



Case Report

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AYURVEDIC MANAGEMENT OF URDHVA AMLAPITTA BY VAMAN KARMA: A CASE REPORT

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ABSTRACT

Amlapitta is a common disorder of the Annavaha Srotas, primarily caused by Agnidushti and the upward movement of vitiated Pitta. Irregular eating habits, mental stress, and sedentary lifestyle often aggravate the condition. In this case, a patient with a one-year history of Amlapitta presented with persistent heartburn, indigestion, epigastric discomfort, and radiating pain toward the left arm. Symptoms worsened after spicy and oily food. Occasional nausea, heaviness, and reduced appetite were also noted. Based on clinical signs and Ayurvedic assessment, the condition was diagnosed as Urdhvaga Amlapitta. Due to chronicity and marked Pitta aggravation, Vamana Karma was selected as the main therapy. After completing Purvakarma classical Vamana was administered. To stabilise Agni and balance Pitta, Mulethi Churna was given on an empty stomach. Marked post-treatment improvement with reduced heartburn, better digestion, improved appetite, and relief from radiating pain. Thus, appropriately indicated Vamana effectively expels aggravated Pitta and corrects Agnidushti. Vamana with supportive Shamana therapy proved beneficial in Urdhvaga Amlapitta.

Keywords: Amlapitta, Vaman karma, Annavaah srotas, Hyperacidity

INTRODUCTION

Amlapitta, commonly known as hyperacidity, is a prevalent gastrointestinal disorder marked by excessive acid production in the stomach, often triggered by faulty dietary habits, stress, and an unhealthy lifestyle. Acharya Kashyap and Madhav Nidana¹ have extensively described this condition, categorizing it into Urdhvaga and Adhoga Amlapitta based on the upward or downward movement of vitiated Pitta².

As per Acharya Kashyap, four major factors contribute to its development that is Agnimandya, which leads to poor digestion, loss of appetite, nausea, vomiting, and heaviness, Rasakshaya, associated with fatigue and dizziness, Sarvadaihika Pittaprakopa, presenting as generalised burning sensations including in the extremities, and Suktapak, characterized by sour belching, heartburn, abdominal burning, and throat irritation³. Clinically, Amlapitta closely resembles several modern gastrointestinal conditions such as hyperacidity⁴, dyspepsia⁵, gastritis⁶, and gastroesophageal reflux disease⁷. Ayurvedic management adopts a holistic approach by evaluating and addressing factors such as Nidana, Avastha, Rogi, Agni, Dosha, Dushya, and Desha (environmental influences). Treatment involves both Shodhana (purificatory) and Samana (palliative) therapies, further supported by healthy lifestyle practices like Dinacharya and Ritucharya⁸. This integrated approach aims to re-establish physiological balance and promote overall well-being. In cases of Amlapitta, Vamana Karma is specifically recommended to pacify aggravated Pitta and alleviate symptoms⁹. The present case study assesses the therapeutic efficacy of Vamana Karma in managing hyperacidity and enhancing digestive function. Cutting the root

of a tree causes the destruction of its dependent fruit and leaves. Similarly, kapha through Vamana therapy brings relief from disease dependent on that kapha dosha.¹⁰

CLINICAL HISTORY

A 31-year-old moderately built male patient, measuring 5'5" in height and weighing 63 kg, working as a practitioner at the High Court and simultaneously preparing for competitive examinations, presented to Panchakarm OPD Govt Ayurvedic hospital Raipur C.G, with gastrointestinal complaints persisting for the past one year. His chief complaints included Aruchi, Ajeerna, Amlodgar, and Hridayah. Despite taking various self-medications, the symptoms remained unrelieved. Considering the chronicity and classical features of Amlapitta, Vamana Karma was advised as the primary line of treatment, to be followed by appropriate Shamana Aushadhi. The procedure was planned after obtaining proper consent of the patient.

The patient reported no major illness in the past, and no family history of similar complaints. On general examination, his pulse was 74/min, and blood pressure was 130/80 mmHg. His Agni was Vishamagni, Kostha was Krura, and Prakriti was Kapha-Vata. Detailed history revealed significant causative factors including Aharaja nidana such as frequent consumption of stale food, spicy and junk food, Viharaja factors like irregular sleep patterns, prolonged sitting, and reduced physical activity, and Manasika nidana such as persistent mental stress associated with his occupation and exam preparation. These factors collectively contributed to Agnidusti, impaired digestion, and the manifestation of chronic Amlapitta.

