Research Article

International Research Journal of Ayurveda & Yoga
Vol. 5 (6),24-37, June, 2022
ISSN: 2581-785X;https://irjay.com/
DOI: **10.47223/IRJAY.2022.5603**

A Comparative Clinical Study on Effect of *Vasa Guggul* and *Chinnodbhava Kwath* in the Management of *Amlapitta*

Babar Vitthalrao Villas,[1]

1.PG scholar, Dep.-kaya Chikitsa, SDM trust's Ayurvedic medical college and Danigond post -graduation centre and Padma ayurvedic Hospital and research institute, Terdal.

Article Info

Article history:
Received on: 12-05-2022
Accepted on: 22-06-2022
Available online: 30-06-2022

Corresponding author-
Babar vitthalrao villas, PG scholar, Dep.-kaya Chikitsa, SDM trust's Ayurvedic medical college and Danigond post -graduation centre and Padma ayurvedic Hospital and research institute, Terdal.
Email: vitthalbabar5533@gmail.com

ABSTRACT:

Background: In the 21st century the era of competition life it is full with stress having more speed and accuracy are the prime demands. The needs of the human being are infinite but the availability is less to fulfil the growing needs which have no end. Nowadays the people are attracted towards the junk foods; they are changing their diet pattern, life style and behavioural pattern, working with stress and strain. So, the people are becoming stressful with worry, tension, and anxiety causing so many psychological disorders, which hampers the digestion and is causing acidity, gastritis, dyspepsia, ulcer and anorexia. All these symptoms can be covered under the broad umbrella of *Amlapitta* in Ayurveda. In the *nidanas* of the *Amlapitta* mainly causing dietary factors, addiction of alcohol, tobacco chewing, or smoking are chiefly associated ones and commonly found.
Aim: To assess the clinical efficacy of vasa guggul and *chinnodbhava kwath* in the management of *amlapitta.*
Materials and Methods: The clinical studies were conducted by the random comparative method; this method compared the clinical efficacy of vasa guggul and *chinnodbhava kwath* in the management of *amlapitta*.
Result: In Group A (*Vasa Guggul)* 3 Patients (15%) and Group B (*Chinnodbhava Kwath*) 10 Patients (50%) were shown marked improvement.
Conclusion- Hence Both the Drugs gave good improvement in both groups. But test Group B (*Chinnodbhawa Kwath*) is slightly more effective than Group A (*Vasa Guggul*).

Keywords: *Amlapitta, Agnimandya ,Vasa Guggul*

INTRODUCTION

Amlapitta is a disease which is commonly found in almost all parts of the world. Peculiarities of this disease are, increased prevalence, vast field of manifestation of symptoms, requires prolonged dietetic control, if not treated in proper time, it may create major problems, relapses are very common.[1] 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.[2] The first recorded medical literature Charaka Samhita which bases the very systematic and scientific description has not mentioned the disease *Amlapitta*. Though a scattered references and the pathogenesis is found in *Grahani Adhyaya* that *Annavisha* (food poisoning) when associated with Pitta causes burning sensation, morbid thirst and mouth diseases leads to *Amlapitta* and such other *paittika* disorders.[3] 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 analysed 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[4]. Madhavakara has classified the disease into two types namely *Urdhwaga and Adhoga Amlapitta*[5]. Madhavakara followed the Charaka that the disease is due to vitiation of Pitta which is already increased due to its own causes. While describing the pathogenesis of *Amlapitta* Acharya Charaka has mentioned that the ama visha when gets mixed with pitta the disease *amlapitta* is developed. *Amlapitta* and its *upadravas* may consider in gastric syndrome or acid peptic diseases according to the modern science. A survey of people suffering from acid peptic diseases in India revealed that over 25% of the people are suffering from acid peptic diseases[6]. Therefore, much work has been expected from the Ayurvedic scholars to overcome the disease *Amlapitta*. In recent years the numbers of sufferers are becoming more and the several formulations have been tried on various aspects of *Amlapitta*, still we are not having a definite cure for the disease. So, the drug *Vasa Guggul*[7] which was described in *Chakradatta* and *Chinnodbhava Kwath*[8,] from *Bhisajyarathanvali* were selected for clinical trial. The ingredients are easily available throughout the year, non-controversial and cost effective and available in all over India.

