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Assessment of efficacy of Amlapittagna Arka in Amlapitta - A **Clinical Observational Study**

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ABSTRACT

Amlapitta indicates a disease characterized by pathological changes in Pitta, one of the predominant Doshas, including Samana Vayu, Pachaka Pitta, and Kledaka Kapha. These changes lead to the aggravation of Tridosha and manifest symptoms such as Avipaka, Klama, Utklesha, Gaurava, Hritkantha Daha, Tiktamlodgara, and Aruchi, among others. Numerous Pittakara and Amapradoshaja Nidanas contribute to its onset, exacerbated by sedentary lifestyles and a lack of adherence to Dinacharya Rutucharya and proper Rasayana practices, ultimately reducing human lifespan. In this clinical research project, subjective parameters were selected to assess the efficacy of Amla Pittagna Arka, sourced from Ravana Samhita Arka Prakashana. Fifteen patients participated in the study, undergoing Kosta Shodhana by Haritakyadi Yoga for three days followed by 21 days of Amla Pittagna Arka administration. Subjective parameters were evaluated every seventh day, with data collected before and after treatment. Statistical analysis by experts revealed significant improvements, with Tikta/Amlodgara reduced by 89.74%, Hritkanta Daha by 90%, Utklesh by 90.48%, Aruchi by 61.54%, Avipaka by 80.00%, Klama by 48.28%, and Gaurava by 48.15%. The trial drug, Amla Pittagna Arka, demonstrated effectiveness particularly in Vata Pittanubandi type of Amla Pitta. Further large-scale research is necessary to validate its efficacy.

Key words: Amlapitta, Amlapittagna Arka, Avipaka, Klama, Utklesha, Gaurava, Hritkantha Daha, Tiktamlodgara, Aruchi.

INTRODUCTION

Amlapitta is being one among the very common disease affecting almost all the human beings in more or less severely due to Increased pace of life, stress as well as changes in foods and food habits have contributed to the increased incidence of Amlapitta. Amlapitta is a disorder of Annavaha Srotas (digestive system) characterized by Hritkantha Daha (burning

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chest and/or abdomen), Tikta-Amla Udgara (sour/bitter rush), Utklesha-Vami (vomiting), Avipaka (indigestion), Aruchi (anorexia), Gaurava (heaviness in body), *Shiroruka* (headache), and *Klama* (fatigue) caused by vitiation of Tridosha. When any of Dosha causes Mandagni it leads to Vidagdhajirna manifesting as Amlapitta due to work load, stress, poor eating habits, not following Dinacharya, Ratricharya, Ritucharya and Sadvritta leads to so many diseases and as well Tridosha Prakopa (Samanaa Vayu, Pachaka Pitta, Kledaka Kapha) which are capable to produce Agnimandya and manifestation. Samana Vayu helps in the proper working of digestive enzymes, assimilation etc. so, when it becomes vitiated causes indigestion and defective assimilation. In Amlapitta, Amla and Drava Guna of the Pachaka Pitta become vitiated and in Amashaya Kledaka Kapha are present which protects from the destructive action of the Pachaka Pitta. Imbalance of Pitta and Kapha leads to the formation of Ama. Ama is considered as the main root cause for the formation of all the diseases.

Amlapitta Nashak Arka is explained in Ravana Samhita of Arka Kalpana and it contains Guduchi (Tinospora cardifolia), Patola (Trichosanthes dioica) and Nimba (Azadirachta indica). Experimental procedure was done in SDM College of Ayurveda, Hassan during 2019 to assess the gastro protective activity of Amlapittagna Arka from Ravana Samhita and used Wistar strain albino rats weighing between 160 to 250g of either sex were used for the study and concluded as In Amlapittagna Arka, very significant increase in Gastric pH, non-significant increase in gastric volume & total acidity, carbohydrate and non-significant decrease in ulcer index, free acidity, protein content was observed.

