

AYURVEDIC UNDERSTANDING AND MANAGEMENT OF URDHWAGA AMLAPITTA (GASTRO-ESOPHAGEAL REFLUX DISEASE) IN CHILDREN - A CASE REPORT

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ABSTRACT

Amlapitta is an *Annavaha srothasjanya vyadhi*. Excessive intake of *Virudha ahara*, *Dushta ahara*, *Amlahara*, *Vidahi ahara* and *Pitta prakopaka ahara* results in the manifestation of this disease. The main clinical features include *Avipaka*, *Klama*, *Utklesha*, *Tiktamla udgara*, *Gaurava*, *Hritkandadaha* and *Aruchi*. In older children, Gastro Esophageal Reflux Disease presents with features like acid regurgitation, heart burn, dysphagia, epigastric pain, odynophagia or painful swallowing, upper GI bleed and water brash. A 13 year old male patient was brought to the Out Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan by his parents with complaints of tendency to vomit after intake of food associated with sour belching, occasional abdominal pain and burning sensation in chest and throat region since 6 months. This condition can be understood as *Amlapitta*. After a thorough interrogation with the parents and proper evaluation regarding the present condition of the child, started with *Deepana pachana*, *Snehapana*, *Sarvanga Abhyanga*, *Nadi Sweda* and finally *Virechana*. Significant improvement was noted in the condition of the child after a course of treatment for 10 days. Then, he was discharged after advising medicines to be continued in home and the *Pathya apanya* for a period of 15 days. The condition of the child was still better than previous when assessed during follow up visit.

Keywords: *Amlapitta*, *Snehapana*, *Virechana*, Gastro-esophageal reflux disease.

INTRODUCTION

Amlapitta, coming under *Annavaha srothasjanya vyadhi* is a very common health problem seen in children due to their change in lifestyle and food habits. Excessive intake of *Aharas* which are *Virudha* (incompatible food), *Dushta* (rotten or decayed food), *Amla* (sour food items) and *Vidahi* (food that increases burning sensation), *Pitta prakopaka* (food and drinks

that aggravates *Pitta*), eating before the digestion of previous meal and indigestion results in the manifestation of *Ama*¹. Due to these *Nidanas*, *Vatadi doshas* gets aggravated and leads to mildness of *Agni*. When such a child consumes anything, it gets burnt, as a result of improper digestion, food gets acidic quality in stomach². The main clinical features includes *Avipaka*

indigestion), *Klama* (exhaustion without any exertion), *Utklesha* (nausea), *Tikta udgara* (eructation with bitter taste), *Amla udgara* (eructation with sour taste), *Gaurava* (heaviness of the body), *Hritdaha* (burning sensation in chest), *Kandadaha* (burning sensation in throat) and *Aruchi* (loss of appetite)³. There are some more clinical features mentioned in our classical texts like *Vitbheda* (diarrhoea), *Gurukoshta* (heaviness of abdomen), *Amlotklesha* (acidic eructation), *Shiroruja* (head ache), *Hritshoola* (pain in cardiac region), *Udaraadhmana* (flatulence of abdomen), *Angasada* (lethargy), *Anthrakoojanam* (gurgling sound of bowel), *Kanta urasi vidahyate* (feeling of burning sensation in throat and chest), *Romaharsha*⁴ (horripilation). *Amlapitta* is of mainly two types-*Urdhwaga Amlapitta* and *Adhoga Amlapitta*. The symptoms of *Urdhwaga Amlapitta* are *Vaantham harita peeta neela Krishna rakta raktabham atheeva cha amlam* (vomiting which is of green, yellow, blue, black, slightly red or bright red coloured sour material), which is *Mamsodakabham* (resembles wash of meat), *Atipichilam* (very sticky) and *Shleshmaanujaatam* (followed by *Kapha*). *Kanda hrit kukshi daham* (burning sensation in chest and throat region and upper part of abdomen), associated with *Shirorujam* (head ache), *Karacharana daham* (burning sensation in palms and soles), *Oushnyam* (feeling of heat), *Aruchi* (loss of appetite), *Kaphaja* type of fever, appearance of rashes over the body, with *Mandala* (circular appearance), *Kandu* (itching), *Pidaka* (with small vesicles on skin)⁵. The main treatment principles in the case of *Amlapitta* are *Nidana Parivarjana* (avoiding the causative factors), *Samshodhana* (Purificatory therapies) and *Samshamana* (Pacifying medicaments). As there was a 6 months long history, and considering the chronic nature, *Shodhana* in the form of *Virechana* was planned. *Deepana Pachana* was done before starting *Snehapana*, in order to remove the *Aamavastha* and to make the condition to *Niramaavastha*. In a case of *Amlapitta*, if we strictly follow the do's and don'ts in diet, then that helps in producing a soothing effect on the inner layer of the stomach, it reverses the inflammatory changes and controls the digestive secretions by which hyperacidity can be very well managed⁶.