AIMS & OBJECTIVE

To assess the clinical efficacy of vasa guggul and *chinnodbhava kwath* in the management of *Amlapitta.*

MATERIAL & METHODS

Sample source: The patients were selected from OPD and IPD of SDM Trust's Ayurvedic Medical College, Padma Hospital & Research Centre, Terdal

Drug Source: Raw drugs required were identified & collected from the GMP certified pharmacy and *Vasa Guggul & Chinnodbhava Kwath* were prepared at SDMT AMC in the dept. of Rasashastra and Bhaishajya kalpana in according to classical reference. Evaluation of the patient was done after detailed examination and the data were recorded in a specially prepared proforma.

Inclusion Criteria

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

Exclusion Criteria

- Pregnant women, lactating mother, alcoholic persons.
- Patients having bleeding disorders.
- Patients suffering from other systemic illness which interfere with course of treatment.
- Diagnosed case of H. pylori.

Withdrawal criteria: During the course of 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.

Diagnostic criteria: Diagnosis would be done on the bases of signs & symptoms of *Amlapitta* as explained in the classical text.

Study design: A Randomised Comparative Clinical study. 40 patients irrespective of sex, socio-economic status, place, *Amlapitta* were selected for the study. Selected patients were randomly placed under 2 groups A and B with minimum 20 patients in each group. A separate case sheet was prepared with a complete history, physical signs & symptoms. The parameters of signs & symptoms were scored on basis of standard methods & was analysed statistically

Duration of Treatment- *Shamanoushadha* was given for 30 days in both groups

Assessment criteria: These criteria to be followed before during & after the treatment Table no 1. SUBJECTIVE PARAMETERS:

Interventions:

- **Group 'A':** Patients under this group were treated by *Vasa Guggul* 500 mg 2 BID [General dose of Guggul is 1-3 *maasha*=1-3gms] - before food with *Koshna Jala Anupana* for 30 days.

- **Group 'B':** Patients under this group were treated by *Chinnodbhava Kwath* 40 ml BID [2 *pala*=80ml] before food with *Madhu Anupan* for 30 days.

OBSERVATIONS

Total 46 patents were registered for this study. Out of 46 patient 6 patient were not completed the treatment, excluding the drop out of 6 patients the study was completed on 40 patients.(Table 2-Table 14)

RESULTS

Table No.15: Effect of therapy on *charade* Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant

Table No.16: Effect of therapy on *Tikta Amla Udgar* Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Table No.17: Effect of therapy on *Hrit-Kanta Daha* Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Table No.18: Effect of therapy on *Aruchi* Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Table No.19: Effect of therapy on *Shirashoola* Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Table No.20: Effect of therapy on *Utklesh* Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Table No.21: Effect of therapy on *Hasta-Pada-Daha* Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Table No.22: Effect of therapy on *Sarvanga Daha* Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Table No.23: Effect of therapy on *Gaurava* Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table we can observe that, P-Value for Group A and Group B is less than 0.05. Hence, we can conclude that, effect observed in Group A and Group B is significant.

Table No.24: Effect of therapy on *Klama* Since observations are on ordinal scale (gradations), we have used Wilcoxon Signed Rank Test to test efficacy in Group A and Group B. From above table we can observe that, P-Value for Group A and Group B is less than 0.05. Hence we can conclude that, effect observed in Group A and Group B is significant.

Table No.25: Comparison Between Group A and Group B For comparison between Group A and Group B, we have used Mann Whitney U test. From above table we can observe that, P-Value for almost parameters is greater than 0.05. Hence, we can conclude that, there is no significant difference between Group A and Group B.Table No.26: Overall Effect (Chart 1)

DISCUSSION

Discussion on Different Demographic Profile of the patients

Age: In the present study, all the patients were in the age range of 16–70 years. Out of these, 32.5% were in the age group 21-30, 22.5% patients are in the age group 31-40, 15% were belonging to the age group of 41–50, 12.5%

patients each were in 51–60 & 10% patients were belongs to 61-70 years age group. This indicates that the middle-aged populations are affected by this disease more, which is *Pitta* predominant period of life. This Pitta predominance makes disease chronic and *Krichra Sadhya.*

Gender: Out of total 40 patients, 60% patients were male and 40% were female. This may be due to faulty dietary habit, increased stress and strain among males and also due to habits like smoking, pan etc.