In *Amlapittagna Arka* group, absence of ulcer, erosion, inflammation and presence of regeneration was observed.^[1] Considering the biochemical parameters like pH, ulcer index, protein & carbohydrate content *Arka* having anti-ulcer activity. Hence with alternative Hypothesis undertaken with title assessment of efficacy of *Amlapittagna* Arka in *Amlapitta* - A Clinical Observational study.

Amlapittagna Arka is clinically tested with the aim and objectives to review critically on aetiopathogenesis, Rogarogipareeksha and diagnosis of Amlapitta, to evaluate the efficacy of Amlapittagna Arka in the management of Amlapitta.

Subjective criteria are fixed and assessed with case proforma of 15 subjects' complete data including detailed clinical history and complete physical examination were done and data was collected.

Treatment for the *Amlapitta* as lifestyle changes, food habits correction and use of H2 receptor blocking agents and Proton Pump Inhibitors (PPI). Long term use of these antacids has shown various side effects. Hence, there is need of a medicine which will have no side effects and need of ease which will relive the *Vidagdtata* of *Ahara* and *Amlata* of *Pitta* for the same the *Amlapittagna Arka* was chosen and undertaken for the RGUHS Short term research project entitles with Assessment of efficacy of *Amlapittagna* Arka in *Amlapitta* - A clinical Observational study.

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MATERIALS AND METHODS

Type of study

Randomized Open Interventional observational study

Subject Area: Gastroenterology

Source of data

- Subjects with *Amlapitta* are selected from the OPD, IPD of SGV Ayurvedic medical college, Hospital and research Centre Bailhongal.
- Subjects are also be selected from Referral sources and special medical camps conducted for the purpose.

Pharmaceutical source

Drugs are collected from authenticated source and identified by the expert from KLE Ayurvedic Pharmacy and Dravyaguna Botanical Garden of SGV Ayurvedic Medical College Hospital and Research Centre, Bailhongal, and prepared in the RSBK department, Under the instructions of the HOD of the RSBK department of SGV Ayurvedic Medical College, Hospital and Research Centre, Bailhongal.

Method of preparation of drugs

1. Haritakyadi Yoga^[2]

 Table 1: Haritakyadi Yoga ingredients with their Rasa

 Panchakas.

S N	Ingredient s	Rasa	Guna	Virya	Vipaka	Doshagh nata
1.	Haritaki	Kashya Rasa Pradhan a Lavana Varjita Panchara satmaka	Laghu, Ruksha	Ushn a	Madhu ra	Tridoshgh na
2.	Saindhava	Lavana	Laghu, Snigdha	Sheet a		Tridoshgh na
3.	Amalki	Amla	Laghu, Ruksha	Sheet a	Madhu ra	Pittaghna Tridoshgh na

4.	Guda	Madhura Kashya	Guru, Kshara	Ushn a	Madhu ra	Vatasham aka, Kapha- Pittakara
5.	Vaca	Katu, Tikta	Laghu, Teeksha na	Ushn a	Katu	Kaphavat ahara
6.	Vidanga	Katu, Kashya	Laghu, Ruksha, Teekshn a	Ushn a	Katu	Kaphavat ahara
7.	Rajani	Tikta, Katu	Ruksha, Laghu	Ushn a	Katu	Tridoshgh na
8.	Pippali	Katu	Laghu, Teeksha na	Ushn a	Madhu ra	Kaphavat ahara
9.	Vishvabhe shaja	Katu	Laghu, Snigdha	Ushn a	Madhu ra	Kaphavat ahara

2. Amlapittagna Arka^[3]

Table 2: Amlapittagna Arka ingredients with their Rasa Panchakas.

Properties	Patola ^[4]	Nimba	Guduchi	Madhu (Anupana)
Rasa	Tikta, Katu	Tikta	Tikta, Kashaya	Madhur
Guna	Laghu, Ruksha	Laghu, Ruksha	Guru, Snigdha	Laghu, Ruksha
Virya	Ushna	Sheeta	Ushna	Sheeta
Vipak	Katu	Katu	Madhur	Kashaya
Doshaghn ata	Tridoshas hamak	Pittakaphash amak	Tridoshash amak	Kaphapittash amak

Method of preparation

Arka of wet Drugs: Wet Drugs gives about 60% drugs and it depends upon quantity of water added to it. 6 times of water is added then, it shows wet and soft drugs. And if 8 times of water are added then, it shows wet and mildly hard drug.

