

RANDOMISED STUDY ON EFFECT OF NISHOTTAR CHOORNA AND TRIPHALA KWATH IN BAHUPITTA KAMLA W.S.R.TO HEPATOCELLULAR JAUNDICE

Research Article

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Abstract

Evaluation of patients with liver disease should be directed at establishing the etiologic diagnosis, estimating the disease severity (grading), and establishing the disease stage (staging). Diagnosis should focus on the category of disease, such as hepatocellular jaundice. Hepatocellular Jaundice is an infectious disease, affect the liver. Presenting features of hepatitis are Jaundice, Abdominal Pain, Nausea, Anorexia and Fatigue. As per modern medicine does not have any efficient remedy and due to side effects of available medicine, everybody is in search of alternative medicine. While examining patients in our OPD it was found that many patients were suffering from jaundice, mostly *Bahupitta Kamla* (Hepatocellular Jaundice). So to find effective and cheaper remedy for patient, this topic was selected. Aim: To study the efficacy of *Nishottar Choorna + Triphala kwatha* in *Bahupitta Kamla* (1) w.s.r. Hepatocellular Jaundice. Objective: To observe the effect of *Nishottar Choorna + Triphala kwatha* in *Bahupitta kamla* and To provide efficient and easily available treatment for *Bahupitta kamla* (Hepato-cellular jaundice). Materials and Methods: Patients suffering from *Bahupitta Kamla* i.e. Hepatocellular Jaundice were selected from O.P.D. and I.P.D. of Govt. Ayurved College & Hospital, Nanded. 15 patients of Hepatocellular Jaundice i.e. *Bahupitta Kamla* were selected randomly and *Nishottar Choorna* 5gm + *Triphala kwath* 40 ml in BD dose was given. Statistical Analysis And Discussion: Statistical analysis and discussions about result will be discussed in detail in paper. Result: The results were encouraging. The therapy provided marked relief from all symptoms of *Bahupitta kamala* and improvement in the liver function tests significantly. Conclusion: *Nishottar Choorna* and *Triphala Kwath* was useful in *Bahupitta kamala*(1) (Hepatocellular Jaundice) which was also statistically significant. The therapy is cost effective and easily available.

Key words: *Bahupitta Kamala*, Hepatocellular Jaundice, *Nishottar Choorna*, *Triphala Kwath*.

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Introduction:

Evaluation of patients with liver disease should be directed at 1. establishing the etiologic diagnosis, 2. estimating the disease severity (grading), and 3. establishing the disease stage (staging). *Diagnosis* should focus on the category of disease, such as hepatocellular jaundice (5).

Hepatocellular Jaundice is an infectious disease affecting liver. Clinical features of h,hepatitis are Jaundice, Abdominal Pain, Nausea, Anorexia and Fatigue (3). As per modern medicine does not have any efficient remedy and due to its side effects, everybody is in search of alternative medicine.

Jaundice is the hallmark symptom of liver disease and perhaps the most reliable marker of severity. Patients usually report darkening of the urine before they notice scleral icterus.

Fatigue is the most common and most characteristic symptom of liver disease. It is variously described as lethargy, weakness, listlessness, malaise, increased need for sleep, lack of stamina, and poor energy. The fatigue of liver disease typically arises after activity or exercise and is rarely present or severe in the morning after adequate rest (afternoon vs. morning fatigue). Fatigue in liver disease is often intermittent and variable in severity from hour to hour and day to day. In some patients, it may not be clear whether fatigue is due to the liver disease or to other problems such as stress, anxiety, sleep disturbance, or a concurrent illness(5).

The above description in modern science exactly similar to the *Ayurvedic* description of *kamala vyadhi* i.e. '*kama na lati iti Kamala*'.(6)

In OPD of *Ayurvedic* colleges get so many patients suffering from jaundice, mostly *Bahupitta Kamla* (hepatocellular jaundice) as per *Ayurved*. To find effective and cheaper remedy for patient, this topic was selected.

Charakacharya stated in *Kamla chikitsa* that principle of treatment in this *Vyadhi* is *Virechana* and for this purpose he has given many preparations. *Nishottar churna* and *Triphala Kwath* is the one of them (1). Hence present topic was selected for the study as considering the easy availability of drugs and simple procedure of kwath preparation.

The features of hepatocellular jaundice reduce the productivity of the person and progression with many complications hence this study taken for the short duration to increase the health and productivity of the person in short periods.

Aim

To study the efficacy of *Nishottar Choorna + Triphala kwatha* in *Bahupitta Kamla* w.s.r. Hepatocellular Jaundice.

