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ORIGINAL RESEARCH ARTICLE

A Comparative Clinical Study on Effect of *Samsaptak Choorna* and *Avipattikar Choorna* in Management of *Amlapitta*

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ABSTRACT

Introduction: In this modern era, we all are undergoing different lifestyle modification related to food and lifestyle. Irregular meal pattern, work in shift duties, irregular sleep timing, craze for fast food, anxiety, and stress-induced hectic unhealthy schedules cause various disorders due to which there has been an extraordinary increase in the disorders related to *Annavaha srotas* or the gastrointestinal (G.I) system. Burning sensation in chest, sour belching, abdominal discomfort, nausea, vomiting, headache, and constipation are the most common complaints faced in day-to-day life. All these symptoms point toward *Amlapitta* in Ayurveda. If left untreated, it may lead to complications such as ulcerations in the gastrointestinal tract and forward the known medications such as *Avipattikar Choorna* and *Samsaptak Choorna* are taken for the study to evaluate their effect and compare their effect.

Materials and Methods: 20 patients of Group A were treated with *Samsaptak Choorna* for 30 days. 20 patients of Group B were treated with *Avipattikar Choorna* for 30 days' 20 patients in each group and both groups subjected to *Amlapitta* treatment: In the first group, doses of *Samsaptak Choorna* 3 g BID per day in divided doses for period of 30 days and in the second group, doses of *Avipattikar Choorna* 3 g BID per day in divided doses for period of 30 days.

Results: The result of both groups was analyzed statistically and compared and results were interpreted in the term of increase or decrease in the parameter. The statistical analysis reveals that both the groups are showing good result but Group B is slightly more effective result then Group A in *Amlapitta*.

Conclusion: Both the drugs – *Samsaptak Choorna* and *Avipattikar Choorna* gave good improvement in both groups.

1. INTRODUCTION

In the 21st century, the era of competition life is full with stress having more speed and accuracy is the prime demands. The needs of the human being are infinite but the availability is less to fulfill the growing needs which have no end. Nowadays, people are attracted toward junk foods; they are changing their diet pattern, lifestyle, and behavioral pattern, working with stress and strain. Hence, the people are becoming stressful with worry, tension, and anxiety causing so many psychological disorders, which hamper digestion and are causing acidity, gastritis, dyspepsia, ulcer, and anorexia. All these symptoms can be covered under the broad umbrella of *Amlapitta* in Ayurveda. Acharya Charaka has mentioned that if a person is under some psychological problem even the wholesome food taken in proper quantity does not get properly digested.[1] Although it is very common disease encountering in the present population with more or less severity, it is the one that which bears the direct impact of the dietetic errors that a person indulges. Kashyapa Samhita is the first text which describes the disease *Amlapitta* as a separate entity. It is also the first text which as counted the *manasika* bhavas (psychological factors) as a chief cause of the disease and analyzed first it on the *Doshik* basis, whereas Kashyapa believed that the disease is caused by the vitiation of Tri-Doshas causing *Mandagni* leading to *Vidagdhajirna* ultimately manifesting as Amlapitta.[2] Madhavakara has classified the disease into two types, namely *Urdhwaga* and *Adhoga* Amlapitta.[3] A survey of people suffering from acid peptic diseases in India revealed that over 25% of the people are suffering from acid peptic diseases.[4] Therefore, much work has been expected from Ayurvedic scholars to overcome the disease *Amlapitta*. In recent years, the numbers of sufferers are becoming more and several formulations have been tried on various

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aspects of *Amlapitta*, still we are not having a definite cure for the disease. Hence, the attempt was made to test the efficacy of *Samsaptak Choorna* mentioned in Bharat Bhaishajya Ratnakar which says that it is *Amlapitta Ghan*. *Samsaptak Choorna* is cost-effective, ingredients of this yoga are easily available, and the also preparation is simple. The present study entitled that "A Comparative Clinical Study on effect of *Samsaptak Choorna*[5] and *Avipattikar Choorna*[6] in the Management of *Amlapitta*" was undertaken.

