



A Critical Interpretation and Research Data Analysis On Urdhvag Amlapitta

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Abstract: Amlapitta is a vyadhi of annavahasrotas induced by a vitiated Agni. Amlapitta is a condition in which the Pachaka pitta rises owing to samata. Pitta is considered Amlapitta—Tridoshaja Vyadhi Kapha Pradhana (a compound disease caused by multiple factors). Acharya Kashyap has recognized the participation of three Doshas in Amlapitta, although Madhav Kara has accepted Pitta's dominance in this ailment. Amlapitta is not listed as a separate ailment by Acharya Charka, but it is included as one of the Lakshanas in Grahani. Along with those stimulating stimuli, worry and stress have exacerbated the condition, especially Urdhwanga Amlapitta. The Study aims to find out, compare and analyze the results of different published articles on Urdhwanga Amlapitta and the Objectives of the Study to analyze different results of published results of Urdhwanga Amlapitta. To analyze the result and conclusion of the study. This study was conducted to assess the effectiveness of Ayurveda treatment for Urdhwanga Amlapitta in terms of improvement in symptoms, cure rate, satisfaction, and side effects if any. Important results all the published study are given significant results on Urdhwanga Amlapitta. Discussion of the study should reveal that all the studies of Urdhwanga Amlapitta have given significant results and the dose of different drugs shown significant results. Conclusion of the study, i.e., Research investigations on the management of Amlapitta, are presented in this article, all of which were conducted on Shamana Chikitsa. In lifestyle-dependent disorders like Amlapitta, research suggests that Shamana Chikitsa combined with Pathya-Apathya produces greater results. Here, an attempt has been made to analyze the research work about managing Amlapitta. This article conducted a systemic review of 6 research (at different Ayurved colleges & Hospitals in India).

Keywords: Urdhvag Amlapitta, Hyperacidity, Pachaka Pitta, Shamana Chikitsa, Lifestyle, Pathya-Apathya, Etc.

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1. INTRODUCTION

Background of your Study-Due to the advent of better technologies through study, human wants are increasing proportionally at a larger ratio as the new era progresses.¹ However, people must remember everything in this fast-food era to attain their aim. There is no gain without suffering; thus, he must contend with urgency, worry, tension, anxiety, and poor eating habits.² By disrupting Agni, they all hasten the vitiation of Dosha.³ Irregular and inappropriate eating habits, a busy stressful lifestyle, and westernization are the major causes of Amlapitta, an obstinate condition with an increasing frequency.⁴ Origin of study-The Grahani Dosha and Amlapitta occur in the individual who can resist the desire to eat, according to Acharya Charaka and Kashyap.⁵ When Ajirna comes into contact with particular Doshas and forms an affinity with a specific place, it can induce a variety of ailments.⁶ Amlapitta was formed when Annavisha, produced by Ajirna, combines with Pittadi Dosha and lodges in Amashaya.⁷ According to Madhava Nidana's commentary, Amlapitta occurs when Pitta becomes vitiated and becomes Vidagdha and Amla.⁸ Epidemiological study of the signs and symptoms of Amlapitta might be linked to GERD, which has a frequency of 7.6% in India.⁹ According to contemporary research, H2 Blockers and Proton Pump Inhibitors can help with GERD symptoms.¹⁰ However, long-term usage of H2 Blockers and Proton Pump Inhibitors might produce adverse effects such as dizziness, headache, gynecomastia, loss of libido, transient oligospermia, atrophic gastritis, and more.¹¹ Early research done relevant to your study – in this research work, we took six systemic reviews of 6 Thesis research data that had been carried out.¹² All these research works showed significant results on Urdhwanga Amlapitta.¹³ All of these works were conducted using Shamana Chikitsa with Pathya-Apathya.¹⁴ Early types of research lack, and this study fills that gap – In early research work, most of the articles published in the conceptually based study, not evidence-based study on Urdhwanga Amlapitta.¹⁵ In this article, we took all the research works that showed significant results on Urdhwanga Amlapitta using Shamana Chikitsa with Pathya-Apathya.¹⁶ Need of your study- Urdhwanga Amlapitta is the most prevalent illness.¹⁷ People are practicing unsuitable diets and lifestyles nowadays because they are unaware of their Prakriti (psychosomatic constitution), which causes problems in the digestive system.¹⁸ Pitta is out of balance, which frequently leads to Urdhwanga Amlapitta.¹⁹ The world is becoming more aware of the value of system biology and shifting toward an all-encompassing strategy.²⁰ To improve quality of life, the proof is needed to promote widespread recognition of this ancient discipline.²¹ Randomized control trials are morally unacceptable until scientific proof of the effectiveness and safety of the Ayurvedic medicine used to treat Urdhwanga amla pitta.²² As far as we know, there hasn't been a clinical trial on the effects of a combination of oral Ayurvedic medications for Urdhwanga Amlapitta.²³ Novelty of your study- As far as we know, there hasn't been a clinical trial on the effects of a combination of oral Ayurvedic medications for Urdhwanga Amlapitta.²⁴ Therefore, this pilot research was aimed to evaluate the efficacy of Ayurvedic treatment for Urdhwanga Amlapitta in terms of cure rate, symptom improvement, participant satisfaction, and side effects, if any. Changes or impact your study/review in the present or future – in the future, Amlapitta's research should be evidence-based, and a large Sample size should be considered for the study.²⁵ At RGUHS, (Karnataka) affiliated Ayurved Colleges and Hospitals, Karnataka, with Amlapitta studies

