CASE REPORT

Ayurveda Management of Urdhwaga Amlapitta With Vamana Karma - A Case Report

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ABSTRACT:

Background: The *Amlapitta* is one of the common disease of *Annavaha Srotas* which bears the direct impact of the dietetic errors that a person indulges. *Amlapitta Vyadhi* is complex of symptoms correlated with acid peptic disease/gastritis/hyperacidity described in modern medicine science. Many new drugs are available like antacids, proton pump inhibitors, H₂ blockers, in modern medicine system but all they provides symptomatic relief instead of complete cure of disease and they also have adverse effects. The case of *Amlapitta* was treated with *Vamana Karma* (Therapeutic emesis), as indicated in *Kashyap Samhita*. A 53 years old female patient presented with complaints of *Chardi* (Vomiting), *Hritkanthadaha* (burning sensation in chest and throat), *Tikta-Amlodgara* (Acid eruption with bitter and sour taste and *Hrullas* (Nausea) since 1 year. *Dadimashtak Churna* for *Deepan*, *Pachana*. *Panchatikta ghrī* for internal oleation was used. External oleation and sudation was done with *Nirgundi oil*. *Vamana dravyamadanphal phant* while *Yashtimadhu Kwatha* was used for *Aakanthapan* as *Vamanopaga dravya*. On the follow up day it was seen that patient got complete relief from *Chardi*, *Hritkanthadaha* while significant improvement was seen in *Hrullas* and *Tikta -Amlodgara*. Thus *Vamana Karma* is effective in the patient of *Urdhwaga Amlapitta*.

Keywords: *Urdhwaga Amlapitta*, *Vamana karma*, *Hyperacidity*.

INTRODUCTION:

Amlapitta is a disease of *Annavaha Srotas* (Gastrointestinal tract disorder). It is caused due to improper digestion which occurred due to changing lifestyle, irregular meals timing

, eating junk food and stressful behavioural pattern of people in current era. In present population it is very common disease with or without severity. The word *Amlapitta* is comprises of

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two words, *Amla* (Sour) and *Pitta* (Gastric juice) The disease was first described by *Aacharya Kashyap*. It has also been mentioned in *Yogratnakara*, *Chakradatta*, *Bhavprakash* and *Madhavnidan*. In *Madhavnidan*^{1,2} Special entity is mentioned for *Amlapitta*, but was not described separately in *Charaka*, *Vagbhata* and *Sushruta* but has been referred at certain places. *Agnimandya* (loss of appetite) is caused due to *Viruddha Aahar* (Incompatible diet), *Aam Bhojan* (to consume food even though the previous food is not digested), *Adhyashana* (Food after meals), *Snigdha bhojan* (oily), *Guru bhojan* (Heavy meal) according to *Kashyap*³ According to *Madhavkara* increased *Pitta* (Gastric juice) causes *Amlapitta*⁴. *Agnimandya* (loss of appetite) is root cause of all diseases according to *Ayurveda*⁵. Two types of the *Amlapitta* are described in *Ayurvedic texts*, i.e. *Urdhwaga* and *Adhoga Amlapitta*. In *Urdhwaga Amlapitta* vitiated *Pitta* and *Kapha* are the key factors causes whole Pathological process. In *Bhavprakash* first line of treatment suggested for *Urdhwaga Amlapitta* is *Vamana*⁶. In *Allopathy* it is correlated with acid peptic disorder/gastritis/hyperacidity. The stomach normally secretes acid that is essential in the digestive process. Hyperacidity refers to a set of symptoms which is caused due to an imbalance between the acid secreting mechanism of stomach and proximal intestine and the protective mechanisms that ensure their safety. When there is excess production of acid in the stomach, it results in the condition known as Hyperacidity.

AIMS AND OBJECTIVES: To evaluate the role of *Vamana karma* in the management Of *Urdhwaga Amlapitta*.