1.1. Aims and Objectives

1. To evaluate the efficacy of *Samsaptak Choorna* in the management of *Amlapitta*.
2. To evaluate the efficacy of *Avipattikar Choorna* in the management of *Amlapitta*.
3. To compare the efficacy of *Samsaptak Choorna* and *Avipattikar Choorna* in the management of *Amlapitta*.

2. MATERIALS AND METHODS

2.1. Source of Data

2.1.1. Literary source

All the Ayurvedic, modern literature, journals, websites about the disease, and the Medicine were reviewed and documented for the planned study.

2.1.2. Clinical source

1. Patients of *Amlapitta* were selected by attending O.P.D. of Dhanvantari Ayurvedic College, Hospital and PG Research Center, Siddapur, for the study.
2. The raw drugs for the preparation were taken from GMP Certified Pharmacy.
3. Treatment was given for 30 days.
4. Observation and assessment were done as per criteria.
5. Follow-up was taken of every patient.

2.2. Trial Drug

Samasaptak Choorna- Composition of Samsaptak Choorna mentioned in Table 1.

2.3. Control Group

Avipattikar Choorna- Composition of Avipattikar Choorna mentioned in Table 2.

2.4. Methods of Collection of Data

Evaluation of the patient was done after detailed examination and the data were recorded in a specially prepared proforma.

2.5. Inclusion Criteria

1. Patients presenting with classical symptoms of *Amlapitta*.
2. Patients between the age group of 16–60 years with irrespective of sex, religion, occupation, and socioeconomic status.

2.6. Exclusion Criteria

1. Pregnant women, lactating mother, alcoholic persons.
2. Patients having bleeding disorders.
3. Patients suffering from other systemic illness that interferes with the course of treatment.
4. Diagnosed case of *Helicobacter pylori*.

2.7. Withdrawal Criteria

During treatment if any serious condition or any serious adverse effects occurs, patient himself/herself wants to withdraw from the study – such patients may withdraw from the study.

2.8. Grouping and Randomization of the Patient

Totally 40 patients were selected for clinical trials. Patients were assigned into two groups:

1. Group A: In this group, 20 patients were treated with. *Samsaptak Choorna*
2. Group B: In this group, 20 patients were treated with *Avipattikar Choorna*.

2.9. Assessment Criteria

These criteria are to be followed before during and after the treatment

2.10. Subjective Parameters

Chhardi (Vomiting), *Tikta-Amlodgar* (Sour and Bitter Belching), *Hrit Kantha Daha* (Heart and Throat Burn), *Aruchi* (Anorexia), *Shirshool* (Headache), *Utklesha* (Nausea), *Hasta-Pada-Daha* (Burning Sensation), *Sarvanga Daha* (Burning All Over Body), *Guruta* (Heaviness), and *Klama* (Tiredness).

2.11. Objective Parameters

Frequency of *Chhardi,* frequency of *Tikta – Amlodgar,* duration of the treatment, the duration of the treatment was 30 days.

2.12. Follow-Up

Both groups were examined from time to time for expected results.

1st follow up – 10th day; 2nd follow up – 20th day; and 3rd follow up – 30th day.

2.13. Interventions

- Group "A": Patients under this group were treated by *Samsaptak Choorna*-3 g BID before food with *Ushna Jala Anupana* for 30 days.
- Group "B": Patients under this group were treated by *Avipattikar Choorna* – 3 g BID - before food with *Ushna Jala Anupana* for 30 days.

3. OBSERVATION

Total 43 patients of *Amlapitta* were selected from the 50 screened patients. Among them, 3 were drop outs and 40 patients completed the study.

3.1. Observations on Demographic Data

- In Group A, majority of the patients 5 (25.00%) were reported in age group 21–30 years, 41–50 years, 51–60 years followed by 4 (20%) patients observed in the age group 31–40 years, and 1 (5.00%) patient was reported in the age group 16–20 years.
- In Group B, majority of the patients 7 (35.00%) were reported in age group 21–30 years and 41–50 years, followed by 4 (20%) patients observed in the age group 31–40 years, 2 (10.00%) patients were reported in the age group 51–60 years.
- In Group A, maximum 13 (65%) patients were male and 7 (35%) patients were female.

