

# Addressing Amlapitta (GERD) through Ayurveda: A Case Study on Ajirna-Induced Pathogenesis

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**Abstract:** *Amlapitta (Gastroesophageal Reflux Disease - GERD) is a disorder characterized by the vitiation of Pachaka Pitta due to Agnimandya, leading to improper digestion and the formation of VidagdhaAahara. This case study presents a 33-year-old male with chronic symptoms of Amlapitta, including heartburn, regurgitation, and indigestion, attributed to dietary and lifestyle factors. Ayurvedic intervention focused on Agni Deepana, Dosha Shamana, and Ama Pachana using TrikatuChurna, Sutshekhar Rasa, and AvipattikarChurna, along with dietary and lifestyle modifications. Symptom assessment before and after treatment demonstrated a marked reduction in regurgitation, heartburn, and dyspepsia. The case highlights the importance of individualized Ayurvedic management in addressing the root cause of GERD rather than merely alleviating symptoms.*

**Keywords:** Amlapitta, GERD, Agnimandya, Trikatu Churna

## I. INTRODUCTION

Amlapitta is a disorder characterized by the vitiation of Pachaka Pitta due to Agnimandya (digestive impairment), leading to improper digestion of ingested food and the formation of VidagdhaAahara. This process results in Shuktibhava, which subsequently manifests as Amlata in the Amashaya (stomach).<sup>(1)</sup> The Purvarupa (premonitory symptoms) of Amlapitta often resemble the Samanya Lakshana of Ajirna, including Glani (fatigue), Gaurava (heaviness), Vishtambha (constipation), Jrimbha (yawning), and Angamarda (body ache).<sup>(2)</sup> Since Agnimandya is the fundamental cause, even small quantities of food remain undigested, leading to Ajeerna, which serves as the initial stage in the pathogenesis of Amlapitta.<sup>(3)</sup>

### Assessment Criteria:

The effectiveness of the therapeutic intervention was assessed based on the frequency and severity of symptoms, categorized as follows<sup>(4)</sup>:

Parameter	Subscale	Frequency Severity Score				
		1 Day	2 Days	3-4 Days	5-6 Days	Daily
	Not Present					
	Very Mild	Mild	Moderate	Moderately Severe	Severe	
Score	0	1	2	3	4	5

### Symptomatology Assessment:

Regurgitation: Frequency and severity of acidic taste in the mouth, movement of gastric contents towards the throat.

Heartburn: Pain and burning sensation behind the sternum.

Dyspepsia: Epigastric pain and burning sensation in the upper abdomen.

### Case Presentation:

A 33-year-old male patient attended the OPD of the Kayachikitsa Department at Lt. Pt. Dr. S.S. Sharma Ayurved Medical College and Hospital, Ratlam, with complaints of heartburn, indigestion, and regurgitation persisting for six months. Additional symptoms included weight gain and central obesity.

**Patient History:**

Parameter	Details	Duration
Age	33	-
Present Illness	Indigestion, Constipation, Aalasya (lethargy), Heartburn, Regurgitation	6-8 months
Past Medical History	Nil	Nil
Personal History	Excessive tea and non-vegetarian food intake, sedentary lifestyle, stress	3-6 years
Drug History	Nil	-
Family History	Nil	-

**General Examination:**

- Weight: 80 kg
- Body Build: Obese
- BP: 130/80 mmHg
- Pulse Rate: 86/min
- Respiratory Rate: 22/min
- Temperature: Afebrile

**Ayurvedic Examination:**

- Koshtha: Madhyama
- Nadi: Vataja
- Mala: Saama
- Mutra: Prakrita
- Jivha: Saama
- Shabda: Prakrita
- Sparsha: Anushnasheeta
- Drik: Prakrita
- Aakriti: Sthula

**Ayurvedic Diagnosis:**

Based on clinical features and examination, excessive consumption of tea and non-vegetarian food led to the vitiation of Pitta and Kapha Dosha, thereby causing Agnimandya and Ama formation. The resultant Ama further vitiated the Drava, Tikshna, and Ushna Gunas of Pitta, leading to acid reflux and associated symptoms.

**Samprapti Ghataka:**

Category	Details
Dosha	Pachaka Pitta
Dhatu	Rasa Dhatu
Mala	Purisha
Srotas	Rasavaha and Annavaha Srotasa
Udbhava Sthana	Amashaya
Vyakta Sthana	Mahakoshtha

**Treatment Plan:**

The patient was managed with Shamana Chikitsa, focusing on Agni Deepana, Dosha Shamana, and Ama Pachana. The treatment regimen included herbal formulations for three months, along with dietary and lifestyle modifications.

**Prescribed Medications:**

Sr. No.	Drug	Type of Medication	Dosage	Anupana	Duration
1	Trikatu	Churna	5 gm BD before food	Koshna Jala	3 months
2	Sutshekhar Rasa	Vati	2 Tab TDS before food	Sita	3 months
3	AvipattikarChurna	Churna	5 gm before sleep	Koshna Jala	3 months

**Pathya-Apathya (Dietary and Lifestyle Modifications):**

Don'ts	Dos
Excessive Tea Consumption	Daily Pranayama (15 min)
Non-Vegetarian Diet	Regular Walking (30 min)

**Results:**

After three months of therapy, the patient showed significant improvement in symptoms and overall well-being.

**Symptom Improvement:**

Sr. No.	Symptom	Before Treatment	After Treatment
1	Indigestion	Persistent	Reduced, with increased appetite
2	Reflux Disease Questionnaire Scale		
2.1	Regurgitation	5	2
2.2	Heartburn	11	3
2.3	Dyspepsia	13	4
3	Aalasya	Persistent	Reduced, with increased enthusiasm
4	Constipation	Irregular bowel habits	Regular bowel movements

The intensity of reflux reduced from severe to mild, and associated symptoms significantly declined.

**II. DISCUSSION**

In classical Ayurvedic management of Amlapitta, Sheeta Aushadhi is generally prescribed to pacify Pitta Dosha. However, in this case, the root cause was Ajirna due to excessive tea and non-vegetarian food intake. Despite the patient exhibiting symptoms of acid reflux, Trikatu Churna was administered to address the underlying Agnimandya. Sutshekhar Rasa was prescribed to mitigate the Ushna, Tikshna, and Drava Gunas of vitiated Pitta, thereby alleviating acid reflux. Avipattikar Churna facilitated the elimination of excess Pitta from the body, further aiding in symptom relief and digestive balance.

**III. CONCLUSION**

This case study highlights the importance of individualized treatment in Ayurveda, addressing the root cause rather than merely alleviating symptoms. By correcting Agnimandya and promoting Ama Pachana, long-term relief from Amlapitta was achieved, demonstrating the efficacy of Ayurvedic interventions in gastrointestinal disorders.

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