *shukta annarasa* is retained in *amashaya* where

vruddha pitta combines with this shukta annarasa and further it leads to Amlapitta. According to Acharya Madhavakara, Amlapitta is a vayadi where pitta will aggravate and further gets vidagdhata due to Vriddha, Dushta, Amla, Vidahi and pitta vruddhakara ahara vihara and even classified Amlapitta into two they are Urdhvaga and Adhoga Amlapitta³. Its nidana can be divided into Aharaja, Viharaja, Manasika & Agantuja hetu. Acharya kashyapa told that due to nidana sevana there will be prakopa of tridoshas being responsible for Agnimandhya, leading to the formation of Amarasa. So

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formed *Amarasa* gets retained in the *Amashaya* leading to formation of *Annavisha* which combines with the vitiated *pitta* and undergoes *shuktatva* resulting in the manifestation of *Amlapitta*. *Acharya Charaka* included *Amlapitta* while explaining *samprapti* of *grahani*⁴.

SAMPRAPTI GHATAKA OF AMLAPITTA

Dosha : Pitta : Pitta Pradhana, Samana Vayu & Kledaka Kapha

Dushya : Rasa Agni : Jataragni

• Ama : Jataragni janya Ama

• Srotas: Annavaha, rasavaha, Pureeshavaha

• Srotodusti Prakara : Sanga, Vimargagamana, Atipravrutti

• Sancharasthana : Annavaha Srotas

• Udhbhavasthana : Amashaya

• Vyaktasthana : Sarvasharira

• Adhistana : Amashaya

• Rogamarga : Abhyantara.

Amlapitta is a disease having symptoms like avipaka, klama, utklesha, tikta-amlodgara, gourava, hritkanthadaha, aruchi⁵. Though it is not possible to find exact correlation of disease in contemporary system of medicine but some similarities with symptoms of Amlapitta and Hyperacidity is seen. Amlapitta is a functional disorder which has to be differentiated from other disease having similar features. They are Vidagdajeerna, Pittaja Shoola, Annadrava shoola, Parinama shoola.

Hyperacidity is condition where there will be excessive amount of Hydrochloric acid seen in stomach mucosa, where a typical feeling of restlessness, Nausea and vomiting, Sour belching, Loss of appetite, Indigestion are symptoms of the disease. This disease can be from other disease having similar features. They are:

Acute Gastritis: In this condition there will be inflammation of gastric mucosa seen with excessive secretion of acid resulting in local irritation of mucosa membrane and the gastric mucosa gets inflamed. Pain and burning sensation are main symptoms.

GERD: Gastro-Esophageal Reflux is caused by recurrent reflux of gastric contents into the distal esophagus. Typical symptoms heat burn and acid regurgitation with abdominal pain associate with hiatus hernia are seen.

Peptic Ulcer disease: Peptic ulcer are open sores that develops in lining of stomach (gastric ulcer)and in upper part of small intestine(duodenal ulcer) with common symptom stomach pain other symptoms like nausea, vomiting blood, loss of appetite etc.

MATERIAL AND METHODS

Criteria for Assessment of Urdhvaga Amlpitta:

- a) Subjective parameters-Grading was done on the basis of signs and symptoms mentioned in *Ayurvedic* text & trail drug was assessed on that basis.
- b) Objective parameters-Routine blood examination – Hb%, TRBC, TLC, DLC, Free HCL and total HCL estimation and endoscopy wherever needed.

Criteria for Selection of Patients-

The diagnosis was done on the basis of clinical signs & Symptoms mentioned in *Ayurvedic* classics and also based on special proforma.

METHOD OF COLLECTION OF DATA

- **1. Study Design:** Single blind randomized Comparative clinical study for 15 days.
- **2. Sample Size:** The study was done in 40 patients with 20 patients in two groups for clinical trial.

Source of data: Patient who will fulfill the inclusion criteria were selected from OPD & IPD of Muniyal Institute of Ayurveda Medical Science and Hospital, Manipal.

ALLOCATION OF GROUP:

Patients were randomly selected in two groups A & B with 20 patients in each group.

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Group A (Control Group)

Group A (Control Group) was given *Patoladi Kwatha*,50 ml twice a day with *Anupana*-Honey (6ml), half an hour before Food (Morning & evening).

Group B (Trail Group)

Group B (Trail Group) was given *Yavadi Kwatha*, 50 ml twice a day with *Anupana*-Honey (6ml), half an hour before Food (Morning & evening).

Clinical assessment -will be done before the treatment, after the treatment, follow-up after 7days of treatment.

INCLUSION CRITERIA

- Patients fulfilling the diagnostic criteria of *Urdhvaga Amlapitta*.
- Patients between the age group 18 to 60 years.

