



A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF VAMANA DHAUTI AND AMALAKI CHURNA IN AMLAPITTA

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ABSTRACT

Background: The period of 21st century is regarded as the era of fast technology and tough competition. The man of this era is becoming prey to series of life style disorder which are much more bothering than the infective diseases. The altered life style activities like fried food, night shifts, mental stress, addictions etc. are the major risk factors for Amlapitta. Amlapitta, also known as Hyperacidity is generally a result of incorrect and irregular eating habits and it is one of the common ailments seen in many people. **Methodology of intervention:** 30 Patients excluding dropouts were selected and were divided in to 2 groups by random sampling method. Patients were assessed by using Subjective parameters and severity of clinical conditions before, after treatment and follow up. study duration was total 60 days, Treatment duration was 30 days, Follow up period-30 days (once in a forth night) for Group-A: Vamana Dhauti was advised twice in a week for 30 days. Group-B: Vamana Dhauti was advised twice in a week and Amalaki Churna, with the dose of 4gm TID with water before food. **Interpretation:** Amalaki is Having Sheeta Guna, Sheeta Veerya, Madhura Vipaka, Tridosha Shamaka. So Amalaki Churna may be beneficial in clinical conditions of Amlapitta. Choice for the clinical condition that are related with the gastrointestinal tract. Among Shatkriyas, Vamana Dhauti is the best possible wash to the digestive system from stomach to the mouth. It helps to maintain the homeostasis of the stomach through its cleansing effect. In Group 'B' after one month of treatment, 9 Patients showed mild response (60%), 6 Patient showed moderate relief (40%), and No Patients showed improvement, marked or complete relief. Hence by considering overall result, in the present study the effect of Amalaki Churna with Vamana Dhauti was more beneficial.

KEYWORDS: Vaman Dhouti, Amalaki Churna, Amlapitta.

INTRODUCTION

Ayurveda is a unique boon to the community since ancient years. The science with a history of several thousand years has very strong principles on which it has developed The period of 21st century is regarded as the era of fast technology and tough competition. The man of this era is becoming prey to series of life style disorder which are much more bothering than the infective diseases. The altered life style activities like fried food, night shift duties, mental stress, addictions etc. are the major risk factors for Amlapitta.

Amlapitta, also known as Hyperacidity is generally a result of incorrect and irregular eating habits and it is one of the common ailments seen in many people. In India reveals that 25% of the people are suffering from this disorder. Stomach contains acids that help in the process of digestion of food, When the level of these digestive

acids increases, it starts to erosion of the mucus lining faster, and the stomach muscles become exposed leading to burning sensation and this condition is known as hyperacidity.

According to Ayurveda, excess consumption of Pitta Prakopakara Ahara, Vihara leads to Amlata, Dravata, and Vriddi of Pitta causing Shuktata of Pitta.^[1] The all above mentioned causes leads to imbalance of the Shareerika Doshas Vata, Pitta & Kapha in turn create Agnimandyata & due to improperly metabolized and get convert into Shukata (vitiated liquid acid) and this gets situated in Amashaya which is called as Amlapitta. The disease mainly caused by improper dietetic pattern, mental stress and strain which is related to our digestion.

Amalaki is considered as Pathya in Amlapitta.^[2] Amalaki is Amla Pradhana Pancharasa, and Pittashamaka. It is

having, Sheeta Guna, Sheeta Veerya, Madhura Vipaka, Tridosha Shamaka. So Amalaki Churna may be beneficial in clinical conditions of Amlapitta. Vamana Dhauti one of the yogic Shatkarmas.^[3] and cleans the entire digestive tract. It removes excess bile, mucus, toxins and restores the natural balance of the stomach chemical composition.

By considering the above factors Management of Amlapitta aims at minimizing the symptoms, correcting the Agni, Optimize the quality of life and reduces the risk of developing co-morbidities. Hence Ayurveda and Yoga offers respectively as treatment modalities for resisting these types of disorders.

Objectives of the Study

The present study was undertaken in to two groups and the patients are selected from OPD, IPD and special camps conducted by S.J.G.A.M. College Hospital and Research Centre; Koppal with the following objectives:

1. To study in detail about Amlapitta.
2. To evaluate the efficacy of Vamana Dhouti
3. To evaluate the efficacy of Vamana Dhouti with Amalaki Churna in Amlapitta.

MATERIALS AND METHODS

Source of Data

A. Literary Source

- Classical Ayurvedic text books.
- Yoga books.
- Modern or contemporary text books of medical science.
- Related sources from authenticated websites.
- Published articles from journals and other magazines.

B. Clinical Sources

Subjects are selected from OPD, IPD and special camps conducted by S.J.G.A.M. College and Hospital; Koppal.

