



## THE INTEGRATIVE APPROACH OF *YOGIC SHUDHIKRIYA (JALADHAUTI)* AND *AYURVEDIC* MEDICINE IN THE MANAGEMENT OF *URDHWAG AMLAPITTA* – A CASE REPORT

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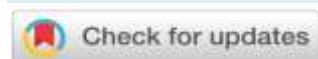
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## ABSTRACT

Lifestyle disorders are on the rise around the world in which *Urdhwaga Amlapitta* is occurring frequently due to improper diet and habits. A 14-year boy came in OPD with a complaint of a Burning Sensation in the Chest, sour belching, constipation, headache, loss of appetite, and heaviness in the abdomen for 8 months. Treatment was planned with 3 settings of *Jaladhauti* and internal medicine like *Sutshekhara Rasa* and *Avipattikar Churna* for 1 month. Lifestyle modifications were made, and *Pathya Apathya Ahar Vihar* was advised. The assessment was done by Subjective grading criteria before and after treatment in which symptoms reduce remarkably and no recurrence of disease occurs.

**Keywords:** *Urdhwaga Amlapitta*, *Jaladhauti*, Non- Ulcer dyspepsia

## INTRODUCTION

Lifestyle disorders are on the rise around the world due to fast and constantly changing lifestyles and eating habits. Due to modernization, Gastrointestinal disturbances are also increasing among them, Amlapitta (non-

ulcer dyspepsia), a gastrointestinal tract (GIT) disorder, has acquired the majority of the share. The worldwide prevalence of dyspepsia is 20–30%. It is slightly higher in the Western population and occurs more

frequently among women. While the precise prevalence of dyspepsia in India is not available, different studies estimate that it affects 7.6–49% of the Indian population.<sup>1</sup> Agni takes a pivotal role in the etiopathogenesis of all human ailments. According to Acharya Charaka, indulging in *Ajirna*, *Atibhojana* (overeating), *Vishama Bhojana* (irregular diet), *Asatmya* (incompatible diet) and *Sandushta Bhojana* produces *Shuktata* due to *Agni Dushti* (impairment of Agni) followed by *Ama* and *Amavisha* which further develops *Ajirna* (indigestion) by vitiating Dosha. Continuous indulgence in improper diet and erratic lifestyle aggravates *Pitta Dosha* which leads the disease into the acute condition of *Vidagdhajirna* (indigestion) which due to ignorance in turn converts into *Amlapitta* in the long run.<sup>2</sup> In *Brihatrayees* direct reference of *Amlapitta* is not available. Acharya Kashyap mentioned etiopathogenesis, its symptoms, and its treatment and is named *Shuktaka*.<sup>[3]</sup> A detailed description of *Amlapitta* is given in *Madhavnidan*<sup>[4]</sup>, *Bhavprakash*<sup>[5]</sup>, and *Yogratnakar*<sup>[6]</sup>. In *Amlapitta* Pitta get *Amlata* or *Vidgdhta* caused by mostly *Pitta vardhak ahar vihar*. Aggravation of *pitta* is due to its aggravating factor like consumption of *Viruddhashan*, *Vidahiaharsevan* (corrosive), *Dushtaanna* (contaminated food), spicy, sour, salty substance, uncooked food, heavy to digest food, overeating, etc. Increased *Drava* and *Amla Guna* of *Pachaka Pitta* play an important role in the pathogenesis of *Amlapitta*. Two types of *Amlapitta* are described i.e., *Urdhwanga* and *Adhoga Amlapitta*. In *Urdhwanga Amlapitta* symptoms like *Aruchi* (Anorexia), *Gurukoshthatva* (Heaviness in abdomen), *Gaurav* (Lethargy), *Vibandha* (Constipation), *Shiro-ruk* (Headache), *Utklesh* (Nausea), *Tiktamlodgar* (acid eructation) occurs due to the vitiation of *Kapha* and *Pitta*. In Ayurveda treatment of *Urdhwanga Amlapitta* is mainly *Shodhan Chikitsa*, *Tikta Rasatmak Dravya*, and *Pathya Ahar*. Yoga is a comprehensive lifestyle tradition involving practices for the body, mind, and intellect through physical postures, voluntary breath regulation, cleansing, and meditation. *Jaladhauti* (Voluntary induced Vomiting) is one of the cleansing practices, which is indicated to vomit out vitiated *Pitta* and *Kapha* Dosha. It is beneficial in hyperacidity,

cough, asthma, and spleen-liver disorders. *Vaman* is the procedure that is also indicated in *Amlapitta*. People who have no time because of a busy schedule can go for *Jaladhauti*, which is easy, simple, and cost-effective. Hence, this study aimed to document the role of Ayurvedic treatment along with *Jaladhauti shudhikriya* in management and reducing the recurrence of *Urdhwaga Amlapitta*.

