



## **Management of Amla-Pitta by Amalki Churna W.S.R. To Madhya Bhakt Kala: A Case Study**

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### **ABSTRACT**

*In this technologized and deeply engaged life each and every person is busy whatever the field of area they belong to, thus all are living a hectic and stressful life and are unaware to take healthy food with respect to time. These all factors leads to unwanted diseases like GI problems in which Amlapitta is one of the commonest which occurs in almost all age groups. It is the disease of Annavaha shrotas caused by Vitiated Agni and tridoshash with dominancy of Pachak pitta and saman Vayu. The sign and symptoms of Amlapitta resembles with Gastro-esophageal reflux disease. In the present case study, 27-year-old female patient having chief complaints of Hridaya-kantha daha (retrosternal burning), Tikta-Amlaudgara (Acideructation), Utklesha (Nausea), Avipaka (indigestion), Aruchi (Loss of Appetite), Klama (mental fatigue), Vaman (vomiting), Bhram (Giddiness) and Gauravta (Heaviness in the body). After conducting this trial observation and results were obtained. There was a relief in the subjective sign and symptoms.*

**Keywords:** Amlapitta, Gastro-esophageal reflux disease, Amalki churns, Madhya bhakta kala

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### **INTRODUCTION**

In our Ayurvedic Samhitas, Acharyas have mentioned about Pathya-Apathya (wholesome-unwholesome diet), Dincharya and ritucharya (Healthy regimen). But now a days due to hustling life style people are unable to follow these things, which results in Agnidusti (Vitiation of digestive fire) and ultimately leads to GI diseases like Amlapitta. Amlapitta is not mentioned as a separate disease but there are several references which can be seen in Charak and Sushruta samhita regarding this disease [1]. Acharaya Kashyap and Madhavkara have described Amlapitta as separate entity [2]. According to Acharaya Kashyap there is the involvement of 3 doshas while according to Acharya Madhavkara there is the dominancy of Pitta dosha [3]. Amlapitta is the disease of Annavaha shrotas (GI tract) which gets block or vitiated due to irregular eating habits like use of excess salt, spicy food, excess use of NSAIDS, Antibiotics etc along with Mental stress. In this disease the Pachak pitta and saman vayu both gets vitiated due to above mentioned etiological factors. In the present case study, a patient clinically diagnosed as a case of Amlapitta (Gastroesophageal reflux disease) was treated with Amalki churna with respect to Madhyabhakta kala (In between the food) in prescribed dose [4]. The standard parameters were observed for prognosis and therapeutic evaluation of treatment was done on the basis of improvement in sign & symptoms of Amlapitta.

### **CASE REPORT**

In the present case study, 27-year-old female patient having chief complaints of Hridaya daha (Burning sensation in chest), Kantha daha (Burning sensation in throat), Tikta-Amlaudgara (Acideructation), Utklesha (Nausea), Avipaka (indigestion), Aruchi (Loss of Appetite), Klama (mental fatigue), Vaman (vomiting), Bhram (Giddiness) and Gauravta (Heaviness in the body) for 30 days, visited Parul Ayurved Hospital in the Outpatient department of Swasthritta (Preventive medicine). Patient was the medical student with the history of taking too much tea, spicy and junk food along with mental stress.

### **MEDICAL HISTORY**

No known Medical History

### **SOCIAL HISTORY**

Patient is married since 3 months.

Patient took a lot of stress for little things

Patient was having too much spicy and junk food as well as tea since long time.

**PHYSICAL EXAMINATION**

Temp= 98F

R\|R=18/min

BP=120/80 mmHg

Weight=56kg

Height=160 cm

Cardiac-Normal S1 and S2

Chest-AEBE

Genitourinary-NAD

Rectal-NAD

Abdomen-Soft

**DIAGNOSIS**

On the basis of Patient's history, assessment of clinical features and physical examination, the final clinical diagnosis was made was Amlapitta (Gastro-esophageal reflux disease).

**THERAPEUTIC TIMELINE**

This is a single interventional case study. The patient with MRD no 21021421 was treated with Ekal aushadh (single drug therapy) of Amalki churna with respect to Madhyabhakta kala (medicine given in between the food) in prescribed dose with proper counseling and periodic assessment of prognosis with therapy was observed.

**MATERIAL AND METHODS****Assessment Criteria:**

Observed. Proper counseling, written informed consent was recorded after explanation of proposed line of treatment,

For Therapeutic Evaluation, all 10 parameters were assessed before, during and after the therapy using appropriate 0-3 score gradation.

Amalki churna was obtained from the Parul Ayurved Hospital and Pharmacy.

