

CASE STUDY

Effect of *Vaman Dhauti* in *Amalpitta*- A Clinical Case Study

Author: Preeti¹

Co Authors: Neerja R. Sharma²

¹Department of Swasthavritta and Yoga, National College of Ayurveda, Barwala, Hisar, Haryana, India

²Department of Swasthavritta and Yoga, Shri Dhanwantry Ayurveda College, Chandigarh, Punjab, India

ABSTRACT

Amalpitta is commonest complaint or condition visible in current scenario, which is resultant of faulty lifestyle and eating habits followed by individuals. A single case study with follow up was done to see the effect of *VamanDhauti* along with lifestyle modification in control of *Amalpitta*, because of dynamism of health it is mandatory to be in mode of maintenance of health.

Key Words *Amalpitta*, *Vaman Dhauti*

Received 20th October 21 Accepted 09th November 21 Published 10th November 2021

INTRODUCTION

Due to advancement of technology and availability of food at doorstep at anytime, brings people at a verge of poor health instead of good one, untimely food intake, binge eating make them prone to different digestive disorder which worsen by the time, as mentioned in classics as *Adhyasana*, *Vishmasana* and *Samshana*¹, specifically the food available and liked are spicy and prone to vitiate pitta dosha, which is its undigested or un-metabolized form, which is major cause of occurrence of *Amalpitta*². Lack of Proper sleep (*Ratrijagran*) due to late night working, stress also plays a major role in vitiation of *Pitta Dosha*³. These factors play a major role in the condition of the patient discussed further. A middle aged patient

came with the complain of indigestion (*Avipaka*), Exertion without work/ lethargy (*Kalma*), Nauseating sensation (*Utklesh*), Sour burps (*Amlodgara*), Burning sensation in chest and throat (*HridhaKanthadaha*), had upper middle socioeconomic status with history of outdoor food intake, non specific schedule of food and sleep, sleep deprivation, stress etc., in this condition *Shodhana* was planned as per classics, to get rid of *Pitta* and associated *Kapha Dosha*⁴, so *VamanDhauti* was done along with some lifestyle modification which give positive outcomes for the condition.

Case History

A 35 year male patient came with complain of Heartburn, Fatigue, Indigestion, Nausea, Sour burps/ belching from 2 years in on and off manner which was worse and continuous from

CASE STUDY

last 2 months, no specific benefits were observed irrespective of the previous medication made by other systems of medicine.

Diagnosis – It was diagnosed as a case of *Amalpitta*, due the symptoms mentioned as per classical reference⁵. Differential diagnosis was made with *Granhani* and *UdarRoga* but specific symptoms indicated towards *Amalpitta* so diagnosed as same.

Treatment – patient received cleansing – i.e. *Vaman Dhauti* once in a week for 3 consecutive weeks along with dietary guidelines and lifestyle modification.

Procedure –

Preparation –

Patient was advised to take light diet a day before, and Luke warm water added with salt was prepared for the procedure of cleansing

Procedure

Patients was guided to sit in *Kagasana* and intake of 7-8 glass of water prepared without break and then with the help of fingers gag reflex was induced and whole water with gastric contents comes out with it. At the end patient informed about bitter secretion comes and then vomiting ceases itself. Patient was asked to clean mouth and take rest. After half an hour patient was feeling better and felt hunger after 2 hours of the procedure then *Krishra* was given.

Patient was sent home with guidelines regarding improvement of lifestyle and dietary habits. To maintain healthy its mandatory to do *Nidaan Parivarjanai*.e. to avoid provoking factors.

Table 1 Outcome of management

Sr. No.	Time line	Avipaka	Kalma	Utklesha	Amlodgar	Hridkanthadaha
1.	Day 0	Lasts whole day	Lasts whole day	Absent after <i>VamanDhauti</i>	Absent after <i>VamanDhauti</i>	Absent after <i>VamanDhauti</i>
2.	Day 7	Last whole day	Last whole day but 3-4 times a week	Absent	Absent	Absent
3.	Day 15	Absent	Absent	Absent	Absent	Absent
4.	Day 30 (follow up)	Absent	Absent	Absent	Absent	Absent
5.	Day 48 (follow up)	Absent	Absent	Absent	Absent	Absent

Outcome of Management

As mentioned in Table No.1. At the end of first day of *VamanDhauti* patient shows relief in *Hridha Kanthadaha* (burning sensation in chest and throat), that was immediate effect seen within half an hour, and *Utklesh* (nauseating sensation) relieved, on second time of the

procedure there was significant reduction of *Utklesh* (nausea) as within the week patient occasionally felt nausea otherwise no symptom, which was continuous previously, i.e. on day 8th there was absence of *Utklesh*(nausea), *Tikta-amlodgara* (Sour burps), *Hridha Kanthadaha*, but *Kalma* (exertion without work) and *Avipaka*

CASE STUDY

(Indigestion) were present, however these symptoms were also reduced by 3-4 times a week which were continuously present previously, by the end of third week patient reviewed as complete control over all significant symptoms, after 3 weeks *Vamandhauti* was stopped only *Pathyaor* lifestyle modification and dietary advise was given, on followup on day 30th and 48th patient was relieved from all symptoms.