### Case study

A 14-year-old male patient came to *Swasthavritta* OPD with a complaint of a Burning Sensation in the Chest, sour belching, constipation, headache, loss of appetite, and heaviness in the abdomen for 8 months. These symptoms occur once or twice a week and relieve symptomatically after modern medicines are taken. The patient's lifestyle history was also taken regarding food, and sleep which Showed an altered lifestyle.

### General Examination

History – No major illness

Family History – NAD

The general condition of the patient was good and without alterations in vital signs.

Pulse – 76/ min

Bowel habits – Unsatisfactory

Exercise – once a week

Weight - 51 kg

Height - 5.2" ft

Food – Both vegetation and non-vegetarian, non-veg (2-3 in a week)

Causative factor found - In this case, *Adhyashan* (Consumption of food when previous meal not digested), taking BournVita 2 tap twice a day without milk, Maggi, Chinese food mostly alternate day, spicy curry, spicy non-veg diet once or twice a week, bakery products like biscuit, bread, donut daily and lack of physical activities. Daily daytime sleep after lunch due to morning school was seen.

**Therapeutic intervention** *Nidanparivarjan-* withdrawal of the causative factor of the disease is the first line of treatment as it helps to stop the progression of a disease and avoid relapse.

1. *Jaladhauti*: Treatment started with *Jaladhauti*. *Jaladhauti* is done the next morning between 6

and 7 AM as this is *Kapha Kala* Curd and rice was advised to take at dinner the previous night. Early in the morning, the patient was asked to drink warm water with some *Saindhav lavan* quickly in the crow position up to *Akanthapan* (fullness up to throat). About 2 L of water was drunk by the patient. After that, he was asked to stand and bend forward to vomit. Four *Vegas* were achieved. *Pittant Dhauti* (~the appearance of *Pitta* in the vomitus) was done. Vomited fluid was sticky. After *Jaladhauti*–blood pressure was 120/80 mm of hg and pulse Rate was 84/min. After the feeling of lightness, *Shavasanas* advised for 30 min. After feeling hungry *Mungdal Khichadi* was advised on a diet. The same procedure was advised in the next week and then after 15 days.

- Internal medication: *Sutshekhar Rasa* 250mg - 2/BD before a meal, *Avipattikar Churna* 3 g/BD with warm water after a meal

- Alongwith with *Nidanparivarjan*, *Jaladhauti*, and Medications *Pathya* and *Apathya Ahar Vihar* was also advised.

***Pathya (~wholesome)*** The patient was advised to take diet items such as cereals that include barley, pulses like green gram, fruits like gooseberry, black grapes, fig, dry grapes, and vegetables such as pointed gourd, bitter gourd, white gourd melon, and warm water. Follow mealtime and eat light food such as Moongdal Khichdi, and *Takra*.

***Apathya (~unwholesome)*** The patient was advised to avoid diet items such as cereals like chickpea flour, pulses that include horse gram, and black gram, fruits, and vegetables such as potato, brinjal, and other items like sour vinegar, spicy food, oily food, chilies, tamarind, fast food, Chinese food, Maggie, Pickles, ice-cream, ice-cold things, and fried roasted things, fermented food, dadhi, heavy to digest food item, day time sleep.

**Table 01: Therapeutic intervention**

Sr.no.	Treatment	Drug of Choice	Duration
1	<i>Shodhan chikitsa</i>	<i>Jala Dhouti</i>	3 settings
2	<i>Shaman Chikitsa</i>	<i>Sutshekhar Rasa</i> 500mg/BD before a meal, <i>Avipattikar Churna</i> 3gm/BD after a meal	1 month
3	Dietary advice	<i>Pathya – Apathya</i>	3 months

### Follow-up and outcome

The intervention period was 1 month. The patient was followed up once on the 15th day and 30th days. During the first follow up there was mild relief in symptoms. The patient asks to continue the medicine. During 2<sup>nd</sup> follow-up relief in all symptoms. The assessment was done based on symptom gradation as shown in table 2.