1. All the ingredients are taken in their wet forms, in equal quantity and crushed well.

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2. Added with the 8 times of water added i.e., 1.6 kg of each ingredient is taken and reduced to a 60% quantity and starting 20% is not collected and latter collected which we got the quantity around 8 litres of *Arka* prepared.

Properties of Amlapitagna Arka

- 1. It looks Slightly brownish in colour.
- 2. Slight odour of the Patola and Nimba is seen
- 3. It is tasteless but have gradient of drugs in it.

Method of study

Sample size

A total of 15 patients who fulfilled the inclusion criteria were selected, in a single group and administered a *Haritakyadi Yoga* for 3 days BD for *Koshta Sudhi* and later *Amlapittagna Arka* for 21 days. And they were followed up of 7 days each. After the intervention the *Samanya Lakshana* of *Amlapitta* were observed, recorded and assessed.

Diagnostic criteria

Patients presenting with the *Lakshanas* of *Amlapitta*^[5] were selected. Associated with one or multiplicity of these.

 Table 3: Diagnostic criteria with the Lakshanas of

 Amlapitta.

Tikta/Amlodgara

- (a) No Tikta/Amlodgara 0
- (b) Once in 15 to 30 days 1
- (c) Once in a Week 2
- (d) Once in 2 to 3 days -3
- (e) Every day 4

Hrit-kanthadaha

- (a) No Hrit-kanthadaha 0
- (b) Once in 15 to 30 days 1
- (c) Once in a Week 2
- (d) Once in 2 to 3 days -3

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(e) Every day – 4	Inclusion crite	ria				
Utklesh	1. Patient be	tween the age group of	18-60 years.			
(a) No Utklesh – 0	2. Patient ha	ving the chief complaint	of Amlapitta.			
(b) Once in 15 to 30 days – 1	3. Patient is	willing to participate in t	he study.			
(c) Once in a Week – 2	4. Patient is f	it for <i>Shamanaoushadi</i> .				
(d) Once in 2 to 3 days – 3	5. Diagnosed	case of Amlapitta.				
(e) Every day – 4	6. Patient is a	agreed to give informed	consent.			
Aruchi	Exclusion Crite	eria				
(a) No Aruchi – 0	1. Patients h	aving gastric ulcers and	duodenal ulcers.			
(b) Occasionally-1		aving <i>Amlapitta</i> due to nplications	drug induced or			
(c) Mild -2	3. Subjects	with other systemic	diseases like			
(d) Moderate – 3		sis, uncontrolled type				
(e) Severe – 4		rfere with the course of	treatment.			
Avipaka	Withdrawal cr					
(a) No Avipaka – 0		 Patient can get withdraw from the trial anyt with following reasons 				
(b) Occasionally-1		be having any health an	d safety issues.			
(c) Mild -2	3. Personal r		,			
(d) Moderate – 3	4. Non-comp					
(e) Severe – 4	5. Lost to fol					
Klama	6. Randomizi					
(a) No Klama – 0	Plan of the tre					
(b) Occasionally-1		<i>pitagna Arka</i> plan of tre	atmont			
(c) Mild – 2	Table 4. Amu	ontugnu Arku plan or tre				
(d) Moderate – 3	Sample size	15 Patients				
(e) Severe – 4	Drug	Amlapiitagna Arka				
Gaurav	Dose	Madhyabhukta i.e., in middle	e of food in			
(a) No Gaurav – 0		morning 12ml and in night 12 ml of honey.	2ml followed by 5			
(b) Once in 15 to 30 days – 1						
(c) Once in a Week – 2	Duration of St					
(d) Once in 2 to 3 day – 3		The total duration of the study was 21 days of active intervention and periodic observation done once in a				
(e) Every day – 4		ne intervention of drug.				

Assessment criteria

All patients were assessed once a week during the 21 days medication period. All the observations were recorded in the standard proforma and assessment was done.

