

META-ANALYSIS OF SUDHA AND KSHARA IN THE MANAGEMENT OF AMLAPITTA

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ABSTRACT

Amlapitta is a very common condition with a high prevalence throughout the world adversely affecting the quality of life of the humankind. Functional dyspepsia is a common term used for a heterogenous group of abdominal symptoms. Prevalence of functional dyspepsia is about 20- 30%. Functional dyspepsia has been considered as an idiopathic disorder but the view is changing. In some cases, functional dyspepsia develops after acute infectious gastroenteritis and along with it, helicobacter pylori infection is also considered as a recognised cause. Currently, the possibilities of pharmacological therapy for functional dyspepsia are still limited. However, experience

of using prokinetics, proton-pump inhibitors (PPI) and several alternative techniques has been accumulated. *Amlapitta* is an *annavaha srotoduhsti vikaras*. Treatment explained in different classics includes *nidana parivarjana*, *langhana*, *deepana*, *pachana* etc. In this study, published papers available on Google scholar and Pubmed were included. The research works done were searched with key words *amlapitta*, *kshara* and *Sudha varga*, functional dyspepsia. The works reviewed are based on obtained transcripts of the articles by google search. 5 works retrieved will be systematically analysed and presented in this paper.

KEYWORDS: Amlapitta, dyspepsia, Ayurveda.

INTRODUCTION

Amlapitta is constituted of the words Amla & Pitta. The term amla has been used as an appellation of pitta. Though, the amla has been said as natural property of pitta along with katu rasa, as per charaka. Sushruta, has enlisted as its original rasa and mentioned that when pitta

becomes vidagdha, it transforms to amla rasa. By considering the disease as well as its symptoms, it seems that in Amlapitta, the pitta seems distorted or is vidagdha, as mentioned by Acharya Sushruta. Shrikanta datta, in his commentary, defined that amlapitta is a condition where excessive secretion of pitta with amla in guna takes place resulting in the condition like vidaha, tikta-amlodgara etc. Eventually Acharya charaka has not mentioned amlapitta as a separate entity, while describing grahani roga, pathogenesis of amlapitta has been clearly mentioned, while explaining the role of agnidusti and its role in the manifestation of disease by affecting the three doshas, mainly the pitta. Amlapitta is annavaha sroto dushti vikara. due to excessive intake of amla, lavana, ushna & vidahi ahara, it leads to agni dushti. treatment explained in different classics includes langhana, pachana, agnidipana, nidana parivarjana & also panchakarma procedures like vamana & virechana has been explained.

Functional dyspepsia is about 20-30% worldwide. a study from India reported to be 30.4%. currently, the possibilities of pharmacological therapy for functional dyspepsia are still limited, however experience of using prokinetics, proton-pump inhibitors (PPI's) & several alternative techniques had been accumulated. Functional dyspepsia is characterised by troublesome early satiety, fullness or epigastric pain or burning. It can be easily overlooked as symptoms overlap with gastro-oesophageal reflux disease and IBS. It can be subdivided into two subgroups: epigastric pain syndrome, postprandial distress syndrome. Although functional dyspepsia is not life threatening, it impairs equality of life, causes significant negative impact on work productivity and increases health care expenses for both patients and society. There is no standard satisfactory pharmacological treatment available for these patients and research often shows conflicting results. In the last decades, the interest the non - pharmacological treatment options for functional dyspepsia increased, partly because of the absence of efficient pharmacological treatment options.

Current conventional treatment options for functional dyspepsia^[1]

Acid suppressants

Functional dyspepsia patients without reflux complaints generally have normal acid secretion, acid suppressive therapy is often initiated as a first line therapy for functional dyspepsia. The two main types of acid suppressants are proton pump inhibitors (PPI's), such as omeprazole, pantoprazole, lansoprazole, rabeprazole and H₂ receptors antagonists such as ranitidine and nizatidine. PPI's were shown to have greater efficacy in controlling functional dyspepsia symptoms than H₂ receptors antagonists. The use of acid suppressants is considered

safe, with a very few reported adverse events during short term usage. However chronic acid suppression may lead to bacterial overgrowth, facilitate the occurrence of enteric infection or gastritis and delayed gastric emptying of a solid meal. As impaired gastric emptying present in up to 30% of the patients may be implicated in symptoms generation in functional dyspepsia, this is considered as undesirable side effect.

