

## “Prospective Interventional Study of Avipattikar Churna in relation with AMLAPITTA vyadhi”

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**Abstract:** As incidence of the AMLAPITTA vyadhi (Hyperacidity) is increasing day by day due to the disturbed, stressful life style, Its incidence is very high and complications are also increasing we found that Avipattikar churna (powder form) used in this disease was safe, economical and easy to use with good efficacy. Therefore present study was planned to evaluate the efficacy of Avipattikar Churna on AMLAPITTA vyadhi. 30 patients were selected suffering from the AMLAPITTA vyadhi and interventional study was carried out by using the Avipattikar Churna. Churna was standardized before use. Treatment was given for the 21 days with weekly follow up in the OPD. There after results were evaluated for the efficacy of the Avipattikar Churna. The results have shown that Avipattikar Churna has relived the symptoms of Mandagni (low digestion power), Amlaudgar (Sour eructations), Hrudkanthadaha (Burning in throat and chest)

**Keywords:** Avipattikar Churna, AMLAPITTA, Mandagni, Amlaudgar Hrudkanthadaha.

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### I. Introduction

Today India is developing rapidly like the other western countries. This rapidly changing environment of India is continuously changing the human life style. The human being every minute is suffering from physical & mental stress. Lifestyle, food habits have been drastically changed. Craze for fast foods, which is deficit of nutrients, irregular meals, work in shift duties, irregular sleep, long distance travelling etc., imposes health negligence. Today is the age of cell phones, tablet, and skype communications, cloud computing etc. but on the other hand we cannot forget the poverty, percentage of people in India below poverty line is increasing day by day People cannot think in terms of shelter as well as they cannot afford even a single meal daily. All these factors lead to various diseases.

It is known that our ancestors lived happily for more than 100 years or even more than that by following the principles of Ayurveda. People were attracted to the Holiness simplicity and authenticity of this science of healthy life. The aim of Ayurveda is SWASTHATHUR PARAYAN as seen earlier [1], it aims not only the radical removal of causative factor the disease but also restoration of the DOSHIC Equilibrium. Ayurveda has described in detailed, both preventive as well as curative measures. The preventive measures are described in form of Rutucharya (seasonal behavior), Dincharya (daily behavior), Sadachar (ideal behavior) Vegadharan (Inhibiting natural urges), and Udiran. [2]

The preventive measures described above have practical utility and rationality. These preventive measures play important role in your health building and carries grave significance.

According to Ayurveda, disease is caused when there is vitiation of AGNI, DOSH, DHATU, MAL, and MANA. [3]. When the equilibrium of these factors is disturbed it is called as VIKAR. When equilibrium is restored is called as SWASTHA. To maintain this condition of absolute metaphysical fitness Ayurveda, has described preventive measures which are there in nature through various directions like AHAR, VIHAR and ACHAR. [4]

According to the factor Agni carries great importance. Agni plays powerful role in physiological functioning of body. Jatharagni plays the major role and the Bhutagnis and Dhatvagnis are dependent upon it. Any alteration in the factor of Agni causes ROGA. Mandagni is the main root cause of all diseases [5]

Mandagni leads to Ajeerna. Ajeerna if neglected gives rise to viscous cycle called as AMLAPITTA. AMLAPITTA vyadhi is a very common problem in socioeconomically developed as well as undeveloped countries. Though the intensity of this disease is not very high but its volume is very large. According to Ashtanga hrudaya, pitta dosha is described as: katu, amla rasatmak, tikshana, ushana, lahgu, visra, drava etc. [6]

When the Amla and Drava gun of Pitta dosha becomes exaggerated there is a sour blenching and this condition is regarded to be pathological condition termed as AMLAPITTA. Types of AMLAPITTA are: Urdhwaga, Adhoga, According to dosh sansarga: Vatanubandhi, Kaphanubandhi, Vatkaphanubandhi [7, 8]

According to modern medicine this condition is called as HYPERACIDITY. This is caused due to diet, smoking, stress, liver diseases, and genetic factors. Hyperacidity leads to Gastric as well as Duodenal ulcers. According to modern medicine the treatment for Hyperacidity is traditional antacids associated with increase in Milk intake. Anticholinergic, Antrenyl are used, drugs like Cimetidine, Ranitidine were used, and every day one will find new drugs coming for it.

