

## A COMPARATIVE REVIEW OF SADDYO VIRECHANA AND CLASSICAL VIRECHANA WITH ARAGWADHADI AVALEHA IN THE MANAGEMENT OF AMLAPITTA

Mansi Kukreti<sup>1</sup>, Arvind Kumar Gupta<sup>2</sup>, Akshay Verma<sup>3</sup>

<sup>1</sup>PG Scholar, Himalayiya Ayurvedic Medical College, Dehradun, Uttarakhand, India.

<sup>2</sup>Professor, Himalayiya Ayurvedic Medical College, Dehradun, Uttarakhand, India.

<sup>3</sup>Assistant Professor, Himalayiya Ayurvedic Medical College, Dehradun, Uttarakhand, India.

Article Received on 8 May 2026,  
Article Revised on 11 May 2026,  
Article Published on 16 May 2026,

<https://doi.org/10.5281/zenodo.20225419>

### \*Corresponding Author

Mansi Kukreti

PG Scholar, Himalayiya Ayurvedic  
Medical College, Dehradun,  
Uttarakhand, India.



**How to cite this Article:** Mansi Kukreti<sup>1</sup>, Arvind Kumar Gupta<sup>2</sup>, Akshay Verma<sup>3</sup> (2026). A Comparative Review Of Saddyo Virechana And Classical Virechana With Aragwadhadi Avaleha In The Management Of Amlapitta. World Journal of Pharmaceutical Research, 15(10), 624-632.

This work is licensed under Creative Commons Attribution 4.0 International license.

### ABSTRACT

**Background:** Amlapitta is a Pitta-dominant disorder of Annavaha Srotas characterized by amlodgara, hridkantha daha, klama, utklesha, avipaka and chardi. Classical descriptions of Amlapitta are available in Kashyapa Samhita and Madhava Nidana, and the condition can be clinically correlated with acid-peptic disorders including hyperacidity, gastritis and gastroesophageal reflux disease.<sup>[1,2]</sup> **Aim:** To comparatively evaluate the conceptual basis, clinical applicability and therapeutic relevance of Saddyo Virechana and Classical Virechana using Aragwadhadi Avaleha in the management of Amlapitta. **Materials and Methods:** A narrative review was carried out using classical Ayurvedic texts, published review literature and contemporary biomedical sources related to Amlapitta, Virechana Karma, Saddyo Shodhana, Aragwadhadi Avaleha, hyperacidity, gastritis and GERD. The collected material was analysed for disease pathogenesis, probable mode

of action and comparative clinical utility. **Results:** Classical Virechana provides systematic Shodhana through Purva Karma, Pradhana Karma and Paschat Karma, making it more suitable for chronic and recurrent Pittaja presentations. Saddyo Virechana offers prompt elimination of Utklista Pitta with better practicality in selected patients who cannot tolerate prolonged preparation. Aragwadhadi Avaleha acts as a Mridu Virechaka and Pittashamaka formulation, supporting controlled purgation.<sup>[3,4,5]</sup> **Conclusion:** Both Classical Virechana and

Saddyo Virechana have a rational place in Amlapitta management. Classical Virechana may be preferred where deep Shodhana is needed, while Saddyo Virechana may be considered in mild-to-moderate presentations requiring immediate Dosha elimination. Selection should be based on Rogi Bala, Roga Bala, Agni, Dosha Avastha and clinical feasibility.

**KEYWORDS:** Amlapitta, Virechana Karma, Saddyo Virechana, Aragwadhadi Avaleha, Panchakarma, Pittaja Vyadhi.

## INTRODUCTION

Amlapitta is a common disorder of Annavaha Srotas caused by vitiation of Pitta Dosha due to improper diet, lifestyle irregularity and psychological stress. It manifests with amlodgara, hridkantha daha, klama, utklesha and avipaka. In contemporary clinical understanding, it can be correlated with hyperacidity, gastritis and gastroesophageal reflux disease because of overlapping features such as sour eructation, burning sensation, nausea and epigastric discomfort.<sup>[1]</sup>