H. pylori infection

More than 50 % of the world population is infected with *Helicobacter pylori* in different parts of the world. In functional dyspepsia patients, the prevalence of H Pylori infection is between 40% and 70%. H pylori infection eradication treatment protocol commonly use proton pump inhibitor combined with an antibiotic. Based on analysis it is showed that people suffering from functional dyspepsia are more likely to experience side effects such as diarrhoea as a result of eradication treatment protocol.

Prokinetics agents

In functional dyspepsia, prokinetics are considered for treatment. Cisapride and domperidone are mostly used in such cases. Cisapride was withdrawn from the market some time ago owing to cardiotoxicity, while the adverse effects of domperidone and metoclopramide restricted in treatment, particularly in long term treatment. Thus, there are currently no prokinetics that can be used in daily clinical practice.

Need of study

There are many conventional therapies practised in this particular condition. Most of the people get relieved within a short duration while in some cases there are noted side effects seen, particularly in patients taking it in long term basis. Hence there is dire need to analyse the efficacy of alternative medicines in such conditions followed by least or no side effects.

According to Ayurveda, based on the fact that, *amla* rasa can be converted into *madhura* by the addition of *kshara*. So, these drugs act as antacids and other ingredients will enhance gastric intestinal motility along with correcting the secretions. Many works have been carried out on the role of *Sudha* & *kshara varga*, but details remain elusive. Hence, there is a need of a clinical analysis on the utility of *Sudha* & *Kshara varga* in *Amlapitta*.

Objectives

A Clinical analysis on the utility of *Sudha* & *Kshara varga* in the management of *Amlapitta*.

Methodology

In this study, published articles available on google scholar and PubMed are included. The research work done, were searched with the key words *amlapitta*, *kshara* & *Sudha varga*, functional dyspepsia. The works reviewed are based on obtained transcripts of the articles. 5 works which were retrieved is systematically analysed.

Abhyantara kshara prayoga^[2]

A clinical study was conducted with 20 patients aged between 20-50 years suffering from symptoms such as *utklesha*, *tikta-amlodgara*, *hrd-kanta daha*, *aruchi*, *avipaka*, *klama* with more than 2 months of chronicity. Treatment duration was for 24 days, which included *sadyo vamana* with *ksheera* and *yasthimadhu phanta* on day 1 and continued with intake of *yava kshara* 250 mg, twice, before food with water from day 3 to day 16. Based on the statistical analysis, this therapy showed high significant result on the 24th day. There was rapid decline in the mean value of dosha *utklesha* and *hrd kanta daha* immediately after *vamana* showed a highly significant difference from the baseline. It may be due to the evacuation of *sanchita vidagdha pitta* from *amashaya*. There was a great improvement with respect to *aruchi*, *avipaka*, *klama* and *tikta amlodgara* after internal administration of *kshara*. This improvement may be due to *pachana*, *deepana*, *vilayana* properties *kshara*. It has capability to convert *amlabhava* of *pitta* into *madhura bhava*.

Chincha kshara and kadali kshara^[3]

A comparative group study was conducted with 30 patients aged between 20-45 years, with 10 patients each in three groups. Patients with symptoms such as *avipaka*, *hrt-kanta daha*, *tikta-amlodgara*, *utklesha*, *chardi*, *udarashoola* and *adhmana*. Objective parameters hb%, stool examination, and upper endoscopy were used for assessment. First group (Group C) was given *chincha kshara* 500 mg thrice daily after food. Second group (Group K) was given *kadali kshara* 500 mg thrice daily after food. Third group (group P) was given placebo (wheat powder) 500 mg thrice daily after food. Medicine was given for 30 days. Normal diet devoid of excess *lavana*, *amla*, *katu rasa* was advised. Out of three groups, in group C out of 10 patients, 4 patients got completely cured while others showed mild to moderate results. In group K, 3 patients got completely cured, while 5 patients showed maximum improvement. In group P, 8 patients did not show any response while others showed mild to moderate results. It is applied fact that *kshara* except *amla*. *Lavana* rasa being *anurasa* is converted into *madhura* rasa when mixed with *amla*. Hence, the *teekshna guna* of *lavana* rasa present in

kshara is neutralised due to its combination with *amla* as the water extinguishes the fire.

