A Clinical Comparative Study on Deepaniya Mahakashaya and Shunthi Kashaya in the Management of Ajeerna

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Abstract: ***Background:*** *Agni has a significant role to maintain shareera swasthya as pachakagni helps in convertion of aahara in bala, which is responsible for all the shareera kriyas and swasthya. Vitiated Agni results in vyadhi utpatti viz., Ajeerna.*

Materials and Methods: *40 patients were selected based on inclusion criteria of Ajeerna of age group 20-60 years of either sex were participated in the study. They were randomly divided into two groups, Group A received Deepaneeya Mahakashaya and Group B Shunti Kashaya. Symptoms based parameters like Vibandha, Atipravritti, Glani, Maruta moodhata, Vishtambha, Gourava, Bhrama and Anannabhilasha caused due to Agnidushti were evaluated for the study.*

Result: *Individually both groups exhibited significant result for undertaken subjective parameters. Slight differences were noted based on mean and percentiles for specific subjective parameter. Comparison between groups didn't reveal significant differences for any of taken parameters.*

Discussion: *Deepaniya mahakashaya corrects the Agni dushti by its katu rasa, laghu, rooksha guna, ushna veerya and katu vipaka along with deepaniya, pachaniya and anulomana karma. Shunti Kashaya also correct the Ajeerna by katu rasa, laghu, snigdha guna, ushna veerya and madhura vipaka along with deepaniya pachaniya, grahi as well as anulomana karma.*

Key words: Ajeerna, Mahadeepaniya mahakashaya, Shunthi kashaya .....

Dyspepsia (indigestion) is common problems across the globe. It is prevalent in 5-40% population with the incidence of new onset of 1-5%[1]. Lifestyle related conditions are major risk factors. One such unique cause for the manifestation of the disease is consumption of the food before the digestion of the previous meal[2]. It has become the common habit among people, due to their busy work schedule results in the manifestation of diseases. Indigestion is regarded as *Ajeerna* in Ayurveda.

Ajeerna is caused due to various *aharaja nidanas* like *adhyashana, vishamashana, sandushta bhojana* etc.; *viharaja nidanas* like *vega dharana, ratri jagarana, diwaswapna* etc[3]. Influences on *agni* results in *agnimandya* followed by *Ajeerna* along with its relative symptoms *Vibandha, Atipravritti, Glani, Maruta moodhata, Vishtambha, Gaurava, Bhrama* and *Anannabhilasha* caused due to *Agnidushti*[4].

So, for the management of *Ajeerna* study was conducted by comparing the charakokta *Deepaniya Mahakashaya* which consists of 10 dravyas namely *Pippali, Pippalimoola, Chavya, Chitraka, Shunti, Amlavetasa, Maricha, Ajamoda, Bhallatakaasthi* and *Hingu niryasa*[4] and *ekamoolika prayoga* of *Shunti* in *Kashaya Kalpana.*

Materials and Methods

The patients attending outpatient department of the *Ayurveda Mahavidyalaya Hospital, Hubli* were recruited for the study. Total 40 subjects meeting the inclusion criteria of *Ajeerna* of age group 20-60 years of either sex were participated in the study. They were randomly divided into two groups, Group A received *Deepaneeya Mahakashaya* and Group B *Shunti Kashaya* 15ml TID for 7 days. Follow up visit was on every 15th day for 2 months.

Inclusion Criteria

1. Patients of age of group of 20-60 years irrespective of sex.
2. Patients with history of *Ajeerna* of not more than 5 years.

Exclusion Criteria

1. Patients suffering from acute and chronic critical systemic diseases.
2. Patients suffering from HIV, HBsAg.

Diagnostic Criteria: Symptoms of *Ajeerna*

Statistical Analysis: Wilcoxon singned Rank Test (for before and after treatment in individual group) and Mann-Whitney Test (for comparison between two groups)

Subjective Parameters and Their Score

1. Vibandha (constipation) Score

No 0 (mala mootra utsarga in proper time without stimulation & laxatives)
Mild 1 (mala mootra utsarga after stimulation like smoking, tea etc.)
Moderate 2 (mala mootra utsarga is frequently irregular even after the use of stimulation & laxatives)
Severe 3 (always constipated even with the use of stimulation & laxatives)

