

Management of Urdhvaga Amlapitta with Vamana: A Case Study

Case Study

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Abstract

Amlapitta is a disease of *Annahava Srotas* and is more common in the present scenario of unhealthy diets and regimens. The case of *Amlapitta*, was managed with *Vamana*, one of the *Panchakarma* therapy, as indicated in '*Kashyap Samhita*.' Case: A 29 year old male patient presented with complaints of *pitta udiran*, sour belching (*amlodgara*), burning sensation in throat and chest (*hritkanthadaha*), indigestion (*avipaka*) and *ajeerna* since 2 years. Management: *Pachan* was done with *Hingvashtak churna*. Internal oleation with *Kantakari ghrita* in increasing dose. External oleation and sudation was done with Sesame oil. For *Vamana* *Akantha pan godugdha* was used. *Vamana dravya* was *madanphala churna* (2gm), *yashtimadhu churna* (2gm), *vacha churna* (1gm), *saindhav* (2gm) (*chatan* with *madh*). *Yashtimadhu kwath* was used as *Vamanaopag dravya*. Result and conclusion: The patient was asked for follow-up after 7 days. Then the patient was asked to come for follow-up after every six months. It was seen that patient got complete relief from *pitta udiran*, sour belching (*amlodgara*), burning sensation in throat and chest (*hritkanthadaha*), indigestion (*avipaka*) and indigestion (*ajeerna*) on day 7. And it also seen that there was no recurrence of *Amlapitta* even after one and half year. Thus *Vamana* therapy in patient of *Amlapitta* is effective and shows long term relief from the symptoms.

Keywords: *Vamana*, *Urdhvaga Amlapitta*

Introduction:

Amlapitta is a disease of *Annahava Srotas* and is more common in the present scenario of unhealthy diets and regimens. It is very common disease encountering in present population with more or less severity. It is the disease that bears the direct impact of the dietetic errors that a person indulges. 80% of the top ten life threatening disease of the world are due to faulty dietary habits.(1)

Amlapitta is mentioned in *Kasyapa Samhita*, *Madhava nidana*, *Bhavaprakasa* and *Cakradatta*. *Acharya Caraka*, *Susruta* and *Vagbhata* have not described this disease. *Amlapitta*, as separate though it has been referred at certain places.

In modern it is correlated with gastritis/ acid peptic disease/ hyperacidity. Hyperacidity refers to a set of symptoms caused by an imbalance between the acid secreting mechanism of the stomach and proximal intestine and the protective mechanisms that ensure their safety. The stomach normally secretes acid that is essential in the digestive process. When there is excess production of acid in the stomach, it results in the condition known as hyperacidity.

According to the theories of Ayurveda, all the

diseases are due to hypo functioning of agni.(2) As per *Acharya Sushruta*, improperly digested food becomes poisonous or toxic (*shukta/ anna-vish*), this toxic-juice / *shukta* combines with *pachaka-pitta* and creates a variety of *pitta*-dominant diseases.(3) *Amla-pitta* is one of them.

Bhavprakash has given two types i.e. *Adhoga* and *Urdhvaga*, *Doshika* varieties. Green, yellow, blue type of color *kaphayukta pitta udiran* and *chardi* is *lakshan* of *urdhvaga amlapitta* which was seen in present case.(4)

This case of *urdhvaga amlapitta*, managed with an *Ayurvedic* intervention is really a hope for better solution to treat the disease effectively, when conventional therapy fails.

This patient was having history of 2 years. In this case after 1 ½ year it showed about 100% result. Hyperacidity correlates with *Amlapitta* described in Ayurveda. The first line of treatment suggested for *Urdhava Amlapitta* in *Bhavaprakash* is *Vamana*. Particularly *Vamana* (therapeutic vomiting) and *Virechana*(therapeutic purgation) for – *urdhvaga amlapitta* for – *adhoga amlapitta*.(5) Thus *Vamana* therapy was adopted for this patient.

Case report:

A 29 year old male patient c/o *pitta udiran*, *chardi*, sour belching (*amlodgara*), burning sensation in throat and chest (*hritkanthadaha*), indigestion (*avipaka*) and *ajeerna* since 2 years (i.e. since year 2013) presented to the *Panchakarma* OPD in April 2015. Patient was receiving modern allopathic treatment since 2 year but got temporary relief. The nature of treatment

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was on and off because the patient was not able to maintain the long term follow-up. Thus he opted for ayurvedic management if any and he approached, department of *Panchakarma* of Sumatibhai Shah Ayurved Mahavidyalaya and Sane Guruji Arogya Kendra, Hadapsar.

