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Maharshi Charaka Ayurveda
Assessment of efficacy of Amlapittagna Arka in Amlapitta - A Clinical Observational Study

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A B S T R A C T

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, Tikta/Amlodgara, 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, Tikta/Amlodgara, Aruchi.

INTRODUCTION

Amlapitta is 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 chest and/or abdomen), Tikta-Amla Udgar (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 Anamashaya 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 cordifolia), 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 Vidagdhta 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.

**MATERIALS AND METHODS**

**Type of study**
Randomized Open Interventional observational study

**Subject Area:** Gastroenterology

**Source of data**
1. Subjects with Amlapitta are selected from the OPD, IPD of SGV Ayurvedic medical college, Hospital and research Centre Bailhongal.
2. 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. **Haritkadya Yoga**[2]

<table>
<thead>
<tr>
<th>S N</th>
<th>Ingredient(s)</th>
<th>Rasa</th>
<th>Guna</th>
<th>Virya</th>
<th>Vipaka</th>
<th>Doshaghna</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Haritaki</td>
<td>Kashya Rasa Pradhan a Lavana Varjita Panchara satmaka</td>
<td>Laghu, Ruksa</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Tridoshghna</td>
</tr>
<tr>
<td>2.</td>
<td>Saindhava</td>
<td>Lavana Laghu, Snigdha</td>
<td></td>
<td></td>
<td></td>
<td>Tridoshghna</td>
</tr>
<tr>
<td>3.</td>
<td>Amlaki</td>
<td>Amla Laghu, Ruksa</td>
<td></td>
<td></td>
<td></td>
<td>Tridoshghna</td>
</tr>
</tbody>
</table>

**Table 1: Haritkadya Yoga ingredients with their Rasa Panchakas.**
2. Amlapittagna Arka[3]

Table 2: Amlapittagna Arka ingredients with their Rasa Panchakas.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Rasa</td>
<td>Tikta, Katu</td>
<td>Tikta</td>
<td>Tikta, Kashaya</td>
<td>Madhur</td>
</tr>
<tr>
<td>Guna</td>
<td>Laghu, Ruksha</td>
<td>Laghu, Ruksha</td>
<td>Guru, Snigdha</td>
<td>Laghu, Ruksha</td>
</tr>
<tr>
<td>Virya</td>
<td>Ushna</td>
<td>Sheeta</td>
<td>Ushna</td>
<td>Sheeta</td>
</tr>
<tr>
<td>Vipak</td>
<td>Katu</td>
<td>Katu</td>
<td>Madhur</td>
<td>Kashaya</td>
</tr>
<tr>
<td>Doshaghnata</td>
<td>Tridoshashamak</td>
<td>Pittakaphashamak</td>
<td>Tridoshashamak</td>
<td>Kaphapittoshamak</td>
</tr>
</tbody>
</table>

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.

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 Amlapittagna 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 Haritakyaadi 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
Inclusion criteria
1. Patient between the age group of 18-60 years.
2. Patient having the chief complaint of Amlapitta.
3. Patient is willing to participate in the study.
4. Patient is fit for Shamanaoushadi.
5. Diagnosed case of Amlapitta.
6. Patient is agreed to give informed consent.

Exclusion Criteria
1. Patients having gastric ulcers and duodenal ulcers.
2. Patients having Amlapitta due to drug induced or by any complications
3. Subjects with other systemic diseases like tuberculosis, uncontrolled type 1 diabetes and which interfere with the course of treatment.

Withdrawal criteria
1. Patient can get withdraw from the trial anytime with following reasons
2. Case may be having any health and safety issues,
3. Personal reasons
4. Non-compliance,
5. Lost to follow up
6. Randomization error

Plan of the treatment
Table 4: Amlapitagna Arka plan of treatment

<table>
<thead>
<tr>
<th>Sample size</th>
<th>15 Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug</td>
<td>Amlapitagna Arka</td>
</tr>
<tr>
<td>Dose</td>
<td>Madhyabhukta i.e., in middle of food in morning 12ml and in night 12ml followed by 5 ml of honey.</td>
</tr>
</tbody>
</table>

Duration of Study
The total duration of the study was 21 days of active intervention and periodic observation done once in a week during the 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 Amlapittagna Arka in Amlapitta are presented here.

