

Ayurvedic Management of Amlapitta (Urdhvaga)

W.S.R. to Hyperacidity – A Case Study

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Abstract: *Background: Amlapitta is a common disorder of Annavaha Srotas arising from Agnimandya and Vidagdha Pitta, correlated in contemporary practice with hyperacidity and gastro-oesophageal reflux disease (GERD). Its cardinal features are Amlodgara, Hrit-Kantha Daha, Utklesha, Avipaka and Aruchi.*

Case presentation: A 38-year-old male presented with a six-month history of sour eructations, retrosternal and throat burning, epigastric pain, nausea and loss of appetite, attributable to irregular meals, excessive Amla-Katu-Lavana and Vidagdha Ahara, Ratri Jagarana and Chinta. He was diagnosed as Urdhvaga Amlapitta on the basis of Nidana Panchaka.

Management: Nidana Parivarjana with Shamana Chikitsa — Avipattikara Churna, Sutasekhara Rasa, Kamadudha Rasa (Mauktikayukta), Praval Pishti and Yashtimadhu — together with Pathya–Apathya, over four weeks.

Outcome: Marked relief was observed across all cardinal symptoms by Day 28 (78.9% reduction in total symptom score), with no adverse effects.

Conclusion: Shamana therapy with Nidana Parivarjana offers a safe and effective approach to Amlapitta; controlled studies on larger samples are warranted.

Keywords: Amlapitta, Hyperacidity, GERD, Shamana Chikitsa, Avipattikara Churna, Sutasekhara Rasa, Case report.

I. INTRODUCTION

Amlapitta is a lifestyle disorder of Annavaha Srotas in which vitiated Pitta, having undergone Vidagdhavastha, acquires Amla Guna and produces Amlodgara, Hrit-Kantha Daha and Avipaka.¹ The term derives from Amla (sourness) and Pitta (the Agni-bearing Dosha); Vidagdha Pitta is the operative pathology.² Acharya Kashyapa gave the first dedicated account of Amlapitta in the Khila Sthana, and Madhava Nidana, Bhavaprakasha and Yogaratnakara later elaborated its Nidana, Lakshana and Chikitsa.^{2,3,4,5}

The principal Aharaja Nidana are Viruddha, Vidagdha, Amla, Katu, Lavana and Pishta Ahara, Adhyashana and Vishamashana, while Viharaja Nidana include Ratri Jagarana, Divasvapna, Vegadharana and Manasika factors such as Chinta and Krodha.³ These culminate in Jatharagni Mandya; the improperly digested food undergoes Vidagdhavastha and Shuktatva, Pitta is aggravated, and according to its direction of movement the disease manifests as Urdhvaga (upward) or Adhoga (downward) Amlapitta.^{1,3,6}

On the basis of Dosha predominance, Amlapitta is classified as Sama (Kapha-anubandha) and Nirama (Vata-anubandha), which guides the choice of Rasa in treatment.⁵ In contemporary terms Amlapitta is correlated with hyperacidity and GERD, among the commonest functional gastrointestinal complaints in clinical practice; community surveys in India report frequent reflux symptoms in a substantial proportion of adults.⁷ Classical management emphasises Nidana Parivarjana, Agni Deepana–Pachana, Pitta Shamana and, where indicated, Shodhana (Vamana



and *Virechana*).^{1,10} The present case documents the response of *Urdhvaga Amlapitta* to *Shamana Chikitsa* with dietary and behavioural correction.

Case Report

Patient information. A 38-year-old male, by occupation a school teacher, of *Madhyama Sharira* and *Pitta-Kaphaja Prakriti*, presented to the *Kayachikitsa* out-patient department with the complaints below.

Chief complaints (Pradhana Vedana):

- *Amlodgara* (sour eructation) — 6 months
- *Hrit Daha* and *Kantha Daha* (retrosteral and throat burning) — 6 months
- *Udara Shula* (epigastric pain, aggravated on an empty stomach and after spicy food) — 4 months
- *Utklesha* (nausea) with occasional *Chhardi* (vomiting) — 3 months
- *Avipaka* (indigestion) with *Aruchi* (loss of appetite) and *Klama* (fatigue) — 3 months

History of present illness (Vartamana Vyadhi Vritta). *The patient was apparently healthy six months earlier, after which he gradually developed sour eructations and burning in the chest and throat, initially after meals and later persisting through the day. Symptoms worsened with irregular and delayed meals, spicy and fried food and excessive tea, and were partially relieved by cold milk and bland food. Over-the-counter antacids gave only transient relief. There was no Krishna Mala* (melaena), no haematemesis and no significant weight loss.*

Past history. No history of *Prameha* (diabetes), hypertension, peptic ulcer disease or NSAID / drug dependence; no previous surgery.