Ayurveda emphasizes Shodhana therapies for the elimination of vitiated Doshas. Among them, Virechana Karma is considered a principal therapeutic measure for Pitta-dominant conditions. It removes aggravated Pitta through Adhomarga after appropriate preparation, thereby correcting Agni and reducing recurrence of Pittaja symptoms.<sup>[3,4,5]</sup>

However, the classical procedure requires Snehana, Svedana, careful assessment, Samsarjana Krama and appropriate clinical monitoring. These requirements may reduce feasibility in patients with busy lifestyles, poor tolerance to Snehapana, Mandagni or Utklesha. In such selected situations, Saddyo Virechana can be conceptually understood as a practical, immediate purificatory approach aimed at prompt elimination of Utklista Pitta without elaborate preparatory procedures. In contrast, Saddyo Virechana provides a simplified approach that is easier to administer and more practical in today's time.<sup>[4,6]</sup>

Aragwadhadi Avaleha, having Mridu Virechaka, Anulomana and Pitta-shamaka properties, is commonly used as a mild purgative formulation in Amlapitta. Therefore, a comparative review of Saddyo Virechana and Classical Virechana with Aragwadhadi Avaleha is clinically relevant.<sup>[7,8]</sup>

## AIM

To comparatively evaluate the therapeutic rationale and clinical applicability of Saddyo Virechana and Classical Virechana using Aragwadhadi Avaleha in the management of Amlapitta.

## OBJECTIVES

- To review the Ayurvedic pathogenesis and clinical features of Amlapitta.
- To analyse the classical basis of Virechana Karma in Pittaja disorders.
- To evaluate the rationale of Saddyo Virechana in Amlapitta where prompt Pitta elimination is clinically desirable.
- To compare the probable clinical utility of Saddyo Virechana and Classical Virechana with Aragwadhadi Avaleha.

## MATERIALS AND METHODS

This article is a narrative review. Classical Ayurvedic texts including Kashyapa Samhita, Madhava Nidana, Charaka Samhita, Ashtanga Hridaya, Sharangadhara Samhita and Bhavaprakasha Nighantu were reviewed for references related to Amlapitta, Pitta, Agni, Shodhana, Virechana and Aragwadha. Contemporary sources were screened for information related to hyperacidity, gastritis and GERD. The search terms included Amlapitta, Virechana Karma, Saddyo Virechana, Sadya Shodhana, Aragwadhadi Avaleha, acid-peptic disorder, hyperacidity, gastritis and gastroesophageal reflux disease.<sup>[1,2,3,4,7,8,11,12]</sup>

**Inclusion criteria:** Classical references and published literature directly relevant to Amlapitta, Virechana Karma, Pittaja disorders, Aragwadha/Aragwadhadi formulations and modern acid-peptic disorders were included.

**Exclusion criteria:** Irrelevant sources, duplicated information and sources lacking clear textual relevance were excluded. No patient intervention or clinical data analysis was performed in this review.

## Review of Literature

### Amlapitta

Amlapitta is a well-recognized gastrointestinal disorder in Ayurveda. Although detailed independent description is limited in Brihatrayi, Kashyapa Samhita provides an elaborate account of Amlapitta, while Madhava Nidana describes its Nidana and clinical

manifestations. The word Amlapitta denotes Pitta that has acquired excessive Amla quality due to improper digestion and Vidagdha Avastha.<sup>[1,2]</sup>

### **Nidana**

In Ayurveda, Nidana plays a crucial role in disease manifestation by disturbing Agni and vitiating Doshas. Amlapitta is primarily a Pitta-pradhana Vyadhi arising due to Agnimandya, resulting in Vidagdha Pitta acquiring excessive Amla Guna.<sup>[1,2]</sup>

### **The important Nidana may be grouped as follows**

- Aharaja Nidana: Ati-amla, ati-lavana, katu, ushna, vidahi ahara; guru and snigdha ahara in Mandagni; fermented food; stale food; Viruddhahara; irregular meals; overeating; fasting followed by heavy meals; excess fried, spicy food, tea, coffee and alcohol.
- Viharaja Nidana: Ratrijagarana, Divasvapna, Ativyayama, exposure to heat, sleeping immediately after meals, Vegadharana and irregular routine.
- Manasika Nidana: Chinta, Krodha, Shoka, Bhaya, mental stress and occupational pressure.