Gastro-esophageal reflux can be defined as a dysfunction of the lower esophageal sphincter (LES) mechanism with spontaneous and effortless return of the gastric contents into the esophagus. When this GER is associated with complications like pain, respiratory disease, poor growth, then it is known by the name Gastroesophageal reflux disease (GERD)⁷. GER is a common physiologic process that occurs several times a day in healthy infants, children and adults⁸. Usually its prevalence decreases after the period of infancy. In older children, it presents with features like acid regurgitation, heart burn, dysphagia, epigastric pain, odynophagia or painful swallowing, upper GI bleed and waterbrash⁹. GERD is usually a clinical diagnosis. There is respiratory system related associated features like recurrent cough or wheeze or pneumonia, hoarseness of voice can also be seen in some cases¹⁰.

Case History:

A 13 year old male patient was brought to the Out Patient Department of Kaumarabhritya, SDM College of Ayurveda and Hospital, Hassan by his parents with complaints of tendency to vomit after intake of food associated with sour belching and occasional abdominal pain and burning sensation in chest and throat region since 6 months. This child is having a habit of showing least interest in the food prepared in home and always likes to have spicy junk food items sold in the street.

History of Present Illness:

This child was born by full term normal vaginal delivery. Baby cried immediately after birth. Birth weight was 2500 grams. No history of any NICU stay and no obvious congenital anomalies were noted during that time. All the developmental milestones were attained appropriate for age and is regularly immunized till date. This child was apparently healthy 6 months back. Then he slowly developed with lack of interest towards homely foods and prefers food and snacks from roadside sellers. He is very fond of excess spicy, salty and oily food items, snacks and non-vegetarian food items. Initially started with once in two to three days, which has increased to daily regular intake of such food stuffs. At the outset he was complaining of abdominal pain occasionally, later burning sensation while defecating and difficulty in passing stools too. Then gradually he

developed with complaints of a tendency to vomit along with sour belching and burning sensation in chest and throat area associated with lack of interest in taking food.

The parents have tried in every way they can by modifying the food recipe prepared in home daily. But the complaints persist. Then, they took the child to a Paediatrician in a nearby hospital. There they have diagnosed it as a case of Hyperacidity. They have given a set of medicines which he has taken for almost a month but did not get satisfactory relief. Even though, he was having these difficulties, still he was not ready to avoid those junk food items, which worsened his condition. Due to which, he could not go to school and concentrate on his studies too. Whatever he takes, he has all those

difficulties. He was not able to tolerate a sudden change in food when he goes to other places.

As days passed, the parents felt like there is a need to get a better solution to his problems. Someone in their neighbourhood suggested them to start with Ayurvedic medications. Then, they have decided to bring the child for a better evaluation and management in SDM College of Ayurveda and Hospital, Hassan.

After a thorough interrogation with the parents regarding the diet, life style and habits of the child and the history of present illness and after a proper evaluation regarding the present condition of the child, he was admitted to the inpatient department of our hospital and planned for *Deepana pachana*, *Snehapana*, *Sarvanga Abhyanga*, *Nadi Sweda* and finally *Virechana*.

