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AYURVEDIC MANAGEMENT OF *URDHWAGA AMLAPITTA*: A CASE STUDY

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Abstract: Gastroesophageal reflux disease (GERD) is a common gastrointestinal disorder characterized by retrograde flow of gastric contents. Management of GERD is mainly symptomatic and may require long term administration or invasive surgical measures depending on its severity. Ayurveda describes *Urdhwaga Amlapitta*, a condition comparable to GERD which presents with similar clinical features like burning sensation in the chest and throat, indigestion, nausea, etc. This case report describes a 35-year-old female patient with clinical features of *Urdhwaga Amlapitta* (GERD) who was prescribed a combination of Ayurvedic formulations including *Sutshekhara Rasa*, *Avipattikara Churna*, *Bhunimbadi Kwatha*, and *Amlapittashamana Mishrana* along with dietary and lifestyle modifications for a period of 42 days. Mild relief in all symptoms was noted on Day 21, with complete resolution except for mild residual burning by Day 42. No adverse events were reported during the treatment period. This case highlights the potential of Ayurveda in providing effective and safe treatment measures in *Urdhwaga Amlapitta* (GERD) and suggests the need for further exploration through large scale clinical trials.

Keywords: *Amlapitta*, GERD, Ayurveda

I. INTRODUCTION

Gastroesophageal reflux disease (GERD) is a condition characterized by the retrograde flow of gastric contents into the esophagus or beyond into other regions such as larynx, lungs, oral cavity, etc. Since these contents are acidic in nature, it causes inflammation of the esophageal mucosa. [1] GERD is one of the most commonly observed gastrointestinal disorders in general practice. The global prevalence of GERD is 13.98% and displays significant regional variation depending on their diets and lifestyles. [2] Diagnosis of GERD is made based on its clinical features such as heartburn, regurgitation, non-cardiac chest pain, dysphagia, etc. [1]

Management of GERD includes proton pump inhibitors (PPI) with lifestyle modifications and additional symptomatic pharmacological treatment. Severe GERD or non-response to the initial strategies might necessitate the use of invasive procedures or a rigorous long-term treatment protocol. [1]

PPIs, which are the drug of choice for GERD have been associated with a long list of potential complications resulting from chronic use such as micronutrient deficiencies, increased susceptibility to gastrointestinal infections, impaired bone health, kidney injury, and altered gut microbiota.[3,4] Moreover, relapse of symptoms after discontinuation is extremely common, making GERD a condition of recurrent and long-term concern rather than one of permanent resolution. While modern medicine primarily focuses on acid suppression and symptomatic relief, it does not adequately address the root cause or provide sustainable long-term solutions without adverse effects. This therapeutic gap highlights the need for alternative and holistic approaches.

A condition known as *Amlapitta* has been described in various Ayurvedic texts such as *Yoga Ratnakara*, *Kashyapa Samhita*, *Bhaishajya Ratnavali* and *Madhava Nidana.* There are two varieties of *Amlapitta* described in Ayurveda: *Urdhwaga* and *Adhoga* along with further subclassifications according to *Doshanubandha* i.e. *Vataja*, *Kaphaja* and *Vatakaphaja*. [5] Signs and symptoms similar to GERD have been described under *Urdhwaga Amlapitta*. [6]

Clinical features of *Urdhwaga Amlapitta* include *Aruchi* (loss of appetite), *Gurukoshthatva* (abdominal heaviness), *Gaurava* (lethargy), *Vibandha* (constipation), *Shiroruja* (headache), *Utklesh* (nausea), and *Tiktamlodgara* (sour or acidic belching). The disorder commonly develops when an individual consumes diets unsuitable to one's *Prakriti*, particularly foods that are *Amla* (sour), *Katu* (pungent), *Lavana* (salty), *Guru* (heavy), *Snigdha* (unctuous or oily), or *Abhishyandhi* (difficult to digest) in nature. Additionally, factors such as smoking, alcohol use, tobacco chewing, psychological stress, and frequent consumption of spicy condiments are also recognized as contributing causes of *Urdhwaga Amlapitta*. [7]

Ayurveda prescribes a wide range of herbal and herbo-mineral formulations along with the use of Panchakarma, dietary and lifestyle modifications for the management of *Amlapitta*. The following case report illustrates management of *Urdhwaga Amlapitta* (GERD) using Ayurvedic interventions.

