

Research Article

EFFICACY OF KAMDHUDHARASA IN AMLAPITTA (CHRONIC GASTRITIS) - A CLINICAL EVALUATION

Ranju Bala^{1*}, Shripathi Acharya²

- 1. PG Scholar, Dept. of PG studies in Kayachikitsa, Muniyal Institute of Ayurvedic Medical Sciences, Manipal, Karnataka, India.
- 2. Head & Professor, Dept. of PG studies in Kayachikitsa, Muniyal Institute of Ayurvedic Medical Sciences, Manipal, Karnataka, India.

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Abstract

The Annavaha Srotas (Alimentary canal) is the one that bears a direct impact of all the dietetic errors that a person indulges. Improperly chewed or hurriedly gulped rough and hard portions of food are not properly digested. Many a times the simple Agnimandya (decreased digestive fire) leads to Vidagdhajirna (Dyspepsia) in the initial stages and if it is neglected, leads to Amlapitta (Gastritis). Amlapitta is a disease caused due to vitiation of certain attributes of Pitta. In modern science, many diseases like Gastritis, Non-ulcer dyspepsia, Gastro-esophageal reflux diseases can be included under the broad umbrella of Amlapitta. According to Ayurveda, the line of treatment of Amlapitta is Nidana Parivarjana (avoiding the cause), Shamana (palliative treatment) with Madhura, Tikta rasa, Sheeta Guna, Madhura Vipaka drugs and Shodhanachikitsa by Vamana, Virechana, following Basti. In the present study Nidana Parivarjana (avoiding the cause), Shamana (palliative treatment) treatment modality was taken and an attempt has been made to find out the effect of Kamdhudha Rasa (Muktayukta) in Urdhvaga Amlapitta w.s.r. to chronic Gastritis. Kamdhudha Rasa (Muktayukta) showed good results in the disease Amlapitta.

Key words: Amlapitta; Nidana Parivarjana; Kamdhudha Rasa.

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*Address for correspondence:

Dr. Ranju Bala,

PG Scholar, Dept. of PG studies in Kayachikitsa,

Muniyal Institute of Ayurvedic Medical Sciences,

Manipal, Karnataka, India – 576 104 E-mail: drranjubalarathor@gmail.com

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INTRODUCTION

The 21st century is an era of competitive life which is full of stress having more speed and accuracy to reach the prime demands. The needs of the human being are infinite but the availability is less to fulfill the growing needs which have no end. Nowadays the people are attracted towards the junk foods; they are changing their diet pattern, life style and behavioral pattern, working with stress and strain. So, the people are becoming stressful with worry, tension, and anxiety causing so many psychological disorders, which hampers the digestion and is causing acidity, gastritis, dyspepsia, ulcer and anorexia. All these symptoms can be covered under the broad umbrella of Amlapitta in Ayurveda. Acharya Charaka has mentioned that if a person is under some psychological problem even the wholesome food taken in proper quantity does not get properly digested.^[1]

In recent years the numbers of sufferers with Amlapitta are becoming more and the several formulations have been tried on various aspects of Amlapitta, still a definite cure for the disease is nil. So the drug kamdudha rasa^[2] which contains ingredients like Muktapishti, pravalapishti, muktashukti, shankha bhasma, swarna gairika, amruta satva, is a very renowned formulation for Amlapitta.

Here an attempt has been made to investigate the clinical study on the effect of Kamdhudha Rasa (Muktayukta)^[3] in Urdhvaga Amlapitta w.s.r. to chronic Gastritis.

MATERIALS AND METHODS

Literary source

Ayurvedic, Modern literatures and contemporary texts including the journals, websites etc was reviewed pertaining to the drug and diseases in the intended study.

Pharmaceutical source

The formulation selected for the research work Kamdhudha Rasa (Table 1) was prepared in the Muniyal Institute of Ayurveda Medical Sciences and Hospital (M.I.A.M.S) pharmacy as per the Standard Operative procedure.

All the above mentioned ingredients were taken in equal quantity and were mixed The homogeneous mixture was together. ground with Guduchi kashaya and converted into 250mg tablets. Tablets were prepared with (SOP) Standard Operating Procedures.