Religion: Maximum i.e. 87.5% were Hindu and 12.5% were Muslims. This may be due more concentration Hindu population in the area from where patients were attending the O.P.D. So it cannot be concluded that Hindu are more prone to *Amlapitta.*

Marital Status: Maximum 72.5% were married, because this status is related to middle age group. Married patients were under stress and work load due to various reasons may be due to increased responsibility.

***Deha Prakriti*:** In this series, maximum i.e. 60% patients had *Vata-pitta* and 32.5% had *Pitta-kapha Prakriti* and 7.5% patients having *vata-pitta parkriti*.

Agni: Maximum number of patients of this series i.e. 42.5% were having *manda agni*, 32.5% patients were having *tikshna agni*, 20% patients were having *visham agni* and 5% patients were having *samagni.* Both Manda Agni and *Teekshanagani* which indicates the pathogenesis of the *Amlapitta.*

Sara, Satva: Maximum 82.5% patients were having *Madhyam Sara,* 67.5% patients were *Madhyama Satva*. This reflects the general *Sara and Satva* in the patients and this cannot be correlated to disease.

***Abhyavaharana Shakti*:** In this series 90% patients were showing *madhyama abhyavaharana Shakti,* 7.5% patients were showing *avara* and 2.5% patients were showing *pravara abhyavaharana shakti*.

Chronicity: 67.5% patients were having chronicity of 6 – 12 months and 17.5% patients had the chronicity more than 0 - 3 months and 15% patients had 3 – 6 months chronicity. As this is not routine life disturbing disease, patients initially does not care of mild symptoms and keep them on self-medication once prescribed by physician just as antacid, milk, cold drink. They are attending hospital lately and this disease is more over chronic in nature *(Chirakalanubandhi).*

Vyayama: In this study, 52.5% patients doing no *vyayama*, 35% patients were doing less *vyayama* and only 12.5% patients were doing proper *vyayama*. Modern life style there is no time to do *vyayama.* Most of the people even doesn't walk for short distance too. This physical instability also main cause for the *amlapitta*

Nidra -62.5% patients were reported Irregular/disturbed sleep and only 37.5% patients were reported Regular/sound sleep. According to Madavanidhana and Kashyapa samhita *vegadharnam* is also main cause for the *amlapittam. Nidra* also one of *adharaneeyavega.* According to modern scientific world also research on that night awakening is also main cause for most of the Gastroenterological problem due to disturbance in the circadian rhythm. This study also revealed that irregular sleep will produce the *Amlapitta.*

Discussion on Results

Charadi was reduced by 70.27% and 75.00% in group A and group B respectively. The initial mean score of symptoms was 1.85 and it was reduced to 0.55 after the treatment in group A. The initial mean score of symptoms was 1.60 and it was reduced to 0.40 after the treatment in group B. Both groups provided statistically significant improvement at P<0.0001237.

Both of the drugs contain *anulomaka, Deepana Pachana* property may act on *Vimarga-Gamana Srotho Dushti* which may be main causative factor in the breakdown of the pathogenesis. *Chinnodbhava Kwath* shows slightly better results in the patients than *Vasa Guggul*.

Tikta Amla udgara was reduced by 72.50% and 73.91% in group A and group B respectively. The initial mean score of symptoms was 2.00 and it was reduced to 0.55 after the treatment. The initial mean score of symptoms was 2.30 and it was reduced to 0.60 after the treatment in group B. Both groups provided statistically significant improvement at P<0.0000530.

Both the drugs have *Anulomana* property, which improves the status of Apana Vayu both the shaman *auoshadi* shows good result on the symptom *Tikta Amla udgara Chinnodbhava Kwath* shows better results.

Hrit-Kanta Daha was reduced by 69.57% and 75.00% in group A and group B respectively. The initial mean score of symptoms was 2.30 and it was reduced to 0.70 after the treatment. The initial mean score of symptoms was 2.60 and it was reduced to 0.65 after the treatment in group B. Both groups provided statistically significant improvement at P<0.0000500.