According to the Ayurveda the treatment of AMLAPITTA is as follows,

- 1) Shodan: It includes Vaman, Virechan, Asthapan, and Raktamokshan.
- 2) Shaman: It includes various drugs which breakdown the pathology of AMLAPITTA.

The main objectives in treatment of AMLAPITTA in brief are Nidan parivarjan, Aampachan and Agnidipan. [9, 10]

AMLAPITTA disease has high incidence, varied symptomatology and serious complications. More than 50% of the people suffer from it and about 20% of people are presented with the complications. This statistical data is been mentioned in Indian Medical journals. Today the patient is naturally attracted and treated with expensive Modern Medicines but Ayurveda has also simple, effective and affordable measures to destroy the root cause of disease.

A large number of patients of AMLAPITTA Vyadhi are been reported in regular Kayachikitsa OPD. So considering the varied symptomatology and high recurrence it requires due attention.

### **Aims & Objectives**

- 1) The Aim of this study was to assess the efficacy of Avipattikar Churna in AMLAPITTA Vyadhi .
- 2) To study the aetiopathological factors of this disease.
- 3) To assess any side effect during the course of treatment

The drug selected is Avipattikar Churna. The fundamental constituents of this therapy are, Tri katu, Trifala, Musta, Vidanga, Bidlavan, Velchi, Tamalpatra, Lavang, Trivrut and Sharkara. The above described components are Tikta, katu & Kashayrasatmak. They are Ushana and laghu. They are also known to be Pitta kapha shamak. They are Agnidipak and Amapachak. Some dravyas like Amalki, Pippali are the rasayan dravyas and hence these characteristics help to breakdown the pathology of AMLAPITTA [11]. Therefore considering the easy availability, low incurred cost, it is proposed to study effect of Avipattikar Churna on AMLAPITTA Vyadh

## **II. Material And Methods:**

A large number of patients suffering from AMLAPITTA have been reported in regular Kayachikitsa OPD. These patients come from various socio economic as well as varied age groups.

Major complaints of the patients of AMLAPITTA comprise of Tikta amla udgar, hrudkanthadaha, Avipak, Utklesh, Prasek, Chardi, Malbadhatta, Dravamal Pravruti, Mandagni, and Shirshul. Chronic patients of AMLAPITTA also come with complications like Amashayadushti and Amashayavrana (gastric, duodenal inflammation, ulcer)

Hetusevan (etiological factors) done by the patients is exactly same as described in Ayurvedic literature [12]. Many patients present with upadrava (complications) but it is seen that treating the disease also subsides the Updravas.

It is generally observed that majority of these patients have tried Allopathic aids and medicine at initial stage of the disease. However due to limited symptomatic, temporary relief these patients have no other options but to undergo Ayurvedic treatment in order for radical cure of the disease.

According to Ayurvedic the major factors of pathogenesis of AMLAPITTA Vyadhi are

1. Hetusevan
2. Agnimandya (low digestion power)
3. Kha vaigunya (deformity) [13]

Hence while treating AMLAPITTA, factors like nidanparivarjan (Avoiding etiological factors), Agnidipan (increase digestion power), Avayavabalavrudhi (to increase the strength) are important. Hence it is not only essential to treat the symptoms but also to eradicate the root cause. Patient nowadays do not prefer the treatment advised by the modern medicine due to its various limitations, various complication and high price.

### **Selection of Patients:**

The present work deals with the study of patients suffering from AMLAPITTA and their treatment with Avipattikar churna. The patients selected and studied were from Arogyashala Rugnalaya, Panchavati, Nashik,

#### **1. Selection of patient**

**Thirty cases** were selected for the present study

#### **2. Criteria for selection--**

##### **Inclusion Criteria:**

- a. Patient from both sexes were taken.
- b. Patients of age group 20 to 70 years were taken.
- c. Patients belonging to all socioeconomic strata were taken.

