

Role of *Vaman Karma* and *Guduchyadi Kwath* in the Management of *Urdhavaga Amlapitta*

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Abstract

Improper living style and faulty diet habits lead to imbalance of the body elements *vata*, *pitta* and *kapha* and thus various disorders may occur. *Acharya Charaka* and *Kashyapa* have clearly indicated that the *Grahani Dosha* and *Amlapitta* occur in persons who could not check the temptation of food. *Ayurveda* provides complete cure of disease through three treatment principles *Nidanparivarjana*, *Shaman* and *Shodhanchikitsa*. This study was planned to evaluate the effect of *Guduchyadi Kwatha* after *Vamana Karma* in *Amlapitta*. Total 20 patients attending the O.P.D. and I.P.D. of R.A. Podar Ayurvedic Hospital, Mumbai were selected. After Classical *Vamana Karma* drug *Guduchyadi Kwath* was given for 12 weeks. Significant improvement was observed in symptoms of *Amlapitta* in which *Vamana* was followed by *Guduchyadi Kwatha* also a significant improvement was observed in *Gastroscopy* reports after treatment. *Vamanottar Guduchyadi Kwatha* reduces Gastroscopic changes markedly.

Keywords

Vaman Karma, *Guduchyadi Kwath*, *Amlapitta*, *Acid Peptic Disease*.



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INTRODUCTION

More than a medical system, Ayurveda is a way of life, a way of cooperating with nature and living in harmony with it. According to Ayurveda, to maintain the health, one has to follow the basic principles like *Dinacharya* and *Ritucharya* which balances the *Tridosha* viz. Vata, Pitta and Kapha. *Acharya Charaka* has described *Ahara Vidhi Vidhana* which conveys the method of consumption of food. According to him, man under psychological problem can't digest the food properly even if it is delicious, adequate and with appropriate food value. Thus, undigested food disturbs the physiology of *Annavahasrotasa* which may produce disease like *Amlapitta* in today's era. Due to *Vividhahetu sevana* like *Viruddha*, *Dushta Aahara*, *Vihara* like *Ratri-jagrana* and *Manasikahetu* like *Chinta*, *Bhaya*, *Krodha* *Pitta-dosha* of body get vitiated with increase in *Amla* and *Drava guna*. Frequent *hetusevana* causes *Aama sanchiti* and *dushti* of *Annavahastrotasa*. Vitiated *Pitta dosha*, *Aama* and *annavahadushti* leads to disease called as '*Amlapitta*.' It is a condition in which *Amla guna* property of the *pitta* is exaggerated¹.

Acharya Sushruta has enlisted *katu* as its original rasa and mentioned that when *pitta* vitiated by many factors, it becomes *vidagdha* and changes into *Amla*².

Acharya Kashyapa first mentioned separate chapters for *Amlapitta*, he said that the *Nidana* causes, the *Doshaprakopa* especially of *pitta dosh*. This *Dosha prakopa* create *mandagni*, and due to *mandagni* ingested food becomes *vidagdha* and *shuktibhava*. This *Vidagdha* and *shuktibhava* of food create *Amlata* in *Amashaya*. This condition is called as *Amlapitta*³.

In present era, Acid Peptic Disease can be correlated with *Amlapitta* due to similarities in *Hetu*, *Signs* and *Symptoms* which is considered as a lifestyle disorder more in urban area and also more in working age group. Acid Peptic Disease (APD) is a common disorder that affects millions of individuals in the world each year, acid-related disorders influence the quality of life and productivity of afflicted patients and are common and important causes of morbidity and mortality⁴.