Shankha bhasma and Guduchi satva^[4]

A comparative study was conducted in 60 patients divided into two groups each of 30 patients, aged 20-60 years showing signs and symptoms of *urdhwaga amlapitta* taken into this study. There were two groups in this study, group 1 with 30 patients was given *shankha bhasma*, in the form of capsule 250 mg twice daily. In group 2, 30 patients were given *guduchi satva* in the form of capsule 250 mg twice daily. The study duration was for 30 days. In this study it has been observed that efficacy of *shankha bhasma* is equal to the efficacy of *guduchi satva* as per the statistical analysis. *Guduchi*, because of its *tikta*, *Kashaya rasa* and *madhura vipaka* which helps in alleviating the *pitta dosha* whereas *shankha bhasma* helps in reducing the *amlatva guna* of *dushita pitta* which in turn reduces the related symptoms.

Narikela lavana^[5]

A clinical study was conducted with 30 patients aged between 15-50 years suffering from classical symptoms of *urdhwaga amlapitta* such as *avipaka*, *klama*, *utklesha*, *hrd-kanta daha*, *tikta-amlodgara* etc was taken into the study. Each patient was asked to take 250 mg of *narikela lavana* twice daily before food for 60 days with *koshna jala*. In this study, 53.33% patients showed marked improvement, 33.33% patients to 10% of patients showed moderate to mild results, 3.33% showed no improvement. *Narikela lavana* being *sheeta virya* and *madhura vipaka* acts directly on the vitiated *pitta* and reduces the symptoms like *daha*, *tikta-amlodgara* etc.

Avipatkar choorna and Kapardika bhasma^[6]

A clinical study was conducted with 40 patients aged between 20-60 years having classical symptoms such as *avipaka*, *klama*, *utklesha*, *hrd-kanta daha*, *tikta-amlodgara* etc. each patient was given 1gm of *avipatkar choorna* along with *kapardika bhasma* 500 mg twice daily after food for 30 days. Out of 40 patients 7 patients left the treatment in the initial stage. Out of 33 patients, 27 showed good response, while others showed fair to poor response. *Kapardika bhasma* and *avipatkar churna* hold potent neutralizing effect of *pitta dosha* and helps in alleviating the symptoms of *amlapitta*.

DISCUSSION

Amlapitta is one of the common problems effecting the humankind since many years. In *Amlapitta*, there is *Vidagdha pitta* with increased *Amla* and *drava guna* which is caused due to

ahita ahara and vihara. There are many research works carried out to find out the efficacy of Sudha and kashara in the management of amlapitta. Among all the research papers retrieved, shows that Sudha and kashara is effective in amlapitta condition. It is because of the kashara property, it has the tendency to convert amla rasa into madhura rasa and also has the property of deepana and pachana. And Sudha varga being alkaline in nature, is helpful in neutralising the pH in the stomach. Medicines like shankha bhasma and narikela lavana helps in amlapitta based on the study. But study has stated that it has limited effect in chronic condition of amlapitta. It is safe and tolerated drug for the treatment of *amlapitta* (hyperacidity).

Pharmacodynamics of the drug is required to make out the mechanism of this drug in this disease.

CONCLUSION

With this clinical analysis, it can be concluded that Sudha and kashara in amlapitta has shown significant results in different clinical trials carried out till now and various animal trials can be conducted in future to analyse the accurate effect in amlapitta condition. Based on the study retrieved for this article it can be concluded that Sudha and kashara can be used as first choice of drugs in treating amlapitta.

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