

AYURVEDIC MANAGEMENT OF AMLAPITTA (GASTRITIS) - A CASE REPORT

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Article Received: 11 February 2025 | Article Revised: 02 March 2025 | Article Accepted: 23 March 2025

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DOI: <https://doi.org/10.5281/zenodo.15113941>

How to cite this Article: Dr. Achyut Acharya, Dr. Sudeeksha Verma, Dr. Anusree V V, Dr. Preeti Gavali (2025). AYURVEDIC MANAGEMENT OF AMLAPITTA (GASTRITIS) - A CASE REPORT. World Journal of Pharmaceutical Science and Research, 4(2), 406-412. <https://doi.org/10.5281/zenodo.15113941>



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ABSTRACT

Gastritis is a prevalent condition in modern society, worsened by the rapid pace and stress of contemporary life. Unhealthy dietary habits and lifestyle choices play a major role in its widespread occurrence. Often described with the terms "Hurry," "Worry," and "Curry," this condition stems from a busy and stressful lifestyle that frequently leads to poor eating habits. The use of synthetic medications like H₂ receptor blockers and proton pump inhibitors has decreased due to their adverse effects. The symptoms of Gastritis are very similar to those of *Amlapitta*. Ayurvedic texts identify key features of *Amlapitta* as *Avipaka* (indigestion), *Urodaha* (chest burning), *Utklesha* (nausea), *Aruchi* (anorexia) and *Tikta-Amlodgara* (sour and bitter belching). This article is a study of a 40-years-old male patient. The patient sought treatment at Nepal Health Home's outpatient department, reporting symptoms *Tikta-Amlodgara*, *Urodaha*, *Utklesha*, *Aruchi* and *Praseka*. All his vitals were normal upon examination. He was prescribed *Avipattikarchurna*, 3 grams twice daily for 45 days and advised to return for follow-up after every 15 days. Additionally, he was instructed to follow specific dietary and lifestyle guidelines.

KEYWORDS: *Amlapitta*, Hyperacidity, *Avipaka*, Indigestion.

INTRODUCTION

Globally, Gastritis is a prevalent health issue. It affects approximately 50.8% of the population in developing countries and 34.7% in developed countries.^[1] This high prevalence is often linked to factors such as *Helicobacter pylori* infection, the use of non-steroidal anti-inflammatory drugs (NSAIDs), and lifestyle factors like diet and stress.

In India, the prevalence of gastritis is significant. It is estimated that approximately 12,25,614 people suffer from gastritis out of a total population of over 1 billion. This translates to an incidence rate of about 3 cases per 869 individuals. Factors contributing to this high prevalence include dietary habits, stress, and the widespread use of certain medications.^[2]

According to available data, gastritis is quite prevalent in Nepal, with studies reporting that it is the most common endoscopic finding, affecting around 47.6% of patients, highlighting a significant issue within the population.^[3]

The *agni* which gets impaired due to *nidan sevana* mainly affects the *Annavaha srotas* which ultimately causes *Amlapitta*. Unhealthy dietary habits disrupt the *annavaha srotas* leading to various ailments including *Amlapitta*. The term '*Amlapitta*' is made up of *Amla* and *Pitta* which means vitiated *pitta*. Its primary cause is the consumption of foods that increase *Pitta Dosha*. In *Amlapitta*, the quantity of *Pachaka Pitta* increases and its natural alkaline taste becomes excessively sour due to fermentation. This condition can be co-related with Hyperacidity (gastritis) in modern science which mainly results due to excess of gastric juice. Inflammation of the gastric mucosa is known as Gastritis. High stress and anxiety are major triggers. The disease arises from disturbances in *pitta* properties, such as *drava* (fluidity) and *amla* (sourness) leading to *VidagdhaJeerna* (indigestion caused by acidified chyle) and later causing irritation and erosion of the *sleshmadhara kala* (mucous membrane) of the stomach and duodenum.

References of *Amlapitta* are found in various *Ayurvedic* texts including *Kashyapa Samhita*, *Madhava Nidana*, *Bhavaprakasha*, *Yoga Ratnakara* and *Chakradutta*. *Acharya Vagbhatta* emphasized that all the diseases are caused by *Mandagni* (weak digestive fire). *Ayurvedic* texts such as *Charaka Samhita*, *Sushruta Samhita*, *Astanga Hridiya* and *Astanga Sangraha* describe conditions like *Grahaniroga* and *VidagdhaJeerna* related to *Amlapitta*. *Kashyapa Samhita* provides the most comprehensive explanation including its causes, symptoms and treatment.

Ayurvedic texts describe two types of *Amlapitta*: *Urdhwaga* and *Adhoga*.^[4] In *Urdhwaga Amlapitta*, the pathology involves vitiated *Pitta* and *Kapha*. Excessive consumption of sour, spicy, hot, and heavy-to-digest foods, along with incompatible food combinations, aggravates *pitta dosha*. Normally, *pitta* has a *katu* (pungent) taste but when it transforms into *amla* (sour) taste, it results in *Amlapitta*.