Materials

- 1) **Drugs: Amalaki Churna For Vamana Dhauti:** Sukhoshna Lavana Yukta Jala.
- 2) **B. Instruments:** Yoga mats, Vamana tub, Necessary vessels, Gas stove, Napkins, and Towels.

Collection of drugs: The raw drugs are authenticated and collected from the Dept of Dravya Guna S.J.G.A.M.C. Koppal.

Preparation of Medicine: Amalaki Churna was prepared in the Dept of Rasa Shastra and Bhaishajya Kalpana of SJGAMC Koppal, as mentioned in the classics.

Method of Preparation

6 kg. Dry Amalaki fruits were taken and dried properly in sunlight, after drying, seeds were removed and fruits were crushed by using pulverizer thus fine powder was

prepared, after that sieving was done and Amalaki Churna was obtained.

Selection of the Patients

Method of collection of Data

Patients of Amlapitta are selected randomly which are having classical signs and symptoms irrespective of sex, religion, occupation and socio economic status from O.P.D. & I.P.D section of Department of Swasthavritta, S.J.G. Ayurvedic Medical College, PG studies and research centre Koppal.

Study Design: A combined clinical study.

Criteria for selection of patients

Criteria for Diagnosis

1. Avipaka
2. Utklesha
3. Tiktaudgara
4. Amlaudgara
5. Hridkanthadaha
6. Aruchi

Inclusion criteria

- Inclusion patients presenting classical clinical features of Amlapitta.
- The patients of age group of 20 – 60 years are selected.
- Patients fit for Vamana Dhauti.

Exclusion Criteria

- Patients who have undergone gastric surgeries.
- Known cases of gastric & duodenal ulcers.
- Patients with gastric malignancies.

Gastritis with other pre-diagnosed systemic disorders.

Sample size and grouping

30 Patients excluding dropouts are selected and they divided in to 2 groups by random sampling method.

- 1) GROUP-1: 15 patients are advised Vamana Dhauti twice in a week for one month.
- 2) GROUP-2: 15 patients are advised Vamana Dhauti twice in a week and Amalaki Churna, for one month.

Dose - 4gm TID with water before food.

Assessment of variables: Patients are assessed by using Subjective parameters and severity of clinical conditions before, after treatment and follow up.

Methodology: Vamana Dhauti procedure

- a) Purva Karma.
- b) Pradhana Karma.
- c) Paschat Karma.

Time of the procedure: early in the morning in empty stomach.

a) Purva Karma

- Systemic and local examination of the patient.
- Preparation of the Vamana Dhauti Dravya.

Method of preparation of Vamana Dravya:^[4,5] Take 4-6 Liters of water and boil it well, add salt to the water

in a proportion of one teaspoonful per liter of water. Stir well and keep in separate jar for drinking.

b) Pradhana Karma: After examination, the patient was made to sit on the chair in a comfortable posture. Asked the patient to drink the Vamana Dhauti Dravya i.e. the warm salted water. Until he feels the stomach and throat is full. Advised the patient to stand and slowly to bend forwards by placing the hands on the knees, open the mouth. Slowly take deep breathe; simultaneously contract the upper part of the abdomen, just below the ribcage. At the end of inhalation, told to retain the compression of the abdomen and exhale. Then water gushes out from the mouth in a steady stream. After that told to relax the body during expulsion so that the water is not impeded.

c) Paschat Karma: Ask the patient to wash the face with lukewarm water and rest in Shavasana.

Study Duration: Total duration: 60 days.

- Treatment duration: 30 days

Grading Score

Table 1: A. Assessment of Subjective Signs And Symtoms.

| Complaints | 0 | 1 | 2 | 3 |
|-----------------------|------------------------|--|---|--|
| Avipaka | Normal digestion | Indigestion once a week | Indigestion twice a week | Indigestion more than twice a week |
| Utklesha | Absent | Occasional during day | Frequent during day | Continuous Utklesha hampering food intake |
| Tikta Udgara | No Tiktaudgar at all | Occasional during day | frequent during day | Continuous Tiktaudgar throughout the day |
| Amla Udgara | No Amlaudgar at all | Occasional during day | Frequent during day | Continuous Amlaudgar throughout the Day |
| Hridkanthadaha | No Daha | Daha which is relieved by cold milk, antacids, food. | Daha which is relieved by cold milk, antacids, food. But reoccur after sometimes. | Daha which is not relieved by cold milk, antacids, food. |
| Aruchi | Normal desire for food | Eating timely without much desire | Desire for food only after long intervals | No desire for food at all. |

Total assessment of the therapies was done on the basis of relief in the main signs and symptoms of disease.

On the basis of these criteria total patients were divided in five categories as below.