Both the drugs contain *Madhura Rasa, Sheeta Veerya, Mrudu and Snigdha Guna with Dahahara* and *Hridaya* property which refers to the soothing action of on *Annavaha Srotas* thus reducing the irritation.

Aruchi was reduced by 71.05% and 76.47% in group A and group B respectively. The initial mean score of symptoms was 1.90 and it was reduced to 0.55 after the treatment. The

initial mean score of symptoms was 1.70 and it was reduced to 0.40 after the treatment in group B. Both groups provided statistically significant improvement at P<0.0001237.Both the drugs contain *Madhura Rasa, Sheeta Veerya, Mrudu and Snigdha Guna with Ruchya and Hridaya* property which refers to the soothing action of on *Annavaha Srotas. Here Chinnodbhava Kwath* shows slightly better results than *Vasa Guggul*.

Shirashoola was reduced by 70.73% and 73.53% in group A and group B respectively. The initial mean score of symptoms was 2.05 and it was reduced to 0.60 after the treatment. The initial mean score of symptoms was 1.70 and it was reduced to 0.45 after the treatment in group B. Both groups provided statistically significant improvement at P<0.0002896.

Utklesha was reduced by 67.31% and 74.47% in group A and group B respectively. The initial mean score of symptoms was 2.60 and it was reduced to 0.85 after the treatment. The initial mean score of symptoms was 2.35 and it was reduced to 0.60 after the treatment in group B. Both groups provided statistically significant improvement at P<0.0001056.Both of the drugs contain *anulomaka* property may act on *Vimarga-Gamana Srotho Dushti* which may be causative factor in the breakdown of the pathogenesis. On the symptom *Utklesha, Chinnodbhava Kwath* shows better results.

Hasta-pada-daha was reduced by 71.88% and 75.68% in group A and group B respectively. The initial mean score of symptoms was 1.60 and it was reduced to 0.45 after the treatment. The initial mean score of symptoms was 1.85 and it was reduced to 0.45 after the treatment in group B. Both groups provided statistically significant improvement at P<0.0000506.

Sarvanga daha was reduced by 69.44% and 77.27% in group A and group B respectively. The initial mean score of symptoms was 1.80 and it was reduced to 0.55 after the treatment. The initial mean score of symptoms was 2.20 and it was reduced to 0.50 after the treatment in group B. Both groups provided statistically significant improvement at P<0.0000415.

Gaurava was reduced by 68.42% and 72.97% in group A and group B respectively. The initial mean score of symptoms was 1.90 and it was reduced to 0.60 after the treatment. The initial mean score of symptoms was 1.85 and it was reduced to 0.50 after the treatment in group B. Both groups provided statistically significant improvement at P<0.0001260.Both the drugs having the quality of *agni deepana, vata anuloma,* property.

Klama was reduced by 72.09% and 76.19% in group A and group B respectively. The initial mean score of symptoms was 2.15 and it was reduced to 0.60 after the treatment. The initial mean score of symptoms was 2.10 and it was reduced to 0.50 after the treatment in group B. Both groups provided statistically significant improvement at P<0.0000506.Both of the drugs having *Deepana pachana sramahara* property it helps in the reducing the *klama.*

Overall effect of the therapies

The overall effect of each therapy was assessed at the end of completion of treatment. In Group A. 15% patients were gained marked improvement. 85% patients were got Moderate improvement i.e. more than 70.39% relief. In Group B. 50% patients were gained marked improvement. 50% patients were got Moderate improvement i.e. more than 75.04% relief. No patients in both groups were found unchanged and no patient got complete cured at the end of treatment. Thus, both the Medicine proved to be effective in combating the disease *Amlapitta.* But on Comparison Group B showed good results than Group A. Hence on comparing between group A and Group B, we have used Mann Whitney U test form this study. Thus, *Chinnodbhava Kwath* is shown more efficacy than *Vasa Guggul* in *Amlapitta.*

CONCLUSION

In most of the patients, it was observed that *Agnimandya* and dietic faulty habit are main responsible factor for *Amlapitta.* In this study Control Group, A were administered Vasa Guggul in the dose 500mg twice a day before food for the period of 30 days and Test Group B *Chinnodhawa Kwath* in the dose 40ml twice a day before food for the period of 30 days. In Group A (*Vasa Guggul)* 3 Patients (15%) were shown marked improvement, 17 Patients (85%) were shown moderate improvement and No any Patients were shown mild improvement In Group B (*Chinnodbhava Kwath*) 10 Patients (50%) were shown marked improvement, 10 Patients (50%) were shown moderate improvement and No any Patients were shown mild improvement. Hence Both the Drugs gave good improvement in both groups. But test Group B (*Chinnodbhawa Kwath)* is slightly more effective than Group A *(Vasa Guggul).*