Family history. Non-contributory.

Personal history (Ahara–Vihara):

- *Ahara*: irregular meal times; frequent *Amla–Katu–Lavana*, fried, *Viruddha* and *Vidagdha Ahara*; 4–5 cups of tea daily; frequently skipped breakfast (*Vishamashana*, *Adhyashana*).
- *Vihara*: *Ratri Jagarana* (late sleep due to work), inadequate physical activity, mental stress (*Chinta*).
- *Koshtha*: *Madhyama*; *Agni*: *Vishamagni*; *Nidra*: disturbed; *Mutra*: normal; *Mala*: occasional *Vibandha*.

Examination (Pariksha)

General examination. *Nadi* 78/min (*Pitta-Kaphaja*); BP 124/80 mmHg; afebrile; weight 68 kg. Pallor absent, icterus absent, *Jihva Sama* (coated), mild *Mukha Daurgandhya*.

Ashtavidha Pariksha

Pariksha	Finding
<i>Nadi</i>	78/min, <i>Pitta-Kaphaja</i>
<i>Mutra</i>	<i>Prakrita</i> (normal)
<i>Mala</i>	<i>Sama</i> , occasional <i>Vibandha</i>
<i>Jihva</i>	<i>Sama</i> (<i>Lipta</i> / coated)
<i>Shabda</i>	<i>Prakrita</i>
<i>Sparsha</i>	<i>Anushna-Sheeta</i>
<i>Druk</i>	<i>Prakrita</i>
<i>Akriti</i>	<i>Madhyama</i>



Dashavidha Pariksha (salient).Prakriti — Pitta-Kaphaja; Vikriti — Pitta pradhana with Kapha anubandha; Sara / Samhanana — Madhyama; Satmya — Madhyama; Satva — Madhyama; Ahara Shakti — Madhyama; Vyayama Shakti — Avara; Vaya — Madhyama; Agni — Vishamagni.

Systemic examination. Per abdomen — soft, mild epigastric tenderness, no organomegaly, normal bowel sounds. CVS, RS and CNS — within normal limits.

Investigations. Routine haematology (Hb, TLC, DLC) within normal limits. Upper GI endoscopy (advised to exclude ulcer / erosion) reported mild antral gastritis with no ulcer; *H. pylori* not detected.

Diagnosis (Nidana)

The case was diagnosed as *Urdhvaga Amlapitta* on the basis of *Nidana Panchaka*, correlating clinically with hyperacidity / reflux.

Nidana Panchaka

- **Nidana:**Viruddha–Vidagdha–Amla–Katu–Lavana Ahara, Adhyashana, Vishamashana, Ratri Jagarana, Chinta.
- **Purvarupa:**Avipaka, Utklesha, Gaurava, Aruchi.
- **Rupa:**Amlodgara, Tikta-Amla Udgara, Hrit-Kantha Daha, Udara Shula, Utklesha, Chhardi, Aruchi, Klama.
- **Upashaya:** relief with *Madhura–Sheeta–Tikta* and bland diet; aggravation with *Amla–Katu–Vidagdha Ahara*.
- **Samprapti:***Agnimandya* → *Vidagdhavastha* → *Pitta Vriddhi* → *Urdhvagati*.³

Samprapti Ghataka

Ghataka	Vivarana
Dosha	Pitta (pradhana, Vidagdha), Kapha anubandha (Sama)
Dushya	Rasa, Rakta
Agni	Jatharagni Mandya (Vishamagni)
Ama	Jatharagnimandya-janya Ama
Srotas	Annavaha, Rasavaha
Srotodushti	Sanga, Vimargagamana (Urdhvaga)
Udbhava Sthana	Amashaya
Sanchara Sthana	Sarva Sharira (via Rasa)
Vyakta Sthana	Amashaya, Urdhva (Hrit, Kantha)
Roga Marga	Abhyantara
Sadhya-Asadhyata	Nava — Sadhya; Jirna — Yappa / Krichra Sadhya

Chikitsa (Treatment)

Treatment followed the classical sequence of *Nidana Parivarjana*, *Agni Deepana–Pachana* and *Pitta Shamana*. As the patient was moderately symptomatic and *Madhyama Bala*, *Shamana Chikitsa* was selected in preference to *Shodhana*.^{1,10}

Shamana Aushadha schedule

Aushadha	Matra	Anupana	Kala	Kala-avadhi
<i>Avipattikara Churna</i>	3 g BD	<i>Koshna Jala</i>	<i>Pragbhakta</i> (before food)	4 weeks



