



Research Article

EVALUATION OF EFFICACY OF AROHANAKRAMA SNEHAPANA AND VIRECHANA IN THE
MANAGEMENT OF ADHOGAAMLAPITTA

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ABSTRACT

Amlapitta is one of the leading problems of new era due to irregular and improper diet, dietetics and stressful life style. It is a very common disorder of *Annavahasrotasa* caused by *Vidagdha Pitta* with features like, *Abipaka* (indigestion), *Klama* (fatigue), *Utklesha* (nausea), *Tikta-Amlodgara* (sour or bitter eructation), *Gourava* (heaviness), *Hritkanthadaha* (heart burn), *Aruchi* (anorexia) etc., *Amlapitta* include acid peptic disorders (APD)- gastroesophageal reflux disease (GERD), Peptic ulcer diseases (PUD), dyspepsia and functional disorder of GI tract, In the present study, aimed to compare the efficacy of *Jeerakadya Ghrita Arohanakrama Snehapana* (increasing order) followed by *Virechana* with *Trivrit Churnaadi yoga* and *Patolashunti Ghrita Arohanakrama Snehapana* followed by *Virechana* with *Trivritchurnadi yoga* in the management of *Adhoga Amlapitta*. Material and methods: A minimum of 30 patients suffering from *Adhoga Amlapitta* were selected in 2 groups, 15 patients in each group. Group A- 15 patients were given *Jeerakadya Ghrita Arohanakramasnehapana* and *Virechana*. Group B-15 patients were given *Patolashunti Ghrita Arohanakramasnehapana* and *Virechana*. Follow up for 14 days (Patients will be assessed clinically on day 0, 7th day & 14th day). Total study duration is 35days. *Virechana* is highly significant on all the parameters, except *Bhrama* at both the phases. Statistical analysis of Group A and Group B are showing same result, but there will be reduction percentage in sign and symptoms like *Agnimagda*, *Trishna*, *Hrillasa*, *Bhrama*, *Vividhavarayoukta Malapravritti* Group A is given better result.

KEYWORDS: *Adhoga Amlapitta, Arohanakrama Snehapana, Virechana, Jeerakadya Ghrita, Patolashunti Ghrita.*

INTRODUCTION

Amlapitta is one of the leading problems of new era due to irregular and improper diet and dietetics and stressful life style, it altered the physiology of our digestion. It is a very common disorder of *Annavahasrotasa* caused by *Vidagdha Pitta* with features like, *Abipaka* (indigestion), *Klama* (fatigue), *Utklesha* (nausea), *Tikta-Amlodgara* (sour or bitter eructation), *Gourava* (heaviness), *Hritkanthadaha* (heart burn), *Aruchi* (anorexia) etc.^[1] It classify into two head.^[2] In case of *Adhoga Amlapitta*, *Tritshna* (thirst), *Daha* (burning sensation), *Murcha* (fainting), *Bhrama* (vertigo), *Moha* (delusion), *Hrillus* (nausea), *Kotha* (urticaria), *Analsad* (suppressed digestion), *Romaharsa* (horripilation), *Sveda* (sweating), *Angapitwata* (yellow discoloration of the body).^[2] This condition is found very rear, whereas *Urdhaga Amlapitta* is

characterized by *Chardhi* (vomiting), where vomit is multiple in colored and sour or bitter in taste. It may be associated with sour or bitter belching. Person vomits during digestion of food or in empty stomach. Burning sensation in the throat, chest, and upper abdomen, headache, burning sensation in the palms and sole, loss of appetite, skin rashes, itching and skin problem also found.^[3] *Amlapitta* include Acid Peptic Disorders (APD)- gastroesophageal reflux disease (GERD), Peptic ulcer diseases (PUD), dyspepsia and functional disorder of GI tract. APD can affect esophagus, stomach, and duodenum. ADP has varied presentation due to overlapping pathogenic mechanisms which could lead to excessive acid secretion or diminished mucosal defense.^[4] Although currently available pharmacologic approaches can successfully control

