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CLINICAL MANAGEMENT OF *AMLAPITTA* W.S.R. HYPERACIDITY: A CASE REPORT

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ABSTRACT

Background: *Amlapitta* is a commonly encountered gastrointestinal disorder characterized predominantly by *Pitta* vitiation and manifestations such as *Amlodgara* (acidic eructation), *Daha* (burning sensation), *Avipaka*, *Utklesha* and other dyspeptic symptoms. When the aggravated *Pitta* and associated pathological manifestations have an upward course, the condition is described as *Urdhwaga Amlapitta*. Clinically, it may resemble hyperacidity, dyspepsia, gastritis and gastroesophageal reflux-related symptoms. **Case presentation:** A 40-year-old male presented with a history of acidity/*Urdhwaga Amlapitta* for approximately one year. The patient had been taking allopathic medication for symptomatic relief. His major complaints were burning sensation in the epigastric region, acidic burping, headache and vertigo. Based on the clinical presentation, the condition was diagnosed as *Urdhwaga Amlapitta*. The patient was treated with an Ayurvedic combination consisting of *Mukta Pishti 250 mg, Kaparda Bhasma 250 mg, Panchamrita Parpati 125 mg and Kamdudha Rasa 250 mg*, along with *Avipattikara Churna* 2.5 g twice daily for 30 days. **Outcome:** At the end of 30 days of treatment, the patient reported complete disappearance of the presenting symptoms, including epigastric burning, acidic burping, headache and vertigo. The clinical response was assessed as marked symptomatic remission. **Conclusion:** This case suggests that the prescribed

Ayurvedic combination may have a beneficial role in the symptomatic management of *Urdhwaga Amlapitta*.

KEYWORDS: *Urdhwaga Amlapitta*, *Amlapitta*, Hyperacidity.

INTRODUCTION

Amlapitta is an important clinical condition encountered in Ayurvedic practice. The disease is characterized by manifestations associated with increased *Amla* quality and vitiated *Pitta*, particularly involving the digestive system. Classical Ayurvedic literature describes *Urdhwaga Amlapitta* as a condition in which the pathological process manifests predominantly in an upward direction.[1]

Hyperacidity, medically framed within the spectrum of gastroesophageal reflux disease (GERD) and functional dyspepsia, results from an imbalance between aggressive gastric factors—such as hydrochloric acid and pepsin—and protective mucosal defense mechanisms. Under normal physiological conditions, parietal cells in the gastric mucosa generate acid via the ATPase proton pump, maintaining an acidic environment essential for protein digestion and pathogen defense. However, excessive acid secretion, delayed gastric emptying, or lower esophageal sphincter (LES) transient relaxations allow corrosive gastric contents to reflux into the esophagus. This causes mucosal micro-inflammation, nerve irritation, and localized tissue damage, presenting clinically as pyrosis (heartburn), acid regurgitation, and epigastric pain. Standard modern pharmacological management targets these pathways through antacids for rapid acid buffering, to block histamine-driven secretion, and proton pump inhibitors (PPIs) to suppress gastric acid production at the terminal enzymatic step.[2]

The clinical manifestations of *Urdhwaga Amlapitta* include acidic or sour eructation (*Amlodgara*), burning sensation, nausea, anorexia, heaviness, headache and other gastrointestinal complaints. Contemporary clinical studies have also used symptoms such as acid eructation, headache, abdominal heaviness and burning symptoms for assessment of *Urdhwaga Amlapitta.*

The pathogenesis may be understood in relation to impaired *Agni* and *Pitta* vitiation. Improper dietary habits, irregular meals, excessive intake of spicy, sour or oily food, stress and disturbed lifestyle may contribute to the development or aggravation of acid-related gastrointestinal symptoms.[3]

अविपाकक्लमोत्क्लेश तिक्ताम्लोद्गार् गौरवे। हृत्कन्ठ दाहारुचि..... ॥

The present case describes the clinical response of a 40-year-old male suffering from symptoms of *Urdhwaga Amlapitta* for approximately one year who was treated with a combination of classical Ayurvedic formulations for 30 days.

CASE PRESENTATION

A **40-year-old male** presented with complaints of recurrent acidity for approximately **one year**. The patient had been experiencing symptoms suggestive of *Urdhwaga Amlapitta* and had been taking allopathic medication for symptomatic management.

The major presenting complaints were.

- Burning sensation in the epigastric region.
- Acidic/sour burping.
- Headache.
- Vertigo/dizziness.
- Recurrent episodes of acidity.
- Indigestion

The chronicity of approximately one year and the recurrent nature of symptoms indicated a persistent gastrointestinal complaint. Despite the use of allopathic medication, the patient continued to experience the above symptoms, prompting Ayurvedic management.

On the basis of the clinical presentation, especially **epigastric burning and acidic eructation with associated upward symptoms**, the condition was clinically diagnosed as ***Urdhwaga Amlapitta***.

No laboratory or endoscopic investigation findings have been included in this case report because these data were not available in the supplied case information.

Ayurvedic Assessment

From an Ayurvedic perspective, the clinical manifestations were considered predominantly related to ***Pitta Dushti***, with involvement of the *Annavaha Srotas* and disturbance of normal digestive function.

