

Clinical Assessment of Ayurvedic Herbal Interventions in the Management of Amlapitta (Chronic Gastritis)

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Abstract: The Amlapitta, which is a general gastrointestinal disease as explained in Ayurveda is similar to the chronic gastritis as used in modern medicine. The symptoms common in it are mainly acid regurgitation, indigestion, nausea and burning in the epigastric area. The current study will seek to evaluate the clinical efficacy of Ayurvedic herbal interventions of Amlapitta through the selection of Ayurvedic herbs. Fifty patients diagnosed with Amlapitta were picked and subjected to the classical Ayurvedic preparations as well as dietary and lifestyle intervention. Standardized scoring tools were then used to achieve a pre-intervention evaluation of clinical parameters and a post-intervention evaluation of the same. The findings showed that there is a considerable decrease in the symptoms Amlodgara (acid belching), Urdhvaga Amlapitr and Hrit-Kantha Daha (heartburn). The researchers identify the possibility of Ayurvedic herbal use as safe and effective alternative treatment in management of chronic gastritis without any side effects.

Keywords: Amlapitta, Chronic Gastritis, Ayurveda, Herbal Medicine, Pachana, Deepana, Pitta Dosha, Clinical Study

Introduction:

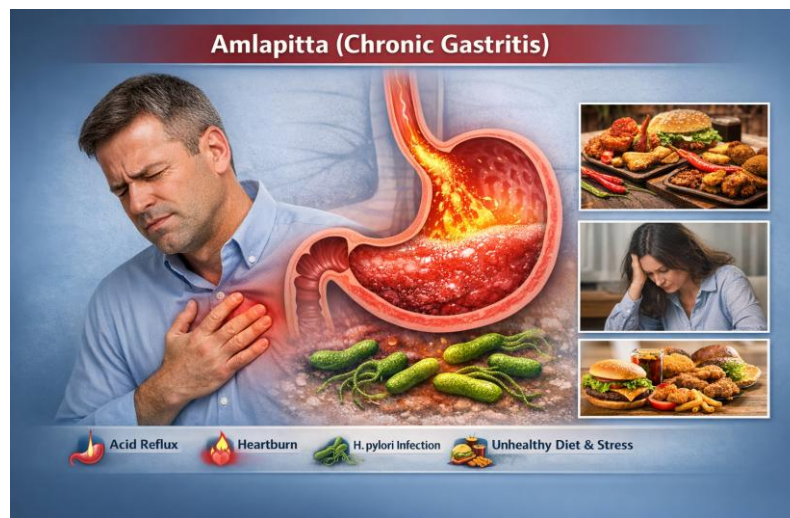
Amlapitta is a disorder prevalent in terms of gastro intestinal system and has been identified in Ayurveda and it has become so widespread among modernity lifestyles. The word Amlapitta is explained by the combination of two sweet words Amla (awakening to sour) and Pitta (the biohumor that assimilates the food and metabolism). It is a disease state whereby the Pitta dosha gets inflamed and attains too much acidic character and causes anomalies in the digestion process. It is clinically manifested by indicating the following symptoms: acid reflux (Amlodgara), heartburn (Hrit-Kantha Daha), nausea, indigestion (Avipaka) and an abdominal feeling of heaviness.

The Amlapitta could be directly related to the Amlapitta in the modern context, where the disorder is referred to as chronic gastritis, which is inflammation of the gastric mucosa. To a great extent, unhealthy eating habits e.g. too much intake of spicy, oily, and fried food, irregular meal times and excessive feeding can be blamed as reasons why the incidence of this disorder is rising. Also, psychological variables such as stress, stress and lifestyle that are not very active are other factors that worsen the condition. Non-steroidal anti-inflammatory drugs (NSAIDs) use, alcohol and Helicobacter pylori infection are also other factors that greatly contribute to this.

