



Conceptual Study of *Urdhvaga Amlapitta* (Hyperacidity) and its Ayurvedic Management by *Vasa Ghrita*

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Abstract

Background: The three basic pillars which help in the understanding of disease symptoms and its management are called *Trisutra*. These have three components, *Hetu* as causative factors, *Linga*, as specific symptoms and *Aushadha* as drug and management of disease. **Methods:** The study was carried out at the Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod, Wardha. A total of 60 patients of *Urdhvag Amlapitta* were registered for the present research work. **Results:** In this study, all the patients reported with imbalance of *Tridosha*. In this study, a significant time-dependent therapeutic response was reported, and after the treatment significant improvement was reported in the disease symptoms. **Conclusion:** After observing the symptoms before and after treatment we can say that *Vasa Ghrita* can be a much better remedy for *Urdhvag Amlapitta* (Hyperacidity).

Keywords: *Aushadha*, *Hetu*, Hyperacidity, *Linga*, *Urdhvag Amlapitta*, *Vasa Ghrita*

1. Introduction

Ayurveda has so many concepts for the balance of *Dhatu* and the management of diseases but the basic concept of *Trisutra* mentioned by *Acharya Charak* has three basic pillars (*Hetu*, *Linga*, *Aushadha*) which help in the understanding the disease symptoms and its management. *Trisutra* have three components, *Hetu* as causative factors, *Linga* as specific symptoms and *Aushadha* as drug and management of disease¹.

1.1 Concept of *Trisutra*

1.1.1 *Hetu* (Etiological Factors)

Factors which manifest diseases are called *Hetu* or *Nidana*. *Nidana* means one which aggravates *Vatadi Doshas*. It may be due to the intake of incompatible dietetics and improper activities. In *Madhav Nidana* Ch. 1 *Pancha Nidanalaksanam Adhayaya*, *Acharya* describes the causative factors of the diseases². A factor which can manifest the development of disease either

quickly or after a certain period is called *Hetu*. *Hetu*, *Nimitta*, *Ayatana*, *Karaka*, *Karta*, *Karana*, *Pratyaya*, *Samuttanam*, *Mulam* and *Yoni* are synonyms of *Nidana*³.

1.1.2 *Linga*

Symptoms that are observed or perceived are referred to as *Linga* or *Lakshana*, constituting a vital component of *Trisutra*. These symptoms play a crucial role in recognising one's health status and diagnosing illnesses in patients⁴. According to *Acharya Sushruta*, the equilibrium of *Dosha*, *Dhatu*, *Mala* and *Agni* along with the normal functions of the body and a harmonious state of *Atma*, *Mana* and *Indriya* are indicative of a healthy individual⁵. The *Dashavidha Pariksha* comprehensively examines the *Bala* and *Dosha* of a person, whether healthy or unhealthy⁶. *Vikriti Pariksha* is specifically designed for *Atura* individuals and not for those in a healthy state⁷. *Prakriti*, *Satva*, *Sara*, *Sanhanan*, *Satmaya*, *Pramana*, *Aharashakti*, *Vyayamashakti* and *Vaya*

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collectively define the body constitution and health of an individual. Thus, assessing these factors allows one to determine their health status⁸.

1.1.3 Aushadha

In *Ayurveda*, *Aushadha* is classified as “*Karana*”. It serves the purpose of maintaining and enhancing health in a healthy individual (*Swasthavritta* and *Panchakarma*) and treating diseases through *Shodhana* and *Shaman* therapies or a combination of both⁹. Synonyms for *Aushadha* include *Bheshajya*, *Chikitsa* (a tool for treatment), *Vyadhihara* (a tool for eliminating disease), *Pathya* a wholesome regime beneficial for maintaining health or treating illness), *Sadhana*, *Prayashchitta* (balancing), *Prakritisthapana* and *Hita* (something beneficial)¹⁰.

This study aims to conceptualise *Trisutra* (*Hetu*, *Linga*, *Aushadha*) related to *Urdhvag Amlapitta* along with its management by *Vasaghrut*. The objective of this study is to identify the *Hetus* (causal factors) associated with *Urdhvag Amlapitta* as mentioned in various *Ayurvedic* classics. Additionally, the research aims to extract information on the *lakshana* (clinical symptoms) of *Urdhvag Amlapitta* from diverse *Ayurvedic* texts. Another focus is to compile details about the *Aushadha* (medicinal formulations) recommended in different *Ayurvedic* classics for the management of *Urdhvag Amlapitta*. Furthermore, the investigation seeks to ascertain the beneficial effects of *Vasaghruta* specifically in the context of *Urdhvag Amlapitta* drawing insights from *Ayurvedic* literature.