II. CASE REPORT:

A 35 years old female patient came to Kayachikitsa OPD, SNKD Nallasopara Ayurveda Medical College, India with following complaints:

- Burning sensation in throat and chest region (*Hrith-Kanthadaha*)
- Sour belching (*Amlodgara*)

- Loss of appetite (*Kshudhamandya*)
- Indigestion (*Avipaka*)
- Constipation (*Malavashtambha*)
- Nausea (*Utklesha*)

History of Patient:

History of present illness:

Patient was apparently healthy one month ago. In the last one month, she started suffering from symptoms such as *Hrith-Kanthadaha* (+++), *Tiktaamlodgara* (+++), *Utklesha* (++), *Kshudhamandya* (+), *Avipaka* (++) and *Malavashtambha* (++). Her symptoms gradually increased in severity, for which she consulted general physicians, but there was no relief achieved after taking prescribed medicines.

History of past illnesses: No history of any major disorders.

Family history: No abnormality detected.

Clinical Examination:

General examination:

- Pulse: 84 bpm
- Blood pressure: 130/80 mmHg
- Respiratory rate: 20 cycles/min
- Height: 155 cm, Weight: 50 kg, BMI: 20.8 kg/m²
- Temperature: Afebrile
- *Agni*: *Mandagni*. *Jaranashakti*, *Abhyavaharana Shakti* reduced
- *Koshtha*: *Krura*

Systemic examination:

- CNS: Conscious, oriented to time, place, person
- CVS: S1, S2 normal
- RS: Air entry bilaterally equal, vesicular breath sounds
- GIT: Tongue coated, mild distension of abdomen, non-tender on palpation, no significant organomegaly, normal percussion.

Ashtasthana Pareeksh:

- *Nadi: Pitta-Kaphaja*
- *Mutra: Anavila* (clear)
- *Mala: Malavashtambha* (constipation)
- *Jivha: Upalipta* (coated)
- *Shabda: Prakruta*
- *Sparsha: Anushnasheeta*
- *Drik: Prakruta*
- *Aakriti: Madhyama*

Vyadhivinischaya: *Amlapitta*

Gradation of symptoms:

Subjective symptoms such as *Hrith-Kanthadaha, Amlodgara, Kshudhamandya, Avipaka* and *Malavashtambha* were graded using a subjective scale: (+) mild, (++) moderate, (+++) severe and (++++) very severe.

Interventions administered:
All interventions were administered for a period of 42 days.

Table 1: Interventions administered

Sr. No.	Ayurvedic Medicine	Ingredients	References	Dosage
1.	*Sutshekhara Rasa*[8,9]	*Shuddha Suta (Parada)* – 1 part, *Swarna bhasma* – 1 part, *Tankana* (*Shuddha*) – 1 part, *Vatsanagaka* (*Shuddha Vatsanabha*, Rt. Tr.) – 1 part, *Shunthi* (Rz.) – 1 part, *Maricha* (Fr.) – 1 part, *Pippali* (Fr.) – 1 part, *Unmatta* (*Shuddha Dhattura*, *Sd.*) – 1 part, *Gandhaka* (*Shuddha*) – 1 part, *Tamra Bhasma* – 1 part, *Ela* (*Sukshmaila, Sd.*) – 1 part, *Tvak* (St. Bk.) – 1 part, *Patra* (*Tejapatra, Lf.*) – 1 part, *Nagakeshara* – 1 part, *Shankha bhasma* – 1 part, *Bilvamajja* (Fr. P.) – 1 part, *Kachoraka* (*Karchura*, *Rz.*) – 1 part, *Bhringaraja Rasa* (Pl.) – Q.S. for *Mardana*	*Yogaratnakara, Amlapitta Chikitsa*	2 tablets t.i.d. with milk
2.	*Avipattikara Churna*[9,10]	*Shunthi (Zingiber officinale), Maricha (Piper nigrum), Pippali (Piper longum), Haritaki (Terminalia chebula), Vibhitaki (Terminalia bellirica), Amalaki (Emblica officinalis), Mustaka (Cyperus rotundus), Vida lavana, Vidanga (Embelia ribes), Ela (Elettaria cardamomum), Tvak (Cinnamomum zeylanicum), Lavanga (Syzygium aromaticum), Trivrit (Operculina turpethum), Sharkara (Saccharum officinarum)*	Bhaishajya Ratnavali, Amlapitta 25–29	5 g h.s. with lukewarm water
3.	*Bhunimbadi Kwatha*[10,11]	*Kalmegha (Andrographis paniculata), Ativisha (Aconitum heterophyllum), Lodhra (Symplocos racemosa), Musta (Cyperus rotundus), Indrayava (Holarrhena antidysenterica, seeds), Amruta (Tinospora cordifolia), Balaka (Coleus vettiveroides), Dhanyaka (Coriandrum sativum), Bilva (Aegle marmelos)*	Bhaishajya Ratnavali, Jwara Chikitsa 5/127–128	10 ml b.i.d.
4.	*Amlapittashamana Mishrana*[12–14]	*Yashtimadhu (Glycyrrhiza glabra), Shatavari (Asparagus racemosus), Pravala Bhasma (Coral calx), Guduchi (Tinospora cordifolia), Kiratatikta (Swertia chirata)*	Practice-based prescriptions (not standardized in a single classical reference; ingredients individually referenced across *Bhavaprakash Nighantu*	3 g b.i.d. after meals