**Table 1.1** Grading Criteria

Sr.no	Parameters for Assessment	Symptoms	Grading score	Severity
1.	Hridya daha(Burning sensation in chest)	No daha	0	Normal
		Feeling of heart burn but easily Tolerated	1	Mild
		Daha relieved by cold milk, antacids, and vomiting	2	Moderate
		Daha not relieved by cold milk, antacids, food and vomiting	3	Severe
2.	Kantha daha(Burning sensation in throat)	No daha	0	Normal
		Feeling of heart burn but easily Tolerated	1	Mild
		Daha relieved by cold milk, antacids, and vomiting	2	Moderate
		Daha not relieved by cold milk, antacids, food and vomiting	3	Severe
3.	Tikta-Amla udgara (Acid eructation)	Usually after food udgar will be there	0	Normal
		Amla udgar after every meal with foul smell	1	Mild
		Symptom relieved by antacids	2	Moderate
		Symptom not relieved by antacids	3	Severe
4.	Utklesha(Nausea)	Absent	0	Normal
		Related to food or not	1	Mild
		Accompanied by vomiting	2	Moderate
		Symptom relieved by medicine only	3	Severe
5.	Vaman(Vomiting)	No vomiting	0	Normal
		One episode in 24 hrs. with relation to food	1	Mild
		More than one episode in 24hrs	2	Moderate
		More than 3 episodes in 24 hrs. proceeded by nausea or pain	3	Severe
6.	Avipaka(Indigestion)	Normal digestion	0	Normal
		Pain, flatulence and anorexia	1	Mild
		Relation to food (appetite) and bowel moment	2	Moderate
		Symptom relieved by antacids	3	Severe

7.	Aruchi(Loss of appetite)	Normal desire for food	0	Normal
		Eating timely without much desire	1	Mild
		Desire for food only after long interval	2	Moderate
		No desire for food, sometimes feeling of taste and mostly absence of taste after meal	3	Severe
8.	Klama (Mental Fatigue)	No fatigue complaint	0	Normal
		Mild mental fatigue during morning hours	1	Mild
		Loss of partial interest in the work	2	Moderate
		Loss of total interest in work	3	Severe
9.	Bhrama(Giddiness)	No giddiness	0	Normal
		Lightheadedness	1	Mild
		Blackout or vague symptoms	2	Moderate
		Off balance	3	Severe
10.	Gauravta(Heaviness in the body)	No feeling of heaviness in body	0	Normal
		Feeling of heaviness in body during work	1	Mild
		Feeling of heaviness in body during work and at rest as well	2	Moderate
		Lack of interest toward any work	3	Severe

**Overall Assessment Criteria:** The symptoms evaluated and response of drug was recorded on the basis of percentage in relief of symptoms. Percentage relief = Total BT – Total AT x 100 / Total BT

BT=Sum total of grade score before treatment

AT= Sum total of grade score after treatment.

#### Drug Profile:

**Table 2:** Drug profile with ingredient and Dose [5].

Name of the drug	Quantity	Dose	Anupan	Kala
Amalki churna	3gm	3 times\day	Water	Madhyabhakta

**Table 3:** Prognosis based on therapeutic efficacy

Sr No	Therapeutic efficacy	Result
1.	More than 90% relief from symptom	Complete relief
2.	60 to 89 % relief from symptoms	Markedly improvement
3.	30 to 59 % relief from symptoms	Moderate improvement
4.	Less than 30% relief from symptoms	Mild improvement

## RESULT

**Table no 4**

Sr.no	Parameters	Symptoms Gradation Score			Outcome of the Therapy
		Day 3	Day 7	Day 15	Day 30
1.	Hridya daha(Burning sensation in chest)	3	2	1	0
2.	Kantha daha(Burning sensation in throat)	3	2	1	0
3.	Tikta-Amla udgara(Acid eructation)	3	1	0	0
4.	Utklesha(Nausea)	2	1	0	0
5.	Vaman (Vomiting)	2	1	0	0
6.	Avipaka(Indigestion)	3	2	1	0
7.	Aruchi(Loss of Appetite)	3	2	0	0
8.	Klama(Mental Fatigue)	3	1	0	0
9.	Bhrama(Giddiness)	2	1	0	0
10.	Gauravta(Heaviness in body)	3	1	0	0

This Present case study revealed that after taking the Amalki churna with respect to Madhybhakta kala (In between the food) there was an improvement in subjective sign and symptoms of the patient.

On 3<sup>rd</sup> day of follow up Utklesha (Nausea), Vaman (Vomiting), Bhrama(Giddiness) these symptoms were decreased from severe to moderate while rest of the symptoms remained severe. So, on the basis of assessment criteria the percentage of relief was 10% which came under mild improvement.