Assessment of Results

Assessment of the total effect of therapy was made by analysing the data with suitable statistical tests of significance.

Statistical Analysis

- 1. Since all subjective variables are qualitative data, assessment was done by Wilcoxon sign test
- 2. All the qualitative variables are summarized using frequency and percentage.
- 3. The quantitative variables are summarized using suitable statistical parameters.

OBSERVATIONS AND RESULTS

In this study clinical trial was conducted on 15 patients of *Amlapitta* fulfilling the inclusive and exclusive criteria. The patients were randomly selected. Through subjective and objective parameters of patients were noted before the treatment and after treatment, for statistical analysis Wilcoxon matched pairs test was applied to all the parameters. The results of assessment of efficacy of *Amlapitta Nashak Arka* in *Amlapitta* are presented here.

Table 5: Demographic profile of patients

Demographic profile	No of patients	% of patients			
Age groups					
<=20yrs	5	33.33			
21-30yrs	8	53.33			
>=31yrs	2	13.33			
Mean	24.07				
SD	7.55				

Gender		
Male	2	13.33
Female	13	86.67
Diet		
Mixed	10	66.67
Vegetarian	5	33.33
Duration in years		
Mean	2.41	
SD	4.40	
Total	15	100.00

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Sex:

Out of 15 patients, 2 patients i.e., 13.33% were males, 13 patients i.e., 86.67% were females.

Religion:

In this study, majority of the patients were Hindus 15 i.e., 100%. It is due to geographical area is with more Hindu population

Occupation:

Majority of the patients 12 i.e., 80% were Students. 1 patient i.e., 6.67% of patient is Housewife. 2 patients i.e., 13.33% incidence was found in employed in service sectors.

Socio-economic status:

Out of 15 patients, 15 patients i.e. 100% were belonging to middle class.

Dietary Habits:

Out of 15 patients, 7 patients i.e., 46.67% were having *Adhyashan*, 5 patients i.e., 33.33% were having *Vishamashan* and 3 patients i.e., 20% were having *Samashan*.

Diet wise:

Out of 15 patients, 5 patients i.e., 33.33%% were having vegetarian diet and 10 patients i.e., 66.67% were having mixed diet.

Lakshana wise:

Out of 15 patients, 13 patients i.e., 86.67% were complaining about *Tikta/Amlodgar*. 15 patients i.e., 100% complaining about *Hrit-Kantha Daha*. 8 patients i.e., 53.34% were complaining about *Utklesh*. 5 patients i.e., 33.34% were having *Aruchi*. 10 i.e., 66.67% patients were having *Avipaka*. 11 patients i.e., 73.34% were having *Klama*. 12 patients i.e., 80% were having *Gaurav*.

RESULTS

Table 6: Comparison of before and after treatmenttime points by status of *Tikta/Amlodgara* by Wilcoxonmatched pairs test.

Times	Min	Max	Media n	IQR	% of change	Z- value	p- value
Befor e	1.0	4.0	3.0	2.0			
After	0.0	1.0	0.0	1.0	89.74	3.179 8	0.001 5*

*p<0.05

Among 15 patients, on the 1st day, 6 patients had severe *Tikta / Amlodgar*, 3 patients had Moderate *Tikta* / *Amlodgar*, and remaining 2 patients Mild *Tikta / Amlodgar*, 2 patients had Occasionally *Tikta / Amlodgar*, 2 patients had Absence of *Tikta / Amlodgar*

It's reduced after 21 days treatment i.e., 4 patients were at Occasionally *Tikta/Amlodgar*, and 9 patients got relief, 2 patients had Absence of *Tikta/Amlodgar*.

Table 7: Comparison of before and after treatment time points by status of *Hritkantha* by Wilcoxon matched pairs test.

Times	Min	Max	Medi an	IQR	% of change	Z- value	p- value
Befor e	2.0	4.0	4.0	1.0			
After	0.0	1.0	0.0	1.0	90.00	3.407 8	0.000 7*

*p<0.05

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Among 15 patients, on the 1st day, 8 patients had severe *Hrit-Kantha Daha*, 4 patients had Moderate *Hrit-Kantha Daha*, and 3 patients Mild *Hrit-Kantha Daha*.

