

**CLINICAL STUDY OF PIPPLI GHRITA IN URDHVAG AMALPITTA****Dr. Pathak Sandhya<sup>1\*</sup>, Dr. Girbide Santosh<sup>2</sup> and Dr. Patil Ashwini<sup>3</sup>**P.G. Scholar<sup>1,3</sup>, HOD and Professor<sup>2</sup>Department of Rog Nidan Vikriti Vigyan, R A Podar Medical (Ayurved) College, Worli,  
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**ABSTRACT**

There has been an unprecedented increase of incidence related to gastro intestinal system due to change in life style like diet pattern behavioural pattern and mental stress and strain. In these sequences *Amlapitta*<sup>[1]</sup> is most difficult one due to faulty life style. Ayurvedic literature has through description of *Amlapitta* disease and many formulations decided in ayurvedic classics for this. Various drug trials were already carried out on *Amlapitta*. Aim to take this research

project to assess efficacy of described drug. We selected *Pippli ghrita*<sup>[2]</sup>, herbal drug only, which is cost effective and easily available to patients. 50 patients of *Amlapitta* were studied for 1 month with the follow up after 7 days interval. No complications or adverse effect incurred during treatment. Drug is effective in management of '*Urdhvag Amlapitta*'<sup>[3]</sup> Patients.

**KEYWORDS:** *Amlapitta, Urdhvag Amlapitta, Pippli ghrita.***INTRODUCTION**

In present era called era of modernisation and urbanization people don't have time to take food on time forget about the balanced digestible diet. If we see one side of coin development of science happening day by day which is adding luxury and comfort to our life but other side of coin shows degradation in health of human being. Due to busy schedule people are unable to follow *Hritucharya, Dinacharya* and *Sadhvrita* described by Acharya which is very essential for development of human being leads improper work of *Agni* and in turn leads to improper digestion of *Anna*. It is more of a psycho-somatic disorder caused due to dietic

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indiscrimination and mental stress. The pathophysiology of *Amlapitta* states it to be a disease caused due to functional disturbance rather than organic lesion which is caused by *Mandagni* and *Ama*.

Describing the pathogenesis of *Amlapitta* Acharya Charaka<sup>[4]</sup> mentioned that, *Amlapitta* is developed when *Amavisha* get mixed with the *Pitta*. Whereas Acharya Kashyapa<sup>[5]</sup> believed that the disease is caused by vitiation of *Dosha (Tridosha)* causing *Mandagni* leading to *Vidagdhajirna* manifesting as *Amlapitta*. Madhavakara<sup>[3]</sup> following Charaka has described the development of *Amlapitta* due to vitiation of *Pitta* which is already increased due to its own causes. Harita<sup>[6]</sup>, Chakradutta<sup>[2]</sup>, Bhavaprakasha<sup>[7]</sup> and Yogratnakar<sup>[8]</sup> have quoted the management for *Amlapitta*. The line of treatment consists of mainly *Panchakarma* measures (*Shodhana* therapy). All scholars have accepted *Vamana* and *Virechana* as chief treatment for *Amlapitta*. Also *Niruha* and *Anuvasana* have been recommended. Though *Panchakarma* measures are the main recommendations, but these are not used in most parts of India. These measures are absolutely on indoor treatment. Hence, *Panchakarma* measures cannot be recommended as routine for this disease. As *Shodhan* removes the vitiated *Doshas* from the body from the roots but in *Amlapitta* a small amount of *Hetu Sevan* can relapse of the same *Lakshanas* seen in *Amlapitta*, hence the study was concentrated on *Shamana Chikitsa* in *Amlapitta*. Hence effective *Shamana* therapy has been chosen for the present study was carried out to evaluate the efficacy of “*Pippli ghrita*” in *Sampraptivighatana* of *Urdhvag Amlapitta*.