the aforesaid sign and symptoms but there is still a serious need for novel therapy that will simplify treatment regimens and improve quality of life. In modern medicine, plenty of new drugs are being explored to manage these types of problems but no permanent cure is achieved in most of the cases except symptomatic relief up to some extent. Sometime adverse effects of the modern medicine are also seen when administered for longer duration. Nowadays due to changing life style and food habits *Amlapitta* is becoming a very dreadful disorder and leading to several complications. A population based study, using a validated questionnaire, found that 58.7% of the population has heartburn or acid regurgitation at least once during the course of a year and that 19.8% experience symptoms at least once weekly.^[5] It is estimated that approximately 50% of patients with typical reflux symptoms have erosive esophagitis and very often no abnormality is discovered during investigations especially in younger patients [<40 years of age]. *Acharyas* have mentioned that, in the management of *Amlapitta*, *Vamana* and *Virechana* are the main line of *Shodhana* modalities followed by *Langhana*, *Laghu Bhojana* and *Agnideepana* measures needs to be adopted.^[6] Acharya Bhabmishra mentioned *Vamana* in *Urdhwanga Amlapitta* and *virechana* in *Adhoga Amlapitta*.^[7] Hence in the present study, minimum of 30 diagnosed *Adhoga Amlapitta* patients were selected to assess the "Evaluation of Efficacy of *Arohanakrama Snehapana* and *Virechana* in the management of *Adhoga Amlapitta*".

MATERIALS AND METHODS

Study design: A Simple comparative clinical prospective study and sampling technique is purposive or deliberate.

Sample size and grouping: A minimum of 30 patients suffering from *Adhoga Amlapitta* were selected in 2 groups, 15 patients in each group. Group A- 15 patients were received *Jeerakadya Ghrita*^[8-10] *Arohanakrama snehapana* and *Virechana*. Group B-15 patients received *Patolashunti Ghrita*^[11-13] *Arohanakramasnehapana* and *Virechana*.

Source of Data: Patients suffering from *Adhoga Amlapitta* were selected from O.P.D and I.P.D. of D.G.M.A.M.C & Hospital, Gadag after fulfilling the inclusion and exclusion criteria.

Inclusion Criteria

Presence of clinical features of *Adhoga Amlapitta* like *Agnimandya*, *Daha*, *Trishna*, *Hrillasa*, *Bhrama*, *vididha varnayouktamala pravritti*.

Age group between 20 to 60 years of both genders. Patient who is fit for *Arohanakrama* (gradual increasing order) *Snehapana* and *Virechanakarma*.

Exclusion Criteria

Patients with history of systemic illness like Diabetic mellitus and Hypertension, Endocrine disorder, Cardiac pathology, Immune deficiency disorders like AIDS.

Patients with history of *Parinama Shula* (gastric ulcer), *Annadrava Shula* (duodenal ulcer), *Krimiroga* (worm disease), *Arbuda* (lump), *Grahani* (I.B.S.) etc. Patient with history of haemetmesia, maleana and anemia. Patients with drug induced *Amlapitta*.

Study design:

	Purvakarma	Pradhanakarma	Paschatkarma
Group A	<i>Jeerakachurna</i> For <i>Deepana-Pachana</i> :3 days.	<i>Trivritchurnadivirechanayoga</i> ¹ 4,15,16 for <i>Virechana</i> :-1day	<i>Samsarjankarma</i> :3-7days (According to <i>suddhi</i>)
	<i>Jeerakadya Ghrita</i> for <i>Arohanakarma. Snehapana</i> :-3-7days		
	<i>Moorchita Tilataila</i> for <i>Sarvanga Abhyanga</i> before <i>virechana</i> :3days		
Group B	<i>Jeerakachurna</i> for <i>Deepana-Pachana</i>	<i>Trivritchurnadivirechana yoga</i> for <i>Virechana</i> :-1day	<i>Samsarjankarma</i> :3-7days (According to <i>Suddhi</i>)
	<i>Patolasunthi Ghrita</i> for <i>Arohanakarmasnehapana</i> :-3-7days		
	<i>Moorchita Tilataila</i> for <i>Sarvanga Abhyanga</i> before <i>Virechana</i> :3days		

Follow up 14 days (Patients will be assessed clinically on day 0, 7th day & 14thday). Total study duration 35days.

