



(REVIEW ARTICLE)



Evaluation of the efficacy of laghusootshekhar ras and praval panchamrut ras in the management of urdhwaga amlapitta: A review

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Abstract

Amlapitta is a very common disease encountering in present era with more or less severity. It is the one that which bears the direct impact of the dietic errors that a person indulges. In this rapidly growing world, people neglect healthy food and are attracted towards the junk food, they are changing their diet pattern, meal timings, lifestyle and behavioural pattern. They are becoming more stressful with worry, tensions causing so many disorders which hampers digestion and is causing hyperacidity, gastritis, acid peptic disorders etc. All these disorders can be correlated with Urdhwaga Amlapitta in ayurveda. Modern medicinal systems have proton pump inhibitors, H2 blockers, antacids etc. which are being widely used all over the world, have their own limitations. These medications can not cure the disease permanently and only effective until used regularly, with a very high rate of relapse on leaving the medicine. This has encouraged me to assess the effect of commonly used ayurvedic approach, Shamana (Laghusootshekhar Ras and Praval Panchamrut Ras) in the management of Urdhwaga amlapitta. The study material comprises of 15 patients of Urdhwaga Amlapitta from OPD of Kayachikitsa, Ayurved Hospital and Cancer Research Centre, Wagholi having signs and symptoms of the disease as mentioned in classical ayurvedic texts irrespective of sex, religion, occupation etc. Patients were treated with Laghusootshekhar Ras and Praval Panchamrut Ras for 14 days and assessment was made based on patient's response to the treatment on the basis of improvement in the classical signs and symptoms of Urdhwaga Amlapitta. The results showed that Laghusootshekhar Ras and Praval Panchamrut Ras has significant results in the treatment of Urdhwaga Amlapitta without any ADR.

Keywords: Amlapitta; Hyperacidity; Shamana; Laghusootshekhar Ra; Praval Panchamrut Ras

1. Introduction

Amlapitta is one of the commonest vyadhi of annavaha strotas (gastrointestinal track disorder) caused by vitiated agni as explained in ayurvedic classical texts. The word "Amlapitta" comprises of two words- 'Amla' (Sour) and 'Pitta' (Gastric juice). In Ayurvedic text, it is clearly mentioned that, a person with a pre-existing tendency of excessive pitta secretion and who takes incompatible, unhygienic, sour and pitta vitiated food there is vitiation of pitta. According to Kashyap Viruddha Ahara (Incompatible diet), Adhyasana (food after meal), Ama Bhojana (to consume food even though the previous food is not digested), Ajeerna Bhojana (consume food inspite of indigestion), Guru (heavy meal), Snigdha Bhojana (oily food) etc. causes Agnimandya (loss of appetite) that leads to Amlapitta. Acharya Madhavakara says that increased Pitta (gastric juice) is aggravating factor responsible for Amlapitta disease. Amlapitta is mentioned in Kashyapa samhita, Madhava nidana, Bhavaprakash and Chakradatta as a separate disease, but there is no description of amlapitta as a separate disease in text of Charaka, Shushruta and Vagbhata. In ayurvedic texts 2 types of amlapitta are mentioned named as Urdhwaga and Adhoga. Ayurveda has lot to offer in the management of gastrointestinal track disorders like Amlapitta. Many single and compound drugs have been tried in the treatment of Amlapitta. In Shamana

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chikitsa (Ayurvedic palliative treatment) acharyas have mentioned the drugs, which are mainly having Tikta, Kashaya and Madhur rasa (bitter, pungent and sweet taste), Sheet virya (cold in potency), Madhur, Katu Vipaka and Laghu and Ruksha gunas.

On the basis of above description Laghusootshekhar Ras and Praval Panchamrut Ras has been selected to evaluate their efficacy in Urdhwaga Amlapitta.

2. Material and methods

Following material and methods were adopted for conducting the present study.

2.1. Criteria for Inclusion

- Patients of either sex aged between 20 to 60 years.
- Patients having signs and symptom of Urdhwaga Amlapitta mentioned in classical ayurvedic texts.

