# Randomized Controlled Trial on the Efficacy of Laghvashan Langhan-Pachan with Shunthi Churna in Amlapitta

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**Abstract-** The primary goal of Ayurveda is to maintain health and prevent diseases. Modern dietary habits and lifestyle choices often disrupt digestion, leading to conditions such as *Amlapitta*, characterized by increased *Amla* and *Drava Guna* of *Pitta*, resulting in *Shuktapak* and *Ama* formation. This study evaluates the effectiveness of *Laghvashan Langhana-Pachana* therapy along with *Shunthi Churna* in managing *Amlapitta*. A randomized controlled trial was conducted, where one group received *Langhana* therapy along with *Shunthi Churna*, while the control group received only *Shunthi Churna*. The study demonstrated that *Laghvashana Langhana-Pachana* significantly reduced symptoms of *Amlapitta* by promoting *Ama* digestion and *Agni* normalization.

**KEYWORDS:** Ama, Amlapitta, Laghvashan, Langhan, Pachan, Shunthi.

## INTRODUCTION -

In Ayurvedic theory, nearly all the illnesses find their root cause in disturbed *Agni*.<sup>[1]</sup> *Agnimandya* causes *Ahararas* to remain undigested in *Amashaya*, where it is known as *Ama*.<sup>[2]</sup> 1. *Srotorodha*, 2. *Balabhramsha*, 3. *Gaurava*, 4. *Anilamudhata*, 5. *Aalasya*, 6. *Apakti*, 7. *Nishthiva*, 8. *Malasanga*, 9. *Aruchi*, 10. *Klama are among the symptoms of Ama*.<sup>[3]</sup> This *Ama* has powerful ability to vitiate *Doshas* and cause health problems. As a result, we have concentrated on *Langhvashan-Langhana* with *Pachan* as a *Ama Chikitsa Siddhant*. *Langhana* is the name of process by which the body becomes lighter.<sup>[4]</sup> *Laghvashan Langhan* is being taken by us. Unripe, undigested food, such as *Ama*, is digested by the process known as *Pachan*.<sup>[5]</sup> *Vayu* and *Agni Mahabhuta* are predominant in *Pachan Dravya*.

The treatment changes according to *Amavastha*. If there is *Amavastha*, we can't prescribe *Shodhana Chikitsa* as a treatment because *Ama* vitiates all *Doshas*, *Dushyas*, *Malas* in all over body. So, we can study the changes in *Lakshanas* of *Amlapitta* due to *Amapachana* by *Laghvashan Langhana-Pachana* with the help of *Shunthi* 

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Churna. Langhvashan Langhan decreases further production of Ama and Pachan helps in digestion of Ama.

Patients were screened at our hospital of our institute for the initial assessment during the course of this study. The patients were then chosen based on the study protocol. The research plan all of the patients were divided into two groups randomly that is trial group and control group by lottery method. *Laghvashan Rupi Langhan* and *Pachan* with *Shunthi Churna* was used to treat the patients in the trial group whereas the patients in control group were treated with *Pachana* with *Shunthi Churna*. The duration of study for both the groups was seven days.

The assessment of symptoms was done with the help of subjective parameters including *Hrut Kantha Daha*, *Tikta Amla Udgar*, *Utklesha*, *Aruchi*, *Alasya*, *Gaurav*, *Klama*, *Apakti*, *Agnisada*. Remarkable reduction in these *Lakshanas* as well as considerable relief in the signs and symptoms of *Ama* as well as *Amlapitta* of the patient was observed. *Laghvashana Langhana* gave satisfactory results in the management of not only *Amapachana* but also *Amlapitta* in *Amavastha*.