Acknowledgements- Nil
Conflict of Interest – None
Source of Finance & Support - Nil

ORCID

Babar Vitthalrao Villas,
https://orcid.org/0000-0001-7942-7258

REFERENCE

1. Pramod C. Baragi, Umapati C. Baragi. A Critical Review of Disease Amlapitta (Gastritis). J Ayurveda Integr Med Sci 2017;1:167-179. http://dx.doi.org/10.21760/jaims.v2i1.7507
2. Shashirekha H. K Agnivesha; charakaSamhita; Vimana sthanam; English Translation; Cha.no/sl.no-2/9 Published by Chaukambha Publications: Varanasi; 2008.pp.-182-183.
3. Sharma P, Agnivesha; charakaSamhita; Chikitsa stanam; English Translation; Cha.no/sl.no: 15/47 Published by Chaukambha Orientalia: Varanasi; 2008.pp.253.
4. Tiwari P.V, Vriddha Jivaka; Kashyapa Samhita; Khila Stana; English Translation Cha.no/sl.no-16/9 Published by Chaukambha Vivabharati; Varanasi; Reprint; 2008.pp.630.
5. Murthy C, Madhavakara; Madhava Nidana; English Translation Cha.no/sl.no-51/1 Published by Chaukambha Sankrit series office; Varanasi; Second Edition:2012.pp.142
6. Patel M, APD – burden in India; booklet No. 1, developed by Indigene lifesystem pvt. : A Comparative Study of the Patoladi Compound with & without shodhana (Virechana karma) in the management of Amlapitta
7. Tripathi I , Chakradatta , Adhyaya -52, pg.no-295, shloka no-14.Chaukhamba Prakashan, Varanasi, 2008.
8. Das G, Bhaishaj Ratnavali, Khemraj Shrikrushna Prakashan, Bumbai-4, shloka no.17. Vidhotini Bhashatikasamhita, 2009. pp.921

How to cite this article: Vilas B.V "A Comparative Clinical Study On Effect Of *Vasa Guggul* And *Chinnodbhava Kwath* In The Management Of *Amlapitta*" IRJAY.[online]2022;5(6);24-37.
Available from: https://irjay.com
DOI link- https://doi.org/10.47223/IRJAY.2022.5603

Table no 1. SUBJECTIVE PARAMETERS:

Sr. No	**Parameters**	**Findings**	**Grade**
1	*CHHARDI* (Vomiting)	No vomiting	0
		1 to episodes in 24 hours	1
		3 to 5 episodes in 24 hours	2
		More than 6 episodes in 24 hours	3
2	*TIKTA AMLODGAR* (Sour & Bitter Belching)	No *amlodgar*	0
		Occasionally occur for short duration.	1
		Frequent episode of Prolonged discomfort	2
		Continuous discomfort	3
3	*HRIT KANTA DAHA* (Heart & Throat Burn)	No *Daha*	0
		Daha in any 1 area of *Udara, Kukshi, Kantha* occasionally for more than 1/2 hr.	1
		Daha in any 2 areas occurs daily for 1/2 -1 hr	2
		Daha occurs daily in more than 2 areas for 1 hr .or more and relieves after digestion of food or *Chardi.*	3
4	*ARUCHI* (Anorexia)	Interested towards all *Bhojya Padartha*	0
		Uninterested towards some specific *BhojyaPadartha* but less than normal.	1
		Uninterested towards some specific *Rasa* i.e *Katu, Amla Madhura*.	2
		Uninterested towards *Bhojya Padartha* but can take meal	3
5	*SHIRSHOOL* (Headache)	No Headache	0
		Mild Headache	1
		Moderate Headache	2
		Severe Headache	3
6	UTKLESH (Nausea)	No *utklesh*	0
		Utklesh occur occasionally 2-3 times in a week	1
		Utklesh occurs daily but not severe.	2
		Utklesh subside after *Langhana*.	3
7	*HASTA PADA DAHA* (Burning Sensation)	*NO DAHA*	0
		Daha og mild degree in area hasta pada	1
		Daha of moderate to degree in most area of hasta pada	2
		Daha of severe degree in area hasta pada	3
8	*SARVANG DAHA* (Burning Sensation All over Body)	*Absent*	0
		Occasionally buring sensation in all over body	1
		Intermittently buring sensation in all over body	2
		Continuously buring sensation in all over body	3
9	*GURUTA* (Heaviness)	*No guruta*	
		Occasional feeling of *Gauravata* for some time in *Hasta* and *Pada*.	1
		Feeling of *Gauravata* for some time in *Hasta* and *Pada* not affecting the routine activities.	2
		Daily feeling of *Gauravata* in whole body.	3
10	*KLAMA*	No *klama*	0
		Occasional feeling of *klama*(lassitude) without *Shrama* and remains for some time.	1
		Klama without *Shrama* daily for some times	2
		Klama without *Shrama* daily for long duration.	3

