

Management of *Amlapitta* (Hyperacidity) with *Patoladi kwath*: A Case Study

Case Report

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Abstract

Amlapitta (Hyperacidity) is one of the gastrointestinal disorders. It is closely related with food habits, behavioral pattern & life style. It is not described in basic compendium of Ayurveda like *Charak samhita*, *Sushruta samhita* & *Ashtang hridaya*. Its detail description is available in *Madhavanidan*, *Kashyap samhita*, *Yogratnakar* etc. Consumption of etiological factors leads to provocation of *tridoshas* & causes *Agnimandya*. Vitiated *Agni* unable to digest the food properly & leads to fermentation of food. In *Amlapitta* (Hyperacidity) *pachak pitta* is increases in its quantity & its normal bitter taste (*katu*) gets converted to sour (*amla*) taste due to fermentation of food. *Tikta-Katu rasatmak* drugs are mainly used for treatment as they have *Aampachan* & *Agnideepan* properties. *Patoladi Kwath* was used for *shaman chikitsa* in present case. A 42 years male patient having chief complaints of *Udar-uro daha* (burning sensation in abdomen & chest region), *Amlodgar* (Sour belching), *Aruchi* (Anorexia), *Hrillas* (feeling of Nausea), *Chardi* (episodes of vomiting occasionally), *Udarshula* (Abdominal pain), *Klama* (Fatigue) & *Bhrama* (Vertigo) was treated with *Patoladi Kwath* for 15 days. Follow-up of patient was taken after each 7 days. This *Kwath* (Decoction) is an excellent combination of *pittashamak dravyas*, performs functions like *Agnideepana*, *pachana* & helps to improve digestion. After 15 days treatment, symptoms like *Udar-uro daha*, *Amlodgar*, *Hrillas*, *Chardi*, *Udarshula* & *Bhrama* got complete relief while in symptoms like *Aruchi* & *klama* relief was 80% & 75% respectively. Overall percentage of relief was found to be 90%.

Key Words: *Amlapitta*, *Ayurveda*, *Deepan*, *Pachan*, *Patoladi Kwath*.

Introduction

Present era is full of stress & strain due to competitive life style. Everyone is trying to follow the western culture to maintain their status in high class society. Basic Needs of human are increasing but the resources to fulfill these needs are limited. Everyone is struggling to survive in the age of competition and while doing all this peoples are neglecting their own health. Because of changing life style, food habits, behavioral pattern etc. they are facing various functional or psychological diseases. Gastrointestinal disorders are one of them. *Acharya Sushruta* also mentioned that, food taken by the person with disturbed psyche does not digested properly even it is wholesome & consumed in proper quantity. (1) Proper intake of food is important for the maintenance of digestive power and therefore for maintaining strength, health &

metabolism of body. (2) Even after advancement in the field of science & technology human beings are facing many health issues. Majority of the diseases are due to faulty dietary habits & counts nearly 80 % among the top ten killing diseases. (3) The process of digestion gets disturbed because of wrong life style & food habits leading to production of symptoms like hyperacidity, dyspepsia, indigestion & 50 % of gastrointestinal disorders. (4)

Amlapitta is one of the vyadhi of gastrointestinal system. The basic compendium of Ayurveda like *Charak samhita*, *Sushruta samhita* & *Ashtang hridaya* has not described the disease. The detail description of *Amlapitta* is available in *Madhavanidan*, *Kashyap samhita*, *Yogratnakar* etc. According to *Kashyap samhita*, *Amlapitta* is closely related to the factors like type of food we consumed, Food habits & timing of taking food, life style, nature of work etc. (5) In *Amlapitta*, quantity of *Pachak pitta* is increased & its normal bitter taste gets changed & it becomes excess sour. (6) Excess consumption of *viruddha ahaar* (incompatible food), *dushta* (rotten), *ati-amla* (sour) & *vidahi ahaar* (spicy food), *pittakarak ahaar* (pitta aggravating diet & drinks), *guru ahaar* (food which is heavy to digest), *Abhishyandi ahaar* (unctuous diet), *Atidrava ahaar* (excess liquid diet), *vegdharan* (suppression of natural urges), *atimadhyapana* (excess