**Table 02: Criteria of assessment**

Grading score	0	1	2	3
<i>Avipaka</i> (indigestion)	No indigestion	Indigestion on only by heavy food.	Delayed digestion of lighter food	Impaired indigestion of even lighter food
<i>Urakanthadaha</i> (burning sensation in the chest)	No burning sensation	The sensation of warmth on the throat occasionally	Burning sensation on throat and chest after mild oily/spicy food	The feeling of burning sensation always, irrespective of diet.
<i>Utklesha</i> (nausea)	No salivation	Occasional but not daily	Daily and after taking solid food for some time	Frequently and feel <i>Amlata</i>

<i>Tikta Amla Udgara</i> (acid eruption, belching)	No <i>Tikta</i>	Appears 1–5 times/day only on consumption of sour and spicy food	Appears 6–10 times/day on the consumption of any type of food	Appears 10 times/day on the consumption of any type of food
<i>Gurukoshthatwa</i> (heaviness in the abdomen)	<i>Nogurukoshthtwa</i>	Occasional with a normal quantity of food	Continuous while taking normal food with an average quantity	Continuous while taking less food
<i>Aruchi</i> (anorexia)	No <i>Aruchi</i>	The patient feels aruchi but takes food from time to time	The patient sometimes takes food and sometimes avoid it	The patient avoids the food many times
<i>Vibandh</i> (constipation)	No <i>Vibandh</i>	Intermittent relieved by <i>pathya ahar vihar</i>	Continuous relieved by mild laxative ( <i>Mrudu Virechan</i> )	Continuous only relieved by strong medication ( <i>Teekshan virechan</i> )
<i>Shirorujah</i> (Headache)	No headache	Intermittent reliever by <i>Pathya</i>	Continuous not relieved by medicine	Continuous only relieved by medicine

**Table no. 3**

Sr. no.	Symptoms	Before Treatment	15 days	After Treatment
1	<i>Avipaka</i>	2	1	0
2	<i>Urakanthadaha</i>	3	2	0
3	<i>Utklesha</i>	1	0	0
4	<i>Tikta Amla Udgara</i>	2	1	0
5	<i>Gurukoshthatwa</i>	2	1	0
6	<i>Aruchi</i>	1	0	0
7	<i>Vibandh</i>	2	0	0
8	<i>Shirorujah</i>	1	0	0

## DISCUSSION

*Urdhwanga Amlapitta* is a Gastrointestinal disease caused by an unhealthy diet and lifestyle. *Pitta* and *Kapha* get vitiated which leads to the formation of *Ama* and *Vidgdhta Anna*. *Nidanparivarjan* is the first line of treatment in which all the etiological factors were avoided. It helps in prevention and also in the treatment of disease. The treatment of *Amlapitta* is to balance the aggravated *Pitta* and *Kapha* Dosha, to achieve the same, *Jaladhauti* is the best. *Jaladhauti* mainly acts on *Amashaya* and *Annavaaha Srotasa*. It

Neutralizes the acid balance in the stomach thus helpful in counteracting *Tivra Jatharagni*, Salt water helps in osmosis and removes toxins from cells. It helps in the liquefaction of *Achadita* and *Avalipta Dhatugata Ama*. *Suddhikriya* results in metabolism. In this way, *Jaladhauti* is the best way to maintain the homeostasis of the stomach through its cleansing effect.<sup>[8]</sup> Repeated settings of *Jaladhauti* after 7 and 15 days day time intervals prevent the further accumulation of dosha and recurrence of the disease. Internal medicine digests the residual *Ama*, pacifies the *Pitta*, and expels the remaining vitiated *Pitta*. *Sutshekhar Rasa* is the *Pachan* of *Vidahi ama* and the *Deepan* of

Agni. Additionally, it contains *Ruksha* and *Laghu Dravya*, which bring *Amlapitta*'s *Atidravtva* or *Atyabhishtyandatva* into harmony. [9] *Avipattikar churna* showed anti-secretory and antiulcerogenic effects. It works by balancing the pH levels of the stomach and helps to control hyperacidity. It also helps in the digestion of food and prevents bloating and flatulence. It supports the growth of healthy microbial flora, which helps in boosting digestive functions and also has mild laxative action. [10] The analysis is done with pre- and post-symptoms. There is significant relief in symptoms and reduced the recurrence of disease.

## CONCLUSION

It can be concluded that *Urdhwag Amlapitta* can be effectively managed by *Jaladhauti Shudhikriya* along with ayurvedic medicine. *Jaladhauti* plays an important role in the treatment as well as the recurrence of the disease. It is an easy, cost-effective, and time-saving procedure. *Pathya Ahar* and lifestyle modification can prevent the recurrence of the disease.

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