Physical examination	
Ashta Vidha Parisha	Dasha Vidha Pariksha
Nadi- 74/minute	Prakriti- kapha-vata
Mala -Vibandh, sometime Atisar	Vikriti- Kapha
Mutra- Samyak, 6-7 time a day	Sara- Kaph Sara
Jihwa -Saam	Samhanan -Madhyama
Sabda -Prakrit	Satva -Madhyama
Sparsa -Samanya	Satmya- Katu Rasa Satmya
Drik Samanya	Ahara -Shakti Madhyama
Akriti -Madhyam	Vyayama Shakti- Madhyama
	Vayas- Madhyama
	Pramana -Madhyama

Vamana Karma Procedure and Its Drug Protocol

Snehana- Panch Tikta Ghrita

Sarwanga Abhyanga- Mahanarayan Taila

Sarwanga Swedana- Normal water

Vamana Kalpa Preparation- Madana Phala Pippali Churna, Saindhav, Madhu

Vamnopaga- Yashthimadhu

Dhooppana- available in hospital.

Trividha karma	Day	Procedure	Aushadhi	Frequency
Purva Karma	1	Deepan Pachan	Chitrakadi Vati	2 BD
	2	Deepan Pachan	Chitrakadi Vati	2 BD
	3	Deepan Pachan	Chitrakadi Vati	2 BD
	4	Snehanaan	Panch tikta ghrit	30ml
	5	Snehanaan	Panch tikta ghrit	60ml
	6	Snehanaan	Panch tikta ghrit	90ml
	7	Snehanaan	Panch tikta ghrit	120ml
	8	Snehanaan	Panch tikta ghrit	150ml
	9	Snehanaan	Panch tikta ghrit	180ml
	10	Snehanaan	Panch tikta ghrit	210ml
	11	Morning- Sarvang abhyanga	By Mahanarayan tail	
Pradhankarma (Vaman Karma)	12	Sarvang swedan	By normal water under Sarvang swedan peti	
		Morning – Sarvanga abhyanga Sarvang swedan	Mahanarayan tail Sarvang swedan peti by normal water	
		Vaman	Madan phala churna 5gm Saindhav Lavan- 1gm Honey- 10gm	
Paschat karma	12	Akatha paan Vmanopaga	Duggda Mulethi Phant	
		12 morning	Dhumpaan	Available in hospital
		12 evening	Samsarjana krama	peya
		13 morning	Samsarjana krama	Peya
		13 evening		Vilepi
		14 morning	Samsarjana krama	Vilepi
		14 evening		Akrit yush
		15 morning	Samsarjana krama	Akrit yush
		15 evening		Krit yush
		16 morning	Samsarjana krama	Krit yush
		16 evening		Krit yush
		17 morning	Samsarjana krama	Normal diet

Shaman Chikitsha

Mulethi Churna – 2gm, empty stomach in the early morning for 1 month.

RESULT

In the present case, the patient underwent Vaman Karma, a classical Panchakarma procedure indicated for Amlapitta. Post-procedure observations demonstrated marked therapeutic benefits across multiple domains. Aruchi (loss of appetite) showed significant improvement, with the patient reporting a renewed desire to eat. Likewise, Ajeerna (indigestion) symptoms such as heaviness, bloating, and discomfort were notably reduced, indicating enhanced digestive capacity. There was also a clear decline in Amlodgar episodes, both in frequency and intensity. Additionally, the distressing symptom of Hriddah subsided considerably following the therapy. From a global perspective, these symptomatic improvements resulted in a substantial enhancement in the patient's overall quality of life, including better daily

functioning, increased comfort, and improved well-being. These findings support the classical Ayurvedic understanding that Vaman Karma effectively eliminates vitiated Kapha and Pitta.

DISCUSSION

In the present case, the patient was diagnosed with Amlapitta, a common gastrointestinal disorder described in Ayurveda, characterized by vitiation of Pitta Dosha along with impaired digestive fire (Agni). The patient exhibited classical symptoms such as Aruchi (anorexia), Ajeerna (indigestion), Hriddaha and Amlodgara which collectively indicate the presence of Ama and aggravated Pitta within the gastrointestinal tract.

According to Ayurvedic pathophysiology, improper dietary habits, stress, and erratic lifestyle lead to Mandagni, which results in the formation of Ama. This Ama, when combined with vitiated Pitta, manifests as Amlapitta. Therefore, the line of treatment in such cases should focus on eliminating the accumulated Dosha,

correcting Agni, and restoring the digestive functions. In this context, Vaman Karma, a key Panchakarma procedure, was selected due to its classical indication in diseases of Kapha-Pitta origin.

