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Effect of Virechan in the management of Amlapitta- A case study
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Abstract: Introduction: *Amlapitta* is the most prevalent illness now a days. Inappropriate diet and lifestyle choices are being made by people, which affects the digestive system. As a result, pitta is out of balance and get vitiated which frequently leads to *Amlapitta*. *Amlapitta* is a GIT disorder caused due to *Vidagdha Pitta*. *Virechan* is one of the *Panchkarma* mentioned for *Pitta* in Ayurveda. *Aamashaya* is the *Sthana* of *Pitta*, hence *Virechan* is found beneficial on *Pittajvyadhi*. **Material and Methods:** It is a case study of a 51-year-old male known case of hypertension suffering from *Amlapitta* for 5 years having complaints of abdominal pain, burning sensation in abdomen, *Amlodgar* and sometimes severe headache. This study was conducted to assess the effectiveness of *Virechan* for *Amlapitta* in terms of improvement in symptoms. After clinical evaluation of patient, *Rukshanpachan Kwath* was given to patient for 7 days. Then *Snehpan* by *Panchtiktak Ghrut* was given followed by *Virechan* with *Ichhabhedi Rasa*. *Sansrjan Krama* was advised for 7 days. Then patient was advised to take normal diet. Patient has significant relief in symptoms of *Amlapitta*. Assessment was done by using specific scoring *Amlapitta* assessment scale. **Results:** All of the symptoms of *Amlapitta* were resolved in the patient after *Virechan* within 21 days. Reduction in symptoms like abdominal pain, burning sensation in abdomen, *Amlodgar* and sometimes severe headache. **Conclusion:** In this case study highlights the significant effect of *Virechan* in the management of *Amlapitta*.

Key words: *Amlapitta, Virechan, Amlodgar, Rukshanpachan Kwath.*

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Introduction:

Amlapitta is a highly common illness which is characterised by *Amlodgara*, *Hrid Kanth Daha*, and *Avipaka*. This is one of the most pressing issues for society. A busy, hectic stressful lifestyle with irregular and improper eating patterns are important causative factor for *Amlapitta*. Charaka, Sushrut and Vagbhata has not directly described this disease. But in *Grahanidoshchikitsa* chapter, Charak has mentioned that when *Amavisha* get mixed with the *Pitta*, diseases such as *Amlapitta* will develop.^[1] Sushruta has described “*Amlika*” disease which is similar to *Amlapitta*.^[2] The description of the disease *Amlapitta* has been mentioned separately in Kashyap Samhita,^[3] In Madhav Nidan, two types of *Amlapitta* are described namely, *Urdhvaga* and *Adhoga Amlapitta*,^[4] Yogratnakar also described *Amlapitta* with treatment separately.^[5] Ayurvedic text describes causes of this disease including mainly improper diet habits such as *Virudhashana*, *Adhyashan*, *Anashan*, excessive intake of food containing *Tikta-Amla Rasa*, spicy irritant and heavy, *Abhishandi* food. some fast-food, bakery products, etc. Suppression of natural urges of urination and defecation (*Vegavdharan*), drinking excess of water while taking meal,

Diwaswap, etc.^[6] When the *Amla* and *Drava Guna* of *Pitta Dosha* become exaggerated, the disease *Amlapitta* is produced. *Amlapitta* is a frequently occurring psychosomatic disease. It can be correlated with diseases like gastritis, hyperacidity, non-ulcer dyspepsia in modern science. Antacids and PPI (proton pump inhibitor) gives symptomatic relief only and these are not reliable for long term use. Long term PPI therapy is associated with reduced absorption of iron, B12 and magnesium and small but increased risk of osteoporosis and fractures.^[7] *Amlapitta* is caused by *Vidagdha Pitta*. *Virechan* is the main treatment suggested for *Pittadoshaj Vyadhi* in Ayurveda.^[8] As *Aamashaya* is the *Sthana* of *Pitta*, *Virechan* is found beneficial on *Pittajvyadhi*. *Rakta Dhatu* and *Pitta* are related to each other. When *Raktadushi* happens, *Pitta* also gets vitiated. *Virechan* has equally advantageous effect on both *Pitta* and *Rakta dushti* diseases.^[9] Hence *Virechan* was planned for the treatment of this patient.

METHODOLOGY:**Patient information:**

A 51-year-old male known case of hypertension for 4 years came in OPD of Kayachikitsa department at GAC Nagpur having complaints of pain in

abdomen, *Amlodgar*, burning sensation in epigastric and throat region, nausea on and off and sometimes severe headache for 5 years. He took antacids and/or proton pump inhibitors when pain is more. Patient was on modern medication for hypertension. (Tab. Telmisartan 40 mg 1 OD)

History of patient:

Personal history: Patient is doing field work.