DISCUSSION

Globally 50.8% population of developing and 34.7% population of developed countries are suffering from gastritis⁶. In India prevalence rate of GERD is 7.6- 30% with main responsible factor can be faulty dietary habits⁷. In ancient classical texts *Amalpitta* was mentioned as complication of other diseases rather than separate disorder, but later may be due to people's lifestyle changes, increased prevalence of the disease there was need to describe separately, and its management, current symptoms and causative factors signifies the vitiation of *Pitta dosha*² which was *Apakwa*, due to intake of food which aggravates *Pitta* and cause indigestion, *Ratrijagrana* vitiate *Pitta Dosha* and resultant of increased pitta, *Adhyasan*, *Vishmasana*, *Samshana* also plays a major role in Agni Imbalance and *Pitta* vitiation¹. to get rid of all these factors and removal of *Pitta* and *Kapha* in *GherandSamhita* a procedure named *VamanDhauti*⁸ was described and here it was done in spite of *Vaman* and that give good

results. Along with that patient was advised to avoid *RatriJagranand* wake up before sunrise, use of *Chandan* tilak as it brings coolness and relived stress also⁹. Intake of *Kushmand* and *Amalaki* on daily basis helps in maintaining the condition of vitiated *Dosha*^{10,11}, *DhanyakPhat* helps in pacifying *Pitta Dosha* along with *Agni Vardhan*¹², fruits which are described or recommended earlier helped in pacifying pitta and had *Balya* properties also.

CONCLUSION

In current scenario, due to mis-use of technology and over use of our senses health of individuals is spoiled, everyone is stressed because of different issue all these factors are responsible for occurrence of *Amalpitta*.

For the purpose of *Shodhan* different easy methods can be adopted, which can relieve the condition and suitable for everyone, take less time and complications as well. Required minimal assistance. Hence *VamanDhauti* can be considered as a good option to be adopted for *Amalpitta* management.

CASE STUDY

REFERENCES

1. Acharya Vagbatha (2017), AstangaHridayam, with “Nirmala” hindicommentary , Dr Tripathi Brahamanada editor. Chaukhamba SanskritPratisthan, Delhi, 2017, Sutra Sthana 8/34-35, 140p
2. Acharya Bhavamishra, Bhavapraksaha “Vidyotini” commentory Vol II, Pandit Shri Mishra Braham Shankar, Chaukhamba Sanskrit Bhawan, Varanasi, B.P. Chikitsaparakaran 10/1 123p
3. MaharsiSusurut (2009), SusurutSamhita I, KavirajShastriAmbikaDutta, Chaukhamba Sanskrit Sansthan, Varanasi, SharirSthana 4/37, 45p
4. GherandSamhita (2018), Dr. Mishra cahnderchuda, Prof. Sharma Kamleshkumar, Dr. Agarwal Sarvesh Kumar, Ayurved Sanskrit Hindi PustakBhandar, Jaipur, 1/39, 11p
5. Acharya Bhavamishra, Bhavapraksaha “Vidyotini” commentory Vol II, Pandit Shri Mishra Braham Shankar, Chaukhamba Sanskrit Bhawan, Varanasi, B.P. Chikitsaparakaran 10/2, 5-6 123-124p
6. <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0246619#:~:text=Globally%2C%2050.8%25%20of%20the%20populations,markedly%20decreased%20in%20developed%20countries.>
7. <https://pubmed.ncbi.nlm.nih.gov/31802441/#:~:text=The%20prevalence%20of%20GERD%20in,negative%20relation%20with%20GERD%3B%20H.>
8. GherandSamhita (2018), Dr, Mishra Chanderchuda, Prof. Sharma Kamleshkumar, Dr. Agarwal Sarvesh Kumar, Ayurved Sanskrit Hindi PustakBhandar, Jaipur, 1/39, 11p
9. Acharya Bhavamishra, Bhavapraksaha “Vidyotini” commentory , Pandit Shri Mishra Braham Shankar, Vol I, Chaukhamba Sanskrit Bhawan, Varanasi, B.P. Karpuradivarga 12,13, 373p
10. Acharya Vagbatha (2017), AstangaHridayam, with “Nirmala” hindicommentary , Dr Tripathi , Brahamanada, Chaukhamba Sanskrit Pratisthan, Delhi, Sutra Sthana 6/88, 105p
11. Acharya Bhavamishra, Bhavapraksaha “Vidyotini” commentory Vol I, Pandit Shri Mishra Braham Shankar, Chaukhamba Sanskrit Bhawan, Varanasi, B.P. Haritkyadivarga 38-41, 214p
12. Acharya Vagbatha (2017), AstangaHridayam, with “Nirmala” hindicommentary , Dr Tripathi , Brahamanada, Chaukhamba Sanskrit Pratisthan, Delhi, Sutra Sthana. 6/109, 109p.