Aushadha	Matra	Anupana	Kala	Kala-avadhi
<i>Sutasekhara Rasa</i>	250 mg BD	<i>Madhu / Koshna Jala</i>	<i>Adhobhakta</i> (after food)	4 weeks
<i>Kamadudha Rasa (Mauktikayukta)</i>	250 mg BD	<i>Koshna Jala</i>	<i>Adhobhakta</i>	4 weeks
<i>Praval Pishti</i>	250 mg BD	<i>Koshna Jala</i>	<i>Adhobhakta</i>	4 weeks
<i>Yashtimadhu Churna</i>	3 g BD	<i>Ksheera</i> (milk)	<i>Adhobhakta</i>	4 weeks

Pathya (wholesome).

- *Ahara*: Purana Shali, Yava, Godhuma, Mudga Yusha, Patola, Karavellaka (bitter gourd), Kushmanda (white pumpkin), Draksha, Dadima, Amalaki, Ksheera, Ghrita, Sheeta Jala, Narikela Jala, Laja.
- *Vihara*: timely meals, adequate sleep, Madhura–Sheeta Vihara, stress reduction (Pranayama, Dhyana).

Apathya (unwholesome).

- *Ahara*: Amla, Katu, Lavana, Vidagdha, Viruddha and Paryushita Ahara; fried and fermented foods; tea, coffee, alcohol; Dadhi at night.
- *Vihara*: Adhyashana, Vishamashana, Ratri Jagarana, Divasvapna, Vegadharana, Chinta, Krodha.

Follow-up. The patient was assessed on Day 0, Day 14 and Day 28; cardinal symptoms were graded at each visit on a 0–3 scale, and Pathya–Apathya compliance was reinforced.

Observations and Results

Each cardinal symptom was graded on a four-point scale — 0 absent, 1 mild, 2 moderate, 3 severe — before treatment (BT, Day 0) and after treatment (AT, Day 28). Marked relief was recorded across all symptoms, with *Avipaka* and residual *Hrit Daha* improving more gradually.

Lakshana (symptom)	BT (Day 0)	AT (Day 28)	Relief (%)
<i>Amlodgara</i> (sour eructation)	3	0	100
<i>Hrit Daha</i> (retrosteral burning)	3	1	66.7
<i>Kantha Daha</i> (throat burning)	2	0	100
<i>Udara Shula</i> (epigastric pain)	2	0	100
<i>Utklesha</i> (nausea)	2	1	50
<i>Avipaka</i> (indigestion)	3	1	66.7
<i>Aruchi</i> (anorexia)	2	0	100
<i>Klama</i> (fatigue)	2	1	50
Total score	19	4	78.9

No adverse drug reaction was reported during the study period. The patient remained symptom-light at an informal review two weeks after completing therapy.

Discussion

The management of *Amlapitta* rests on *Nidana Parivarjana* as *Prathama Chikitsa*, followed by correction of *Agni* and pacification of *Vidagdha Pitta*.¹⁰ In this patient the *Nidana* were chiefly *Aharaja* (*Amla–Katu–Lavana–Vidagdha*–



Viruddha Ahara, *Adhyashana*, *Vishamashana*) and *Viharaja–Manasika* (*Ratri Jagarana*, *Chinta*); their withdrawal alone initiates *Samprapti Vighatana* by removing the stimulus to *Agnimandya* and *Pitta Vriddhi*.³

Probable mode of action of the Rasa. The classics prescribe *Tikta*, *Madhura* and *Kashaya Rasa* in sequence for *Pittaja** conditions.⁵ *Tikta Rasa* performs *Ama Pachana* and brings the disease to *Niramavastha*; *Madhura Rasa*, by its *Snigdha* and *Madhura Guna*, then pacifies *Pitta*; and *Kashaya Rasa*, by its *Ruksha Guna*, absorbs the *Drava Guna* of *Pitta*.^{5,10} The selected formulations act along these lines.

