

AYURVEDIC MANAGEMENT OF URDHWAGA AMLAPITTA THROUGH NIDANA PARIVARJANA AND SHAMANA CHIKITSA: A CASE REPORT

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ABSTRACT

Background: Urdhwaga Amlapitta is an Ayurvedic gastrointestinal disorder characterized predominantly by Pitta aggravation and upward movement, presenting with symptoms comparable to gastroesophageal reflux disease (GERD). Impaired Agni, dietary irregularities, and lifestyle-related factors are important contributors to its pathogenesis. **Case Presentation:** A 58-year-old male presented to the Kayachikitsa Outpatient Department with Aruchi, Utklesha, Hritkanthadaha, Tiktaamlodgara, and Udarashoola for four years. He had a history of hypertension and ischemic heart disease and reported tobacco, tea, and kharra use. Clinical assessment revealed Pitta-Vata predominant Prakriti, Pitta Vriddhi with Vata Anubandha, Saama Jivha, irregular bowel habits, and Mandagni. Routine hematological investigations were within normal limits. Based on the clinical presentation and Ayurvedic assessment, the case was diagnosed as Urdhwaga Amlapitta. **Management and Outcome:** Treatment was planned for Samprapti Vighatana through Agni Deepana, Ama Pachana, Pitta Shamana, and Vatanulomana. The regimen included Sutshekhar Rasa, Kamadudha Rasa, Praval Bhasma, Amalaki, Shatavari, Avipattikara Churna, Panchsakar Churna, and Guduchyadi Bharad Kwath. **Conclusion:** This case highlights the potential of an Ayurvedic multimodal approach in managing Urdhwaga Amlapitta and its associated gastrointestinal manifestations.

KEYWORDS: Urdhwaga Amlapitta, GERD, Agnimandya.

INTRODUCTION

Ayurveda considers Agni as the fundamental factor responsible for digestion, metabolism, and maintenance of health. Impairment of Agni (Agnimandya) leads to the formation of various diseases, among which Amlapitta is one of the most prevalent disorders affecting the gastrointestinal tract. Amlapitta is described in classical Ayurvedic texts such as Kashyapa Samhita, Madhava Nidana, Bhavaprakasha, and Yogaratnakara.^[1] When the

vitiated Pitta moves in an upward direction producing symptoms like sour belching, nausea, vomiting, heartburn, and burning sensation in the throat and chest, the condition is termed Urdhwaga Amlapitta. In Ayurveda, Agnimandya is considered the root cause of most diseases due to its role in disrupting normal digestion and metabolism.

रोगाः सर्वे अपी मंदङ्गौ।^[2] अ.ह.नि.12/1

In the present era, rapid urbanization, consumption of spicy and junk foods, irregular dietary habits, psychological stress, and sedentary lifestyles have increased the incidence of acid-peptic disorders. Gastroesophageal Reflux Disease (GERD) is one of the most common gastrointestinal disorders worldwide and is characterized by the reflux of gastric contents into the esophagus, leading to troublesome symptoms and mucosal damage. The cardinal symptoms of GERD include heartburn, acid regurgitation, epigastric discomfort, and dyspepsia.

अम्ल गुणोद्विक्ताम् पित्तम् अम्लपित्तम्^[3] मा.नि.51/1

The etiological factors, symptomatology, and pathogenesis of *Urdhwaga Amlapitta* exhibit significant resemblance with GERD. Ayurveda explains the disease through the concepts of *Agnimandya*, *Pitta Prakopa*, and *Dosha-Dushya Sammurchana* in *Annavaaha Srotas*, whereas modern medicine attributes GERD to lower esophageal sphincter dysfunction and acid reflux. Therefore, understanding *Urdhwaga Amlapitta* in the context of GERD may provide a holistic approach for prevention and management through dietary regulation, lifestyle modifications, and Ayurvedic therapeutic interventions.

Need of study

Urdhwaga Amlapitta is a common gastero-intestinal disorder often linked to modern lifestyle factors such as diet, stress, and poor eating habits. Habits. Understanding its prevalence and impacts can help in developing effective treatment strategies. Ayurveda offer unique insights into the management of *urldhwaga amlapitta* through holistic approaches, including herbal treatments and lifestyle changes conventional treatment for acid reflux, like proton pump inhibitors, can have adverse effect with long term use. Ayurvedic treatments may offer safer alternatives with fewer side effects. Studying these methods can provide alternatives of complementary options to conventional treatments.

CASE PRESENTATION

A 58-year-old male patient reported to the Kayachikitsa Outpatient Department of L.K. Ayurved Rugnalaya, Yavatmal, Maharashtra with *Aruchi*, *Utklesha*, *Hritkanthadaha*, *Tiktamlodgara*, *Udarshool* since 4 year. The patient was a worker and had history of Hypertension and IHD.