Madhava Nidana states: "*Viruddha-dushta-amla-vidahi-pitta-prakopi pana-anna bhujovidagdham; pittam sva-hetu-upachitam pura yat tad amlapittam pravadanti santah.*" This supports the role of incompatible, sour, Vidahi and Pitta-provoking food in the manifestation of Amlapitta.<sup>[1]</sup>

### **Samprapti**

Samprapti is the process of disease formation beginning from the contact of Nidana with the body up to complete manifestation of symptoms. In Amlapitta, repeated intake of Pitta-provoking factors leads to vitiation of Pitta along with disturbance of Vata and Kapha. This produces Jatharagnimandya, Vidagdha Ahara and Shukta formation in Amashaya. Further association of vitiated Pitta with Vidagdha Ahara leads to Amlapitta with cardinal symptoms such as Amlodgara, Hridkantha Daha, Utklesha and Avipaka.<sup>[12]</sup>

**Nidana sevana -> Agnimandya -> Vidagdha Ahara/Pitta -> Shukta Avastha in Amashaya -> Utklista Pitta -> Amlapitta Lakshana**

### **Lakshana<sup>[10]</sup>**

- Amlodgara - sour belching
- Klama - fatigue
- Hridkantha Daha - burning in chest and throat

- Avipaka - indigestion
- Utklesha and Chardi - nausea and vomiting

### Modern Correlation

Amlapitta, as described in Ayurveda, can be closely correlated with various acid-peptic disorders in modern medicine, primarily involving abnormalities in gastric acid secretion and digestive function. The symptomatology and pathogenesis of Amlapitta resemble conditions such as **hyperacidity, gastritis, and gastroesophageal reflux disease (GERD)**. In modern terms, Amlapitta can be understood as a disorder caused by **excess secretion of gastric acid (HCl)**, impaired gastric mucosal defense, and dysfunction of digestion. The vitiation of **Pitta Dosha**, which possesses qualities like Ushna (hot), Tikshna (sharp), and Amla (acidic), is comparable to increased acidity and irritation of the gastric mucosa. When this aggravated Pitta affects the Amashaya (stomach), it leads to symptoms similar to modern clinical features such as **Heartburn** (retrosternal burning), Acid reflux, Sour belching, Nausea and vomiting, Epigastric pain and discomfort. Furthermore, causative factors such as irregular diet, spicy and oily food, stress, alcohol consumption, and sedentary lifestyle are common in both Amlapitta and modern gastrointestinal disorders, highlighting a strong overlap in etiology. In conclusion, Amlapitta can be broadly correlated with **acid-peptic disorders**, especially **hyperacidity, gastritis, and GERD**, with Ayurveda offering a holistic understanding that includes digestive fire (Agni), metabolic toxins (Ama), and Dosha imbalance as key contributors to the disease process.<sup>[11,12]</sup>

### Virechana Karma

Virechana Karma is one of the principal Shodhana procedures described under Panchakarma and is specifically indicated for elimination of vitiated Pitta Dosha. Charaka and Vagbhata describe Virechana as a major therapy for Pittaja conditions and explain its systematic procedure. By eliminating aggravated Dosha through Adhomarga, Virechana supports Srotoshodhana, Agni restoration and Samprapti Vighatana.<sup>[3,4,5,6]</sup>

In Amlapitta, the pathology originates in Agnidushti and Vidagdha Pitta. Therefore, Virechana is rational because it removes the vitiated Pitta from its pathological state rather than only suppressing symptoms. Classical Virechana with proper Purva Karma, Pradhana Karma and Paschat Karma is more suitable in chronic, recurrent and severe presentations where deep Shodhana is required.<sup>[3,4,5]</sup>

### Saddyo Virechana

Saddyo Virechana is a simplified form of purgation administered without elaborate preparatory procedures. It is suitable only in selected clinical situations such as mild-to-moderate disease, Utklista Dosha, poor tolerance to prolonged Snehapana, or when immediate Pitta elimination is needed. In Amlapitta, Pitta is already liquefied, mobile and often associated with Utklesha; hence direct elimination can be conceptually justified.<sup>[4,6]</sup>

