



MANAGEMENT OF *AMLAPITTA* WITH *Guduchyadi kashaya*- A CASE STUDY

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Abstract:

Amlapitta is a lifestyle related disease prevalent all over the world. *Amlapitta* is a disorder caused by habitual, irregular diet schedule and activities but also as a result of psychological and physiological aberrations. *Amlapitta* disease has been first described by *Acharya Kashyapa*, later has also been described in *Madhavidana*, *Yogaratanakara* and *Bhavaprakasha*. *Amlapitta* has been mentioned as a separate entity in *Madhav Nidana*. The similar conditions have been mentioned in text like *Charaka*, *Sushruta* and *Vagbhata* while describing the *Grahani roga* and *vidhagdhajirna*.

The ruling features of *Amlapitta* are *Avipaka* (indigestion), *Urodaha* (Burning in the chest), *Utklesha* (Nausea) *Aruchi* (Anorexia) and *Tikta-Amlodgara* (sour and bitter belching) have been described in Ayurvedic classical texts. A 30-year-old male patient came in OPD with the following complaints *Tikta-Amlodgara*, *Urodaha*, *Utklesha*, *Aruchi*. During Examination, the vitals are normal. The patient was treated with *Gulduchyadi Kashaya*, *Avipattikara churna* and *Kushmanda avaleha*. The patient was advised to follow up every 15th day. Along with medication, the patient was also advised to follow diet and lifestyle restrictions.

Keywords: *Agni*, *Amlapitta*, *Annavahasrotas*, Hyperacidity

INTRODUCTION

“*Rogo sarveapi mandagnau*” *Acharya Vagbhata* has described that all the diseases are caused by *Mandagni*.¹ Due to sedentary lifestyle provokes people to run behind a busy, tremendous stressful life which is the least concern towards proper food habits. “Hurry”, “Worry” & “Curry” are the main causes of *Amlapitta* disease. Generally 80% of the top ten life threatening diseases in the world are due to inappropriate dietary habits². According to *Gati*, *Amlapitta* is classified into *Urdhwaga* and *Adhoga Amlapitta*³. According to *Dosha* it is classified as *Vatanubandhi*,

Kaphanubandhi and *Vatkaphanubandhi*. *Acharya Sushruta* has enlisted *Katu* as original *Rasa* of *Pitta* and mentioned that when *Pitta* becomes *vidagdha* then its *Rasa* changes to *Amla Rasa*⁴. *Acharya Charaka* has not mentioned *Amlapitta* as separate disease but described it in *Grahani* (digestive disorder) as one of its *lakshana*⁵.

Acharya Charaka has considered *amlapitta* as a result of *Ajeerna* after being associated with *pittadosha*. *Acharya Sushruta* has described the *amla rasa* of *pitta* appearing to be in *vidagdha avasta*. In *Kashyapa Samhita*, he described *Amlapitta* as *Suktata*⁶. *Acharya Madhava* has exclusively explained the causes of *Amlapitta*, especially *AharaJanya hetu*, such as excessive intake of *Abhishyandi* and *Pishtanna*, Acidic, Hot substances, Alcohol, *Adhyashana*, *Viruddhashan*, *Vidahiannapana*, and intake of food in *Ajirna* condition etc⁷. Certain *Vihara Hetu* such as *Vega Dharana*, *Anupadesha Nivasa* including seasonal variations in *Varsha* and *Sharad Ritu*, lead to aggravation of *Pitta Dosh*a that causes *Amlapitta*⁸.

In *Amlapitta* the root cause is *Agnimandya* and formation of *Aama*. So, while treating *Amlapitta* mainly, *Agnideepaka* and *Aamapachaka* drugs are used. *Tikta Rasapradhan* drugs are commonly *Aamapachaka* & *Agnideepaka*⁹

In modern science, *Amlapitta* can be correlated with Gastroesophageal reflux disease (GERD), in which hyperacidity occurs due to excess production of acid in the stomach. Such a condition may occur due to improper closure of the lower esophageal sphincter that repels back the stomach's content into the esophagus. The process of reverting the stomach content may be triggered or induced by the excessive intake of oily, junk foods and spicy foodstuffs, excessive intake of addiction, e.g, alcohol, smoking, caffeine and nicotine products, fasting for a prolonged time, skipping breakfast, overuse of Analgesics especially, NSAIDs, etc., mental disturbances such as stress, depression, anxiety, and anger, intake of food at an irregular time and interval, excessive intake of Maida & fat-rich products, carbonated drinks, excess use of leafy vegetables, taking sleep after intake of the meal, consumption of water in extra quantity, chronic but constant constipation. Moreover, pregnancy, aging, and obesity are also some contributing factors to heartburn¹⁰.

A case study was conducted in a patient of *Amlapitta* from the OPD of kayachikitsa, Karnataka Ayurveda Medical College, Mangalore, where *Guduchyadi Kashaya*, *Avipattikara churna*, *kushmanda avaleha* were given. The patient was advised to follow up every 15th day. Along with medication, the patient was also advised to follow diet and lifestyle restrictions

Keywords: *Agni*, *Amlapitta*, *Annavahasrotas*, Hyperacidity.

Case study

Main complaints with duration:

A 30-year-old female patient came to KAMCH OPD with the following complaints *Tikta-Amlodgara*, *Urodaha*, *Utklesha*, *Aruchi*, *Dourbalya* since one month.

