

**CASE STUDY: ROLE OF YOGABASTI IN UDAWARTAJANYA
AMLAPITTA****Vd. Pooja Bidade*¹, Vd. V.E. Gogate² and Vd. Sharmili Suryavanshi³**

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ABSTRACT

Amlapitta i.e., Hyperacidity or Gastro-Esophageal Reflux Disease (GERD) is the disease of today's 'Hurry-Curry-Worry' type of lifestyle. Its prevalence varies widely all over the world according to the ethnicity and geography.^[1] Many a times, in early stages, the symptoms are taken casually but as the disease progresses rapidly, it starts hampering the daily routine of the patient and soon turns into chronicity. So in today's practice, *amlapitta* is a burning issue.

KEYWORDS: Roga, Mandagni, Udawarta, Amlapitta, hetu, vamana, etc.

INTRODUCTION

According to *Ayurveda*, "Roga sarve api Mandagnau!^[2] It means, all the diseases of body are due to disturbed digestion and the very possible symptom occurring soon because of this indigestion is of GERD i.e., *amlapitta*.

As *amplapitta* occurs due to repetitive indigestion, it is a chronic type of disorder. The causative factors of the disease are many a times the inevitable factors of today's lifestyle e.g., stress, delayed night sleeps, irregular timings of meals, junk foods, etc. Now a day, being an *Ayurvedic* physician, it is a tedious job to treat *Amlapitta* completely.

Modern practices, though are useful in treating the disease, have many limitations. The patient taking antacids becomes dependant on it, the doses may increase in upcoming future and it has a considerable impact on patient's pocket. In spite of all this, patient still have risk of developing the consequences of hyperacidity like gastric ulcers, duodenal ulcers and other systemic diseases giving a call to surgical hands.

Ayurveda plays very important role in treatment of *Amlapitta* which is to be discussed in the present case study.

Now a day, patients of *amlapitta* coming to our OPD are mostly accompanied with *Udavarta* as they nearly have same *hetus*.^[3,4] So in such patients, only *amlapittaghna* treatment like *Vamana*, *sutshekhara rasa* or *kamdudha*, etc does not work satisfactorily. Moreover, *Udavarta* has to be taken into consideration before *amlapitta*. *Ayurvedic siddhanta* of treating the cause rather than symptoms is very well implied in such cases.

CASE REPORT

A 45 yr old female patient- XYZ came to the *Kayachikitsa* OPD of Govt. Ayurved College, Nanded and Maharashtra. OPD no: 43116.

History of Present illness: c/o - *Bhojanottara chhardi*

- *Urodaha*, *amlodgiranam*, *tiktaasyata* (since 6 months)

- *Nidraviparyay*

- *Asamyaak*, *grathita*, *sakashta malapravartanam*

i.e., *mala-avasthambha* - (since 1 year)

Associated complaints were *arochak*, *dourbalya*, *shirahshoola*, *krushata*.

Patient was thoroughly examined and detailed history was taken.

History of past illness: no major medical or surgical illness

Patient was taking H₂ receptor antagonist- tab ranitidine 150mg empty stomach in the morning since last 6 months before coming to our hospital.

Family History: NIL

-Daughter (22yrs) died 6 months ago due to congenital cardiac disease.

Occupational History: Farmer + housewife.

General Examination:

General condition -moderate, afebrile

PR - 80/ min, regular

Pallor- present +

INVESTIGATION

Hb-8.8 gm %

BSL-R-117 mg/dL

Urine Routine & Microscopic-NIL

ECG-WNL

As per Ayurvedic text, **symptoms of Udawarta**^[3] are:

-*adhmana* (flatus)

-*hrullasa* (nausea)

-*avipaka* (indigestion)

-*varcha-apravrutti, kruchhena shushka, chirat pravrutti* (constipation)..... *Charak chikitsa* 26/5-10.

Symptoms of Amlapitta^[4] are:

-*Udar-gauravata* (feeling of fullness in stomach)

-*Utklesha* (nausea)

-*Avipaka* (indigestion)

-*Tikta-amla udgara* (bitter or sour belching)

-*Hrut-kantha daha* (burning sensation in chest region)..... *Madhav Nidanam* 51/02.

Diagnosis: *Udavartajanya amlapitta*.

Treatment given

According to basic principles of *Ayurveda*-when *doshas* are in *prakupita avastha*, they should be removed by the nearest route as early as possible.^[5]

1. *Sadyo-vamana* was given with *Saindhav jala* (about 3&1/2 litres)

-*Vega*-03

-Vitals-stable

-Patient was observed for next 03 days.

Observations after Sadyo vamana

1. *Avastha* of patient changed from *sama-avastha* to *Nirama-avastha*.

2. *Prakupita Kapha* was removed by *Sadyo-vamana*.

3. *Apana Vayu* was aggravated due to *Sadyo-vamana*, increasing the constipation.

4. Patient was not relieved satisfactorily.

So the next line of treatment was planned as below:

1. **Yogabasti**- *Anuvasana* with *Tila taila*-120 ml.

Niruha with *Dashmoola kwath*-750 ml was prepared and given in classical manner.