were carried out to rule out their significance in managing Amlapitta.²⁶ In this article systemic review of 6 Thesis research data was carried out. All of these works were conducted using Shamana Chikitsa with Pathya-Apathya. The study aims to find out, compare and analyze the results of different published articles on Urdhwanga Amlapitta. To analyze different results of published results of Urdhwanga Amlapitta. To analyze the result and conclusion of the study. This study was conducted to assess the effectiveness of Ayurveda treatment for Urdhwanga Amlapitta in terms of improvement in symptoms, cure rate, satisfaction, and side effects if any.

2. MATERIAL AND METHODS

Different Research Work done (Thesis Data of RGUHS, Karnataka Ayurvedic Medical College & Hospital are used to show Amlapitta with Samana Chikitsa in Post Graduate Department of Samhita Siddhant, Mahatma Gandhi Ayurved College Hospital & Research Centre, Salod (H.), Wardha,

2.1 Confidentiality of Data

The investigator coded the data even if it was subsequently taken by name. All information was kept in a locked cabinet to protect secrecy.

2.2 Inclusion Exclusion Criteria

Inclusion criteria the research comprised patients who met the diagnostic criteria listed above. Their age should fall between 20 and 60 years old. Participants who were open to receiving Ayurvedic treatment were included in the study. Exclusion criteria Patient with a chronic disease (such as diabetes, cancer, chronic respiratory disease, cardiovascular disease, or chronic orthopedic problem) who has already received a diagnosis. A patient with a stomach or duodenal ulcer is the known organic cause of dyspepsia. Patient using analgesics long-term (at least for 3 months). Patient with a prior GI (gastrointestinal) surgical history Patient not appropriate or inappropriate for therapy, according to the doctor's assessment. Pregnant or nursing women.

2.3 Case Study No. 1

Dr. Anupama Ballari²⁷

In this study, there were only trial study

No. of Patients – 30

Drug given: Pippali ghrita with Anupana: Mandoshna go dugdha

Dose- 5ml in empty stomach (The dose according to bhaishajya Ratnawali is 3-6 masha)

The study reveals that Pippali ghrita shows statistically significant relief in Urdhvag Amlapitta.

3. STATISTICAL ANALYSIS

IBM SPSS statistics version 24 was used for analysis after data was input in Microsoft Excel 2013. In proportion, discrete data was given. The significance of the clinical symptom severity score from the first to the final visit was tested using the Wilcoxon signed-rank test, Friedman test (non-parametric), and Student t test applied.

Table no. 1- Result of Pippali Ghrita in Urdhvag Amlapitta.

	MEAN SCORE -SD	DIFFERENCE IN MEANS (FROM BT)	SD	SEM	P-VALUE	REMARK
BT	10.3- 04.19	-	-	-	-	-
AT	6.23-3.16	4.07	3.03	0.55	7.36	<0.001 HS
FU	3.03-2.50	7.27	3.86	0.71	10.31	<0.001 HS

P Value <0.05 showed a significant result.

Case Study No. 2

Dr. Seena K²⁸

In this study, there was a total of 75 no. of patients who were randomly divided into 3 groups.

No. of Patients – 75

Drug & Dose given:

Group - A - Aaragwadamrithadi Kashaya was given in two divided doses, of which 48ml in the morning in empty stomach and 48ml in the evening for 21 days.

Group - B - 96 ml of Aaragwadamrithadi Kashaya was given in two divided doses, of which 48 ml will be given in empty stomach in the morning and the remaining 48 ml in the evening for 21 days. Avipati choorna 12 gms mixed with honey also was given in two divided doses for 21 days, of which 6gms after food in the morning and 6gms at bedtime.

Group - C - 12 gms of Avipati choorna mixed with honey was given in two divided doses for 21 days of which 6 gms after food in the morning and 6 gms at bedtime. Clinical assessment was done before the start of treatment, on the 7th, 14th, 22nd, and 29th days.

