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CLINICAL EVALUATION OF SHAMANA CHIKITSA AND LIFESTYLE MODIFICATION IN THE MANAGEMENT OF AMLAPITTA - A CASE STUDY

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ABSTRACT

Amlapitta is widely observed across all age groups, socio-economic strata, and communities.[1] In a rapidly growing civilization, Amlapitta is the most common disorder within the current society, because of indulgence in incompatible food habits and activities. Mental stress also plays a role for its occurrence; "Hurry", "worry" & "curry" are the main causes of Amlapitta disease. The usage of synthetic drugs like proton pump inhibitors, H2 receptor blockers has decreased due to their side effects. When pitta gets vidagdha, it becomes amla and produces Amlapitta. It is manifested by Avipaka (indigestion), Klama (tiredness without doing any work), Gaurava (body heaviness), Hrit-kantha daha (burning sensation in chest & throat), Aruchi (anorexia), etc. The signs & symptoms of Amlapitta can be correlated with Hyperacidity. The lines of treatment are Nidanaparivarjana, Shodhana & Shamana. Proper pathya-apathya should also be followed with them. The present case study deals with a 42 years old female having complaints of indigestion, loss of appetite, sour eructation, nausea and burning sensation in chest and throat for 2 months. This case was diagnosed as Amlapitta. For its management, Shamana chikitsa (Kiratadi kwath 40 ml BD [After food]) along with lifestyle modification were administered for 14 days periods, which showed good results.

KEYWORDS: Amlapitta, Hyperacidity, Shamana chikitsa, Lifestyle modification.

INTRODUCTION

Nowadays, Amlapitta has emerged as one of the most common gastrointestinal disorders and is recognized as a significant health concern worldwide. It affects individuals of all age groups and is primarily associated with unhealthy dietary habits, irregular lifestyles, mental stress and improper sleep patterns. The increasing consumption of spicy, oily, processed and fast foods, along with sedentary lifestyles and psychological stress, has contributed substantially to its rising prevalence. These factors impair the normal digestive process, leading to disturbances in Agni (digestive fire) and ultimately resulting in the manifestation of Amlapitta. If left untreated, the condition can adversely affect an individual's physical health, mental well-being & overall quality of life.

According to Ayurveda, Amlapitta is a disorder predominantly caused by vitiation of Pitta Dosha associated with Mandagni (diminished digestive fire), resulting in production of vidagdha anna (improperly digested food).[2] Although Amlapitta has not been described as an independent disease in Brihattrayi, its fundamental concepts are clearly explained. Acharya Sushruta emphasized that even wholesome food consumed in appropriate quantity fails to undergo proper digestion when an individual has a disturbed mental state, highlighting the close relationship between psychological factors and digestion.[3] Acharya Charaka mentioned Amlapitta under the context of Grahani Roga, though he did not classify it as a separate disease entity.[4] Acharya Vagbhatta attributed the origin of all diseases to Mandagni, emphasizing the pivotal role of impaired digestive function in disease pathogenesis.[5] Detailed descriptions of Nidana, Samprapti, Samprapti

Lakshana, and Chikitsa are available in Madhava Nidana, Kashyapa Samhita, Chakradatta, Bhaishajya Ratnavali, Yogaratnakara, Bhavaprakasha & Vangasena Samhita.

The etiological factors responsible for Amlapitta include excessive intake of Viruddha Ahara (incompatible diet), Vidahi Ahara (pitta aggravating food), Amla (sour), Katu (pungent), Guru (heavy), Snigdha (unctuous), and fermented foods, along with overeating, irregular meal timings, sleep after meals, night awakening, excessive alcohol consumption, and smoking. Psychological factors along with stress, anxiety, and anger also act as major causative factors. These factors result in Agnimandya, Ama production, and subsequent vitiation of Pitta.[6,7] According to Acharya Madhavakara, the cardinal clinical features of Amlapitta include Avipaka (indigestion), Utklesha (nausea), Tikta-Amlodgara (bitter & sour eructation), Hrit-kantha daha (burning sensation in epigastric region & throat), Gaurava (heaviness), and Klama (fatigue).[8] Acharya Kashyapa further described additional manifestations such as Vidbheda (diarrhoea), Aruchi (loss of appetite), Shiroshool (headache), Hridshool / Hridnoda (epigastric pain), Udharadhmana (abdominal distension), Angasaad (lassitude), Amtrakujana (borborygmi), Kanthadaha (burning in throat), and Romaharsha (horripilation).[9]

