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## ROLE OF *SHAMANA* AND *SHODHANA* THERAPIES IN TREATING *AMLAPITTA*: A CASE-BASED AYURVEDIC APPROACH

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### ABSTRACT

**Background:** *Amlapitta*, a commonly encountered gastrointestinal disorder in *Ayurveda*, is caused by the vitiation of *Pitta dosha*, often aggravated by improper dietary habits and lifestyle factors. It presents with symptoms such as *amla udgara* (sour belching), *hridkantha daha* (burning sensation in the chest and throat), nausea, and indigestion. The treatment of *Amlapitta* can be approached through *Shamana Chikitsa* (palliative therapy) and *Shodhana Chikitsa* (purification therapy), depending on the severity and chronicity of the condition.

**Case Presentation:** A 32-year-old male patient presented with complaints of recurrent acidity, heartburn, nausea, and postprandial discomfort persisting for eight months. Based on the assessment of *Dosha* involvement and disease severity, a combined approach of *Shamana* and *Shodhana Chikitsa* was planned. Initially, *Deepana-Pachana* therapy was administered using *Chitrakadi Vati* to enhance digestion. This was followed by *Vamana Karma* (therapeutic emesis) with *Madanaphala Churna* and *Yashtimadhu Kwatha*, aiming to eliminate aggravated *Pitta dosha*. Post-*Vamana*, *Shamana Chikitsa* was initiated with *Narikelakhanda Avaleha* and *Kamdudha Rasa* to pacify residual *Pitta* and strengthen digestion. **Results:** Significant symptomatic relief was observed within two weeks post-treatment, with a marked reduction in acidity, regurgitation, and burning sensation. By the

end of four weeks, complete remission of symptoms was noted, and no recurrence was reported during the follow-up period. The integrative approach of *Shodhana* followed by *Shamana* therapy proved effective in addressing the root cause and preventing relapse.

**Conclusion:** The case highlights the importance of a combined *Shodhana* and *Shamana Chikitsa* approach in managing chronic *Amlapitta*. *Vamana Karma* effectively expelled the aggravated *Pitta*, while *Shamana Chikitsa* ensured digestive stability and long-term relief. This case-based evidence suggests that individualized *Ayurvedic* management can provide sustainable and holistic healing in acid-peptic disorders. Further clinical trials are recommended to validate these findings on a larger scale.

**KEYWORDS:** *Amlapitta, Shamana Chikitsa, Shodhana Chikitsa, Ayurvedic Management,*

## INTRODUCTION

*Amlapitta* is a commonly encountered gastrointestinal disorder in *Ayurveda*, primarily caused by the vitiation of *Pitta dosha* along with *Kapha dosha*. It is characterized by symptoms such as *amla udgara* (sour belching), *hridkantha daha* (burning sensation in the chest and throat), nausea, and indigestion.<sup>1</sup> The causative factors include the excessive consumption of spicy, sour, and oily foods, irregular meal timings, stress, and a sedentary lifestyle, all of which lead to disturbances in *Agni* (digestive fire) and accumulation of *Ama* (toxins).<sup>2</sup>

The treatment of *Amlapitta* in *Ayurveda* is broadly classified into two therapeutic approaches: *Shamana Chikitsa* (palliative therapy) and *Shodhana Chikitsa* (purificatory therapy). *Shamana Chikitsa* aims to pacify the aggravated *Pitta dosha* using herbal formulations, dietary modifications, and lifestyle corrections.<sup>3</sup> Commonly used formulations include *Narikelakhanda Avaleha*, *Kamadudha Rasa*, *Yashtimadhu Churna*, and cooling substances like *Takra* (buttermilk) and *Guduchi Satva*. This approach is effective in mild to moderate cases where *Pitta* predominance is present without severe complications.<sup>4</sup>

*Shodhana Chikitsa*, on the other hand, is a deeper cleansing therapy that eliminates aggravated *Pitta* from the body through *Panchakarma* procedures, ensuring long-term relief and prevention of recurrence. *Vamana Karma* (therapeutic emesis) is the primary choice for severe or chronic *Amlapitta*, using *Madanaphala Churna* and *Yashtimadhu Kwatha*.<sup>5</sup> After *Vamana*, *Pachana* (digestive correction) and *Rasayana* (rejuvenation) therapies are

administered to restore normal digestion and metabolism. The choice between *Shamana* and *Shodhana Chikitsa* depends on disease severity, chronicity, and the patient's constitution (*Prakriti*).<sup>6</sup>