##### **Exclusion Criteria:**

##### **The patients of AMLAPITTA excluded from the study were:**

- a) Known cases having gastric or duodenal ulcer or gastric malignancy.
- b) Patients with severe vomiting, diarrhoea and dehydration
- c) Pregnant Woman
- d) Patient who have recently undergone surgery.

At regular Kayachikitsa OPD many patients of AMLAPITTA are reported. For the purpose of the present study in all 30 patients were selected.

#### **Patients were taken for a study on the basis of clinical parameters.**

All patients from OPD of Kayachikitsa of Arogyashala, Panchavati, Nashik. were taken a general case taking with detailed history, physical examination and other details of Patients were carried out on the basis of special case paper proforma prepared for the project.

The proforma was thoroughly completed in each case.

#### **3. Diagnosis**

The diagnosis was based mainly on history, symptoms and signs.

#### **4. Laboratory Investigations**

Blood tests includes -

Hb %

Blood group

CBC with ESR

Malaparikshan - includes two types: - A) Ayurvedic

B) Stool examination (Routine and microscopic)

#### **Jalanimajan –**

By putting the faeces in the bed pan containing water.

If it sinks = it is a Sama mala (Ama)(semi digested)

If it floats = it is niram mala (Pakva)(completely digested)

It also indicates the dominance of dosha as well as Amapakvaawastha.

#### **5. Drug**

After clinical examination these patients were subjected to Avipattikar Churna.

The Avipattikar churna was prepared by taking the reference from **Bhaishajaya Ratnavali**. [16]

#### **Standardization of Avipattikar Churna**

Standardization of Avipattikar churna was done at Ayurveda Seva Sangha Research Laboratory, Aushadhi Bhavan, and Nashik.

This standardization was done before the utilization and administration of the drug.

A fine powder at least of 80 Mesh sieve prepared from trifala, trikatu, musta etc. was taken.  
Standardization of churna was done for determination of  
Total Ash value of the drug  
Acid insoluble Ash  
Alcohol soluble extractive  
Water soluble extractive.

#### **Description -**

Moderately fine to fine powder  
Brown in color, Odour pleasant, taste is pungent and sweet.  
Loss on drying at 100 degree centigrade not more than 7% w/w.  
Ash value - 4.32% w/w (Normal 4 - 6%)  
Acid Insoluble Ash is 0.32% w/w/ (Normal not > 0.5% w/w)  
Water soluble extractive is 58% w/w {Normal 55-60% w/w)  
Alcohol soluble extractive is 27.49% w/w (Normal 25-35 % w/w)  
pH = 4.5 [14]

#### **Identification**

The aqueous extract yields the reaction which shows characteristics of sodium and chloride.  
The qualitative tests of sodium and chloride is as follows  
Sodium compounds when moistens with HCL acid and introduced on a platinum wire into the flame of Bunsen burner give a yellow color to the flame.  
Chlorides when heated with sulphuric acid and manganese di-oxide evolve chlorine which is recognizable by its odour and by its giving blue color with potassium iodide and starch solution.

#### **A. Dose of Churna**

**1 gm** twice a day was recommended  
Churna to be taken half hour before the main food that is lunch and dinner.  
Therapy was given for **twenty one** days.

#### **B. Anupan -**

Koshnajal (warm water) is used as Anupan

#### **C. Duration Of Treatment –**

The duration of treatment was twenty one days.

#### **D. Diet Schedule -**

The patients were advised to have the diet as described in the Pathya apathy (Ideal diet regimen) and hitkarvihar.(**ideal routine**) [17] Clinical examination was done regularly after every seventh day for three times. Course of treatment of three weeks was considered.