2. Mala atipravriti (excess tendency to pass stool)

No 0 (no mala atipravriti)
Mild 1 (mala atipravriti for less than 3 times a day without affecting daily routine)
Moderate 2 (mala atipravriti for more than 3 times a day mildly affecting daily routine)
Severe 3 (an inability to control bowel movements and a reduced ability to care for daily needs)

3. Glani (feeling sick)

No 0 (no Glaani)
Mild 1 (occasionally feeling of lassitude without shrama and remains for sometimes and vanishes)
Moderate 2 (daily feeling of lassitude without shrama for sometimes)
Severe 3 (always feels tired and have no enthusiasm)

4. Maruta Moodhata (erratic Vata)

No 0 (proper pravritti of Adhovata and pureesha in proper time)
Mild 1 (occasional apravritti of Adhovata and pureesha without abdominal distension)
Moderate 2 (frequent apravritti of Adhovata and pureesha with mild abdominal distension)
Severe 3 (apravritti of Adhovata and pureesha with complete abdominal distension)

5. Vistambha (feeling of rigidness of body)

No 0 (samyak pravritti of pureesha)
Mild 1 (occasional apravritti of pureesha with toda and atopa)
Moderate 2 (frequent apravritti of pureesha with toda and atopa)
Severe 3 (daily apravritti of pureesha with toda and atopa)

6. Vistambha (feeling of rigidness of body)

No 0 (samyak pravritti of pureesha)
Mild 1 (occasional apravritti of pureesha with toda and atopa)
Moderate 2 (frequent apravritti of pureesha with toda and atopa)
Severe 3 (daily apravritti of pureesha with toda and atopa)

7. Udara Gourava (heaviness of the abdomen)

No 0 (no feeling of heaviness)
Mild 1 (occasional feeling of abdominal heaviness without affecting the daily routine)
Moderate 2 (frequent feeling of abdominal heaviness mildly affecting the daily routine)
Severe 3 (feeling of abdominal heaviness throughout the day hampering the daily living)

8. Bhrama (dizziness)

No 0 (no reeling of head)
Mild 1 (feeling of reeling of head less than 3 times a day)

Moderate 2 (feeling of reeling of head more than 3 times a day)

Severe 3 (frequent feeling of reeling of head with change of posture)

9. Annabhlasha (food interest)

No 0 (eats all kinds of food with interest)

Mild 1 (eats selected types of food with interest)

Moderate 2 (eats selected types of food without interest)

Severe 3 (total loss of desire to take food)

Result

Chart Number: 1: Distribution percentage in Age-groups (Group A)

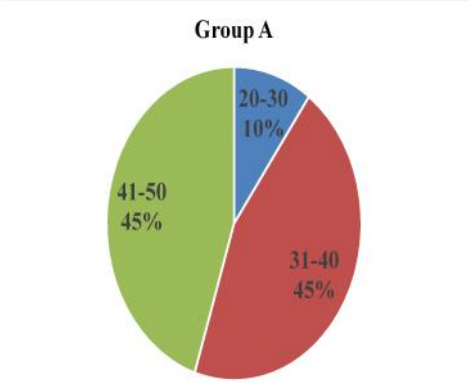


Chart Number: 2: Ditribution percentage in Age-groups (Group B)

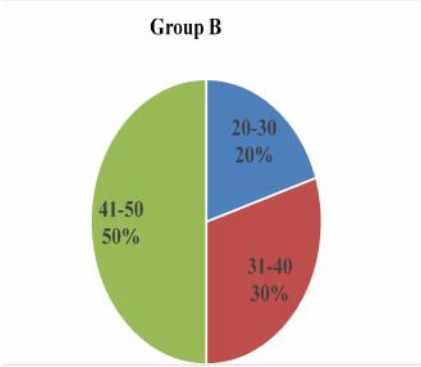


Chart Number: 3:Distribution percentage Gender-wise (Group A)