2. Materials and Methods

2.1 Literary Source

The study includes a disease review of *Amlapitta* in the form of *Trisutra* (*Hetu*, *Ling*, *Aushadh*) was reviewed and collecting information from *Charak Samhita*, *Sushruta Samhita*, *Ashtanga Hrudaya* other ayurvedic classics some peer-reviewed publication and journals and textbooks.

2.2 Clinical Study Plan

The research was conducted at MGACH and RC Salod, Wardha, involving a total of 60 *Urdhvag Amlapitta* patients. The selection of cases was random, disregarding factors such as age, sex,

religion, occupation, socioeconomic status, *Prakriti* and *Agni*. Clinical history and physical examinations were conducted using a specially designed Proforma, incorporating the *Ashtavidha* and *Dosha Pariksha*. All the procedures mentioned were repeated both before and after the treatment.

2.3 Type of Study

Literature and interventional study.

2.4 Study Duration

15 days for each patient and 2 follow-ups, till the total number of patients included in the study is achieved within 1 year and 8 months.

2.5 Data Collection Tools and Process

Patients were taken from the OPD of Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod, Wardha.

2.6 Trial Registration

The registration number for this trial is IEC REF NO.-MGACHRC/IEC/JUL20-21/357.

3. Drug Review

3.1 Detail of *Dravya*

Vasa Ghrita (Trial Drug)

- *Vasa Panchanga* – *Kwatha*
- *Vasa Pushpa* – *Kalka*
- *Go* – *Ghruta*

3.2 Collection/Authentication

- The material was collected and authenticated from the Department of *Dravyaguna* for *Samhita* and *Siddhant* of MGACH and RC, Salod, Wardha.
- *Vasa Ghrita* was prepared at *Dattatreya Rasa Shala* MGACH and RC.

3.3 *Vasa Ghrita* Preparation According to *Bhaishajya Kalpana*

To collect the *Vasa* plant *Panchanga* i.e. leaves, flowers, branches and roots with four *Prastha* quantities (64 *Pal* or 16 *tolas*) and take 8 times (32 *Prashtha*) water and the remaining last *Asthanasha* part (16 *tolas*) keep in an iron vessel with a filter. Then take this *Kwatha* containing *Murchhita Goghruta* of one *Prastha* (64 *Tola*)

and *Vasa* flower *Kalka* having 4 *Pal* mixed properly and make this *ghrita* with proper methodology. After completing the *paka* of *ghrita* take this into a glassware. And this *ghrita* can be taken $\frac{1}{2}$ *tola* to 1 *tola* every day. This *ghrita* prevents blood-related diseases like *Raktapitta* from the route of *Urdhwa* and *Adho marga*. This *ghrita* is also useful in *Kasa*, *Shwasa*, *Pittaja Jwara*, *Shoola*, *Gulma*, *Yakruta* and *Pleeha enlargement*, *Kamala*, *Timira*, *Vishrpa* etc¹¹.

4. Discussion

The present study was undertaken as a study of *Trisutra* in *Urdhvaga Amlapitta* and its management by *Vasaghrita*, w.s.r *Chakradutta* to prove its applicability in today's context. For that, the disease *Amlapitta* was selected for the applied study to find out the main causes of *Amlapitta* disease which is becoming a burning problem regarding the health of society. It has been labelled as the root cause of the majority of diseases in the classics of *Ayurveda*. Inspired by the above view, the study was planned to find the root cause for the manifestation of *Amlapitta* clinically. The first part of the study was to critically review the concepts in detail, which deals with the conceptual part of the study. The groupings are mentioned in Table 1.

4.1 Vanti (Vomiting)

On day 0, 50% of patients had moderate and 66.66% had severe *vanti* while after 7 days of application of

Vasa Ghrita, 11.66% of patients were normal, 73.33% were mild and 15% were moderate. However, after 14 days of treatment, 98.33% of patients were normal and 1.66% had mild disease conditions (Table 2). This change in score is found to be statistically significant. Due to proper digestion of food because of the *Sheeta Veerya* of *Vasa* and *Agnideepana* properties of *Ghrita*, the feeling of nausea or vomiting reduces.