GERD, the modern counterpart of *Amlapitta*, is one of the most common digestive disorders worldwide. Its prevalence varies significantly across regions, with North America reporting rates between 18.1% to 27.8%, Europe 8.8% to 25.9%, East Asia 2.5% to 7.8%, and the Middle East 8.7% to 33.1%. A meta-analysis estimated that GERD affects around 13.98% of the global population, impacting over 1 billion people worldwide. The primary risk factors include obesity, poor dietary habits, smoking, alcohol consumption, stress, and sedentary lifestyles.<sup>7</sup>

In India, the prevalence of GERD and acid-peptic disorders is rising due to urbanization, dietary shifts, and lifestyle changes. Studies indicate that the prevalence of GERD in India ranges from 11% to 38.8%, depending on demographic and dietary factors. It has also been observed that 25-30% of the Indian population suffers from dyspepsia, a condition closely related to *Amlapitta*. Increased consumption of spicy, fried, and processed foods, coupled with irregular eating habits and high stress levels, significantly contributes to this growing burden.<sup>8</sup>

Modern medicine primarily manages GERD with proton pump inhibitors (PPIs), antacids, and H2 blockers. While these medications provide symptomatic relief, their long-term use is associated with dependency, gut microbiota imbalance, and nutrient malabsorption. In severe cases, untreated GERD can lead to complications such as Barrett's esophagus and esophageal cancer. This highlights the need for a holistic, integrative approach that not only alleviates symptoms but also addresses the root cause.<sup>10</sup>

Unlike conventional treatments, *Ayurveda* offers a sustainable and side-effect-free approach through *Shamana* and *Shodhana Chikitsa*. *Shamana therapy* effectively manages symptoms and strengthens digestion, while *Shodhana therapy* provides deep detoxification to prevent recurrence. In addition, dietary modifications, lifestyle corrections, and stress management techniques are integral to ensuring long-term digestive health.<sup>11</sup>

Understanding the epidemiology and modern concerns of GERD highlights the necessity of an integrative approach to managing *Amlapitta*. While modern medicine provides quick symptomatic relief, *Ayurveda* focuses on root-cause treatment, detoxification, and digestive

restoration through *Shamana* and *Shodhana Chikitsa*. Given the increasing prevalence of GERD globally and in India, a combination of Ayurvedic therapies, dietary modifications, and lifestyle corrections can provide long-term relief and prevent complications.<sup>12</sup>

## AIM AND OBJECTIVES

### Aim:

To analyze the effectiveness of *Shamana Chikitsa* and *Shodhana Chikitsa* in the management of *Amlapitta* through a case-based Ayurvedic approach.

### Objectives:

1. To evaluate the role of *Shamana Chikitsa* in alleviating symptoms of *Amlapitta* such as acidity, heartburn, nausea, and indigestion.
2. To assess the efficacy of *Shodhana Chikitsa*, particularly *Vamana Karma*, in eliminating aggravated *Pitta dosha* and preventing recurrence.
3. To compare the effectiveness of *Shamana* and *Shodhana* therapies in different stages and severity of *Amlapitta*.
4. To study the impact of *Pathya-Apathya* (dietary and lifestyle modifications) in supporting long-term digestive health.
5. To analyze any adverse effects or complications associated with Ayurvedic management and ensure the safety of the interventions.
6. To provide clinical evidence supporting an integrative *Ayurvedic* approach to managing acid-peptic disorders.

## Materials and Methods

### Study Design

This study is a case-based observational analysis conducted to evaluate the effectiveness of *Shamana Chikitsa* and *Shodhana Chikitsa* in managing *Amlapitta*. The patient was assessed before, during, and after treatment with regular follow-ups.

### Patient Selection Criteria

### Inclusion Criteria:

- Patients diagnosed with *Amlapitta* based on *Ayurvedic* and modern clinical symptoms.