Examination:

Table 1: Assessment of general condition of the child:

Bowel	Altered
Appetite	Slightly reduced
Micturition	Regular
Sleep	Sound

Gastrointestinal System:

Table 2: On Examination:

Inspection	No distension, umbilicus in normal position, no striae/scars and no discoloration
Palpation	Superficial and deep palpation – normal, no tenderness
Percussion	Normal tympanic note around the umbilicus
Auscultation	Normal bowel sounds

Table 3: Chief Complaints:

SL No.	Complaints	Duration
1	<i>Utklesha</i> (nausea)	6 months
2	<i>Tiktamla udgara</i> (sour belching)	6 months
3	<i>Aruchi</i> (distaste)	6 months
4	<i>Avipaka</i> (indigestion)	6 months
5	<i>Hritkandadaha</i> (burning sensation in chest and throat)	6 months
6	<i>Gaurava</i> (heaviness)	4 months
7	<i>Klama</i> (tiredness)	4 months

Treatments Given

A single course of treatment which comprises of *Deepana Pachana*, *Snehapana*, *Sarvanga Abhyanga*, *Nadi Sweda* and *Virechana* was given.

Table 4: Treatments Given:

(a) Snehana & Shodhana:

Day-1:	<i>Deepana paachana</i> with: <i>Chithrakadi vati</i> (1-1-1) before food. <i>Panchakola phanta</i> (40ml-40ml-40ml) before food.
Day-2	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (30ml) <i>Ushna jala pana</i> .
Day-3:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (70ml) <i>Ushna jala pana</i> .
Day-4:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (110ml) <i>Ushna Jala pana</i> .
Day-5:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (140ml) <i>Ushna jala pana</i>
Day-6:	<i>Snehapana</i> with <i>Mahathikthaka Ghrita</i> (180ml) <i>Ushna jala pana</i>
Day-7,8,9:	<i>Saravanga Abhyanga</i> with <i>Mahamasha thaila</i> , <i>Nadi Sweda</i>
Day-10:	<i>Saravanga Abhyanga</i> with <i>Mahamasha thaila</i> , <i>Nadi Sweda</i> <i>Virechana</i> with <i>Trivrit leha</i> (60gm) & <i>Draksha Rasa</i> (100 ml) Total number of Vegas: 12

Advise at the time of discharge:

Table 5: Advise given

SL No.	Treatment
1	Samsarjana Krama for 4 days
2	Syrup <i>Amlapitta Mishrana</i> (7.5ml BD) before food
3	<i>Shankha Vati</i> (1 Tablet BD) After food
4	Syrup <i>Madiphala Rasayana</i> (7.5ml BD) after food
5	<i>Ushna Jala Pana</i>
6	Avoid the usage of excess spicy, salty and oily food items, junk foods and non-vegetarian food. Drink luke-warm water. Consume food only after the digestion of the previous meal.

Outcome Of The Treatments:

Patient And Care Taker's Feedback:

- As per the mother's statement, around six months back, this child has developed an aversion towards food prepared in home and always craves for outside food especially street food, which is too spicy, salty and oily. Regular intake of such food and non-vegetarian food was observed in him.
- From once or twice in a week to daily consumption of such food items lead to occasional abdominal pain and slight burning sensation while defecating and difficulty in passing stool also. Later it got cleared.
- A tendency to vomit immediately after consuming any food and associated with sour belching and burning sensation in chest and throat region was the main cause of worry.
- Lack of interest in taking food and these above said difficulties has affected his general health status.
- This has in turn affected his performance in school too. Because of all these problems, he could not even take any outside food, as a sudden change in food also he was not able to adjust with.
- Here, initially he had slight hesitancy in taking ghee, then he got adjusted to it, when he started feeling better. He was more and more improving.
- Slowly, slowly, it was noted that his interest towards food has increased and digestion too improved.
- After *Snehapana* and during *Vishramakala*, slowly he started tolerating light food items.
- After *Virechana*, he was better and was happier than before. Feeling of comfort was observed in him.
- Discharge medicine was given for a period of 15 days and the child was brought once again for check-up and now he is totally got rid of his all complaints and is healthy.