EXCLUSION CRITERIA

- Patients below 18 and above 60 years.
- Chronicity -more than 2 years.

- Patients having chronic debilitating disease.
 - Patients having organic disease like gastric ulcer and duodenal ulcer.
 - Pregnant and lactating women.

WITHDRAWAL CRITERIA

 Any adverse drug reactions of the drug will be withdrawn.

ROUTINE EXAMINATION & ASSESSMENT

Complete detailed history and physical examination of patients was recorded as per the Proforma. Clinical assessment was done before treatment, after treatment and even after follow up.

PATHYA APATHYA

All patients were strictly kept on specifically prescribed diet & and were instructed to avoid the causes of *Urdhvaga Amlapitta* as per the classics.

SCORING PATTERN

SI NO	CRITERIA	DETAILS	SCORE
1	Avipaka	No indigestion	0
		Digests normal usual diet in 9hrs	1
		Digests normal usual diet in 12hrs	2
		Digests normal usual diet in 24 hrs	3
2	Klama	No tiredness	0
		Feel tired after exertion work	1
		Feel tired normal work	2
		Feel tired even after taking rest	3
3	Tikta amlodgara	No sour and bitter belching	0
		Sour and bitter belching after taking spicy food	1
		Sour and bitter belching after taking any kind of food	2
		Sour and bitter belching having no relation with food intake	3
4	Utklesha	No nausea	0
		Feel nausea after some peculiar food	1
		Feel nausea after eating all kind of foods	2
		Full day nausea, not related to eating	3
5	Gourava	No feeling heaviness in body	0
		Heaviness after taking more quantity of heavy food	1
		Heaviness after taking light food	2

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		Heaviness even on empty stomach	3
6	Hrit kanta daha	no burning sensation	0
		Burning sensation after taking of spicy food	1
		Burning sensation even after intake of normal food	2
		Burning sensation even on empty stomach	3
7	Aruchi	No anorexia	0
		Eat food only two times without any snacks in between	1
		Eat food only one times without any snacks in between	2

Having no feeling of appetite

STATISTICAL ANALYSIS:

For assessing the improvement of symptomatic relief and to analyze statistically, the observations were recorded before and after treatment and after follow up. The data was analyzed statistically by using Non parametric test. To analyze the result within the group A & B- Wilcoxon signed rank test is used. To analyze the result between the groups A & B, Mann- Whitney test is used.

OBSERVATION AND RESULTS:

It is observed that the incidence was highest in the age group of 40-60 yrs constituting 50% of total number of patients. In the sample taken for study, 57.5 % patients were male & 42.5 % were females. 97.5 % patients belonged to Hindu community, Majority of the patients belong to middle class i.e. 77.5 % .77.5% have no addiction, 2.5 % had smoking & 17.5% had alcohol addiction. 47.5% patients were under stress. 10% were having irregular bowel habit and 2.5% were constipated.17.5% patients were of *Vata pitta prakruti and Pitta kaphaja*, 65% patients were of *vata kaphaja*. 90% patients were of *Madhyam samhanana*, 92.5 % patients were of *Madhyam satva*.92.5% patients were of *Madhyam satva*.92.5% patients had *Madhyam Abhyavaharana Shakti* and 55% patients had *Madhyam Jarana shakti*.

Table 1: Patoladi Kwatha (Group A) effect of therapy on subjective criteria in 20 patients of Urdhvaga Amlapitta.

Criteria	Mean BT	Mean AT	Diff	% of relief	SD	SEM	P Value	Result
Avipaka	1.0	0.25	0.75	75	0.44	0.09	0.0002	ES
Klama	0.80	0.21	0.95	90.47	0.53	0.12	0.078	QS
Tiktamlodgara	2.0	0.7	1.65	66.6	0.92	0.20	<0.0001	ES
Utkesha	1.2	0.4	0.8	86.6	0.59	0.13	0.0002	ES
Gourava	1.45	0.5	0.95	65.517	0.6882	0.1539	0.0017	VS
Hritkantadaha	1.85	0.45	1.4	75.67	0.759	0.169	0.0002	ES
Aruchi	0.7	O.15	0.55	78.57	0.366	0.0819	0.0020	VS

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Table 2: Yavadi Kwatha (Group B) effect of therapy on subjective criteria in 20 patients of Urdhvaga Amlapitta.