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Seema H Thakare et.al., Management of Amlapitta (Hyperacidity) with Patoladi kwath: A Case Study

alcohol consumption), *diwaswap* (Day sleep) etc. are the different causes of *Amlapitta* given in Ayurveda classics. These factors cause vitiation of all three *doshas* but predominantly *pitta dosha* is vitiated. These vitiated *doshas* lowers the functioning of *Agni* (digestive power). Impairment of *agni* leads to improper digestion & metabolism which further leads to manifestation of *Amlapitta*. (7)(8) *Agnimandya* & formation of *aam* (undigested food) are the root cause of *Amlapitta*. So, while treating the disease with *shaman chikitsa* drugs having *Aampachan* & *Agnideepan* properties are mainly used. *Katu* & *Tikta rasatmak dravyas* mainly possess *Aampachan* & *Agnideepan* properties. *Patoladi Kwath* is combination of mainly *tikta rasatmak dravyas* which is useful in treatment of *Amlapitta*. It helps to relieve the symptoms like *Shula* (pain), *Bhrama* (Vertigo), *Aruchi* (anorexia), *Agnimandya* (loss of appetite), *Daha* (burning sensation), *Jwara* (fever) & *Chardi* (vomiting). (9) In the present case study, the patient is treated with using the *Patoladi Kwath*.

Case Presentation

A 42 years male patient having chief complaints of *Udar-uro daha* (burning sensation in abdomen & chest region), *Amlodgar* (Sour belching), *Aruchi* (Anorexia), *Hrillas* (feeling of Nausea), *Chardi* (episodes of vomiting occasionally), *Udarshula* (Abdonimal pain), *Klama* (Fatigue) & *Bhrama* (Vertigo) came to OPD at Naliniprakash clinic, Sainagar Wardha. The patient was suffering with above symptoms since last 3-4 months. The patient was farmer by occupation & having habit of alcohol consumption (1-2 times / week) & tobacco chewing (2-3 times /day) since last 10-12 years. He had taken modern treatment for few days but has got only temporary relief. He had no history of Hypertension, Diabetes or any major illness in past.

Examination

On examination, the vitals of the patients were within the normal limits. No any abnormal finding was noted in systemic examination. The findings of *Ashtavida pariksha* (Eight fold examination) are given in Table no. 1.

Subjective Criteria

The assessment of subjective features was done on the basis of gradation of symptoms given in Table no. 2.

Diagnosis

On the basis of history, clinical symptoms & examination the patient was diagnosed as *Amlapitta*.

Treatment given

Tikta rasapradhan dravyas are mainly preferred in the treatment of *Amlapitta*. (10) In this case *Patoladi Kwath* 15 ml in BID dose was given to the patient internally before one hour of each meal with lukewarm water for 15 days. Follow up of patient was planned after 7 days for the assessment of symptoms. Patient was advised to take simple diet & avoid heavy, spicy & oily food. He was also advised to avoid alcohol & tobacco chewing.

Table No. 1 Ashtavidha Pariksha

<i>Nadi</i> (Pulse)	76/min, Regular
<i>Mutra</i> (Urine)	<i>Samyak</i> (Normal)
<i>Mala</i> (stool)	<i>Samyak</i> (sometimes hard stool)
<i>Jivha</i> (Tongue)	<i>Sama</i> (Coated)
<i>Shabda</i> (Speech)	<i>Spashta</i> (Clear)
<i>Sparsha</i> (Touch)	<i>Ushna</i> (hot)
<i>Druka</i> (Vision)	<i>Samyak</i>
<i>Akriti</i> (Built)	<i>Madhyam</i> (Medium)

Table. No. 2 Subjective Criteria (11)

S. N	Features	Gradation	Parameter
1	<i>Daha</i>	0	No <i>Daha</i> in any area
		1	<i>Daha</i> occurs in one of the area i.e <i>Ura</i> , <i>Udara</i> , <i>Kukshi</i> / for more than half an hour occasionally.
		2	<i>Daha</i> occurs in any two area or occurs daily for half an hour to one hour
		3	<i>Daha</i> occurs in more than two area occurs daily for one hour or more and relieves after vomiting or digestion of food
		4	<i>Daha</i> occurs in most of the areas so that patient may not sleep at night and does not get relieve by any measure.
		5	Severe <i>daha</i> occurs in whole body areas like hands, feet or <i>Sarvanga</i> and does not get relieves by any measure.
2	<i>Amlodgara</i>	0	No <i>Amlodgara</i>
		1	Occasionally occurs during day or night time & lasts for less than half hour after each meal.
		2	<i>Amlodgara</i> occurs daily for two to three times for ½ - 1 hrs. and relieved by sweets, water and antacids
		3	<i>Amlodgara</i> occurs after intake of each meal or any food substance for period of half to one hour, and get relieved by digestion of food or vomiting
		4	<i>Amlodgara</i> occurs for more than one hour not relieved by any measure
		5	<i>Amlodgara</i> causing disturb to the patient's even small quantity of fluid regurgitate to patients mouth