Clinician Assessed Outcomes

1. In the present case, excess intake of spicy, salty, oily junk food items and non-vegetarian food items was the main culprit. The child has developed this habit almost a year ago. But consumption has increased like anything in the recent past which lead to the manifestation of such complaints.
2. Slight burning sensation while defecating and the difficulty in passing stool was observed in many children who are fond of junk foods in this era of changed lifestyle. It has resolved by itself.
3. It was observed that, his digestion is not proper, and he don't have much interest in taking food. Also, he has made it fixed in his mind that whatever he takes, he will vomit. It was not vomiting as such, but a tendency to do so.
4. After initiation of course of *Snehapana*, in the initial two days only, good change was noted in him, he looked more happy and better.
5. Appetite has very well improved in him and he slowly started asking for food to mother. No complaints of pain abdomen as well during that time.
6. After completion of *Virechana*, the general health status of the child has improved, and he was not at all having any of those problems which he was complaining off.
7. Diet advise, and dos and don'ts were also advised along with discharge medicines and evaluated him after a gap of 15 days, he was totally alright.

DISCUSSION

In the present case, the patient was having all the complaints mentioned in the *Samanya Lakshanas* of *Amlapitta* like *Avipaka*, *Klama*, *Utklesha*, *Tikta Amla udgara*, *Gaurava*, *Hrit Kanta daha* and *Aruchi*. So, the provisional diagnosis was *Amlapitta*. Since the child was tending to vomit with an equal involvement of *Pitta* and *Kapha doshas*, it was more specifically diagnosed as *Urdhwaga Amlapitta*. After diagnosing it as *Urdhwaga amlapitta*, the *Avastha* was analysed based on presence or absence of *Ama* and *Sama Pitta lakshanas*. *Aama lakshanas* were observed in the present case and it includes *Avipaka*, *Klama*, *Gauarava*, *Aruchi* and *Mala sanga*. The *Pitta dosha* in the present case

was also in the *Saama avastha* and which was evident by the presence of *Lakshanas* like *Amlodgara*, *Hrit Kanta Daha* etc. Hence the final diagnosis was made as *Saama Urdhwaga Amla Pitta*.

Since there is a 6 months long history, and the condition being chronic, *Shodhana* in the form of *Virechana* was planned. Before starting *Snehapana*, *Deepana Pachana* was done to remove the *Aamavastha* and make the condition from *Aamavastha* to *Niramaavastha*. *Deepana pachana* was done with *Chitrakadi Vati* and *Panchakola Phanta*. *Chitrakadi vati* is specifically indicated for *Ama Pachana* and *Agni Deepana* in the *Grahani Chikitsa* of *Charaka Samhita*¹¹. *Chitrakadi vati* contains *Pancha lavanas* and *Kshara dvayas* which will remove the *Aama* and the *Anubandha kapha dosha*. *Panchakola phanta* was administered to bring *Agni deepana*. After *Deepana pachana*, *Shodhanartha snehapana* was started with *Mahatiktaka ghrita*¹². *Mahatiktaka ghrita* being *Tikta rasa pradhanarasa* helped in *Pitta shamana* and it also does *Kapha harana*. In the present case of *Amlapitta*, there is a *Vridhhi* in the *Sara guna*, *Ushna guna* and *Teekshna guna* of *Pitta*. *Mahatiktaka ghrita* helped in bringing down the *Saraa guna* by its *Kleda shoshana swabhava* also. After obtaining *Samyak snigdha lakshanas*, *Sarvanga Abhyanga* with *Mahamasha taila* and *Nadi sweda* was done. *Mahamasha taila* being *Guru* in nature helped in reducing the increased *Laghu guna* of *Pitta Dosha*. *Virechana* was done with *Trivrit Leha* with *Draksha rasa* as *Anupana*. *Trivrit Leha* is *Ruksha virechana dravya*. Since there is increase in the *Drava guna* and due to *Kapha anubandhatva*, *Ruksha virechana* was preferred in this case. *Draksha rasa* also helped in *Pitta shamana* and *Vata anulomana*. The *Pratiloma gati* of *Apana vata* also played a major role in the regurgitation of acid. After *Shodhananga snehapana* followed by *Virechana*, there was significant reduction in all the *lakshanas*. The discharge medicines given were *Amlapitta mishrana*, *Shankha vati* and *Madiphala rasayana* all of which have the qualities of *Pitta Shamana* and *Agnideepana*. *Amlapitta mishrana* syrup contains *Muktashukti Bhasma* as one major ingredient which does the *Pitta shamana*. *Shankhavati* contains *Pancha lavana* and *Trikatu* which does the *Kapha harana*,