Mode of action of the individual Aushadha:

- ***Avipattikara Churna*** — *Deepana*, *Pachana*, *Anulomana* and mild *Pitta-rechaka* (through *Trivrit*); it clears the *Adho Amashaya*, relieves *Vibandha* and reduces the *Pitta* load, correlating with prokinetic and acid-lowering effects.^{9,10}
- ***Sutasekhara Rasa*** — the principal *Amlapittahara yoga*; *Pitta-shamaka* and *Shula-prashamana*, relieving *Amlodgara*, *Daha* and *Udara Shula*, with acid-neutralising and antispasmodic action.¹⁰
- ***Kamadudha Rasa (Mauktikayukta)*** and ***Praval Pishti*** — *Sheeta Virya*, *Pitta-shamaka* and *Daha-prashamana*; being *Kshariya* (calcium-rich) they neutralise *Amla* and soothe the mucosa.¹⁰
- ***Yashtimadhu*** — *Madhura*, *Sheeta*, *Pitta-shamaka* and *Vrana-ropaka*; it promotes mucosal protection and healing of the *Amashaya*, consistent with its cytoprotective, mucus-promoting effect.⁸
- *Ksheera* as *Anupana* — *Madhura–Sheeta*, a *Pitta-shamaka** vehicle that buffers residual acidity.

Samprapti Vighatana. Together, *Deepana–Pachana* corrects *Vishamagni*, *Pachana* digests *Ama*, *Anulomana* evacuates vitiated *Pitta* downward, and *Pitta Shamana* with *Sheeta–Madhura* drugs breaks the *Urdhvagati* of *Pitta* — reversing the pathogenesis at the *Agni*, *Ama*, *Dosha* and *Srotas* levels.

Contemporary correlation. The regimen parallels the modern strategy for hyperacidity and GERD — acid reduction, mucosal protection and prokinesis — while *Nidana Parivarjana* corresponds to dietary and lifestyle modification, the cornerstone of reflux management.⁷ The absence of adverse effects and the sustained relief support the safety and economy of this approach, although a single case cannot establish efficacy.

II. CONCLUSION

Amlapitta is a functional disorder of *Annavaha Srotas* driven by *Agnimandya* and *Vidagdha Pitta* — the “hurry, worry and curry” of contemporary life. In this case of *Urdhvaga Amlapitta*, *Shamana Chikitsa* with *Avipattikara Churna*, *Sutasekhara Rasa*, *Kamadudha Rasa*, *Praval Pishti* and *Yashtimadhu*, combined with strict *Nidana Parivarjana* and *Pathya–Apathya*, produced marked relief (78.9% reduction in total symptom score) within four weeks and without adverse effects. The case supports *Ayurvedic Shamana* therapy with diet and lifestyle correction as a safe, effective and economical option for hyperacidity; randomised controlled trials on larger samples are recommended to substantiate these observations.

REFERENCES

1. Tripathi B. *Charaka Samhita of Agnivesha*, Vidyotini Hindi commentary, Vol. II, *Chikitsa Sthana*. Varanasi: Chaukhambha Surbharati Prakashan; 2017.
2. Sharma H, editor. *Kashyapa Samhita of Vriddha Jivaka*, Khila Sthana 16. Varanasi: Chaukhambha Sanskrit Sansthan; 2006. p. 525.
3. Shastri S. *Madhava Nidana of Madhavakara* with *Madhukosha* commentary, Part II, Chapter 51. Varanasi: Chaukhambha Sanskrit Sansthan; 2001. p. 205.
4. Mishra BS. *Bhavaprakasha of Bhavamishra* with Vidyotini Hindi commentary, *Madhyama Khanda*, Chapter 10. Varanasi: Chaukhambha Sanskrit Bhawan; 2010. p. 298.
5. Shastri L. *Yogaratanakara* with Vidyotini Hindi commentary. Varanasi: Chaukhambha Prakashan; 2015. p. 237.
6. Tripathi B. *Ashtanga Hridaya of Vagbhata* with *Nirmala* Hindi commentary, *Nidana Sthana*. Delhi: Chaukhambha Sanskrit Pratishthan; 2014.



7. Bhatia SJ, Reddy DN, Ghoshal UC, Jain RK, Abraham P, Ahuja V, et al. Epidemiology and symptom profile of gastroesophageal reflux in the Indian population: Report of the Indian Society of Gastroenterology Task Force. Indian J Gastroenterol. 2011; 30(3): 118–127.
8. Shastri K, editor. Sushruta Samhita of Sushruta with Ayurveda Tattva Sandipika Hindi commentary. Varanasi: Chaukhambha Sanskrit Sansthan; 2012.
9. Tripathi I. Sharangadhara Samhita of Sharangadharacharya with Dipika Hindi commentary, Madhyama Khanda. Varanasi: Chaukhambha Surbharati Prakashan; 2013.
10. Singh H, Sharma S, Panwar G, Anand N, Gupta S, Shukla GD. A review article on Ayurvedic approach for Chikitsa Krama of Amlapitta. J Ayurveda Integr Med Sci. 2024; 9(3): 132–135.

