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EFFICACY STUDY OF SWARNAMAKSHIK BHASMA WITH KSHAUDRA AND SHARKAR IN GARAVISHJANIT AMLAPITTA.

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ABSTRACT

Viruddhahar is the hetu of Agnimandya, thus affects the Rasavaha and Annavaha Srotas resulting in formation of shuktaahar rasa and further to Amavisha that vitiates Pitta leading to Garvishajanit Amlapitta. 40 patients diagnosed with this Garavishajanit Amlapitta were. Trial group was administered the Swarnamakshikbhasma with Kshaudra and Sharkara with koshna jala at Vyanodaankala for 30 days, However, control group received symptomatic contemporary line of treatment as and when necessary. Both groups were administered Avipattikar churna as Mridushodhan for the first 7 days of trial. 8 subjective parameters, graded appropriately, formed the criteria of

Assessment and weekly follow-ups were taken. The statistical analysis using *Swarnamakshik Bhasma*with, *Kshaudra and Sharkara* - showed significant reduction in symptom of *Hriddaha, Kanthdaha, Utklesh, Chardi, Aruchi, Avipaka, Gaurav. Swarnamakshik is Kashay, Madhur Rasatmaka* and *Sheet virya, Kshaudra* is *Madhur kashay* in *Rasa, Guru* and *Sheeta guna, Rakta pitta kaphapaham* and *Yogvahi* while Sharkara is *Madhur* in *rasa a*nd *Sheeta virya*. This combination of the Trial drug counteract the vitiated *Pitta guna* and can be administered in *Amlapitta*. Hence, the efficacy of *Swarnamakshikbhasma* with *Kshaudra and Sharkara* in *Garvishajanit Amlapitta* has been proved.

KEYWORDS: Viruddhahar, Amlapitta, Swarnamakshik Bhasma, Kshaudra, Sharkara.

INTRODUCTION

In accordance with *Vaghbat Acharya's* quotation, *Viruddhahar* can be termed as *Garavisha*^[1]. *Acharya Charak* and *Acharya Vaghbat* has clearly defined the role of *Agni* and *viruddhahar* in the etiopathogenesis of all the human ailments. *Acharya Charak* precisely enlists *Amlapitta* as one of the disorders caused by *viruddhahar sevan* which can be stated as

Garavishjanit Amlapitta. [2] The above nidan sevana of viruddhaahar or Garavisha causes vitiation of doshas and agni resulting in Agnimandya and ultimately leads to Avipaka. Hence even light and small meals are not digested. This undigested or ill digested food attains shuktatva resulting in the development of the disease Amlapitta. [3] In the begining, a survey was conducted to study the prevalence of both viruddhaahar consumption and Amlapitta as its outcome. This indicated viruddhaahar as a prime aetiological factor of Amlapitta. Then symptoms produced by constantly consuming viruddhaahar were found to resemble those of Amlapitta. As this Amlapitta was caused by viruddhaahar which is synonymous with Garavishjanit, the condition was termed as Viruddhaaharjanit Amlapitta. The use of Swarnamakshik and Swarna with Kshaudra and Sharkara has been stated by Vagbhat Acharya in the treatment of Garavisha. [4] However, Swarna being costly can be replaced by Swarnamakshik as per Ayurved Prakash, their guna being similar. [5] Swarnamakshik is kashay madhur in rasa and sheet virya which counteract the vitiated Pitta guna and can be administered in disease Amlapitta. [6] Kshaudra is madhur kashay in rasa, guru and sita guna, raktapittakaphapaham and yogvahi. Sharkara is madhur in rasa and sheet virya^[8] which too counteracts the vitiated *Pitta guna* and hence can be administered in *Amlapitta*.

AIM AND OBJECTIVES

AIM:- To study the efficacy of *Swarnamakshik bhasma* with *Kshaudra* and *Sharkara* in *Garavishajanit Amlapitta*.

OBJECTIVES

- 1. Compilation and interpretation of all relevant information of *Amlapitta*, *Viruddhahar*, *Swarnamakshik bhasma*, *Kshaudra and sharkara*.
- 2. Conduction of a clinical study to assess the efficacy of *Swarnmakshikbhasma* with *Kshaudra* and *Sharkara* in *Garavishjanit Amlapitta*.

MATERIALS AND METHOD

Material used was *Swarnamakshikbhasma* with *Kshaudra and Sharkara*. The trial drug was purchased from an authorized pharmacy- UNJHA Pharmacy, Gujrat and standarization certificate of the formulation has been attached in the Annexure of the dissertation. It is a open randomised clinical trial. Study was conducted at Bharati Vidyapeeth Medical Foundation's Ayurved Hospital and Research Centre, Katraj Dhankawadi, Pune-43 following the official permission of the Institutional Ehics Committee prior to the conduction of research work.