In modern medical science, common causes of gastritis include *H. pylori* infections, prolonged use of Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), aspirin, other drugs (e.g., iron preparations), severe physiological stress (e.g., burns, multi-organ failure, central nervous system trauma) and autoimmunity.

In this case, a 40-years male patient came to OPD of Ayurveda Health Home, Kathmandu, Nepal with complaints of abdominal pain along with *Tikta-Amlodgara*, *Urodaha*, *Utklesha*, *Aruchi*, *Pareseka* for the last 1 year. He was taking allopathic medicines for same complaints since last 6 months on and off but didn't get permanent relief. Hence, patient came for Ayurvedic treatment hearing good of mouth about the centre. He had endoscopic report from his visits to allopathic hospitals which were normal. After taking detailed history and examination, the patient was treated and detailed *pathya* and *apathya* was explained to follow. Informed consent was taken from the patient. At the end of treatment, the patient was almost asymptomatic.

OBJECTIVE

- To research Ayurvedic treatment modality for *Amlapitta*.
- To study the disease *Amlapitta* thoroughly and practically with the help of this case.

CASE REPORT

A 40-years-old male patient presented OPD of Ayurveda Health Home, Kathmandu, Nepal with the following symptoms:

- *Tikta-Amlodgara* (bitter and sour eructation)
- *Urodaha* (chest burning)
- *Utklesha* (nausea)
- *Aruchi* (anorexia)
- *Praseka* (excessive salivation)

All the symptoms were present since last 1 year with pain in abdomen.

History of Present Illness: The patient has been experiencing the mentioned symptoms for the past two years and has been diagnosed with Gastritis for the last six months. Despite seeking treatment at various locations, he has not found relief. His main complaints were *tikta amlodgara, urodaha, aruchi and utklesha*. These symptoms have been intermittent, occurring almost five days a week over the past year. His irregular sleep and meal schedules, due to his farming occupation, have contributed to his condition.

Past History: No major illness reported.

Family History: Not relevant.

Examination of the Patient**1. General Examination**

- Pulse: 78/min.
- RR: 17/min
- BP: 120/80 mm of Hg.

2. Ashtavidha Pareeksha

- *Nadi* (Pulse): *Pitta Pradhana*
- *Mala* (Stool): *Asamyaka, Guda daha* (occasional), *Baddhakoshtha* (occasional).
- *Mutra* (Urine): *Samyaka Mutra pravartana*
- *Shabda* (Speech): *Prakrita*
- *Sparsh* (Skin): *Snigdha, Mrudu*
- *Drika* (Eyes): *Prakrita*
- *Akriti*: *Madhyam*
- *Jivha* (Tongue): *Sama* (coated)

Diagnosis - *Amlapitta*

Hetu (Causes Identified)

- Ahara – Atiamla ahara, aniyamita ahara, atikatu ahara (spicy), etc.
- Vihara – Diwaswapa. Ratri Jagran

Samprapti**Samprapti Ghataka**

Dosha: Pitta Pradhana, Kapha anubandhi

Dushya: Rasa dushti.

Strotodushti: Annavaha, Rasavaha, Purishvaha,.

Vyadhiavastha: Sama avastha, Kapha utkelsha, Dosha urdhwagati.

Sadhyasadhyatva: Kashtasadhya.

Vyadhimarga: Abhyantara.

Agni: Manda

Table no: 1: Showing the Assessment Criteria.

S. No.	Symptoms	Initial Assessment	15 Days	30 Days	45 Days
1.	Tikta –amlodgara				
2.	Urodaha				
3.	Aruchi				
4.	Utklesha				
5.	Praseka				

[No Symptoms=0; Mild=1; Moderate=2; Severe=3]

Therapeutic Intervention

- Name of the drug given: Avipattikara Churna
- Dose: 3 grams, twice a day, 30 min before meal
- Anupana: Lukewarm water

Table no: 2: Contents of the selected drug Avipattikara churna (Bhaishajya Ratnavali, Amlapitta 25-29).

S. No.	Content	Botanical name	Parts Used	Amount/part
1.	Shunthi	Zingiber officinale	Rhizome	1 Part
2.	Maricha	Piper nigrum	Fruit	1 Part
3.	Pippali	Piper longum	Fruit	1 Part
4.	Haritaki	Terminalia chebula	Pulp	1 Part
5.	Vibhitaki	Terminalia bellirica	Pulp	1 Part
6.	Amalaki	Embelica officinalis	Pulp	1 Part
7.	Mustaka	Cyperus rotundus	Rhizome	1 Part
8.	Vida lavana	Black Salt	-	1 Part
9.	Vidanga	Embelica ribes	Fruit	1 Part
10.	Ela	Eletaria cardamomum	Seed	1 Part
11.	Twak	Cinnamomum zeylanicum	Leaf	1 Part
12.	Lavang	Syzygium aromaticum	Flower Bud	11 Part
13.	Trivrit	Operculina terpepethum	Root	44 Part
14.	Sharkara	Saccharum officinarum	Stem	66 Part

Probable mode of action of Avipattikara churna

Drugs used in *Avipattikara churna* are generally *Deepaniya*, *Pachaniya* and *Agnivardhaka* which helps alleviate symptoms of aggravated *pitta*, *ama* and *imbalanced samana* and *udana vayu*. They assist in digesting *ama* and calming elevated *pitta*. *Avipattikara churna*, known for its purgative properties, is employed to purify vitiated *pitta* as seen in this of *Amlapitta*.