2.2. Criteria for Exclusion

- Patients suffering from gastric ulcer, duodenal ulcer, gastric cancer.
- Patients who had past history of heart disease.
- Patients with uncontrolled diabetes mellitus, hypertension and immunodeficiency syndrome.
- Pregnant and lactating women. Patients with classical signs and symptoms of Urdhwaga Amlapitta were selected randomly from OPD of Kayachikitsa.

2.3. Level of study

The study had been carried out at OPD level.

2.4. Design of study

- Study type – Interventional
- Purpose - Treatment
- Control - No control
- No of group - One
- No of patients - 15 Patients
- Type of study – Open-Labeled

2.5. Drug

Laghusootshekhar Ras (250 mg) 2 tablets twice a day for 14 days and Praval Panchamrut Ras (125 mg) 2 tablet twice a day for 14 days.

Anupana – Warm Water Kala – Vyanodan (After Lunch and Dinner)

2.6. Assessment of the patients

The assessment was made based on patient's response to the treatment on the basis of improvement in the classical signs and symptoms of Urdhwaga Amlapitta. After completion of treatment the improvement criteria is categorized as below.

- 25% improvement – Unchanged
- 26%-50% improvement – Mild improvement
- 51%-75% improvement – Moderate improvement
- 76%-100% improvement – Marked improvement

2.7. Observation and Results

In this study, 15 patients (9 male and 6 Females) were selected from the OPD of Kayachikitsa, having common features of Urdhwaga Amlapitta. The results showed that 53.33% of patients were from the age group of 31-40 years which is pitta dosha dominant stage of life, while 6.67% were belonging to an age group of 20- 30, 20% to an age group of 41-50 years and 20% to an age group of 51-60 years with a mean age of 40.2 years. Results of the shareera prakriti examination

showed that maximum 46.67% patients prone to the Amlapitta disease were of kapha pitta prakriti. The tendency of kapha pitta predominance leading to Annavaaha strotodusti and produce symptoms of Amlapitta. Maximum number of patients (47%) were belongs to service class and suffering from mental stress, which is an important cause of Amlapitta. It is observed that the patient's had addiction of tea/coffee (86.67%), alcohol (20%), smoking habit (26.67%) and tobacco chewing (33.33%). These factors are responsible for vitiation of pitta dosha. Patient's response to the treatment was evaluated on the basis of improvement in the classical signs and symptoms of the disease. It is observed that symptoms like Guru Kosthata (81.81%), Urakantha Daha (76.92%) and Amlatiktaudgar (83.33%) shown marked improvement, symptoms like Shiro vedana (75%), Udaradhman (75%) and Chardi (66.66%) shown moderate improvement while symptom like Aruchi (50%) and Avipak (50%) shown mild improvement after completion of 14 days treatment. Laghusootshekhar Ras and Praval Panchamrut Ras are more potent drugs in the treatment of Amlapitta with no any adverse drug reaction. In Laghusootshekhar Ras and Praval Panchamrut Ras the drugs are of madhur, tikta, kashaya and katu rasa, madhura vipaka and sheet virya which are pittashamak hence symptoms like Amlatiktaudgar, Urakantha Daha due to vidagda. pitta get relieved. Shunthi, Nagavalli (Betel leaf juice extract) act as deepana and pachana which relieves ama like symptoms such as Guru Kosthata, Shirovedna, Udraadhmana, Aruchi, Avipaka, Chardi etc.

3. Conclusion

Amlapitta is mostly a psychosomatic disease and the incidence of the disease will be increased in parallel with the advancement of civilization and condition of the society. The results of the Laghusootshekhar Ras and Praval Panchamrut Ras showed significant relief in signs and symptoms of Urdhwaga Amlapitaa like Amlatiktaudgar, Guru Kosthata, Urakantha Daha, Udraadhmana and Shiro vedna. No adverse drug reactions were noted during the study period.

Compliance with ethical standards

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Statement of informed consent

Informed consent was obtained from all individual participants included in the study.

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