After taking through history and *ashtavidh pariksha* the patient was diagnosed as a case of *urdhvaga amlapitta*. As the patient was in *jirna avashta shodhan* was indicated. According to Bhavaprakash the first line of treatment for *Urdhava Amlapitta* is *Vamana*. That was the reason the patient was managed with *Vamana*.

About Vamana Therapy

It is one of the *Panchakarma* treatment of Ayurveda, which means induced emesis for therapeutic purpose. Like in any surgery it is carried out in preoperative, operative and post operative manner. Preparatory procedure comprise, internal medicines to facilitate proper digestion for usually four to seven days followed by internal oleation for three to seven days followed by external oleation (oil massage) and sudation which aims at bringing the vitiated disease causing *doshas* (basic elements) into alimentary canal. Main procedure comprise only oral medicines inducing purgation while in post procedure there is special diet regimen to follow for three to seven days.

Management

- Patient was described the treatment procedure in detail.
- Written informed consent was obtained.

Pre-operative preparation (*Poorva-karma*)

- Internal medicines to facilitate proper digestion (*Deepan – Pachana*) (6)
- *Hingvashtak churna*-(7) 1 gm for three times before food with warm water for three days.

Internal oleation (8):

Internal oleation with *Kantakari ghrita* in increasing order (starting with 60ml and increasing 10ml daily) for five days was followed. Oleation was stopped on day 5th, as symptoms of proper oleation were achieved. Daily assessment for symptoms of oleation was done. Proper evacuation of flatus and stools (*Vatanulomana*), enhanced digestive function (*deeptagni*), oily stools (*snigdha varchas*), unformed stools (*asanhat varchas*), suppleness of skin (*mrudvangata*), oily skin (*snigdhaangta*), revulsion for *sneha* (*snehodvega*), exhausted (*glani*), enthusiasm (*vimlendriyata*) these are symptoms of proper oleation. (9) which are assessed daily. Oleation was discontinued as soon as oily stools are observed in patient.

During this time period patient was instructed to follow special code and conduct, which include *Ahara* and *Vihar*.

Diet (*Ahara*) – *Drava, Usna, Anabhishtyandi, Na-atisankirna* and *Snigdha Bhojana*, warm water.

Routine activity (*Vihar*) – *Bramhachari jeevana*, avoid day sleep, not suppress natural urges, avoiding heavy exercise, speaking aloud, anger, depression, too much cold, hot and direct exposure to air.

External oleation and sudation (*Abhyanga and Swedana*) – External oleation and sudation on next day after completion of oleation, when internal oleation is not done (*vishram din*) and on the day of *Vamana* with sesame oil (23/4/2015 and 24/4/2015).

Induction of vaman (*Pradhan karma*)(10)

On the day of *Vamana* pulse, BP and systemic examination was done along with *Ashtavidha Pariksha*. Pulse – 70/min, BP – 110/60mmof Hg, RS – Air Entry Bilateral Equal- clear, Cardio-Vascular System – S1 S2 normal, stool, urine – normal, tongue –uncoated (*niraam*)

Vamana drug – *madanphala churna*- 2gm, *yashtimadhu churna*-2gm, *vacha churna*-1gm, *saindhav*-2gm (with Honey). ***Akantha pan*** - *godugdha*. ***Vamanaopag dravya*** - *yashtimadhu kwath*

Then the patient was instructed to vomit without much straining. The urge may be excited by opening wide the lips, the palate, the throat and by slightly bowing the upper part of the body. The dormant urge may be excited by tickling the throat with two fingers. (11)

During the procedure, *Vamanaopaga Kashaya* (supportive decoction to continue vomiting) *Yashtimadhu* (Licorice) after each *Vega* was administered repeatedly to support the act of vomiting till the appearance of *Pitta* (bile) in vomitus. (12)

Vamana vegas (projectile vomiting bouts) were assessed subjectively.

Bouts (*Vegiki*): 6

Quantity (*Maniki*): *Vamit dravya* – *sevit dravya*=
dosh pravartan

$$6100\text{ml} - 5600\text{ml} = 500\text{ml}$$

End point (*Antiki*): *pittanta*(13)

Signs and symptoms (*Laingiki*):

Proper (*samyak*) i.e. abdomen lightness (*udarlaghav*), *prasanna atmendriya*.

Clearness type (*Suddhi prakar*): *madyam*.

Patient's pulse, BP, was recorded during *Vamana* which was normal throughout the procedure.