Assessment criteria

Assessment will be done by considering the base line of data of subjective parameters to pre and post medication and will be compared for assessment of result. All the results will be analyzed statistically for p value using un-paired t-test.

Assessment grading

S.No.	Symptom	Grade	Observation
1.	<i>Agnimanda</i>	0	Normal
		1	Digest liquid food
		2	Digest liquid food with difficulty
		3	Digest normal food with difficulty
		4	Unable to digest normal food
2.	<i>Daha</i>	0	<i>Daha</i> absent
		1	Occasional present
		2	Once in a week present
		3	2-3 day in a week present
		4	Daily present
3.	<i>Trishna</i>	0	<i>Trishna</i> normal
		1	Mild and tolerable
		2	Moderate and tolerable
		3	Severe relived by milk and water
		4	Not relived by any measure
4.	<i>Hrillas</i>	0	<i>Hrillas</i> absent
		1	Occasional present
		2	Once in a week present
		3	2-3 day in a week present
		4	Daily present
5.	<i>Bhrama</i> (vertigo)	0	<i>Bhrama</i> absent
		1	Occasional present
		2	Once in a week present
		3	2-3 day in a week present
		4	Daily present
6.	<i>Vividha Varna Yukta Malapravritti</i> (Different coloured stool)	0	<i>Vividha Varna Yukta Malapravritti</i> absent
		1	Occasional present
		2	Once in a week present
		3	2-3 day in a week present
		4	Daily present

Investigations: For diagnostic purpose

HB%, Total WBC count, Differential count, ESR, RBS, Stool examination (if necessary).

Data Collection: Patients were thoroughly examined both subjectively. Detailed history pertaining to the mode of onset, previous ailment, previous treatment history, family history, habits, routine investigations and radiological features are also investigated to exclude other pathologies.

Observation and Results

30 patients of *Adhoga Amlapitta* fulfilling the criteria for diagnosis were treated in two groups along with validation of disease state.

Demographic Data

Distribution of Patients as per Age: Among 30 patients, 18 patients i.e., 60% were of 20-30 age

group, 5 patients i.e., 16.67% were of 30-40 age group, 4 patients i.e., 13.33% were of 40-50 age group, 3 patients i.e., 10% were of 50-60 age group.

Distribution of Patients as per Sex: Among 30 patients 21 patients i.e., 70% were males and females were 9 patients i.e., 30%.

Distribution of Patients as per Religion: Among 30 patients 27 patients i.e., 90% patients were Hindus, 3 patients i.e., 10% patients were Muslims.

Distribution of Patients as per Occupation: Among 30 patients 25 patients i.e., 83% were active, 3 patient's i.e., 10% were labor and 2 patients i.e., 6.67% were sedentary work.

Distribution of Patients as per Socio-economic Status: Among 30 patients 4 patients i.e., 13.33% were poor and 11 patients i.e., 36.67% were middle

class and 10 patients i.e., 33.33% were higher middle class, 5 patients i.e., 16.67% were higher class.

Distribution of Patients as per Marital Status

Among 30 patients 14 patients i.e., 46.67% were married, 16 patients i.e., 53.33% were unmarried.

Data related personal status

Distribution of patients based on Prakriti

Among 30 patients 16 patients i.e., 53.33% were *Vata-Pitta Prakriti*, 10 patients i.e., 33.33% were *Vata-Kapha Prakriti* and 4 patients i.e., 13.33% were *Pitta-Kapha Prakriti*.

Distribution of patients based on Jathar Agni

Among 30 patients 15 patients i.e., 50% were *Manda Jatharagni*, no patient was *TeekshnaJatharagni*, 15 patients i.e., 50% were *VishamaJathar Agni* and no patient was *Samaagni*.

