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Case Study

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MANAGEMENT OF AMLAPITTA WSR REFLUX DISORDER BY AN AYURVEDIC REGIMEN- A CASE STUDY

Dr. Mayur V. Lonkar 1* and Dr. Anil B. Kale 2

¹PG Scholar, Department of Kaumarbhritya, Govt. Ayurvedic Hospital Osmanabad, Maharashtra, India.

²Professor & Head of the Department, Department of Kaumarbhritya, Govt. Ayurvedic Hospital Osmanabad, Maharashtra, India.

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*Corresponding Author
Dr. Mayur V. Lonkar
PG Scholar, Department of
Kaumarbhritya, Govt.
Ayurvedic Hospital
Osmanabad, Maharashtra,

India.

ABSTRACT

Changing lifestyle in this modern era has also changed food culture. These changes are rendering diseases like Amlapitta to the society and is seen quiet frequent these days. As it is rightly said, 'hurry, 'worry' and 'curry' are the three main reasons for this disease, Amlapitta is not only seen in adults, but also a disease commonly occurring in children. Ayurvedic classics (brihatrayis) have not described Amlapitta (except Charaka used the word *Ajirna*). Acharya Kashayapa has devoted an entire chapter in khillasthana to discuss amlapitta right from etiopathogenesis up to its treatment. Older children and adolescents present variably with the features of amlapitta. Usually a child complaints of headache, nausea, vomiting, waxing and waning

abdominal pain, regurgitation etc. These symptoms mentioned by modern text books have precisely been described by Acharya Kashyapa long back. Ayurveda resting on its principle of "Swasthya rakshanam" forms a basis in prevention of amlapitta. As Nidan/hetu has a basic role in forming any disease, its prevention forms the basis of treatment. So, Nidan parivarjan in case of Reflux disorder would be beneficial to combact the disease. Role of ayurvedic regimen- i.e deepan- pachan, snehapana and avoidance of vitiating factors like ahar- vihar evolve as the mainstay of treatment of amlapitta. [3]

KEYWORDS: *Amlapitta,* Kashyap samhita, *Swasthya rakshanam, Nidan parivarjan,* deepan- pachan, snehapana.

INTRODUCTION

Gastrpoesophageal reflux disorder means reverse passage of stomach contents into the oesophagus. It is a physiological process which occurs throughout in the healthy infants, children, and adults. Many episodes of reflux are symptomatic, which usually does not extend above the distal oesophagus.

The distinction between physiological and pathological reflux disorder in infancy and childhood is determined by the presence of reflux related complication, including weight loss (failure to thrive), erosive oesophagitis, and some signs of respiratory disease like cough, hoarseness of voice.^[4]

REVIEW OF LITERATURE

Kashyapa samhita has given a detailed description of amlapitta right from it's etiopathogenesis till the management (including pathya-apathya).

NIDAN (HETU)^[5]

- Contrary food articles (Viruddha aahar).
- Irregular meal times or skipping meals.
- Eating to late at night.
- Spicy, uncooked, sour, unctous, dry, food items like preparation of sugarcane, kullatha etc.
- Oily food stuff, fermented foods (bakery products).
- Sleeping immediately after meals.
- Stressful routine.
- Lack of rest, fast moving lifestyle
- Suppression of urges
- Working in hot areas

All these above factors result in excessive increase of "pitta dosha". This vitiated pitta dosha gets outside the body either through oral or rectal pathway and exhibits symptoms of Amlapitta. [6]

PURVAROOP (PRO-DORMAL SIGNS)^[5]

- Agnimandya
- Heart & Chest burn (retro sternal burning)

Nausea

RUPA (SYMPTOMS)^[5]

- Indigestion
- Sour or bitter belchings
- Heart/ throat burn
- Aversion towards food
- Heaviness in the abdomen
- Distension of abdomen
- Pain in abdomen
- Headache
- Nausea and vomiting
- Lethargy, diarrhoea (foul smelling)
- Chronicity of the disease may further lead to gastric ulceration

CASE DETAILS

A 12 years male child weighing 46.5 kg; residing in Osmanabad, reported to the *Kaumarbhritya* Opd of Government Ayurvedic Hospital, Osmanabad with following complaints.

- Recurrent episodes of nausea----- 4-5 months (on & off)
- Vomiting----- 1-2 months (on & off)
- Regurgitation of gastric contents----- 1-2 months (on & off)
- Weight loss----- 1 month (2-2.5kgs)
- Recurrent episodes of indigestion----- 1-2 months (on & off)
- Headache-mild------ 15 days (on & off)

Associated complaints

Running nose

History of past illness

H/O hospitalization twice in last 3 months for acute gastritis with dehydration.

H/O of repeated oral medications for above mentioned complaints.

