

## Evaluation Of The Efficacy Of *Laghusootshekhar Ras* And *Praval Panchamrut Ras* In The Management Of *Urdhwaga Amlapitta* – A Review

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### Abstract:

*Amlapitta* is a very common disease encountering in present era with more or less severity. It is the one that which bears the direct impact of the dietic errors that a person indulges. In this rapidly growing world, people neglect healthy food and are attracted towards the junk food, they are changing their diet pattern, meal timings, lifestyle and behavioural pattern. They are becoming more stressful with worry, tensions causing so many disorders which hampers digestion and is causing hyperacidity, gastritis, acid peptic disorders etc. All these disorders can be correlated with *Urdhwaga Amlapitta* in ayurveda. Modern medicinal systems have proton pump inhibitors, H2 blockers, antacids etc. which are being widely used all over the world, have their own limitations. These medications can not cure the disease permanently and only effective until used regularly, with a very high rate of relapse on leaving the medicine. This has encouraged me to assess the effect of commonly used ayurvedic approach, *Shamana* (*Laghusootshekhar Ras* and *Praval Panchamrut Ras*) in the management of *Urdhwaga amlapitta*. The study material comprises of 15 patients of *Urdhwaga Amlapitta* from OPD of *Kayachikitsa, Ayurved Hospital and Cancer Research Centre, Wagholi* having signs and symptoms of the disease as mentioned in classical ayurvedic texts irrespective of sex, religion, occupation etc. Patients were treated with *Laghusootshekhar Ras* and *Praval Panchamrut Ras* for 14 days and assessment was made based on patient's response to the treatment on the basis of improvement in the classical signs and symptoms of *Urdhwaga Amlapitta*. The results showed that *Laghusootshekhar Ras* and *Praval Panchamrut Ras* has significant results in the treatment of *Urdhwaga Amlapitta* without any ADR.

**Keywords:** *Amlapitta, Hyperacidity, Shamana, Laghusootshekhar Ras, Praval Panchamrut Ras*

### Introduction:

*Amlapitta* is one of the commonest *vyadhi* of *annavaha strotas* (gastrointestinal track disorder) caused by vitiated *agni* as explained in ayurvedic classical texts. The word "*Amlapitta*" comprises of two words- '*Amla*' (Sour) and '*Pitta*' (Gastric juice). In Ayurvedic text, it is clearly mentioned that, a person with a pre-existing tendency of excessive *pitta* secretion and who takes incompatible, unhygienic, sour and *pitta* vitiated food there is vitiation of *pitta*. According to *Kashyap Viruddha Ahara* (Incompatible diet), *Adhyasana* (food after meal), *Ama Bhojana* (to consume food even though the previous food is not digested), *Ajeerna Bhojana* (consume food inspite of indigestion), *Guru* (heavy meal), *Snigdha Bhojana* (oily food) etc. causes *Agnimandya* (loss of appetite) that leads to *Amlapitta*. *Acharya Madhavakara* says that increased *Pitta* (gastric juice) is aggravating factor responsible for *Amlapitta* disease.

*Amlapitta* is mentioned in *Kashyapa samhita, Madhava nidana, Bhavaprakash* and *Chakradatta* as a separate disease, but there is no description of *amlapitta* as a separate disease in text of *Charaka, Shushruta* and *Vagbhata*. In ayurvedic texts 2 types of *amlapitta* are mentioned named as *Urdhwaga* and *Adhoga*.

Ayurveda has lot to offer in the management of gastrointestinal track disorders like *Amlapitta*. Many single and compound drugs have been tried in the treatment of *Amlapitta*. In *Shamana chikitsa* (Ayurvedic palliative treatment) *acharyas* have mentioned the drugs, which are mainly having *Tikta, Kashaya* and *Madhur rasa* (bitter, pungent and sweet taste), *Sheet virya* (cold in potency), *Madhur, Katu Vipaka* and *Laghu* and *Ruksha gunas*.

On the basis of above description *Laghusootshekhar Ras* and *Praval Panchamrut Ras* has been selected to evaluate their efficacy in *Urdhwaga Amlapitta*.

**Materials and Methods:**

Following material and methods were adopted for conducting the present study.

**Criteria for Inclusion:**

1. Patients of either sex aged between 20 to 60 years.
2. Patients having signs and symptom of *Urdhwaga Amlapitta* mentioned in classical ayurvedic texts.

**Criteria for Exclusion:**

1. Patients suffering from gastric ulcer, duodenal ulcer, gastric cancer.
2. Patients who had past history of heart disease.
3. Patients with uncontrolled diabetes mellitus, hypertension and immunodeficiency syndrome.
4. Pregnant and lactating women.

