CLINICAL STUDY ON EVALUATION OF PANCHAMRUT GUTI (CALCIPRITE) PROPRIETARY PRODUCT OF AYURVED RASASHALA IN THE TREATMENT OF URDHWAG AMLAPITTA
URDHWAG AMLAPITTA
SOLE APARNA
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Abstract: Almost 8 people amongst 10 suffer from Urdhwa Amlapitta (Hyperacidity) once in lifetime. 80% of these sufferers are in age group 18-70 years. The study was aimed to evaluate effect of Panchamrut guti (Calciprite) in Urdhwa Amlapitta (hyperacidity). Clinical trials were conducted to evaluate the efficacy of the drug. In 60 patients. It was observed that the patients who are given drug as well as told to follow pathya got sooner relief than patients who were given only drug. The contents of the drug praval shnkha shukti and kapardik potentiated by kemara swaras by their madhura rasa and mruduta try to produce satwa guna in body which is contradictory to rajas guna and helps to perform the function of amlapittanashan.

Key words: Urdhwa Amlapita (hyperacidity), Panchamrut guti (Calciprite)

Introduction
Life of man has become very mechanized. He has lost a balance of daily routine life style. As a result of this he is moving far away from nature and has lost rhythm of simple natural life. Ayurved describes methods of promotion of positive health. It emphasizes the importance of daily routine dinacharya and seasonal regime Ritucharya along with diet, drugs, physical activities and good personal hygiene to achieve physical and mental health. Urdhwag Amlapitta is a disease caused by various factors. Specific
characteristics and nature of ahardravya promotes urdhwag amlapitta. Chinta is also one of the causes of it. Other causes include spicy, tinned half cooked food intake, consumption of tobacco tea mishri has been increasing. False belief of so called high status increases alcohol consumption. On the other hand nature of work is becoming sedentary but mentally stressful. Urdhwag Amlapitta has more prevalence in society today. It has become a part of routine life. Many times it is not considered as an abnormal condition. Patient takes some antacid from medical stores and carry on his daily routine for a long time. They think of it after exaggeration of symptoms or complications. Panchamrut guti (Calciprite) is propietory product of Ayurved rasashala. The contents of drug are Praval, Shankh, Shukti, Kapardik. These are potentiated by Kumari swaras. The effect of the drug is mainly on vitiated pittadosha. There are two types of Amlapitta viz Urdwag and Adhoga. This work is concerned with Urdhwa Amlapitta. Number of patients having this disease comes to hospital at opd level throughout the year. As this is a multifactorial condition modern sciences are not yet able to come to any definite conclusion regarding drugs and other regimen for the disease. Hence this drug was taken to study the effect of it in Urdwag Amlapitta. Detailed discussion and observations have been done when conducting the clinical trials.

Aims & Objectives
1. To assess the efficacy of Panchamrut guti (calciprite) in urdwag amlapitta by clinical trials.
2. To study the etiological factors as mentioned in texts followed by clinical trials and to establish their co relationship with clinical trials.
3. The study aims to fix and standardise medicine in form of tablet so that patient and vaidya can use it conveniently.

Materials and methods
The study was on patients suffering from Urdhwa amlapitta treated by panchamrut guti (calciprite). The drug was given in tablet form.
**Selection criteria:** 60 patients were selected for the study.

**Inclusion Criteria**
1. Age group of 18-70 years of age and belonging to all socioeconomic strata was selected.
2. Patients were selected from OPD of Tarachand Ayurvedic hospital Pune.
3. The patients were taken on basis of clinical parameters. The chief presenting symptoms were:
   - Nausea (hrillas), belching sour/bitter (amlatiktodgar),
   - vomiting (chardi), burning in chest (urodah), burning in throat (kanthadaha),
   - giddiness (bhrama), Headache (shirasshool),
   - Flushes of heat (Ushnasparsha).

**Exclusion criteria**
1. Known cases of gastric or duodenal ulcer
2. Patients with severe vomiting and dehydration
3. Pregnant women.

A general case paper was prepared which had detailed history of patients, physical examination and other details of patient were carried out on basis of special case paper proforma prepared for this project. The proforma was thoroughly completed in each cases.

**Drug dosage**
After clinical examination patients were subjected to panchamrut guti (calciprite)

**Dosage**
1 tablet weighing 250 mg each three times a day was given.

Duration of treatment: Treatment was given for 30 days. Follow up was done after every seven days

Anupan was jala (water)

Diet was advised according to pathyapathya vichar. Patients were advised rules regarding intake of food. Hard and fast were not applied so as to assess the actual role of medicine.

Clinical examination was done regularly after every seven days for four times.

**Assessment Criteria**
Assessment of results was made on basis of symptomatic relief from presenting complaints. Weekly follow up was taken and percentage of patients having relief through each symptom were recorded as follows;

- 25% relief +++
- 50% relief ++
75 % relief +  
100% relief –

**Observations**

In this work 60 cases of urdhwag amlapitta were studied and treated with panchamrut guti(calciprite). Observations were taken according to Vaya(age), Linga(sex), occupation, Prakruti, symptoms, vyadhi hetu, .