- In Group B, maximum 12 (60%) patients were male and 8 (40%) patients were female.
- In Group A, maximum 20 (100%) patients were living in *Jangala* habitat.
- In Group B, maximum 20 (100%) patients were living in *Jangala* habitat.
- In Group A, maximum 16 (80%) patients were Hindu, followed by 3 (15%) patients were Muslim, and 1 (5%) patient were Christian.
- In Group B, maximum 19 (95%) patients were Hindu, 1 (5%) patient was Christian.
- In Group A, maximum 11 (55%) patients were having *Vishamagni*, followed by 9 (45%) patients were having *Agnimandya*.
- In Group B, maximum 12 (60%) patients were having *Agnimandya*, followed by 8 (40%) patients were having *Vishamagni*.

The present study shows that –

- In Group A, maximum 12 (60%) patients were having mixed diet, followed by 8 (40%) patients were having vegetarian diet.
- In Group B, maximum 10 (50%) patients were having vegetarian diet, followed by 10 (50%) patients were having mixed diet.
- In Group A, maximum 14 (60%) patients were having Chinta, followed by 6 (40%) patients were having Krodha and 2 (10%) patients having Shoka and Bhaya.
- In Group B, maximum 10 (50%) patients were having Chinta, followed by 4 (20%) patients were having Krodha and Shoka and 4 (10%) patients having Bhaya.

4. RESULTS

In statistical analysis, Wilcoxon's signed-rank test and paired t-test were applied within the group for subjective and objective criteria, respectively. Mann–Whitney *U*-test and unpaired t-test were applied between the group for subjective and objective criteria, respectively.

4.1. *Chhardi* (Vomiting)

Mean difference of Group A is lower than mean difference of Group B and p value is more than the significance level alpha = 0.05, we should accept the null hypothesis H0 and reject the alternative hypothesis Ha, i.e., *Samsaptak Choorna* (Group A) is not significant than *Avipattikar Choorna* (Group B) for *Chhardi* (Vomiting).

4.2. *Tikta-Amlodgar* (Sour and Bitter Belching)

Mean difference of Group A is lower than mean difference of Group B and P value is more than the significance level alpha = 0.05, we should accept the null hypothesis H0 and reject the alternative hypothesis Ha, i.e., *Samsaptak Choorna* (Group A) is not significant than *Avipattikar Choorna* (Group B) for *Tikta amlodgar* (Sour and bitter belching).

4.3. *Hrit Kantha daha* (Heart and Throat Burn)

Mean difference of Group A is lower than mean difference of Group B and p value is more than the significance level alpha = 0.05, we should accept the null hypothesis H0 and reject the alternative hypothesis Ha, i.e. *Samsaptak Choorna (*Group A) is not significant than *Avipattikar Choorna* (Group B) for *Hrit Kantha daha* (Heart and throat burn).

4.4. *Aruchi* (Anorexia)

Mean difference of Group A is lower than mean difference of Group B and *P* value is more than the significance level alpha = 0.05, we should accept the null hypothesis H0 and reject the alternative hypothesis Ha, i.e., *Samsaptak Choorna* (Group A) is not significant than *Avipattikar Choorna* (Group B) for *Aruchi* (Anorexia).

4.5. *Shirashool* (Headache)

Mean difference of Group A is lower than mean difference of Group B and p value is more than the significance level alpha = 0.05, we should accept the null hypothesis H0 and reject the alternative hypothesis Ha, i.e., *Samsaptak Choorna* (Group A) is not significant than *Avipattikar Choorna* (Group B) for *Shirashool* (Headache).

4.6. *Utklesha* (Nausea)

Mean difference of Group A is lower than mean difference of Group B and p value is more than the significance level alpha = 0.05, we should accept the null hypothesis H0 and reject the alternative hypothesis Ha, i.e., *Samsaptak Choorna* (Group A) is not significant than *Avipattikar Choorna* (Group B) for *Utklesha* (Nausea).