It's reduced after 21 days treatment i.e., 5 patients were at occasionally *Hrit-Kantha Daha*, and 10 patients got relief.

Table 8: Comparison of before and after treatmenttime points by status of *Utklesh* by Wilcoxon matchedpairs test.

Times	Min	Max	Median	IQR	% of change	Z-value	p-value
Before	2.0	4.0	2.5	1.0			
After	0.0	1.0	0.0	0.3	90.48	2.5205	0.0117*

*p<0.05

Among 15 patients, on the 1st day, 1 patient had severe *Utklesh*, 3 patients had Moderate *Utklesh*, 4 patients Mild *Utklesh*, 7 patients had Absence of *Utklesh*.

It's reduced after 21 days treatment i.e., 2 patients were having occasionally *Hrit-Kantha Daha*, and 6 patients got relief, 7 patients had Absence of *Utklesh*.

Table 9: Comparison of before and after treatment time points by status of *Aruchi* by Wilcoxon matched pairs test.

Times	Min	Max	Media n	IQR	% of change	Z- value	p- value
Before	2.0	3.0	3.0	1.0			
After	0.0	2.0	1.0	2.0	61.54	2.022	0.043 *

*p<0.05

Among 15 patients, on the 1st day, 3 patients had Moderate *Aruchi*, 2 patients Mild *Aruchi*, 10 patients had Absence of *Utklesh*.

It's reduced after 21 days treatment i.e., 2 patients were at Mild *Aruchi*, and 1 patient Occasional *Aruchi*, 2 patients got relief, 10 patients had Absence of Utklesh.

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Table 10: Comparison of before and after treatmenttime points by status of Avipaka by Wilcoxonmatched pairs test.

Times	Min	Max	Median	IQR	% of change	Z- value	p- value
Befor e	2.0	4.0	2.0	1.0			
After	0.0	2.0	0.0	1.0	80.00	2.803 1	0.0051 *

*p<0.05

Among 15 patients, on the 1st day, 1 patient had severe *Avipaka*, 3 patients had Moderate *Avipaka*, and remaining 6 patients Mild *Avipaka*, 5 patients had Absence of *Avipaka*.

It's reduced after 21 days treatment i.e., 1 patient were at Mild *Avipaka*, and 3 patients Occasional *Avipaka*, 6 patients got relief, 5 patients had Absence of *Avipaka*.

Table 11: Comparison of before and after treatment time points by status of *Klama* by Wilcoxon matched pairs test

Times	Min	Max	Median	IQR	% of change	Z- value	p- value
Befor e	2.0	4.0	2.0	1.0			
After	1.0	3.0	1.0	0.5	48.28	2.934 1	0.0033 *

*p<0.05

Among 15 patients, on the 1st day, 2 patients had severe *Klama*, 3 patients had Moderate *Klama*, and 6 patients Mild *Avipaka*, 4 patients had Absence of *Klama*.

It's reduced after 21 days treatment i.e., 1 patient were at Moderate *Klama*, and 2 patients Mild *Klama*, 8 patients Occasional *Klama*, 4 patients had Absence of *Klama*. Table 12: Comparison of before and after treatmenttime points by status of *Gaurav* by Wilcoxon matchedpairs test.

Times	Min	Max	Media n	IQR	% of change	Z- value	p- value
Befor e	1.0	4.0	2.0	0.3			
After	0.0	2.0	1.0	0.3	48.15	2.803 1	0.0051 *

*p<0.05

Among 15 patients, on the 1st day, 1 patient had severe *Gaurav*, 2 patients had Moderate *Gaurav*, and 8 patients Mild *Gaurav*, 1 patient Occasional *Gaurav*, 3 patients had Absence of *Gaurav*.

It's reduced after 21 days treatment i.e., and 3 patients Mild *Gaurav*, 8 patients having Occasional *Gaurav*, 1 patient got relief, 3 patients had Absence of *Gaurav*.