Study results show that both treatments are effective in the management of Amlapitta.

Table no. 2- treatments are effective in the management of Amlapitta

GROUP	Z	P- VALUE
AVIPATHICHOORNA	-4.384	<0.001
ARAGWADAMRITHADI KASHYAM+ AVIPATHICHOORNA	-4.399	<0.001
ARAGWADAMRITHADIKASHAY	-4.388	<0.001

P Value <0.05 showed a significant result.

Case Study No. 3 –

Dr. Deepak²⁹

In this study, there were a total of 60 no. of patients who were randomly divided into 2 groups.

No. of Patients – 60

Drug & Dose given:

Group A: 30 Patients were subjected to Vasadi dashanga Kwatha.

Total duration of the trial: 30 days

Observation interval – 15 days

Follow-up after 30days

Dose-24ml twice a day 30 minutes before food.

Anupana:- Sama sheeta ushna jala

Group B: 30 Patients will be subjected to Phalatrikadi Kwatha.

Total duration of the trial: 30 days

Observation interval – 15 days

Follow-up after 30days

Dose-24ml twice a day 30 minutes before food

Anupana:- Sama sheeta ushna jala

Study results show that both treatments are effective in the management of Amlapitta.

Table no. 3- treatments are effective in the management of Amlapitta

RESULT	GROUP A NO. OF PATIENTS	PERCENTAGE	GROUP B NO. OF PATIENTS	PERCENTAGE
COMPLETE REMISSION	8	28.57	4	14.29
MARKEDLY IMPROVED	12	42.86	25	81.71
IMPROVED	8	28.57	1	4.00
UNCHANGED	0	00.00	0	00.00

P Value <0.05 showed a significant result.

Case Study No. 4 - Dr. Chandrababha Sahu³⁰

In this study, there was a trial group

No. of Patients – 30

Drug & Dose given: Drakshadi Gutika (Harithaki Churna 1 Part Draksha 1 Part Sharkara 4 Part)

Dose - 1 Karsha

Anupana - Shrittha Sheetaa Jala

Time of administration - Bhuktamatram (Afternoon after food)

Study duration - 14 days

Total study duration - 21 days

follow-up - Patients were assessed clinically on 1st, 7th, 14th and 21st day.

OVERALL EFFECT OF THERAPY

Table no. 4- treatments are effective in the management of Amlapitta		
GRADING	RELIEF IN PERCENTAGE	RELIEF IN PATIENTS
NO IMPROVEMENT	0%	2
MILD IMPROVEMENT	1-30%	1
MODERATE IMPROVEMENT	31-60%	1
MARKED IMPROVEMENT	61-99%	11
COMPLETE REMISSION	100%	15

P Value <0.05 showed a significant result

Case Study No. 5 - Dr. Pradeep Kumar Jaiswal³¹

In this study, there was the trial group

No. of Patients – 40

Drug given: Simhasyaadi kwatha

Dose: 50ml in two divided dosages before the meal.

Anupana: Madhu

Treatment: 30 Days

Follow up One week

OVERALL EFFECT OF THERAPY

Table no. 5- treatments are effective in the management of Amlapitta		
GRADING	RELIEF IN PERCENTAGE	RELIEF IN PATIENTS
NO IMPROVEMENT	0%	0
MILD IMPROVEMENT	1-30%	0
MODERATE IMPROVEMENT	31-60%	1
MARKED IMPROVEMENT	61-99%	39
COMPLETE REMISSION	100%	0

P Value <0.05 showed a significant result.

4. RESULT OF STUDY

In every Research study, the clinical assessment score of symptoms decreased in a statistically meaningful way. The clinical evaluation score of all symptoms decreased statistically significantly from the first to the second visit and even more from the second to the fourth (final) appointment, according to post hoc analysis using Wilcoxon signed-rank tests with the Bonferroni correction applied.³² During therapy, participants began to experience symptom relief shortly after introducing the aama pachan; some participants only experienced symptom relief once the whole herbs-mineral combination was provided.³³ They were all carried out on Shamana Chikitsa. According to studies, Shamana Chikitsa mixed with Pathya-Apathya appears more effective in treating lifestyle-dependent diseases like Amlapitta.