4.2 Shirorujha (Headache)

On day 0, 10% of patients had mild, 43.33% had moderate and 46.66% had severe *Shirorujha* while on the 7th day of treatment, 11.66% were normal, 73.33% had mild symptoms and 15% were moderate. After 14 days of treatment, 93.33% were normal and 6.66% were mild (Table 3).

4.3 Kar - Charana Daha (Burning Sensation in Sole and Palm)

On day 0 of the treatment, 15% of the patients were normal, 33.33% were mild, 35% were moderate and 16.66% were with severe disease symptoms while after 7 days of treatment, 50% were normal, 45% were mild and 5% were moderate. After 14 days of treatment, 98.33% were normal and 1.66% had mild disease symptoms (Table 4). Due to *Katurasa Paradhanta* in routine diet, *Urovidaha* and *Kanthavidaha* were the most common findings. As per the dietetic pattern as well as other causative factors, *Pitta Prakopa* was there in almost all the patients. Due to the variation in the

Table 1. Grouping and posology

Group	Sample Size	Intervention	Dose and Frequency	Anupana	Duration	Follow Up
Trial drug	60	<i>Vasa Ghrita</i> 10ml	10ml once a day.	Lukewarm water	14 Days	2 visits during treatment each after 7 days and 2 follow-ups each after 7 days of treatment.

Table 2. *Vanti* (vomiting)

<i>Vanti</i> (Vomiting)	0 day	0 day%	7 days	7 days%	14 days	14 days%
Absent	0	0	7	11.66667	59	98.33333
Once a week or less quantity.	0	0	44	73.33333	1	1.66667
2-3 times a week or moderate.	30	50	9	15	0	0
> 3 times a week or profuse.	40	66.66667	0	0	0	0
Wilcoxon Test (0 vs 7, 0 vs 14, 7 vs 14).	<0.0001		<0.0001		<0.0001	
Total	60	100	60	100	60	100

diet, nature, physics, metabolism, etc., the degree of severity was different in every patient.

4.4 *Sarvanga Daha* (Burning Sensation in the Whole Body)

On day 0, 20% of the patients were normal, 30% were mild, 43.33% were moderate and 6.66% were with severe disease symptoms while after 7 days of treatment, 51.66% were normal, 43.33% were mild, and 5% were moderate. After 14 days of treatment, 96.66% were normal and 3.33% had mild disease symptoms (Table 5). Due to *Katurasa Paradhanta* in routine diet *Urovidaha* and *Kanthavidaha* were the commonest findings and per the dietetic pattern as well as other causative factors *Pitta Prakopa* was there in almost all the patients and due to the variation in the diet, nature, physic, metabolism, etc. the degree of the severity was different in each patient.

4.5 *Hridkanth Daha* (Burning Sensation in the Chest and Throat Region)

On day 0, 1.66% of the patients were normal, 1.66% were mild, 35% were moderate, 61.66% were severe while after 7 days of the treatment, 11.66% were normal, 65% were mild, 23.33% were moderate. After 14 days of the treatment, 91.66% were normal and 8.33% were mild (Table 6). Due to *Katurasa Paradhanta* in routine diet *Urovidaha* and *Kanthavidaha* were the commonest findings and as per the dietetic pattern as well as other causative factors *Pitta Prakopa* was there in almost all the patients and due to the variation in the diet, nature, physic, metabolism, etc. the degree of the severity was different in every patient.

4.6 *Tikta-amloudgar* (Belching)

On day 0, 3.33% of the patients were normal, 28.33% were mild, 68.33% were moderate, while after 7 days of

Table 3. *Shirorujha* (headache)

<i>Shirorujha</i> (Headache)	0 day	0 day%	7 days	7 days%	14 days	14 days%
Absent	0	0	7	11.6666	56	93.3333
Occasional	6	10	44	73.3333	4	6.66666
Intermittent	26	43.3333	9	15	0	0
Continuous affecting routine work.	28	46.6666	0	0	0	0
Wilcoxon Test (0 vs 7, 0 vs 14, 7 vs 14).	<0.0001		<0.0001		<0.0001	
Total	60	100	60	100	60	100

Table 4. *Kar - Charana daha* (Burning sensation in sole and palm)

<i>Kar-charana Daha</i> (Burning sensation in sole and palm).	0 day	0 day%	7 days	7 days%	14 days	14 days%
Absent	9	15	30	50	59	98.333
Occasional	20	33.333	27	45	1	1.6666
Intermittent	21	35	3	5	0	0
Continuous affecting routine work.	10	16.666	0	0	0	0
Wilcoxon Test (0 vs 7, 0 vs 14, 7 vs 14).	<0.0001		<0.0001		<0.0001	
Total	60	100	60	100	60	100