Pilot study was conducted to know the prevalence of *viruddhahar* in current scenario. The Diagnosed patients with *Garavishajaanit Amlapitta* were randomly alloted into two groups -

Group A]:- Control Group-20 patients

Group B]:- Trial Group-20 patients

Informed Consent of the each patient of both the groups was taken prior to their inclusion of clinical trial. Both group received *Avipattikar churna as mridu shodhan* for 7 days. However Group B were administered the Trial drug.

Dosage Schedule: 125mg of *Swarnamakshikbhasma* with *Kshaudra and Sharkara* was administered in *Vyanodan kala* with Koshnajala for 4 weeks.

Follow up Schedule: Both groups were observed for 4 weeks, taking weekly follow-up (i.e. on 6th, 12th, 18th, 24th and 30th day respectively).

Criteria For Assessment

- 1. Avipaka
- 2. Klama
- 3. Utklesha
- 4. Amlodgar
- 5. Gaurav
- **6.** Hriddaha
- 7. Kanthdaha
- 8. Aruchi
- **9.** Others any

OBSERVATIONS

Observations were grossly classified into General Observation, Observations of Subjective Parameters.

- 1] General Observations:- 65% of the control group and 80% of the trial group were of 20-30 yrs. This is the most common age when consumption of *viruddhahar* is frequent. Both Control and Trial groups, showed a female predominance of 8% and 11% respectively.
- **2] Subjective Parameters:-** In this study, total 8 symptoms were included, we observed that 7 symptoms among 8 showed statistically reduction in Grade 4 or 3 to 0 or 1. but the only exception was observed in the symptom of *Klama* showed no reduction.

STATISTICAL ANALYSIS

Wilcoxon test was used for analysis between Control and Trial group. According to the statistical analysis, it was found that out of total 8 subjective parameters, Significant results were observed in 7 symptoms- *Aruchi, Hriddaha, Avipaka, Gaurav, Kanthadah, Utklesh, Amlodgar* (AsPvalue<0.05). No Significant results were observed in symptom- *Klama*.

DISCUSSION

Current study is an open randomised clinical trial. Taking into consideration, *Samprapti* of *Garavishajanit Amlapitta* is due to *Kapha Pitta dushti* and *agnimandya r*esulting in *Amavisha* leading to vitiation of *Pitta* and finally *Garavishajanit Amlapitta*. The contents of *Swarnamakshik* is *kashay madhur* in *rasa* and *sheet virya*, *Kshaudra* is *madhur kashay* in *rasa*, *guru and sheeta guna*, *raktapittakaphapaham* and *Yogvahi*. *Sharkara is madhur* in *rasa* and *sheeta virya*. Considering *subjective parameter*.

Hriddaha: - maximum no. of patients in Trial Group showed reduction in Grade3 to Grade 0 by D28. but no such reduction was found in Control Group. It was cured by Swarnamakshik bhasma with Ksaudra and Sharkara due to the acch pitta (prakrit pitta) formation because of kaph pitta nashak properties of swarnamakshik bhasma. Similarly, In Amlodgar - In the Trial group 55% of patients of Grade 3 and 25% of Grade 2,4 each showed a reduction of Grade0, or 1 by the Day 30, indicating that reduction of symptom was to a greater extent in Trial group. Amlodgar lakshan was reduced by the mandanalnashak and kapha pitta nashak properties of Swarrnamakshik bhasma that aided in the production of jirna ahar. Similar results were observed in symptoms Kanthdaha Utklesh, Aruchi, Avipaka. Only one exception was found in the symptom of Gaurav where significant result were seen in both Control and Trial Group The overall relief in gaurav was seen because of vataanuloman properties of Avipattikar churna. In Control Group, whereas in Trial Group, it is seen due to ythauchitvegoutsarg achieved by jirnaahar rasa. But non significant result were observed in Symptom like Klama. The probable action of Swarnamakshik bhasma with kshaudra and Sharkara in Garavishajanit Amlapitta is because of Mandanalnashak and Kaphakpittanashak properties of all ingredients. As result of which prakarit agni is produced. And prakrit Kaphapitta is formed resulting in ahar rasa nimish and acchpitta udiran. Laghuta, Udgar Shudhi, Ythouchit Vegoutsarg ytha uchit is obtained. Besides this Kshaudra and sharkara (anupan dravya,) too assist in samprapti bhang, kshaudra as stated by charak acharya is yogyahi, has madhur kashay rasa, Madhur Vipak and Tridoshamak and thus potentiating the

effect of trial drug and simultaneously increase its absorption i.e *vyaypti*. *Sharkara* at the same time having *sheeta virya* and *madhur vipak* reduce the *vidahitva* of *Pitta*.

On the basis of the above discussion it can be said that the trial drug *Swarnmakshik* bhasma with *Ksaudra* and *Sharkara* in *Garavishajanit Amlapitta* is clinically effective.

CONCLUSION

Thus, the efficacy study of *Swarnamakshik Bhasma* with *Kshaudra-Sharkara* in *Garavishajanit Amlapitta* has been proved.

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