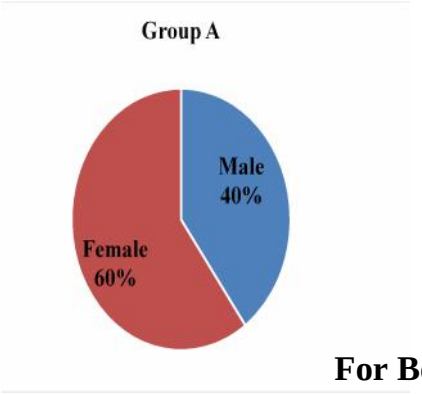
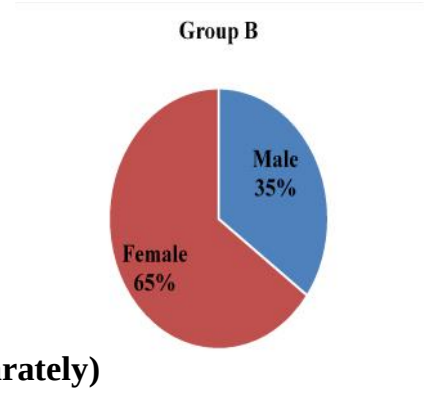


Chart Number: 4:Distribution percentage Gender-wise (Group B)



For Both Groups (Separately)

1. Vibandha (Constipation)

Group A	Mean	Std. Deviation	Significance	Percentiles		
				25th	50th (Median)	75th
Before Treatment	1.45	1.05	<0.05	1.00	1.00	2.00
After Treatment	0.40	0.50		0.00	0.00	1.00
Group B						
				25th	50th (Median)	75th
Before Treatment	2.10	1.25	<0.05	1.00	3.00	3.00
After Treatment	0.45	0.51		0.00	0.00	1.00

2. Mala atipravriti (Excess tendency to pass stool)

Group A	Mean	Std. Deviation	Significance	Percentiles		
				25th	50th (Median)	75th
Before Treatment	0.40	0.75	<0.05	0.00	0.00	0.75
After Treatment	0.1500	0.37		0.00	0.00	0.00
Group B						
				25th	50th (Median)	75th
Before Treatment	0.40	0.82	<0.05	0.00	0.00	0.00
After Treatment	0.20	0.41		0.00	0.00	0.00

3. Glani (Feeling sick)

Group A	Mean	Std. Deviation	Significance	Percentiles		
				25th	50th (Median)	75th
Before Treatment	1.25	0.44	<0.05	1.00	1.00	1.75
After Treatment	0.50	0.51		0.00	0.50	1.00
Group B						
				25th	50th (Median)	75th
Before Treatment	1.25	0.44	<0.05	1.00	1.00	1.75
After Treatment	0.45	0.51		0.00	0.00	0.00

4. Maruta Moodhata (Erratic Vata)

Group A	Mean	Std. Deviation	Significance	Percentiles		
				25th	50th (Median)	75th
Before Treatment	1.40	1.14	<0.05	0.00	1.50	2.00
After Treatment	0.35	0.59		0.00	0.00	1.00
Group B						
				25th	50th (Median)	75th
Before Treatment	2.10	1.07	<0.05	1.00	2.50	3.00
After Treatment	0.50	0.61		0.00	0.00	1.00

5. Vistambha (Feeling of rigidness of body)

Group A	Mean	Std. Deviation	Significance	Percentiles		
				25th	50th (Median)	75th
Before Treatment	2.20	0.83	<0.05	1.25	2.00	3.00
After Treatment	0.50	0.61		0.00	0.00	1.00
Group B						
				25th	50th (Median)	75th
Before Treatment	2.40	0.50	<0.05	2.00	2.00	3.00
After Treatment	0.50	0.51		0.00	0.50	1.00

6. Udara Gourava (Heaviness of the abdomen)

Group A	Mean	Std. Deviation	Significance	Percentiles		
				25th	50th (Median)	75th
Before Treatment	2.00	0.56	<0.05	2.00	2.00	2.00
After Treatment	0.60	0.68		0.00	0.50	1.00
Group B						
				25th	50th (Median)	75th
Before Treatment	2.44	0.51	<0.05	2.00	2.00	3.00
After Treatment	0.65	0.74		0.00	0.50	1.00