Amapachana and *Agnideepana*. *Madiphala rasayana* contains *Dadima* which does the *Pitta shamana* and *Mooda vata anulomana* and *Trikatu* which improves the *Agni* also. All the three medicines contain *Ushna gunayukta dravyas* along with *Pitta shamaka dravyas* which are appropriate for a case of *Amlapitta* in the *Sama avastha*.

Hence a case of GERD in children with a long-standing history can be approached with an appropriate *Shodhana* after due consideration of *Anubandha doshas* and the *Roga avstha*. In the present case of *Saama Urdhwaga Amlapitta*, *Snehapana* followed by *Virechana* was found to be effective.

CONCLUSION

Gastro-esophageal reflux disease (GERD) in children can be understood as *Urdhwaga Amlapitta*. The involvement of *Anubandha doshas*, *Avastha* of the *Roga* and *Rogi* needs to be thoroughly evaluated before directly administering the *Shodhana*. In the present case of GERD, *Deepana Pachana*, *Shodhanaga Snehapana* followed by *Ruksha virechana* was found to be effective in relieving all the symptoms.

REFERENCES

1. Prof.KR Srikantha Murthy, Madhava Nidanam-Roga Vinischaya of Madhavakara-English Translation, Chaukambha Orientalia Varanasi, Reprint edition: 2009.p.166.
2. Dr. P S Byadgi, Parameswarappa's Textbook of Ayurvediya Vikriti-Vijnana & Roga Vijnana, Chaukambha Publications New Delhi, first edition 2017, Volume II.p.433.
3. Prof. K R Srikantha Murthy, Madhava Nidanam-Roga Vinischaya of Madhavakara-English Translation, Chaukambha Orientalia Varanasi, Reprint edition:2009. p.166.
4. Tewari PV. Kasyapa Samhita or Vriddhajivakiya Tantra-English Translation, Chaukambha Visvabharati Varanasi, Reprint Edition: 2008.p.631.
5. Prof. K R Srikantha Murthy, Madhava Nidanam-Roga Vinischaya of Madhavakara-English Translation, Chaukambha Orientalia Varanasi, Reprint edition:2009. p.167.

6. Sowmya Mandakalli, Kavita M. B, Jyothi K, Shivakumar, Dietary intervention in Amlapitta (Hyperacidity): IAMJ- Volume 1; Issue 5; Sept – Oct 2013, p 1-4.
7. A Riyaz, Paediatric Gastroenterology & Hepatology, Paras Medical publisher, Fourth edition:2019.p.32.
8. Vinod K Paul, Arvind Bagga. Ghai Essential Pediatrics, CBS Publishers and Distributors Pvt Ltd, Ninth Edition: 2019.p.275.
9. A Riyaz, Paediatric Gastroenterology & Hepatology, Paras Medical publisher, Fourth edition:2019. p.34.
10. Chapay Soren, Textbook of Pediatrics, Paras Medical Publisher, First edition: 2016.p.251.
11. R. K Sharma, Bhagwan Dash. Caraka Samhita, English translation, Chowkhamba Sanskrit Series Office Varanasi, reprint edition: 2009.Volume IV.p.41
12. Prof. K. R. Srikantha Murthy. Vagbhata's Ashtanga Hridayam-English Translation, Chowkamba Krishнад Academy, Varanasi, Reprint Edition: 2009.p.473.

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