Criteria	Mean BT	Mean AT	Diff	% of relief	SD	SEM	P Value	Result
Avipaka	1.05	0.10	0.95	90.47	0.30	0.06	<0.0001	ES
Klama	0.75	0.25	0.5	66.6	0.55	0.25	0.0078	VS
Tiktamlodgara	1.95	0.3	1.65	84.61	0.57	0.12	<0.0001	ES
Utkesha	1.3	0.15	1.15	88.46	0.366	0.081	<0.0001	ES
Gourava	1.2	0.15	1.05	87.5	0.366	0.081	0.0001	ES
Hritkantadaha	1.6	0.1	1.5	93.75	0.30	0.0688	<0.0001	ES
Aruchi	0.45	0.05	0.4	88.8	0223	0.0500	0.0078	VS

Table 3: Inter group comparison in 40 patients.

Symptoms	Sum of Rank		Mean		SD		Mean	U value	p value	Result
	G.A	G.B	G.A	G.B	G.A	G.B	Diff			
Avipaka	440.0	380.0	0.25	0.10	0.44	0.30	0.15	170.00	0.4042	NS
Klama	372.5	407.5	0.10	0.25	0.53	0.55	0.04	182.50	0.8377	NS
Tiktamlodgara	456.0	364.0	0.7	0.3	0.92	0.57	0.4	154.00	0.2077	NS
Utkesha	451.5	368.5	0.4	0.15	0.59	0.36	0.25	158.50	0.2509	NS
Gourava	463.0	357.0	0.50	0.15	0.68	0.36	0.35	147.00	0.142	NS
Hritkantadaha	461.0	359.0	0.45	0.10	0.75	0.30	0.35	149.00	0.155	NS
Aruchi	430.0	390.0	0.15	0.05	0.36	0.22	0.1	180.00	0.576	NS

DISSCUSION

Group A: Patients treated with *Patoladi kwatha*, extremely significant relief seen in symptoms like *Tiktamlodgara*(66%), *Hritkantadaha*(75%), *Utklesha*(86%) while very significant relief was found in *Avipaka*(75%), *klama*(90%), *Gourava*(95%) & *Aruchi*(78%).

Group B: Patients treated with *Yavadi kwatha*, extremely significant relief seen in symptoms like *Avipaka*(90%), *Tiktamlodgara*(84%), *Hritkantadaha*(93%), *Utklesha*(88%), while very significant relief in *klama*(66%), *Gourava*(87%) & *Aruchi*(88%).

• Probable mode of Action of Patoladi Kwatha⁶ (Control Group A): The contents of this

medication are Patola, Triphala and nimba. Patola & Nimba are mainly tikta rasa pradhana and Triphala mild purgative. As such it helps to pacifying pitta dosha. Haritaki & Vibhitaki have anti ulcer property and even anti-stress, where Urdhvaga Amlapitta is one of psychosomatic disease. Drug Nimba have anti ulcer along with that it helps to pacify Burning sensation and anorexia. This formulation is also having a deepana pachana property. All this property of drugs helps in reducing the symptoms of Urdhvaga Amlapitta.

• Probable mode of Action of Yavadi kwatha⁷ (Trail Group B): This formulation contents are Yava, Vasa, Triphala with prakshepka drayas (twak, ela, tejapatra)have properties like madura, kashaya rasa; katu and Madura vipaka; ushna sheeta

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virya and laghu guna which helps to pacify pitta and kapha dosha and have action like anti-inflammatory, antiemetic etc .Yava which is having sheeta virya and madhu (anupana) helps to pacify pitta dosha. Along with that it have deepana pachana property; where this may act on vitiated rasa dhatu and may act on sama pitta by which it become nirama and increases agni. Yava acts as Agnivardaka, which helps to alleviate mandagni and breakdown the pathogenesis. Anulomaka property of drug acts on vimarga gamana kind of srotodushti involved in disease. Due to rakta shodhaka property of this drug it may act on raktavaha srotodusti also.

CONCLUSION

Group A: Patients treated with *Patoladi kwatha*, extremely significant relief seen in symptoms like *Tiktamlodgara*, *Hritkantadaha*, *Utklesha* while very significant relief was found in *Avipaka*, *klama*, *Gourava* & *Aruchi*.

Group B: Patients treated with, while very significant relief in *klama*, *Gourava* & *Aruchi*. Statistically Group A

& Group B showed almost similar effect .On the basis of improvement in symptoms *Aushadha yoga* of Group B yields more results than that of Group A. The beneficial effect of trial group may be due to *Yava* does *agnivardaka karma* it alleviates *mandagni* and breakdown the pathogenesis. Both drugs (Group A & B) have *Pitta shamaka*, *depana pachana* all these properties, helps in reducing other symptoms of *Urdhvaga Amlapitta*.

Symptomatic improvement has been observed in most of the patients after treatment and few patients got re-occurrence of few symptoms after follow up (but severity of symptom is less when compared to before treatment).

Scope of further study

This trail was a time bound limited study of 15 days. So an extended long term trail is required both the drugs for better comparison and even to avoid re-occurrence of disease after treatment.

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