For all these, *Ayurveda* is the ray of hope with curing and prophylactic action of herbal drugs. *Ayurveda* describes various

drugs and preparations for the treatment of *Amlapitta*. *Ayurvedic* drugs are comparatively safe without unwanted reaction and easily available. In *Amlapitta's chikitsa*, *shodhana* procedure has given more importance by ancient *acharyas*. As *Amlapitta* is *Drava*, *Amla Pittajanya*, *Aamashayagata*, *Aamajanyavyadhi*; treatment described for it is *shodhana* as *Vamana* and then *Shamana Chikitsa*.⁵ The treatment should be given to alleviate *Drava*, *Amlaguna* of *Pitta* and to alleviate *Samata*. The drugs which are having *Tikta*, *Madhura Rasa* and *Laghu Ruksha* property with *Kapha-pittahara* action, used in this diseases. In *Shaman Chikitsa Bhaishjya-Ratnavali* described *Guduchyadi Kwath*. Taking all these points into consideration the study was planned to evaluate the effect of *Vaman Karma* and *Guduchyadi Kwath* in *Amlapitta*.

AIMS AND OBJECTIVES

1. To evaluate the efficacy of *Guduchyadi Kwath* after *Vaman* in the patients of *Urdhvag Amlapitta*.
2. To observe the results of selected *Ayurvedic* drug on basis of modern investigation of *Gastroscopy*.

MATERIALS AND METHODS

Total 20 patients suffering from *Amlapitta* and attending the O.P.D and I.P.D. Department of *Kayachikitsa*, R. A. Podar *Ayurvedic Hospital*, Mumbai were selected randomly, irrespective of their Age, Sex, Religion and Socio economic status etc. Patients were investigated as per proforma prepared for the study. This special proforma consist of modern and *Ayurvedic Pariksha* made after differential diagnosis with the help of *Gastroscopy* along with clinical features described in modern textbooks.

Inclusion criteria:

1. The patients having signs and symptoms of *Amlapitta* mentioned in classics like *Chhardi*, *Amlodgara*, *Tiktodgar*, *Amlotklesha*, *Tiktotklesha*, *Hrutkanthadaha*, *Shiroshool aetc* and fulfilling the criteria of diagnosis.
2. Age between 16yrs to 70yrs.

Exclusion criteria

1. Patients having P/H/O hematemesis, esophageal varices, hyperacidity due to secondary underlying cause like malignancy, chronic alcoholic liver.



2. Patients with multisystem diseases, Koch's DM etc
3. Pregnancy and lactation.
4. All the contraindications for the Vaman karma told by *Acharyas* in *Samhita i.e. Avamyā*.

Investigations:

All baseline investigations required for the study and for screening were carried out initially and on completion of study. Such as CBC, ESR, LFT, RFT, BSL (fasting and postprandial), HIV, VDRL, Gastroscopy.

Drug and doses

Procedure of Vamana:- Procedure of Vamana was performed as follows:

A) Purvakarma :-

1) *Deepanpachana - Trikatu churna* 2gms TDS (3 to 7 days).

2) *Snehapana - Go-Ghrita*

Koshtha of patients was determined by giving *Ghrita in Hrasiyasi Matra* (1 Pala – 40 ml) orally. According to the time required for digestion of *Hrasiyasi Matra* of *Ghrita*, *Uttama matra* of *Sneha* was calculated. Schedule for seven days of *Snehapana* was prepared in increasing dose. Daily increase in dose was equal for all days. *Snehapana* was advised for 3, 5 or 7 days as per *Koshtha* of patient.

3) *Bahya Snehan Swedana- Bahya Snehana* was done with *Til Tail*. For *Swedana-Bashpa Sweda* till *Samyak Lakshana* for 3 days.

4) *Utkleshakara Ahara* was given on rest day in the dinner.

B) Pradhana Karma :-

1. On the day of *Vamana Karma* patient was asked to consume *Godugdha* about 200 ml early in the morning.

2. Afterwards, *Bahya Snehana* and *Swedana* was done just before introducing *Vamana* drug.

3. *Yashtimadhu Fanta* was used for *Akantha Pan* as per requirement and capacity of patient.

4. After that *Vamana Yoga* was given (*Vamana drug*) –

Madanaphala Pippali (Randiadumetorum lam.) – 4 gm.

Saindhava - 1 gm.

Madhu – As per requirement.

Dose – May be adjusted as per *Bala* of patient.