## MATERIALS AND METHODS

### Plan of study

The study was carried out at the m.a.podar hospital, worli, mumbai (maharashtra). Total 50 patients of *Amlapitta* were registered for the present research work. The cases were randomly selected irrespective of their age, sex, religion, occupation, socioeconomic status, *Prakriti* and *Agni* etc., subjected to thorough clinical history and physical examination on the basis of specially prepared proforma, which incorporated the *Astavidha*<sup>[8]</sup>, *Dashvidha*<sup>[4]</sup>, *Srotas*<sup>[4]</sup> and *Dosha Pariksha*. All the manoeuvres described above were repeated before and after the treatment.

### Inclusion criteria

1. Patient of both sexes was selected.
2. Patient suffering from signs and symptoms of *Urdhvag Amlapitta*.

3. Patient of age group 20 – 50yrs.

#### **Exclusion criteria**

1. Patient of age group below 20yrs and above 50yrs were excluded from the study.
2. Pregnant and lactating mother.
3. Patient suffering from chronic diseases such as diabetes, hypertension, IHD, chemotherapy and major operative procedure etc, were excluded.
4. Irregular patients not providing proper data were excluded.

#### **Diet and restriction**

The patient was advised to follow the *Dwadasa Asana Pravicharana* and restricted to the use of *Amla, Katu* and *Lavana Rasa, Ushna, Tikshna Guna, Abhisyandi and Paryushita Ahara* due to their provocative nature.

Drug – *Pippli ghrita*

*Pippli ghrita* prepared by method as described in ‘Chakradatt’.

Pippli Kalka-250gm

*Pippli Kwatha*-4litre

*Go Ghrita*-1 kg

Dose - 10 ml once daily

Time of administration – in the morning

Duration - Patient were studied for 1 month with the follow up after 7 days interval

*Anupana* – 5ml of *madhu*

#### **Assessment criteria**

The effects of ‘*Pippli Ghrita*’ will be assessed in regards to the clinical signs and symptoms on the bases of grading and scoring system and overall improvement.

Grading and scoring for symptoms and signs

1] Symptoms.

a) *Vanti* -

0 - absent

1 - once/week or less quantity

2 - 2-3 times/week or moderate

3 - > 3 times/week or profuse

b) For (*Shiroruja, Kar - charandaha, Sarvangdaha, Hridkanthadaha, Tikta - amlaudgar, Kandu, Aruchi*)

(Subjective information)

0 - Absent

1 - Occasional

2 - Intermittent

3 - Continuous affecting routine work

2] Signs:

a) *Jvara* -

0 - absent

1 - 99°- 100°F

2 - 101°-103°F

3 - >103°F

b) *Mandal*

0 - absent

1 - 1-2mm

2 - up to 3mm

3- up to 5mm

c) *Pidaka*

0 - skin colour

1 - hyperaemic

2 - red

3 - dark red

## OBSERVATION AND RESULTS

Total **60** Patients were registered, out of which 10 patients drop out and **50** patients completed the treatment. It was observed that, *Pippli ghrita* contains *Pippali* and *Goghrita*. *Pippli*<sup>[9,10,11]</sup> is considered as one of the best *Agni deepaka* and *Aama pachaka* drugs. *Pipali*, by virtue of its *Katu Rasa, Laghu & Tikshna Guna* affects *Kapha Dosha* and on the basis of *Snigdha Guna & Madhura Rasa* Combats *Vata Dosha*. Hence, aggregate action is reflected as *Kapha Vata Shamaka*. *Pippli* correct *Rasa* by acting on *Agni* and impose a check over the symptomatology of *Amalpitta*. Due to *Agnimandya*, formation of *Ama* ensues as a consequence. *Pipali* by means of its *Deepana, Pachana* properties, fights against *Agnimandya & Ama* & finally improves status of *Dosha, Dushya & Agni*.

Table n. 1: Showing effect of therapy on symptoms in 50 patient of urdhvaga amalpitta.