Ayurvedically, the cause of Amlapitta is Mandagni (impaired digestive fire) which results in inappropriate digestion of food and Ama (toxic metabolic by-products) is formed. This Ama along with tainted Pitta leads to

the expression of Amlapitta. The disease is widely differentiated into two; Urdhvaga Amlapitta in which the disease is manifested in the upper gastrointestinal tract (belching sour and heartburn) and Adhoga Amlapitta in which the disease is manifested in the lower gastrointestinal tract (loose stools and burning feeling in the abdomen).

Traditional treatment of chronic gastritis is mainly through the use of antacids, proton pump blockers and H 2 receptor blockers. Though these are symptomatic drugs, their continuous use is usually related with side effects and reappearance of the symptoms after the withdrawal. This drawback makes it clear that a more effective and less toxic method of therapy is necessary.



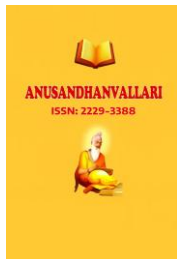
Ayurveda has the most holistic approach in treating Amlapitta as it focuses on the substrate cause as well as the symptoms of the disease. The therapy regime involves herbal formulations through Deepana (increasing digestive fire), Pachana (digesting Ama) and Pitta- shamaka (pacifying Pitta) properties and very strict compliance to dietary and lifestyle changes (Pathaya - Apathya). Such herbs like Yashtimadhu, Amalaki, and preparations as Avipattikara Churna have been used traditionally because of gastroprotective and curative properties.

The past years have shown that interest in combining Ayurvedic concepts with contemporary clinical inquiry is increasing towards the need to prove the effectiveness of traditional treatment. Nonetheless, there are still few systematic clinical studies that have a clear set of parameters. As such, the current study will focus on clinical evaluation of Ayurvedic herbal interventions on Amlapitta efficacy, and evidence them as being safe, effective, and complete in alternative treatment of chronic gastritis.

Related works:

Amlapitta, a condition that is correlated to chronic gastritis by the modern medicine, has been broadly discussed in both the classical Ayurveda scriptures as well as the modern scientific literature. The literature available makes it very clear that it is not just one factor that causes this disorder but rather the combination of dietary habits, lifestyle patterns, psychological stress and physiological disturbances that cause death, all of which causes the disorder.

According to Bhatia and Tandon (2005), the involvement of stress and gastrointestinal disorders is highly bound. Their analysis pointed out that normal digestion may be disturbed due to the effect of mental stress, which sees more secretion of gastric acid and less protection of the mucosa. This can be highly compared to the



Ayurvedic perspective, which has the mental element (Manasika Nidana) is a significant factor causing Pitta and undermining digestion (Agni) to aggravate the situation.

Bode and Bode (2003) concentrated their attention on the negative impact of alcohol on the digestive system. They claimed that alcohol causes damage to the stomach lining, and it becomes more acidic and as such the stomach gets susceptible to inflammation. This goes along with the Ayurvedic theory that bad diet and lifestyle habits (Apathya Ahara-Vihara) are some of the key causes of Amlapitta.

Choudhary et al. (2011) have studied the various herbal remedies applied in the treatment of gastric ulcers and discovered that most medicinal plants possess protective properties on the stomach. These herbs are useful in decreasing the level of acidity, curing the gastric lining and enhancing digestive activity. Their results corroborate the Ayurvedic conventional application of herbal preparations in the treatment of the digestive disorders.

On the same note, Dharmani and Palit (2006) also investigated Indian medicinal plants and affirmed that most of such plants have antiulcer properties. The explanation given by them is that these plants will help in enhancing the natural defense system of the stomach and lowering the acid secretion. It goes hand in hand with Ayurvedic treatment principles the emphasis of which is the balance of Pitta and enhancement of digestive strength.

As Kamboj (2000) explained, the role of the herbal medicine in the contemporary healthcare environment is significant, and that the treatments based on plants tend to be less side-effective and safer. This is among the primary factors that are making Ayurvedic therapies popular nowadays particularly in chronic illnesses such as gastritis.