5. DISCUSSION

The Urdhwaga Amlapitta symptom score was significantly lower than on the initial appointment. From the second appointment (7 days later), the patient noted a reduction in symptoms.³⁴ The outcomes of the Ayurvedic therapy for Urdhwaga Amlapitta were acceptable to all subjects. Only one person experienced symptom development, the source of which was unknown. No participant reported any adverse effects from using Ayurveda.³⁵ The study's main strength is oral intake therapy, the most popular therapy for Urdhwaga Amlapitta.³⁶ Only shaman chikitsa (drug therapy), which falls under Yuktiyapashray, was employed in this study. Two types of treatment are outlined in Ayurveda: Davvyapashray and Yuktiyapashray.³⁷ Pharmacological treatment, as described in traditional Ayurvedic literature. This study

combines various medications that work on the digestive system, can treat illness symptoms, and alleviate pain. According to the norms of the Indian Ayurvedic Formulary,³⁸ the quality of the medications is guaranteed. Pitta Shamak, which calms the Pitta Dosha, and balancing pharmaceuticals for the Kapha dosha, which work on the whole digestive tract and smooth out the activity of every region of the digestive system,³⁹ such as the Avipaattikar churn, were the only medicines employed in this study. Amlapitta is one of the most common diseases brought on by lifestyle changes, and its prevalence is on the rise.⁴⁰ These lifestyle-related disorders can be addressed by following Pathya-Apathya; nevertheless, in rare cases, medicine is required to manage symptoms that interfere with a person's daily routine.⁴¹ In Case study no. 1 showed that the mean score of overall outcomes of all symptoms was 10.304.19 before therapy and was redistributed to 6.233.16 after treatment, a statistically significant change in score. A comparison of the total findings of all symptoms before and after therapy revealed a decrease in the mean score from 10.304.19 to 3.032.50. This change in score has been determined to be statistically significant.⁴² In Case study no. 2 showed that when using the Kruskal Wallis test, the median for all three groups is substantially different (p0.001). The Mann-Whitney test (p0.001) shows that therapy with Avipathi choorna alone and Aragwadamrithadi Kashaya with Avipathi choorna are substantially different throughout treatment, after treatment completion, and at the end of follow-up.⁴³ When comparing total ratings before and after therapy, all three treatment groups were significant, and based on the medians, we may conclude that symptoms greatly decreased after treatment. Case study no. 3 showed the combined effect of both treatments on individuals suffering from hyperacidity. The condition was completely remitted in 28.57 percent of group 1 and 14.29 percent of group 2. In group 1, 42.86 percent of patients improved significantly; in group 2, 85.71 percent improved significantly. Patients in group 1 improved by 28.57 percent, whereas patients in group 2 improved by 00.00 percent. In both groups, not a single patient was determined to be unaffected.⁴⁴ In Case study no. 4 showed that out of 30 patients in this trial, two patients (7 percent) showed no improvement, and one patient (3 percent) had a slight improvement in the overall impact of therapy in Amlaudgar. 1 patient (3%) showed Moderate improvement, 11 patients (37%) showed significant improvement, and 15 patients (50%) showed complete remission. The treatment's overall effect is 84.02 percent.⁴⁵ In Case study no. 5 showed that out of 40 patients in this study, 1 patient (2%) showed moderate improvement, and 39 patients (98%) showed substantial improvement in the overall impact of treatment in (Amlapitta). The therapy has a total impact of 81.94

percent.⁴⁶ Discussion of my study- in this research work, the clinical evaluation score of all symptoms decreased statistically significantly from the first to the second visit. During therapy,⁴⁷ participants began to experience symptom relief shortly after introducing the aama pachan, and 48 participants did not experience symptom relief until the whole herbs-mineral combination was provided.⁴⁹ They were all carried out on Shamana Chikitsa. According to studies, Shamana Chikitsa mixed with Pathya-Apathya appears more effective in treating lifestyle-dependent diseases like Amlapitta.⁵⁰ Reason or Mechanism of Behind my Result -This article presents research studies on Amlapitta management, all of which were done on Shamana Chikitsa.⁵¹ According to a study, Shamana Chikitsa mixed with Pathya-Apathya appears to have a larger impact on such lifestyle-dependent illnesses as Amlapitta.⁵²

6. CONCLUSION

According to the study's findings, all of the aforementioned Ayurvedic medications administered to Urdhwaga Amlapitta patients in the right amounts and formulations in accordance with traditional Ayurvedic texts may 96% effectively cure patients of their symptoms within 28 days. Additionally, these combination medications were discovered to be secure, well-tolerated, and patient-acceptable. Five Research investigations on the management of Amlapitta are presented in this article, all of which were conducted on Shamana Chikitsa. In lifestyle-dependent disorders like Amlapitta, research suggests that Shamana Chikitsa combined with Pathya-Apathya produces greater results.

7. AUTHOR CONTRIBUTION STATEMENT

Dr. Deepak Yadav conceptualized, and designed the study, discussed the methodology, and analyzed the data. Dr. Preeti Borkar curated the data and prepared the original draft. All authors read and approved the final version of the manuscripts.

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9. CONFLICT OF INTEREST

Conflict of interest is declared none.

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