Table No. 2: Age wise distribution of patients of *Amlapitta*

Age Group	Group A	Group B	Total	Percent
16-20 Years	2	1	3	7.5
21-30 Years	5	8	13	32.5
31-40 Years	4	5	9	22.5
41-50 Years	2	4	6	15.0
51-60 Years	4	1	5	12.5
61-70 Years	3	1	4	10.0
Total	20	20	40	100

Table No. 3: Gender wise distribution of patients of *Amlapitta*

Gender	Group A	Group B	Total	Percent
Male	13	11	24	60.0
Female	7	9	16	40.0
Total	20	20	40	100.0

Table No. 4: Religion wise distribution of patients of *Amlapitta*

Religion	Group A	Group B	Total	Percent
Hindu	16	19	35	87.5
Muslim	4	1	5	12.5
Total	20	20	40	100.0

Table No. 5: Marital Status wise distribution of patients of *Amlapitta*

Marital Status	Group A	Group B	Total	Percent
Married	16	13	29	72.5
Unmarried	4	7	11	27.5
Total	20	20	40	100.0

Table No. 6: *Deha Prakriti* wise distribution of patients of *Amlapitta*

Prakruti	Group A	Group B	Total	Percent
Vaata -Kapha	1	2	3	7.50
Vata-pitta	13	11	24	60.00
Pitta -Kapha	6	7	13	32.50
Total	20	20	40	100.00

Table No. 7: Agni wise distribution of patients of *Amlapitta*

Agni	Group A	Group B	Total	Percent
Sama	2	0	2	5.00
Vishama	4	4	8	20.00
Manda	10	7	17	42.50
Tikshna	4	9	13	32.50
Total	20	20	40	100

Table No. 8: *Koshta* wise distribution of patients of *Amlapitta*

Koshta	**Group A**	**Group B**	**Total**	**Percent**
Mrudu	2	3	5	12.50
Madhyama	13	14	27	67.50
Krura	5	3	8	20.00
Total	20	20	40	100.00

Table No. 9: Sara wise distribution of patients of *Amlapitta*

Sara	Group A	Group B	Total	Percent
Pravara	1	3	4	10.0
Madhyama	17	16	33	82.5
Avara	2	1	3	7.5
Total	20	20	40	100.0

Table No. 10: *Satva* wise distribution of patients of *Amlapitta*

Satva	Group A	Group B	Total	Percent
Pravara	3	4	7	17.5
Madhyama	12	15	27	67.5
Avara	5	1	6	15.0
Total	20	20	40	100.0

Table No. 11: Dietetic habit wise distribution of patients of *Amlapitta*

Dietetic habit	Group A	Group B	Total	Percent
Vishamasha	7	7	14	35.00
Adhyasana	7	9	16	40.00
Anasana	2	2	4	10.00
Samashana	4	2	6	15.00
Total	20	20	24	35.00

Table No. 12: **Chronicity wise distribution of patients of *Amlapitta***

Chronicity	Group A	Group B	Total	Percent
0 – 3 month	3	4	7	17.5
3 – 6 month	3	3	6	15.0
6 – 12 month	14	13	27	67.5
Total	20	20	40	100.0

