RESEARCH PAPER

Ayurvedic Management of Urdhwaga Amlapitta (GERD) Using Kantakaryadi Kwatha: A Case Study

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ABSTRACT

Background

Amlapitta (hyperacidity) is a prevalent gastrointestinal disorder characterised by an imbalance in pitta dosha, leading to symptoms such as Hritkantha kukshi daha (burning sensation in the heart, throat, and abdomen) and Tikta Amlodgara (sour and bitter eructation). Modern management often involves proton pump inhibitors; however, Ayurveda offers a holistic approach through Shamana Chikitsa.

Case Presentation

A 26-year-old male presented with a two-month history of Hritkantha kukshi daha, Tikta amlodgara, Avipaka (indigestion), and Aruchi (anorexia), Chhardi (Vomiting), and Shirshoola (Headache). Clinical assessment confirmed Sama (toxin-associated) digestive status. The patient was managed with Kantakaryadi Kwatha (24 ml BID), administered with honey (sahapana), before meals.

Results

Clinical assessments at 7, 14, and 30 days demonstrated a progressive reduction in symptom severity on a standardised grading scale. Significant symptomatic relief, particularly in all the symptoms, was observed by day 14, with complete remission of all reported complaints achieved by day 30.

Conclusion

This case suggests that Shamana Chikitsa using Kantakaryadi Kwatha is an effective therapeutic intervention for the management of Amlapitta. Further longitudinal studies are recommended to validate these findings in larger patient cohorts.

KEYWORDS: Amlapitta; Ayurveda; Shamana Chikitsa; Kantakaryadi Kwatha; Gastrointestinal disorders.

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INTRODUCTION

Gastrointestinal (GI) disorders remain one of the most significant clinical challenges in contemporary medicine, often characterised by high recurrence rates and an impact on the overall quality of life. Among these, Gastroesophageal Reflux Disease (GERD)—clinically correlated with Urdhwaga Amlapitta in Ayurveda—is a frequent diagnosis encountered in daily clinical practice [3, 8]. Urdhwaga Amlapitta is a disease entity resulting from the vitiation of Pitta Dosha, primarily caused by the consumption of Vidahi (scorching) and Abhishyandi (obstructive) Ahara (diet) and the adoption of Vihara (lifestyle) detrimental to the Agni (digestive fire).

The pathophysiology of Urdhwaga Amlapitta is rooted in the Mandagni (hypofunction of digestive fire), which leads to the formation of Ama (metabolic toxins) and the subsequent fermentation or sour transformation of the ingested food [1, 13]. Clinically, GERD presents when the lower esophageal sphincter (LES) fails to prevent the retrograde flow of gastric contents into the esophagus, manifesting as Hritkantha kukshi daha (burning sensation in the heart, throat, and abdomen), Tikta amlodgara (bitter-sour belching), Avipaka (indigestion), Chhardi (vomiting), and Aruchi (anorexia). If left unmanaged, the persistence of these symptoms may progress to more severe complications such as erosive esophagitis, peptic ulcers, or gastritis [3, 8].

Kantakaryadi Kwatha functions as a potent therapeutic intervention in Urdhwaga Amlapitta by addressing both the aggravated Pitta and the underlying Agni (digestive fire) dysfunction.

CASE PRESENTATION

Patient Information

A 26-year-old male patient presented to the outpatient department with a history of recurrent gastrointestinal complaints persisting for the past two months. The patient reported no history of hypertension, diabetes mellitus, thyroid disorders, bronchial asthma, or tuberculosis, and had no prior surgical interventions.

Clinical Findings

Upon initial examination, the patient's vital signs were stable: blood pressure was 130/80 mmHg, pulse was 80/min (regular), respiratory rate was 16/min (regular), and temperature was 97° F. Systemic examination revealed no evidence of pallor, icterus, cyanosis, clubbing, or significant lymphadenopathy.

Ayurvedic Assessment (Ashtavidha Pariksha)

The clinical assessment of the patient's constitutional and functional status yielded the following findings:

- Nadi (Pulse): Pitta-Kapha dominant.
- Mala (Stool): Malavashtambha (constipation/hard stools).
- Mutra (Urine): Prakrut (normal).
- Jivha (Tongue): Sama (coated, indicating presence of ama).
- Shabda (Voice): Prakruta (normal).
- Sparsha (Tactile): Samshitoshna (normal temperature/texture).
- Drika (Eyes/Vision): Prakrut (normal).
- Akriti (Build): Madhyam (moderate).

