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AYURVEDIC MANAGEMENT OF URDHWAGA AMLAPITTA: A CASE STUDY

Ayurveda

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ABSTRACT

The rise in gastrointestinal disorders due to faulty lifestyle and dietary habits, coupled with increasing stress levels, has led to conditions like Amlapitta becoming prevalent. Amlapitta, a common gastrointestinal disorder classified in Ayurveda as a lifestyle disease, is challenging to treat due to its frequent recurrence. It originates in the Annavaha strotasa (gastrointestinal system) and is caused by mandagni (diminished digestive power) in the stomach and vitiation of pachak pitta (digestive enzymes). Ayurveda categorizes Amlapitta into Urdhwaga and Adhoga types. This case study discusses a 26-year-old male patient experiencing symptoms of Urdhwaga Amlapitta, including belching, chest and throat burn, abdominal pain, nausea and indigestion. The patient received Ayurvedic formulations, including Amalaki, Guduchi Satwa, and Dadima, along with dietary and lifestyle modifications. The study concludes that Ayurvedic treatment is safe and effective in managing Urdhwaga Amlapitta.

KEYWORDS

Amlapitta, Urdhwaga Amlapitta, Gastrointestinal disorders, Ayurveda, Case study

INTRODUCTION

In Ayurveda, *Acharya Vagbhata* highlights the importance of the gastrointestinal system as a root cause for all diseases, as expressed in the verse "*rogaha sarvepi mandeagnau*."(1) *Amlapitta* is one such disorder characterized by *agnimandya*, or diminished digestive power. The classical texts of Ayurveda do not specifically name *amlapitta* as a distinct disorder, it is considered a symptom within *grahani.* The disease is detailed for the first time in the Kashyap Samhita, with further explanations of its etiology in *Madhavnidana*, *Yogaratnakara*, and *Bhavaprakasha*.

Amlapitta, a disease of the *annavaha strotas* (gastrointestinal system), involves the *vidagdha* (acidic) state of pitta, leading to symptoms such as belching (*amlodgara*), chest and throat burn (*urodaha* and *kanthadaha*), abdominal pain (*udarashoola*), nausea (*utklesha*), indigestion (*avipaka*), and anorexia (*aruchi*). Factors like *adhyashana* (eating before digestion), consumption of spicy and sour foods (*katu-amla rasatmak ahar-vihar*), and intake of fermented and junk foods (*dushta and vidahi ahara*) contribute to impaired digestion, resulting in *ama* (toxins) accumulation and aggravation of pitta.

In Ayurveda, *pitta* is of two types as *Adhoga* and *Urdhwaga Amlapitta*. If this *pitta* takes an upward course i. e vomiting, burning sensation, headache, loss of appetite, then it is called *Urdhwaga Amlapitta*. (2) This case study focuses on Urdhwaga Amlapitta. Many digestive disorders, such as GERD, dyspepsia, hyperacidity, and gastritis, fall under the broad term Amlapitta described in Ayurveda. GERD involves the backward flow of gastric contents into the esophagus, while dyspepsia includes upper abdominal symptoms like bloating, pain, postprandial fullness, heartburn, and belching.

MATERIALS AND METHODS

Case Study

A 26-year-old male presented with symptoms like:

- Belching (Amlodgara)
- Chest and throat burn (Urodaha And Kanthadaha)
- Abdominal Pain (Udarashoola)
- Nausea (Utklesha)
- Indigestion (Avipaka)

The patient had been experiencing these symptoms from the past seven days. His medical history revealed no hypertension, diabetes mellitus, or other major illnesses, nor any surgical history. He worked in a multinational corporation (MNC) and his work involved long hours of desk job, including night shifts. He had a history of consuming spicy, oily, and junk food. Additionally, he reported smoking, drinking coffee more than three times a day, and occasional alcohol intake.

General Examination

The patient's general condition was fair and afebrile:- Temperature: 98.2˚F, Pulse rate: 80 bpm, Blood pressure: 110/70 mm Hg, Weight: 62 kg, Abdominal examination: Soft, non-tender, with no abnormalities detected

Diagnostic Criteria - *Ashtavidha Pariksha* (Eightfold Examination):

- Pulse (Nadi): 80 bpm
- Urine (Mootra): Clear (Samyak)
- Stool (Mala): Irregular bowel habits (Asamyak)
- Tongue (Jihwa): Coated (Lipta)
- Speech (Shabda): Clear (Spashta)
- Skin (Sparsha): Oily texture (Snigdha)
- Eyes (Druk): Normal (Prakruta)
- Posture (Aakriti): Lean (Krusha)