Table 5. *Sarvanga daha* (Burning sensation in the whole body)

<i>Sarvanga Daha</i>	0 day	0 day%	7 days	7 days%	14 days	14 days%
Normal	12	20	31	51.66667	58	96.66667
Mild	18	30	26	43.33333	2	3.33333
Moderate	26	43.33333	3	5	0	0
Severe	4	6.666667	0	0	0	0
Wilcoxon Test (0 vs 7, 0 vs 14, 7 vs 14)	<0.0001		<0.0001		<0.0001	
Total	60	100	60	100	60	100

the treatment, 6.66% were normal, 71.66% were mild, 21.66% were moderate. After 14 days of the treatment, 95% were normal and 5% were mild (Table 7). Due to *Katurasa paradhanta* in routine diet *Urovidaha* and *Kanthavidaha* were the most common findings and as per the dietetic pattern as well as other causative factors, *Pitta Prakopa* was there in almost all the patients and due to the variation in the diet, nature, physis, metabolism, etc. the degree of the severity was different in every patient. This change in score is found to be statistically significant. Due to *Sheeta Veerya* of *Ghritha, Katu Vipaka* of *Vasa*.

4.7 *Kandu* (Itching)

On day 0 of the treatment, 23.33% of the patients were normal, 32.66% were mild, 41.66% were moderate, 3.33% were severe while after 7 days of the treatment,

56.66% were normal, 40% were mild, 3.33% were moderate After 14 days of the treatment 100% were normal (Table 8).

4.8. *Aruchi* (Anorexia)

At 0 day 23.33% were normal, 13.33% were mild, 58.33% were moderate, 21.66% were severe while after 7 days of the treatment, 26.66% were normal, 63.33% were mild After 14 days of the treatment 86.66% were normal and 13.33% were mild (Table 9). Due to *Katurasa Paradhanta* in routine diet *Urovidaha* and *Kanthavidaha* were the most common findings and as per the dietetic pattern as well as other causative factors *Pitta Prakopa* was there in almost all the patients and due to the variation in the diet, nature, physis, metabolism, etc. the degree of the severity was different in every patient.

Table 6. *Hridkanth Daha* (Burning sensation in chest and throat region)

<i>Hridkanth Daha</i>	0 day	0 day%	7 days	7 days%	14 days	14 days%
Absent	1	1.666667	7	11.66667	55	91.66667
Occasional	1	1.666667	39	65	5	8.333333
Intermittent	21	35	14	23.33333	0	0
Continuous affecting routine work	37	61.66667	0	0	0	0
Wilcoxon test (0 vs 7, 0 vs 14, 7 vs 14)	<0.0001		<0.0001		<0.0001	
Total	60	100	60	100	60	100

Table 7. *Tikta-amloudgar* (Belching)

<i>Tikta-amloudgar (Belching)</i>	0 day	0 day%	7 days	7 days%	14 days	14 days%
Absent	2	3.333333	4	6.666667	57	95
Occasional	17	28.33333	43	71.66667	3	5
Intermittent	41	68.33333	13	21.66667	0	0
Continuous affecting routine work.	0	0	0	0	0	0
Wilcoxon Test (0 vs 7, 0 vs 14, 7 vs 14)	<0.0001		<0.0001		<0.0001	
Total	60	100	60	100	60	100

Table 8. *Kandu* (Itching)

<i>Kandu (Itching)</i>	0 day	0 day%	7 days	7 days%	14 days	14 days%
Absent	14	23.33333	34	56.66667	60	100
Occasional	19	31.66667	24	40	0	0
Intermittent	25	41.66667	2	3.333333	0	0
Continuous affecting routine work.	2	3.33333	0	0	0	0
Wilcoxon Test (0 vs 7, 0 vs 14, 7 vs 14)	<0.0001		<0.0001		<0.0001	
Total	60	100	60	100	60	100

Table 9. *Aruchi* (Anorexia)

<i>Aruchi</i> (Anorexia)	0 day	0 day%	7 days	7 days%	14 days	14 days%
Absent	14	23.33333	16	26.66667	52	86.66667
Occasional	8	13.33333	38	63.33333	8	13.33333
Intermittent	35	58.33333	6	10	0	0
Continuous affecting routine work.	13	21.66666	0	0	0	0
Wilcoxon Test (0 vs 7, 0 vs 14, 7 vs 14)	<0.0001		<0.0001		<0.0001	
Total	60	100	60	100	60	100