It should be emphasized that a direct classical statement specifically naming "Saddyo Virechana in Amlapitta" is not available in standard texts. Its use should therefore be justified through the broader principles of Sadya Shodhana, Utklista Dosha elimination, Pitta Shodhana and Yukti-based clinical decision-making.<sup>[4,6]</sup>

### Need for Saddyo Virechana in Amlapitta

- Agni is already impaired; prolonged Snehapana may not be tolerated in all patients.
- Nausea, Utklesha and heaviness may worsen with excessive Snigdha intake.
- Patients with mild-to-moderate symptoms may require a shorter, feasible purificatory approach.
- Prompt elimination of Utklista Pitta may provide early symptomatic relief.

### Aragwadhadi Avaleha

Aragwadha (*Cassia fistula* Linn.) is widely described as a mild purgative and is traditionally used in conditions requiring Mridu Virechana. Aragwadhadi Avaleha can be considered useful in Amlapitta because of its Mridu Virechaka, Pitta-shamaka and Anulomana actions. The Avaleha form also improves palatability and ease of administration.<sup>[7,8]</sup>

The verse included in the manuscript - "*Kashayaenathava tasya trivrit churnam gudanvitam, sadhayitva shanair leham lehayen matraya naram*" - supports the Avaleha form prepared with Trivrit Churna and Guda in appropriate Matra. The exact textual edition and verse location should be verified from the department library copy before final print, because pagination and verse numbering may vary between editions.<sup>[7]</sup>

### Comparative Analysis

Parameter	Saddyo Virechana	Classical Virechana Karma
Procedure	Simple, immediate purgation without elaborate preparation	Systematic Panchakarma procedure with Purva, Pradhana and Paschat Karma
Time required	Short duration	Longer duration
Clinical setting	Can be used in selected OPD/IPD settings under supervision	Preferably IPD or closely monitored setting
Intensity	Mild to moderate	Moderate to strong
Best suited for	Mild-to-moderate Amlapitta, Utklista Pitta, low feasibility for full preparation	Chronic, recurrent, severe or deeply seated Pittaja pathology
Expected outcome	Rapid symptomatic relief and better compliance	Deeper Shodhana, Agni correction and lower recurrence tendency
Limitations	Not ideal for severe disease or deeply seated Dosha	Time-consuming and needs strict patient compliance

### Probable Mode of Action

In Ayurvedic terms, Aragwadhadi Avaleha supports Anulomana and Mridu Virechana, helping to expel Utklista Pitta from Amashaya-Pakwashaya through Adhomarga. In Classical Virechana, Snehana and Svedana mobilize Doshas from Shakha to Koshta before expulsion. In Saddyo Virechana, the already Utklista and Drava nature of Pitta in Amlapitta provides a practical basis for direct elimination.<sup>[3,4,5,7]</sup>

In modern correlation, purgation may reduce gastric overload, improve bowel clearance, regulate gut motility and indirectly support reduction of dyspeptic symptoms. However, these mechanisms require further clinical validation through well-designed trials.<sup>[11,12]</sup>

### DISCUSSION

Amlapitta is a Pitta-predominant disorder arising from Agnimandya leading to Ama formation and Vidagdha Pitta. Management therefore requires elimination of aggravated Pitta along with correction of impaired Agni. Virechana Karma is regarded as the principal therapeutic intervention for Pittaja disorders as it achieves Samprapti Vighatana through expulsion of vitiated Dosha.<sup>[1,2,3]</sup>

Classical Virechana Karma involves systematic Purvakarma, Pradhana Karma and Paschat Karma, facilitating mobilization and elimination of deeply seated Dosha. This results in Srotoshodhana, restoration of digestive fire and reduction of recurrence. It may therefore be preferred in chronic and recurrent Amlapitta where Rogi Bala and clinical feasibility permit.<sup>[4,5,6]</sup>

Saddyo Virechana provides immediate Pitta elimination without elaborate preparation. Its simplicity, shorter duration and feasibility make it relevant in present-day practice, especially in patients with mild-to-moderate symptoms, Utklesha, poor tolerance to Snehapana or limited availability of time. However, it should not be projected as a replacement for Classical Virechana in all patients.<sup>[4,6]</sup>