Amlapitta is broadly classified into Urdhwaga & Adhoga Amlapitta based on the direction of vitiated Dosha. Depending upon Dosha Samsarga, it may also be classified as Vatadhika, Kaphadhika, and Vata-kaphadhika Amlapitta.[10] The prognosis depends upon the chronicity of the disease; recently developed cases are generally Sadhya (curable), whereas chronic conditions may become Yapya (manageable) or Krichra sadhya (difficult to cure).[11]

From a contemporary perspective, Amlapitta closely resembles Hyperacidity and other acid-peptic disorders because of similarity in their clinical manifestations. Hyperacidity results from excessive secretion of gastric acid or impairment of protective mechanisms of gastric mucosa. Clinically, it presents with heartburn, regurgitation, sour belching, nausea, vomiting, epigastric pain, abdominal fullness, anorexia, throat irritation, fatigue, and hiccups.[12] The well-known contributors to hyperacidity are reflecting the combined influence of stress, unhealthy dietary habits, and rapid lifestyle changes, often summarized as "Hurry, Worry, & Curry".[13]

The management of Amlapitta in Ayurveda is based on the principles of Nidana Parivarjana (elimination of causative factors), Shodhana Chikitsa (bio-purificatory therapy), Shamana Chikitsa (pacifying therapy), and strict adherence to Pathya-apathya (dietary & lifestyle modifications). Early diagnosis and timely intervention help restore Agni, pacify vitiated pitta, prevent disease recurrence, and improve the patient's overall quality of life.

AIMS AND OBJECTIVES

- To evaluate the effects of Shamana chikitsa (palliative therapy) & Lifestyle modification in the management of Amlapitta.

MATERIALS AND METHODS

- Type of study- Simple random single case study.

CASE REPORT

A female patient, aged 42 years, married, registered in Kayachikitsa OPD department for her present complaints like indigestion, sour eructation, loss of appetite, chestburn, headache, and nausea since 2–3 years (on & off).

Patient Profile
Age: 42 years
Sex: Female
Patient's Name: ABC
Occupation: Hospital staff with changing duty schedule

History of Present Illness
The patient was apparently healthy before the onset of present illness. Prior to appearance of symptoms, patient started skipping meals and her eating habits became irregular due to workload and changing duty schedule. Initially it started from sour eructation, loss of appetite since 3 years. As the patient had history of unhealthy dietary habits, it likely predisposed to indigestion. After few days, she also developed burning chest sensation, nausea, Headache was persistently observed after that. These symptoms were gradually increasing. Patient has been taking Tab Pan-D (Pantoprazole + Domperidone) 3–5 times a week. She was only relieved for a shorter amount of time and did not get any permanent relief.

History of Past Illness.
No any major illness.
Surgical History
LSCS – 2009, LSCS – 2010. No major history noted.
Family History
No any family history noted.
Allergic History
No any allergic history.
Personal History
Appetite: Less
Bowel: Unsatisfactory
Bladder: Normal
Sleep: Disturbed; also sleeps late
Addiction: None
Diet: Mixed (Both veg & non-veg); also sometimes fast foods.
General Examination
Mental State: Good
Build & State of Nutrition: Moderate
Pallor: Absent
Jaundice: Absent

Cyanosis: Absent
Clubbing: Absent
Oedema: Absent
Pulse Rate: 78/min
Blood Pressure: 110/80 mm Hg
Respiratory Rate: 22/min
Temperature: 98.4°F
Systemic Examination
CNS: Conscious, well-oriented
CVS: Normal
RS: Air entry bilaterally equal
P/A: Normal
Ashtavidha Pariksha
Nadi: 78/min
Mala: Malabaddhata (sometimes)
Mutra: Samyak (3–4 times/day)
Jivha: Saam
Shabda: Prakrut
Sparsha: Anushnasheet
Druk: Prakrut
Akriti: Madhyam sharir

Nidana (Etiological Factors)
Aahar: Tea: almost daily (3–4/day) since 2 years
Wheat Roti, Biscuits (Bakery products): (2–4 days) since 3 years
Non-veg: (2/7 days) since 20–25 years
Fried/oily items (papad, chivda): (sometimes) since 3 years
Spicy food (green chilli, garam masala): (4/7 days) since 3 years
Junk food: (4–5 times/30 days)
Vihar: Ratri jagrana, Diwa swapna (sometimes), Avyayam, Vegvidharana