Along with the oral medication, a few dietary and lifestyle modifications were advised to the patient such as following proper mealtimes, avoiding heavy, greasy foods and preferring foods having cooling properties, coconut water, vegetables like white pumpkin, cucumber, bitter gourd, fruits like gooseberry, black grapes, raisins, figs and adequate fluids like gooseberry juice, pomegranate juice etc. Patient was told to take adequate rest and was advised to drink warm water and avoid *Amlapitta Hetusevana* such as *Lavana, Katu, Vidahi, Viruddha Ahara, Pittaprakopaka Rasas*, etc. [9]

III. RESULT

Assessment of symptoms:

Patient was assessed on Day 0 (baseline visit), and two follow ups were conducted on Days 21 and 42. Medication was administered till Day 42. During the first follow up (Day 21), patient reported mild relief in all the symptoms. On day 42, all symptoms had resolved apart from mild *Hrith-Kanthadaha*. Patient was instructed to continue following the dietary and lifestyle restrictions. Details regarding observations made during patient examination are mentioned under Table 2.

Table 2: Symptom Assessment at baseline and follow up visits

Sr. no.	Symptom	Day 0	Follow up 1 (Day 21)	Follow up 2 (Day 42)
1.	*Hrith-Kanthadaha*	+++	++	+
2.	*Tiktaamlodgara*	+++	+	Normalized
3.	*Utklesha*	++	+	Normalized
4.	*Kshudhamandya*	+	Normalized	Normalized
5.	*Avipaka*	++	+	Normalized
6.	*Malavashtambha*	++	+	Normalized

Monitoring of Adverse events:
No adverse effects or complications were reported during the course of the treatment administered.

IV. DISCUSSION

GERD can lead to serious complications if it occurs frequently and is left untreated. Chronic acid exposure due to frequent acid reflux may damage the esophageal mucosa, leading to esophagitis, strictures and ulcers. Over time, the normal squamous epithelium

is replaced by intestinal-type epithelium, known as Barrett's Esophagus which is a well-established precursor to esophageal adenocarcinoma. Epidemiological studies also associate GERD with significantly increased risks of esophageal and laryngeal cancers, [15] thus necessitating the need for effective and timely management.

Ayurveda views GERD as Amlapitta, [5] which has become a common problem in the current scenario, due to unhealthy food habits, insufficient rest and lifestyle disorders. In the *Urdhwaga* variety of *Amlapitta* vitiated *Kapha* and *Pitta* are the key factors for the entire pathological process. The symptoms of *Urdhvaga Amlapitta* are due to disturbance in *Dravata* and *Ushnata* of *Pachak Pitta* and *Snigdhata* of *Kledaka Kapha*. In *Amlapitta*, the natural *Rasa* of *Pitta* i.e *Katu* is converted into *Vidagdha Amla Rasa* due to *Agnimandya* and by virtue of *Dravatva Pitta Prakopa* is observed. *Tikta, Kashaya Rasatmaka* drugs directly act on the *Vidagdha Pitta* and help alleviate the vitiation. *Sheeta, Ruksha, Shoshana* properties of these *Rasas* help reduce the *Vidagdhatva* and *Dravatva* of *Pitta*; thereby alleviating symptoms like *Utklesha*, *Amlaudgara*, *Avipaka*, etc. Similarly, along with Madhura rasa they exhibit *Dahaprashamana* properties. Therefore, the *Aushadhis* used to manage *Amlapitta* should predominantly consist of these *Rasas* along with some *Deepana* and *Pachana* medicines to balance the *Aama*. [9,16]