## **MATERIALS AND METHODS –**

Study Design: Prospective open-labelled randomized controlled clinical trial

Sample Size: 80 patients (40 in each group)

**Inclusion Criteria:** Patients diagnosed with *Amlapitta* (aged 20-60 years)

Exclusion Criteria: Patients with systemic diseases, pregnancy, or steroid dependence

## **Intervention:**

• Trial Group: Shunthi Churna (5g) with Laghvashan Langhana diet

• Control Group: Shunthi Churna (5g) with a normal diet

• **Duration:** 7 days **Assessment Criteria:** 

## **Subjective Criteria:**

- *Hrut-Kantha-Daha* (burning sensation in heart and throat)
- Tikta Amla Udgar (sour belching)
- *Utklesha* (nausea)
- Aruchi (loss of appetite)
- *Alasya* (fatigue)
- Gaurava (heaviness in the body)
- *Klama* (tiredness)
- *Apakti* (indigestion)
- Agnisada (weak digestive power)

## **Statistical Analysis:**

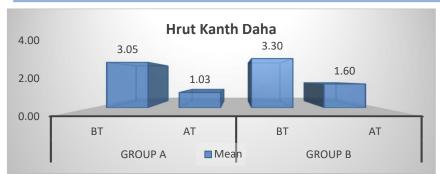
- Wilcoxon Signed Rank Test was used for intra-group comparison.
- Chi-square test was applied for inter-group comparison.
- Statistical significance was considered at p<0.05.

#### **RESULTS -**

Significant symptom reduction was observed in both groups, with the trial group showing superior improvement. The results indicated:

• *Hrut-Kantha Daha* (Burning sensation in throat and chest): Reduced significantly in the trial group (66.39%), highlighting the effectiveness of *Langhana* therapy in neutralizing acidic secretions.

Figure 1 : shows Hrut Kantha Daha wise distribution in both groups



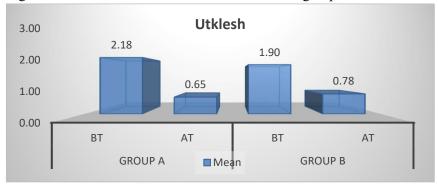
• *Tikta Amla Udgar* (Sour Belching): Improvement observed in 59.48% of patients in the trial group, compared to 50.91% in the control group, indicating better *Pitta* balance.

Figure 2 : shows *Tikta Amla Udgar* wise distribution in both groups



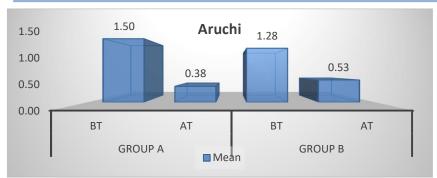
• *Utklesha* (Nausea): Reduced by 70.11% in the trial group, signifying improved digestion and reduced *Ama* formation.

Figure 3 : shows *Utklesh* wise distribution in both groups



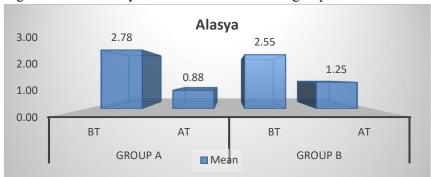
• Aruchi (Loss of Appetite): 75% improvement in the trial group, supporting the role of Langhana in Agni restoration.

Figure 4: shows Aruchi wise distribution in both groups



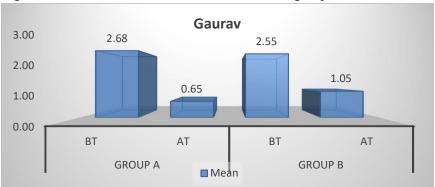
• *Alasya* (Fatigue): Improvement seen in 68.47% of trial group patients, demonstrating enhanced metabolic function.

Figure 5: shows Alasya wise distribution in both groups



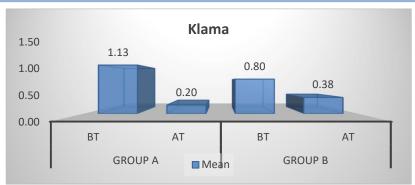
• Gaurava (Heaviness in the body): Marked improvement in 75.70% of cases, showing effective Ama digestion.

Figure 6: shows Gaurav wise distribution in both groups



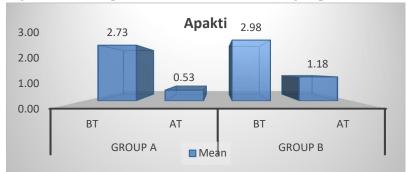
• *Klama* (Tiredness): Improvement noted in 82.22% of patients in the trial group, suggesting a significant enhancement in energy levels and reduction in metabolic sluggishness.