3	Chardi & Hrillas	0	No vomiting at all
		1	Frequency of salivation on every day
		2	Feels sense of nauseating and vomiting occasionally
		3	Frequency of vomiting is two to three times or more per weeks and comes whenever <i>Daha</i> or pain is aggravated
		4	Frequency of vomiting daily
		5	Frequency of vomiting after every meal or even without meals
4	Udarshula	0	No pain at all
		1	Mild/ occasional pain which need no medication
		2	Pain (abdomen) for less than half an hour and relieved after intake of sweets cold drinks food antacid milk etc.
		3	Abdominal pain due to ingestion of food and relieves after digestion of food or by vomiting.
		4	Severe unbearable pain which does not subside by any measure and the patient awake in the night
		5	Unbearable pain associated with frequent vomiting and hematemesis
5	Aruchi	0	Willing for all edible food
		1	Unwilling for some specific diet but less than normal
		2	Unwilling for any specific Rasa i.e. <i>Madhura /Katu/ Amla/</i> food
		3	Unwilling towards food but could take the meal
		4	Unwilling towards disliked foods but not to the other
		5	completely unwilling towards meal
6	Klama	0	No <i>Klama</i> at all
		1	Occasionally feels lassitude without <i>Shrama</i> which remains for sometimes and then vanish
		2	Feeling of Lassitude without <i>Shrama</i> daily for sometimes
		3	Feeling of Lassitude without <i>Shrama</i> daily for long duration
		4	Always feels tired and have no enthusiasms
		5	
7	Brama	0	No Reeling of head/ <i>Bhrama</i> at all
		1	occasionally feeling of reeling head/ <i>Bhrama</i>
		2	Frequency of Feeling of reeling head/ <i>Bhrama</i> < 3 times a day
		3	Frequency of Feeling of reeling head/ <i>Bhrama</i> > 3 times a day
		4	Frequently feeling of reeling head change of posture causes the severe problem
		5	

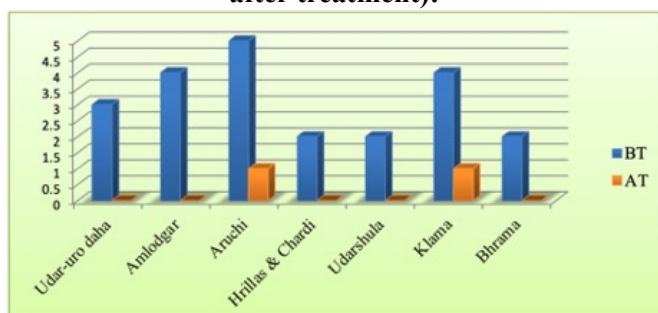
Observation & Result

The assessment of patient was done before & after treatment on the basis relief of symptoms given in Table no. 3. Patient has 63% relief at first follow up (i.e after 7 days). After 15 days treatment, it was observed that patient has 100 % relief in symptoms like *Udar-uro daha* (burning sensation in abdomen & chest region), *Amlodgar* (Sour belching), *Hrillas* (Nausea), *Chardi* (vomiting), *Udarshula* (Abdonimal pain) & *Bhrama* (Vertigo). In symptoms like *Aruchi* & klama the relief was 80% & 75% respectively. The overall percentage of relief was found to be 90 %.

Table No. 3 Assessment after each follow-up:

Follow up Symptoms	Before treatment (BT)	Follow up after 7 days	After treatment (AT) (after 15 days)
<i>Udar-uro daha</i>	3	1	0
<i>Amlodgar</i>	4	2	0
<i>Aruchi</i>	5	2	1
<i>Hrillas & Chardi</i>	2	0	0
<i>Udarshula</i>	2	1	0
<i>Klama</i>	4	2	1
<i>Bhrama</i>	2	0	0

Diagram No. 1 (Presentation of symptoms before & after treatment):



Discussion

Amlapitta is most common *vyadhi* of *annavaha srotas* (Gastrointestinal system). Abnormal functioning of *Agni* (digestive power) is the main reason for manifestation of most of gastrointestinal disorders. The factors like faulty dietary habits, irregular timing of diet, consumption of spicy, heavy, unctuous, pungent food in excess, Faulty behavioral habits, Excess stress & habits like Alcohol consumption, smoking etc. all these are responsible for abnormal functioning of *Agni*. Vitiated *Agni* is unable to digest the ingested food properly which leads to formation of *Aam* & due to this

Seema H Thakare et.al., Management of Amlapitta (Hyperacidity) with Patoladi kwath: A Case Study

food gets fermented. In *Amlapitta*, *pachak pitta* is increases in its quantity. It's normal bitter taste (*katu*) gets converted to sour (*amla*) taste due to fermentation of food. Improving the functions of *Jatharagni* is important part of treatment of this disease. Also *nidanparivarjan* (avoidance of etiological factors) is advised in Ayurveda to treat the disease from its root cause. So along with symptomatic management it is important correct dietetic factors, improve life style, avoid excess stress etc. Mostly *pitta shamak aahar* i.e *tikta*, *kashay rasatmak* & *laghu gunatmak aahar* is advised to the patient.

