



CLINICAL STUDY TO EVALUATE THE EFFICACY OF AMALAKI RASAYAN AND MUKTA PISHTI IN PITTA SHAMAN

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ABSTRACT

Amlapitta is a disease prevalent all over the world. The increasing prevalence rate is a constant challenge to the research workers. The disease Amlapitta is a common functional disease of Annavaha strotas. Materialistic life style provokes people to run behind a busy, stressful life with least concern towards proper food habit. The aim of the present study was to find out efficacy of Amalaki Rasayan and Mukta pishti in Amlapitta. In present study, total 30 patients were taken, divided in 3 equal groups. In group A:- 10 patients were treated with oral administration of Amalaki Rasayan, in group B:- 10 patients were treated with oral administration of Mukta pishti and in group C:- 10 patients were treated with oral administration of both Amalaki Rasayan and Mukta pishti. The dose of Amalaki Rasayan is 2gm BD with Madhu and dose of Mukta pishti is 125mg BD with water. After conducting clinical trial on 30 patients, observation and results were obtained, which shows the more efficacy of Amalaki Rasayan and Mukta pishti when used both by the patient.

KEYWORDS: Amlapitta, Amalaki Rasayan, Mukta pishti.

INTRODUCTION

Ayurveda, the most ancient science of the world, considered as upaveda of Atharva Veda, has taken rapid stride over the last few decades in realising people probe into basics of physical and psychological health related problems of fast changing life styles. Change is the unchanged law of the universe. Theory of evolution takes about the survival for the fittest. Human being need to go for short term or long term adaptation to survive in this world. Irregular and improper food habits, busy stressful lifestyle and westernisation are the main culprits of an obstinate disorder escalating in its prevalence i.e. Amlapitta. This is a burning problem of the society.

As the new era is progressing, Human needs are rising proportionality in a higher ratio due to introduction of newer technology through research. But in this fast food era human being forgets everything to achieve their goal. No gain without pain, for that he need a face off with hurry, worry, stress, strain, anxiety, improper food habit. All of them accelerate the vitiation of Disha by disturbing action of Agni.

The theory of panchamahabhuta defines the intensity of Agni which is visible as pitta Disha in body and responsible for production of the dhatu (tissue system), for

digestion, helps in vision (alochak pitta), regulates the body temperature and complexion, controls all systems of body and acts as cognitive factor. It may impure or become unbalanced due to performing various unfavorable actions by man related to cause the pitta prakopa i.e. specially pitta prakopaka ahara and Vihar etc.

The symptoms of pitta prakopa are ausha (burning sensation of whole body with excessive sweating and giddiness), plosa (burning sensation in localised area of body), burning sensation of sense organ, prickling sensation, necrosis, excessive and unwanted secretions, excessive sweating, redness of organs.

The madhur, tikta, kashaya and cold drugs (sheet virya) and activities which cool the body can help to pacify the vitiated pitta Dosh.

Amalaki rasayan and Mukta pishti both have properties to pacify pitta Dosh that's why considered as treatment of pitta prakopa vikara because they discontinue the pathological series (samprapti vighatana) and stop the changing process of presumptions into symptoms.

AIMS AND OBJECTIVES

Comparative study on the efficacy of Amalaki Rasayan and Mukta pishti in the management of pitta vriddhikar disorders and on symptoms of pitta prakopa.

MATERIALS AND METHODS

Selection of the patient: The concealing strategies were held in OPD and IPD of Jammu institute of Ayurveda and Research, Jammu. Patients having complaints of pitta prakopa or related disorders.

Grouping of the patients:-

Total 30 patients were registered for the study and grouped under three on the basis of the drug administration.

Group A - This group of 10 patients were scheduled with Amalaki Rasayan

Group B - This group of 10 patients were scheduled with Mukta pishti.

Group C - This group of 10 patients were scheduled with Amalaki Rasayan and Mukta pishti.

DRUG DESCRIPTION

Amalaki Rasayan and Mukta pishti both have drugs with mild potency (sheet virya) and sweetish digestion (madhur vipaka) which helps to pacify tridosha. Specially Amalaki Rasayan fruit is laxative which help to clean out the excessive pitta Dosha from the body (virechana is the treatment of pitta prakopa), and is tonic which helps to nourish the body when excessive pitta demands over nourishment otherwise can damage the soft tissues or mucous membranes of body channels. The fruit of *Embllica officinalis* is useful in acid peptic ulcer and in non ulcer dyspepsia. Mukta (pearl) posses antiacidic refrigent and tonic properties.

DOSE AND DURATION OF DRUGS

2 gram of Amalaki Rasayan were administered with the Anupana of Madhu twice a day i.e. morning and evening, whereas 125 mg of Mukta pishti were administered with water twice a day, till 30 days of the duration.

DISCUSSION

Sex incidences of screened patients were showed high prevalence in male than female 20: 10, may be due to excessive physical and mental exercise performed by males and also have tendency to express more anger, which is one of the main causative stimulation to enhance the pitta Dosha.