Complete relief - 100 %
 Marked relief - 76 % to 99%
 Moderate relief - 51 % to 75%
 Mild relief - 25 % to 50%
 Poor relief - < 25 %

OBSERVATION AND RESULTS

In this present clinical study total 35 patients are registered in the OPD, and distributed in 2 groups as Group-A, Group-B .Out of these 2 groups, in the Group-A, 2 patients and in Group –B, 3 Patients were dropped

- Follow up period-30 days (once in a forth night)
- Group-1: Vamana Dhauti was advised twice in a week for 30 days.
- Group-2: Vamana Dhauti was advised twice in a week and Amalaki Churna, with the dose of 4gm TID with water before food.

Observation and Follow up Study

Patients are advised to attend the OPD for observation on 15th and on 30th day during treatment duration. After the treatment advised to attend for follow ups on 45th day and on 60th day.

Assessment of Results

The data was collected and analyzed by various statistical tools with the help of Bio Statistician.

Criteria for Assessment

The improvement in the patients assessed on the basis of relief in the cardinal & associated symptoms & signs of the disease.

out because of irregular follow up, and the remaining 30 patients completed the clinical study.

Table 2: Showing the distribution of patients registered in clinical trials combined in 2 groups.

| Type | Total Number Of Patients | |
|--------------------|--------------------------|---------|
| | Group-A | Group-B |
| Registered | 17 | 18 |
| Dropped out | 02 | 03 |
| Completed | 15 | 15 |

The data was recorded in special research case sheet Performa designed. The results are assessed on the basis of changes in subjective parameters recorded accordingly during the study. The collected data is broadly classified under four Groups:

- Section A – Demographic Data
- Section B – Data related to Disease
- Section C – Statistical Analysis
- Section D – Overall Response

Section a – demographic data

Generalized Observations

Table 3: Showing the age wise distribution.

| S. No. | Age (In Years) | Group A | | Group B | | Total | |
|--------|-------------------|----------------|-------|----------------|-------|----------------|-------|
| | | No of Patients | % | No of Patients | % | No of Patients | % |
| 1 | 20-30 | 4 | 26.66 | 4 | 26.66 | 8 | 26.66 |
| 2 | 31-40 | 9 | 60 | 6 | 40 | 15 | 50 |
| 3 | 41-50 | 2 | 13.33 | 3 | 20 | 5 | 16.67 |
| 4 | 51-60 | 0 | 0 | 2 | 13.33 | 2 | 6.67 |

This above table shows the distribution of the 30 patients of Amlapitta disease according to the Age. Out of 30 patients it is found that maximum number of patient age group between 31-40 years or 15 (50%) patients, patients between age group of 21-30 or 8 (26.66%), age group between 41-50 or 5 (16.67%), and remaining age group between 51-60 or 2 patients (6.67%) found in this clinical study.

DISCUSSION

GROUP-A

Avipaka: This symptom was found after treatment that there is a 75% reduction, suggestive of result is highly significant with P value of <0.001, and after follow up we found that 66.66% reduction.

Utklesha: This symptom was found after treatment that there is a 25% reduction, suggestive of result is highly significant with P value of <0.001, and after follow up we found that 69.44% reduction.

Tiktaudgara: This symptom was found after treatment that there is a 72.41% reduction, suggestive of result is highly significant with P value of <0.001, and after follow up we found that 65.52% reduction.

Amlaudgra: This symptom was found after treatment that there is a 74.19% reduction, suggestive of result is highly significant with P value of <0.001, and after follow up we found that 67.74% reduction.

Hritkanthadaha: This symptom was found after treatment that there is a 70.59% reduction, suggestive of result is highly significant with P value of <0.001, and after follow up we found that 70.59% reduction.

Aruchi: This symptom was found after treatment that there is a 48% reduction, suggestive of result is highly significant with P value of <0.001, and after follow up we found that 68% reduction.

Mainly Samprapti includes Vidagdha Jeerna then Prakruta Katu rasa of Pitta becomes Amleeya Bhava this entire phenomenon is due to buildup of deposits, and

breakdown through wear and tear of stomach wall. Material builds up on the stomach walls and over time it begins to work less efficiently. during the Vamana Dhauti procedure sudden gush of ingested material through vomiting it occurs that when stomach receives an impulse from brain that the body needs to expel the contents of the stomach, if there is bad food in there, or when the stomach has nausea due to illness and doesn't want to digest the food that have fed it, that sphincter and the surrounding muscles make strong contractions opposite to peristaltic movements, forcing the contents of the stomach up and out.