Post operative care (*Paschat karma*)

After the therapy has been well-administered, the patient was asked to wash his hands, feet and face with warm water. And was made to undergo *Dhumpan* (herbal smoking). Then patient was asked to rest in a room which is not exposed to the wind. *Sansarjana krama* (special diet regimen) (14) was advised for five days.

Results:

The present case was managed with *Vaman* therapy and was asked for follow-up after 7 days. Then the patient was asked to come for follow-up after every six months.

Sr.No	Sign and Symptoms	Follow up				
		Day 0	Day 15	6 month	1 year	1½ year
1	<i>Pitta udiran</i>	+++	-	-	-	-
2	<i>Amlodgara</i>	++	-	-	-	-
3	<i>Hridkanthadaha</i>	+++	-	-	-	-
4	<i>Avipaka</i>	++	-	-	-	-
5	<i>Ajeerna</i>	++	-	-	-	-

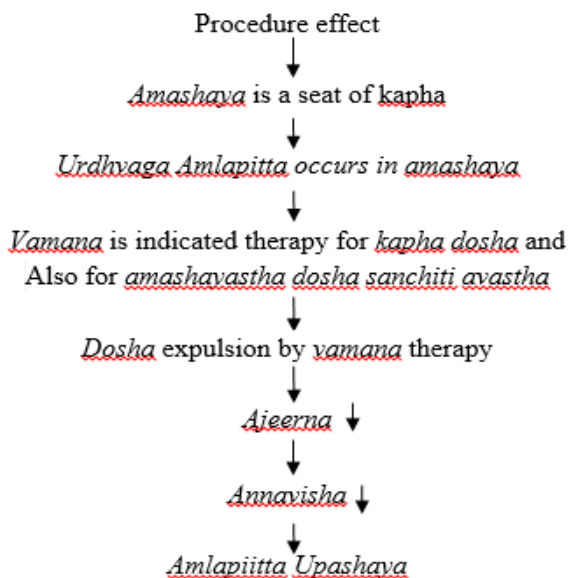
Discussion

Pachana and *Deepana* help to digest the *Ama*, makes the *Dosha Nirama* and increases the *Agni*, *Abhyantara Snehana* helps to dissolve the *Dosha* and to increase the volume and makes the *Dosha* free from their adherence and *Abhyanga* and *Swedana* help the *Dosha* to liquefy and disintegrate. All these preparatory measures help to mobilize the *Dosha* from *Shakha* to *Koshta*.

Figure 1: Showing the Samprapti of Amlapitta



Figure 2: Showing the Breakdown of pathogenesis of Urdhvaga Amlapitta with Vamana:



Vaman Dravyas are having the properties *Vyavayi* and *Vikasi* by virtue of *Veerya* (Potency) they circulate quickly in to large and small capillaries of the body. It pervades all over the body. *Doshas* started melting in the body due to *Ushna Guna*, we can observe the perspiration (*Swede Pradurbhava*) on patient's forehead or sometimes whole body. Because of its *Vikashi Guna*, it detaches the *Malas* from *Dhatus*. Owing to the presence of *Sukshma Guna* and *Anupravana* properties the *Malas* or *Doshas* float because already body has got *Samyak Snigdhatta* (internal oleation) and pass through smallest capillaries and ultimately *Malarupi Kapha* reaches to stomach. *Vamana Karma* is radical therapy to treat *Kapha* disease. *Vamana karma* corrects the pathology by eliminating disease causative factor *Kapha* from its main site of accumulation. *Vamana* cleanses the different types of toxic materials from the body. *Vamana* therapy, one of the purification therapies restores the *Agni* (impaired metabolism) by acting at cellular level, there by correcting acid secretion and *vamana* action(15).

Initially the patient was having *Pitta udiran*, *Amlodgara*, *Hridkanthadaha*, *Avipaka* and *Ajeerna* as presenting complaints. After giving the *vamana* therapy the patient received *Peyadi sansarjana krama* is advised to improve the *Agni* gradually for 5 days. On the follow up on 15th day all the symptoms subsided completely (*upashay*). The patient was again followed up at 6month, one year and one and half year after the *vamana* therapy and no recurrence of any symptom was observed.

Shodhan Chikitsa (Purification Therapy) facilitates the expulsion of vitiated *Dosha* from the body, there by cures the disease from root. Thus *Shodhan Chikitsa* can prevent the recurrence in future. In the present case also no recurrence was seen even after one and half year follow-up(16).

Conclusion

Vamana therapy has substantial role in treating *Urdhvaga Amlapitta* not only symptomatically but to cure the disease from root.

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