#### **6. Criteria For Cure**

Assessment of the results was made on the basis of symptomatic relief from the presenting complaints like

- a. Hrutkanthadaha
- b. Tikta amla udgar
- c. Avipak
- d. Shirashula
- e. Utklesh, Prasek
- f. Charddi
- g. Malabhadata
- h. Mandagni
- i. Praseka
- j. Hrullas
- k. Cchardi / vaman
- l. Hastapad taldaha
- m. Mandagni
- n. Malpravarutti
- n 1: Dravamal
- n 2: Malvastambha

**Criteria For Assesement**

The main criteria for assessment of therapeutic trials were based on the symptomatic relief including some measurement criteria.

**Observational Table with Objective Parameters:**

<b>1) AVIPAKA</b>		
a.	Absent	0
b.	Anna dwesha	1
c.	sa gandha udgar	2
d.	Chardan (after 3-4 hrs of meals)	3

<b>2) UTKLESHA</b>		
a.	Absent	0
b.	Only in morning (minor)	1
c.	Medium (i.e.: Always after eating food and for long time)	2
d.	Always	3

<b>3) ARUCHI:</b>		
a.	Absent	0
b..	Minor or Occasional	1
c.	Medium (Sometimes Feeling of taste mostly after meals is absent)	2
d.	Always	3

<b>4. TIKTAAMLUDGAR</b>		
a.	Absent	0
b.	Minor (Once or twice a day)	1
c.	Moderate (After meals, pittakala, for long Time)	2
d.	Always	3

<b>5. UDARSHULA</b>		
a.	Absent	0
b.	Minor (Udarshula, dull Aching, not related food, pittakala & for very short time)	1
c.	Moderate (Udarshula with moderate intensity & after meals, pittakala& for considerable time)	2
d.	Always	3

<b>6. UDARGAURAVA</b>		
a.	Absent	0
b.	Bhojnoter for very Small time, not Disturbing the work	1
c.	Continuous Gaurava but langhan gets upashay	2
d.	Always hampers the Activity, Upshaya Only with medicine	3

<b>7. MANDAGNI</b>		
a.	Absent	0
b.	Feeling of hunger after 5-6 Hrs.	1
c.	Feeling of hunger after 8 Hrs.	2
d.	Meals taken only once	3

<b>8. DAHA</b>		
a.	Absent	0
b.	Occasional itself gets reduced without Medicine	1
c.	Specially in Pittakala ,Upashaya by sheet madhu dravya)	2
d.	Always present in Hrut kantha kukshi, Kara pada relief by only medicines	3

<b>9. PRASEKA</b>	
a. Absent	0
b. Occasional	1
c. After meals in Pittakala	2
d. Always	3

<b>10. SHARIRGAURAVA</b>	
a. Absent	0
b. Occasional	1
c. After meals (pittakala for long time)	2
d. Always	3

<b>11. SHIRORUJA</b>	
a. Absent	0
b. Occasional with low intensity	1
c. In pittakal with moderate intensity	2
d. Always with high intensity	3

<b>12. SARVANGA KANDU/MANDAL</b>	
a. Absent	0
b. Occasional	1
c. During Vidagdhashta With moderate intensity After every 2-3 days	2
d. Recurrent	3

<b>13. CHARDI /VAMAN</b>	
a. Absent	0
b. Specially once in The morning ,associated with mild nausea, Small Vega, Upashaya by langhan	1
c. Specially after meal Vidhagdha awastha & Pittakala, 2-3 Vegas Moderate amount	2
d. Anytime with 3-4 Vegas amount large With severe nausea	3

**11. Table: Major Complaints And Their Observed Frequency**

Signs/symptoms	No. Of Patients	Percentage
A) Tiktaamla udgar	27	90.00%
B) Hrudkantha daha	29	96.66%
C) Aruchi	23	76.66%
D) Utklesha	16	53.33%
E) Udarshula	23	76.66%
F) Udar gaurava	24	80.00%
G) Adhamaan	26	86.66%
H) Shirshula	27	90.00%
I) Praseka	21	70.00%
J) Hrullas	20	66.66%
K) Cchardi / Vaman	12	40.00%
L) Hastapad taldaha	09	30.00%
M) Mandagni	25	83.33%
N) Malpravarutti		
N 1: Dravamal	05	16.66%
N 2: Malvastambha	18	60.66%

