

**ROLE OF KAAMADUGDHA RASA AND SHATAVARI GHRITAM IN THE
MANAGEMENT OF URDHWAGA AMLAPITTA - A CASE SERIES**[Mohit Arora](#)

M.D. Kaya-Chikitsa, P.G. Dip Critical Care Medicine, Panchkarma Specialist, Ayush wing, C.H., Fatehabad, India

Corresponding Author: dr.mohitarora@gmail.com<https://doi.org/10.46607/iamj13p6062022>

(Published Online: September 2022)

Open Access

© International Ayurvedic Medical Journal, India 2022

Article Received: 03/08/2022 - Peer Reviewed: 05/08/2022 - Accepted for Publication: 10/08/2022

**ABSTRACT**

Introduction: *Amlapitta* (Gastritis) is a prevalent and severe ailment globally due to various factors like unhealthy lifestyle, mental stress, and environmental factors. Many contributing factors include excessive NSAIDs (non-steroidal anti-inflammatory drugs) and *Helicobacter pylori* infection. *Mandagni* (low gastric fire) is the leading cause of all the diseases, including *Amlapitta*, where excessive secretion of *Amla Guna* of *Pachaka Pitta* occurs, causing symptoms like a burning sensation. *Amlapitta* can be correlated with Gastro-oesophageal Reflux Diseases exhibiting symptoms like Dyspepsia, Heartburn, Hyperacidity, etc. The usage of conventional drugs such as antacids, H₂ receptor blockers, and proton pump inhibitors can lead to various adverse effects. This proves the importance and need for herbal remedies of Ayurveda for a good prognosis of the disease. Different Ayurved medicines arise from plant or mineral origins possessing potential anti-ulcer activity. *Rasaushadha* (mineral and herbal–mineral Ayurved medicines) are unique dosage forms with the benefit of longer shelf life and better therapeutic efficacy at low doses. *Kamadugha Rasa* (*Moti Yukta*) and *Shatavari Ghritam* are effective formulations for anti-ulcer activity. Case Description: The patients were selected from the O.P.D. at Ayush wing, Civil hospital, Fatehabad Haryana, to evaluate the efficacy of *Kaamadugha Rasa* and *Shatavari Ghritam* in the management of *Urdhwaga Amlapitta*. Ten patients were selected on an O.P.D. basis between the age group of 15-80 years. There were three male patients and seven female patients chosen for the study. The assessment was based on subjective parameters, i.e., *Udarashoola*, *Avipaka*, *Utklesha*, *Tikta-Amlodgara*, *Kantha-Hrut-Kukshidaha*, *Agnimandya*, and *Chardi*. Conclusion: *Kamaugdha Rasa* (*Moti Yukta*) and *Shatavari Ghritam* is an efficacious formulation for the management of *Amlapitta*

Key words: *Amlapitta*, GERD, *Kamadoodha Rasa*, *Shatavari Ghritam*.

INTRODUCTION

Amlapitta has been compared to acid peptic disorder in Ayurveda due to similarity in the exhibition of symptoms. *Amlapitta* has become a common ailment in the day-to-day world due to various factors like unhealthy lifestyle, mental stress, environmental factors, excessive use of NSAIDs (non-steroidal anti-inflammatory drugs), and infection of *Helicobacter pylori*. Sedentary lifestyle results in several G.I. disturbances, of which *Amlapitta* stands first. *Amlapitta* is the disease of *Annavaha Strotasa* or G.I. tract, which is classified according to *Pravrutti* into two categories viz- *Urdhwaga* and *Adhoga*¹. The description of *Amlapitta* as a separate disease is not found in *Bruhatrai*, but there are many scattered references in *Charaka Samhita*. *Kashyapa Samhita* is the first classical text in which details of *Amlapitta* are described². *Madhavakara* has also described *Amlapitta* with sub types³. *Acharya Sushruta*, while describing the disease caused due to excessive use of *Lavana*, has mentioned a disease called *Amlika*, similar to *Amlapitta*⁴.

