

## MANAGEMENT OF AMLAPITTA THROUGH AYURVEDA: A CASE STUDY

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### ABSTRACT

*Amlapitta* is very common disease in encountering in present population and given its prevalence in India, this lifestyle disorder which is mostly of acute nature turns into a lifetime disorder only because of the over-the-counter antacids, which are taken to counter the complaints temporarily. The *ahara* has got major role in the management of the body and also causing the diseases. Due to lot of stress, lack of self awareness and improperly following *rutucharya* i.e faulty dietic habits results in the disease *Amlapitta* can be correlated with various gastro-oesophageal reflux diseases like gastritis, dyspepsia, heartburn, peptic ulcer, hyperacidity etc. As *acharyas* say '*Roga sarvaepi mandagnou*' i.e vitiation of *agni* is the main

pathophysiological factor in all diseases. In *Amlapitta* also due to *mandagni* the ingested food become *vidagdha paka*, and then the *pachaka pitta* attains excessive *amlata* and causes *vidaha*. *Ayurveda* has got potential remedy in the management of *Amlapitta*. A 34yrs old male patient presenting with *amlodgara*, *urodaha*, *utklesha*, *shirshool*, *chhardi* etc. approach to Govt. Ayurved Hospital, Nanded. Patient was treated with *shaman chikitsa* a unique principle of *Ayurveda*. Patient shows significant improvement in symptoms.

**KEYWORDS:** *Amlapitta*, *Aahara*, *Agni*, *Aam*, *Rutucharya*.

### INTRODUCTION

The first and foremost task in ayurvedic disease management is a proper understanding and description of its etiopathogenesis. *Amlapitta* ia a common disease which has its root cause in

hurry, worry, curry. In recent years there has been an unprecedented increase of incidences of GI system due to changing in life style as change in diet pattern, behavioural pattern and mental stress and strain. In *Madhanidana*<sup>[1]</sup> and *Kashyapa Samhita* this disease described as a separate entity with detailed description. In *Kashyapa samhita*,<sup>[2]</sup> it has mentioned that there is involvement of three *Doshas* in *Amlapitta* while in *Madhavanidana* dominance of *Pittadosha* is mentioned. On the basis of location of *doshas* it is divided into two types which are *urdhvaga* and *Adhoga*.

This disorder is the result of *Grahani Doshajirna* (Indigestion) after encountering the specific *Doshas* and affinity with specific site may cause various diseases. Gastritis and dyspepsia have been correlated with *Amlapitta*. Patients of gastritis often results into peptic ulcer. *Acharyas* have mentioned usage of the drugs which are having *Tikta Madhura Rasa*,<sup>[3]</sup> *Madhura Vipaka*, *Sheeta Virya* and *Laghu*, *Ruksha* property with *Kapha pittahara* action for the same.

### Present Complaints

A male patient aged about 34 years old, Hindu by religion approach to hospital with complain of -

| Sr.No | Symptoms              | Duration since |
|-------|-----------------------|----------------|
| 1.    | <i>Tikta-amlodgar</i> | 6 months       |
| 2.    | Utklesha              | 6 months       |
| 3.    | Kantha daha           | 6 months       |
| 4.    | <i>Aruchi</i>         | 2-3 months     |
| 5.    | <i>Chhardi</i>        | 2-3 months     |
| 6.    | <i>Shirshool</i>      | 2 months       |

### Past history

Patient was well before 6 months. Then he had above symptoms occasionally, but since last 15 days severity increased. He has taken medicine in a private hospital for 2-3 months. He got relief for few days after taking allopathic medicines but *apathya aahara- vihara* was continued by him and he again had all these symptoms. Hence approached to our Hospital for ayurvedic treatment.

No H/o any other medical illness.

No H/O any other surgical illness.

### Personal History

*Aahara*-Mixed diet but more of non vegetarian (specially fish), irregular time(*Vishmashana*),

*Vihara*-Sleep during daytime(*Diwaswap*)

*Vyasana*- Tobacco chewing since 10-12 yrs

Alcohol Consumption-occasionally

*Vyavasaya*- Fisher

### **General Examination**

G.C.- Moderate

Pulse – 88/min, Regular,

BP – 124/ 80 mm of Hg

### **Systemic examination**

RS – Clear, air entry bilaterally equal

CVS – S<sub>1</sub> S<sub>2</sub> Normal. No murmurs

CNS – Conscious, well oriented.

### **Astwidha Parikshan**

*Nadi* : 88/min

*Mala* : *Vibandha*

*Mutra* : *Sadaha*.