Figure 7: shows Klama wise distribution in both groups



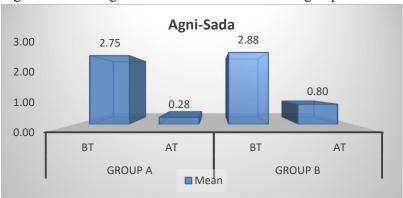
• *Apakti* (Indigestion): Most improved parameter, with an 80.73% reduction in symptoms, suggesting improved enzymatic action.

Figure 8: shows Apakti wise distribution in both groups



• Agnisada (Weak Digestive Power): 90% improvement, confirming Agni restoration and metabolic enhancement.

Figure 9: shows Agnisada wise distribution in both groups



• Overall effect – Table 1: shows overall effect wise distribution in both groups

| Overall Effect       | Group A |         | Group B |         |
|----------------------|---------|---------|---------|---------|
|                      | N       | %       | N       | %       |
| Marked Improvement   | 13      | 32.50 % | 0       | 0.00 %  |
| Moderate Improvement | 27      | 67.50 % | 34      | 85.00 % |

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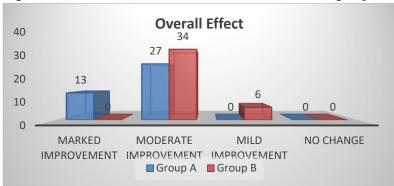
| 2024; Vol 13: Issue 2 | Open Access |
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| Mild Improvement | 0  | 0.00 %   | 6  | 15.00 %  |
|------------------|----|----------|----|----------|
| No Change        | 0  | 0.00 %   | 0  | 0.00 %   |
| TOTAL            | 40 | 100.00 % | 40 | 100.00 % |

Chi-squared = 19.803, df = 2, p-value = <0.001

From above table we can observe that P-Value is less than 0.001. We conclude that, there is significant difference between Group A and Group B. Effect observed in Group A is better than Group B.

Figure 10: shows overall effect wise distribution in both groups.



## **DISCUSSION -**

Laghvashan Langhana, by reducing further Ama production, enhances digestion when combined with Shunthi Churna. The Katu Rasa, Ushna Virya, and Laghu-Snigdha Guna of Shunthi aid in Ama digestion and Agni regulation. This study validates that integrating Laghvashan Langhana therapy with Pachana yields superior results compared to Pachana alone.

The significant reduction in symptoms observed in the trial group suggests that dietary modifications play a crucial role in managing *Amlapitta*. By incorporating *Laghvashan Langhana*, the digestion process was effectively normalized, leading to better symptom resolution compared to the control group. The observed improvements in *Agnisada* (90%) and *Apakti* (80.73%) indicate enhanced digestive efficiency, which is a core principle of Ayurvedic treatment.

The results also highlight the importance of individualized treatment approaches in Ayurveda. While *Shunthi Churna* alone showed improvement in the control group, its effect was significantly enhanced when combined with *Langhana* therapy. This suggests that simply providing herbal formulations may not be sufficient; dietary and lifestyle adjustments must complement the treatment for optimal results.

Furthermore, the improvement in *Klama* (82.22%) suggests that *Laghvashan Langhana* not only impacts digestion but also contributes to better systemic energy levels. Since Ama accumulation often leads to fatigue and metabolic sluggishness, this study reinforces the Ayurvedic understanding that proper digestion is the foundation of overall health and vitality.

No adverse effects were observed in either group, confirming the safety and tolerability of the intervention. The study's findings align with classical Ayurvedic texts, further supporting the efficacy of *Laghvashan Langhana-Pachana* therapy in *Amlapitta* management. Future studies could explore the long-term effects of this intervention and compare it with modern acid-suppressive treatments to further establish its clinical relevance.

2024: Vol 13: Issue 2

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With the increasing prevalence of *Amlapitta* due to modern dietary and lifestyle habits, there is a growing need for holistic and sustainable treatment approaches. This study highlights the significant efficacy of *Laghvashan Langhana-Pachana* therapy with *Shunthi Churna* in alleviating *Amlapitta* symptoms. The combined approach not only aids in symptomatic relief but also strengthens digestive health by addressing the root cause of the disorder. Given its effectiveness and safety profile, this integrative therapy can be considered a viable alternative to conventional treatments, ensuring long-term gastrointestinal well-being. Future research should further explore its broader applications and long-term benefits in managing digestive disorders.

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