Table 10. *Jwara* (Fever)

<i>Jwara</i>	0 day	0 day%	7 days	7 days%	14 days	14 days%
Absent	60	100	60	100	60	100
99°- 100°F	0	0	0	0	0	0
101°-103°F	0	0	0	0	0	0
>103°F	0	0	0	0	0	0
Total	60	100	60	100	60	100

Table 11. *Mandal* (Round patches)

<i>Mandal</i>	0 day	0 day%	7 days	7 days%	14 days	14 days%
Absent	60	100	60	100	60	100
1-2mm	0	0	0	0	0	0
Upto 3mm	0	0	0	0	0	0
Upto 5mm	0	0	0	0	0	0
Total	60	100	60	100	60	100

Table 12. *Pidika* (Acne)

<i>Pidika</i> (Acne)	0 day	0 day%	7 days	7 days%	14 days	14 days%
Absent	60	100	60	100	60	100
Hyperemic	0	0	0	0	0	0
Red	0	0	0	0	0	0
Dark red	0	0	0	0	0	0
Total	60	100	60	100	60	100

4.9 *Jwara* (Fever)

In this study, all the patients were reported without *Jwara* (Table 10).

4.10 *Mandal* (Round Patches)

In this study, all the patients were reported without *Mandal* (Table 11).

4.11 *Pidika* (Acne)

In this study, all the patients were reported without *Pidika* (Table 12).

4.12 Therapeutic Response

In comparison to before the treatment, after the treatment reported a significant improvement in disease symptoms in *Vanti*, *Shirorujh*, *Kar-charana Daha*, *Sarvanga Daha*, *Hridkanth Daha*, *Tikta-amloudgar*, *Kandu* and *Aruchi*. Additionally, in this study, a time-dependent therapeutic response was reported. In comparison to day 0 of the treatment, improvement in disease symptoms was seen after 7 and 14 days of the treatment. However, after 14 days of the treatment highest improvement in the disease was reported. The treatment was given for 14 days with *Vasa Ghrita* as *Shamana* which was highly significant. The treatment modalities were safe and of therapeutic value. The above observations indicate that patients have shown improvement in all the criteria of assessment of *Amlapitta*. The therapeutic effects like normalcy of *Agni* and gain of strength are due to a decrease of the *Amlapitta* symptoms. The ultimate effect will be curing the *Agnimandhya* and correction of *Agni*. *Ghrita* is *Madhura* in *Rasa*, *Madhura Vipaka*, *Sheeta Veerya*, and *Pitta Anila Hara*. *Ghrita* is best among the *Snehas*. It is *Agni Deepaka* and *Tridosha Hara* in *Prabhava*, (*Sanskaraanuvartanat*). *Ghrita* has a natural tendency to accept and imbibe various conditionings. Its properties and actions become more evident when combined with other *Dravyas*. Therefore, the preparation of medicated *Ghrita* is used in *Ayurveda*.

5. Mode of Action of Drugs

5.1 *Vasa*

As per *Bhavaprakasha Purva Khanda*, *Vasa* is characterised by *Kashaya Tikta Rasa* and *Sheeta Virya*.

It functions as *Vata Krit* and *Kapha Pitta Hara*. It is evident that *Vasa* is a *Samana Pratyaya Rabdha Darvya*, adhering to the principles of drug action elucidated by *Acharya Charaka*. Consequently, it undergoes *Katu Vipaka*. Due to the dominance of *Rasa*, *Katu Vipaka* is not explicitly mentioned in the verse by *Acharya Bhavamishra*. The actions of the plant are delineated based on *Sheeta Virya*, complemented by *Kashaya* and *Tikta Rasa*. With its *Kashaya Tikta Rasa* and *Sheeta Virya*, *Vasa* act as a remedy for *Pitta* and *Kapha* imbalances.

5.2 On Actions

Acharya Bhavamishra considered *Vasa* as *Swarya*, *Hridya*, *Amlapitta*, *Trishna Nigrahana*, *Artihara*, *Swasahara*, *Kasahara*, *Jwaraghna*, *Pramehaghna*, *Chardi Nigrahana*, *Kusthaghna*.