Probable mode of action of prescribed treatment:

Sutashekhara Rasa is primarily composed of contents having *Tikta, Kashaya* and *Madhura Rasas* along with some drugs having *Ruksha, Laghu, Katu* and *Ushna* properties. *Tikta, Kashaya, Madhura Rasas* help alleviate *Kapha Dosha* while *Pippali* which is *Katu, Ushna* serves as an effective *Aama Pachaka*, aiding digestion and helping achieve *Niramatva*. *Shankha Bhasma* and *Tankana*, with their *Kshariya* nature help neutralize the gastric acidity (*Amlatva*) and thus preserve the acid-base balance in the stomach. *Tamra Bhasma* is specifically noted for its *Amlapittashamana* action and it also exhibits *Agnivardhana*, *Aamapachana* properties, useful to address *Utklesha* and *Avipaka*.[9,17]

Avipattikar Churna consists of drugs having mainly *Katu, Tikta* and *Madhura Rasas*, *Laghu, Ruksha, Tikshna Gunas* and *Ushna Virya, Katu Vipaka* while some are also having *Snigdha Guna, Sheeta Virya* and *Madhura Vipaka*. Apart from *Khandasharkara*, the main ingredient in *Avipattikar Churna* is *Trivruta*. It exhibits *Bhedana, Rechana* and *Shothahara* properties which cause *Anulomana* or *Pitta Virechana* and helps in the *Sampraptivighatana* of *Amlapitta*. This action is also aided by *Virechanopaga* drugs like *Triphala*. Both *Trivrut* and *Triphala* also resolve *Vibandha* and *Malavashtambha*. Similarly, this formulation also has drugs such *Pippali*, *Maricha*, *Shunthi* which are *Deepana* and *Pachana* in nature and thus restore *Agni* and help achieve *Aamapachana*. *Avipattikara Chuna* improves gastric secretion and motility which in turn facilitates better digestion.[17]

Bhunimbadi Kashaya consists mainly of *Tikta, Kashaya Rasatmaka, Laghu, Ruksha, Sheeta Gunatmaka* drugs which have *Kaphapittashamana* properties. *Bhunimba* itself is *Pitta Saraka* thus helping in achieving *Sampraptivighatana*. By the virtue of *Tikta Rasa* and because of the *Gunas*, some drugs such as *Ativisha, Dhanyaka, Indrayava, Amruta* are also having *Deepana* properties, restoring *Agni* and help alleviate *Aama*. [12,18]

Amlapittashamana Mishrana is a practice-based combination consisting of ingredients which are mainly *Madhura, Tikta, Kashaya Rasatmaka.* They exhibit *Deepana, Pachana, Pittashamaka* properties. *Yashtimadhu* and *Kiratatikta* are also useful in *Vrana* i.e. any damage to the GIT lining. Similarly, *Yashtimadhu, Shatavari* and *Guduchi* have *Dahashamak* properties. [13,18]

The clinical improvements observed during follow up assessments can be attributed to the combined effect of the prescribed medications along with dietary and lifestyle modifications, which effectively accomplished the *Sampraptivighatana* of *Urdhwaga Amlapitta* and provided symptomatic relief.

V. CONCLUSION

This case report highlights that Ayurvedic management through a combination of herbo-mineral formulations along with dietary and lifestyle modifications was effective in relieving the symptoms of *Urdhwaga Amlapitta* (GERD). The treatment helped achieve *Sampraptivighatana* and provided sustained symptomatic relief without any observed adverse effects, thus highlighting the role of Ayurveda as a promising alternative approach in the management of GERD.

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