Ayurvedic management of Urdhwaga Amlapitta (Dyspepsia): A Case Report

Shubhangini S. Kolar¹, S. S. Kalyani², Sunilkumar M. Chabanur³

¹Final Year Post Graduate Scholar, Dept. of PG Studies in Kayachikitsa, BVVS Ayurved Medical College and Hospital, Bagalkot, Karnataka, India.
²Professor, Dept. of PG Studies in Kayachikitsa, BVVS Ayurved Medical College and Hospital, Bagalkot, Karnataka, India.
³Associate Professor and HOD, Dept. of PG Studies in Kayachikitsa, BVVS Ayurved Medical College and Hospital, Bagalkot, Karnataka, India.

ABSTRACT

Due to various factors in progressive civilization of present day speedy environmental changes, adaptation of new food materials, change in method of cooking, atmospheric Pollution, encroachment of various chemical agents in newer lifestyle, occupational hazards have precipitated the trend of emerging diseases. Along with those tremendous stress and anxiety have significantly aggravated the diseases like Amlapitta, a GI tract disorder. It is associated with the causative factors like faulty dietary habits, sedentary lifestyle & stress, Preserved foods, curd, excessive alcohol, caffeine, spicy, fast, junk foods & lack of exercise etc. A single clinical case trial with pre-test, follow-up, and post assessment was done on drug Narayan Ghrita, mentioned in Bhaisajya Ratnavali Amlapitta Chikitsa Adhikara was advised twice daily, before food for 15 days along with life style modifications like Ahara, Vihara, Achara was advised. By the present study it can be concluded that Narayan Ghrita and life style modifications helps in controlling and is effective remedy for Urdhwaga Amlapitta.

Key words: Urdhwaga Amlapitta, Dyspepsia, Narayana Ghrita, Sansakarasya Anuvartanat.

INTRODUCTION

The ignorance about food and present lifestyles has made people at large to indulge in unwholesome food habits and regimens. Due to this improper lifestyle and improper diet pattern, there will be metabolic impairment leading to Amlata and Vidaghatha of the consumed food. This is recognized as Amlapitta in Ayurveda.[1] Acharya Kashyapa has mentioned the involvement of three Doshas in Amlapitta[2] while Madhavakara has mentioned the dominance of Pitta in this disease.[3] Acharya Charaka has not mentioned Amlapitta as separate disease but described in Grahaniroga as one of its Lakshanas.[4] According to Ayurveda majority of the disorders are due to vitiated Agni. Amlapitta is a condition where Pitta is accumulated previously from the self aggravating causes, gets Vidagdha due to Virudha, Dustha, Amla, Vidahi, Pittakar Ahara and Drava like Phanita, Kulattha, Ikshu Vikara, Bhrista Dhanya, Pulaka etc. In further days due to repeated Nidanas it gets Shuktatva residing in Aamashaya. Amlapitta has symptoms like Avipaka, Klama, Utklesh, Tiktaamlodgara, Gouravata, Hritkantha Daha, Aruchi etc.[5] In classics there are two types Amlapitta mentioned those are Urdhwaga Amlapitta and Adhoga Amlapitta. Urdhwaga Amlapitta can be correlated with Dyspepsia in modern science. Dyspepsia is a term that describes a collection of symptoms that affect the esophagus (gullet), stomach or duodenum (the first part of the small intestine). It is sometimes called Indigestion. It’s symptoms are like nausea, indigestion, heart burn, sour and bitter belching, post-prandial fulness etc.[6] Prevalence rate of Dyspepsia in India is 30.4%.[7,8] Medical management

Access this article online

Website: www.jaims.in
DOI: 10.21760/jaims.8.7.38
of dyspepsia includes pharmacological interventions like administration of Proton-pump inhibitors, H2-Blockers, Antacids. Prolonged use of these drugs may cause adverse effects like loss of appetite, nausea, constipation[9] etc. Due to this patients are seeking for alternative management with lesser side effects. Hence Ayurveda (Traditional healing system of India) has described many effective remedies for this illness. Hence the drug Narayana Ghrita[8] and life style modification are used.

**CASE STUDY**

A 40 years old female patient approached to Kayachikitsa OPD of BVVS Ayurvedic Medical College and Hospital, Bagalkot with chief complaints of burning sensation in throat-chest region (Hrith-Kantha Daha), Sour belching (Tiktaamlodgara), Nausea (Utklesh), Vomiting (Chardi), Indigestion (Avipaka), Heaviness of Abdomen (Gouravata) repeatedly since 20 years.

Patient was apparently normal before 20 years then she repeatedly started complaining of burning sensation in throat and chest region, sour belching, nausea, vomiting, indigestion and heaviness of abdomen. For that she has consulted allopathic physician but didn’t get permanent relief she used to take daily antacids. Since 1 month the symptoms have aggravated, she came to BVVS AMC Hospital for better management. There was no any past history of Diabetes mellitus, Hypertension, thyroid disorders. Same complaints were present to the mother and sisters.

