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# To assess the importance of *Nidana Parivarjan* in the treatment of *Urdhvag Amlapitta* with *Guduchi Satva*

Vd. Parag Vishwas Kulkarni<sup>1</sup>, Vd. Mangesh Jagannath Thamake<sup>2</sup>

<sup>1</sup>Assistant Professor, Dept. of Rognidan Avum Vikriti Vigyan, <sup>2</sup>Associate Professor, Dept. of Samhita and Siddhant, Dr. Deepak Patil Ayurvedic Medical College and Research Centre, Panhala, Kolhapur, Maharashtra, INDIA.

## ABSTRACT

*Amlapitta* is one of the leading clinical conditions in today's speedy lifestyle. Present study focuses on this burning issue and its causes mentioned in Ayurvedic texts and actual causes observed in day to day life. Importance and benefits of *Nidanparivarjan* over only symptomatic treatment was assessed during this study. *Amlapitta* cases were diagnosed according to Ayurvedic texts and classified into two groups. One group was administered with only treatment and the other group was advised *Nidanparivarjan* along with the treatment. At the end of the study, it was found that the group with *Nidanparivarjan* was more benefited as compared to only treatment group. This clearly states that Ayurvedic method of finding the particular *Hetu* of the disease and practice of avoiding those *Hetu*; i.e. *Nidanparivarjan* leads to better results and complete eradication and prevention of the disease; thus serving the main principle of Ayurved science - Prevention is better than Cure.

**Key words:** *Urdhvaga Amlapitta, Nidanparivarjan, Importance, Treatment.*

## INTRODUCTION

The main aim of Ayurveda is to maintain the health of the healthy person and to cure the illness of the diseased person. It is capable of dealing with problems related with modern life-style.

Present study uncovers one of such burning problems i.e. '*Urdhvag Amlapitta*'. When a casual survey is taken, it is observed that about 60-70% of the patients visiting to OPD's are suffering from this disorder with various intensities, which ultimately disturbs the health and happiness of the individuals.

### Address for correspondence:

Vd. Parag Vishwas Kulkarni

Assistant Professor, Dept. of Rognidan Avum Vikriti Vigyan,  
Dr. Deepak Patil Ayurvedic Medical College and Research Centre,  
Panhala, Kolhapur, Maharashtra, INDIA.

E-mail: vdmangesh@gmail.com

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This work is mainly concentrated on certain prominent '*Hetu*' which are described in our Ayurvedic texts under various categories like *Aaharaja Hetu, Viharaja Hetu, Manasika Hetu* etc. Moreover now a days people do not follow the rules like '*Dincharya*' and '*Rutucharya*'. All these things disturb the balance of '*Tridosha*'.

All the above factors disturb the '*Pitta*' *Dosha*. In *Amlapitta* there is mainly vitiation of *Pitta Dosha*. Normally *Pitta* has *Katu Rasa* but when *Katu Rasa* is converted into *Amla Rasa*, it is called vitiation of *Pitta Dosha*. Vitiating *Pitta* creates several diseases, *Amlapitta* is one of them.

*Sushruta* has given importance to *Nidana Parivarjan*. While explaining he defines *Nidana Parivarjan* as to leave or to avoid the causative factors. *Sushruta* further said that *Nidana Parivarjan* should be the first line action against disease.

It includes all type of *Hetu*, i.e. *Dosha Karakhetu* and *Roga Karakhetu*, all types of *Hetu* which can be avoided are considered for *Nidana Parivarjan*.

According to *Charaka* although treatment in the form of medicine is mentioned, *Nidana Parivarjan* with that

medicine is beneficial for getting total relief i.e. *Apunarbhav Chikitsa*. *Nidana Parivarjan* destroys disease from its root; hence chances of recurrence are less.

*Sanshodhana, Shaman* etc. *Kriya* are of no use if *Nidana Parivarjan* is not achieved. Hence *Nidana Parivarjan* has given place, prior to *Sanshodhan and Shamana*.

In other words, if *Nidana Parivarjan* is achieved; then probability of getting disease is much more less than other.

In addition *Nidana Parivarjan* gives a breakthrough in *Samprapti*. If there will be no *Samprapti Vighatan*, then that disease will not be cured totally.

Hence, an attempt is made to understand these *Hetu & Nidana Parivarjan* of *Urdhvag Amlapitta*.