Distribution of patients based on Koshtha

Among 30 patients 14 patients i.e., 46.67% were *Mridu Koshtha*, 4 patients i.e., 13.33% were *Madhyama Koshtha* and 12 patients i.e., 40% were *Krurakostha*.

Distribution of patients based on Addiction

Among 30 patients, 10 patients i.e., 33.33% had the habit of Alcohol, 9 patients i.e., 30% had the habit of smoking, 6 patients i.e., 20% had the habit of tobacco, 30 patient's i.e., 100% had the habit of tea and 29 patients i.e., 96.67% had the habit of coffee.

Distribution of patients based on Diet

Among 30 patients, 14 patients i.e., 46.67% were vegetarian, 16 patients i.e., 53.33% were mixed diet.

Distribution of patients based on incidence of Nidra: Among 30 patients 21 patients i.e., 70% had normal sleep, 9 patients i.e., 30% had disturbed sleep.

Distribution of patients based on Manasika Avastha: Among 30 patients 21 patients i.e., 70% had *Bhaya*, 24 patients i.e., 80% had *Kopa*, 10 patients i.e., 33.33% had *Mada*, 21 patients i.e., 70% had *Udvega*, 24 patients i.e., 80% had *Deenata*, 17 patients i.e., 56.67% had *Samprahara* and 16 patients i.e., 53.33% had *Kshobha*.

Distribution of patients based on Aggravating factor: Among 30 patients the predominant aggravating factors were all patients i.e., 100% spicy food, 30 patients i.e., 100% mental stress, 12 patients i.e., 40% depression, 26 patients i.e., 86.67% fasting, 17 patients i.e., 56.67% physical stress, no such other aggravating factor.

Distribution of patients based on Relieving factor

Among 30 patients the predominant Relieving factor were 17 patients i.e., 56.67% relieve by food intake, 30 patients i.e., 100% relieve by Antacids, 22 patients i.e., 73.33% relieve by rest, 7 patients i.e., 23.33% relieve by fasting, 27 patients i.e., 90% relieve by H₂ blocker, one patient i.e., 3.33% relived by other factor.

Distribution of patients based on Aharaja Nidana

Among 30 patients the *Aharaja Nidana*, 25 patients i.e., 83.33% use to take *Virudhaahara*, 28 patients i.e., 93.33% use to take *Dushta*, 29 patients i.e., 96.67% use to take *Amla* and *Pitta vardhakasahara*, 17 patients i.e., 56.67% use to take *Vidahiahara*.

Data related to incidence of Viharaja Nidana

Among 30 patients the *Viharaja Nidana*, 9 patients i.e., 30% use to take *Dhoomrapana*, 16 patients i.e., 53.33% used *Aatapa Sevana*, 23 patients i.e., 76.67% used *Ratrijagaran* 4 patients i.e., 13.337% used *Atimaithuna*, 17 patients i.e., 56.67% used *Parishram* and *Vegadharan* 9 patients i.e., 30% used to take *Madya*, 3 patients i.e., 10% use to take *Avagaha*, 17 patients i.e., 56.67% *Adhogaamlapitta* aggravate according to *Ritu*.

Data related to incidence of Pradhana Vedana

Among 30 patients the *Pradhana Vedana*, 28 patients i.e., 93.33% came with *Hrillasa*, all patients i.e., 100% came with complain of *Kantha Daha* and *Agnimandya*, 29 patients i.e., 96.67% came with *Trishna*, 10 patients i.e., 33.33% came with complain of *Bhrama*, 26 patients i.e., 86.67% came with complain of *Vividha varna yukta malapravritti*.

Data related to incidence of Anubandha Vedana

Among 30 patients the *Anubandha Vedana*, 23 patients i.e., 76.67% came with complain of *Udarashoola*, 8 patients i.e., 26.67% came with *Adhmana*, 3 patients i.e., 10% came with complain of *Atisara*, 14 patients i.e., 46.67% came with complain of *Romaharsha*, 24 patients i.e., 80% came with complain of *Aantrakujana*.