MATERIALS AND METHODS: A 53 years old female patient approaching the *Kayachikitsa* OPD of *BSDT'S* ayurved hospital and research centre, *wagholi*, *pune*, *Maharashtra* on 11/12/2018 (opd no-2018/c-547) with signs and symptoms of *Urdhwaga Amlapitta* as *Chardi* (vomiting) after every meal daily, since one year. Persistent *Hrit-Kanthadaha* (Burning sensation in chest and throat) throughout the day, *Tikta amlodgara* (Acid eruption with bitter and sour taste), *Hrullas* (Nausea). Since one year she had history of all above symptoms. She had no any present illness. h/o-alcohol consumption since 15 years taking spicy food and stressful work. Patient was admitted (ipd no-2018/2855) in the same hospital for *Vamana Karma*. On examination: Pulse: 80/min, B.P.: 124/78mmhg, Temp: 98.6F, RS, CVS, CNS: NAD, *Jivha-sama*.

Investigations:

1. Hemogram--Hb-15gm/dl; WBC-7700/cmm; RBC-4.94mil/cmm; plt-2,29000 2. ESR-10mm; 3. BSL(f)-70mg/dl; 4. Urine(R)-pus cells-1-2 4. H-pylori test- not performed for this patient.

Materials: Table No.1-constituent for *Vamana Karma*.

Sr.No.	Drug Name	Treatment
1.	<i>Panchatikta Ghrit</i>	<i>Snehapana</i>
2.	<i>Nirgundi taila</i>	<i>Sarvanga Snehana</i>
3.	<i>Nirgundi Kwath</i>	<i>Sarvanga Swedan</i>
4.	<i>Madanphal Phant</i>	<i>Vamankalpa</i>
5.	<i>Yashtimadhu Kwatha</i>	<i>Vamanopaga</i>
6.	<i>Yashtimadhu Kwatha</i>	<i>Aakanthapan</i>

Shodhan chikitsa: Poorva Karma:

Deepan, *Pachana-Dadimashtak Churna*⁷ 2gm twice a day with warm water for 3 days. Internal *snehapana-Panchatikta ghrita*⁸ in increasing dose i.e. 30, 60, 90ml for 3 days, early in the morning at empty stomach daily was followed. *Snehapana* was stopped on third day as *Samyak snigdha lakshnas*⁹ were seen. During this time period patient was advised special code & conduct : 1. *Aahara* (diet)-*drava, ushna, anabhishtyandi*, warm water and avoid *Snigdha* (oily) Heavy (*guru*) *bhojan*, *atyambupan*. 2. *Vihara* (routine activity): *Bramhachari jeevan*, avoid day sleep (*diwaswapa*), not suppress natural urges, avoiding heavy exercise, speaking loud, anger, depression, too much cold, hot and direct exposure to air. *Kaphotkleshaka Aahar* (curd, curd rice, banana with milk) was Advised to the patient on *Vishramdin* (when internal oleation not done) *Sarvanga Snehana with Nirgundi oil*, *Sarvanga Swedana with Nirgundi kwath* was performed.

Pradhan Karma:

On the day of *Vamana* Patient was asked to pass natural urges. *Sarvanga snehana, swedan* were done. Before *Vamana* procedure patient was examined i.e. B.P., Pulse, R.R. etc. *Vamana Kalpa-Madanphal Phanta, Vamanopagadravya for Aakanthpan-Yashtimadhu Kwatha*. Whole procedure was examined as per said in ancient texts: *Vaigiki-05, Antiki-Pittanta*¹⁰, *Laingiki-Udarlaghavta*, *Prasanna atmendriya, Maniki*: Total *sevit(intake) dravya-5650ml, total Vamit(output) dravya-4900ml, vamit dravya expelled was*

containing thick mucus along with much quantity of froth and it was slimy and sticky. *Shuddhi-Madhyam*.

Paschat Karma:

After *Samyak Vamana* Patient was kept on *paschat karma* i.e. *Dhoompana, Gandusha, Samsarjana Krama*¹¹ for 2-2 *Annakala (Peya, Vilepi)* with complete rest.