Kulkarni (2013) stressed the relevance of the scientific assessment of medications, not only those of herbal type. His work emphasizes the fact that effective experimental and clinical research should be carried out to prove that the traditional treatments are effective. This helps in the collaboration of Ayurveda and the new medical studies.

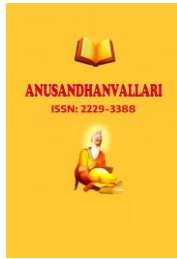
Those who researched turmeric (*Curcuma longa*) discovered that it is able to suppress the development of a bacterium, *Helicobacter pylori*, which is normally linked with the chronic gastritis (Mahady et al., 2003). The relevancy of this discovery is that it avails scientific data on the application of traditional herbs in addressing the etiological issues of gastric disorders.

As observed by Mukherjee (2002), there was need to control quality of herbal medicines. As shown in the study, identification, standardization, and purity of herbal drugs should be properly identified to guarantee their safety and efficacy. This is especially relevant in the clinical trials that use Ayurvedic preparations.

Thanks to classical Ayurvedic knowledge, Sharma (2005) explained the properties of different medicinal plants and their description. Most of these herbs are the ones that are known to be balancing Pitta, enhance digestion and eliminate toxins (Ama), which are central in the treatment of Amlapitta.

Tripathi (2019) wrote about the modern gastritis treatment techniques, which are antacids and proton pump inhibitors. Though the drugs are effective in decreasing the symptoms, they can be accompanied by side effects when used on a long-term basis as well as are not always effective to prevent the recurrence. This prompts the necessity of safer and more sustainable ways of treating it.

A clinical study disorder by Khapre et al. (2021) on Ayurvedic management of Urdhwaga Amlapitta showed a dramatic effect of the drug on such clinical symptoms as acidity and heartburn. These findings were used to support clinical evidence on the use of Ayurvedic therapies in the treatment of the condition.



Overall, the literature reviewed demonstrates that the contemporary studies and Ayurvedic traditions are united in their opinion about the relevance of diet, lifestyle, and natural treatment in the management of gastric disorders. The Ayurvedic herbal therapies with adequate scientific backing would be an interesting and comprehensive remedy to the management of Amlapitta.

Objectives of the Study:

- To assess clinical effectiveness of Ayurvedic herbal preparations of choice in chronic gastritis (Amlapitta).
- To determine the decrease in the prevalence of the lead symptoms (acid regurgitation, heartburn, nausea and indigestion after therapy).
- To examine the general outcome of Ayurvedic intervention on patients in terms of the quality of life and general digestive performance.

Research Methodology:

The aim of the current study was that of a prospective, randomized, controlled clinical trial in order to assess the efficacy of Ayurvedic herbal interventions in treatment of Amlapitta (chronic gastritis). Out of the outpatient unit and the inpatient unit of an Ayurvedic hospital, a sample of 60 patients was chosen, according to some predetermined diagnostic standards, including classical Ayurvedic symptoms, yet including modern clinical characteristics of chronic gastritis in that scope. Random assignment of the participants into two groups namely and intervention group (Group A) and the control group (Group B) was done wherein selected Ayurvedic herbal formulations, including Avipattikara Churna and Yashtimadhu, were given as well as dietary and lifestyle modifications (Pathaya-Apathaya) to the former and conventional treatment or placebo-based management to the latter.

The research lasted a total of 45 days and the follow-ups were required regularly to evaluate the clinical progress. The criteria to include patients were between 20-60 years with classical sign of Amlapitta (acid belching), Hrit-Kantha Daha (heartburn), Avipaka (indigestion) and Chhardi (nausea). The patients with severe systemic disease, gastrointestinal disease, e.g. ulcer or cancer, expectant or breastfeeding women, and those taking long-term corticosteroids or non-steroid anti-inflammatory drugs were omitted in the study.