Data related to incidence Chronicity of Disease

Among 30 patients 19 patients i.e., 63.33% had chronicity of disease <6month, 6 patients i.e., 20% had >6 month chronic and 5 patients i.e., 16.67% had >12month chronic of *Adhoga Amlapitta*.

Data related to incidence Overall response

Among 30 patients 10 patients i.e., 33.33% were well responded, 12 patients 40% were moderately responded and 8 patients i.e., 26.67% responded in *Adhoga Amlapitta*.

Table 1: Showing Data related to statistical analysis of Group A

	n	Mean		Reduction %	SD	SE	t-test	P
		B.T.	AT					
<i>Agnimanda</i>	15	3.6	0.5333	85.18	0.703	0.187	16.87738	< 0.001
<i>Kantha Daha</i>	15	4.00	0.6	85	0.50709	0.135	25.968	< 0.001
<i>Trishna</i>	15	2.133	0.267	87.48	0.6399	0.171	11.297	< 0.001
<i>Hrillasa</i>	15	3.13	0.516	83.51	1.12	0.2996	8.98	< 0.001
<i>Bhrama</i>	15	1.0	0.2667	73.33	1.099	0.2937	2.582	0.0217
<i>Vividhavarnayuktamal appravritti</i>	15	2.4	0.667	72.2	1.437	0.384	4.669	< 0.001

SD=Stander deviation, SE=stander error, AT=after treatment, BT=before treatment

Table 2: Showing Data related to Statistical Analysis of Group B

	n	Mean		Reduction on %	SD	SE	t	p
		B.T.	AF					
<i>Agnimanda</i>	15	3.8	0.6667	82.45	0.743	0.198	16.328	< 0.001
<i>Kantha Daha</i>	15	4.00	0.2667	93	0.703	0.188	20.546	< 0.001
<i>Trishna</i>	15	2.8	0.5333	80.95	0.798	0.213	10.989	< 0.001
<i>Hrillasa</i>	15	2.8	0.6	78.57	1.08	0.289	7.872	< 0.001
<i>Bhrama</i>	15	0.26	0.0667	74.99	0.56	0.149	1.3817	0.1887
<i>Vividhavarna yuktamalpravritti</i>	15	2.33	0.6	74.15	1.032	0.276	6.5	< 0.001

SD=Stander deviation, SE=stander error, AT=after treatment, BT=before treatment

Distribution of patients based on *Agnimandya*: In Group-A before treatment mean was 3.6 and after follow up mean was 0.533 and percentage of reduction 85.18, which was highly significant at the level of P<0.001. In Group-B before treatment mean was 3.8 and after follow up mean was 0.667 and percentage of reduction 82.45, which was highly significant at the level of P<0.001.

Distribution of patients based on *Kantha Daha*: In Group-A before treatment mean was 4 and after follow up mean was 0.6 and percentage of reduction 85, which was highly significant at the level of P<0.001. In Group-B before treatment mean was 4.0 and after follow up mean was 0.2667 and percentage of reduction 93.00, which was highly significant at the level of P<0.001.

Distribution of patients based on *Trishna*: In Group-A before treatment mean was 2.133 and after follow up mean was 0.267 and percentage of reduction 87.48, which was highly significant at the level of P<0.001. In group-B before treatment mean was 2.8 and after follow up mean was 0.533 and percentage of reduction 80.95, which was highly significant at the level of P<0.001.

Distribution of patients based on *Hrillasa*: In Group-A before treatment mean was 3.13 and after follow up mean was 0.516 and percentage of reduction 83.15, which was highly significant at the level of P<0.001. In Group-B before treatment mean was 2.8 and after follow up mean was 0.6 and percentage of reduction 78.57, which was highly significant at the level of P<0.001.

Distribution of patients based on *Bhrama*: In Group-A before treatment mean was 1.00 and after follow up mean was 0.2667 and percentage of reduction 73.33, which was highly significant at the level of P=0.0217. In Group-B before treatment mean was 0.266 and after follow up mean was 0.067 and percentage of reduction 74.99, which was highly significant at the level of P=0.1887.