Sr no.	Symptom	B.T	A.T	Difference	% of relief
1.	<i>Vanti</i>	28	10	18	64.28%
2.	<i>Shirorujha</i>	87	32	55	63.21%
3.	<i>Kar-charana Daha</i>	59	16	43	72.88%
4.	<i>Sarvanga Daha</i>	26	06	20	76.92%
5.	<i>Hridkanth Daha</i>	98	03	95	96.93%
6.	<i>Tikta-amloudgar</i>	85	05	80	94.11%
7.	<i>Kandu</i>	10	02	08	80%
8.	<i>Aruchi</i>	103	08	95	92.23%
9.	<i>Jwara</i>	00	00	00	0%
10.	<i>Mandal</i>	06	01	05	83.33%
11.	<i>Pidika</i>	13	01	12	92.30%
	Average	46.8	7.6	39.18	83.70%

Table n. 2: Wilcoxon match paired sign rank test.

Symptom	Mean	SD	SEM	W	N	Z	P
<i>Vanti</i>				91	13	3.18	<0.0001
B.T	0.560	0.929	0.131				
A.T	0.200	0.606	0.085				
Difference	0.360	0.662	0.093				
<i>Shiroruja</i>				635	38	4.61	<0.0001
B.T	1.780	1.183	0.167				
A.T	0.600	0.755	0.106				
Difference	1.180	1.044	0.147				
<i>Karcharan Daha</i>				595	34	5.08	<0.0001
B.T	1.180	0.940	0.133				
A.T	0.320	0.551	0.077				
Difference	0.860	0.700	0.099				
<i>Sarvanga Daha</i>				120	15	3.40	<0.0001
B.T	0.520	0.886	0.125				
A.T	0.120	0.435	0.061				
Difference	0.400	0.670	0.094				
<i>Hridkant Daha</i>				1275	50	6.15	<0.0001
B.T	1.960	0.347	0.042				
A.T	0.060	0.239	0.033				
Difference	1.900	0.303	0.049				
<i>Tiktamloudgar</i>				1081	46	6.10	<0.0001
B.T	1.700	0.677	0.095				
A.T	0.100	0.303	0.042				
Difference	1.600	0.638	0.090				
<i>Kandu</i>				21	06	2.20	0.0313
B.T	0.200	0.534	0.07				
A.T	0.040	0.197	0.02				
Difference	0.160	0.467	0.06				
<i>Aruchi</i>				903	42	5.64	<0.0001
B.T	2.06	1.14	0.15				

A.T	0.16	0.37	0.05				
Difference	1.90	1.05	0.14				
<i>Mandal</i>				15	05	2.20	<0.0001
B.T	0.12	0.32	0.04				
A.T	0.02	0.14	0.02				
Difference	0.10	0.30	0.04				
<i>Pidika</i>				45	09	2.66	<0.0001
B.T	0.26	0.59	0.08				
A.T	0.02	0.14	0.02				
Difference	0.24	0.55	0.07				

## DISCUSSION

□ Total 50 patients were observed. *Pippli* show its direct effect on the symptomatology caused by *Agni Vaishmya* & *Ama* by virtue of its classical *Guna* e.g. *Deepana*, *Mridurechana*, *Yakrituttejaka*, *Medhya* and last but not least, having *Rasayana Guna* as a chief property. *Pipali*, by means of its *Deepana*, *Pachana* properties, fights against *Agnimandya* & *Ama* & finally improves status of *Dosha*, *Dushya* & *Agni*. Hence very good effect was noted in *Urdhvag Amlapitta*.

□ *Ghrita*<sup>[4]</sup> has one property *Samskaranuvartanum* i.e. as per its ingredients the *Ghrita* attend their properties there is no other such material which imbibes the quality to the extent that *Ghrita* does. It is *Yogavahi*, so it carries active principles of the drugs to increases the potency of the compound drug.

□ It pacifies *Vata* by *Snigddha Guna*, *Pitta* by *Madhura Rasa* and *Saitya* and *Kapha* by processing with *Kaphahara* drugs. It should be taken in small quantities for longer duration to pacify *Pitta* and in large amounts to pacify *Vata*.

## CONCLUSION

Conclusion on the basis of this study *Pippli ghrita* is found to be effective in reliving sign and symptoms of *Urdhvag Amlapitta*. There was no adverse reaction seen.

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