*Jivha* : *Sama*

*Shabda* : *Spashta*

*Sparsha* : *Anushna*

*Druka* : *Aarakta*

*Aakriti* : *Madhyam*

### **Pathological Reports**

Hb- 13.2gm%

RBC- 4.6 mil/cmm

WBC- 9200/cmm

PLT-241000

BSL (Random) -124 mg/dl

## Treatment Given

| Sr.no | Treatment Plan          | Dose and Anup`ana               | Duration                          |                            |
|-------|-------------------------|---------------------------------|-----------------------------------|----------------------------|
| 1.    | <i>Shamana chikitsa</i> | 1. <i>Avipattikar churna</i>    | 10 gms HS with koshna jala        | 20 days                    |
|       |                         | 2. <i>Laghu sutshekhar rasa</i> | 250 mgs 2 bds, <i>koshna jala</i> | 20 days                    |
|       |                         | 3. <i>Sutshekhar Rasa</i>       | 250mg 2 bd                        | 15 days                    |
|       |                         | 4. <i>Musta churna</i>          | 3 gms Bd <i>Koshna jala</i>       | 20 days                    |
|       |                         | 5. <i>Himcocid suspension</i>   | 10ml HS                           | 20 days                    |
|       |                         | <i>Suvarna Sutshekhar Rasa</i>  | 150 mg BD with koshna jala        | Last 5 days out of 20 days |

Patient was discharged from IPD after 20days of treatment and continued on *Shamana chikitsa* for another 10 days. Regular Follow up was taken in next 10 days in OPD of Hospital. Result were assessed according to assessment criteria.

## Assessment Criteria

| Sr.no. | Lakshanas             | Grade   |   |
|--------|-----------------------|---|---|
| 1.     | <i>Tikta-Amlodgar</i> | No sour & bitter belching   | 0 |
|        |                       | Sour & bitter belching after spicy food   | 1 |
|        |                       | Sour & bitter belching after any kind of food   | 2 |
|        |                       | Sour & bitter belching having no relation with food intake                              | 3 |
| 2.     | <i>Utklesha</i>       | No nausea   | 0 |
|        |                       | Feels nauseating occasionally   | 1 |
|        |                       | Frequency of nausea is daily  | 2 |
|        |                       | Severe nausea with fluid regurgitation  | 3 |
| 3.     | <i>Kantha daha</i>    | Absent  | 0 |
|        |                       | Daha occasionally for more than half an hour  | 1 |
|        |                       | Daha occurs daily for one hour or more and relieves after digestion of food or vomiting | 2 |
|        |                       | Continous Daha does not relieve by any measure  | 3 |
| 4.     | Aruchi                | Absent  | 0 |
|        |                       | Tasteless can take diet   | 1 |
|        |                       | Tasteless can take little amount of diet  | 2 |
|        |                       | Tasteless cannot take diet  | 3 |
| 5.     | <i>Chhardi</i>        | Absent  | 0 |
|        |                       | Once in a week  | 1 |
|        |                       | Twice in a week   | 2 |
|        |                       | Daily   | 3 |
| 6.     | <i>Shirshool</i>      | No headache   | 0 |
|        |                       | Mild/ occasional headache which need no medication                                      | 1 |
|        |                       | Headache relieved after vomiting  | 2 |
|        |                       | Severe headache, keeps patient awake at night   | 3 |

## DISCUSSION

*Amlapitta* is the disease caused due to *agni dushti*.<sup>[4]</sup> Continuous consumption of *apathyakara ahara* and *vihara* leads to *agnimandya*, due to *pittakara ahara vihara* it leads to *vidagdha ajirna*. Frequently *Vidagdhavastha* can turn into *Amlapitta vyadshi*.

Basic treatment *amlapitta* done according the basic principle of ayurveda to treat any disease i.e, "Nidan Parivarjana". According to that patients daily routine lifestyle was changed .His diet was the root cause behind illness. *Apathya aahar-vihar sevan* was stopped completely. In this disease, *pitta dushti* in *amashaya* occurs by its *amla* and *drava guna*. Hence the symptoms appears Viz. *Amlodgara, Hrudaha, shira shula, chardi* etc.

A patient admitted in ward was treated with the *kalpas* mentioned above in the table.

*Avipattikar churna* was given in large dose of 10 gms for *sransana* of *pitta dosha*. *Laghu sutshekhar rasa* which contains *shunthi* and *gairika* was administered for *dipana* and *pachana* purpose. Along with this, *Sutshekhar Rasa*<sup>[5]</sup> (*Suvarna virahit*) mentioned in *Amlapitta adhikara*, was given to the patient. As patient was having severe heartburn, for quick relief Himcocid suspension was used to neutralise the acid. With all these treatment of 15 days patient was filling much better. Only the *shira shula* complaint was there persistently. In last 5 days of his stay in hospital, *Suvarna sutshekhar* was used, which was helpful in relieving head ache.

## CONCLUSION

*Amlapitta* is common problem now a days because of lifestyle. This *vyadhi* is chronic and can be treated with Ayurvedic treatment effectively. But along with medicines *pathya palana* is very much important in this disease. Without *pathya palana*, one can not cure this completely. *Aushadha* with *pathya* in combination can give good results in chronic stage of *amlapitta*.

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