- Individuals aged between 18-50 years.
- Patients with mild to moderate *Amlapitta* symptoms, including acidity, heartburn, nausea, belching, and indigestion.
- Those willing to adhere to *Pathya-Apathya* (dietary and lifestyle modifications).

#### **Exclusion Criteria:**

- Patients with severe GERD or complications like esophagitis, Barrett's esophagus, or peptic ulcers.
- Individuals on long-term proton pump inhibitors (PPIs) or H2 blockers.
- Pregnant or lactating women.
- Patients with systemic disorders like diabetes, hypertension, chronic liver disease, or malignancies.

#### **Intervention**

##### **1. Shodhana Chikitsa (Purificatory Therapy):**

- *Deepana-Pachana* with *Chitrakadi Vati* (250 mg TDS for 3 days) to enhance digestion before *Vamana*.
- *Vamana Karma* (therapeutic emesis) using:
  - *Madanaphala Churna* – 2 gm
  - *Yashtimadhu Churna* – 2 gm
  - *Vacha Churna* – 1 gm
  - *Saindhava* – 2 gm
  - *Godugdha (Akantha Pana)*
  - *Vamanopaga Dravya* – *Yashtimadhu Kwatha*

##### **2. Shamana Chikitsa (Palliative Therapy) Post-Vamana**

- *Narikelakhanda Avaleha* – 15 gm BD with lukewarm milk.
- *Kamdudha* – 125 mg BD.

- Dietary modifications (*Pathya-Apathya*), including cooling and alkaline foods, light meals, and proper hydration.

### 3. External Therapy:

- *Abhyanga* (oil massage) with *Nimbadi Taila* followed by *Swedana* (fomentation).
- *Guru Pravaraṇa* (*Nisargaja Swedana* – wearing of heavy clothing) to maintain body heat post-*Vamana*.

### Outcome Measures

- **Primary Outcome:** Reduction in symptoms such as acidity, heartburn, regurgitation, nausea, and bloating.
- **Secondary Outcome:** Prevention of recurrence and improvement in overall digestive function.
- **Safety Assessment:** Observation for any adverse effects during and after treatment.

### Follow-Up and Assessment

- **Baseline Assessment:** Symptom evaluation before starting therapy.
- **Weekly Follow-Ups:** Symptom tracking at the end of Week 1, Week 2, and Week 4 using a standardized symptom severity scale.
- **Final Outcome Assessment:** At the end of four weeks, focusing on symptom reduction, digestive function improvement, and recurrence prevention.

### CASE HISTORY

A 32-year-old male IT professional presented with frequent acidity, heartburn, sour belching, burning sensation, nausea, and heaviness in the abdomen for eight months, aggravated by spicy food, stress, and irregular meals. He had poor sleep habits, a sedentary lifestyle, high stress, and frequent junk food intake. Ayurvedic examination indicated Pitta-Kapha Prakriti, Tikshna Agni, and Pitta-dominant pulse, leading to a diagnosis of Pitta-dominant *Amlapitta*. Treatment included Deepana-Pachana therapy with *Chitrakadi Vati*, followed by *Vamana Karma* (*Madanaphala Churna*, *Yashtimadhu Kwatha*, *Saindhava*, *Godugdha*). Post-*Vamana*, Shamana Chikitsa with *Narikelakhanda Avaleha* and *Kamdudha Rasa* was given, along with dietary and lifestyle modifications. External therapies like *Abhyanga* with *Nimbadi Taila*,

Swedana, and Guru Pravarana were also implemented. Within one week, acidity and bloating reduced, by week two, belching and burning subsided, and by week four, symptoms completely resolved with no recurrence, confirming the efficacy of an integrative *Shodhana* and *Shamana* approach for *Amlapitta*.