The work is for specific aim to assess the role of the drug Panchamrut guti(calciprite).

Following observations were seen

1. Incidence of Amlapitta is more in age group 20-60 years i.e in tarunyavastha. Highest no is in age group 20-40 years : 46.67%
2. 58.33% are females and 41.67% are males. This shows that females are more affected than males by urdhwag amlapitta.
3. Highest no is seen in category of housewife 41.67%,30% in people who are in service, 8% are students and 10% other categories.
4. Maximum no of patients are seen in sharad ritu:36.67 %, 26.67% in grishma ritu, 20% in varsha ritu, minimum cases in hemant ritu 16.67%
5. Highest no of cases are seen in Vata pradhan pitta prakruti: 25%, lowest no is seen in vata kapha prakruti 10%
6. Complaintwise it is seen 50 patients 83.33% are having urodaha(burning in chest), 46 patients 76.66% have tikta amlodgar (belching bitter sour), 42 patients 10% have hrillas (waterbrash), 24 patients 40% have chardi (vomiting)
7. Vyadhi hetu it is seen 35 patients 58.33% are of katarsapradhna ahar, 15 patients 25% are of chinta (mental stress)
8. Number of days required for relief: 44 patients 73.33% required 20 days to get relief, 14 patients 23.33% required more than 11 days to get relief, 1 patient required only 5 days to get relief.
9. Time required for reduction of symptoms in number of days after giving the drug Hrillas -21 days, tikta amlodgar-14 days, kanthadaha-21 days, Bhrama-14 days, chardi-7 days
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URDHWAG AMLAPITTA

Urodaha-14 days, shirashool – 14 days, ushnasparsa-14 days, klam-14 days, udargaurav-7 days, aruchi-21 days.

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</tr>
<tr>
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<td>28</td>
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<td>41-60</td>
<td>10</td>
</tr>
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<table>
<thead>
<tr>
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<td>Vata-kapha</td>
</tr>
<tr>
<td>65</td>
<td>Prakriti</td>
</tr>
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<td></td>
<td>Others</td>
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Chart Title
CLINICAL STUDY ON EVALUATION OF PANCHAMRUT GUTI (CALCIPRITE) PROPRIETARY PRODUCT OF AYURVED RASASHALA IN THE TREATMENT OF URDHWAG AMLAPITTA

URDHWAG AMLAPITTA

Chart Title

<table>
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Relief days

44 11 5 5
Discussion
In the present study it was observed that maximum patients were found in age group of 20-60 years. Maximum no of patients were found in sharad rutu and grishma ritu. In sharad ritu there is pitta prakop whereas in grishma ritu there is pitta and vata dominance. During treatment this drug is definitely useful but we can use it in grishma and sharad ritu which are expected to have pitta vitiation in natural way. The drug in this period can prevent pitta vitiation and hence production of disease will naturally be prevented.

Looking at the constitution wise distribution of patients it is seen that maximum no of patients are of pitta vataj prakriti. All these findings
indicate pita dominance in this disease. All the causative factors include diet and daily activities which tend to increase pitta. Therefore pitta shaman in form of opposite qualities is main line of treatment. The drug panchamrut guti was administered every 15 days and the follow up was noted after every 7 days. The contents in the panchamrut guti are useful to alleviate symptoms produced by pitta vitiation. Praval the main content of the drug is best pitta shaman. Time required for reduction of each symptom in number of days is as follows: Hrillas -21 days, tikta amlodgar -14 days, Kanthadaha-21 days, chardi-7 days, shirshool-14 days, ushnasparsha-14 days, urodaha-14 days. Treatment required for overall symptomatic relief was 73% for 20 dys and 23% for 11 days. Hence we can say that overall relief is achieved in 20 days. Since the number of patients available for placebo group were less in number control group was excluded from study.

In present work we can say the drug Panchamrut Guti is useful to reduce thwe symptoms and the natural course of the disease Urdhwa Amlapitta.

**Conclusion**

Clinical trials have been conducted to evaluate the efficacy of Panchamrut guti(Calciprite) on 60 patients of urdhwag Amlapitta. It is observed that patients who are given only drug take comparatively more days to get relief whereas patients who are given drug as well as they were told to follow the pathya get sooner relief. In the study it was observed that this drug is very useful in urdwag amlapitta. The contents of the drug praval, shankha, shukti , kapardik,potentiated by kumara swaras , by their madhur rasa, manda guna, mruduta try to produce satwa guna which is contradictory to rajas guna and helps to perform the function of urdhwag amlapittanashan. In this research work the drug has proved to be the best from all points of view. The cost of the drug for all income groups is not so high.

All medical practitioners hospitals may try to use this drug panchamrut guti(calciprite) in patients of urdwag amlapitta.
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