Distribution of patients based on *Vividhavarnayuktamalpravritti*: In Group-A before treatment mean was 2.4 and after follow up mean was 0.667 and percentage of reduction 72.2, which was highly significant at the level of P<0.001. In Group-B before treatment mean was 2.33 and after follow up mean was 0.6 and percentage of reduction 74.15, which was highly significant at the level of P<0.001.

DISCUSSION

In the present clinical study 33 patients were reported from OPD and IPD of Sri. D.G.M. Ayurveda College, Hospital. 3 patients were dropped out in various stages of clinical study and rest 30 patients were fulfilling the criteria of inclusion and exclusion.

Discussion on Virechana: Inclusion 30 patients averagely 10 *Vegas* occurred, maximum 26 *Vega* and minimum 4 *Vega* occurred, but 27 patients were vomiting this *yoga* within 10- 15minuts after intake of the *Yoga* 1-2 times, because *Trivrit* is *Katu*, *Tikta*, *Madhura*, *Kashaya* with *Amla rasa* for *Amalakashaya* also with *Madhu* which is *Madhura* and *Kashaya rasa* combination of those drugs it *Yoga* made waste in test. *Amla rasa* increased salivation that's why may be vomiting. *Virechana karma* approximately averagely output was 1400ml; most of the patients show *Kaphaantaki Virechana*.

DISCUSSION ON RESULTS

Effect of medicine on Assessment Criteria: The criteria taken for assessment were *Agnimanda*, *Kantha daha*, *Trishna*, *Hrillasa*, *Bhrama*, *Bividhavarayoukta Malapravritti*. Statistical analysis showed that the effect of medicine was highly significant on all the parameters, except *Bhrama* at both the phases.

Effect of medicine on Agnimanda: According to statistical analysis, Group A and Group B both group individually are significant, reduced *Agnimanda*. But in both group A improvement was 85% and group B improvement was 82.45%, so group A is more effective than group B.

Effect of medicine on Kantha Daha: According to statistical analysis, group A and group B both group individually are significant, reduced *Kantha Daha*. But in both group A improvement was 85% and Group B improvement was 93%, so group B is more effective than group A.

Effect of medicine on Trishna: According to statistical analysis, group A and group B both group

individually are significant, reduced *Trishna*. But in both group A improvement was 87.5% and Group B improvement was 80.95%, so group A is more effective than group B.

Effect of medicine on Hrillasa: According to statistical analysis, group A and group B both group individually are significant, reduced *Hrillasa*. But in both group A improvement was 82.9% and group B improvement was 78.57%, so group A is more effective than group B.

Effect of medicine on Bhrama: According to statistical analysis, group A and group B both group individually are not significant, reduced *Bhrama*. But in group A improvement was 73.33% and Group B improvement was 75%, so group B is more effective than group A.

Effect of medicine on Vividha varna yuktamalapravritti: According to statistical analysis, group A and group B both group individually are not significant, reduced *Vividha varna yuktamalapravritti*. But in group A improvement was 72.22% and group B improvement was 74.28%, so group B is more effective than group A.

Overall Effect of Medicine: Among the 30 patients treated, 10(33.33%) patients well responded, 12 (40%) patients moderately responded, whereas 8 (26.67%) patients mild responded. There are no patients who poorly responded or not responded. *Amlapitta* being a disease where there are chances of recurrence are there, *Shodhana* played major role in reducing recurrence rate. Even though, all the parameters did not show complete relief, though intensity was reduced patients continued with few complaints. That is mainly because, some patients were not able to follow the *Pathya*, because of their nature of work, circumstances and even because of season.