Clinical Source

Patients who fulfill the inclusion criteria were randomly selected from OPD and IPD of Muniyal Institute of Ayurveda Medical Sciences and Hospital, Manipal and also from referral sources and special camps conducted for the purpose.

Subject selection

Inclusion criteria

- Patients of age between 15 and 60 years
- Patients having classical symptoms of Amlapitta

Exclusion criteria

- Patients of age less than 15 & above 60
- Chronicity more than 5 years
- **Patients** having cardiac problem (ischemic heart disease), tuberculosis (pulmonary tuberculosis), Carcinoma (lung cancer) etc
- **Patients** having Annadrava or Parinamashula
- Patients having organic disease like Gastric Ulcer and Duodenal Ulcer.



Laboratory Investigations

Hb, TC, DC, ESR were carried out

Design of Study

A single blind randomized clinical study. 20 patients of Amlpitta were selected randomly of either sex for the trail. Kamdhudharasa (muktayukta) was given thrice a day, 250 mg before food with lukewarm water for duration of 30 days.

Diet and Regimen

Anti-inflammatory diet & Foods, Mild to Moderate exercise and Daily walking 15 minutes was advised.

Assessment criteria

The assessment was done on the basis of following Subjective parameters Objective parameters. (Table 2 and 3) The Subjective parameters are Avipaaka (Indigestion), Klama (Tiredness), Utklesha (Nausea), Tikta- amlaudgaara (Sour and bitter belching), Guruta (Heaviness), Hrit-Kantha Daha (Heart and throat burn), Aruchi (Anorexia) and Objective parameters are Hb, WBC, ESR. Patients will be assessed based on the assessment criteria (Table 2 and 3) and was observed for the symptomatic changes on 31st day. Follow up was taken on 45th day. The results obtained will be analyzed statistically.

Statistical analysis

The scores of assessment criteria were analyzed statistically in the form of mean score B.T. (Before Treatment), A.T. (after Treatment), Difference of mean (B.T.- A.T), S.D. (Standard Deviation), S.E (Standard Error). Students paired "t" test was carried out. The results were considered Significant or Insignificant depending upon the value of P.

OBSERVATION AND RESULTS

Distribution of patients based on symptomatology is shown in Table 4 and the other results are shown in Table 5 and 6.

Before the treatment, the mean score of Avipaaka was 1.8, which was then reduced to 0.55 after the treatment. There was 69.44 % improvement. The Statistical analysis shows that the result was highly significant at p<0.0001. The mean score of Klama was 0.90 before the treatment which was reduced to 0.20 after the treatment. There was 77.76 % improvement. The statistical analysis shows that the result was extremely significant at p<0.0009. The mean score of Utklesha was 1.3 before the treatment which was reduced to 0.45 after the treatment. There was 65.38 % improvement. The statistical analysis shows that the result was extremely significant at p<0.0006. The mean score of Tikta-amla udgaara was 1.3 5 before the treatment which was reduced to 0.4 after the treatment. There was 70.37 % improvement. The statistical analysis shows that the result was extremely significant at p<0.0001. The mean score of Guruta was 1 before the treatment which was reduced to 0.35 after the treatment. There was 65 % improvement. The statistical analysis shows that the result was extremely significant at p<0.0004. The mean score of Hrit-Kantha Daha was 1.0 before the treatment which was reduced to 0.45 after the treatment. There was 55 % improvement. The statistical analysis shows that the result was extremely significant at p< 00007. The mean score of Aruchi before the treatment was 0.6 which was reduced to 0.2 after the treatment. There was 66.66% improvement. The statistical analysis shows that the result was very significant at P<0.0021. The mean score of Hb before the treatment was 1.050 which was reduced to 0.9500 after the treatment. There was only 9.52 % improvement. The statistical analysis shows that the result was not significant at P<0.1625.