Table No. 13: *Vyayama* wise distribution of patients of *Amlapitta*

Vyayama	Group A	Group B	Total	Percent
No	10	11	21	52.5
Less	8	6	14	35.0
Proper	2	3	5	12.5
Excessive	0	0	0	-
Total	20	20	40	100

Table No. 14: *Nidra* wise distribution of patients of *Amlapitta*

Nidra	Group A	Group B	Total	Percent
Regular/sound	7	8	15	37.50
Irregular/disturbed	13	12	25	62.50
Total	20	20	40	100.00

Table No.15: Effect of therapy on *charadi*

Charadi		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.85	2.00	0.88	0.20	-3.839[b]	0.0001237	70.27	Sig
	AT	0.55	1.00	0.51	0.11				
Group B	BT	1.60	2.00	1.05	0.23	-3.520[b]	0.0004323	75.00	Sig
	AT	0.40	0.00	0.50	0.11				

Table No.16: Effect of therapy on *Tikta Amla Udgar*

Tikta-Amla Udgar		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	2.00	2.00	0.65	0.15	-4.042[b]	0.0000530	72.50	Sig
	AT	0.55	1.00	0.51	0.11				
Group B	BT	2.30	2.00	0.47	0.11	-4.042[b]	0.0000530	73.91	Sig
	AT	0.60	1.00	0.50	0.11				

Table No.17: Effect of therapy on *Hrit-Kanta Daha*

Hrit-Kanta Daha		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	2.30	2.00	0.57	0.13	-3.987[b]	0.0000668	69.57	Sig
	AT	0.70	1.00	0.47	0.11				
Group B	BT	2.60	3.00	0.50	0.11	-4.056[b]	0.0000500	75.00	Sig
	AT	0.65	1.00	0.49	0.11				

Table No.18: Effect of therapy on *Aruchi*

Aruchi		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.90	2.00	0.64	0.14	-3.954[b]	0.0000770	71.05	Sig
	AT	0.55	1.00	0.51	0.11				
Group B	BT	1.70	2.00	0.66	0.15	-3.839[b]	0.0001237	76.47	Sig
	AT	0.40	0.00	0.50	0.11				

Table No.19: Effect of therapy on *Shirashoola*

Shirashoola		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	2.05	2.00	0.76	0.17	-3.923[b]	0.0000874	70.73	Sig
	AT	0.60	1.00	0.50	0.11				
Group B	BT	1.70	2.00	0.98	0.22	-3.624[b]	0.0002896	73.53	Sig
	AT	0.45	0.00	0.51	0.11				

Table No.20: Effect of therapy on *Utklesh*

Utklesha		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	2.60	3.00	0.50	0.11	-4.134[b]	0.0000356	67.31	Sig
	AT	0.85	1.00	0.49	0.11				
Group B	BT	2.35	2.50	0.81	0.18	-3.877[b]	0.0001056	74.47	Sig
	AT	0.60	1.00	0.60	0.13				

Table No.21: Effect of therapy on *Hasta-Pada-Daha*

Hasta-pada-daha		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.60	2.00	0.60	0.13	-4.065[b]	0.0000481	71.88	Sig
	AT	0.45	0.00	0.51	0.11				
Group B	BT	1.85	2.00	0.49	0.11	-4.053[b]	0.0000506	75.68	Sig
	AT	0.45	0.00	0.51	0.11				

Table No.22: Effect of therapy on *Sarvanga Daha*

Sarvanga daha		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.80	2.00	0.52	0.12	-3.987[b]	0.0000668	69.44	Sig
	AT	0.55	1.00	0.51	0.11				
Group B	BT	2.20	2.00	0.41	0.09	-4.099[b]	0.0000415	77.27	Sig
	AT	0.50	0.50	0.51	0.11				

Table No.23: Effect of therapy on *Gaurava*

Gaurava		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	1.90	2.00	0.45	0.10	-3.839[b]	0.0001237	68.42	Sig
	AT	0.60	1.00	0.60	0.13				
Group B	BT	1.85	2.00	0.75	0.17	-3.834[b]	0.0001260	72.97	Sig
	AT	0.50	0.50	0.51	0.11				