Samprapti (Pathogenesis)[14,15,16]

Hetu sevana (Ati amla, katu, lavana aahar, virrudha aahar, adhyashana, stress)
↓
Pitta prakopa (Mainly pachana pitta) & Involvement of vata (Especially Samana vayu due to its chala guna) → vayu dushti
↓
Agnimandya (due to vitiated pitta disturbing jatharagni)
↓
Vidagdha avastha of anna rasa (improper digestion, food becomes unctuous "vidagdha")
↓
Amlata vriddhi in amashaya (increase in acidic nature in stomach)
↓
Pitta + vidagdha anna mishran in amashaya
↓
Urdhwaga / Adhoga gati of vitiated pitta (Urdhwaga)
↓
Amla udgar, Hrid-kantha daha, Chhardi
↓
AMLAPITTA VYADHI

Samprapti Ghatak
Dosha: Pitta pradhan (Amla guna vriddhi)
Dushya: Rasa
Agni: Mandagni
Ama: Present (Vidagdha anna)
Srotas: Annavaha srotas, Rasavaha srotas
Srotodushti: Sanga + Vimarga gamana
Udhbhavsthana: Urdhwa Amashaya
Adhishthana: Urdhwa Amashaya
Vyadhi Swabhawa: Ashukari, Chirkari
DIAGNOSIS: Amlapitta (Saamavastha)

TREATMENT PLAN
1. Drug: KIRATADI KWATH[17] (Reference: Rasa Ratnakara, by Lala Shaligraamji, Amlapitta adhikara, Shlok no. 8, page no. 673)
Dose: 40 ml Vyanodane (Twice a day after food)
Mode of Administration: Orally
Anupan: Madhu
Duration: 14 days
Follow up: 0th, 7th, 14th Day

2. Lifestyle Modification
याममध्ये न भुक्तव्यं यामयुग्मं न लंघयेत् // अ. ह्र. सू. ८)[18]
One should not eat again within one yāma after a meal. One should not remain without food beyond two yāmas.
- Avoid remaining on an empty stomach and refrain from prolonged fasting.
- Restrict unctuous foods and excessive tea consumption, also avoid drinking tea on an empty stomach.
- Avoid stale or leftover foods.
- Avoid stress; practice stress management through yoga, meditation or other relaxation techniques.
- Avoid spicy, salty, oily/fried and processed or fast foods.
- Take adequate sleep of 6–8 hrs & avoid day sleep.
- Follow pathya-pathya strictly.

ASSESSMENT CRITERIA
Type: Subjective Criteria[19,20]

Sr No	Symptoms	SCORE 0	SCORE 1	SCORE 2	SCORE 3
1.	Amla udgar (Sour eructation)	ABSENT	OCCASIONAL	FREQUENT	Frequent & sometimes associated gastric eructations
2.	Utklesha (Nausea)	ABSENT	OCCASIONAL	FREQUENT	Frequent & sometimes associated vomiting
3.	Ajirna (Indigestion)	NORMAL	2-3 times/7 days	One time daily	Daily 2-3 times
4.	Hritkanthadaha (Chestburn)	ABSENT	OCCASIONAL BRIEF EPISODES	FREQUENT moderate discomfort	Daily attacks causing interference with work activities
5.	Aruchi (Loss of appetite)	NORMAL	Eating timely without much desire	Aversion to take even desired food	Smell & presence of food causes aversion
6.	Shiroshool (Headache)	ABSENT	OCCASIONAL (2-3/7 days)	Frequent (daily one time)	Daily 2-3 times

Results — (0th, 7th, 14th day)

Sr No	Symptoms	0th Day	7th Day	14th Day
1.	Amla udgar	2	1	0
2.	Utklesha	2	1	0
3.	Ajirna	2	1	0
4.	Hritkanthadaha	3	2	1
5.	Aruchi	2	1	0
6.	Shiroshool	2	1	0

The patient's symptoms were assessed on the 0th, 7th, and 14th day of treatment. At baseline (0th day), the patient presented with Amla Udgara, Utklesha, Ajirna, Aruchi, and Shiroshoola, each having a severity score of 2, while Hritkanthadaha had a severity score of 3, indicating the most severe symptom.

By the 7th day, a noticeable clinical improvement was observed. The severity scores of Amla Udgara, Utklesha, Ajirna, Aruchi, and Shiroshoola reduced from 2 to 1, whereas Hritkanthadaha decreased from 3 to 2.