Figure 1: Comparison of before and after treatment time points by status of all parameters.



Table 13: Overall effect in each parameter.

Parameters	% of changes from before to after treatment
Tikta/Amlodgara	89.74
Hrit-kanthadaha	90.00
Utklesh	90.48

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Aruchi	61.54
Avipaka	80.00
Klama	48.28
Gaurav	48.15

DISCUSSION

Amlapitta is a prevalent condition mostly brought on by dietary habits, psychological stress and tension connected to digestion, Charaka, and Kashyapa have unambiguously said that those who are unable to resist the need to eat, experience Grahani Dosha and Amlapitta. The Nidana Sevana gives rise to Mandagni, who in turn leads to the development of Ajirna and the production of Amavisha. The Amlapitta ailments are the result of this Amavisha mixing with Pittadi Doshas and lodes in Amashaya. These Vyadhis are not included in the Bruhatravis. Numerous Avurvedic academics have connected Amlapitta Acid peptic disorders, Numerous single and combination medications have been tested for this condition. The medications used to treat these illnesses include Tikta Rasa. Madhuravipaka, Sheetavirya, and Laghu Ruksha, which have Kapha-Pittahara actions.

The management of Amlapitta by Shamana Aushadhis employing Amlapittagna Arka was the focus of this study. The characteristics of the Medication used for Ama-pachana and Aanideepana includes Tikta Rasa, Deepana, and Pachana, which improve patient compliance. Guduchi serves as Dhatvagnivardhaka and Rasayana. Rasayana Karma causes Aashaya to receive Bala, preventing Punurudhbhava from occurring in any illness. Owing to its "Vichitrapratyarabdha" attribute, Guduchi function as Pitta, Vishashamaka, and Tridoshagna. It demonstrates Pittasaraka Karma, Deepana, and Pachana, which are beneficial for Prakruta Pitta Nirmana and enhance Pachanakriya. Haritaki diminishes Aamashayaqataamlata, Sampraptighataka. Amlapitta's primary Nimba performs the roles of Chardighna, Krimighna, Trishnahara, and Rucikara. It was categorized as Kandughnavarga by Acharya Charaka. Nimba was categorized under Araqvadhadi, Guduchyadu, and

Lakshadigana by Acharya Susrutha. Because of its Sheetavirya and Tiktakashaya Rasa, it functions as Pitta Kaphashamaka and Pitta Shamaka. Because of Tiktakashaya Rasa and Katuvipaka, there is Kaphashamaka. Patola helps to improve Pachanakriya and lessen Angimandya because of its Deepana, Pachana, and Balya gualities. The primary indications for Patolapathra are Agnimandhya and Amlapitta. In Kapha-Pittajavikaras, Patola is Sukhavirechaka and demonstrates Samshodhana Karma. Patola is Tridoshashamaka; Ushnavirya is Vatahara; Tikta Rasa is Pitta Shamaka; and Ushnavirya, Katuvipaka, and Tikta Rasa are the reasons for Kaphahara. The Arka Kalpana's generally have absence of taste odour & colour but they may have shades of own Dravyas, In case of Amlapittaana Arka there is brownish gradient present in it.

Discussion on results

In this work out of 15 patients, suffering with *Tikta/Amlodgara* got 89.74% Changes. An assessment of *Hrit-kanthadaha* got 90.00% Changes, an assessment of *Utklesh* got 90.48% Changes, an assessment of *Aruchi* got 61.54% Changes, an assessment of *Avipaka* got 80.00% Changes, an assessment of *Klama* got 48.28% Changes, an assessment of *Gaurav* got 48.15% Changes. A significant Change in the symptoms is achieved, and received a significant result.

Probable mode of action

As we concerned about *Rasa Virya Vipka* of *Dravyas* it can be understood that, *Arka* is not giving taste, colour etc. but by its *Prabhava* and phytoconstituents volatile oils, which are available in the *Arka* shown their actions on particular *Laxana* and *Samprapti Vighatana* is achieved easily with absence of taste and smell etc.