The symptom scoring scale was used in order to perform the clinical assessment before and after the intervention in order to determine the effect of the intervention. Other parameters like the appetite, bowel habits and overall wellbeing were also noted in order to determine the holistic improvement. This research method created reliability and scientific approval of the treatment success of Ayurvedic treatment in the control of Amlapitta.

Analysis of the study:

Table 1: Demographic Characteristics of Patients (n = 60)

Variable	Category	Number of Patients	Percentage (%)
Age Group	20□30 years	12	20%
	31□40 years	18	30%
	41□50 years	16	26.7%
	51□60 years	14	23.3%
Gender	Male	34	56.7%
	Female	26	43.3%
Diet Type	Vegetarian	36	60%

	Mixed Diet	24	40%
Lifestyle	Sedentary	40	66.7%
	Moderately Active	20	33.3%

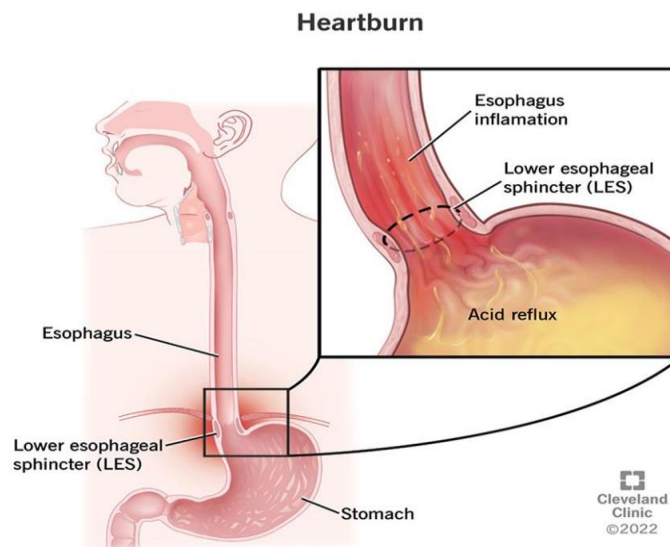
Analysis:

The population statistics show that the Amlapitta is more dominant in the population between 31 and 40 years (30%), which means that the working-age group is also more vulnerable because of stress and poor eating preferences. It was found that there was a slightly higher rate of males (56.7%) than females and this may be because of the lifestyles some of these include smoking, alcohol, and stress at work.

Most of the patients (60%), adhered to vegetarian diet but the uncommon eating habits like heavy consumption of hot and greasy foods could still lead to the condition. It is important to note that patients who were having a sedentary lifestyle were 66.7% of which is a significant indicator of physical inactivity as a primary cause of the development of Amlapitta.

Table 2: Distribution of Patients According to Symptoms (Before Treatment)

Symptom	Number of Patients	Percentage (%)
Amlodgara (Acid belching)	52	86.7%
Hrit-Kantha Daha (Heartburn)	48	80%
Avipaka (Indigestion)	50	83.3%
Chhardi (Nausea)	36	60%
Udar Shoola (Abdominal pain)	30	50%



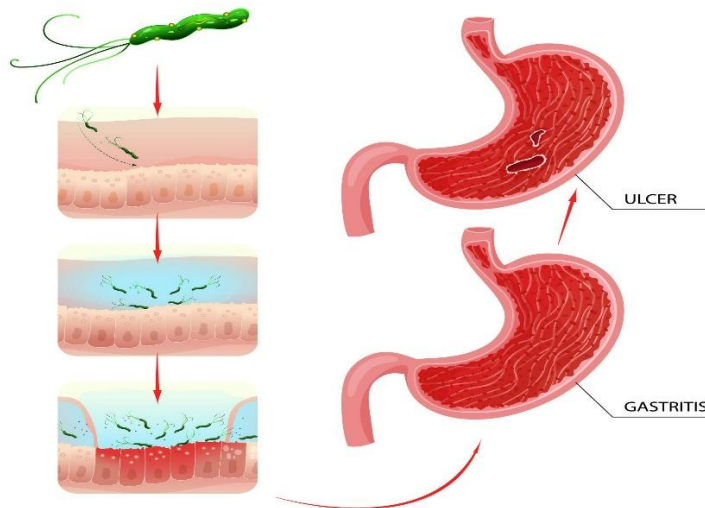
Analysis:

Amlodgara (86.7%) and Avipaka (83.3%) were the most frequent symptoms before treatment, which indicates the lack of proper digestion and the excess amount of acid as the essential content of Amlapitta. Pitta

aggravation was also very high (80%), as heartburn was also very prevalent. The presence of nausea and abdominal pain was also moderate in the number of patients, implying that the severity of the condition was irregular.

Table 3: Effect of Treatment on Symptoms (Mean Score Reduction)

Symptom	Mean Score Before	Mean Score After	% Relief
Amlodgara	3.2	1.1	65.6%
Hrit-Kantha Daha	3.0	1.0	66.7%
Avipaka	3.1	1.2	61.3%
Chhardi	2.5	0.9	64%
Udar Shoola	2.3	0.8	65.2%



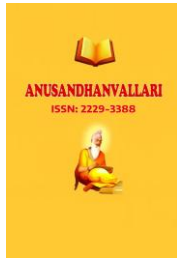
Analysis:

The findings prove that all the key symptoms decreased dramatically after Ayurvedic treatment. Pitta pacification by the herbal formulations was most successful as it had the highest improvement in heartburn (66.7%) and acid belching (65.6%). There was also significant improvement in indigestion (61.3%), which implied the improvement of the digestive fire (Agni).

The presence of a gradual decrease in all the symptoms is an indicator of the joint action of herbal medication and a regulation of her diet. The findings comply with the therapeutic use of Ayurvedic interventions to remedy the underlying pathology and not to have merely symptomatic effects.

Table 4: Overall Treatment Outcome

Outcome Category	Number of Patients	Percentage (%)
Complete Relief	18	30%
Marked Improvement	26	43.3%
Moderate Improvement	12	20%
Mild/No Improvement	4	6.7%

**Analysis:**

The general, it is clear that (73.3%) of the patients have been able to be completely or significantly improved, which is a high efficacy of the Ayurvedic treatment regimen. The acceptable changes to a low (6.7%) or non-existence could be blamed on the chronicity of the illness or inability to follow dietary instructions.

These results prove clearly that Ayurvedic herbal measures are effective, safe and helpful in the treatment of Amlapitta as it provides an integrated way of treating symptoms and imbalances including their causes.

Conclusions:

The current research demonstrates that Ayurvedic herbal medicine may be significant in the safe and effective management of Amlapitta (chronic gastritis). After the treatment process most patients recorded significant improvement in such symptoms as acidity, heartburn, indigestion and nausea. The specified enhancement is indicative of the fact that the chosen Ayurvedic compounds assist in harmonizing the exacerbated Pitta and enhancing the digestion rate through boosting the strength of the digestive fire (Agni), as the latter is regarded as the cause of the designated ailment.

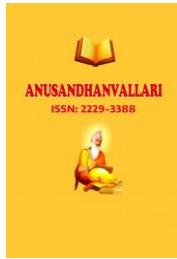
The other valuable study finding is the issue of diet and lifestyle. The recovery of patients having correct food habits and not taking spicy and oily as well as non-regular food habits was better in comparison with other patients. This brings out the point that Ayurveda does not rely solely on medicines but it is also more of having a good life which has long-term gains.

Ayurvedic therapy is holistic as it does not just alleviate the symptoms, but the precursors of these symptoms as well as the symptoms themselves. It was also tolerated well by patients with no side effects of any substance.

To sum it up, Ayurvedic herbal interventions are a natural, effective and sustainable intervention, which is capable of managing Amlapitta. These therapies could be further used to treat chronic gastritis with more acceptable research on larger scale with incorporation to mainstream healthcare.

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