Systemic Examination

- **Respiratory:** Normal broncho-vascular sounds on auscultation, no abnormalities detected
- **Cardiovascular:** Normal heart sounds (S1 S2), no abnormalities detected
- **Central Nervous System:** Higher mental functions were normal

Symptom	Normal (grade-0)	Mild (grade-1)	Moderate (grade-2)	Severe (grade-3)
Belching (Amlodgara)	no belching	occasionally in a day for less than half an hour after meals	occurs daily for 2-3 times a day	occurs for more than 3 times and not relieved by any measure
Chest and throat burn (Urodaha and Kanthadaha)	no burning sensation	burning sensation over udara, ura, kantha occasionally	occurs for prolonged hours daily and relieves after digestion of food or vomiting	involving most of the area, daily and does not relieve even after vomiting
Abdominal Pain (Udarashoola)	no pain	mild or occasional pain which needs no medication	moderate pain that subsides after digestion of food or vomiting	unbearable pain which does not subside even after vomiting

Nausea (Utklesha)	no nausea or salivation	sense of nausea occasionally	frequency of nausea followed by vomiting occasionally	frequency of nausea followed by vomiting daily
Indigestion (Avipaka)	no indigestion	digestion occurs in about 9 hours after consumption of normal diet	digestion occurs in about 12 hours after consumption of normal diet	digestion occurs in about 24 hours after consumption of normal diet

Diagnosis

Based on the patient's history, clinical features, and physical examination, the diagnosis was Amlapitta with special reference to GERD.

Intervention

The primary treatment involved Nidana Parivarjana, the avoidance of etiological factors. The patient was advised to avoid spicy, sour, salty, and oily foods, junk food, excessive coffee, smoking, alcohol, and irregular sleep cycles. This approach helps control disease progression and prevent relapse.

Medical Management

1. Amalaki Churna (2 gm) + Guduchi Satwa (1 gm) + Dadim Churna (2 gm)+ Khanda sharkara (1gm), taken twice a day after meals
2. Bhunimbadi Kwatha: 15 ml twice a day after meals
3. Shankha Vati: 2 tablet twice a day after meals

Anupana : Warm water
Duration of medicament: 15 days
Follow-up: The patient was assessed every five days during the medication period.

***Pathya - Apathya*:**

The patient was advised to follow a balanced diet with regular, timely meals. Recommended foods included barley, wheat, aged rice (minimum one year old), green gram, soups, sugar candy, and fruits such as gooseberry, raisins, black grapes, and pomegranate. Adequate fluid intake, including pomegranate juice, amla juice, and warm water, was recommended. The patient was also encouraged to get sufficient sleep and rest, and to incorporate regular practices of Yoga, Pranayama, meditation, and exercise into his daily routine. Irregular meal timings and daytime napping were to be avoided.

Assessment Criteria

Observation and Result

The table highlights the progress in 15 days of medication.

Symptoms	0^{th} day (Before)	5^{th} day	10^{th} day	15^{th} day (After)
Belching (Amlodgara)	Grade 3	Grade 3	Grade 1	Grade 0
Chest & throat burn (Urodaha & Kanthadaha)	Grade 3	Grade 2	Grade 1	Grade 0
Abdominal Pain (Udara shoola)	Grade 3	Grade 2	Grade 1	Grade 1
Nausea (Utklesha)	Grade 2	Grade 2	Grade 1	Grade 0
Indigestion (Avipaka)	Grade 3	Grade 3	Grade 2	Grade 1

DISCUSSION

Ayurvedic management of Urdhwaga Amlapitta, which parallels Gastroesophageal Reflux Disease (GERD) in modern medicine, utilizes a combination of single drugs and herbal formulations known for their therapeutic properties. This case study demonstrates the efficacy of such treatments, focusing on the specific properties and mechanisms by which these herbs address the symptoms and underlying causes of GERD. The Ayurvedic management included use of single drugs like amalaki, guduchi, dadima and khanda sharkara. The properties of these drugs according to classical textbooks are enlisted in the table below.