Objective

- 1) To observe the effect of *Nishottar Choorna + Triphala kwatha* in *Bahupitta kamla*.
- 2) To provide efficient and easily available treatment for *Bahupitta kamla* (hepatocellular jaundice).

Materials and Methods

- 1) Patients suffering from *Bahupitta Kamla* (Hepatocellular Jaundice) were selected from O.P.D. and I.P.D. of Govt. Ayurved College & Hospital, Nanded.
- 2) 15 patients of Hepatocellular Jaundice i.e. *Bahupitta Kamla* were selected randomly and *Nishottar Choorna* 5gm + *Triphala kwatha* 40 ml in BD dose was given.

3) Drugs

- 1) *Nishottar Churna*(Ch. Chi.16/60)
- 2) *Triphala* : *Haritaki, Aamalaki, Bibhitaki*.

Materials were purchased from authentic GMP certified company.

Type of Study: Randomised Study.

Trial Group:

15 patients of *Bahupitta Kamla* (Hepatocellular Jaundice) were selected randomly and *Nishottar Choorna* 5gm + *Triphala kwath* 40 ml in BD dose was given.

Methodology:

Triphala kwath was prepared according to *Ayurvedic text-Sharangdhar Samhita(4)*

Dose:- *Nishottar Churna* 5 gm+40ml *Triphala Kwath* given twice a day in *pitta- kala* (at afternoon and sleeping time at night)

Follow up: 0th and 7th Day.

Pathya Apathya:- According to *Ayurvedic* and Modern Science

Diagnosis Criteria:-

- 1) Serum Bilirubin > 1mg/dl
- 2) Signs and Symptoms of Hepatocellular Jaundice.

Inclusive Criteria:-

Patients having Signs and Symptoms of *Bahupitta Kamla* (Hepatocellular Jaundice)

Exclusive Criteria:-

Patients having other systemic disorder or hepatocellular complications

Criteria of Assessment:-

- A. Objective Criteria:-**
- 1) Sr. Bilirubin
 - 2) S.G.P.T.
 - 3) S.G.O.T

Improvement in Result-Sr. Bilirubin:

- Complete - Comes to Normal Level
- Marked - Change of > 75% relief
- Moderate - Change of 50-75 % relief
- Mild - Change of up to 50% relief

Observation and Results:-

1) Table 1. Showing Sex wise Distribution of Patient:

Patient	No.of Patient	Percentage
Male	12	80%
Female	03	20%
Total	15	100%

In this study maximum patient (80%) found were Male.

- No - No Change

Note: -1) Considering Sr. Bilirubin 1 mg/dl =0%

2) Sr. Bilirubin on day 0 = 100%

Every patient has different Serum Billirubin, S.G.P.T. and S.G.O.T. values, so we considered increase values of Serum Billirubin, S.G.P.T. and S.G.O.T. in patients as 100%. After seven days investigated value of Serum Billirubin S.G.P.T. and S.G.O.T., calculated in percentage with comparing the before treatment values of Serum Billirubin, S.G.P.T. and S.G.O.T. Half of decreasing values of Serum Billirubin, S.G.P.T. and S.G.O.T.; considered as up to 50% graded as Mild, 3/4 decreasing serum bilirubin, S.G.P.T. and S.G.O.T. considered as 75%. 50%- 75% value considered as Moderate, more than 75% considered as Marked. Serum Billirubin, S.G.P.T. and S.G.O.T. values at normal level after treatment considered as Complete relief.

B. Subjective Criteria:-

- 1) *Daurbalya* (Fatigue),
- 2) *Aruchi* (Anorexia),
- 3) *Netra Pitata* (Icterus),
- 4) *Nakha Pitata* (Yellowness of Nails),
- 5) *Mutra Varna*(Yellowness of Urine)

Gradation:-

- Severe= +++(3),
- Moderate= ++(2),
- Mild =+(1),
- Normal=- (0)

2) Table 2. Showing Age wise Distribution of Patient:

Sr.No.	Age Group(Years)	No.of Patient	Percentage
1	16-20	03	20
2	21-25	06	40
3	26-30	02	13.33
4	31-35	01	06.66
5	36-40	01	06.66
6	41-45	02	13.33
	Total	15	100

Maximum Number of patients (40%) was from age group 21-25yrs.