4.7. *Hasta pada daha* (Burning Sensation)

Mean difference of Group A is lower than mean difference of Group B and *P* value is more than the significance level alpha = 0.05, we should accept the null hypothesis H0 and reject the alternative hypothesis Ha, i.e., *Samsaptak Choorna* (Group A) is not significant than *Avipattikar Choorna* (Group B) for *Hasta pada daha* (Burning sensation).

4.8. *Sarvanga daha* (Burning all over body)

Mean difference of Group A is lower than mean difference of Group B and *P* value is more than the significance level alpha = 0.05, we should accept the null hypothesis H0 and reject the alternative hypothesis Ha, i.e., *Samsaptak Choorna* (Group A) is not significant than *Avipattikar Choorna* (Group B) for *Sarvanga daha* (Burning sensation all over body).

4.9. *Guruta* (Heaviness)

Mean difference of Group A is lower than mean difference of Group B and p value is more than the significance level alpha = 0.05, we should accept the null hypothesis H0 and reject the alternative hypothesis Ha, i.e., *Samsaptak Choorna* (Group A) is not significant than *Avipattikar Choorna* (Group B) for *Guruta* (Heaviness).

4.10. *Klama* (Tiredness)

Mean difference of Group A is lower than mean difference of Group B and *P* value is more than the significance level alpha = 0.05, we should accept the null hypothesis H0 and reject the alternative hypothesis Ha, i.e., *Samsaptak Choorna* (Group A) is not significant than *Avipattikar Choorna* (Group B) for *Klama* (Tiredness).

4.11. Objective Parameters

Frequency of *Chhardi* – as the t value calculated is lower than the t tabulated value at *P* = 0.05, where df = 58, we should accept the null hypothesis and reject the alternative hypothesis i.e., *Samsaptak Choorna* (Group A) is not significant than *Avipattikar Choorna* (Group B) for frequency of *Chhardi*.

4.12. Overall Effect of Therapies

In Group A of *Samsaptak Choorna*, out of 20 patients, good improvement (75–100% relief) was noted in 8 patients, i.e., 40%,

moderate improvement (50–75% relief) was noted in 12 patients, i.e., 60 %, and no one was noted in mild improvement (25–50% relief) and poor improvement (0–25% relief).

In Group B of *Avipattikar Choorna*, out of 20 patients, good improvement (75–100% relief) was noted in 19 patients, i.e., 90%, moderate improvement (50–75% relief) was noted in 1 patient, i.e., 5%, and no one was noted in mild improvement (25–50% relief) and poor improvement (0–25% relief).

Observation wise study mention in Tables 3-10.

Percentage relief in subjective criteria mention in Table 11.

5. DISCUSSION

The disease *Amlapitta* is not described in a separate chapter by Acharya Charaka, Sushruta, and Vagbhata. Acharya Sushruta mentioned that the disease *Amlapitta* is caused by excessive intake of Lavana rasa which is called "Amlika," therefore the disease termed as "*Amlapitta*."[7] According to Acharya Kashyapa, the disease *Amlapitta* is caused by the chief Nidana, i.e., Manasika Bhava. In *Amlapitta,* there is vitiation of *Tridosha* which leads to *Mandagni* which further develops *Vidagdhajirna*. In the present era, due to changing lifestyle, irregular, faulty dietary habits causing increasing diseases related to digestive systems, more commonly develops hyperacidity.[8] The clinical symptoms of *Amlapitta* described in Ayurveda resemble with gastrointestinal disorders mentioned in modern science. The prevalence rate of gastritis in India is around 10 million.[9] The risk factors such as spicy food, alcohol, aspirin, other NSAID'S, or any gastric irritant factors cause damage of gastric mucosa by inhibiting prostaglandins, gastric bicarbonates, and mucous secretions and alter the mucosal microcirculation. This leads to acute gastritis and if left untreated in the chronic stage it leads to gastric or duodenal ulcers, followed by perforation.[10] *Samsaptak Choorna* is mentioned in Bharat Bhaishajya Ratnakar, for the disease *Amlapitta.* Furthermore, the drug *Avipattikar Choorna* is well-known medicine described for *Prakupita Pitta dosha.* In Bhaishajya Ratnavali, it is mentioned for *Amlapitta* disease. For this study, randomized single-blind comparative controlled clinical study was used. Randomly selected 40 diagnosed patients of *Amlapitta* from the age group of 16–60 years were divided into two groups;