After *Samsarjana Krama* Patient was asked not to take *Amla, katu, lavana rasatmak Aahar*, spicy, oily, heavy food in diet. also advised to take regular time to time meal. Asked not to take *Diwaswapa (Day sleep), ratri Jagarana* etc.

Assessment Criteria:

Subjective Parameters: *Chardi, Hrit-Kanthadaha, Tikta-Amlodgara, Hrullas*. For all these symptoms following grades were applied:

1. Chardi:

Grade	Score	Feature
0	0	Absent
+	1	Frequency: 1-2 times per week
++	2	Frequency: 3-5 times per week
+++	3	Frequency: Daily Chardi

2. Hrit-Kanthadaha:

Grade	Score	Feature
0	0	Absent
+	1	Occasional
++	2	Related to meals only
+++	3	Persistent throughout the day

3. Tikta-Amlodgara:

Grade	Score	Feature
0	0	Absent
+	1	Occasional symptoms
++	2	Only at time of meals
+++	3	Persistent throughout day

4. Hrullas:

Grade	Score	Feature
0	0	Absent
+	1	Occasionally interfering with some social activity
++	2	Prolonged and troublesome hrullas

+++	3	Severe hrullas with impact all Activity
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Assessment was done before treatment i.e. After *Snehapana* and before *Vamana Karma* (B.T.) After 3 hrs of *Vamana Karma* (A.T.) and Finally on the 15th day of *Vamana Karma* (F.U.)

Observations and Results: The present case was managed with *Vamana Karma* and patient was asked for follow-up after 15 days. On the 15th day after *Vamana Chardi* and *Hrit-Kanthadaha* subsided completely and significant improvement was seen in the other symptoms-*Hrullas* and *Tiktaamlodgar*.

Signs and Symptoms	B.T.	A.T.	F.U.
Chardi	03	0	0
Hrit-Kanthadaha	03	0	0
Tikta-Amlodgara	02	01	01
Hrullas	02	01	01

DISCUSSION:

Urdhwaga Amlapitta is caused due to vitiation of *Kapha* and *Pitta*, This is an *Aamashyajanya Vyadhi* and in *Vamana karma*, *amashyayastha doshas* are expelled out. As said by *Yogratnakara* "Pooryam tu vamanam karyam ...". *Vamana* is very effective and indicated as *shodhana karma* for *Urdhwaga Amlapitta*.

To digest the *Ama*, to make the *Dosha Nirama* and thereby to increase *Agni Deepana*, *Pachana* is useful. *Abhyantar Snehapana* make the *lina Dosha* free from their Adherence. By the *Snehana*, *Swedana Dosha* gets liquify. To bring *Dosha* from *Shakha* to *Koshtha* all these preparatory measures are necessary. *Vyavayi, Vikasi* properties having *Vamana Dravyas* by virtue of *Veerya* (Potency) circulate quickly into large and small capillaries of the body. Due to *Ushnaguna Dosha* started liquify in body. *Malas* gets detaches from *Dhatus* because of *Vikasi Guna* of *dravya*. Due to *Sukshma guna* and *Anupravana* properties *Malas* or *Doshas* pass through smallest capillaries and *Malrupi Kapha* reaches to *Koshtha* (Stomach.) Pathology is corrected by eliminating disease causing factor *Kapha* from its main site of accumulation by *Vamana Therapy*. *Vamana* cleanse the toxic material from body and restores the *Agni* (impaired metabolism) by acting at cellular level, thereby correcting acid secretion and *Vamana Action*¹². In this case Before *Vamana* patient was having *Chardi, Hrit-kanth adaha, Tiktaamlodgara, Hrullas* as presenting complaints. After *Vamana karma* patient received *Samsarjana krama*. On follow up day, i.e. on 15th day after *Vamana Karma Chardi* and *Hrit-*

kanthadaha subsided completely and significant improvement was seen in other symptoms.

CONCLUSION: *Vamana Karma* has substantial role in treating *Urdhwaga Amlapitta* symptomatically and significant improvement can be achieved in symptoms of *Urdhwaga Amlapitta* in such a short time period .

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