Table No.24: Effect of therapy on *Klama*

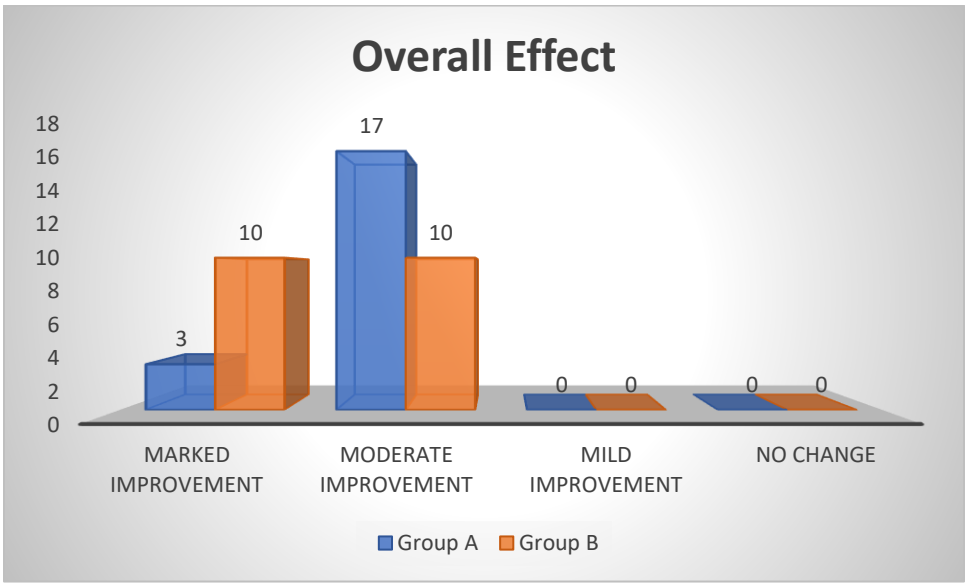
Klama		Mean	Median	SD	SE	Wilcoxon W	P-Value	% Effect	Result
Group A	BT	2.15	2.00	0.93	0.21	-3.841[b]	0.0001223	72.09	Sig
	AT	0.60	1.00	0.50	0.11				
Group B	BT	2.10	2.00	0.55	0.12	-4.053[b]	0.0000506	76.19	Sig
	AT	0.50	0.00	0.61	0.14				

Table No.25: Comparison Between Group A and Group B

		N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value
Charadi	Group A	20	20.95	419.00	191.000	0.792
	Group B	20	20.05	401.00		
	Total	40				
Trika-Amla Udgar	Group A	20	18.13	362.50	152.500	0.147
	Group B	20	22.88	457.50		
	Total	40				
Hrit-Kanta Daha	Group A	20	17.93	358.50	148.500	0.098
	Group B	20	23.08	461.50		
	Total	40				
Aruchi	Group A	20	20.55	411.00	199.000	0.976
	Group B	20	20.45	409.00		
	Total	40				
Shirashoola	Group A	20	21.55	431.00	179.000	0.537
	Group B	20	19.45	389.00		
	Total	40				
Utklesha	Group A	20	19.63	392.50	182.500	0.546
	Group B	20	21.38	427.50		
	Total	40				
Hasta-pada-daha	Group A	20	18.20	364.00	154.000	0.127
	Group B	20	22.80	456.00		
	Total	40				
Sarvanga daha	Group A	20	16.35	327.00	117.000	0.010
	Group B	20	24.65	493.00		
	Total	40				
Gaurava	Group A	20	20.05	401.00	191.000	0.787
	Group B	20	20.95	419.00		
	Total	40				
Klama	Group A	20	20.40	408.00	198.000	0.951
	Group B	20	20.60	412.00		
	Total	40				

Table No.26: Overall Effect

Overall Effect	Group A		Group B	
	N	%	N	%
Marked Improvement	3	15.00	10	50.00
Moderate Improvement	17	85.00	10	50.00
Mild Improvement	0	0.00	0	0.00
No Change	0	0.00	0	0.00
TOTAL	20	100.00	20	100.00


Overall Effect
18
16
14
12
10
8
6
4
2
0
3
10
17
10
0
0
0
0
MARKED IMPROVEMENT
MODERATE IMPROVEMENT
MILD IMPROVEMENT
NO CHANGE
Group A
Group B