Family history: He had family history of hypertension to mother. Stress factor was observed while taking personal family history.

Personal habits: He took 4 to 5 times tea per day. He also had addiction of smoking occasionally.

Aahar: He took *Madhur*, *Snigdha*, *Katu rasatmaka aahar*, non-veg occasionally.

Past history of medicine: Tab Pan 40 mg SOS

Present history of medicine: Tab Telma 40 mg 1 OD

History of doing any work fast within time was given by him. Hence hurry, curry and worry all the three factors responsible for GI disorders were found in him.

Findings:

General examination: General condition of patient was moderate.

Patient was afebrile, pulse 78/min, blood pressure 140/90 mmHg. RR 20/min. Cyanosis, pallor, icterus were absent.

Systemic examination: In systemic examination, respiratory, cardiovascular system examination were within normal limits. Patient was conscious, active, well oriented. In per abdomen examination, abdomen was soft, non-tender, liver & spleen were not-palpable.

Ashtvidh parikshan: His *nadi* (~pulse) was *Pittaj*, *Jivha* (tongue) was *Sama* (~coated), *Akruti* was *Madhyam* having body weight 59.5Kg. *Druk* (Vision) was normal. Bowel habit were irregular. Sleep was not proper. *Dashvidh parikshan* showed that *Pittaj Prakruti*, *Madhyam Sarata*, *madhyam Satva*, *madhyam Satmya*, *Pravar Bala* and *Vyayamshakti*. middle age, *Pittaj Pradhan vikruti*, *Abhyavaran* and *Jaranshakti* was *Madhyam*.

Investigations:

Routine investigations were done. Hb% 17.8%, TLC 6460/cumm, ESR was 05 mm, Urine routine microscopy report was normal, BSL Random 88.1mg/dl. All investigations were within normal limits.

Clinical findings: Patient had complaints of pain in abdomen, *Amlodgar*, burning sensation in

epigastric and throat region, nausea on and off and sometimes severe headache for 5 years.

Diagnostic assessment:

1. *Amlodgara* (erectations with bitter or sour taste)

No <i>Amlodgara</i> at all	0
Occasionally during day or night for less than half hour after meals	1
<i>Amlodgara</i> after every intake of meal any food substance for half to 1 h, and relieved by digestion of food or vomiting	2
<i>Amlodgara</i> disturbing the patient, even small amount of fluid regurgitates to patient's mouth	3
2. *Aruchi* (loss of appetite)

Willing toward all <i>Bhojya Padartha</i> (dietary elements)	0
Unwilling toward some specific <i>Rasa</i> that is <i>Katu/Amla/Madhura Ahara</i> (bitter, sour, and sweet taste)	1
Unwilling toward liking foods but could take meal	2
Totally unwilling for meal	3
3. *Avipaka* (indigestion)

No <i>Avipaka</i>	0
<i>Avipaka</i> occurs daily after each meal takes 4–6 h for <i>Udgara</i>	1
<i>Shuddhi Lakshanas</i> Daily after each meals/seldom feels hunger but eats the foods only once in a day and does not have hunger by evening	2
Never gets hungry always heaviness in abdomen followed by <i>Gaurava</i> , <i>Alasya</i> , etc. <i>Lakshanas</i>	3
4. *Gaurava* (feeling of heaviness of the body)

Not at all	0
Occasionally feeling of heaviness	1
Heaviness remains up to the <i>Jaranakala</i> (4–6 h) only	2
Heaviness also followed by <i>Jaranakala</i> for >2 h	3
5. *Daha* (burning sensation in the chest and throat)

No <i>Daha</i> at all	0
<i>Daha</i> of mild degree	1
<i>Daha</i> of moderate degree	2
<i>Daha</i> of severe degree	3
6. *Klama* (exhaustion without any exertion)

No <i>Klama</i>	0
Lassitude without <i>Shrama</i> daily for sometimes	1
Lassitude without <i>Shrama</i> daily for long duration	2
Always feels tired and have no enthusiasms	3
7. *Utklesha* (nausea)

No <i>Utklesha</i> at all	0
Occasionally but not daily	1
Daily and after taking meal (1–2 h)	2
Frequently and feels <i>Amlasyata</i> and <i>Amlagandha</i>	3

Patient was diagnosed on the basis of clinical findings. Following assessment scale was used for signs and symptoms of *Amlapitta*.^[10]

Therapeutic interventions:

Pittaj Prakruti and *Pitta dushti*, as well as *Rakta dhatu dushti* were considered in this patient as he is a known case of hypertension. *Shodhan chikitsa* was decided as disease in chronic stage. *Virechan* is the best option for *Pittaj dushti* as described in Ayurvedic text. Studies also showed that *Virechan* is beneficial in the management of

hypertension.^[11] Hence *Virechan* was planned for this patient.