On the 14th day, complete relief was achieved in Amla Udgara, Utklesha, Ajirna, Aruchi, and Shiroshoola, with their scores reducing to 0. Hritkanthadaha showed further improvement, decreasing from 2 to 1, indicating marked relief, although mild symptoms persisted.

Overall, the patient demonstrated progressive and significant improvement in all clinical parameters over the 14-day treatment period, with complete resolution of five symptoms and marked reduction in Hritkanthadaha.

KIRATADI KWATH INGREDIENTS[21,22]
Kiratadi kwath contains 4 drugs: KIRATIKTA, SHUNTHI, MUSTA, GUDUCHI.

Their properties are as follows:

Dravya	BIN / Botanical Name	Rasa	Virya	Vipaka	Guna	Karma
KIRATIKTA	Swertia chirata	Tikta	Sheeta	Katu	Laghu, Ruksha	Kaphagna, Pittaghna, Deepan, Pachan
GUDUCHI	Tinospora cordifolia	Tikta, Kashay Katu	Ushna	Madhur	Guru, Snigdha	Tridoshaghna, Deepana, Kanduhara
MUSTA	Cyperus rotundus	Tikta, Katu	Sheeta	Katu	Laghu, Ruksha, Tikshna	Kaphaghna, Pittaghna, Shoolahar, Deepana, Pachana
SHUNTHI	Zingiber officinale	Katu	Ushna	Madhur	Laghu, Snigdha	Kaphaghna, Vataghna, Deepana, Pachana
MADHU (Sahapan)	Apis mellifera	Madhura	Sheeta	Madhura	Laghu, Ruksha, Lekhana	Yogawahi, Deepana, Sandhana, Chedana

DISCUSSION

EFFECT OF KIRATADI KWATH

Kiratadi kwath exerts a multifaceted therapeutic effect in Amlapitta by targeting the underlying pathology of Pitta aggravation and impaired digestion. The formulation, dominated by Tikta (bitter) rasa drugs such as Kiratikta & Guduchi, helps in pacifying vitiated Pitta and reducing the excessive Amlata (acidic pH) within the Amashaya. This leads to a decrease in symptoms like hrit-kantha daha, amla udgara, and chhardi. Additionally, Guduchi contributes a protective and restorative effect on gastric mucosa, thereby improving the local environment and preventing further irritation caused by acidic contents.

Simultaneously, the presence of Deepana-pachana drugs like Shunthi and Musta corrects the previously formed Ama or Vidagdha Anna. By enhancing Jatharagni without aggravating Pitta excessively, the formulation helps in normalizing the digestive process and preventing further production of acidic by-products. This combined action not only alleviates the upward movement of vitiated pitta (Urdhwaga gati) but also restores the functional integrity of Annavaha Srotas, thereby effectively breaking the pathogenesis and promoting sustained symptomatic relief in Amlapitta.

ROLE OF KRIMI IN AMLAPITTA[23,24,25]

According to Ayurveda, Krimi can act as a significant Nidana for the development of Amlapitta. Improper dietary habits, including the excessive intake of Madhura aahara, stale food, incompatible food combinations (viruddha ahara), irregular meal timings, poor hygiene, and impaired digestive fire (Mandagni), create a favorable environment for the proliferation of krimi. These factors lead to Agnimandya and the formation of Ama, which further vitiates Pachaka Pitta. Consequently, the abnormal increase in Amla & Drava qualities of Pitta manifests as Amlapitta.

In the present case, the presence of krimi may have contributed to persistent gastrointestinal irritation, impaired digestion and altered gastric physiology. Krimi-induced Agnimandya & Ama formation likely aggravated Pachaka Pitta, resulting in symptoms such as Avipaka, Utklesha, Hrid-kantha daha, Amlodgara & Aruchi. Thus, Krimi acted as an important causative factor in the pathogenesis of Amlapitta, and Management aimed at Krimighna, Dipana, Pachana and Pittashamana helped interrupt the disease process & restore normal digestive function.

CONCLUSION

At present, lifestyle disorders are a matter of concern for our society. One such disorder is Amlapitta (Hyperacidity) which may occur in individuals of any age, any sex, any class, and any community. It can be cured by proper treatment. In this case study, the patient got relief by shamana chikitsa along with lifestyle modification. There were no side effects noticed during treatment. Hence, it can be concluded that shamana chikitsa and lifestyle modification are very effective in the management of Amlapitta.

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