## AIMS AND OBJECTIVES

1. To study the '*Hetu*' of *Urdhvaga Amlapitta* described in Ayurvedic classics.
2. To assess the importance of *Nidana Parivarjan* with administration of *Guduchi Satva*.

## MATERIALS AND METHODS

### Materials

#### Selection of Patients

Patients suffering from signs and symptoms of *Urdhvaga Amlapitta* were selected. Selection of patients is done randomly as per rules of statistics.

#### Sampling

Total 100 patients within the age group 20yrs - 50yrs were selected, according to simple random sampling procedure. Those were allotted into two groups:

- Group A (Trial Group) - 50 Patients.
- Group B (Control Group) - 50 Patients.

#### Selection & Preparation of drug

*Guduchi (Tinospora cordifolia)* was selected as the drug for the study. *Satva Kalpana* of *Guduchi* was selected for administration to the patients.

## Methods

### Plan of work for Clinical Study

1. Diagnostic phase
2. Interventional phase
3. Assessment phase

#### 1. Diagnostic phase

- A standard case paper was prepared with routine clinical data like *Vartaman Lakshanani, Samanya Parikshan, Srotas Parikshan, Nidana Panchak* etc.
- The patients were diagnosed on the basis of signs and symptoms of '*Urdhvag Amlapitta*'.
- Patients suffering from signs and symptoms of *Urdhvag Amlapitta* for more than 7 days & within the age group of 20 yrs to 50 yrs were selected for the study.
- Criteria adopted for present study were as under;

#### A. Symptoms

- |                            |                              |
|----------------------------|------------------------------|
| 1. <i>Vanti</i>            | 2. <i>Shiroruja</i>          |
| 3. <i>Kara-charan Daha</i> | 4. <i>Sarvang Daha</i>       |
| 5. <i>Hrid-kantha Daha</i> | 6. <i>Tikta - Amla Udgar</i> |
| 7. <i>Kandu</i>            | 8. <i>Aruchi</i>             |

#### B. Signs

1. *Jvara*
2. *Mandala*
3. *Pidaka*

#### Aim 1:

To study the '*Hetu*' of *Urdhvag Amlapitta* described in Ayurvedic classics.

For assessment of *Aaharaj, Viharaj, Manasik hetu* and those factors observed in modern life style, a suitable questionnaire in local language was provided to the diagnosed patients. Data was obtained with the help of the questionnaire like percentage of each particular *Hetu Sevan* in all 100 patients, consumption of *hetu* in various gradations, role of these *hetu* in *Anshansh Samprapti* of the disease based on signs & symptoms

observed. The grading and scoring for *Hetu-sevan* was purely done on the basis of subjective information provided by the patients.

## 2. Interventional Phase

### Aim 2:

To assess the importance of *Nidana Parivarjan* with administration of *Guduchi Satva*.

After diagnosis of the patients, the study was intervened by the *Nidana-Parivarjan* therapy and administration of *Guduchi Satva*.

<b>Group A (Trial group)</b>	<i>Nidana Parivarjan + Guduchi Satva.</i>
<b>Group B (Control group)</b>	<i>Guduchi Satva only</i>

### Intervention

#### Group A : Trial group

Drug : *Guduchi Satva + Nidana Parivarjan*

Dose : 125 mg BD

*Anupana* : *Sukhoshna Jala*

Duration : 30 days

Follow up : once/7 days

#### Group B : Control group

Drug : *Guduchi Satva only* (Specific *Nidana Parivarjan* was not advised.)

Dose : 125 mg BD

*Anupana* : *Sukhoshna Jala*

Duration : 30 days

Follow up : once/7 days

### *Nidana Parivarjan* Phase

*Sushruta* has given importance to *Nidana Parivarjan*. While explaining he defines *Nidana Parivarjan* as to leave or to avoid the causative factors. *Sushruta* further said that *Nidana Parivarjan* should be the first line of action against the disease.

According to *Charaka*, though the treatment in the form of medicine is mentioned, *Nidana Parivarjan*

with that medicine is beneficial for getting total relief i.e. *Apunarbhav Chikitsa*. *Nidana Parivarjan* destroys disease from its root; hence chances of recurrence are less. *Sanshodhana*, *Shaman* etc. *Kriya* are of no use if *Nidana Parivarjan* is not achieved. Hence *Nidana Parivarjan* has given place, prior to *Sanshodhan* and *Shamana*.