The type of *Amlapitta* where vomiting with different colours before or during digestion of food, bitter or sour belching, heartburn, and the symptoms of *Pitta Kaphajaanubandha* are found is called *Urdhwaga Amlapitta*⁵. *Urdhwaga Amlapitta* is mainly caused by intake of *Amla* (sour), *Katu* (pungent), *Lavana* (salty), *Aharas*, *Guru*, *Snigdha*, *Abhishandhi*aharas, addictions like smoking, alcohol, tobacco chewing, and also by excessive stress, condiments.

The etiological factors like *Ati Snigdha Ahara*, *Ati Ruksha Ahara*, *Vishamashana*, *Akale Bhojana*, *Akale Anashana* *Veganigraha* (suppression of natural urges), *Vidahi anna sevana*, *Vidahi pana sevana*, *Dusta anna sevana* and seasonal variation, etc. cause the vitiation of dosha (especially liquidity of Pitta) and Agni which results in *Agnimandhya*.

As per modern medicine, the main symptom of GERD patients has esophagitis. Esophagitis occurs when refluxed gastric acid and pepsin cause necrosis of the oesophageal mucosa, causing erosions and ulcers. Burning epigastric pain exacerbated by fasting and improved with meals is a symptom complex associated with peptic ulcer disease (PUD). An ulcer is defined as disrupting the mucosal integrity of the stomach and duodenum, leading to a local defect or excavation due to active inflammation. Ulcers occur within the stomach and duodenum and are often chronic in nature⁶.

Acute gastritis is often erosive and haemorrhagic. Neutrophils are the predominant inflammatory cell in the superficial epithelium. Many cases result from alcohol, aspirin, or NSAID ingestion. Acute gastritis often produces no symptoms but may cause dyspepsia, anorexia, nausea or vomiting, and haematemesis or melaena. Chronic gastritis occurs mainly due to *Helicobacter pylori* infection⁷.

The present research work is focused explicitly on *Urdhwaga Amlapitta*, which can correlate with Acid gastritis (Acid dyspepsia or Hypochlorhydria).

Common causes of gastritis⁸:

Table 1: Showing common causes of gastritis

Acute gastritis (often erosive and hemorrhagic)	Chronic gastritis
Aspirin, NSAIDs, iron preparations	<i>H. pylori</i> infection
<i>Helicobacter pylori</i> (initial infection)	Autoimmune (pernicious anemia)
Alcohol	Infections, e.g., CMV, tuberculosis
Severe physiological stress, e.g., burns, multi-organ failure	Gastrointestinal diseases, e.g., Crohn's disease
Viral infections, e.g., CMV, herpes simplex virus in HIV/AIDS	Idiopathic, e.g., granulomatous gastritis

METHODS AND MATERIALS:

The patients were selected from the O.P.D. at Ayush wing, Civil hospital, Fatehabad Haryana, to evaluate the efficacy of *Kamadugdha Rasa (Moti Yukta)* and *Shatavari Ghritam* in the management of *Urdhwaga Amlapitta* irrespective of sex, caste, religion, etc., taking due considerations of inclusion and exclusion criteria. Ten patients were selected on an O.P.D. basis between the ages of 15-80. There were three male patients and seven female patients chosen for the study.

The inclusion and exclusion criteria were made.

Inclusion criteria:

Patients suffering from *Urdhwaga Amlapitta* fulfilling essential criteria were included in the present study having signs & symptoms like *Udarashoola*, *Avipaka*, *Utklesha*, *Tikta-amlodgara*, *Kantha-hrut-kukshidaha*, *Agnimandya*, *Chardi*.

Exclusion criteria:

- i) Patients with significant hepatic, renal, hematological, and organic neurological disorders were excluded from the study.
- ii) Gastric carcinoma and Zollinger– Ellison syndromes were excluded from the study.

