



ISSN 2456-3110

Vol 8 · Issue 7

July 2023

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

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 life style & 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 *Vidhagdhatta* 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 *Vidagdhatta* due to *Virudha, Dustha, Amla, Vidahi, Pittakar Ahara* and *Drava* like *Phanita, Kulattha, Ikshu Vikara, Bhritha 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 fullness* etc.^[6] Prevalence rate of *Dyspepsia* in India is 30.4%^[7,8] Medical management

Address for correspondence:

Dr. Shubhangini S. Kolar

Final Year Post Graduate Scholar, Dept. of PG Studies in Kayachikitsa, BVVS Ayurved Medical College and Hospital, Bagalkot, Karnataka, India.

E-mail: shubhssk77@gmail.com

Submission Date: 13/05/2023 Accepted Date: 17/06/2023

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: [10.21760/jaims.8.7.38](https://doi.org/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

Astasthan 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-Pittaja

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-Kanth Daha* (heart burn)
3. *Utklesh* (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. *Utklesh* (Nausea)
4. *Chardi* (Vomiting)
5. *Avipaka* (Indigestion)
6. *Gouravata* (Post-prandial fullness)

Symptoms Severity Score^[9]**Grading of Subjective Parameters for Assessment of Urdhwaga Amlapitta**

Scoring assessment	Grade 0	Grade 1	Grade 2	Grade 3	Grade 4
<i>Tiktaamlodgara</i> (Bitter & sour belching)	Absent	Occasional	Once in a week	Once in 2-3 days	Everyday
<i>Hrith-Kantha Daha</i> (Heart-throat burning)	Absent	Occasional	Once in a week	Once in 2-3 days	Everyday

<i>Utklesh</i> (Nausea)	Absent	Occasional	Once in a week	Once in 2-3 days	Everyday
<i>Chardi</i> (vomiting)	Absent	Occasional	Once in a week	Once in 2-3 days	Everyday
<i>Avipaka</i> (Indigestion)	Absent	Occasional	Once in a week	Once in 2-3 days	Everyday
<i>Gouravata</i> (post-prandial fullness)	Absent	Occasional	Once in a week	Once in 2-3 days	Everyday

Therapeutic Intervention**Table 1: Treatment given**

Aushadh	Matra	Sevana kala	Anupana	Route
<i>Narayana Ghrita</i>	1 Tola (10 ml) in divided dose (BD)	15 days <i>Sevanakala-Pragbhakata</i>	<i>Sukoshna Jala</i>	Orally

OBSERVATION AND OUTCOME

Symptoms	Before Treatment	Observation period			After treatment (follow up)
	Day 0	Day 7	Day 16	Day 20	
<i>Tiktaamlodgara</i> (Bitter and sour belching)	4	3	0	0	
<i>Hrith-Kantha Daha</i> (Heart-throat burning)	4	3	0	0	
<i>Utklesh</i> (Nausea)	2	0	0	0	
<i>Chardi</i> (vomiting)	2	0	0	0	

Avipaka (Indigestion)	4	3	0	0
Gouravata (post-prandial fullness)	4	3	1	1

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 a 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 *Dravatah 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*, *Rochana*, *Dosha 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 Tridosahara* property. By these properties it does the *Samprapti Vighatan* 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 Shleshma 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 Yadunabandan Upadhyay Chaukhambha prakashan Varanasi chapter 51 page 203

2. Tewari P.V Kashyapa Samhita of Vriddhajivakiya Tantra: Khilasthana, chapter 16- Amlapitta Chikitsa Adhyaya, Reprint. Varanasi; Chaukambha Visvabharati; 2013. P.630-635.
3. Shri Madhav Kara. Madhav Nidan Madhukosh Sanskrit commentary by vijayrakshit and kanthadatta with vidyotani hindi commentary by Sudarshan sastrri revised and edited by Yadunabndan Upadhyay Chaukhambha prakashan Varanasi chapter 51 page 203
4. Chakarapani, Vaidya Harischandra Kushvaha, Charaka Samhita Ayurveda Dipika Comentry of Chakrapani datta Edited Chaukambha Sanskrit Samsthan Varanasi Chikitsa Sthan chapter 15-page no.391
5. Vriddha Jivaka: Amlapitta Chikithsa, Editor - Tewari PV, Kashyapa samhita, Khilasthana, #Edition 1st, Varanasi: Chaukambha, Vishwahrati, 1996, P.338
6. Gurmukh S Saini: Gastroenterology, API textbook of medicine# Edition 6th, Mumbai; Association of Physician of India, 1999 P 481 & 526
7. Sajiv Mahadev & Khean Lee Goh. Epidemiology of functional dyspenpsia: a global perspective, World Journal of Gastroenterology, May 2006, Vol 12 (17) P 2661-2666, <https://www.ncbi.nlm.nih.gov/articles/PMC4130971>
8. Kaviraj Shri Govinddas Sen: Amlapitta Rogadhikara, Prof. Siddhi Nandan Mishra with Siddhiprada, hindi commentary. Bhaisajhaya Ratnavali. Varansi: Chaukhamba Surbharati Prakashan, 2015.page no.929,930. shloka no-141-143
9. Aswathi AL. A Single blind randomized comparative clinical study on the effect of Patoladi kashay churna and Chinnodbhavadi kashay churna in the management of amlapitta, R.G.U.H.S, Bangalore, 2015, p76-78.
10. Tewari P.V Kashyapa Samhita of Vriddhajivakiya Tantra: Khilasthana, chapter 16- Amlapitta Chikitsa Adhyaya, Reprint. Varanasi, Chaukambha Visvabharati; 2013. P.630-635. Sloka no 38-41.

How to cite this article: Shubhangini S. Kolar, S. S. Kalyani, Sunilkumar M. Chabanur. Ayurvedic management of Urdhwaga Amlapitta (Dyspepsia): A Case Report. J Ayurveda Integr Med Sci 2023;07:199-203.

<http://dx.doi.org/10.21760/jaims.8.7.38>

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