### Patient Information

Parameter	Details
Age	32 years
Gender	Male
Occupation	IT Professional
Residence	Urban area

### Chief Complaints

Symptoms
Frequent acidity and heartburn (8 months)
Sour belching ( <i>amla udgara</i> ) after meals
Burning sensation in the chest and throat ( <i>hridkantha daha</i> )
Occasional nausea
Feeling of heaviness in the abdomen
Symptoms aggravated by spicy and fried food

### History of Present Illness

Observation
Initially mild symptoms, worsened over time
Increased discomfort during stressful situations
Symptoms aggravated with irregular meal timings
Temporary relief with OTC antacids

### History of Past Illness

Condition
No history of gastric ulcers or major GI diseases
No known diabetes, hypertension, or liver disorders
No significant history of hospitalization or surgery

### Family History

Observation
No family history of peptic ulcers, GERD, or major GI disorders

### Dietary History

Parameter	Details
Food Preferences	Predominantly spicy and fried foods, irregular meal timings
Water Intake	Less than 1.5 liters per day
Tea/Coffee Consumption	3-4 cups per day
Milk and Dairy	Occasional intake
Junk Food	Frequent, especially during work hours

### Lifestyle History

Parameter	Details
Sleep Pattern	Irregular, sleeps late (~1 AM), wakes up late
Physical Activity	Minimal, sedentary desk job
Stress Levels	High due to work pressure
Alcohol/Smoking	Occasional alcohol consumption, no smoking



**Bowel and Bladder Habits**

Parameter	Details
Bowel Movement	Occasional constipation, incomplete evacuation
Urinary Symptoms	No burning sensation during urination

**Vital Examination**

Vital Parameter	Observation
Pulse Rate	78 beats per minute (Pitta dominance)
Blood Pressure	120/80 mmHg (Normal)
Respiratory Rate	18 breaths per minute (Normal)
Temperature	98.6°F (Normal)
Oxygen Saturation (SpO <sub>2</sub> )	98% (Normal)
Body Weight	72 kg
BMI (Body Mass Index)	24.8 kg/m <sup>2</sup> (Normal)

**Systemic Examination**

System	Findings
Gastrointestinal System	Mild epigastric tenderness, bloated abdomen, increased acid reflux sensation.
Cardiovascular System	Normal heart sounds (S1, S2), no murmurs, pulse regular.
Respiratory System	Normal vesicular breath sounds, no wheezing or crackles.
Nervous System	Conscious, alert, no focal neurological deficits.
Integumentary System	No skin rashes or pigmentation, normal hydration.
Musculoskeletal System	Normal muscle tone and joint movements.

### Ashta Vidha Pariksha

Pariksha	Observations in <i>Amlapitta</i>
1. Nadi Pariksha (Pulse Examination)	<i>Pitta</i> -dominant pulse (Teekshna, fast, bounding) with a slight <i>Kapha</i> influence.
2. Mutra Pariksha (Urine Examination)	Yellowish urine ( <i>Pittaja Prakopa Lakshana</i> ), sometimes with a slight burning sensation if excessive <i>Pitta</i> is present.
3. Mala Pariksha (Stool Examination)	Loose stools, occasional constipation, or incomplete evacuation due to digestive irregularities.
4. Jihva Pariksha (Tongue Examination)	Slightly coated yellowish tongue, indicating <i>Pitta-Kapha</i> imbalance and presence of <i>Ama</i> .
5. Shabda Pariksha (Voice Examination)	Hoarseness or mild burning in the throat due to acid reflux; voice may sound dry or irritated.
6. Sparsha Pariksha (Touch Examination)	Mild epigastric tenderness on palpation, indicating excess <i>Pitta</i> in the stomach.
7. Drik Pariksha (Eye Examination)	Slight redness in eyes, a sign of <i>Pitta prakopa</i> (heat accumulation); sometimes watery eyes if associated with acid regurgitation.
8. Akrti Pariksha (Body Examination)	<b>Pitta-dominant features:</b> Slightly lean body frame, warm skin, irritable temperament, and excessive thirst.

### Clinical Diagnosis

Diagnosis
<i>Pitta</i> -dominant <i>Amlapitta</i> requiring <i>Shodhana</i> and <i>Shamana Chikitsa</i>

### Treatment Plan

Drug	Anupana (Adjuvant)	Dose	Dosage Frequency
<i>Narikelakhanda Avaleha</i>	Lukewarm milk	15 gm	Twice daily (BD)
<i>Kamdudha Rasa</i>	Lukewarm water	125 ml	Twice daily (BD)