As the child had minimal relief and symptomatic treatment with modern medication/protocol were used every time. Due to lack relief, the parents decided to opt for ayurvedic treatment.

Diagnosis (Clinical & Investigations)

- Clinically on basis of sign and symptoms.
- ➤ Also h/o aggravation of signs when aahar and vihar were unsuitable.
- ➤ Endoscopy:- S/O early changes of mild esophagitis (lower portion of oesophagus)= 2 months back (July 2017).

Laboratory investigations

ESR = 22

Hb% = 9gm/dl

TLC = 6200 (N-60; L-34; E-3; M-3; B-0)

BSL = 79

Urine (R&M) = NIL

LFT's = Sr.Bil = 0.8 mg/dl

SGOT = 30 IU/ml

SGPT = 27 IU/ml

KFT's = Bl. Urea = 22 mg/dl

Sr. Creatinine = 0.6

Previous Treatment^[7]

- > Antacids, Antiemetics
- Antibiotics (for respiratory symptoms)
- ➤ Antitussives / Bronchodilators (cough)

Assessment criteria and Observations (mild=+; moderate=++; severe=+++)

| SR. no | Sign/ Symptoms | Day1 | Day15 | Day30 | Day 45 |
|--------|---|------|-------|-------|---------------|
| 1 | Recurrent episodes of Nausea and vomiting | ++ | ++ | + | Nil |
| 2 | Regurgitation of Gastric contents | ++ | ++ | + | + to Nil |
| 3 | Weight | 46.5 | 46 | 47.5 | 49 |
| 4 | Indigestion | ++ | + | Nil | Nil |
| 5 | Headache | + | + | Nil | Nil |

Ayurvedic protocol used $^{[8,9,10,11]}$

| Sr. No. | Principle | Ayurvedic regimen | No of Days |
|------------|--------------------------------------|---|------------------------------------|
| 1 | Deepan and Pachan | Avipattikar Churna | 5 |
| 2 | Snehana (Oleation) (Abhyantar) | Panchatikta Ghrita Pana (Vardhaman matra) | 4(30ml-100ml) |
| 3 | Abhyantar Chikitsa | a) Amalaki Churna b) Yashtimadhu sidhha Ghruta pana | 21 days 45 days |
| 4 | Yoga Abhyas | Vajrasan, Surya namaskar, Pranayaam | Advised daily to improve digestion |

Pathya-Apathya advised

Pathya: Sita, Kushmanda avaleha (Every morning =5gm with lukewarm water.), laghumadhur-tikta-kashyay rasa pradhan aahar, lukewrm water.

Apathya: Virudha ahar (mamsa with dadhi), Amla-lavan-katu rasa pradhan aahar, kulatha, Guru ahar.

DISCUSSION

The ayurvedic regimen was given as per Amlapitta treatment principles, the preparations used were *madhur- tikta- kashya* rasatmak and *lagu- shet viryatmak*. Also following the principle of *swasthya rakshanam*, daily *yoga* (*Vajrasan*) was advised.

Mode of action

The key in the management amlapitta is to improve digestion and restore the vitiated *pitta* dosha to normal state.

<u>Avipattikar Churna</u> = Triphala, Trikatu by their property of *deepan* and *Ama pachan* (*Sama Pitta*) proved to be beneficial in this case.

<u>Panchatikta Ghruta pana</u> = After 5 days of deepan and pachan, the main focus was to provide proper oleation to the annavaha samsthan for which, snehapana for next 4 days was advised. It was started as 30ml-50ml-80ml-100ml. *Koshna jalapan* was advised during this phase to avoid *sneha vyapad*. The 5 ingredients of Panchatikta ghrita according to bhavaprakash are *pittaghana* in activity and hence cautiously used.

Amalaki Churna = Amalaki being tridoshaghna, primarily has rakta gamitva thereby boosting proper functioning of rakta dhatu and pitta dosha. Rasayana by activity (according to charaka) helps not only to balance doshas, but also nourishes the body.

Yashtimadhu Ghruta= Licorice (yashtimadhu) acts as a antacid and reduce free and total HCL levels in the stomach. It decreases gastric irritation to the peptic mucosa, and also has an anti-inflammatory and anti ulcer effect. The active constituents inhibit the growth of helicobacter pylori (linked to gastritis and ulcers), provides relief in reflux disorder.

RESULT

The patient was followed for 45 days, he had immense relief in sign and symptoms of *amlapitta*. A hematinic was prescribed for next 3 months and once a month follow up was advised.

An endoscopy was repeated after 2 months which revealed healing mucosal phase changes in the oesophagus.(Sept-2017).

CONCLUSION

No aggravation in signs and symptoms of Amlapitta were seen. Thus, *ayurvedic* modalities also can be beneficial in *the chikitsa* of Amlapitta.

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