5. *Samyaka Vamana* was observed according to *Antiki, Vaigiki, Maniki* and *Laingiki Parikshas*.

C) Pashchyata Karma :-

1) *Dhumapana* was given to patient after completion of *Vamana* procedure after 1 *Moohurta* i.e., 48 minutes.

2) According to type of *Shuddhi* achieved *Sansarjana Krama* was advised to the patient for 1, 2 or 3 *Annakala*.

Shaman Chikitsa: After completion of *Sansarjana Krama* oral drug therapy was started with *Guduchyadi Kwatha*.⁶

Contents –

Drug	Latin Name
<i>Guduchi</i>	<i>Tinosporacordifolia</i>
<i>Khadira</i>	<i>Acacia catechu</i>
<i>Daruharidra</i>	<i>Berberisaristata</i>
<i>Yastimadhu</i>	<i>Glycyrrhizaglabra</i>
<i>Netrabala</i>	<i>Pavoniaodorata</i>

1. All contents were taken in equal quantity, *Kwatha* was prepared as per classics.

2. Dose – 40 ml B.D.

3. *Anupan – Madhu*.

4. Duration – 12 weeks.

5. Diet – Regular diet was advised.

6. Follow up – Weekly

OBSERVATIONS AND RESULTS

Out of 20 patients selected in the trial maximum nine patients (45%) were having *Vishama Agni*, 12 patients(60%) were having *Pitta- Kapha Prakruti*, 9 patients (45%) were having *Madhya Koshta*. Seven patients (35%) were having Chronicity of ‘*Amlapitta*’ less than 1 yr. *Shiroshoola* was found in 91.3% of patients. Whereas *Chhardi*, *Amloudgara*, *Tiktoudgara*, *Amlotklesha*, *Tiktotklesha* and *Daha* was found in 81.25%, 78%, 83.67%, 84.31%, 87.5% and 80%, respectively.

Table 1 Effects on symptoms of 20 patients of “*Amlapitta*” By “Wilcoxon Matched Pairs Signed Rank Test”

Sr. No.	Symptom	Mean	SD	SEd	Sum of all signed ranks	No. of pairs	Z	P
1	<i>Chhardi</i>							
	BT	2.400	0.68	0.15	210	20	3.91	<0.001
	AT	0.450	0.60	0.13				
	Diff	1.950	0.60	0.13				
2	<i>Amloudgara</i>							
	BT	2.500	0.60	0.13	210	20	3.91	<0.001
	AT	0.550	0.51	0.11				
	Diff	1.950	0.60	0.13				
3	<i>Tiktoudgara</i>							
	BT	2.450	0.60	0.13	210	20	3.91	<0.001
	AT	0.400	0.59	0.13				
	Diff	2.05	0.68	0.15				

4	<i>Amlotklesha</i>							
	BT	2.5	0.60	0.13				
	AT	0.40	0.59	0.13	210	20	3.91	<0.001
	Diff	2.15	0.58	0.13				
5	<i>Tiktoklesha</i>							
	BT	2.40	0.59	0.13	210	20	3.91	<0.001
	AT	0.30	0.47	0.10				
	Diff	2.10	0.55	0.12				
6	<i>Daha</i>							
	BT	2.50	0.60	0.13	210	20	3.91	<0.001
	AT	0.50	0.60	0.13				
	Diff	2.0	0.56	0.12				
7	<i>Shiroshoola</i>							
	BT	1.15	0.74	0.16	153	17	3.62	<0.001
	AT	0.10	0.30	0.068				
	Diff	1.05	0.60	0.13				

Statistically highly significant results ($p < 0.001$) were found in all the symptoms of *Amlapitta* after completion of treatment. (Table No.1)

Table 2 Effects on Hematological investigations By “Paired t - Test”