Associated complaints: No any associated complaints

History of presenting complaint: Patient was apparently normal before one month gradually he developed above symptoms due to sedentary life style and for better management he came to KAMCH

History of past illness: No relevant Pat history

Treatment history: Nothing Significant

Clinical findings

Table-1-Personal history

Appetite	Not normal
Sleep	Disturbed
Diet	Mixed
Bowel	Regular
Micturition	5/D,2/N
Habit	Smoking

Table-2-General Examination

Blood pressure	130/90mmhg
Respiratory rate	18/min
Pulse rate	78/min
Tongue	Mild Coated
Temperature	Afebrile

Table-3-Ashtastana pareeksha

<i>Nadi</i>	<i>Pitta pradhana vatanubandhi</i>
<i>Mutra</i>	<i>Samyak Mutrapravartana</i>
<i>Mala</i>	<i>Apakva, Asamyaka, Baddha koshtha (occasional).</i>
<i>Jihwa</i>	<i>Sama(coated), Aruchi, Mukhapaka (occasional).</i>
<i>Shabda</i>	<i>Prakrita</i>
<i>Sparsha</i>	<i>Anushnasheeta</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akriti</i>	<i>Madhyama</i>

Table-4 -SYSTEMIC EXAMINATION**Abdominal examination**

Inspection	Shape-normal Abdominal masses-Absent Movement of Abdominal wall -Normal
Palpation	Tenderness-Absent Abdominal mass-Absent
Percussion	Tympanic sound is heard
Auscultation	Normal peristaltic bowel sound

ASSESSMENT CRITERIA ¹⁰

Amlodgara, Hrit-kanta daha, Gourava, Utklesha, Avipaka

DIAGNOSIS

While considering these symptoms, the present case can be considered as *Urdhwaka Amlapitta*.

Table -5-Course of treatment

Name of drugs	Dose	Frequency and <i>anupana</i>
<i>Guduchyadi kashaya</i>	48 ml, before food	Twice a day with lukewarm water
<i>Avipathi churna</i>	3grams after meals	Twice a day with lukewarm water
<i>Kushmandavaleha</i>	5grams after meals	Twice a day with milk

Table-6 PATHYA-APATHYA DURING TREATMENT

<i>Pathya</i>	<i>Yava, Godhuma, Mudga, old rice, boiled and cooled water, Sharkara, Madhu, Sathu, all bitter and light vegetables, Kushmanda, Dadima, Patola¹¹</i>
<i>Apathya</i>	<i>Seasame, blackgram, garlic, curd, amla and Katu padarth, Guru Anna, oily and spicy food, fermented foods¹²</i>

Table-7-RESULTS

symptoms	Grading	Before treatment	After treatment	After follow up
<i>Amloudagara</i>	0 - No belching	-	-	-
	1 - Feeling of belching with no sound	-	+	+
	2 - Feeling of belching with mild sound	+	-	-
	3 - Feeling of belching with severe sound	-	-	-
<i>Hrit-Kanta Daha</i>	0 -No burning sensation	-	-	-
	1 - Sensation of warmth on throat occasionally	-	+	-
	2 - Burning sensation on throat and chest after mild oily/spicy food	+	-	-
	3 - Feeling of burning sensation always	-	-	-
<i>Gaurava</i>	0 – Normal	+	-	-
	1 - Feeling of heaviness in morning	-	-	-
	2 - Feeling of heaviness in morning and evening after food	-	-	-
	3 - Feeling of heaviness always	-	-	-
<i>Utklesha</i>	0- No nausea	-	-	-
	1-mild nausea	+	-	-
	2-severe nausea	-	-	-
	3-severe nausea with vomiting	-	-	-
<i>Avipaka</i>	0-No indigestion	-	-	-
	1 - Unable to digest mild fatty food	-	+	-
	2 - Unable to digest 3- course meal	+	-	-
	3 - Unable to digest any kind of food	-	-	-

Follow-up:

The patient was followed up once on the 15th day up to the 45days. During first follow up there was mild relief in *Tikta-amlodgar*, *Urodaha*, *Utklesha* and *Avipaka*. The patient was advised to continue the same medication. During 2nd follow up *Tikta-amlodgar*, *Urodaha*, *Utklesha* completely gone and there is mild relief in *Aruchi*. During 3rd follow up no other complaints were told by the patient. The patient was advised to follow the diet and lifestyle

restrictions. Avoid lying down immediately after food and in the supine position. Avoid smoking, alcohol, tea, coffee, and stress.

DISCUSSION:

Amlapitta has become a very common problem in the present scenario; it is due to unhealthy food habits and regimens. The incompatible diet, regimen and habits continued, it may lead to gastric ulcer, chronic gastritis, duodenitis, irritable bowel syndrome, malabsorption, anaemia, and stenosis. As in disease, *Amlapitta* vitiated *dravya roopa of Pitta* is primarily responsible factor and changes in the function of *agni* (appetite) lead to various diseases. It is common for many of us to face a burning sensation in the stomach and chest. All the drugs utilized in the study were *Pitta shamaka* which mitigate the *Pitta dosha and Kapha* stabilize. Most of the medication (in samana aspects are having Tikta rasa which has *Vayu and Akasha Mahabhuta*. The *Vayu Mahabhuta* dries up the *Dravtva of Dushita Pitta* and this *Akasha Mahabhuta* removes the *Srotorodha* during a *Samprapti Vighatana*. These drugs work on subjective symptoms and physical, mental, emotional health.

RESULT

Amlapitta has become a common disease .if we go deep *Amlapitta* shows complete resolution at the end of 45 days. Oral remedies *Guduchyadi Kashaya, Avipattikara churna, Kushmanda avaleha* is effective for the above symptoms.

CONCLUSION

Shamana Upakrama as above with *Pathya ahara* for long period of time are beneficial for any GI related disease. According to Ayurveda principles patient of any disease treated with their *Dosha, Dhātu, Mala Avastha and Ashtavidha Pariksha* definitely leads to *Upashaya*. In this case study, *Shamana Chikitsa with Pathya apathya* proven to be beneficial in reducing the signs and symptoms of *Urdhwaga Amlapitta*

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