The graph gives the relation between the major complaints and number of patients. This reveals that the following complaints were very common with high incidence viz. Tiktaamlaudgar which comes up to 90%, Hrutkanthadaha which comes up to 96.66%, Aruchi which comes up to 76.66%, Udarshula (76.66%), Udargaurava (80%), Adhmaan (86.66%), Shirshula (90%), Prasek (70%), Mandagni (83.33%).

Signs/symptoms	No. of Patients Before Treatment	Percentage	No. of Patients got Relief After Treatment	Cure rate in Percentage
A) Tiktaamla udgar	27	100%	24	88.88%
B) Hrudkantha daha	29	100%	27	93.10%
C) Aruchi	23	100%	21	91.30%
D) Utklesha	16	100%	16	100%
E) Udarshula	23	100%	20	86.95%
F) Udar gaurava	24	100%	22	91.66%
G) Adhamaan	26	100%	22	84.61%
H) Shirshula	27	100%	22	81.48%
I) Praseka	21	100%	19	90.47%
J) Hrullas	20	100%	15	75%
K) Ccharidi / Vaman	13	100%	12	92.30%
L) Hastapad taldaha	09	100%	05	55.55%
M) Mandagni	25	100%	25	100%

**Observations And Results Seen Post Treatment:**

**Table. A : Tiktaamla Udgar (Total No. Of Patients = 27)**

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	16	59.02%
PARTIAL RELIEF	08	29.06%
NO RELIEF	03	11.11%

**i. Upashaya: 24**

**ii. Anupashaya: 03**

It shows the percentage of relief after the treatment for the tiktaamlaudgar symptom. Out of 27 Patients 16 patients got complete relief (59.2%), 8 patients got partial relief (29.65) and 3 patients no relief (11.11%). Upashaya after treatment for tiktaamlaudgar is 88.88%.

**Table B: Hrutkantha Daha (Total No. Of Patients = 29)**

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	23	79.03%
PARTIAL RELIEF	04	13.07%
NO RELIEF	02	06.08%

**i. Upashaya: 27**

**ii. Anupashay: 02**

It shows the percentage of relief after the treatment for the Hrutkanthadaha symptom. Out of 29 Patients 23 patients got complete relief (79.3 %), 4 patients got partial relief (13.75) and 2 patients no relief (6.8%). Upashaya after treatment for Hrut kantha daha is 93.10%.

**Table C: Aruchi (Total No. Of Patients = 23)**

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	16	69.56%
PARTIAL RELIEF	05	21.07%
NO RELIEF	02	08.69%

**i. Upashaya: 21**

**ii. Anupashay: 02**

It shows the percentage of relief after the treatment for the Aruchi symptom out of 23 Patients 16 patients got complete relief (69.56%), 5 patients got partial relief (21.7%) and 2 patients had no relief (8.69%). Upashaya after treatment for Aruchi is 91.30%.

**Table D: Utklesha (Total No. Of Patients = 16)**

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	13	81.25%
PARTIAL RELIEF	03	18.75%
NO RELIEF	00	00.00%

**i. Upashaya: 16**

**ii. Anupashay: 00**

It shows the percentage of relief after the treatment for the Utklesha symptom. Out of 16 Patients 13 patients got complete relief (81.25), 3 patients got partial relief (18.75%) Upashaya after treatment for Utklesha is 100.00%.

**Table E : Udar Shula (Total No. Of Patients = 23)**

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	11	47.82%
PARTIAL RELIEF	09	39.13%
NO RELIEF	03	13.04%

**i. Upashaya: 20**

**ii. Anupashay: 03**

It shows the percentage of relief after the treatment for the Udarshula symptom. Out of 23 Patients 11 patients got complete relief (47.82%), 9 patients got partial relief (39.13 %) and 3 patients no relief (13.04%). Upashaya after treatment for Udarshula is 86.95%.