**Shodhana Aushadhi Plan (Panchakarma Plan)**

Date (February)	Time	Shodhana Aushadhi & Panchakarma Procedure
1st - 3rd	8:00 AM	<i>Deepana-Pachana</i> with <i>Chitrakadi Vati</i> (250 mg TDS) to prepare digestion before <i>Vamana Karma</i> .
4th	7:00 AM	<i>Snehapana</i> (internal oleation) with <i>Ghee</i> as per <i>Pitta Prakriti</i> requirement.
5th - 6th	7:00 AM	<i>Abhyanga</i> (body massage) with <i>Nimbadi Taila</i> followed by mild <i>Swedana</i> (steam therapy).
7th	6:30 AM	<i>Vamana Karma</i> (Therapeutic Emesis) using: <i>Madanaphala Churna</i> (2 gm), <i>Yashtimadhu Churna</i> (2 gm), <i>Vacha Churna</i> (1 gm), <i>Saindhava Lavana</i> (2 gm), and <i>Godugdha (Akantha Pana)</i> .
8th - 10th	7:00 AM	<i>Samsarjana Krama</i> (post-purification diet regimen) starting with <i>Peya</i> (thin gruel) and progressing to <i>Yusha</i> (light soup).
11th - 15th	8:00 AM	<i>Rasayana Chikitsa</i> with <i>Guduchi Satva</i> and <i>Takra Kalpana</i> for digestive restoration.
16th - 20th	8:00 AM	<i>Shamana Chikitsa</i> starts with <i>Narikelakhanda Avaleha</i> (15 gm BD) and <i>Kamdudha Rasa</i> (125 ml BD).
21st - 25th	8:00 AM	Strict <i>Pathya-Apathya</i> (diet and lifestyle corrections) focusing on Pitta-pacifying foods.
26th - 28th	7:30 AM	<i>Follow-up assessment</i> for symptom relief, digestive stability, and recurrence prevention.

**Follow-up Plan**

Date (February)	Time	Drug & Dosages	Anupana (Adjuvant)	Vital Parameters
1st - 3rd	8:00 AM	<i>Chitrakadi Vati</i> – 250 mg TDS ( <i>Deepana-Pachana</i> )	Lukewarm water	Pulse: 78 bpm, BP: 120/80 mmHg, Temp: 98.6°F
4th - 6th	7:00 AM	<i>Abhyanga</i> with <i>Nimbadi Taila</i> followed by <i>Swedana</i>	None	Pulse: 80 bpm, BP: 118/78 mmHg, Temp: 98.5°F

<b>7th</b>	6:30 AM	<i>Madanaphala Churna</i> – 2 gm, <i>Yashtimadhu Churna</i> – 2 gm, <i>Vacha Churna</i> – 1 gm, <i>Saindhava Lavana</i> – 2 gm, <i>Godugdha (Akantha Pana)</i> ( <i>Vamana Karma</i> )	<i>Godugdha</i>	Pulse: 82 bpm, BP: 116/76 mmHg, Temp: 98.7°F
<b>8th - 10th</b>	7:00 AM	<i>Samsarjana Krama</i> with <i>Peya</i> (thin gruel)	Light diet progression	Pulse: 78 bpm, BP: 118/78 mmHg, Temp: 98.4°F
<b>11th - 15th</b>	8:00 AM	<i>Rasayana Chikitsa</i> with <i>Guduchi Satva</i> & <i>Takra Kalpana</i>	Buttermilk ( <i>Takra</i> )	Pulse: 76 bpm, BP: 120/80 mmHg, Temp: 98.6°F
<b>16th - 20th</b>	8:00 AM	<i>Narikelakhanda Avaleha</i> – 15 gm BD, <i>Kamdudha Rasa</i> – 125 ml BD ( <i>Shamana Chikitsa</i> )	Lukewarm milk & water	Pulse: 74 bpm, BP: 122/82 mmHg, Temp: 98.6°F
<b>21st - 25th</b>	8:00 AM	<i>Strict Pathya-Apathya</i> (Diet & Lifestyle modifications)	Diet-based	Pulse: 72 bpm, BP: 120/80 mmHg, Temp: 98.5°F
<b>26th - 28th</b>	7:30 AM	<i>Final Assessment</i> – No medications, symptom evaluation	None	Pulse: 72 bpm, BP: 118/78 mmHg, Temp: 98.5°F

## OBSERVATION AND RESULT

### OBSERVATION:

#### 1. Week 1 (Post-Deepana-Pachana & Vamana Karma)

- Reduction in acidity, bloating, and heaviness in the abdomen.
- Slight fatigue observed post-*Vamana*, but no major discomfort.
- Improved digestion and reduced dependency on previous medications.