On day 7<sup>th</sup> Hridya daha (Burning sensation in chest), Kantha Daha(Burning sensation in throat),Avipaka(indigestion), Aruchi (Loss of Appetite) got improved from severe to moderate while Tikta-Amlaudgara(Acid eructation),klama(mental fatigue),Gauravta(heaviness in the body) from severe to mild and Utklesha(nausea),vaman(vomiting),Bhrama(giddiness) from moderate to mild. The percentage of relief was 53% i.e., Moderate improvement.

On day 15 Hridaya daha(burning sensation in chest), kantha daha (burning sensation in throat), Avipaka (indigestion) were decreased from moderate to mild and other symptoms were completely improved. The percentage of relief was 90% i.e., Marked improvement.

On day 30 there was a complete relief in sign and symptoms. The percentage of relief was 100% i.e., Complete relief.

## DISCUSSION

Amlapitta is the most common disorder of annavaha shrotas(Alimentary system) which is mainly caused due to consumption of non- congenial diet and faulty lifestyle. It is very important to follow pathya ahar and vihar(wholesome diet as well as regimen) in management of diseases [1]. In this case study, the patient clinically diagnosed as a case of Amlapitta (Gastroesophageal reflux disease) was treated with specific regimen Amalki churna is administered with respect to Madhyabhakta kala (medicine is administered in between the meal)in prescribed dose for 30 days. In this patient is asked to consume half of her meal and then advised to have medicine and then the remaining part of meal is taken [2-3]. Therapeutic evaluation of treatment was done on the basis of prognosis and this treatment regimen provided relief in symptoms of Amlapitta(Gastroesophageal reflux disease) [4-5].

### Probable mode of Action-

Due to over indulgence in above mentioned etiological factors causes vitiation of saman vayu and pachak pitta which leads to Agnimandya, in this state whatever meal consumed becomes vidagdha affecting Annavha shrotas and characterized by primary symptoms like Avipaka (Indigestion), Hridayadaha (Burning sensation in chest), Tikta-Amla udgara (Acid eructation), Gauravta (Heaviness in body) etc. Pachak pitta and saman Vayu get stimulated by the food taken, then Amalki churna is administered so that it can act over and pacify the saman vayu by Anuloman karma and in turn pacifies pachak pitta by sheeta veerya and sheeta guna and Madhura vipaka.Then again food is consumed which covers medicine and prevents regurgitation. Thus, Madhya bhakta kala was decided to administer the drug as in our samhitas it has mentioned for Saman vayu and pittaj disorders [1-5].

## CONCLUSION

The Observation revealed that, this specific treatment of Amalki Choorna (internally) with respect to Madhya bhakta kala in the prescribed dose for one month provided significant relief in the management of symptoms of Amlapitta (Gastroesophageal reflux disease) such as Hritkantha daha (Burning sensation in chest and throat), Tikta-Amla Udgara (Acidic Eructations), Utklesha (Nausea), Avipaka (Indigestion), Vaman( Vomiting) etc. In this case study, the patient was completely relieved from all the symptoms of Amlapitta (Gastroesophageal reflux disease) at the completion of treatment and no ill effect of medicine was observed. Hence, this treatment proved an effective alternative treatment in the management of Amlapitta. Moreover, a greater number of cases need to be treated and evaluated with this regimen to establish this alternative treatment modality in the management of Amlapitta.

[Temp. = 98, R/R=20, Pulse =80, BP = 130/80

Weight =80KG, Height= 168Cm

Cardiac – Normal S1 and S2

Chest– AEBE

Genitourinary– NAD

Rectal- NAD

Abdomen – Soft, with mild pain and tenderness (4 on 1-10 scale, with 10 being worst) to upper quadrant below sternum]

## REFERENCES

1. Bramhanand Tripathi ed. Charaka Samhita of Agnivesha, vol. -1, sutra 1 / 109- 111, reprint ed. 2009, Chaukhambha Surbharati Prakashan, Varanasi. pp 43.
2. Bramhananda Tripathi ed. Madhava Nidanam of Madhavakara with Madhukosha Commentary by Vijayarakshita & Shrikantadatta vol. II, 51/1, reprint edition, 2003, Chaukhambha Surabharati Prakashana, Varanasi, pp 225.
3. Satyapala Bhisagacharya ed. Kashyapa Samhita of Vrddha Jivaka revised by Vatsya with Sanskrit introduction by Pandit Hemaraja Sharma, Khila Sthana, 16/9, reprint ed. 2009, Chaukhambha Sanskrit Sansthan, Varanasi, pp336.
4. Ravidatta Tripathi ed.Ashtanga Sangraha of Vagbhata, vol.-1,sutrasthan 23/12, reprint ed.2001,Chaukhambha Sanskrit Pratishithan,Varanasi.pp 428.
5. API textbook of medicine Part-1, Vol-1,8<sup>th</sup> edition, pp5. editor. 1st ed. Varanasi: Chaukhamba Sanskrit.

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