2. **Amalaki and Guduchi choorna** -5gms b.i.d.-*bhojanottar*- with *koshna jala*.

3. **Avipattikar choorna** -10 gms HS-with *koshna jala*

ASSESSMENT CRITERIA

Bhojanottar chhardi

0	Absent	0
1	Mild	1/day
2	Moderates	2/day
3	Severe	3-4/day

Tikta-amla udgara

0	Absent	0/hour
1	Mild	1-2/hour
2	Moderate	3-4/hour
3	Severe	5-6/hour

Mala avashtambha

0	Absent	Regular stool once or twice a day
1	Mild	Regular stool once in two days
2	Moderate	Hard stool once in two days
3	Severe	Hard stool once in three days

Observations

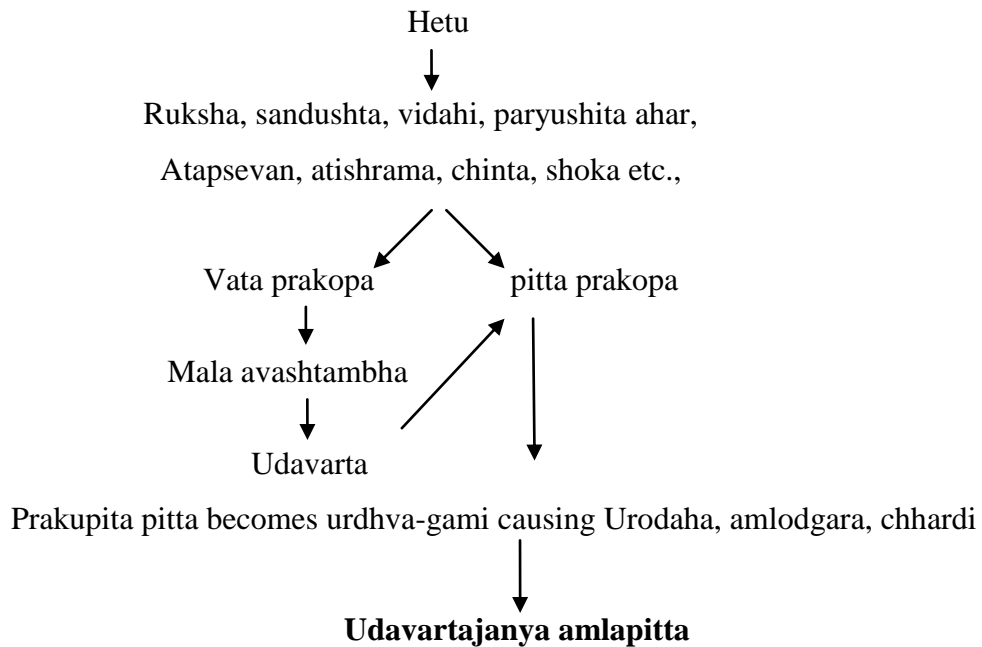
After *Yogabasti*

Sign and symptoms	Before <i>Yogabasti</i>	After <i>Yogabasti</i>	Relief
<i>Bhojanottar chhardi</i>	3	0	99%
<i>Tikta-amla udgara</i>	3	0	99%
<i>Mala avashtambha</i>	3	1	66%

RESULT AND DISCUSSION

In above case study, the presenting symptom of patient i.e., *Bhojanottar chhardi* was relieved by 99% and the aggravating factor of *chhardi* i.e., *Mala avashtambha* was relieved by 66%.

Samprapti of Udavartajanya Amlapitta in this case can be stated as follows:



According to *Yogaratanakar*, *vamana* is the first line of treatment in *urdhwaga amlapitta*.^[6] Also the *prakupita* and *saam kapha dosha* was also eager to come out of the body through upper orifices. Basic principle of *Ayurveda* is to remove vitiated *doshas* through the nearest possible route; we decided to give *Sadyo-vamana* to the patient. This gave a little symptomatic relief to the patient for 2-3 days.

But while doing this, we neglected another important principle of *Ayurveda* i.e., to treat the cause and not the symptom.^[5] So consequently, the symptoms started aggravating again. This made us reconsider the pathology of the disease and change the line of treatment. The main cause behind all these was *mala avashtambha*, which was causing the *Udavarta*. As seen earlier, the symptoms of *Amlapitta* and *Udavarta* are nearly same.^[3,4] So firstly, we misdiagnosed *Udavarta* as *amlapitta* and hence our prior treatment accomplished zilch. Hereafter, we changed our line of treatment from *amlapitta* to *Udavarta*.

One of the main treatments of *Udavarta* is *Basti chikitsa*^[7], especially, *Yogabasti*. So with some *amlapittaghna* yoga like *Amalaki* and *Guduchi choorna*, we gave *yogabasti* to the patient according to the classical texts of *Ayurveda*. This not only treated the *Udavarta* but also the *amlapitta* satisfactorily.

CONCLUSION

Vamana may aggravate *Udavartajanya Amlapitta*.

Yogabasti provides a long term relief in *Udavartajanya Amlapitta*.

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