

HARITAKI CHURNA IN URDWAGA AMLAPITTA W.S.R TO HYPERACIDITY A CASE STUDY

Dr. Sulthana Sabith¹ , Dr. Patil .A.Shashikala²

¹PG Scholar,²Professor and HOD Department of Roganidana and Vikriti Vigyana
Shri J.G. Co-operative Hospital Society's Ayurvedic Medical College & Research
Institute, Ghataprabha

DOI: <https://doi.org/10.47071/pijar.2021.v06i05.02>

ABSTRACT:

Urdhwaga Amlapitta is a disease of *Annavha Srotas*. Practices like *Viruddha Bhojana*, *Dhushtamla*, *Atiushna*, *Adhyashana*, *Vidahi*, *Abhishyandi Pitta Prakopakara Bhojana* *Evam Pana* causes *Tridosha Kopa* and eventually leads to *Mandagni* and *Vidagdajeerna* ; hence *Amlapitta* is manifested. It is a common threat ,Nearly 25% of the population suffering from this disease will have symptoms at least 6 times yearly but only 10-20% of these individual presents to physicians. As the very etiological factors which leads to *Agnimandya* and also *Amlapitta*. So whatever treatment, should be directed towards normalizing *Rasa dushti* by using principles of *Srodhoshodana* clearing *Ama* and *Ajeerna* in *Rasavaha* and *Athipravrutti* of *Drava Guna* of *Pitta* in *Annavaha Srotas* . Hence the choice of *Haritaki Choorna* and *Madhu* has been selected for the intended study.

Keywords: *Urdhwaga Amlapitta, Haritaki Choorna Madhu*

INTRODUCTION:

Urdhwaga Amlapitta is a disease of *Annavha Srotas*. Initial reference of *Amlapitta* can be traced from *Samhita* period and its detailed reference is available in *Kashyapa Samhita*, *Madava Nidana*, *Bhava Prakasha*, *Yogaratanakara*. Practices like *Viruddha*

Bhojana, *Dhushtamla*, *Atiushna*, *Adhyashana*, *Vidahi*, *Abhishyandi Pitta Prakopakara Bhojana* *evam Pana* causes *Tridosha Kopa* and eventually leads to *Mandagni* and *Vidagdajeerna*; hence *Amlapitta* is manifested^{1,2}. Hyperacidity is one among dietary disorder simply means increased

Haritaki churna in Urdwaga Amlapitta w.s.r to Hyperacidity -A Case Study

production of HCL which is necessary for the digestion of food; then excessive condition is called Hyperacidity. In Hyperacidity the acid flows upwards from stomach to the chest causing heart burn. Accompanying symptoms include acid belching, epigastric burning or pain, anorexia, regurgitation, heartburn, nausea and vomiting. These are due to excessive intake of oily, hot, spicy and salty foods, going to bed immediately after heavy meals, consumption of alcohol, smoking and drug addiction etc³.

So the present study is an effort to understand the etiopathogenesis of *Urdhwaga Amlapitta* with special reference to hyper acidity using *Haritaki Choorna* with *Madhu*⁴ so that the better line of treatment will be established.

Data Sources Literary source:

Description about *Amlapitta* and Hyperacidity are explored in detail from *Samhita's*, other Ayurvedic texts, modern text books, websites are incorporated and documented in the study.

Drug source:

Raw drug ;*Haritaki Phala Majja* and *Madhu* was purchased from market ,

authenticated it from Dept. of Dravya Guna. *Haritaki Choorna* was prepared from *Bhaishajya Kalpana* laboratory as per standard method.

CASE STUDY:-

A single patient suffering from amlapitta(hyper acidity) sine 2-3 months.i started my medicine on him and follow up for 2 months

It was single blind clinical study of a patient; *Haritaki Choorna* along with *Madhu* was given in appropriate doses for 30 days .

Follow up: Was done on 30th day during the course of the treatment.

Results:

We follow the patient every 15 days interval with strictly follow the pathya & apathy. After 3 months later patient body weight is 65kg.

DISUCSSION:

Amlapitta is a disease where *Ushnatwa*, *Amlatwa* and *Dravatwa* of *Pitta* increases and manifests as symptoms; especially that of *Pachaka Pitta*. It is commonly found in all societies of India. Increased prevalence of this disease gives importance as a topic of study. Among the classics, *Charaka Samhita* doesn't deals with this disease directly, but mentioned indirectly in several

Haritaki churna in Urdwaga Amlapitta w.s.r to Hyperacidity -A Case Study

contexts. It shows the disease isn't of a recent origin. Also holds a peculiar stand as a life style disease where *Nidana Sevana* holds an important role.

Charakacharya has mentioned *Amlapitta* in *Nanatmaja Vikaras* and its clear picture in the description of *Pittaja Gulma* and *Pittaja Grahani*. *Acharya Sushruta* and *Vagbhata* hasn't mentioned the term *Amlapitta*.

In *Amlapitta* increased *Drava Guna* diminishes the power of *Pachaka Pitta* which disables the digestive power leading to stagnation of food in *Amashaya*. On further leads to *Ama* and *Amavisha*, which is then aggravated on *Nidana Sevana*. The vitiated *Rasadhatu* leads to *Agnimandya* and indigestion by increasing *Drava Guna* and causes *Amlapitta*.

Discussion on Selection of Drug

For the present study *Haritaki choorna* has been used. In this context the action required are to reduce *Amlatha Dravata* and *Ushnatha* of *Pitta*.