Table 2: Shows the ingredients of *Shatavari Ghritam*

Sr.no	Ingredient
1	<i>Goghrita</i> (Cow Ghee)
2	<i>Shatavari Mulakalka</i> (Paste)
3	<i>Godugdha</i> (Cow milk)

Table 3: Shows the ingredients of tab *Kamadugdha Rasa (Moti Yukta)*

Sr.no	Ingredients
1	<i>Mukta pishti</i> (pearl XXX <i>ytilus margaritiferu</i>) 1 Part
2	<i>Praval</i> (coral) <i>Pishti</i> 1 Part
3	<i>Shauktik Mauktik</i> (Shell <i>Mytilus margaritiferu</i>) <i>Pishti</i> 1 Part
4	<i>Kapardik Bhasma</i> (Calcinated and purified <i>Cypraea Moneta</i> shells) 1 Part
5	<i>Shankh Bhasma</i> (Calcinated and purified <i>turbinella Rapa</i> shells) 1 Part
6	<i>Shudh Gairik</i> (Calcinated and purified ochre) 1 Part
7	<i>Guduchi Satva</i> (<i>Tinospora cordifolia</i> extract) 1 Part

Dosage of the drugs:

Tab *Kamadugdha Rasa (Moti Yukta)* 250 mg twice a day, half an hour before meals with *Mishri* or cold water for one month.

Shatavari Ghritam 5ml twice a day with lukewarm milk twice a day after meals for one month.

Observations & Results:

A total of 10 patients with signs and symptoms of *Amlapitta* were registered. Between the age group of 15-80 years. There were three male patients and seven female patients selected for the study.

In the present study, five patients were between 20 to 40 years of age group, three patients were between 41 to 60 years of age group, and two patients were between 61 to 80 years of age group. Six patients were

from urban areas, while four were from rural areas. Seven patients were educated, and three belonged to the uneducated labor class.

All the patients found significant relief in the symptoms of *Amlapitta*, and all of them have discontinued the allopathic medicine. These patients were advised to continue the same treatment and follow a healthy lifestyle.

DISCUSSION

Amlapitta is a *Pitta* dominant disease in association with *Kapha* and *Vata Dosha*. Excess formation of vitiated *Pitta* is the primary pathological mechanism behind the manifestation of this disease. The *Pitta* gets vitiated due to improper dietary and lifestyle habits. The drugs that have *Tikta–Madhura Rasa* (bittersweet

taste), *Madhura Vipaka* (post-digestive effect in sweet taste), *Sheeta Virya* (cooling energy of substance), *Laghu* (light), *Ruksha Guna* (dry), and pacifies to *Pitta-Kapha* properties are beneficial in the management of *Amlapitta*. Numerous herbals and herbomineral formulations are mentioned in Ayurvedic classics to manage *Amlapitta*. The combination of *Kamaudgha Rasa* [*Moti Yukta*] and *Shatavari Ghrutam* has worked significantly in curing patients. All patients were satisfied.

Some of the ingredients of *Kamadugha Rasa* [*Moti Yukta*], such as *Pravala* and *Mukta*, have *Dipana* (appetizer) and *Pachana* (digestive) properties to maintain the normalcy of *Agni* and thus help in curing and preventing the production of ulcers. The *Kshariya* (alkaline) nature of these drugs would reduce the *Amliyata* (acidic nature) and assist in *Vrana Ropana* (promotes wound healing). *Shankha Bhasma* being *Sita Virya*, the alkaline in nature, *Grahi* (absorption enhancing), is indicated in gastrointestinal disorders like *Amlapitta*, *Parinama Shula*, *Grahani* (irritable bowel syndrome), and *Agnimandhya*. *Gairika* is another ingredient which is *Madhura* (sweet), *Kashaya* (Astringent), *Snigdha* (smooth), *Hima* (cold), *Rakta Pittahara* (effective in bleeding diathesis), and *Vrana Ropaka*. *Guduchi Satva*, another essential ingredient, is known for its *Rasayana* and healing properties. It has *Tikta* (Bitter), *Kashaya Rasa* with *Madhura Vipaka* (a sweet post-digestive effect), *Snigdha Guna*, and *Tridosha Shamaka*^{9,10}.