Pathya

The patient was given advice on dietary and lifestyle changes to complement the medication. They were instructed to maintain regular meal schedules and consume easily digestible foods. Recommended items included coconut water, cooling foods, vegetables such as pumpkin, bitter gourd, and cucumber, and fruits like gooseberry, black grapes, figs and raisins. The patient was also advised to drink plenty of fluids as well as warm water. Adequate rest and sleep were emphasized.

Apathya

The treatment plan prohibited certain foods and eating habits including excessive consumption of spicy, sour or salty foods. Oily, hard-to-digest, and processed foods were to be avoided. The patient was also instructed to refrain from specific items referred to as *amla*, *lavana*, *katu*, *vidahi ahars sevana*, and *viruddha ashana*. He was advised to abstain from taking tea, coffee and to manage stress levels.

Follow-Ups

The patient's progress was monitored through follow-up appointments for a 45-days period with the first follow up occurring on day 15. At the first follow-up, the patient reported slight improvement in symptoms. He was recommended to continue the prescribed treatment. During the second follow-up, the patient showed almost complete resolution of symptoms like *tikta-amlodgara*, *urodaha*, *utklesha*. However, only minor improvement was noted in *Praseka* and *Aruchi*. By the third follow-up, the patient reported mild symptoms apart from moderate complaint of *utklesha*.

RESULT

Avipattikara Churna proved to be effective medication for the management of symptoms in *Amlapitta*. The drug showed no any known side effects.

Table 3: Assessment of the disease.

S. No.	Symptoms	Initial Assessment	15 Days	30 Days	45 Days
1.	<i>Tikta –amlodgara</i>	3	2	2	1
2.	<i>Urodaha</i>	3	2	2	1
3.	<i>Aruchi</i>	3	3	1	1
4.	<i>Utklesha</i>	3	3	2	2
5.	<i>Praseka</i>	3	2	1	1

[No Symptoms=0; Mild=1; Moderate=2; Severe=3]

DISCUSSION

It is not uncommon for many of us to face a burning sensation in the stomach and chest as indigestion is a common problem now a days due to changed life style and disturbed daily routines. *Amlapitta* has become a very common problem in the present scenario. It is due to unhealthy food habits and regimens. If the incompatible diet, regimen and

habits are continued, it may lead to gastric ulcer, chronic gastritis, duodenitis, irritable bowel syndrome, mal-absorption, anaemia and stenosis. As in disease *Amlapitta*, vitiated *drava guna* of *pitta* is a primarily responsible factor which changes the functions of *agni* (digestive fire) leading to various diseases. All the contents of the drugs used in the study were *Pitta shamaka* which mitigate the *pitta dosha* and stabilizes *kapha*.

Most of the medications given in *samana chikitsa* of *Amlapitta* are having *tikta rasa* which has *Vayu and Akasha Mahabhuta*. The *Vayu Mahabhuta* dries up the *dravta* of *dushita pitta* and *Akasha Mahabhuta* removes the *srotorodha* during *Samprapti Vighatana*. The drug works not only on subjective parameters but also on mental and emotional health.

Avipattikara Churna has been demonstrated to be a highly efficacious therapeutic agent in the treatment of *Amlapitta* exhibiting no adverse effects. The composition of this *churna* is characterized by a complex profile of pharmacological properties including *madhura, tikta, kasaya, katu rasa, Madhur vipaka, and Sheeta veerya*.

The formulation is specifically designed to counteract the pathophysiological state known as *vidagdha pitta* which is intrinsically associated with *Amlapitta*. The constituent components of *Avipattikara churna* function synergistically to neutralize this imbalance. Furthermore, this remedy is purported to support and maintain optimal function of *agni*, a critical factor in the management of this condition. This comprehensive approach allows *Avipattikara Churna* to address multiple aspects of *Amlapitta* simultaneously, often neglecting the need for additional treatments and positioning it as a near-complete solution for those suffering from this ailment simultaneously promoting overall gastrointestinal homeostasis.

CONCLUSION

It can be concluded that *Avipattikara Churna*, along with recommended *Pathya-Apathya* regime, proved to be safe and effective Ayurvedic modality in the resolution of symptoms of the disease *Amlapitta*.

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