#### 2. Week 2 (Post-Samsarjana Krama & Rasayana Therapy)

- Significant reduction in belching, heartburn, and regurgitation.
- Improved appetite and digestion without postprandial heaviness.
- No nausea or vomiting episodes reported.

#### 3. Week 3 (Shamana Chikitsa – Narikelakhanda Avaleha & Kamdudha Rasa)

- Complete relief from burning sensation in the chest and throat (*hridkantha daha*).
- Normalization of bowel movements with no constipation or indigestion.
- Sustained energy levels and improved overall well-being.

#### 4. Week 4 (Pathya-Apathya & Final Assessment)

- No recurrence of acidity or reflux symptoms.
- Patient reported comfort in digestion even after consuming mild spicy food.
- Improved sleep pattern and reduced stress-related digestive discomfort.

### RESULT:

#### Efficacy of *Shodhana* and *Shamana Chikitsa*

- *Vamana Karma* effectively eliminated excess *Pitta dosha*, leading to a marked reduction in hyperacidity, burning sensation, and belching within the first week.
- *Shamana Chikitsa* with *Narikelakhanda Avaleha* and *Kamdudha Rasa* helped restore digestive balance, strengthen digestion, and prevent recurrence.

#### Symptomatic Improvement

- Within the first week, there was a significant reduction in acidity, bloating, and nausea.
- By the second week, symptoms like burning sensation, regurgitation, and indigestion had subsided.
- By the fourth week, the patient remained completely symptom-free, indicating sustained effectiveness of the treatment.

#### Impact on Bowel and Digestive Health

- Improved Agni (digestive fire) was observed, with regularized bowel movements and no signs of constipation or indigestion.
- No postprandial discomfort or feeling of heaviness was reported by the patient.

#### Long-Term Relief and Prevention of Recurrence

- The patient remained symptom-free even after discontinuing medications, confirming the effectiveness of *Ayurvedic* interventions.

- Proper Pathya-Apathya (dietary modifications) contributed significantly to maintaining digestive stability and preventing future episodes.

### No Adverse Effects

- The entire treatment process, including *Vamana Karma* and *Shamana Chikitsa*, was well-tolerated without any adverse effects.
- The patient reported improved energy levels, better sleep, and reduced stress-related digestive discomfort.

### DISCUSSION

The present study evaluates the efficacy of Shodhana Chikitsa (Vamana Karma) followed by Shamana Chikitsa (Palliative Therapy) in the management of *Amlapitta* (hyperacidity). *Amlapitta*, a Pitta-Kapha predominant disorder, is primarily caused by improper dietary habits, irregular meal timings, and stress-related lifestyle factors, leading to Agni dushti (digestive fire imbalance) and acid reflux.<sup>13</sup> Modern medicine primarily relies on proton pump inhibitors (PPIs) and antacids, which provide symptomatic relief but may lead to dependency and adverse effects like nutrient malabsorption and gut microbiota imbalance. On the other hand, *Ayurveda* aims to correct the root cause through detoxification, pacification of aggravated *Pitta*, and dietary-lifestyle modifications.<sup>14</sup>

The study findings demonstrated that Vamana Karma, administered using *Madanaphala Churna*, *Yashtimadhu Kwatha*, and *Godugdha*, effectively eliminated excess *Pitta dosha*, leading to immediate relief from hyperacidity, nausea, and burning sensation. *Samsarjana Krama* (post-Vamana diet regimen) helped restore digestive strength, ensuring proper *Agni* regulation.<sup>15</sup> The subsequent administration of Shamana Aushadhi, including *Narikelakhanda Avaleha* and *Kamdudha Rasa*, further pacified *Pitta* and provided sustained relief from acid reflux, bloating, and indigestion. By the fourth week, the patient remained symptom-free without recurrence, highlighting the efficacy of an integrative *Ayurvedic* approach.<sup>16</sup>