1. Group A: In this group *Samsaptak Choorna*.
2. Group B: In this group *Avipattikar Choorna.*

The results obtained from both groups were statistically analyzed to obtain the effect of the therapies. The contents of the *Samsaptak Choorna are Vidhara, Guduchi, Shweta Punarnava, Indrajava, Bhangra, Khanda, and Madhu.* All drug contents mainly *have Katu, Tikta, Madhura, Kashaya Rasa, Ushna Virya and Katu,* and *Madhura Vipaki.* All drugs having *pitta shamaka* activity that acts on *Aama dosha* help in *Agni deepana, Amapachana, Dahahara*, and Grahi and help to reduce the vitiated Pitta dosha and convert Sama Pitta into the *Nirama* states. *Avipattikar Choorna* is a commonly used drug in *Amlapitta* which is mentioned by Bhaishajya Ratnavali. Drugs mentioned in *Avipattikar Choorna in Bhaishajya Ratnavali* contains ingredients such as *Shunthi, Maricha, Pippali, Amalaki, Haritaki, Bibhitaki, Mustha, Vidanga, Ela, Tejpatra, Nishoth, Lavanga, Sharkara,* and *Vidalavan. In Amlapitta,* Pitta-Dosha is mainly vitiated. The main treatment of Pitta dosha is said to be *Virechana*. Hence, *Haritaki* is having *Anulomana* action directly which is acts on Pitta Dosha. Due to the development of *Aama* dosha and *Vidagdhata*, Amla and Drava Guna of Pitta increase and Pitta become Sama-Pitta. Contents of *Avipattikar Choorna* have *Tridoshaghna* and *Anulomana* properties due to its Madhura Rasa and Laghu, Ruksha, *Sheeta, Guru Guna. Kashaya Rasa and Ruksha Guna of Haritaki and Bibhitaki* help to absorb excessive Drava Guna in the vitiated Pitta and make it *Nirama*. Madhura Rasa, *Vipaka,* and *Sheeta Veerya of Sita act on Pitta-Dosha* and thus help in relieving symptoms of *Amlapitta. Rechana* property of *Trivrutta* pacifies Pitta Dosha; hence, there is *shamana* of *Amlapitta* disease.

6. CONCLUSION

In the present study of *Amlapitta*, according to the collected data, it is observed that both the drugs, i.e., *Samsaptak Choorna and Avipattikar Choorna* show significant relief in all symptoms of *Amlapitta*. Hence, both the drugs - *Samsaptak Choorna* and *Avipattikar Choorna* gave good improvement in both groups. However, *Avipattikar Choorna* shows more significant relief than *Samsaptak Choorna.*

7. ACKNOWLEDGMENTS

Nil.

8. AUTHORS' CONTRIBUTIONS

Nil.

9. FUNDING

Nil.

10. ETHICAL APPROVALS

The study has got ethical from Dhanvantari Ayurveda College Hospital and Reserach Centre, Siddapur Ref. no.IEC/DACH/DATE April 29, 2022.

11. CONFLICTS OF INTEREST

Nil.

12. DATA AVAIBALITY

This is an original manuscript and all data are available for only research purposes from principal investigators.

13. PUBLISHERS NOTE

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Table 1: Composition of *Samsaptak Choorna*

S. No	Name of drug	Latin name	Proportion
1	*Vidhara*	*Argyreia nervosa*	1 Part
2	*Giloy*	*Tinospora cordifolia*	1 Part
3	*Shweta punarnava*	*Boerhavia diffusa*	1 Part
4	*Indrajava*	*Holarrhena pubescens*	1 Part
5	*Bhangra*	*Eclipta Alba*	1 Part
6	*Khanda*	*Sugar candy*	1 Part
7	*Madhu*	*Mel*	1 Part