Table 5: Demographic profile of patients

<table>
<thead>
<tr>
<th>Demographic profile</th>
<th>No of patients</th>
<th>% of patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;=20yrs</td>
<td>5</td>
<td>33.33</td>
</tr>
<tr>
<td>21-30yrs</td>
<td>8</td>
<td>53.33</td>
</tr>
<tr>
<td>&gt;=31yrs</td>
<td>2</td>
<td>13.33</td>
</tr>
<tr>
<td>Mean</td>
<td>24.07</td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>7.55</td>
<td></td>
</tr>
</tbody>
</table>

Gender

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>2</td>
</tr>
<tr>
<td>Female</td>
<td>13</td>
</tr>
</tbody>
</table>

Diet

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mixed</td>
<td>10</td>
</tr>
<tr>
<td>Vegetarian</td>
<td>5</td>
</tr>
</tbody>
</table>

Duration in years

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>2.41</td>
</tr>
<tr>
<td>SD</td>
<td>4.40</td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>

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 Gaurav.

RESULTS

Table 6: Comparison of before and after treatment time points by status of Tikta/Amlodgar by Wilcoxon matched pairs test.

<table>
<thead>
<tr>
<th>Times</th>
<th>Min</th>
<th>Max</th>
<th>Median</th>
<th>IQR</th>
<th>% of change</th>
<th>Z-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>1.0</td>
<td>4.0</td>
<td>3.0</td>
<td>2.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After</td>
<td>0.0</td>
<td>1.0</td>
<td>0.0</td>
<td>1.0</td>
<td>89.74</td>
<td>3.179</td>
<td>0.001</td>
</tr>
</tbody>
</table>

*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.

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

<table>
<thead>
<tr>
<th>Times</th>
<th>Min</th>
<th>Max</th>
<th>Median</th>
<th>IQR</th>
<th>% of change</th>
<th>Z-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>2.0</td>
<td>4.0</td>
<td>4.0</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After</td>
<td>0.0</td>
<td>1.0</td>
<td>0.0</td>
<td>1.0</td>
<td>90.00</td>
<td>3.407</td>
<td>0.000</td>
</tr>
</tbody>
</table>

*p<0.05
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 treatment time points by status of Utklesh by Wilcoxon matched pairs test.

<table>
<thead>
<tr>
<th>Times</th>
<th>Min</th>
<th>Max</th>
<th>Median</th>
<th>IQR</th>
<th>% of change</th>
<th>Z-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>2.0</td>
<td>4.0</td>
<td>2.5</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After</td>
<td>0.0</td>
<td>1.0</td>
<td>0.0</td>
<td>0.3</td>
<td>90.48</td>
<td>2.5205</td>
<td>0.0117</td>
</tr>
</tbody>
</table>

*p<0.05
Among 15 patients, on the 1st day, 4 patients 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.

<table>
<thead>
<tr>
<th>Times</th>
<th>Min</th>
<th>Max</th>
<th>Median</th>
<th>IQR</th>
<th>% of change</th>
<th>Z-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>2.0</td>
<td>3.0</td>
<td>3.0</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After</td>
<td>0.0</td>
<td>2.0</td>
<td>1.0</td>
<td>2.0</td>
<td>61.54</td>
<td>2.022</td>
<td>0.043</td>
</tr>
</tbody>
</table>

*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.
Table 10: Comparison of before and after treatment time points by status of \textit{Avipaka} by Wilcoxon matched pairs test.

<table>
<thead>
<tr>
<th>Times</th>
<th>Min</th>
<th>Max</th>
<th>Median</th>
<th>IQR</th>
<th>% of change</th>
<th>Z-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>2.0</td>
<td>4.0</td>
<td>2.0</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After</td>
<td>0.0</td>
<td>2.0</td>
<td>0.0</td>
<td>1.0</td>
<td>80.00</td>
<td>2.803</td>
<td>0.0051</td>
</tr>
</tbody>
</table>

*p<0.05

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

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

Table 11: Comparison of before and after treatment time points by status of \textit{Klama} by Wilcoxon matched pairs test.