The principal symptoms—burning sensation and acidic eructation—were considered important manifestations of *Amlapitta*. Headache and vertigo were considered associated symptoms occurring along with the primary gastrointestinal manifestations.

The therapeutic objectives were.

1. *Pitta Shamana*.
2. Reduction of *Amlata* and *Daha*.
3. Correction of impaired digestion.
4. Reduction of *Amlodgara*.
5. Restoration of normal gastrointestinal function.
6. Relief of associated symptoms.

Previous clinical research has used acid eructation, headache, abdominal heaviness and other gastrointestinal symptoms as clinical parameters in patients with *Urdhwaga Amlapitta*.

Therapeutic Intervention

The patient was prescribed the following Ayurvedic medicines for **30 days**.

Formulation	**Dose**	**Duration**
Mukta Pishti	250 mg	30 days
Kaparda Bhasma	250 mg	30 days
Panchamrita Parpati	125 mg	30 days
Kamdudha Rasa	250 mg	30 days
Avipattikara Churna	2.5 g BD	30 days

Thus, the treatment consisted of a combination of *Pitta-shamana* and *Amlapitta*-oriented formulations along with *Avipattikara Churna.*

Avipattikara Churna has been investigated clinically in patients with *Amlapitta*/hyperacidity. (Mangal et al.) conducted a clinical study involving patients with hyperacidity and reported improvement in symptoms including burning sensation in the upper abdomen, acid eructation and vertigo.[4]

The treatment was continued for **30 consecutive days**, following which the patient was reassessed clinically.

Assessment of Symptoms

The response to treatment was assessed based on the patient's presenting symptoms before and after the 30-day treatment period.

Clinical Parameter	**Before Treatment**	**After 30 Days**

Epigastric burning	Present	Absent
Acidic/sour burping	Present	Absent
Headache	Present	Absent
Vertigo	Present	Absent
Recurrent acidity	Present	Absent

At the completion of 30 days, the patient reported **complete disappearance of all the presenting symptoms**.

The most prominent symptom, burning sensation in the epigastric region, was completely relieved. Similarly, acidic burping, headache and vertigo were no longer reported by the patient.

DISCUSSION

The present case demonstrates a favorable clinical response in a patient with one year of symptoms suggestive of *Urdhwaga Amlapitta* following a 30-day Ayurvedic treatment regimen.

Mukta Pishti, derived from purified pearl calx, acts as a potent natural antacid by reacting directly with hydrochloric acid in the gastric lumen to elevate stomach pH and soothe esophageal burning through its marked *Sheeta* (cooling) properties.[5] *Kaparda Bhasma*, processed from cowrie shells, similarly supplies bioavailable calcium carbonate to rapidly neutralize excess gastric secretions while simultaneously dampening *Ama* (undigested metabolic toxins) without overstimulating digestive heat.[6] *Kamdudha Rasa* combines mineral antacids with *Guduchi Satva* (*Tinospora cordifolia*), delivering synergistic anti-ulcerogenic and mucosal protective effects that mitigate gastric inflammation and reduce stress-induced acid hypersecretion.[7] To address underlying gastrointestinal dysmotility, *Panchamrita Parpati* regulates gut flora, enhances mucosal healing along the intestinal lining, and prevents fermentative indigestion that leads to reflux.[8] Finally, *Avipattikara Churna* acts as an effective *Anulomana* (prokinetic and mild laxative) formulation via *Operculina turpethum*; it facilitates downward intestinal transit to relieve intra-abdominal pressure, while its carminative spices improve gastric emptying and its sugar base buffers residual acidity.[9]

For future documentation, a validated symptom-scoring system could be used at baseline and at regular intervals, such as Day 0, Day 15 and Day 30. Objective investigations may also be considered when clinically indicated to exclude other causes of persistent upper gastrointestinal symptoms. Following the 30-day course of Ayurvedic treatment, the patient

achieved complete clinical remission of all baseline symptoms. The regimen successfully resolved epigastric burning, acidic burping, headache, vertigo, and recurrent hyperacidity, with zero symptom recurrence reported by the conclusion of the treatment period. Consequently, the overall therapeutic outcome was categorized as complete symptomatic improvement at Day 30.

CONCLUSION

This case of a 40-year-old male with a one-year history of symptoms suggestive of ***Urdhwaga Amlapitta*** demonstrated complete symptomatic relief following 30 days of treatment with ***Mukta Pishti 250 mg, Kaparda Bhasma 250 mg, Panchamrita Parpati 125 mg, Kamdudha Rasa 250 mg and Avipattikara Churna 2.5 g*** **twice daily**. The major symptoms—epigastric burning, acidic burping, headache and vertigo—were absent after treatment.

The outcome indicates a favorable clinical response to the prescribed Ayurvedic regimen. Published clinical studies also report improvement in similar *Amlapitta* symptoms with Ayurvedic interventions, particularly *Avipattikara Churna*-based treatment. Nevertheless, this observation should be considered hypothesis-generating rather than definitive evidence of efficacy. Larger prospective studies with standardized diagnostic criteria, objective investigations, validated symptom scores and adequate follow-up are required to establish the effectiveness and safety of the treatment regimen.

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