Patients with classical signs and symptoms of *Urdhwaga Amlapitta* were selected randomly from OPD of *Kayachikitsa*, Ayurved Hospital and Cancer Research Centre, Wagholi.

**(1) Level of study:** The study had been carried out at OPD level.

**(2) Design of study:**

Study type - Interventional

Purpose - Treatment

Control - No control

No of group - One

No of patients - 15 Patients

Type of study – Open-Labeled

**(3) Drug:**

*Laghusootshekhar Ras* (250 mg) 2 tablets twice a day for 14 days and *Praval Panchamrut Ras* (125 mg) 2 tablet twice a day for 14 days.

*Anupana* – Warm Water

*Kala* – *Vyanodan* (After Lunch and Dinner)

**(4) Assessment of the patients:** The assessment was made based on patient's response to the treatment on the basis of improvement in the classical signs and symptoms of *Urdhwaga Amlapitta*. After completion of treatment the improvement criteria is categorized as below.

<25% improvement – Unchanged

26%-50% improvement – Mild improvement

51%-75% improvement – Moderate improvement

76%-100% improvement – Marked improvement

**Observation and Results:**

In this study, 15 patients (9 male and 6 Females) were selected from the OPD of *Kayachikitsa*, Ayurved Hospital and Cancer Research Centre, Wagholi, having common features of *Urdhwaga Amlapitta*. The results showed that 53.33% of patients were from the age group of 31-40 years which is *pitta dosha* dominant stage of life, while 6.67% were belonging to an age group of 20-30, 20% to an age group of 41-50 years and 20% to an age group of 51-60 years with a mean age of 40.2 years (Table 1).

Results of the shareera prakriti examination showed that maximum 46.67% patients prone to the *Amlapitta* disease were of *kapha pitta prakriti* (Table 2). The tendency of *kapha pitta* predominance leading to *Annavaha strotodusti* and produce symptoms of *Amlapitta*.

Maximum number of patients (47%) were belongs to service class and suffering from mental stress, which is an important cause of *Amlapitta* (Fig.1).

It is observed that the patient's had addiction of tea/coffee (86.67%), alcohol (20%), smoking habit (26.67%) and tobacco chewing (33.33%) (Fig.2). These factors are responsible for vitiation of *pitta dosha*.

Patient's response to the treatment was evaluated on the basis of improvement in the classical signs and symptoms of the disease. It is observed that symptoms like *Guru Kosthata* (81.81%), *Urakantha Daha* (76.92%) and *Amlatiktaudgar* (83.33%) shown marked improvement, symptoms like *Shiro vedana* (75%), *Udaradhman* (75%) and *Chardi* (66.66%) shown moderate improvement while symptom like *Aruchi* (50%) and *Avipak* (50%) shown mild improvement after completion of 14 days treatment. (Table 3)

*Laghusootshekhar Ras* and *Praval Panchamrut Ras* are more potent drugs in the treatment of *Amlapitta* with no any adverse drug reaction. In *Laghusootshekhar Ras* and *Praval Panchamrut Ras* the drugs are of *madhur*, *tikta*, *kashaya* and *katu rasa*, *madhura vipaka* and *sheet virya* which are *pittashamak* hence symptoms like *Amlatiktaudgar*, *Urakantha Daha* due to *vidagda*

pitta get relieved. *Shunthi*, *Nagavalli* (*Betel leaf juice extract*) act as *deepana* and *pachana* which relieves *ama* like symptoms such as *Guru Kosthata*, *Shirovedna*, *Udraadhmana*, *Aruchi*, *Avipaka*, *Chardi* etc.

Age	Number of Patients (%)
20-30 yrs	1 (6.67%)
31-40 yrs	8 (53.33%)
41-50 yrs	3 (20%)
51-60 yrs	3 (20%)
<b>Total</b>	<b>15 (100%)</b>

<i>Prakriti</i>	Number of Patients
<i>Vata Pitta</i>	3 (20%)
<i>Vata Kapha</i>	0 (0%)
<i>Pitta Kapha</i>	3 (20%)
<i>Pitta Vata</i>	1 (6.67%)
<i>Kapha Pitta</i>	7 (46.67%)
<i>Kapha Vata</i>	1 (6.67%)

S.N.	Symptoms	BT	AT	Cur ed	%
1	Guru Kosthata	11	2	9	81.81
2	Shiro vedna	12	3	9	75
3	Udraadhmana	12	3	9	75
4	Uraantha Daha	13	3	10	76.92
5	Avipak	10	4	5	50
6	Amlatiktaudgar	12	2	10	83.33
7	Aruchi	10	5	5	50
8	Chardi	6	2	4	66.66