3) Table 3. Showing Effect of *Nishottar Churna* and *Triphala Kwath* on different criteria (after 7 days of treatment):

Sr. No.	Criteria	MEAN of Difference	S.D.	S.E.	t calculated value	P
1	Sr. Bilirubin	3.31	3.1	0.8	4.13	P < 0.05
2	S.G.P.T.	249.8	244	64.55	3.780	P < 0.05
3	S.G.O.T.	314.68	278	81.31	3.42	P < 0.05
4	<i>Daurbalya</i>	1.8	0.56	0.15	12.43	P < 0.05
5	<i>Aruchi</i>	1.7	0.46	0.12	14.37	P < 0.05
6	<i>Netra Pitata</i>	1.7	0.88	0.23	7.46	P < 0.05
7	<i>Nakha Pitata</i>	1.2	0.52	0.14	8.29	P < 0.05
8	<i>Mutra Varna</i>	1.46	0.52	0.13	10.97	P < 0.05

For the overall assessment of the therapy, statistical evaluation calculated by 't' test. From the above table difference in Serum Bilirubin calculated 0.8 and 't' value is 4.13., SGPT calculated difference is 64.55 and 't' value is 3.780, SGOT calculated difference 81.31 and 't' value is 3.42. These values shows significant improvement in pathological events.

Daurbalya, Aruchi, Netra Pitata, Nakha Pitata, Mutra Varna level before and after treatment is found statistically significantly improve at P < 0.05.

Discussion:

Hepatitis can be correlate with 'Kamla' according to *Ayurvedic* text, Mainly there are two types of *Kamla*-

1) *Bahupitta -Kamla/ Koshtha Shakhashrit Kamla*

2) *Ruddhapatha-Kamla / Shakhashrit Kamla* (1)

Symptoms of *Bahupitta kamla* are-

-*Daurbalya*
-*Aruchi*
-*Haridra*
Netra, Twak, Nakha, Mutra, Shakruta
-*Avipaka* etc.(1)

From the above symptoms Infective Hepatitis / Hepatocellular Jaundice can be co-relate with *Bahupitta kamla*.

Dosha-Dushya Vivechana of Kamla:-

Dosha:-Pitta dosha

Dushya:- Rasa, Rakta, Mamsa

Srotas :- Rasavaha, Raktavaha, Annavaha.

Avayav:- Yakrut (6)

Chikitsa of Kamla:-

In this study, *Nishottar churna* with *Triphala kwath* was given to patient (1).

The above treatment is highly effective and cheaper in *Bahupitta kamla* (hepatocellular Jaundice), Effect is observed within 7 days along with *Pathya-Apathya*.

In *Kwath kalpana*, *Agni sanskar* is done, hence *kwath kalpana* is suitable than other

kalpana in patient of *Bahupitta kamla* having less *Agni Bala*. The *kwath* is prepared freshly every time and due to *Agni sanskar* the chances of infection are very less and this *kwath kalpana* along with *churna* can be used in Infective Jaundice.

It found that males are more affected may be due to movability in occupation & less attention towards hygienically good diet or drink.

Mechanism of Action

1) *Nishottar* :-

- *Rasa-Madhur.Katu,Tikta,Kashaya*
- *Vipaka-Katu*
- *Virya-Ushna*
- *Karma-Swadu Virechana*

2) *Triphala*:- *Tridosahar,Deepana.*

Haritaki:-

- *Rasa-Panchrasa (Kashaya)*
- *Vipaka-Madhur*
- *Virya-Ushna*
- *Prabhav-Tridosahar*
- *Karma-Tridoshashamak (Vataghna)*

Aamalaki:-

- *Rasa-Pancharasa (Amla)*
- *Vipaka-Madhur*
- *Virya-Sheeta*
- *Karma-Tridosahar (Pittashamak)*

Bibhitaki:-

- *Rasa-Kashay*
- *Vipaka-Madhur*
- *Virya-Ushna*
- *Karma-Tridosahar(Kaphanashak)*
(2)

Hence these drugs are very useful in *Bahupitta kamla* (Hepatocellular jaundice).

Results:

The therapy provided marked relief from all symptoms of *Bahupitta kamala* and improvement in the liver function tests significantly. Sr. Bilirubin levels were reduced in most of the patient.

- 2 patient showed Marked relief in Sr. Bilirubin level,
- 6 patient showed Moderate relief in Sr. Bilirubin level
- 5 patients showed Mild relief in Sr. Bilirubin level.
- 2 patients showed Increase in Sr. Bilirubin level.

Overall combine observation as above described which shows significantly reduction in subjective criteria and objective criteria. The gradation described in criteria of assessment.

In brief it can be said that *Nishottar churna* + *Triphala Kwath* is highly effective in *Bahupitta kamla* (Hepatocellular Jaundice).Effect is observed in 7 days along with *Pathya Apathya*.

Conclusion

Nishottar Choorna and *Triphala Kwath* is useful in *Bahupitta kamala* (Hepatocellular Jaundice) of which statistically significance is proved.

The therapy is cost effective and easily available, without side effect and can be perform at home also.

This study should be conducted on large population.

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