Tikta Amla Udgara Tikta Rasa, Ruksha Guna of the all three ingredients directly act on the Vidagdha Pitta and convert it into Nirama Pitta. Tikta Rasa decreases the Pitta Dravatavriddhi thereby pacifying Tikta, Amlodgara. **Hrut Kantha Daha** mainly due to Pitta Vriddhi and Urdwha Gati of Vata Dosha. The properties of Arka controls Daha due to its Sheetavirya and as Nimba is reported with anti-peptic, analgesic because

of the chemical formed in the Arka that is pentobarbitone and anti-inflammatory properties which are very much beneficial in this condition. Utklesha is a specific Avastha of Doshas. In this Avastha Dosha get aggravated in its own Sthana and they can mobilize. In Utklesha, Pachaka Pitta and Kledaka Kapha Doshas, Drava and Sandra Guna increase and also the Chalaguna of Vata Dosha. Due to the Rukshaguna and Kashaya Rasa it reduces Dravata of Pitta and Sandra Guna of Kapha. Thus reduces Utklesha. Amlapittanashaka Arka showed improvement. Ama and Kledaka Kapha aggravation lead to Aruchi, Ushna Veerya of Patola and Guduchi and Katu Vipaka of Patola and Nimba does Deepana, Pachan of Ama and Kledaka Kapha. Vidagdha Pitta and Ama formation leads to Avipaka, Amlapittanashaka Arka have Deepana, Pachana properties due to Ushna Veerya of Patola Guduchi and Katu Vipaka of Nimba and Patola the Prabhav of Tiktarasa of the drugs are useful to reduce Agnimandyatwa, and helps in Prakruta Pitta Nirmana and it improves Pachanakriya. Thus improves the digestion. Formation of Ama and Kledaka Kapha Dushti leads to Gourava, the Ushna Veerya of Patola and Guduchi and Katu Vipaka of Patola and Nimba does Deepana and Pachana and leads to Ama Pachan, the Laghu-Ruksha Guna of Patola and Nimba reduces the Gouravata. Klama is due to Amadosha and Rasa Dhatu Dusti. Pitta Dosha responsible for Mandagni in Amlapitta, thus the Ushna Veerya of Patola and Guduchi, Katu Vipaka of Patola and Nimba does the Deepana and Pachana hence reducing the Ama Dosha, also the Ruksha and Laghu Guna decreases the Klama

CONCLUSION

The Amlapitta is a psychosomatic disorder caused due to bad food habits and sedentary lifestyle, low socioeconomic status etc. plays an important role in causation of disease. Agnimandya and Ama are the two main pathological factors for the pathogenesis of Amlapitta. Amlapittagna Arka were administered after the Kosta Shodhana by Haritakyadi Yoga for three days. Trial medicine was given with Madhu as Sahapana 5ml and Amlapittagna Arka was given 12ml for three times per day in middle of the food

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(*Madhyabukta*) and assessed the gradings on every 7th day and data was collected before treatment and after treatment. Statistical analysis observed that subjective criteria are well managed by the trial drug like *Tikta/Amlodgara* has reduced 89.74%, *Hritkanta Daha* 90%, *Utklesh* 90.48%, *Aruchi* 61.54%, *Avipaka* 80.00%, *Klama* 48.28% and *Gaurava* 48.15%. It is observed that the trial drug *Amlapittagna Arka* is very effective in *Vatapittanubandi* type of *Amlapittagna Arka* in large scale research work.

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Roxb.) leaves collected from field & market. (researchgate.net) 11. https://www.researchgate.net/publication/369356544 _A_Review_on_Arka_Kalpana	How to cite this article: Shubham Ra Kudarimath. Assessment of efficat Arka in Amlapitta - A Clinical Obs Ayurveda Integr Med Sci 2024;3:30- http://dx.doi.org/10.21760/jaims.9. Source of Support: Financial Su Research Wing, Rajiv Gandhi Un Sciences, Karnataka, Bengaluru. Conflict of Interest: None declared.	cy of Amlapittagna servational Study. J 39. 3.5 pport by Advance

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