Sr. No	Drugs	Latin/English Name	Rasa	Virya	Guna
1	<i>Shunthi</i>	Zingiber officinale	<i>Katu</i>	<i>Ushna</i>	<i>Laghu</i> , <i>Snigdha</i>
2	<i>Nagavalli</i> ( <i>Betel leaf juice extract</i> )	Piper Betel	<i>Tikta</i>	<i>Ushna</i>	<i>Laghu</i> , <i>Ruksha</i> , <i>Tikshna</i>

3	<i>Shuddha Swarn Gairika</i>	Purified Red Ochre	<i>Kashaya</i> , <i>Madhura</i>	<i>Sheeta</i>	<i>Snigdha</i> , <i>Vishad</i>
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Sr. No	Drugs	Latin/English Name	Rasa	Virya	Guna
1	<i>Mukta Bhasma</i>	Bhasma of Pearl	<i>Madhura</i>	<i>Sheeta</i>	<i>Laghu</i> , <i>Sheeta</i>
2	<i>Shankh Bhasma</i>	Bhasma of Conch Shell	<i>Katu</i>	<i>Sheeta</i>	<i>Grahi</i> , <i>Snigdha</i>
3	<i>Shukti Bhasma</i>	Bhasma of Pearl Oyster	<i>Madhura</i>	<i>Sheeta</i>	<i>Laghu</i> , <i>Sheeta</i>
4	<i>Kaparda Bhasma</i>	Bhasma of Cowries	<i>Katu</i>	<i>Ushna</i>	<i>Rooksha</i> , <i>Tikshna</i>
5	<i>Praval Bhasma</i>	Bhasma of Coral	<i>Madhura</i> , <i>Amla</i> , <i>Kashaya</i>	<i>Sheeta</i>	<i>Laghu</i> , <i>Snigdha</i>
6	<i>Latex of Arka</i>	Calotropis Procera	<i>Katu</i> , <i>Tikta</i>	<i>Ushna</i>	<i>Laghu</i> , <i>Rooksha</i> , <i>Tikshna</i>

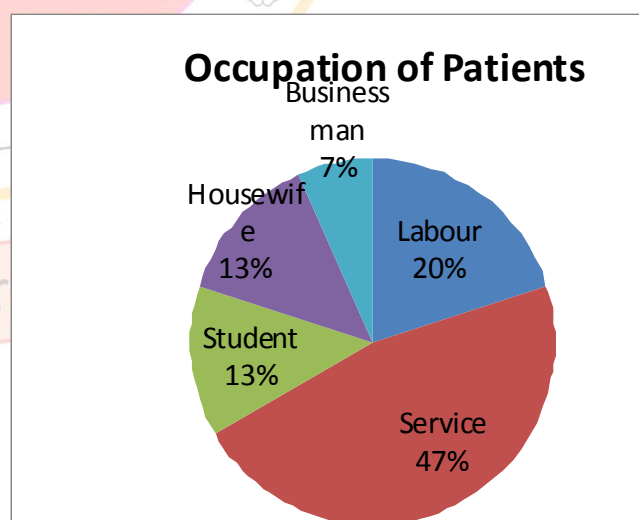


Fig.1. Occupation of patients suffering from *Urdhwaga Amlapitta*



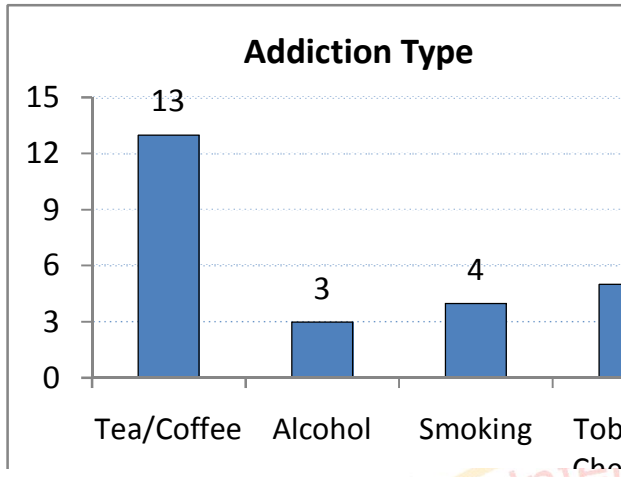


Fig.2. Addiction type of patients suffering from Urdhwaga Amlapitta

### Conclusion:

Amlapitta is mostly a psychosomatic disease and the incidence of the disease will be increased in parallel with the advancement of civilization and condition of the society. The results of the *Laghusootshekhar Ras* and *Praval Panchamrut Ras* showed significant relief in signs and symptoms of Urdhwaga Amlapita like Amlatiktaudgar, Guru Kosthata, Urakantha Daha, Udraadhmana and Shiro vedna. No adverse drug reactions were noted during the study period.

### Conflict Of Interests

The authors declared that they have no competing interests.

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