No.	Investigation (Units)	Mean		Mean of Diff.	S.E.	T	P
		B.T.	A.T.				
1	Hb. (gm%)	11.54	11.51	0.030	0.0798	0.3758	>0.05
2	RBC (Million/mm ³)	4.19	4.23	0.040	0.0666	0.6002	>0.05
3	WBC (/mm ³)	5955	5970	15.00	82.166	0.1826	>0.05
4	ESR	18.70	18.25	0.45	0.7415	0.6069	>0.05
5	B.S.L.- F.	88.80	90.20	1.40	0.8221	1.703	>0.05
6	B.S.L. - P.P.	113.3	113.7	0.40	1.286	0.3110	>0.05
7	S.G.O.T.	26.05	25.45	0.60	0.8059	0.7445	>0.05
8	S.G.P.T.	25.00	25.65	0.65	0.9550	0.6806	>0.05
9	Sr. Bilirubin	0.80	0.78	0.02	0.0359	0.5558	>0.05
10	Blood Urea	23.30	23.30	0.00	0.5477	0.000	>0.05
11	Sr. Cratinine	0.880	0.825	0.055	0.0320	1.718	>0.05
12	B.U.N.	10.345	10.390	0.045	0.1057	0.4255	>0.05

There were statically no significant change found in any Hematological values. (Table No.2)

Table 3 Total effect of therapy in 20 patients of “*Amlapitta*”

Sr.No.	Total effect of therapy	Group A	
		No. of pts.	%
1	Cured(100% relief)	3	15
2	Marked relief (>75% relief)	14	70
3	Moderate relief (>50-75% relief)	3	15
4	Mild relief(>25-50% relief)	0	0
5	No relief(below 25%)	0	0

Out of 20 patients, 3 patients (15%) were cured completely, 14 patients (70%) were having marked relief and 3 patients (15%) were having moderate relief. .(Table No.3)

Table 4 Effect of *Vaman Karma* and Trail Drug *Guduchyadi Kwatha* on Gastroscopic changes in 20 Patient of *Amlapitta*

Sr.No	Reg.no.	Before Treatment	After Treatment
1	1800	Reflux oesophagitis	Normal study
2	763	Antral gastritis	Normal study
3	501	Antal gastritis,1 st grade esophageal reflux disease	Normal study
4	5102	Antralgastritis,lax lower oesophageal sphincter	Normal study
5	7490	Chronic gastroenteritis	Normal study
6	9247	Esophagitis,Fundal gastritis	Normal study
7	3244	Antral gastritis	Normal study
8	32307	Mild esophagitis	Normal study
9	2629	Duodenitis	Normal study
10	288	Reflux esophagitis	Normal study
11	5532	Reflux esophagitis	Normal study
12	6677	Mild antral gastritis with duodenitis	Normal study
13	10094	Grade 1 GERD	Normal study
14	16843	Lax lower esophageal sphincter	Normal study
15	9934	Pyloric erosion	Normal study
16	34680	Grade 2 esophagitis	Normal study
17	5396	Mild antral gastritis	Normal study
18	9626	Grade 2 esophagitis	Normal study
19	54371	Gastritis	Normal study
20	9631	Antral gastritis	Normal study

A gastroscopy is a procedure where a thin, flexible tube called an endoscope is used to look inside the esophagus (gullet), stomach and first part of the small intestine (duodenum). It's also sometimes referred to as an upper gastrointestinal endoscopy. Gastroscopic changes in 20 patients of *Amlapitta* shows that Ayurvedic treatment was effective in treating Mild Gastritis, Grade 2 Esophagitis, Reflux esophagitis, Duodenitis and Antral gastritis. .(Table No.4)