Shatavari Ghruta is given orally and considered very safe. Due to *Madhura Rasa*, it is digested to a great extent in the stomach, where *Dipana* and *Pachana* prabhava of it helps to improve the *Pachakagni*. As *Shatavari Ghruta* is *Rasayana* (Rejuvenator), *Balya*, *Agnibalvardhaka* (Enhance Digestive Power), *Medhya*, *Vrusya* (Aphrodisiac), it acts on the whole body, and thus, it not only cures the diseases but also helps the patient to restore the health. Chemical testing of the *Shatavari Ghruta* shows that it has the highest Acid Neutralizing Capacity, i.e. 63.6 with SD (0.05), and also has the highest buffering capacity, i.e. 110 min. Rossett – Rice test of this drug also shows that it neutralizes PH. to 2.75 up to 110 min., and as we know, in *Amlapitta*, there is excessive secretion of gastric acid. Besides antacid properties, it probably enhances the mucosal barrier by prolonging the life span of mucosal cells or by cyto protection. The patient did not show any symptoms of ankylosis or other complications throughout the treatment. It reduces the HCl level but does not cause Hypo or achlorhydria even after prolonged use, proving that it is the best drug in *Urdhwaga Amlapitta*¹¹.

CONCLUSION

The combination of *Kamaudgha Rasa* [*Moti Yukta*] and *Shatavari Ghrutam* has provided significant results on the parameters of *Amlapitta*. Based on the present clinical study, it can be concluded that said formulation is efficacious for the management of *Amlapitta*. No adverse effects were reported during the entire study period. The present clinical study was carried out on a limited number of patients so an extensive study will be carried out for more significant results.

REFERENCES

1. Upadhyay Yadunandan, editor, *Madhav Nidana* of *Madhavakara*, Ch.51, Ver. 3to 6. 3rd edition. Varanasi: *Chaukhambha Sanskrit Sansthan*; 1993.p. 234.
2. Tiwari P, editor. *Kashyapa charya*, *Khilsthan*. Ch.16, Ver. 1. 1st edition. Varanasi: *Chaukhambha Vishwabharati Prakashan*; 1999.p. 631.

3. Upadhyay Yadunandan, editor. Madhav Nidana of Madhavakara, Ch.51, Ver. 1. 3rd edition. Varanasi: Chaukhamba Sanskrit Sansthan ; 1993.p. 203.
4. Sushruta Samhita, Sutrasthana, edited with Ayurveda Tatva Sandipika by Ambikadutta Shastri, 13th edition, 2002, Chaukhamba Sanskrit Sansthan,42/9
5. Upadhyay Yadunandan, editor. Madhav Nidana of Madhavakara, Ch.51, Ver. 4. 3rd edition. Varanasi: Chaukhamba Sanskrit Sansthan; 1993.p. 203.
6. J. Larry Jameson, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, Joseph Loscalzo, Harrison's Principles of Internal Medicine, 20th Edition, P.333
7. J. Larry Jameson, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, Joseph Loscalzo, Harrison's Principles of Internal Medicine, 20th Edition, P.341
8. J. Larry Jameson, Anthony Fauci, Dennis Kasper, Stephen Hauser, Dan Longo, Joseph Loscalzo, Harrison's Principles of Internal Medicine, 20th Edition, P.342
9. Tania University Journal of Homoeopathy and Medical Science Review Article |Volume 3|Issue 3 |July- Sept. 2020| E-ISSN: 2581-8899, P-ISSN; 2581-978X.
10. Mhaski, Amogh, Gaurav Sawarkar, and Punam Sawarkar. "Management of Acid peptic disease (Urdhwaga Amlapitta) with Vamana & Shamana Chikitsa in Ayurveda: A Case Report." Management 10.1 (2021).
11. Sanjore (Naringe) SS, Kharche GY. Studies on Urdhwaga Amlapitta (Gastritis) and its Management with Shatavari Ghrita. Asian J Pharm Res Dev. 2019 Jun 14;7(3):78-93.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Mohit Arora: Role of Kaamadugdha Rasa and Shatavari Ghritam in the Management of Urdhwaga Amlapitta - A Case Series. International Ayurvedic Medical Journal {online} 2022 {cited September 2022} Available from: http://www.iamj.in/posts/images/upload/3710_3714.pdf