**Table F: Udar Gaurava (Total No. Of Patients = 24)**

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	13	81.25%
PARTIAL RELIEF	03	18.75%
NO RELIEF	00	00.00%

**i. Upashaya: 16**

**ii. Anupashay: 00**

It shows the percentage of relief after the treatment for the Udargaurava symptom. Out of 24 Patients 17 patients got complete relief (70.83), 5 patients got partial relief (20.8395) and 2 patients no relief (8.33%). Upashaya after treatment for Udargaurava is 91.66%.

**Table G : Adhamaaan (Total No. Of Patients = 26)**

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	17	65.00%
PARTIAL RELIEF	05	19.02%
NO RELIEF	04	15.03%

**i. Upashaya: 22**

**ii. Anupashay: 04**

It shows the percentage of relief after the treatment for the Adhmaan symptom. Out of 26 Patients 17 patients got complete relief (65.0%), 5 patients got partial relief (19.2%) and 4 patients no relief (15.00%). u after, treatment for Adhamaan is 84.61%.

**Table H : Shirshula (Total No. Of Patients = 27)**

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	17	62.96%
PARTIAL RELIEF	05	18.05%
NO RELIEF	05	18.05%

**i. Upashaya: 22**

**ii. Anupashay: 05**

It shows the-percentage of relief after the treatment for the Shirshula symptom. Out of 27 Patients 17 patients got complete relief (62.96%), 5 patients got partial relief (18.5%) and 5 patients no relief (18.5%). Upashaya after treatment for Shirshula is 81.48%.

**Table I : Prasek (Total No. Of Patients = 21)**

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	17	80.95%
PARTIAL RELIEF	02	09.05%
NO RELIEF	02	09.05%

**i. Upashaya: 19**

**ii. Anupashay: 05**

It Shows The Percentage Of relief after the treatment for the Prasek symptom. Out of 21 Patients 17 patients got complete relief (80.95%), 2 patients got partial relief (9.5%) and 2 patients no relief (9.5%). Upashaya after treatment for Prasek is 89.47%.

Table J : **Hrullas**(Total No. Of Patients = 20)

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	12	60.00%
PARTIAL RELIEF	04	20.00%
NO RELIEF	04	20.00%

i. **Upashaya: 15**

ii. **Anupashay: 03**

It shows the percentage of relief after the treatment for the Hrullas symptom. Out of 20 Patients 12 patients got complete relief (60.00%), 4 patients got partial relief (20.0%) and 4 patients no relief (20.00%). Upashaya after treatment for Hrullas is 75.00%.

Table K : **Cchardi** (Total No. Of Patients = 13)

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	12	92.30%
PARTIAL RELIEF	00	00.00%
NO RELIEF	01	07.60%

i. **Upashaya: 12**

ii. **Anupashay: 01**

It shows the percentage of relief after the treatment for the chardi symptom. Out of 13 Patients 12 patients got complete relief (92.3%), 1 patient no relief (7.6%). Upashaya after treatment for chardi is 92.30%.

Table L : **Mandagni** (Total No. Of Patients = 25)

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	21	84.00%
PARTIAL RELIEF	04	16.00%
NO RELIEF	00	00.00%

i. **Upashaya: 25**

ii. **Anupashay: 00**

It shows the percentage of relief after the treatment for the Mandagni symptom. Out of 25 Patients 21 patients got complete relief (84.00%), 4 patients got partial relief (16.00%) Upashaya after treatment for Mandagni is 100.00%

Table M : **Hastapadtaladaha**(Total No. Of Patients = 09)

GROUP	NO. OF PATIENTS	PERCENTAGE
COMPLETE RELIEF	04	44.44%
PARTIAL RELIEF	01	11.11%
NO RELIEF	04	44.44%

i. **Upashaya: 05**

ii. **Anupashay: 04**

It shows the percentage of relief after the treatment for the symptom. Out of 9 Patients 4 patients got complete relief (44.4%), 1 patient got partial relief (11.11%) and 4 patients no relief (44.44%). Upashaya after treatment for Hastapadatala daha is 55.55%.