Table 1: Ingredients of kamdhudha rasa (muktayukta)

| Ingredients | Common/ Botanical Name | Used Form | Ratio |
|------------------------------|---------------------------------|---------------|--------|
| Mukta ^[4] | Pearl | Pisti | 1 part |
| Pravala ^[5] | Coral | Pisti | 1 part |
| Sukti ^[6] | Pearl Oyster | Bhasma | 1 part |
| Varatika ^[7] | Cowrie Shell | Bhasma | 1 part |
| Sankha ^[8] | Conch shell | Bhasma | 1 part |
| Svarnagairika ^[9] | Hematite | SuddhaGairika | 1 part |
| Guduci ^[10] | Tinosporacordifolia(wild) Miers | Satva | 1 part |

Table 2: Subjective assessment criteria with scoring

| Sl.No. | Parameters | Symptoms | Scoring |
|-----------|--------------------|---|---------|
| | | No indigestion | 0 |
| $_{1}$ Av | Avipaaka | Digests normal usual diet in 09 hours | 1 |
| 1 | | Digests normal usual diet in 12 hours | 2 |
| | | Digests normal usual diet in 24 hours | 3 |
| | | No tiredness | 0 |
| 2 | Klama | Feel tired after exertion work | 1 |
| 2 | | Feel tired after normal work | 2 |
| | | Feel tired after taking rest | 3 |
| | | No nausea | 0 |
| 3 | Utklesha | Feel nausea after eating some peculiar food | 1 |
| 3 | | Feel nausea after eating all kinds of food | 2 |
| | | Full day nausea ,not related to eating | 3 |
| | | No sour and bitter belching | 0 |
| 4 | Tikta- amlaudgaara | Sour and bitter belching after taking spicy food | 1 |
| 4 | · · | Sour and bitter belching after taking any type of food | 2 |
| | | Sour and bitter belching having no relation with food intake | 3 |
| | | No feeling of heaviness in the body | 0 |
| ~ | Guruta | Heaviness after taking more quantity of heavy food | 1 |
| 5 | | Heaviness even after taking light food | 2 |
| | | Heaviness even on empty stomach | 3 |
| | | No burning sensation | 0 |
| | Hrit-KanthaDaha | Burning sensation after intake of spicy food | 1 |
| 6 | | Feeling of burning sensation even after intake of normal food | 2 |
| | | Feeling of burning sensation even empty stomach | 3 |
| | | No anorexia | 0 |
| - | Aruchi | Eat food only two times without any snacks in between | 1 |
| 7 | | Eat only once | 2 |
| | | Have no feeling of appetite | 3 |

Table 3: Objective assessment criteria with scoring

| Sl.No. | Parameters | Symptoms | Scoring |
|--------|------------|------------------|---------|
| 1 | | >12g/dL | 0 |
| | Hb | 12-10 g/dL | 1 |
| | 110 | 10-9 g/dL | 2 |
| | | <9 g/dL | 3 |
| 2 | WDC | 4000-6000 /cumm | 0 |
| | | 6000-8000/cumm | 1 |
| | WBC | 8000-10000/cumm | 2 |
| | | 10000-12000/cumm | 3 |
| 3 | E.S.R | <15mm/hr | 0 |
| | | 15-25mm/hr | 1 |
| | | >25mm/hr | 2 |



Table 4: Distribution of Patients Based on Symptomatology

| Comptamatalage | Trail Group | | |
|-------------------|----------------|----|--|
| Symptomatology | No of patients | % | |
| Avipaaka | 16 | 80 | |
| Klama | 11 | 55 | |
| Utklesha | 15 | 75 | |
| Tikta-AmlaUdgaara | 17 | 85 | |
| Guruta | 12 | 60 | |
| Hrit—KanthaDaha | 13 | 65 | |
| Aruchi | 12 | 60 | |

Table 5: Effect on symptoms

| | Me | an | (0/) | CD | CE | 6422 Value | "ADN Malara |
|--------------------|--------|--------|-------|--------|---------|------------|-------------|
| Symptoms | ВТ | AT | (%) | SD | SE | "t" Value | "P" Value |
| Avipaaka | 1.8 | 0.55 | 69.44 | 0.9665 | 0.2161 | 5.784 | < 0.0001 |
| Klama | 0.90 | 0.20 | 77.76 | 0.8013 | 0.1792 | 3.907 | < 0.0009 |
| Utklesha | 1.3 | 0.45 | 65.38 | 0.9333 | 0.2087 | 4.073 | < 0.0006 |
| Tikta- amlaUdgaara | 1.35 | 0.4 | 70.37 | 0.7592 | 0.1698 | 5.596 | < 0.0001 |
| Guruta | 1 | 0.35 | 65 | 0.6708 | 0.1500 | 4.333 | < 0.0004 |
| Hrit-KanthaDaha | 1.0 | 0.45 | 55 | 0.6048 | 0.1352 | 4.067 | < 0.0007 |
| Aruchi | 0.6 | 0.2 | 66.66 | 0.5026 | 0.1124 | 3.559 | < 0.0021 |
| Hb | 1.050 | 0.9500 | 9.52 | 0.3078 | 0.06882 | 1.453 | 0.1625 |
| WBC | 2.000 | 1.800 | 10 | 0.4104 | 0.09177 | 2.179 | 0.0421 |
| ESR | 0.7500 | 0.5000 | 33.33 | 0.4443 | 0.09934 | 2.517 | 0.0210 |