The administration of Vaman Karma in this patient produced significant clinical improvement. Post-procedure observations revealed a marked reduction in Aruchi, with the patient reporting improved appetite. Symptoms of Ajeerna, including heaviness, bloating, and post-meal discomfort, showed substantial improvement, reflecting restoration of digestive strength. Additionally, the Hriddaha and Amlodgara were notably alleviated, indicating a reduction in Pitta aggravation.

These outcomes clearly suggest that Vaman Karma effectively eliminated the vitiated Dosha, particularly the accumulated Pitta-Kapha components, thereby reducing Ama and re-establishing the normal functioning of Agni. The therapeutic emesis also helped in clearing the upper gastrointestinal tract, which is often the site of pathology in Amlapitta. As a result, the patient experienced notable symptomatic relief and improved overall digestive health.

This case highlights the clinical relevance of Panchakarma procedures, especially Vaman Karma, in the management of Amlapitta. The results support the Ayurvedic understanding that detoxification and Dosha-Shodhana therapies can play a vital role in addressing chronic gastrointestinal disturbances. Furthermore, it underscores the need to integrate Ayurvedic interventions with clinical practice to provide safe, holistic, and effective management of digestive disorders.

Overall, the positive response observed in this patient reinforces the therapeutic potential of Vaman Karma in Amlapitta and encourages its broader application in similar clinical conditions.

CONCLUSION

The present case study clearly demonstrates that Vaman Karma is an effective therapeutic modality for the management of Amlapitta. The marked improvement in symptoms such as hyperacidity, indigestion, anorexia, and burning sensation indicates that this Panchakarma procedure plays a significant role in correcting the underlying Pitta imbalance and restoring digestive health. The patient's positive experience and relief in daily functioning further reinforce the clinical value of this treatment. Although the results of this single case are promising, more extensive clinical studies with larger sample sizes and long-term follow-up are essential to establish the broader efficacy and safety of Vaman Karma in treating Amlapitta and related

gastrointestinal disorders.

REFERENCES

1. Upadhyay Y. *Madhava Nidana, Madhukosha Tika*. Varanasi: Chaukhamba Sanskrit Publication; 2008. Part 2, Uttaradhi, Ch. 51, Ver. 3-4 [Crossref][PubMed][Google Scholar]
2. Upadhyay Y. *Madhava Nidana, Madhukosha Tika*. Varanasi: Chaukhamba Sanskrit Publication; 2008. Part 2, Uttaradhi, Ch. 51, Ver. 8-12 [Crossref][PubMed][Google Scholar]
3. Vriddha Jivaka, Kashyapa Samhita, with Sanskrit introduction by Pandit Hemraj Sharma, Chaukhamba Sanskrit Sansthan, Varanasi, 2006; 16/49.
4. AYUSH Ministry [Internet]. Available from: <https://namstp.ayush.gov.in/#/Ayurveda> [Crossref][PubMed][Google Scholar]
5. Baragi UC, Vyas MK. Clinical evaluation of the efficacy of Dashanga Kwatha Ghana Vati in the management of Urdhwaga Amlapitta (Non-ulcer dyspepsia). *Ayu*. 2012 Apr;33(2): 219-23.doi:10.4103/0974-8520.105241. PMID: 23559793; PMC3611627 [Crossref][PubMed][GoogleScholar]
6. Wilson N, MJ P, Dr M. Conceptual understanding of Amlapitta (Gastritis). *Int J Ayurveda Pharma Res*. 2018;6(2). Available from: [Article][Crossref][PubMed][Google Scholar]
7. Rout D, Panda PK, Nayak U, Biswal AK. Aconceptual review of Amlapitta W. S. R to gastroesophageal reflux disease. *IRJAY*. 2022;5(6):139- 44[Crossref][PubMed][Google Scholar]
8. Vridhajivaka. Edited by Premavati Tiwari. *Kasyapa Samhita*. Chaukhamba Visvabharati. Khilasthana. Reprint 2020. 18-23.632
9. Shastri K, Chaturvedi GN. *Charaka Samhita of Agnivesh*, edited with Vidyotini. Varanasi: Chaukhamba Bharti Academy; 2016. Vol. I. Sutrasthana, Ch. 16, Ver. 20. p. 279 [Crossref][PubMed][Google Scholar]
10. Acharya Y, ed Sushrut Samhita of Sushrut with the Nibandha Samgraha commentary of Sri Dalhanachariya and the Nyayachandrika Panjika of Sri Gyadas Acharya on Nidan Sthan, Chikitsa sthan, 33-chapter, 13 verse, Varanasi Chaukhamba Orientalia 2014, p. 517

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