Additionally, dietary and lifestyle modifications played a crucial role in preventing recurrence. The patient followed a Pitta-pacifying diet, avoiding spicy, oily, fermented, and sour foods, and incorporating cooling and easily digestible foods like *Shitali Peya*, *Takra*, and *Guduchi Satva*. Stress management through breathing exercises and meditation contributed

to reducing stress-induced hyperacidity, further supporting digestive balance.<sup>17</sup> These findings reinforce the importance of holistic intervention in managing *Amlapitta* rather than relying solely on symptomatic treatment.<sup>18</sup>

No adverse effects were observed throughout the treatment, confirming the safety and tolerability of *Ayurvedic* interventions. The study also emphasizes the need for further clinical trials with a larger sample size to validate these findings and establish *Ayurveda* as a reliable alternative or complementary therapy for GERD and acid-peptic disorders.<sup>19</sup>

### MECHANISM OF ACTION

Drug	Mechanism of Action
<b>Chitrakadi Vati</b> <sup>20</sup>	Acts as a Deepana-Pachana agent, enhancing digestion and clearing <i>Ama</i> (toxins) to prepare the body for <i>Vamana Karma</i> .
<b>Madanaphala Churna</b> <sup>21</sup>	Induces therapeutic emesis ( <i>Vamana Karma</i> ) by stimulating the stomach lining, expelling excess <i>Pitta</i> and <i>Kapha</i> from the upper GI tract.
<b>Yashtimadhu Churna</b> <sup>22</sup>	<i>Pitta</i> -shamana (acid neutralizer), soothes gastric mucosa, and promotes mucosal healing in hyperacidity.
<b>Vacha Churna</b> <sup>23</sup>	Acts as a carminative and supports the expulsion of toxins by stimulating the emetic process in <i>Vamana Karma</i> .
<b>Saindhava Lavana</b> <sup>24</sup>	Enhances bioavailability of drugs, facilitates smooth emesis, and regulates <i>Agni</i> (digestive fire) without excessive irritation.
<b>Godugdha (Milk)</b> <sup>25</sup>	Acts as a <i>Pitta</i> -shamana (coolant), protecting the gastric lining and neutralizing excess acidity.
<b>Yashtimadhu Kwatha</b> <sup>26</sup>	Works as a <i>Vamanopaga Dravya</i> , supporting the emesis process while preventing excessive irritation of the GI tract.
<b>Narikelakhanda Avaleha</b> <sup>27</sup>	Alkalizing effect, neutralizes excess stomach acid, provides mucosal protection, and soothes the digestive tract.
<b>Kamdudha Rasa</b> <sup>28</sup>	Acts as a carminative and antacid, reducing gastric irritation, balancing <i>Pitta dosha</i> , and aiding digestion.
<b>Guduchi Satva</b> <sup>29</sup>	<i>Pitta</i> -reducing <i>Rasayana</i> , enhances digestion, boosts immunity, and strengthens the gastric mucosa.
<b>Takra (Buttermilk)</b> <sup>30</sup>	Probiotic action, balances gut flora, restores <i>Agni</i> , and prevents further hyperacidity by regulating digestion.

## CONCLUSION

The study demonstrates the efficacy of an integrative Ayurvedic approach combining Shodhana Chikitsa (Vamana Karma) and Shamana Chikitsa (Palliative Therapy) in the successful management of *Amlapitta* (hyperacidity). *Vamana Karma* effectively eliminated aggravated *Pitta dosha*, providing immediate relief from acidity, heartburn, and nausea, while *Shamana Chikitsa* with *Narikelakhanda Avaleha* and *Kamdudha Rasa* further pacified *Pitta*, restoring digestive health and preventing recurrence. Dietary modifications, lifestyle corrections, and stress management played a crucial role in maintaining long-term digestive balance, ensuring symptom-free status even after stopping medications. The patient showed no adverse effects, confirming the safety and sustainability of the Ayurvedic treatment. This study highlights that a holistic Ayurvedic approach not only provides symptomatic relief but also addresses the root cause of *Amlapitta*, making it a viable, natural alternative to conventional acid-suppressing drugs, warranting further clinical validation for widespread therapeutic application.

## CONFLICT OF INTEREST –NIL

## SOURCE OF SUPPORT –NONE

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