<table>
<thead>
<tr>
<th>Times</th>
<th>Min</th>
<th>Max</th>
<th>Median</th>
<th>IQR</th>
<th>% of change</th>
<th>Z-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>2.0</td>
<td>4.0</td>
<td>2.0</td>
<td>1.0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After</td>
<td>1.0</td>
<td>3.0</td>
<td>1.0</td>
<td>0.5</td>
<td>48.28</td>
<td>2.934</td>
<td>0.0033</td>
</tr>
</tbody>
</table>

*p<0.05

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

It’s reduced after 21 days treatment i.e., 1 patient were at Moderate \textit{Klama}, and 2 patients Mild \textit{Klama}, 8 patients Occasional \textit{Klama}, 4 patients had Absence of \textit{Klama}.

Table 12: Comparison of before and after treatment time points by status of \textit{Gaurav} by Wilcoxon matched pairs test.

<table>
<thead>
<tr>
<th>Times</th>
<th>Min</th>
<th>Max</th>
<th>Median</th>
<th>IQR</th>
<th>% of change</th>
<th>Z-value</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before</td>
<td>1.0</td>
<td>4.0</td>
<td>2.0</td>
<td>0.3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>After</td>
<td>0.0</td>
<td>2.0</td>
<td>1.0</td>
<td>0.3</td>
<td>48.15</td>
<td>2.803</td>
<td>0.0051</td>
</tr>
</tbody>
</table>

*p<0.05

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

It’s reduced after 21 days treatment i.e., and 3 patients Mild \textit{Gaurav}, 8 patients having Occasional \textit{Gaurav}, 1 patient got relief, 3 patients had Absence of \textit{Gaurav}.

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

**ORIGINAL ARTICLE**

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**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 Grahan 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 Pitta Doshas and lodes in Amashaya. These Vyadhish are not included in the Bruhatrayis. Numerous Ayurvedic 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 Shama Aushadhis employing Amlapittagna Arka was the focus of this study. The characteristics of the Medication used for Ama-pachana and Agnideepana includes Tikta Rasa, Deepana, and Pachana, which improve patient compliance. **Guduchi** serves as Dhatvagnivardhaka and Rasayana. Rasayana Karma causes Aashaya to receive Bala, preventing Punurudbhava from occurring in any illness. Owing to its "Vichitrapratyaradha" attribute, Guduchi function as Pitta, Vishashamaka, and Tridoshagna. It demonstrates Pittasaraaka Karma, Deepana, and Pachana, which are beneficial for Prakruti Pitta Nirmana and enhance Pachanakriya. Haritaki diminishes Aamashayagataamliata, Amlapitta’s primary Sampraptihataka. **Nimba** performs the roles of Chardighna, Krimighna, Trishnahara, and Rucikara. It was categorized as Kandughnatarga by Acharya Charaka. Nimba was categorized under Aragyadhadi, Guduchyadu, and Lakshadigana by Acharya Susrutha. Because of its Sheetavirya and Tiktakshayaya Rasa, it functions as Pitta Kapashamaka and Pitta Shamaka. Because of Tiktakshayaya Rasa and Katuvipaka, there is Kapashamaka. **Patola** helps to improve Pachanakriya and lessen Angimandya because of its Deepana, Pachana, and Balya qualities. The primary indications for Patolapathra are Agnimandha 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 Amlapittagna 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-kanthadhaha 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 Proobhava 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 Dravatavriddi 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

| Aruchi | 61.54 |
| Avipaka | 80.00 |
| Klama | 48.28 |
| Gaurav | 48.15 |
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 Došha 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 Došha. Due to the Rakshaguna 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 Prakruti 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 Amadasha 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 Dosh, 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. Agnimandyu 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 (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 Tikto/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 Amlapitta and it is necessary to observe the action of Amlapittagna Arka in large scale research work.

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