Occurrence of pitta vriddhi were found more in between the age group of 16 year - 30 year, which reflects more apprehension in middle age group as mentioned in Ayurveda.

All selected patient belongs to Hindu community, this factor does not show the high incidences among Hindus, area of screening were belong to Hindu locality.

Maximum number of cases were related to educational occupation or were highly educated, excessive mantel exercise, tension, pressure of studies and worrieness can produce the symptoms of pitta prakopa.

Addiction of tea, coffee or tobacco may also cause pitta prakopa and its related diseases. Person of pitta prakriti have mridu koshta (mild), are vulnerable to pitta vikara. Because samagni (uniform) is sensitive to become vishama Agni (alter), the census of cases support that, the maximum number of patients were found from the group of pitta prakriti and of Sama Agni.

Table No. 1

S.No.	Symptoms	Group A			Group B			Group C		
		B.T.	A.T.	Imp.%	B.T.	A.T.	Imp.%	B.T.	A.T.	Imp.%
1.	Amlaka (acid eruction)	8	2	75.00%	6	1	83.33%	9	1	88.88%
2.	Atrapti (non satisfaction)	3	1	66.66%	5	1	80.00%	8	1	87.50%
3.	Trishna adhikya (excessive thirst)	6	2	66.66%	7	2	71.42%	7	2	71.42%
4.	Tikta asyata (bitter taste)	9	3	66.66%	7	1	85.71%	9	1	88.88%
5.	Ushma adhikya (over hotness)	5	2	60.00%	4	3	25.00%	9	2	77.77%
6.	Sweda atipravriti (excessive sweating)	3	2	33.33%	4	2	50.00%	5	2	60.00%
7.	Gatra daurgandhyam (disagreeable smell)	5	3	60.00%	2	2	00.00%	6	3	50.00%
8.	Kantha shoushta (choking)	7	2	71.40%	9	2	77.77%	8	4	50.00%
9.	Raktasphota (Red vesicle)	3	1	66.66%	3	2	33.33%	7	4	42.85%

10.	Raktamandala (Red wheals)	7	5	28.57%	3	2	33.33%	8	3	62.50%
11.	Asyapaka (Stmatitis)	7	2	71.4%	6	1	83.33%	7	3	57.14%
12.	Ausha (Heating)	4	2	50.00%	5	1	80.00%	6	2	53.33%
13.	Plosa (Scorching)	5	4	20.00%	4	2	50.00%	5	1	80.00%
14.	Antardaha (Burning sensation inside the body)	2	1	50.00%	4	1	25.00%	6	2	66.66%
15.	Davathu (Boiling)	5	4	40.00%	3	3	00.00%	6	3	50.00%
16.	Arti (Uneasiness)	6	2	66.66%	6	3	50.00%	3	0	100.00%
17.	Klama (Tiresome)	5	4	20.00%	4	3	25.00%	6	1	83.33%
18.	Nishatva (Irritation)	6	4	33.33%	5	4	20.00%	7	2	71.42%
19.	Alpanidra (Sleeplessness)	7	2	71.40%	6	1	83.33%	3	1	66.66%
20.	Sheeta abilasha (Desire for coolness)	6	2	66.66%	3	1	66.66%	5	1	80.00%
21.	Madhur sheeta (kashaya Abilasha)	1	1	00.00%	4	4	00.00%	5	1	80.00%

RESULTS

Symptoms of pitta prakopa and their related disease were assessment factors for the study, the outcome after the drug administration showed as comparative effect of both drugs on the various complaints, reported by the patients.

CONCLUSION

Group A showed 54.54%,
Group B showed 58.41%,
Group C showed showed 70.37% favourable results to pacify the pitta prakopa.
Statistical observations represent the 't' value of Group A = 12.73, Group B = 11.70 and of Group C = 15.80%.

The comparison between the results of both drugs favours best Mukta pishti as compare to Amalaki Rasayan, but combined effect of both drugs found best outcome on pitta vriddhi.

CONCLUSION

Group	%	S.D.	S.E.	't' value
Group A	54.54%	1.490	0.471	12.73
Group B	58.41%	1.595	0.504	11.70
Group C	70.37%	1.900	0.601%	15.80

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Amalaki Rasayan showed best response on acid education(75%) and least response on desire of madhur tikta kashaya dravya.

Mukta pishti showed best response in bitterness of buccal mucosa(85.71%) and least response on disagreeable smell, boiling, desire to have madhur tikta kashaya articles(0%).

Both drug combined have good response on arti(uneasiness) 100% and least effect on red vesicles(42.85%).

Because both drugs have physical properties contrast to intensity of pitta(Agni) i.e. cold, madhur vipaka and also they both were formulated, either with same compound.

That's why this suggests appropriation of both drugs on pitta vriddhi and various disorders related to pitta.

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