In other words, if *Nidana Parivarjan* is achieved; then probability of getting disease is much more less than other.

In addition *Nidana Parivarjan* gives a breakthrough in *Samprapti*. If there will be no *Samprapti Vighatan*, then that disease will not be cured totally.

Hence, *Nidana Parivarjan* was advised to the patients of Group A - Trial group. Patients were requested to try their level best to avoid the *Hetu*; those they were consuming. If not possible completely; they were asked to reduce the frequency of *Hetu Sevana*.

## 3. Assessment phase

The effects of '*Nidana-Parivarjan*' and '*Guduchi Satva*' were assessed in regards to the clinical signs and symptoms on the basis of grading and scoring systems and overall improvement; based on subjective information provided by the patients.

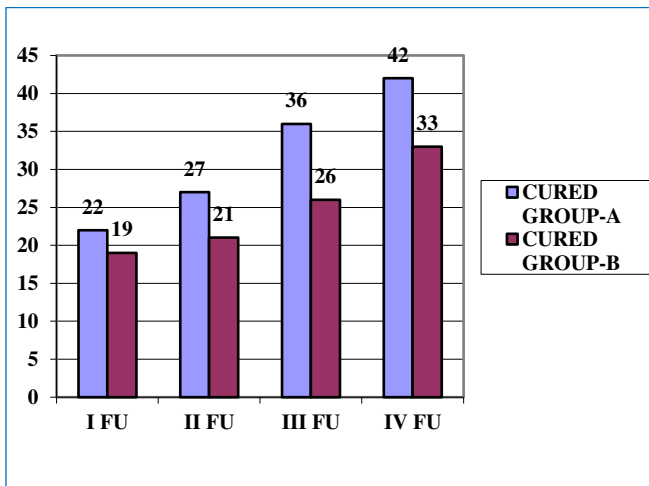
### Grading and scoring

- For symptoms - Subjective parameters were considered.
- For signs - Appropriate clinical parameters were considered.

## OBSERVATIONS AND RESULTS

Overall relief in clinical features of *Urdhvac Amlapitta*

Follow-Up Day	GROUP	CURED	UNCURED	$\chi^2$ Value at 0.05 L. Of S., D.F.-1	$\chi^2$ value in table	Inference P
7 <sup>th</sup> day I FU	A	22	28	0.3720	3.84	Insignificant p>0.05
	B	19	31			
14 <sup>th</sup> day II FU	A	27	23	1.4423	3.84	Insignificant p>0.05
	B	21	29			
21 <sup>st</sup> day III FU	A	36	14	4.2444	3.84	Significant P<0.05
	B	26	24			
28 <sup>th</sup> day IV FU	A	42	08	4.320	3.84	Significant P<0.05
	B	33	17			



## DISCUSSION

Present study uncovers one of such burning problems i.e. '*Urdhvag Amlapitta*'. This work is mainly concentrated on certain prominent '*Hetu*' which are described in our Ayurvedic texts under various categories like *Aaharaj Hetu*, *Viharaj Hetu*, *Manasik Hetu* etc. Moreover now-a-days people do not follow the rules like '*Dincharya*' and '*Ritucharya*'. All these things disturb the balance of '*Tridosha*'. It will be helpful for us to avoid such kind of *Hetu* (i.e. *Nidana-Parivarjan*) and remain safe, unaffected from such a serious problem. Hence, an attempt is made to understand these *Hetu* & *Nidana Parivarjan* of *Urdhvag Amlapitta* in this paper titled - "To assess the importance of *nidan Parivarjan* in the treatment of *Urdhvag Amlapitta* with *Guduchi Satva*."

### Role of *Nidana Parivarjan* in *Samprapti Vighatan*

If these specific *Hetu* causing Specific *Guna Vriddhi* of *Pitta Dosha* are avoided or their intake is reduced; then ultimately vitiation or Aggravation of *Pitta Dosha* by that particular *Guna* will not take place. This will lead to break the *Samprapti* & further disease will not be formed. Hence, *Nidana Parivarjan* is important to prevent the disease from its initial and preliminary stage. "Prevention Is Better Than Cure!"