Probable Mode of Action of Vamana Dhauti

The abnormal mucus from the walls of the stomach does not allow the glands secreting gastric juice to work properly. The procedure will helps to throw out the residue from the stomach then proper secretion of enzymes and then normal assimilation of the food takes place.

Because of the abdominal retraction the water washes the stomach on its entire surface thus the ionic imbalance of h⁺ concentration cl⁻ is being corrected.

The salt water also reduces the secretion of acid from the glands in the stomach. These in general are rendered more efficient thus allowing better digestion of food.

All these are important factors in preventing indigestion, obtaining the best possible assimilation of nutrients into the body as well as eliminating other digestive ailments. Thus helpful for prevention and cure the disease.

GROUP B

Avipaka: This symptom was found after treatment that there is a 82.14% reduction, suggestive of result is highly significant with P value of <0.001, and after follow up we found that 85.71% reduction because of having Amla and Tikta rasa, Ruksha Guna, Amalaki acts as Kleda Hara and Ama Pachaka, that improves appetite and digestion and gives relief to abdominal heaviness, through Vamana Dhauti fermented waste can be thrown

out of the stomach through involuntary parasympathetic nervous function, that prevent auto poisoning of body.

Utklesha: This symptom was found after treatment that there is a 78.38% reduction, suggestive of result is highly significant with P value of <0.001 , and after follow up we found that 83.78% reduction. Because of Amalaki having Sheeta Guna and Sheeta Virya that reduces Amlata of vitiated Pitta Dosha, may be also because of presence of flavonoid substance that is highly gastro protective in nature due to enhancement of the expression of neuropeptide like calcitonin gene related peptide (CGRP) released from sensory afferent nerve; and through Vamana Dhauti voluntary active stimulation of vomiting reflex can be induced which is never a voluntary processes thus it gives mastery towards the awareness about the involuntary parasympathetic nervous function.

Tikta Udgara: This symptom was found after treatment that there is a 83.33% reduction, suggestive of result is highly significant with P value of <0.001 , and after follow up we found that 83.33% reduction, because of Amalaki having Madhura Rasa and Madhur Vipaka that reduces Dravata of vitiated Pitta Dosha and through Vamana Dhauti accumulated bitter tasting bile can be eliminated easily, thus gives wonderful relief from bitter belching.

Amla Udgara: This symptom was found after treatment that there is 81.25% reduction, suggestive of result is highly significant with P value of <0.001 , and after follow up we found that 90.63% reduction. Because of Amalaki having Madhura Rasa and Madhur Vipaka that reduces Dravata of vitiated Pitta dosha and through Vamana Dhauti excesses secretion of acid can be reduced easily because the acid in the stomach is well diluted and neutralized by the large quantity of saline water, thus gives wonderful relief in sour belching.

Hritkanthadaha: This symptom was found after treatment that there is 86.49% reduction, suggestive of result is highly significant with P value of <0.001 , and after follow up we found that 91.89% reduction. Because of Amalaki having Madhura Rasa and Madhura Vipaka that reduces Dravata of vitiated Pitta Dosha and through Vamana Dhauti accumulated bitter tasting bile can be eliminated easily, thus gives wonderful relief in burning sensation of chest and throat.

Aruchi: This symptom was found after treatment that there is 79.31% reduction, suggestive of result is highly significant with P value of <0.001 , and after follow up we found that 79.31% reduction, because of Tridosahara property of Amalaki and due to presence of Ruksha Guna and Kashaya Rasa that specifies vitiated Kapha Dosha, may also be due to presence of compound Tannin, that exhibit anti H. pylori effect which are evolved in G.I Tract anti inflammatory processes; through Vamana Dhauti internal cleansing of Kapha can

be done easily via activation of limbic cortex (also called as seat of emotion and activate during stressful situation also) and hypothalamus.

CONCLUSION

Majority of patients were from age group of 31-40 years. This suggests that middle aged persons are with struggle of life giving them more stress. This age is also the age of Pitta predominance.

Present lifestyle that has disturbed the food habits gives rise to Agnimandya, Vidagdhajirna and further leads to Amlapitta.

In Group 'B' after one month of treatment, 9 Patients showed mild response (60%), 6 Patient showed moderate relief (40%), and No Patients showed improvement, marked or complete relief.

Hence by considering overall result, in the present study the effect of Amalaki Churna with Vamana Dhauti was more beneficial.

Amalaki is Having Sheeta Guna, Sheeta Veerya, Madhura Vipaka, Tridosha Shamaka. So Amalaki Churna may be beneficial in clinical conditions of Amlapitta. Choice for the clinical condition that are related with the gastrointestinal tract. Among Shatkriyas, Vamana Dhauti is the best possible wash to the digestive system from stomach to the mouth. It helps to maintain the homeostasis of the stomach through its cleansing effect.

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