Diagnosis

The diagnosis was established based on the classical clinical manifestations (Lakshana) of Amlapitta. The patient reported chief complaints of Hritkanthakukshi Daha (burning sensation), Tikta Amlodgara (bitter/sour eructation), Avipaka (indigestion), Aruchi (anorexia), Chhardi (Vomiting) and Shirshoola (Headache).

The gradation parameters were used to assess the severity of the patient's symptoms throughout the treatment duration. The scale defined clinical severity as follows:

- Normal (G0): Absence of the reported symptom.
- Mild (G1): Presence of the symptom in a mild form.
- Moderate (G2): Presence of the symptom in a moderate form.
- Severe (G3): Presence of the symptom in a severe form.

The assessment was conducted based on the following clinical parameters to track the patient's improvement:

- Avipaka (Indigestion)
- Aruchi (Anorexia)
- Hritkanthakukshi Daha (Burning sensation in the heart, throat, and abdomen)
- Tikta Amlodgara (Bitter-sour eructation)
- Chhardi (Vomiting)
- Shirshoola (Headache)

The symptoms were recorded in these clinical grades according to the statements provided by the patient at the time of assessment.

Therapeutic Intervention

The Chikitsa sutra (treatment protocol) focused on Nidana Parivarjana (avoidance of causative factors)
and Shamana Chikitsa (pacification therapy). The patient was prescribed the following regimen:

- The patient was prescribed Kantakaryadi Kwatha at a dose of 24 ml BID, administered with honey as sahapana before food

RESULTS

The clinical progress of the patient was monitored using a standardised grading scale (G0–G3), where G0 represented the normal state, and G3 represented severe symptoms. The therapeutic intervention resulted in a progressive decline in the severity of all reported complaints over the 30-day treatment period.

Clinical Parameters	Day 1	Day 7	Day 14	Day 30
Hritkanthakukshi daha	G3	G2	G1	G0
Tikta amlodgara	G3	G2	G1	G0
Aruchi	G2	G1	G0	G0
Avipaka	G2	G1	G0	G0
Chhardi	G2	G1	G0	G0
Shirshoola	G3	G2	G1	G0

Table 1: Assessment of clinical parameters during the 30-day treatment period

The data indicate that symptoms of Aruchi, Avipaka and Chhardi achieved complete remission by Day 14, while the more severe symptoms of Hritkanthakukshi daha, Tikta amlodgara, and Shirshoola showed consistent improvement, reaching complete resolution by the conclusion of the 30-day regimen.

DISCUSSION

The management of Amlapitta through Shamana Chikitsa focuses on the pharmacological principles of balancing Pitta dosha and correcting Agni dysfunction. This combination works by neutralizing acidic reflux (Urdhwaga Amlapitta) through agnivardhana (improving digestive fire) and soothing the gastric mucosa, while the honey (sahapana) acts as a yogavahi (carrier) to enhance the drug's absorption and efficacy [10, 11].

Ingredients & Action:

1) Kantakari: Acts as a Kapha-Vata shamak and aids in deepana (appetite stimulation) [4].
2) Guduchi: Acts as a potent tridosha shamak and immune modulator, which helps in reducing pitta inflammation in the gastrointestinal tract [5].
3) Vasa: Known for its pittahara and raktapittahara properties, specifically effective in controlling burning sensations and acid-related vomiting (Chhardi) [6].

The progressive reduction in symptom severity observed from Day 1 to Day 30 suggests that this Ayurvedic protocol is a viable therapeutic strategy for the long-term management of chronic hyperacidity. By addressing the digestive fire (Agni) and neutralizing the Pitta imbalance without the adverse effects associated with prolonged acid-suppressive medication, this treatment offers a patient-centered approach to care [7, 14, 15]. These findings support further investigation into the use of these specific formulations in larger, randomized clinical trials to establish standardized dosage efficacy [9, 12].

CONCLUSION

The present case report demonstrates that Kantakaryadi Kwatha (24 ml BID) administered with honey as sahapana is a highly effective therapeutic intervention in the management of Urdhwaga Amlapitta (GERD). The observed clinical improvement across all monitored parameters—including Hritkantha kukshi daha, Tikta amlodgara, Aruchi, Avipaka, Chhardi, and Shirshoola—highlights the efficacy of this formulation in restoring digestive function and mitigating acid-related symptoms within a 30-day timeframe. By addressing the underlying Agni dysfunction and pacifying Pitta through a holistic Ayurvedic approach, Kantakaryadi Kwatha offers a potent, drug-specific alternative to conventional therapies. These findings support the therapeutic potential of Kantakaryadi Kwatha and warrant further large-scale clinical studies to establish its standardized role in the management of gastrointestinal disorders.

CONFLICT OF INTEREST

The authors declare that there are no conflicts of interest regarding the publication of this case report.

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