### III. Discussion

During the study of AMLAPITTA we find innumerable direct and indirect references including laghutrayi (Ayurved Granthas) and bhruhatrayi (Ayurved Granthas). The description and basic principles behind the treatment mentioned in the ancient period vary to that of modern medicine. Chronicity, high occurrence, dreaded complications gives AMLAPITTA great importance. The Ayurvedic formulary is rich and diverse and holds a very sound position. World is looking at Ayurveda as an alternative medicinal therapy. But the real fact is Ayurveda is going neck to neck with the modern medicine. The newer or the modern treatment has one or the other type of limitations and they have not been proved to be free from complications. Hence it leaves a scope to switch over to a new and better type of treatment which should be free from all such complications and give the cure in reasonably shorter time with the economical advantage.

Even in the present space era when the science has reached its maximum the Ayurvedic drugs are considered as an effective therapy. All the drugs described are very important regarding their properties and action. They have a vital place in all the Ayurvedic classics and preparations.

Simple statistical tools such as **percentage and also paired t test** have been used to tabulate the collected information. The inferences drawn from the observation are discussed were as follows:

1. In Amlapitta samprapti the participating dosh are Pitta (rise and vitiation of amla, ushna, and Dravaguna), Vata (Ruksha and chala guna are increased),Kapha (Snigdha,guru,Sthirguna (are increased and vitiated) which leads to Agnimandya,hence Amanirmitti,Vidagdha avasta,leading to Lakshan nirmitti (symptoms & signs). Dietary factor and Pitta and Vata prakruti play a predominant role in the aetiology of Amlapitta vyadhi.
2. The fact Roga sarve api Mandagnou is proved here as the majority of patients presented with Mandagni.
3. The factors mental stress (Chinta) also shows considerably large in percentage 4.Females were more affected than males.Large number of patients belonged to age group of 20 -40 yrs.
4. Married patients showed high incidence of Amlapitta Vyadhi.
5. Incidence of Amlapitta was more predominant in Pitta prakruti and next to it was Vatapradhan prakruti Avipattikar churna plays very important role in breaking down the pathogenesis (Samprapti Vightan) of AMLAPITTA. The tikshna (Strong), ushna (hot), Drava (liquid) , Ruksha (dry) and laghuguna (light) of this churna causes shoshan (Absorption) of excessive dravguna and leads shaman of exacerbated amlaguna, tiktakatu rasa, ushna and tikshna guna, deepan pachan dravya causes restoration and reparation of prakrut agni. Rasayan dravya of this churna gives dhatu bala hence eradicates khavagunya and also relapse. [18].

The **P value was 0.0003** which was **extremely statistically significant** , $t = 5.2675$  and  $df = 11$

In our study Avipattikar churna has shown good results on tiktaamlaudgar, hrudkantha daha, Aruchi, utklesh (table no A, B, C, D). Best results were found on Mandagni and udargaurav. Patients were completely relieved in the above symptoms and sign when they were treated with Avipattikar churna. Patients were also relieved from symptoms of Prasek, adhamaan, and chardi.

#### IV. Conclusion

Avipattikar is very helpful on shaman of Amlaudgar and Hrudkanthadaha and results on Mandagni are excellent. This drug used for the treatment has no side effects, found to be safe, economical and easy for the use. Results on Adhamaan, Aruchi, Utklesha and Udargaurava were found to be very encouraging. Mediocre results are obtained on symptoms like Prasek, Cchardi, Mukhamadhurya and Atopa.

No satisfactory results of Avipattikar Churna are seen on Chimchimayan, Swedappavruti Sharir Gaurava, Hastapadataladaha, and Udarshula.

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