Here in the present case, etiological factors observed includes irregular meal timing, excess consumption of tea, consumption of spicy food, excess

exposure to sun, habits like tobacco chewing & alcohol consumption etc. All these factors are causing provocation of *pitta dosha*. *Katu- tikta rasatmak* & *anuloman dravyas* are useful here to break the *samprapti* (pathogenesis) of disease. *Patoladi Kwath* a simple combination of herbal drugs was given to patient along with *pathya-apathya* chart (proper diet chart). It is excellent combination of *pittashamak dravyas* and also performs the functions like *Agni deepana*, *pachana* & helps to improve the digestion. It contains four ingredients namely *Patola* (*Sespadula*), *Shunthi* (*Ginger*), *Guduchi* (*Gulancha Tinospora*) & *Katuki* (*Hellebore*). The properties of individual *dravyas* are given in Table No.4.

Table No. 4 Properties of each ingredient of Patoladi Kwath

Drug	Latin Name	Family	Rasapanchak	Karma
<i>Patol</i>	<i>Trichosanthes dioica</i> Roxb.	Cucurbitaceae	<i>Rasa – Tikta</i> <i>Vipaka - Katu</i> <i>Veerya - ushna</i> <i>Guna – Ruksha, Laghu</i>	<i>Deepana, Rochana, Pachana, Anulomana, Rechana, Pittasarak</i> (12)
<i>Shunthi</i>	<i>Zingiber officinale</i> Roscoe.	Zingiberaceae	<i>Rasa – Katu</i> <i>Veerya – ushna</i> <i>Vipaka – Madhura</i> <i>Guna – Laghu, Snigdha</i>	<i>Rochana, Deepana, Pachana, Vatanulomana, Shulaprashamana</i> (13)
<i>Guduchi</i>	<i>Tinospora Cordifolia</i> Miers.	Menispermaceae	<i>Rasa–Tikta, Kashay</i> <i>Veerya – Ushna</i> <i>Vipaka – Madhura</i> <i>Guna – Guru, Snigdha</i>	<i>Chhardinigravana, Deepan, Pachan, Pittasarak, Anulomana</i> (14)
<i>Katuki</i>	<i>Picrorhiza kurroa</i> Royle ex Benth.	Scrophulariaceae	<i>Rasa –Tikta</i> <i>Veerya – sheeta</i> <i>Vipaka –katu</i> <i>Guna – Laghu, Ruksha</i>	<i>Rochana, Deepana, Yakriduttejaka, Rechana, Pittasarak</i> (15)

Patol acts as *deepan* & *pachan* because of *tikta rasa*, *katu vipak* & *ushna virya* and hence effective in *agnimandya* & *arochaka*. It also shows anti-ulcerous & gastro-protective effect. (16) *Shunthi* acts as gastrointestinal stimulant. Because of its *Rochana, Deepana, Pachana* properties it helps to relieve the symptoms like *Ajirna*, *agnimandya*. It also acts as *shulaghna*. It inhibits gastric acid secretion, acts as antioxidant & protects the gastric damage. (17) *Guduchi* also acts as *Chhardinigravana, Deepan, Pachan*. It is *pittahara* due to its *madhur vipak* & *tikta kashay Rasa*. It improves digestion and hence used in many intestinal problems. (18) *Katuki* acts as *pittashamak* because of its *tikta rasa* & *sheeta virya*. It also shows *Rochana, Deepana, pittasarak* properties & helps to relieve *aruchi*, *agnimandya* etc. Overall ingredients of the *Patoladi Kwath* are mostly *Tikta* & *katu rasapradhan* & shows *agnimandya* effect, digest *aam*, pacify the *vidagdha pitta* & helps in relieving symptoms of *Amlapitta*.

Conclusion

Diet & life style plays as important role in both pathogenesis & treatment of *Amlapitta*. It is common disease mostly observed in general practice. *Agnimandya* & *aam* formation are two most important

factors responsible for its manifestation. To treat the disease from its root cause, one must follow the *pathya-apathya* described in Ayurveda. Both *Shodhan* & *Shaman chikitsa* are given in Ayurveda classics for treatment of *Amlapitta*. Mostly *tikta rasa* food & drinks should be advised to the patient. *Patoladi Kwath* is very simple & cost-effective herbal formulation. It contains four *dravyas* which are mostly *tikta rasapradhan*, *pittashamak* & having *deepan, pachan, rochan* properties & hence it is useful in *Amlapitta*. However further research may be carried out in large sample size to rule out the efficacy of *patoladi Kwath* in *Amlapitta*.

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