Drugs	*Amalaki "(3)*	*Guduchi (4)*	*Dadima (5)*	*Khanda sharkara–(6)*
Latin Name	Emblica officinalis	Tinospora cordifolia	Punica granatum	Saccharum officinarum
Family	Phyllanthaceae	Menispermaceae	Punicaceae	Poaceae
Rasa	Madhura, Amla, Katu, Tikta, Kashaya	Tikta Katu Kashaya	Madhura, Kashaya, Amla	Madhura
Veerya	Sheeta	Ushna	Anushna	Sheeta
Vipaka	Madhura	Madhura	Madhura	Madhura
Guna	Laghu Rooksha	Laghu	Laghu Snigdha	Snigdha
Karma	Rasayana	Rasayana, Deepana	Dahanashan Tarpana,	Pittasradosha nut

Amalaki (Emblica officinalis): Amalaki, or Indian gooseberry, is known in Ayurveda for its cooling, anti-inflammatory, and antioxidant properties. It is a rich source of Vitamin C, which enhances mucosal defense and has gastroprotective effects. Studies have shown that Amalaki reduces gastric acid secretion, alleviates symptoms of hyperacidity, and promotes healing of the gastric mucosa.(7) Its Rasayana (rejuvenative) properties help balance Pitta dosha, which is crucial in managing Amlapitta and GERD.

Guduchi Satwa (Tinospora cordifolia): Guduchi, also known as Giloy, possesses anti-inflammatory, immunomodulatory, and hepatoprotective properties. It is effective in enhancing digestive functions and improving metabolism. Guduchi Satwa, the water-extracted starch of the herb, is particularly beneficial for its soothing and cooling effects on the gastrointestinal tract. Research indicates that Guduchi can significantly reduce acid peptic disease symptoms, improve gastric emptying, and protect against mucosal damage (8).

Dadima (Punica granatum): Dadima, or pomegranate, is valued for its astringent and cooling properties. It aids in balancing Pitta and Kapha doshas, reducing hyperacidity, and improving appetite. The fruit's rich polyphenolic content has been shown to exert anti-inflammatory and antioxidant effects, which help mitigate oxidative stress in the gastric mucosa, a common issue in GERD patients (9) . Additionally, pomegranate juice has been found to reduce gastric acid levels and enhance mucosal defense mechanisms (10).

Bhunimbadi Kwatha: Bhunimbadi Kwatha is a decoction containing multiple herbs known for their digestive and anti-inflammatory properties. Bhunimba (Andrographis paniculata) is the primary ingredient, which has hepatoprotective and gastroprotective effects. Studies on Andrographis indicate its potential to reduce gastric acid secretion, enhance mucosal defense, and exhibit anti-ulcer activity (11). This formulation also includes other supportive herbs that collectively improve digestion and reduce symptoms of hyperacidity.
Shankha Vati: Shankha Vati is a classical Ayurvedic formulation composed of Shankha Bhasma (conch shell ash) and various digestive herbs. It is primarily used to treat digestive disorders such as hyperacidity and peptic ulcers. Shankha Bhasma is alkaline in nature, which helps neutralize excess stomach acid and provides symptomatic relief in GERD(12). The formulation's other ingredients, such as Pippli (Piper longum) and Shunthi (Zingiber officinale), aid in enhancing digestive fire (Agni) and reducing gastric inflammation.

Mechanism of action of herbs

1. Herbal Synergy: The combination of Amalaki, Guduchi Satwa, and Dadima in the treatment protocol leverages their synergistic effects, enhancing overall therapeutic efficacy. This holistic approach addresses both symptom relief and root cause management, promoting long-term benefits and preventing recurrence.

2. Mucosal Protection: The gastroprotective properties of these herbs contribute significantly to mucosal healing and protection. Amalaki and Guduchi, in particular, have demonstrated capabilities in reducing oxidative stress and enhancing mucosal defense, which are critical in managing GERD (7).

3. Reduction of Acid Secretion: The interventions focus on reducing gastric acid secretion, a primary factor in GERD pathogenesis. The anti-secretory effects of Amalaki and Bhunimba, coupled with the neutralizing properties of Shankha Vati, provide a comprehensive solution for acid control (11,12).

4. Anti-inflammatory and Antioxidant Effects: Chronic

inflammation and oxidative damage are key concerns in GERD. The anti-inflammatory properties of Guduchi and the antioxidant effects of Dadima and Amalaki help mitigate these issues, promoting overall gastrointestinal health (8–10).

5. Dietary and Lifestyle Modifications: Ayurvedic treatment emphasizes *Nidana Parivarjana* (avoidance of causative factors) and *Pathya-Apathya* (dietary and lifestyle guidelines), which play a crucial role in managing GERD. The prescribed dietary regimen and lifestyle adjustments help reduce triggers and improve digestive health.

CONCLUSION

In conclusion, the Ayurvedic management of Urdhwaga Amlapitta with the specified herbal formulations shows promising results in the context of GERD. The integrative approach, combining symptom relief with addressing the underlying causes, underscores the potential of Ayurveda in managing chronic gastrointestinal disorders. Further research and clinical trials are warranted to validate these findings and optimize treatment protocols for broader application.

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