- The ingredients are *Haritaki Choorna* and *Madhu* which are easily available and cheaper.
- The procedure of *Choorna* preparation was easier and less time consuming.

- *Choorna* was prepared as per the classical instructions from *Choorā Kalpana Adyaya* of *Sharangadhara Samhitha*. Hence the potency of the medication was delivered in its purest form.

- *Aushada Sevana Kala* was also decided as per *Bhaishajya Vyakhyana Adyaya* of *Sharangadhara Samhitha*. Hence '*Bhojanantha Aushada Sevana*' was decided as *Vyana Kopa* has to be corrected. *Vyana Vata* is responsible for *Gati, Sarva Sharira Kriya* and *Pratibhaddha*. In *Amlapita* due to *Pramana Aadikya* and *Srotorodha* the disease manifests. Hence by correcting and strengthening *Vyana Vata* proper separation of nutrients and waste products occurs, resulting in supply of nutrients to all body parts.

- Probable mode of action of drug:
 - Priced as the king of medicines, *Haritaki Choorna*,⁵ with *Madhu* a perfect combination of drugs.
 - *Madhura Tikta Kashaya Rasa* pacifies *PittaKopa*.
 - *Srotoshodana* and *ShoshanaGuna* can clear *Agnimandya* and do *Shothahara*, *Amapachana*, *Vedanasthapana* as the drugs are *Laghu* in *Paka* and *UshnaVeerya*. The very next step in *Samprapthi Vighatana* is voiding of

Haritaki churna in Urdwaga Amlapitta w.s.r to Hyperacidity -A Case Study

DushitaPitta..HaritakiChoorna is having properties like *Sara Guna,Anulomana*, which improves peristaltic action.*Madhura Vipaka* does the latter function of maintenance of *PrakritaPitta* instead of *VikrutaPitta*.Antiinflammatory and antioxidant property of *Haritaki* aids in healing of mucosal layer.

- Though *Haritaki* is *Tridosha shamaka*,the *Doshagnata* attributed to fruit pulp is *Vata Pitta Hara* which is the driving force in *Amlapita*.
- In the context of *RtuHaritaki*, *Haritaki* is advised to be taken with honey in *Vasanta Rtu*.In *VasantaRtu* it is advised to do *Vamana* to eliminate the *PrakopitaKapha*.The first half of *Amlapita Samprapti* lies in the hold of *Kapha* dosha. Hence this combination is justified.
- Honey acts as a best *Anupana* due to its *Yogavahi* Property as it helps in quick drug delivery system.It also assists in treatment because of its *Rochana* property by correcting *Aruchi*, *Dahashama* property relieves burning sensation,*Vamanahara* property relieves *Chardi* and *Udgara*.Also *Vishagna* ,anti inflammatory,antioxidant property initiates healing and formation of healthy mucosal layer.

- Hence *Haritaki* is a drug which can do *Samprapthi Vigatana* along with assuring *Apunarbhavatwa* of *Amlapita*.
- *Haritaki* relieves side effects of deep rooted stress. It is one such drug that can act on *Manasika Bhava* and is a powerful Adaptogen,a herb boosting body's resiliency function. It is rich in Vit.C and can fight oxidative stress.

CONCLUSION:

Amlapittais the *Agnimandya janya vyadhi*. The disease takes a longer time to cure hence it is considered as *Chirakari*. If the symptoms subside due to *Jihvalaulya* (greedy) again if the individual involves the *Mithyahara-vihara* the disease is provoked. *Rasavaha, Annavaha, Purishvaha Srotasdushti* occur in *Amlapitta*. Incidence of *Amlapitta* is more in *Pitta Prakrut* persons. Overall study concludes that *Amlapitta* can be managed effectively and safely by *Nidana Parivarjana, KaphaPittahara* and *Pachana Dravyas*. No adverse effects were observed during the course of this study

REFERENCES:

1. Kashyapa samhita Khilasthana 16/1-5 English translation and commentary by P V Tewari 1st edition Chaukamba

Haritaki churna in Urdwaga Amlapitta w.s.r to Hyperacidity -A Case Study

- Viswabharati, Varanasi; Page number 630
2. Acharya Madhavakara virachita Madava nidana; Vijayarakshita and Srikantadatta Madhukoshateeka; with Vidyotini Hindi commentary by Sri Sudarshanashastri; 51/1-6, 31st edition 2002; Chaukaba Sanskrit Samsthana, Varanasi; Page number 170
3. Dr. Anthony S. Fausi (MD) et.al "Harrison's" Vol.-1 published by MC Graw Hill Medical, New york- 2008
- 'Nausea, Vomitting and Indigestion's- 17th, Part-2, Section-6, Chapter-39, pageno.- 243.
4. Shri Chakrapanidutta Chakradutta Sanskrit text with English translation by P V Sharma Chaukamba orientalia Edition 2007 Chapter - 52/14 Page Number 414
5. Madhavakara, Madhava Nidana with Madhukosha and Atanka darpana Commentary, Chowkhambha Orientalia, Varanasi, 2001, Pp:412, Pg :293

Corresponding author:

Dr. Sulthana Sabith

PG Scholar, Department of Roganidana and Vikriti Vigyana, Shri J.G. Co-operative Hospital Society's Ayurvedic Medical College & Research Institute, Ghataprabha

Email: drsabithshabeer@gmail.com

Source of Support: NIL
Conflict of Interest : None declared

Published BY:
Shri Prasanna Vitthala Education
and Charitable Trust (Reg)