Table 2: Composition of *Avipattikar Choorna*

S. No.	Name of drug	Latin name	Proportion
1	*Shunthi*	*Zingiber officinale*	1 Part
2	*Mirch*	*Piper nigrum*	1 Part
3	*Pippali*	*Piper longum*	1 Part
4	*Amalaki*	*Emblica officinalis*	1 Part
5	*Haritaki*	*Terminalia chebula*	1 Part
6	*Bibhitaki*	*Terminalia belerica*	1 Part
7	*Musta*	*Cyperus rotundus*	1 Part
8	*Bidlan*	*Black salt*	1 Part
9	*Vidanga*	*Embelia ribes*	1 Part
10	*Tamalpatra*	*Cinnamomum tamala*	1 Part
11	*Elaichi*	*Elettaria cardamomum*	1 Part
12	*Lavang*	*Syzygium aromaticum*	1 Part
3	*Nishoth*	*Operculina turpethum*	44 Part
14	*Khanda*	*Sugar candy*	66 Part

Table 3: Study chart

Total screened	Total registered	Dropouts	Completed
50	43	3	40

Table 4: Age-wise distribution

Age groups in years	Group A		Group B		Total	
	No. of Patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
16–20	1	5.00	0	00.00	1	2.50
21–30	5	25.00	7	35.00	12	30.00
31–40	4	20.00	4	20.00	8	20.00
41–50	5	25.00	7	35.00	12	30.00
51–60	5	25.00	2	10.00	7	17.50
Total	20	100	20	100	40	100

Table 5: Gender-wise distribution

Gender	Group A		Group B		Total	
	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
Male	13	65.00	12	60.00	25	62.5
Female	7	35.00	8	40.00	15	37.5
Total	20	100	20	100	40	100

Table 6: Habitat-wise distribution

Habitat	Group A		Group B		Total	
	No. of Patients	Percentage	No. of Patients	Percentage	No. of Patients	Percentage
Jangala	20	100	20	100	40	100
Anupa	0	0.00	0	0.00	0	0.00
Sadharana	0	0.00	0	0.00	0	0.00
Total	20	100	20	100	40	100

Table 7: Religion-wise distribution

Religion	Group A		Group B		Total	
	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
Hindu	16	80.00	19	95.00	34	85.00
Muslim	3	15.00	0	0.00	3	7.50
Christian	1	5.00	1	5.00	2	5.00
Total	20	100	20	100	40	100

Table 8: Agni-wise distribution

Agni	Group A		Group B		Total	
	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
Vishama	11	55.00	8	40.00	19	47.50
Tikshna	0	0	0	0	0	0
Mandya	9	45.00	12	60.00	21	52.50
Sama	0	0	0	0	0	0
Total	20	100	20	100	40	100

Table 9: Diet-wise distribution

Diet	Group A		Group B		Total	
	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
Vegetarian	8	40.00%	10	50.00%	18	45.00%
Mixed	12	60.00%	10	50.00%	22	55.00%
Total	20	100%	20	100%	40	100%

Table 10: Manasa Bhava-wise distribution

Manasa Bhava	Group A		Group B		Total	
	No. of patients	Percentage	No. of patients	Percentage	No. of patients	Percentage
Chinta	14	60.00	10	50.00	24	60.00
Krodha	4	20.00	4	20.00	10	25.00
Shoka	2	10.00	4	20.00	6	15.00
Bhaya	2	10.00	2	10.00	4	10.00
Total	20	100	20	100	40	100

Table 11: Percentage relief in subjective criteria

Criteria	Percentage relief	
	Group A	Group B
Chhardi (Vomiting)	77.5%	94.73%
Tikta-Amlodgar (Sour and bitter belching)	75%	95.00%
Hrit Kantha Daha (Heart and Throat burn)	72.09%	97.22%
Aruchi (Anorexia)	73.68%	97.43%
Shirashool (Headache)	75%	97.43%
Utklesha (Nausea)	71.11%	95.12%
Hasta pada daha (Burning sensation)	67.39%	97.43%
Sarvanga daha (Burning all over body)	62.50%	97.36%
Guruta (Heaviness)	65.85%	97.36%
Klama (Tiredness)	69.76%	97.43%