The patient was apparently healthy four years prior to presentation, after which he gradually developed complaints. The symptoms were initially mild and intermittent but gradually increased in intensity and frequency. The symptoms were aggravated by intake of spicy, oily, and sour foods, irregular meal timings, prolonged fasting, and lying down soon after meals, and were partially relieved by rest and dietary modifications. The patient had taken symptomatic medications intermittently, which provided temporary relief however, the symptoms recurred subsequently.

Past History

K/C/O- Hypertension and IHD (Tb.Amlo 5mg OD And Cap.Aspirin 75mg HS)

No any comorbidities.

Personal History

Diet: Mixed

Appetite: Moderate

Bowel: Irregular

Micturition: Normal

Sleep: Normal

Addiction: Tobacco, Tea and Kharra

General Examination

Pulse: 67/min

Blood Pressure: 110/70 mmHg

Respiratory Rate: 19/min

Temperature: Afebrile

Weight: 46.3 kg

Height- 156 cm

BMI- 19 kg/m²

Laboratory Investigations: Routine hematological investigations were within normal limits.

ASHTAVIDHA PARIKSHA

Nadi: Pitta-Vata Pradhana

Mala: Asamyak

Mutra: Samyak

Jivha: Saama

Shabda: Spashta

Sparsha: Ushna

Druk: Prakruta

Akruti: Krusha

DASHAVIDHA PARIKSHA

Prakriti: Pitta-Vata Pradhana

Vikriti: Pitta Vriddhi with Vata Anubandha

Sara: Madhyama

Samhanana: Madhyama

Pramana: Madhyama

Satmya: Madhyama

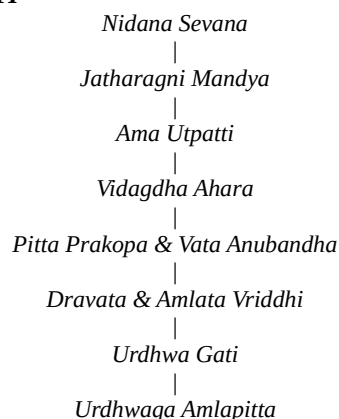
Satva: Madhyama

Aharashakti: Avara

Vyayamashakti: Madhyama

Vaya: Madhyama

SAMPRAPTI^[4]



DIAGNOSIS

The diagnosis of *Urdhwaga Amlapitta* was made based on classical Ayurvedic symptoms such as *Amlodgara*, *Hrit-Kantha Daha Utklesha*, *Chhardi*, and *Avipaka* along with clinical evaluation. It can be correlated with symptoms of Gastroesophageal Reflux Disease (GERD).

SAMPRAPTI GHATAKA

Dosha : Pitta Pradhana with Vata Anubandha

Dushya : Rasa, Rakta

Srotas : Annava, Rasavaha, Purishavaha

Srotodushti: Sanga, Vimargagamana

Udbhava Sthana : Aamashaya

Vyakti Sthana : Urdhwa Amashaya, Kantha, Urah Pradesha

Roga Marga : Abhyantara

Agni: Mandagni

Ama : Present

Roga Swabhava: Chirakari

Sadhyata: Krichhra Sadhya

RATIONALE OF TREATMENT

The treatment of *Urdhwaga Amlapitta* aims to correct *Agnimandya*, digest *Ama*, and pacify the vitiated *Pitta* and *Kapha Doshas*. Along with *Nidana Parivarjana*, *Deepana-Pachana* and *Pitta-Shamana* therapies help restore normal digestive function and reduce symptoms. This approach breaks the pathogenesis (*Samprapti Vighatana*), promotes mucosal healing, prevents recurrence, and improves the patient's quality of life.

1. *Nidan Parivarjana*^[5] is a fundamental component in the management of *Urdhwaga Amlapitta*, aimed at eliminating the causative factors responsible for *Pitta Prakopa* and *Agnimandya*. Avoidance of spicy, oily, sour and incompatible foods, irregular meal timings, prolonged fasting, and overeating helps prevent further aggravation of *Pitta* and formation of *Ama*. Restriction of tobacco, kharra, excessive tea, and other lifestyle-related triggers further supports restoration of normal *Agni* and digestion. Thus, *Nidana Parivarjana* helps arrest disease progression, facilitates *Samprapti Vighatana*, and reduces the recurrence of *Amlapitta* symptoms.