Purvakarma:

For *Agni Deepana*, *Rukshan Pachan Kwath* containing *Triphala*, *Musta*, *Vidang*, *Guduchi* was given 40 ml twice a day for 7 days. Then *Snehpan* (internal oleation with increasing dose) was started with *Panchtiktak Ghrut* from 30ml till symptoms of proper *Snehan* found in patient. (Table1)

Table1 Snehpan chart:

Day	Snehpan Matra in ml	Symptoms of Snehan
1st	30 ml	-
2nd	60ml	<i>vatanuloman</i>
3rd	90ml	<i>twagsnigdghata</i>
4th	120ml	<i>Snigdha malpravrutti</i> ,
5th	150ml	<i>Snehdwesh, snehdarshan in mala</i>

During the gap of two days (*Snehviram Kala*) and day of *Virechana*, *Sarvanga Abhyanga* (oil massage) with *Tila Taila* was done followed by *Svedana* in the morning.

Pradhankarma:

Virechana Karma was performed by the administration of *Ichhabhedi Rasa*

2 tablets along with cold water on the 3rd day after performing of *Abhyanga* and *Svedana* on empty stomach.

Paschat Karma:

Samsarjana Krama (post-*Virechana* dietary regimen) was advised for 7 days.

Observation and Results:

Table No2: *Amlapitta* assessment scale score:

Sr No	Particulars	1 st Visit	After <i>virechan</i>	Follow up After <i>Sansarjankrama</i>
1	<i>Amlodgar</i>	2	0	0
2	<i>Aruchi</i>	2	1	0
3	<i>Avipaka</i>	1	0	0
4	<i>Gaurava</i>	1	0	0
5	<i>Hrutkanthdaha</i>	2	0	0
6	<i>Klama</i>	0	0	0
7	<i>Utklesh</i>	1	0	0
	Total	9	1	0

Assessment was done by using *Amlapitta* assessment scale on the basis of improvement in signs and symptoms of the *Amlapitta*. It was

observed that on the first visit of the patient, the assessment score was 9, while after *Virechan* it decreased to 1, and after following *Sansarjan krama*, it

was zero. Hence, there was a significant decrease in the signs and symptoms of the *Amlapitta* after *Virechan* in this patient. (Table2).

Follow up: after 21 days patient came to OPD. He has no complaints. His appetite and bowel habit were good. Excess fat on abdomen was also reduced after *Virechan*. Weight 57kg. BP 130/80 mmHg. He was very satisfied with the *Virechan* and he promotes other patients for ayurvedic treatment.

DISCUSSION:

Now a days, a fast-paced life has seen in human beings. People doesn't have time to follow a healthy lifestyle and dietetic rules. A busy, hectic, stressful lifestyle with improper diet habit leads digestive impairment in which *Pitta* get vitiated and ultimately causes *Amlapitta*. There are two types of treatment described in Ayurveda, i.e., *Shodhan* and *Shaman Chikitsa*.^[12] *Shodhan chikitsa* includes *Panchkarma* in which impurities, *vitiated Dosha*, *Dhatudushti* are removed from the body.^[13] In the present study, patient was a known case of hypertension suffering from *Amlapitta*. *Virechan* was given to the patient considering *Pitta* and *Rakta Dhatu Dushti*. As per *Amlapitta* assessment scale, patient had

Amlodgar, *Aruchi*, and *Hrutkanthdaha* of moderate degree while *Avipak*, *Gaurav* and *Utklesh* of mild degree. Patient also had abdominal pain and sometimes severe headache. The effectiveness of the treatment is considered positive on the basis of scoring pattern before treatment and after the completion of treatment. In this patient, all of the symptoms of *Amlapitta* were resolved after *Virechan* within 21 days. (Table 2). It was observed that there was significant reduction in symptoms like abdominal pain, *Hrutkanthdaha*, *Amlodgar* and severe headache. In addition to this, excess abdominal fat was also reduced. Chaturvedi A. Nath G. et. al., have showed that *Virechan* is effective in the management of the obesity due to decrease in the *Escherichia coli* colonization and is active over the gut flora imbalance.^[14] In the present study, the effect of *Virechan* on signs and symptoms of *Amlapitta* was assessed on a single patient. Hence there is future scope for further researches on more patients of *Amlapitta*.

CONCLUSION:

On the basis of this study, it can be concluded that, present lifestyle that has improper diet habits, mental stress, and strain play an important role in

producing and aggravating *Amlapitta*. The effect of Virechan has seen in the reduction of excess abdominal fat and hypertension. This case study highlights the significant effect of *Virechan* in the management of *Amlapitta*.

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