5.3 On the Utilisation Aspect

The beneficial component of *Vasa* is not explicitly mentioned in several formulations. For instance, formulations like *Kwatha* and *VasaSwarasa* discussed in various contexts, unmistakably specify the inclusion of the *Vasa* part as either *Mula* (B.M.K 29/52) or *Patra* (B.M.K 39/69) (B.M.K 9/27) (B.M.K 9/28). In numerous verses outlining diverse formulations in the *Madhyamakhandha*, terms such as *Atarusha*, *Vrisha*, *Vasaka*, or *Vasa* are consistently used. According to the *Anukta Paribhasha* of *Sharangdhara*, when the specific part of a plant is not indicated in the verse, the root is to be considered as the useful part. Consequently, several formulations featuring *Vasa* as explained in the *Bhavaprakasha* incorporate the *Vasa* root as a component. *Vasa* as *Anupana*, *Sahapana*: *Acharya Bhavamishra* explored the use of *Vasa* not only as a therapeutic agent in various conditions but also as a *Sahapana*, *Anupana* of a formulation (B.M.K 9/37) to address *Rakta Pitta*. This substantiates that *Vasa* can effectively serve as a vehicle to target the therapeutic effects of a drug. The probable mode of action of *Vasa Ghrita*

All the ingredients of the *Vasa Ghrita* are of *Pitta Kaphahara* action and these are of *Tikta*, *Kashaya* rasa in general. Therefore, all these act as *Pitta Kapha Hara*. Thus, the *Vasa Ghrita* is a good choice in *Amlapitta*. *Agni Deepana* is a prime treatment as “*Kayasya Antaragni Chikitsa*”. In this concern, *Tikta Rasa*, *Madhura Vipaka*,

along with *Ushna Veerya* do the *Deepti* of *Agni*. Further, it takes care of the non-formation of *Ama*, which helps the prevention of disease progression.

5.4 Dushya

In *Amlapitta*, the *Rasa Dhatu* is impacted. The actions of drugs with the properties of *Deepan-Pachan Karma* and *Tikta Rasa* will directly influence the vitiated *Rasa Dhatu*.

5.5 Agni and Ama

Many drugs possess the *Tikta Rasa* property. Consequently, in conditions of *Samapitta*, the equilibrium is restored and *Agni* is heightened. In the context of *Amlapitta*, *Charaka* mentions that the combination of *Manadagni* and *Ajirna* produces *Annavisha*, and when combined with *Pitta Dosha*, it leads to *Pittaja Vyadhis* like *Amlapitta*. The *TiktaRasa* property of drugs plays a role in purifying *Pitta* through *Niramikarana*. Ayurvedic experts have provided a treatment approach for *Pittaja* diseases, suggesting the initial use of *Tikta Ras Dravyas* for *Pitta* purification followed by the subsequent use of *Madhur Rasa* and *Kashaya Rasa* for addressing *Paittika Vyadhis*.

The lipid-based formulation of *Ghritas* can still be creatively modified to include newer medications with solubility or permeability issues. Despite being included in pharmacopoeias and having a sizable customer base as nutraceuticals, *Ghritas* still need to be commercialised in the realms of cosmetics and nasal formulations. Additionally, *Ghritas* are gaining popularity as a phytonutrient-based lifespan promoter. The only lacuna of this study is a small sample size. In future, the research needs to include a larger sample size.

6. Conclusion

In this study, all the patients reported an imbalance of *Tridosha*. Both *Ahara* and *Vihara* play an important role in disease development. The trial drug *Vasa Ghrita* showed statistically significant results in chief and associated complaints of *Amlapitta*, *Vanti*, *Amlodgara*, *Hridaha*, *Avipaka* and questionnaires regarding *Prajnaparadha* and *Amlapitta* by the virtue of its *Pittashamaka*, *Dipana*, *Pachana*, *Anaha Prashamana* and *Amapachana* properties of *Vasa Ghrita*. In this

study, a significant time-dependent therapeutic response was reported, and after the treatment significant improvement was seen in the disease symptoms. Thus, we can say that *Vasa Ghrita* can improve the disease symptoms. Complete remission was not found in any patient. Also, no patient remained unchanged. Hence, the null hypothesis is rejected and the alternate hypothesis of the present research work is accepted as 'There is a specific role of *Vasa Ghrita* in the management of *Amlapitta* disease'.

7. Source of Funding

Intramural funding from Datta Meghe Institute of Medical Sciences, Wardha.

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