## CONCLUSION

*Urdhvag Amlapitta* is such a leading problem in today's life that large numbers of patients visiting to OPDs were complaining about this disease. Prevalence of the disease was more in *Pitta-Kapha*

*Prakruti* individuals. If occupation is concerned, Servicemen or Working Class people were slightly more involved than others. As far as *Hetu Sevana* is concerned; various *Hetu* were observed in various concentrations in the disease *Samprapti*. Among those few examples are as follows: *Hetu* like *Adhyashan*, *Pishtanna*, *Atyushna*, *Ratrijagaran* were observed in the study; they were consumed in "Alpasevan" concentration. *Hetu* like *Atisnigdha*, *Atidrava*, *Pruthuk*, *Antarodaka* were more observed in "Madhyamsevan" concentration. *Hetu* like *Guru-Abhishyandi*, *Fanit-Ikshu Vikar* were more observed in "Atisevan" concentration. Some new *Hetu* were found other than Ayurvedic texts like *Ratrijagaran*, Addictions, Medicinal intake and those can be co-related with respective category of Ayurvedic *Hetu*. Positive effects of *Nidana Parivarjan* were clearly observed in the interventional phase of the study. Both groups 'A' & 'B' were going on the same lines in first Two follow-up in about all sign-symptoms. But in Third & Fourth follow-up the 'Trial group A' showed significant progress in disease relief. *Nidana Parivarjan* will not give significant results in early stages but it is very effective if practiced with patience & high degree of motivation for a long time. This relief will be permanent & long lasting. *Nidana Parivarjan* reduces sign-symptoms; retrospectively we can confirm all those *Nidanas (Hetu)* described in our Ayurvedic classics. Thus, the concept like *Nidana Parivarjan*, once again establishes the image of Ayurveda as 'Curative' as well as a 'Preventive Medicine'.

## REFERENCES

1. Charaka Samhita: Kashinath Shashtri, Gorakh Nath Chaturvedi, Choukhambha Bharati Academy, Varanasi, 1998.
2. Sushruta Samhita: Ambikadatta Shashtri, 12<sup>th</sup> edition, Choukhambha Sanskrit Pratishthan, Varanasi, 2001.
3. Astanga Hridayam: Dr. Bramhanand Tripathi, Choukhambha Sanskrit Pratishthan, Varanasi, 2003.
4. Astanga Sangrah: Lal Chandra Shastri, 1<sup>st</sup> edition, Shri Baidyanath Ayurved Bhavan Limited, Nagpur, 1959.

5. Madhava Nidanam: Vaidya Sudarshan Shastri, 28<sup>th</sup> edition, Choukhambha Sanskrit Pratisthan, Varanasi, 1999.
6. Bhavaprakash Nighantu: Dr. K. C. Chunekar, Choukhambha Bharati Academy, Varanasi, 2002.
7. Sharangdhar Samhita: K. R. Shrikant Murthy, 3<sup>rd</sup> edition, Choukhambha Orientalis, Varanasi, 1997.
8. Yogaratnakar: Nirmal Saxena, 1<sup>st</sup> edition, Choukhambha Orientalis, Varanasi, 1995.
9. kashyap samhita of vridha jivaka tantra, vidyadini tika,- Pandit hemraj sharma, 8<sup>th</sup> edition, Choukhamba Sanskrit snasthan varanasi, 2001.
10. Differential Diagnosis: Dr. G. P. Upadhyay, Arpit Prakashan, Nagpur, 2002.
11. Kaya Chikitsa: Dr. Ram Harsha Singh, Choukhambha Sanskrit Pratisthan, Varanasi, 2004.
12. Ayurvediya Vikruti Vidnyan: Dr Vidyadhar Shukla, 5<sup>th</sup> edition, Choukhambha Sanskrit Pratisthan, Varanasi, 1999.
13. Harrison's Principles of Internal Medicine: 15<sup>th</sup> edition, Mc Grew Hill Company, Columbus, 2001.
14. Davidson's Principles and Practice of Medicine: 18<sup>th</sup> edition, Harcourt Publishers Limited, U. K., 1999.
15. Understanding Human Anatomy & Physiology, Fifth Edition, © The McGraw –Hill Companies.
16. Text book of Pathology: Harsha Mohan, 3<sup>rd</sup> edition, Jaypee Brothers Medical Publishers (P) Limited, Noida, 1998.
17. Methods in Biostatistics: B. K. Mahajan, 16<sup>th</sup> edition, Jaypee Brothers Medical Publishers (P) Limited, Noida, 2004.
18. www.healthinplainenglish.com

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