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Case Study

MANAGEMENT OF *AMLAPITTA* ASSOCIATED WITH HIATAL HERNIA THROUGH AYURVEDA AND LIFESTYLE MODIFICATIONS

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ABSTRACT

Ayurveda is an old traditional system of medicine which emphasizes the prevention of illness and the promotion of a healthy life. Nowadays, GERD (Gastroesophageal reflux disease) is the most common disease which is highly prevalent globally. It is a condition characterized by abnormal reflux of gastric contents into the oesophagus. A hiatal hernia occurs when the upper part of stomach pushes through an opening in the diaphragm and up to the chest. A hiatal hernia can lead to GERD when it allows the stomach to bulge through the diaphragm, disrupting the function of lower esophageal sphincter and causing the stomach acid to reflux into esophagus. The prevalence rate of GERD is significantly higher in individuals with Hiatal hernia. The present case study of 27 years old male patient started complaining of mild epigastric pain with sour watery reflux, heartburn, nausea and vomiting from two years. In Ayurveda he was diagnosed with *Urdhwaga Amlapitta* which is correlated with GERD in modern science. He was treated with *Pitta* pacifying medicines along with diet and lifestyle modifications. All the symptoms were significantly reduced in one month of treatment. This case report gives insight that the Ayurvedic management can be effective in the management of *Amlapitta* (GERD) associated with hiatal hernia.

INTRODUCTION

Hiatal hernia is most commonly seen in middle or elderly aged people occurs in 33% of normal adults and 50% of elderly. It is the herniation of elements of the abdominal cavity (part of stomach) through the diaphragm into the thoracic cavity.[1] It is a condition when the upper part of the stomach pushes through the diaphragm into the thoracic cavity compromising the function of lower esophageal sphincter (LES). This laxity of the LES may allow gastric contents and acid to back up leading to GERD (Gastroesophageal reflux disease). The predisposing factors of hiatal hernia are increased abdominal pressure either through pregnancy or some pathology like ascites, obesity, chronic constipation, trauma, etc.[2] As there are three types of hiatal hernia in which most common type is sliding hiatal hernia in which the stomach and some part of esophagus slides up through a small opening in the diaphragm.

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It mainly shows GERD like symptoms and it is seen as the prevalence rate of *Amlapitta* is significantly higher in individuals with hiatal hernia. GERD is a consequence of the failure of the normal anti-reflux barrier to protect against frequent and abnormal amounts of gastroesophageal reflux. It represents the clinical trial of symptoms which are heartburn, acid regurgitation, and epigastric pain.[3] In Ayurveda, it is diagnosed as *Urdhwaga Amlapitta* which occurs due to excessive intake of *Atiamla, Ushna, Abhishyandi, Vidahi, Virudha Ahara*, especially in *Varsha* and *Sharad Ritu, Vega Dharana* etc., which increases the *Pitta Dosha* in body.[4] It presents with symptoms like yellowish, greenish, viscous and acidic vomitus, acid eructations (*Tikta amla udgara*), heart burn (*Hrid daha*), burning in throat (*Daha*), anorexia (*Aruchi*), fever, boils and rashes on body.[5] The present case marks the potential of Ayurveda therapeutics in managing the *Amlapitta* (gastroesophageal reflux disease) associated hiatal hernia with moderate to severe GI symptoms having only temporary relief from gastro prokinetics, proton pump inhibitors (PPIs) and antiemetic medications constituting the standard treatment taking from last 1.5 years. Ayurveda drugs with proper diet management and lifestyle modifications proven to be

effective in management of GI (gastrointestinal) symptoms.

Case Report

A 27 years old male patient came to our hospital of Kayachikitsa outpatient department with CR No. 33475. He had complaints of mild pain with burning sensation in epigastric region, acid regurgitation (mostly aggravated at night), belching and improper bowel evacuation from 1.5 years.

History of present illness

The patient was alright before 2 years after that he started complaining of mild pain with burning sensation in epigastric region. Thereafter, the patient felt acid regurgitation and belching which mostly got aggravated at night time. Then he came to outpatient department of Kayachikitsa at GACH Patna.

Past history

He was diagnosed with hiatal hernia from last 1.5 years ago. No history of hypertension, hypothyroidism, diabetes and any other chronic illness.

Family history

No evidence of this type of disease in family.

Personal history

Education – Literate

Socio economic status – Middle class

Bowel – Irregular

Appetite – Poor

Physical examination

Temperature – 98.2°F

Respiratory rate – 18/min

Pulse rate – 76/min

Blood Pressure – 110/70 mm of Hg

No icterus

No pedal edema

Systemic examination

P/A – Mild pain and tenderness in epigastric region.

CVS – Normal S1 and S2

RS-B/L air entry present with no added sound.

CNS- Well oriented to person, time and place

Diagnosis

Based on patient's history, assessment of clinical features and physical examination the final clinical diagnosis made was *Urdhwagata Amlapitta* with special reference to Gastroesophageal Reflux Disease (GERD).