Aragwadhadi Avaleha acts as a Mridu Virechaka with Pittashamaka and Anulomana properties, enabling safe and controlled purgation in both procedures. While Classical Virechana offers deeper systemic purification, Saddyo Virechana provides rapid symptomatic relief. Therefore, therapy should be selected based on Rogi Bala, Rogavastha, Agni, Dosha Avastha, disease chronicity and clinical practicality.<sup>[7,8]</sup>

## CONCLUSION

Virechana Karma plays a pivotal role in Amlapitta by eliminating vitiated Pitta and restoring Agni. Classical Virechana provides profound and longer-lasting therapeutic benefits, whereas Saddyo Virechana with Aragwadhadi Avaleha offers a practical and patient-friendly option in selected cases. Avaleha offers a practical and patient-friendly alternative suitable for modern clinical settings. Individualized selection of therapy enhances treatment efficacy and expands the applicability of Panchakarma in contemporary Ayurvedic practice.

## REFERENCES

1. Madhavakara. Madhava Nidana with Madhukosha commentary, Amlapitta Nidana, Chapter 51, Verse 1. Varanasi: Chaukhambha Prakashan.
2. Vriddha Jivaka. Kashyapa Samhita, Khilasthana, Amlapitta Chikitsa Adhyaya, Chapter 16. Varanasi: Chaukhambha Sanskrit Sansthan.
3. Agnivesha. Charaka Samhita, Sutrasthana, Chikitsaprabhritiya Adhyaya, Chapter 16, Verse 20. Edited by Vaidya Yadavji Trikamji Acharya. Varanasi: Chaukhambha Surbharati Prakashan.
4. Vagbhata. Ashtanga Hridaya, Sutrasthana, Vamana Virechana Vidhi Adhyaya, Chapter 18. Edited by Harishastri Paradkar Vaidya. Varanasi: Chaukhambha Surbharati Prakashan.
5. Sushruta. Sushruta Samhita, Chikitsasthana, Vamana Virechana Sadhyopadrava Chikitsa Adhyaya, Chapter 33. Edited by Vaidya Yadavji Trikamji Acharya. Varanasi: Chaukhambha Surbharati Prakashan.

6. Agnivesha. Charaka Samhita, Siddhithana, Kalpana Siddhi Adhyaya, Chapter 1. Edited by Vaidya Yadavji Trikamji Acharya. Varanasi: Chaukhambha Surbharati Prakashan.
7. Sharangadhara. Sharangadhara Samhita, Madhyama Khanda, Avaleha Kalpana. Varanasi: Chaukhambha Surbharati Prakashan.
8. Bhavamishra. Bhavaprakasha Nighantu, Haritakyadi Varga, Aragwadha. Varanasi: Chaukhambha Bharati Academy.
9. Tripathi B. Charaka Samhita of Agnivesha with Hindi commentary. Varanasi: Chaukhambha Surbharati Prakashan.
10. Madhavakara. Madhava Nidana with Madhukosha commentary, Amlapitta Nidana, Chapter 51, Verse 2. Varanasi: Chaukhambha Prakashan.
11. Sharma PV. Dravyaguna Vijnana. Vol 2. Varanasi: Chaukhambha Bharati Academy.
12. Katz PO, Dunbar KB, Schnoll-Sussman FH, Greer KB, Yadlapati R, Spechler SJ. ACG clinical guideline for the diagnosis and management of gastroesophageal reflux disease. *Am J Gastroenterol.*, 2022; 117(1): 27-56.
13. Malfertheiner P, Megraud F, Rokkas T, et al. Management of Helicobacter pylori infection: the Maastricht VI/Florence consensus report. *Gut.*, 2022; 71(9): 1724-1762.
14. soumya patli, c.r.pujar, akshay shetty. a randomised comparative clinical study of sadhyo virechana and sneha sweda purvaka virechana in amlapitta. *Int Ayurvedic Med J.*, 2023; Volume XI(Issue 03, March 2023): 485-492. Available from: <https://doi.org/10.46607/iamj0111032023>