Effect of Therapy

Comparative Effects of Treatment in Group A & Group B

Table 3: Showing the comparative effect of treatment on Assessment criteria in Group A and Group B

	Group A			Group B			SE	t	p	Remarks
	n	Mean	S.D	n	Mean	S.D.				
<i>Agnimanda</i>	15	3.0	0.70	15	3.13	0.74	0.264	0.276	>0.05	NS
<i>Kantha Daha</i>	15	2.8	0.86	15	3.73	0.70	0.287	3.24	<0.01	HS
<i>Trishna</i>	15	1.8	0.63	15	2.26	0.79	0.263	1.541	>0.05	NS
<i>Hrillasa</i>	15	2.6	1.12	15	2.2	1.08	0.401	0.995	>0.05	NS
<i>Bhrama</i>	15	0.7	1.09	15	0.2	0.56	0.318	1.673	>0.05	NS
V.V. Y. M	15	1.7	1.43	15	1.73	1.03	0.475	0.006	>0.05	NS

To compare the assessment result of the treatment procedure between the two groups, the

statistical analyses is done by using Un-paired t-test, by assuming that the mean effect treatment

procedures is same in both the groups after treatment procedure. From the analyses, it is clear that only the parameters *Kanthadaha* highly significant result respectively. Remaining all the factors went not significant statistically.

Mode of action of *Virechana Karma*: Ayurveda gives much importance to *Shodhana Chikitsa*. The importance of *Shodhana* is explained as "*Napunarudbhavet*" which means, when the disease is treated with *Shodhana* there are no chances of recurrence. The *Ashaya* (site) involved in this disease *Amashaya* and upper end of *Pakvashaya*. The *Dosha* involved is mainly *Pitta*, which includes the *Pachaka Pitta* of *Amashaya* and the *Dushyais Rasa* and *Rakta Dhatu*. Considering these entire factor it was tried to give *Virechana* to remove the vitiated *Dosha*, which is having an ideal cleansing action on *Pitta*. The process of *Virechana* may be able to expel the excessive *Dravata* (liquidity) of *Pitta* and *Pitta* present in rest of *Avayavas* can be eliminated out. *Rasa Dushti* can be corrected by this process. After the process of *Virechana*, the *Agni*, digestive power is increased so it is beneficial for further digestion. After *Shodhana* patient usually felt lightness. The active ingredients of the given medicine will stimulate the mucosal membrane and changes the normal permeability of mucosal lining temporarily, due to which exudation of morbid impurities which were transferred from cellular level to gut level with the help of *Snehana* and *Swedana karma* are expelled out through Anal route. Even just after *Virechana* process there is reduction in severity of symptoms.

CONCLUSION

From this study it can be concluded that alteration of diet and dietetic rule (junk food, alcohols and tobacco), behavior (stressful late night work, suppression of natural urges) plays a major role in causation disease *Amlapitta*. The psychological factor stress and strain of this present era are related with the pathogenesis of this disease. *Amlapitta* is result of *Agnidushti* and it is chronic in nature and difficult to cure. *Rasa* and *Rakta* are involved as *Dushya* and *Rasavaha*, *Raktavaha*, *Annavaha* and *Purishavaha Srotasa* is involved. All the classical symptoms of *Audhoga Amlapitta* manifested clearly, but *Bhrama* is rare symptoms, it is manifestation in chronic condition. *Virechana* is very effective in the management of *Adhoga Amlapitta*. It also avoids the early relapses as it eliminates the *Dosha* out of the body. It shows good result in *Dhatugata Avastha* of *Audhoga Amlapitta*.

The drugs *Jeerakadya Ghrita* and *Patolasunthi Ghrita* were effective in *Amlapitta*. *Arohanakrama* (increasing order) *Snehapana* took major role to *Shodhana* as *Doshautkleshana*. The cardinal

symptoms are reduced *Arohanakramasnehapana* ongoing. It was observed that the *Shodhana* is specifically effective in early cases of *Amlapitta*. This beneficial effect of trial drug may be due to *Tikta Rasa*, *Laghu*, *Ruksha* property and *Kapha-pittahara* action of the combined drug. In chronic condition may takes repeated *Shodhana* to control the disease. *Virechana* is highly significant on all the parameters, except *Bhrama* at both the phases. Statistical analysis Group A and Group B are showing same result, but there will be reduction percentage in sign and symptoms like *Agnimagda*, *Trishna*, *Hrillasa*, *Bhrama*, *Vividhavarnayukta Malapravritti* Group A is given better result.

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