Assessment parameters and grading

Parameters		**Stomach Pain**	**Acid regurgitation**	**Burning sensation**
Grading Scale of Parameter Severity	Mild	+	+	+
	Moderate	++	++	++
	Severe	+++	+++	+++

Treatment

S.No	**Formulations and Dosage**	***Anupana***	**1st follow up**	**Total duration**
1.	*Ystimadhu Churnam*- 3gm *Kamdudha Rasa*- 250 mg BD	Honey	7 days	1 month
2.	*Shatavari Churna*- 3gm BD	Water	7 days	1 month
3.	Syrup Himcocid- 10ml BD	Water	7 days	1 month
4.	Tab Herbolax- 2tab BD	Water (before meal)	7 days	1 month

Lifestyle advices

- Eat small and divided meals every 2 hours.
- Elevate the bed on the head side up to 20cm. [6]
- Advised not to put pressure during defecation.
- Avoidance of physical and mental stress.

RESULTS

Remarkable improvement was observed in disease symptoms like stomach pain, burning sensation and especially acid regurgitation at night time. Tenderness present on upper quadrant was reduced as well. The effect of therapy with lifestyle modification is shown as below:

Parameters of Assessment	Effect of Therapy	
	Before Treatment	After Treatment
Stomach pain	++	+
Acid regurgitation	+++	+
Burning sensation	+++	+

DISCUSSION

In Ayurveda classics, it is mentioned that the *Amlapitta* is caused due to intake of heavy, spicy, fatty and oily foods, certain drinks like carbonated beverages, skipping meals, eating at irregular times, overeating, stress and sedentary lifestyle. The main principal treatment of *Amlapitta* is *Nidana Parivarjana* which means eliminating the specific causes and the factors which aggravates the disease severity. In *Urdhwagata Amlapitta*, the drugs with *Tikta, Madhura, Kashaya Rasa,* and *Madhura Vipaka* have *Sheeta* and *Laghu* properties which work as *Strotoshodhana, Deepana- Aam pachana, Vatanulomana* and *Pitta Shamaka*.[7]

Yastimadhu Churna [8]

It has *Madhura rasa, Guru* and *Snigdha, Sheeta Virya, Madhura Vipaka* and *Vata-Pitta Shamak*. It acts as demulcent and antiulcer forms a protective coating over gastric mucosa and reduces acidity. It is mucoprotective in nature and effectively reduces GERD symptoms like acid regurgitation, burning sensation as well as protecting the gastric mucosa from damage. It possesses the properties of *Chhardighna, Jeevaniya, Kandughna, Sandhaniya* having *Dhatu* nourishing capacity.

Kamdudha Rasa [9]

It is composed of *Mukta pisti, Praval pisti, Swarnagairika, Kapardika Bhasma, Shankha Bhasma, Guduchi Satwa,* etc. *Kamdudha rasa* having *Deepana*, *Pachana, Rasayana, Tridosha shamaka* properties which maintain the normalcy of *Agni*. The *Kshariya* nature of the drug reduces the acidity and also acts as *Sheeta Virya* drug. According to modern perspective, *Kamdudha Rasa* contain calcium carbonate which acts as an antacid and reduces the acidity by neutralizing excessive hydrochloric acid present in the stomach.

Shatavari Churna [10]

It acts as a rejuvenator also known for its *Rasayana* property in Ayurveda classics. It is having *Madhura Rasa, Madhura Vipaka* and *Sheeta Virya* which works as *Pitta* pacifying properties. It neutralizes the excessive acid production and soothing burning sensations. It also reduces the inflammation in gut mucosa and protects from free radicles.

Himcocid syrup [11]

This suspension contains mainly the *Varatika* (Cowrie shell ash) which is known for its antacid and digestive properties. It also contains *Amalaki* (Indian Gooseberry) which effectively reduces the acid and pepsin content in the stomach. It increases the mucin, cellular mucus and life span of gastric mucosal cells. It is effectively used in dyspepsia, gastroesophageal reflux disease, heartburn and gastritis.

Herbolax Tablet [12]

This tablet contains *Trivrita, Triphala, Kasani, Kasamarda, Yashtimadhu, Vidanga* etc. In which *Haritaki* which is well regarded Ayurvedic laxative and known for its *Vatanulomana* properties stimulate intestinal movement and support digestion. Other active ingredient is *Trivrita which acts as mild purgative* and helps in managing constipation.

CONCLUSION

Gastroesophageal reflux disease associated hiatal hernia cases are more common that occurs mainly due to sedentary lifestyles. The goal of Ayurveda therapy includes three steps of treatment principles- *Nidana Parivarjana, Samshodhana* and *Samshamana*. Ayurveda drugs having *Pitta* pacifying properties are effective in *Amlapitta*. Ayurveda with lifestyle modification proves to be boon in managing the disease. It is the need of the time to explore the Ayurveda to a greater extent so that new principals of treatment of complex diseases can be solved. It can be said that herbomineral drugs can give better outcomes without any negative complications.

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