**Clinical Findings**

Patient pulse rate was 74bpm Height=158cm

Blood pressure was 130/90 mm of HG BMI=32.8kg/m² (over weight).

Respiratory rate=14cpm Weight=82 kg

**Systemic Examination**

Central Nervous System: Conscious and well oriented

Cardiovascular System: S₁ and S₂ heard and no murmurs

Respiratory system: Air entry bilaterally equal, NVBS, no added sounds

**Aasthathana Pareeksha**

1. Nadi : Pitta-Kaphaja
2. Mutra : Prakruta
3. Mala : Baddha Mala, not clear
4. Jivha : Lipta
5. Shabda : Prakruta
6. Sparsha : Anushnasheeta
7. Drik : Prakruta
8. Aakriti : Pravara

**Dashavidha Pareeksha**

Prakruti: Kapha-Pittaaja
Vikruti: Pachaka Pitta, Kledaka Kapha, Saman Vayu
Sara: Madhyam
Samhanan: Madhyam
Vaya: Madhyam
Satmya: Vyamishra
Satva: Madhyam
Abhyavaran Shakti: Madhyam
Jarana Shakti: Madhyam
Vyayama Shakti: Avara

**Gastrointestinal Examination**

**Inspection**

Tongue : coated
Palpation : Hard and Non tender
Abdominal shape : distended (fat)
Organomegaly : absent
Peristalsis : invisible
Percussion : Normal
Auscultation : Bowel sounds-10/min
Diagnosis

Diagnosis was made depending upon symptoms found in Patients which are explained in classics

1. *Tiktaamlodgara* (bitter and sour belching)
2. *Hrith-Kantha Daha* (heart burn)
3. *Utklesha* (Nausea)
4. *Chardi* (Vomiting)
5. *Avipaka* (Indigestion)
6. *Gouravata* (Post-Prandial fullness)

Assessment

The result was assessed before and after treatment, based upon subjective parameters of classical symptoms.

Changes in the symptoms were noted on full gradation of subjective parameters

Gradation of parameters: Subjective parameters

1. *Tiktaamlodgara* (Bitter and sour belching)
2. *Hrith-Kantha Daha* (Heart burn)
3. *Utklesha* (Nausea)
4. *Chardi* (Vomiting)
5. *Avipaka* (Indigestion)
6. *Gouravata* (Post-prandial fullness)

Symptoms Severity Score [9]

Grading of Subjective Parameters for Assessment of *Urdwaga Amlapitta*

<table>
<thead>
<tr>
<th>Scoring assessment</th>
<th>Grading</th>
<th>Grade 1</th>
<th>Grade 2</th>
<th>Grade 3</th>
<th>Grade 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Tiktaamlodgara</em> (Bitter &amp; sour belching)</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
<td>Once in 2-3 days</td>
<td>Every day</td>
</tr>
<tr>
<td><em>Hrith-Kantha Daha</em> (Heart-throat burning)</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
<td>Once in 2-3 days</td>
<td>Every day</td>
</tr>
</tbody>
</table>

Observation and Outcome

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Before Treatment</th>
<th>Observation period</th>
<th>After treatment (follow up)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utklesh (Nausea)</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
</tr>
<tr>
<td>Chardi (vomiting)</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
</tr>
<tr>
<td>Avipaka (Indigestion)</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
</tr>
<tr>
<td>Gouravata (post-prandial fullness)</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
</tr>
</tbody>
</table>

Therapeutic Intervention

Table 1: Treatment given

<table>
<thead>
<tr>
<th>Aushadhi</th>
<th>Matra</th>
<th>Sevana kala</th>
<th>Anupana</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narayana Ghrita</td>
<td>1 Tola (10 ml) in divided dose (BD)</td>
<td>15 days Sevanakala-pragbhakata</td>
<td>Sukoshna Jala</td>
<td>Orally</td>
</tr>
</tbody>
</table>

Therapeutic Intervention

Table 1: Treatment given

<table>
<thead>
<tr>
<th>Aushadhi</th>
<th>Matra</th>
<th>Sevana kala</th>
<th>Anupana</th>
<th>Route</th>
</tr>
</thead>
<tbody>
<tr>
<td>Narayana Ghrita</td>
<td>1 Tola (10 ml) in divided dose (BD)</td>
<td>15 days Sevanakala-pragbhakata</td>
<td>Sukoshna Jala</td>
<td>Orally</td>
</tr>
</tbody>
</table>