2. Shamana Chikitsa

Sr. No	Aushadi Dravya	Matra	Kala
1.	<i>Sutshekhara Rasa</i>	250 mg	<i>Vyanodane</i>
2.	<i>Kamadudha Rasa</i>	250 mg	<i>Vyanodane</i>
3.	<i>Praval Bhasma</i>	125mg	<i>Vyanodane</i>
4.	<i>Amalaki Churna</i> <i>Shatavari churna</i> <i>Avipattikar Churna</i>	1gm each	<i>Vyanodane</i>
5.	<i>Panchsakar Churna</i>	3gm	<i>Nishakale</i>
6.	<i>Guduchyadi Bharad Kwath</i>	30 ml	<i>Vyanodane</i>

RESULT

Criteria for Assessment- Clinical assessment was done before and after treatment using the following parameter.

Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
Aruchi	Absent	Mild	Moderate	Severe
Utklesha	Absent	Mild	Moderate	Severe
Tiktaamlodgara	Absent	Mild	Moderate	Severe
Hritkanthdaha	Absent	Mild	Moderate	Severe
Udarshoola	Absent	Mild	Moderate	Severe

Assessment of Symptoms Before and After treatment

Symptoms	Before	After
Aruchi	Grade 2	Grade 0
Utklesha	Grade 1	Grade 0
Tiktaamlodgara	Grade 3	Grade 1
Hritkanthdaha	Grade 3	Grade 1
Udarshoola	Grade 2	Grade 1

The Patient Showed marked improvement in the overall symptoms of *urdhwaga amlapitta*. Clinical assessment revealed a considerable reduction in symptoms severity. The patient reported improved appetite and digestion. No adverse effect were observed during the treatment period.

DISCUSSION

1. *Sutshekhara Rasa*^[6]

Sutshekhara Rasa, administered in 250 mg dose after meals, helps pacify aggravated *Pitta* and alleviate *Daha*, *Amlodgara* and *Utklesha*. Its *Pitta-shamana* action may therefore reduce *Hritkanthdaha* and *Tiktaamlodgara* in *Amlapitta*.

2. Kamadudha Rasa

Kamadudha Rasa, given in 250 mg dose after meals, acts mainly through *Pitta-shamana* and *Daha-prashamana* properties. It helps relieve burning sensation, sour/bitter belching and nausea associated with *Pitta* aggravation.

3. Praval Bhasma

Praval Bhasma, administered at 125 mg after meals, possesses *Sheeta* and *Pitta-shamana* properties that help reduce excessive gastric burning. It may consequently provide relief from *Hritkanthadaha*, *Tiktaamlodgara* and *Utklesha*.

4. Amalaki Churna

Amalaki Churna, administered as 1 g after meals, supports *Pitta* balance and promotes healthy digestive function without aggravating *Pitta*. Its *Sheeta* and *Pitta-shamana* effects may help reduce *Aruchi*, *Daha* and *Amlodgara*.

5. Shatavari Churna

Shatavari Churna, given at 1 g after meals, possesses *Madhura* and *Sheeta* properties that soothe *Pitta*-induced gastrointestinal irritation. It may thus help alleviate *Hritkanthadaha*, *Utklesha* and associated abdominal discomfort.

6. Avipattikara Churna

Avipattikara Churna, administered at 1 g after meals, promotes *Anulomana* and supports correction of impaired digestion. It may help reduce *Amlodgara*, *Utklesha*, *Aruchi* and *Udarashoola* by regulating *Pitta* and gastrointestinal function.

7. Panchsakar Churna

Panchsakar Churna, given at 3 g at night, promotes *Anulomana* and facilitates proper bowel evacuation. By correcting bowel irregularity and supporting *Vatanulomana*, it may help reduce *Udarashoola* and abdominal discomfort.

8. Guduchyadi Bharad Kwath

Guduchyadi Bharad Kwath, administered at 30 ml after meals, supports *Deepana-Pachana* and helps restore proper digestive function. Its *Pitta*-balancing action may contribute to improvement in *Aruchi*, *Utklesha*, *Amlodgara* and *Daha*.

CONCLUSION

The present case demonstrated the clinical features of *Urdhwaga Amlapitta* with *Pitta* predominance and *Vata* association. The treatment protocol aimed at *Agni Deepana*, *Ama Pachana*, *Pitta Shamana* and *Vatanulomana* for *Samprapti Vighatana*. The selected Ayurvedic medicines addressed major symptoms including *Aruchi*, *Utklesha*, *Hritkanthadaha*, *Tiktaamlodgara* and *Udarashoola*. The combined therapeutic approach provided a rational basis for correcting impaired digestion and reducing *Pitta*-related gastrointestinal manifestations. Overall, the Ayurvedic

management showed potential in providing symptomatic relief and improving the clinical condition of the patient with *Urdhwaga Amlapitta*.

Infomed Consent

Written informed consent was obtained from the patient prior to treatment. Consent was also taken for the use of clinical data for academic and publication purposes, ensuring confidentiality.

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