Table 6: Overall effect of Trail Group on 20 patients of Urdhvaga Amlapitta

| Total effect | Percentage | No of patients | % of improvement |
|----------------------|------------|----------------|------------------|
| Cured | 100% | 0 | 0 |
| Marked improvement | 76-99% | 1 | 5 |
| Moderate improvement | 51-75% | 12 | 60 |
| Mild improvement | 25-50% | 5 | 25 |
| Unchanged | <25% | 2 | 10 |

The mean score of WBC was 2.000 before the treatment which was reduced to 1.800 after the treatment. There was 10 % improvement. The statistical analysis shows that the result was significant at p<0.0421. The mean score of ESR was 0.7500 before the treatment which was reduced to 0.5000 after the treatment. There was 33.33% improvement. The statistical analysis shows that the result was significant at p<0.0210.

DISCUSSION

Kamdhudha rasa (muktayukta) yoga is mentioned in Rasayogasagara. It is indicated for amlapitta and pitta rogas. The ingredients of Kamdhudharasa (muktayukta) are Mukta Pisti, Pravalapisti, Sukti (mukta sukti bhasma), Varatika (kapardika bhadma), Sankha bhasma, Svarnagairika (Suddha Gairika), Guduchi satva.

Pravala and Mukta acts with its Dipana (appetizer), Pachana (digestive) properties and maintains the normalcy of agni (digestive fire), thus curing and preventing the production of ulcers. The Kshariya (alkaline) nature of these drugs would reduce the Amliyata (acidic nature) and help in Vrana Ropana (promotes wound healing). Due to the Sita Virya property (the drug having cold



potency or cooling effect usually resembles to endothermic) Pitta Shamana (pacify the biological fire) takes place. Shankha Bhasma is also having Sita Virya, alkaline property and Grahi karma (Absorption enhancing). It is indicated in gastro-intestinal disorders like Amlapitta, Parinama Shula, Grahani (Irritable bowel syndrome) and Agnimandhya which is clinically proved. Gairika is having Madhura (Sweet), Kashaya (Astringent), (smooth), Hima (cold) properties which act as (effective Pittahara in bleeding diathesis) and Vrana Ropaka. These properties are very necessary in the healing of ulcer. Guduchi Satva is known for its Rasayana property. It is having Tikta (Bitter), Kashaya Rasa with Madhura Vipaka (post digestive effect which is sweet in nature), Snigdha Guna and is tridosha Shamaka (pacify three Bio energy principles, Vata, Pitta and kapha). These all would support the antiulcer activity along with Rejuvenation. Sukti (mukta sukti bhasma) is having Sita Virya, Madhura Rasa with Madhura Vipaka, Laghu Guna and is balances Kapha and pitta. Varatika (kapardikabhadma) is having Katu Rasa, Ruksha Guna, Katu Vipaka, Ushna Virya and is balances vata, pitta and kapha.

As Amlpitta is a disease of pitha, the ingredients of Kamdhudha rasa are having pithasamaka property, hence reduces the symptoms of Amlpitta.

CONCLUSION

Complete cure was not obtained. It can be concluded that non compliance of code of healthy diet selection and eating plays a major role in causation of this disease. Hence it could be said that code and conduct of healthy eating is important to achieve early and better result of the treatment as Nidana Parivarjana. The irresistible stress and strain of this present era are related with the pathogenesis of this disease. Moderate improvement was found in 12 patients i.e. 60% of the study. Mild improvement was found in 5 patients i.e. 25% of the study. This single blind randomized clinical study has shown good results on amlapitha with Kamdhudha rasa. Yet study should be conducted in large sample size.

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