7. Bhrama (Dizziness)

Group A	Mean	Std. Deviation	Significance	Percentiles		
				25th	50th (Median)	75th
Before Treatment	1.40	0.75	<0.05	1.00	1.00	2.00
After Treatment	0.60	0.60		0.00	1.00	1.00
Group B						
				25th	50th (Median)	75th
Before Treatment	1.05	0.51	<0.05	1.00	1.00	1.00
After Treatment	0.40	0.50		0.00	0.00	1.00

8. Annabhilasha (food interest)

Group A	Mean	Std. Deviation	Significance	Percentiles		
				25th	50th (Median)	75th
Before Treatment	2.35	0.49	<0.05	2.00	2.00	3.00
After Treatment	0.60	0.60		0.00	1.00	1.00
Group B						
				25th	50th (Median)	75th
Before Treatment	2.30	0.47	<0.05	2.00	2.00	3.00
After Treatment	0.55	0.51		0.00	1.00	1.00

Comparison Between Two Groups Based on Differences of Before and After Treatment

Parameters	Mean	Std. Deviation	Significance	Percentiles		
				25th	50th (Median)	75th
Vibandha	1.35	1.17	>0.05	0.00	1.00	2.75
Mala Atipravriti	0.22	0.58	>0.05	0.00	0.00	0.00
Glani	0.77	0.58	>0.05	0.00	1.00	1.00
Maruta Moodhata	1.32	1.02	>0.05	0.00	1.00	2.00
Vistambha	1.80	0.72	>0.05	1.00	2.00	2.00
Udara Gourava	1.65	0.66	>0.05	1.00	2.00	2.00
Bhrama	0.72	0.64	>0.05	0.00	1.00	1.00
Annaabhilasha	1.72	0.68	>0.05	1.00	2.00	2.00

Discussion and Conclusion

The samprapti of samanya *Ajeerna* begins with the nidana sevana which results in kapha pradhana tridosha vaishamya. Later the vriddha doshas search for the favourable sthana and does sthana samshraya in annavaha srotas.

Both Groups (*Deepaniya Mahakashaya* and *Shunthi Kashaya*) separately exhibited significant result for all selected subjective parameters. Doshas can lodge anywhere in the Annavaha srotas, but when it gets lodged in Aamashaya, it gives some lakshanas like *Vibandha*. It is caused due to the vriddhi of guru and sheeta guna. Guru guna of kledaka kapha was treated by laghu guna of kashaya. Sheeta guna of kledaka kapha and samana vata was treated by ushna veerya of kashaya. *Atipravritti* is caused due to the vriddhi of drava guna of pachaka pitta. It was treated by ushna veerya and grahi guna of kashaya. *Glaani* is caused by the vriddhi of guru and sheeta guna of kledaka kapha and samana vata. It was cured by laghu guna and ushna veerya of kashaya. *Vishtambha* can be caused due to aaharaja or viharaja nidanas. In case of aharaja nidanas as cause, increased guru and sheeta guna was treated by laghu guna and ushna veerya of kashaya. In case, if it is caused due to increased guru and sheeta guna along with chala guna haani in anuloma gati by indulging in vegadharana, it was treated by katu rasa of kashaya. *Gourava* is caused due to the increased guru and sheeta guna. It was cured by laghu and ushna veerya of kashaya. *Bhrama* is caused due to the guru and sheeta guna vriddhi. It was counteracted by laghu and ushna veerya of kashaya to bring about lightness. *Anannabhilasha* is caused due to the increased guru and sheeta guna. It was treated by laghu and ushna veerya of kashaya to bring back the doshas to normalcy. When the doshas get lodged in pakwashaya it results in *Maruta moodhata* due to chala guna haani in anuloma gati. Increased sheeta guna and guru guna is related to vegadharana. It can be counteracted by laghu guna, ushna veerya, katu rasa and anulomana karma of kashaya.

While comparing the differences of before and after treatment between two groups, none of parameters revealed significant difference. It means both groups presented almost similar actions. More detailed study with larger sample size would be better option to find the differences in result based on drugs.

Conflict of Interest: No Conflict of Interest

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