DISCUSSION

Amlapitta is a foremost disease at O.P.D. level by which people are commonly suffering due to changing diet habits, social structures, lifestyles, environment and mental stress and strain. The food articles which are not according to normal diet code and conduct i.e., unwholesome diet, creates gastric dyspeptic disorders. *Acharya Charaka* has not mentioned *Amlapitta* as separate disease. In pathogenesis of *Grahani roga*, the pathogenesis of *Amlapitta* also explained, *Nidanasevana* create *Mandagni* and

due to *Mandagni*, *Ajirna* is developed and it leads *Amavisha* production. This *Amavisha* mixed with *pittadi doshas* and lodas in *Amashaya* where it produces the *Amlapitta* diseases.⁷ *Dosha* involved are *Pachaka Pitta* having ‘*Amla*’ and ‘*Drava*’ *gunapradhanya* along with *Samana Vayu* and *Kledaka Kapha*. *Dushya* are *Rasa and Rakta*, *Strotasa - Rasa*, *Rakta*, *Annavaha* and *purishvaha* are involved. *Vamana* is indicating in diseases that are originated from *Amashaya*. *Acharya Kashyapa* says as the disease is developed from *Amashaya* (Stomach) where the *Kapha and Pitta* is having *Ashraya* so the wise physician should give *Vamana* (Therapeutic emetics) from the very beginning to the one who have not lost his strength and bulk. *Vamana* is considered as the best modality of treatment in *Amlapitta*. It is just like destroying the tree by cutting its roots.⁸

Table 5 Properties of ‘*Guduchyadi Kwatha*’ could be summarized as follows⁹

Sr. No.	Dravya's Name	Rasa	Vipaka	Veerya	Guna	Karma
1.	<i>Guduchi</i>	<i>Tikta, Kashaya, Katu</i>	<i>Madhur</i>	<i>Ushna</i>	<i>LaghuSnigdha</i>	<i>Tridoshashamak</i>
2.	<i>Khadira</i>	<i>Kashya, Tikta</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Laghu</i>	<i>Pitta shamaka</i>
3.	<i>Yastimadhu</i>	<i>Madhur, Tikta</i>	<i>Madhur</i>	<i>Sheeta</i>	<i>Guru</i>	<i>Vata-Pitta shamaka.</i>
4.	<i>Daruharidra</i>	<i>Katu</i>	<i>Katu</i>	<i>Ushna</i>	<i>LaghuRuksha</i>	<i>Kapha-Pitta nashaka</i>

Thus, *Guduchyadi Kwatha* helps in *Amapachana* and *Agni Deepana* also, it provides relief from all the symptoms i.e. *Chhardi*, *Utklesha*, *Hrut-Kanthadaha*, *Arochak* etc.

CONCLUSION

Amlapitta occurs due to *Agnimandya*. It is chronic in nature and difficult to cure.

Mode of Action of *Guduchyadi Kwatha*:

Bhaishajya Ratnavali, mentioned ‘*Guduchyadi Kwatha*’ as ‘*Amlapitta Chikitsa*’. It contains 4 ingredients namely *Guduchi*, *Yastimadhu*, *Khadira*, *Daruharidra* in equal proportions. Majority of drugs are of *Tikta* and *Kashaya rasa*, which are having potent *Kaphapittahar* and *Agnideepana* and *Pachana* property. *Katu Vipak* and *Ushnaveerya Guduchi* and *Daruharidra* helps in *Agnideepana* with *Aampachana*. While *Madhur Vipaka* and *Sheeta Virya* of *Khadira* and *Yastimadhu* helps in *Dahaprashamana*, *Pitta shamana* and *Pittaprasadana*. While observing overall *Gunas* of all the contents, it is found that most of the drugs having *Laghu* and *Ruksha gunas*, the effect of which is decrease in *Dravatva* of vitiated *Pitta* and *Kapha*. They also help in *Agnideepana* and *Pachana*. (Table No.5)

‘*Urdhvaga Amlapitta*’ can be correlated with Acid Peptic Disease in modern medicine. *Ayurvedic* treatment provides significant relief in symptoms of *Amlapitta* after *Vamana* followed by *Guduchyadi Kwatha* also a significant improvement was observed in Gastroscopy after treatment. *Vamanottar Guduchyadi Kwatha* reduces Gastroscopic changes markedly.

Ayurvedic treatments are safe and there is no side effect observed during the study. The study was carried out with small sample size of 20 patients, though the results of study are highly encouraging and needs more extensive work in the near future.

Conflict of Interest: Nil

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