Observation and Outcome

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Before Treatment</th>
<th>Observation period</th>
<th>After treatment (follow up)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Utklesh (Nausea)</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
</tr>
<tr>
<td>Chardi (vomiting)</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
</tr>
<tr>
<td>Avipaka (Indigestion)</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
</tr>
<tr>
<td>Gouravata (post-prandial fullness)</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
</tr>
</tbody>
</table>
Before treatment Gradation of Tiktaamodgara was 4 (Everyday) which reduced to 3 (once in a 2-3 days) during first follow up 7th day and it was absent on day 16th day and 20th day that is after completion of treatment. Before treatment gradation of Hrith-Kanth Daha was 4 (everyday) which reduced to 3 (once in 2-3 days) during first follow up 7th day and it was absent on day 16th and 20th day that is after completion of treatment. Before treatment Utklesh (Nausea) was present at 2 grade (once in a week) it was absent on day 16th, 20th day that is after completion of treatment. Before treatment gradation of Chardi was 2 (once in a week) it was absent on day 16th and 20th day that is after completion of treatment. Before treatment gradation of Gouravata was 4 (Everyday) which reduced to 3 (once in 2-3 days) and it was 1 (occasional) during first follow up 16th day and 20th day that is after completion of treatment. Thus, complete improvement was observed in all subjective parameters.

**DISCUSSION**

Amlapitta is Pittapradhan and Saamavyadhi. Kledaka Kapha and Pachaka Pitta are Drava in dominancy. The Dravatath Vriddhi of Pitta reduces the Tikshanata of Pachaka Pitta as well as vitiates Kledaka Kapha leading to Agnimandya and unable to digest even little quantity of food. Kashyapa opines that after Vamana, if the Doshas persist, the physician should resort to the Shaman Chikitsa with the aid of Laghu Bhojana, Shaman and Pachana. Mainly Tikta Rasa, Laghu, Snigdha Guna, Katu or Madhura Vipaka and Seeta Veerya drugs are advocated by all the Acharyas, for Amlapitta. Use of Shaman drugs opposite to quality of Pitta and to an extent Kapha, is beneficial for Amlapitta.

We have to consider the associative Dosha, while prescribing the Samana Dravyas. We can use combinations like Drakshadi Kwatha in Vata Pitta condition, Guloochyadi Gana In Kapha Pitta condition and Tiktaka Kwatha for Pitta condition. Like wise we can select Gritha Yogas as well. Indukanta Gritha is ideal for Vatha Kapha condition, Mahatiktaka Gritha for Vata Pitta condition and Aragwadhadi Gritha for Pitta Kapha condition. Here in this case there is association of Pitta and Kapha so the Narayana Ghrita was selected.

**Mode of action of Narayana Ghrita**

Narayan Ghrita contains ingredients like Pippali, Shunthi having properties like Katu Rasa, Tikshna Guna, Ushna Virya & Madhura Vipaka. Katuki is having Tikta Rasa, Shita Virya, and Katu Vipaka. So used in Vikruta Pitta and Kaphajanya Vikaras. It does Deepana, Pachana, Pachana, Dosa, Samshodhan, Shoshan of Drava Guna of Pitta by the action Rechana. Due to Madhura Guna of Pippali it acts as Pittashamaka and due to Ushnata, Madhura Vipaka Vatanulomana takes place. Guduchi, Amalaki, Draksha does the Shamana of Udrikta Pitta. Ghrita is having Madhura Rasa, Madhura Vipaka, Sheeta Veerya, Pitta-Anilahara, it is having Agnideepaka Tridoshahara property. By these properties it does the Samprapti Vighatana of Amlapitta.

**CONCLUSION**

Ghrita is having unique quality of Sanskarasya Anuvartanaat, ability to imbibe the qualities of herbs by which it is being processed without losing its basic qualities. In Amlapitta, Ghrita is mentioned as Pathya.[10] Thus Ghrita is utilized as supreme media for drug administration. Ghrita is Vata-Pittahara, Na Shlesha Vardhana, Daha Shamaka and Agnideepana. Hence, from this case study it can be concluded that use of Shaman Ghrita like Narayan Ghrita is effective in the management of Urdhwaga Amlapitta.

**REFERENCES**

1. Shri Madhav Kara. Madhav Nidan Madhukosh Sanskrit commentary by vijayrakshit and kanthadatta with vidyotani hindi commentary by Sudarshan sastri revised and edited by Yadunabndan Upadhay Chaukhambha prakashan Varanasi chapter 51 page 203

3. Shri Madhav Kara. Madhav Nidan Madhukosh Sanskrit commentary by vijayrakshit and kanthadatta with vidyotani hindi commentary by Sudarshan sastri revised and edited by Yadunabndan Upadhyay Chaukhambha prakashan Varanasi chapter 51 page 203


Source of Support: Nil, Conflict of Interest: None declared.