



# International Journal of Indian Medicine

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# IJIM

SEPT 2020



# International Journal of Indian Medicine

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## ROLE OF SUTASEKHAR RAS AND VAMAN KARMA IN AMLAPITTA : AN OBSERVATIONAL STUDY

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**Abstract:** Due to various adoption and changes in life style, food eating habits leads to disproportion of *Sharirika doshas*, as well as *Mansik doshas* which leads to various diseases. Ayurveda gives prime supremacy to Agni due to its immense importance in therapeutic, diagnostic and other aspects. *Amlapitta* or hyperacidity is one of the most common disease seen in present era and not only present but also since past era. *Amlapitta*, a functional disease of *Annavaha srotas* caused due to improper dietary habits and stress is prevalent all over the world. Rapid lifestyle provokes people to run behind a busy, stressful life with least concern to proper diets. *Amlapitta* or hyperacidity therefore is a condition characterized by an increase of sourness and heat in the body. The intensified *Pitta dosha* harms the digestive fire, leading to improper digestion of food and production of *Ama*. The present study was intended to find safe and effective treatment of *Amlapitta*. 45 patients of either sex between 21 – 60 years were randomly selected for the study. In Group A patients were treated with *Sutasekhar Ras* for 1month. In group B patients were treated with *Vaman Karma* with *Yasthimadhu Kwath* and in group C both the therapies were given. The results in group C were highly significant as compared to the other two groups. Thus it can be concluded that *Sutasekhar Ras* provides soothing effect and *Vaman Karma* with *Yasthimadhu Kwath* due to its *Kaphapittahara* property relieves *Amlapitta*.

**key words** – *Amlapitta, Hyperacidity, Annavaha Srotas, Sutasekhar Ras, Vaman Karma, Yasthimadhu Kwath.*

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**How to cite this article:** Subhrajyoti Chakraborty. Role of Sutasekhar Ras and Vaman Karma in Amlapitta : An Observational Study. Int. J Ind. Med. 2020;1(6):221-229

**INTRODUCTION:**

*Amlapitta* is more common in the present situation, may be due to unhealthy diets and regimens. It is the disease which having direct impact of the nutritional faults that a person indulges. In 80% of the top ten life threatening disease of the world are due to faulty dietary habits<sup>1</sup>. *Amlapitta* is a disorder of gastro-intestinal tract, as it is described by Kashyap Samhita<sup>2</sup>, Madhava Nidana<sup>3</sup>, Bhava Prakasha, Kashyap Samhita<sup>4</sup> and Chakradatta. *Amlapitta* has not given in as disease in Charaka Samhita, Sushruta Samhita and Ashtang Hriday or Ashtang Samgraha. *Amlapitta* is stated in *Brihatrayi* as a one of the symptom or complication in many disorders. In modern it is correlated with hyperacidity. Hyperacidity having symptoms may be due to imbalance between the acid secreting mechanism of the stomach. The stomach secretes acid and excess production of acids in stomach is labeled as the hyperacidity. There are variations among different reasons which cause extra acid production. Heartburn and hyperacidity<sup>5</sup> are primarily lifestyle or age related.

According to the philosophies of Ayurveda, all the illnesses are due to hypo functioning of *Agni*.<sup>6</sup> According to Acharya Sushruta, inappropriately digested food converts poisonous or toxic (*Shukta/ Anna-vish*), this toxic-juice /*Shukta* combines with *Pachaka-Pitta* and creates a variety of *Pitta*-dominant diseases<sup>7</sup>. *Amla-pitta* is one of them.

Chakrapani<sup>8</sup> in his commentary on Charak Samhita defines “*Amlapittam Cheti amlagunoundriktam pittam*” means the augmented or increased *Amla guna* of *Pitta* is

known as *Amlapitta*. According to Shrikanthadutta, his tika Madhukosha vyakhya<sup>9</sup> of Madhav Nidan, it is demarcated as “*Vidahadhyamla gunaoundrikta pittam amlapittam*” i.e. the *Pitta* converts *Vidagdha* because of unwarranted upsurge of *Amla guna* of *Pitta* & “*Amlam vidagdham cha tat pittam amlapittam*” the *Pitta* which attains *Amla guna* & *Vidagdha* is called as *Amlapitta*. The *Samprapti* i.e. pathogenesis of *Amlapitta* involves three important factors<sup>10</sup> i.e. *Agnimandya*, *Ama* & *Annavaha Srotodushti*. The main sign and symptoms are *Avipaka* (indigestion), *Klama* (tiredness), *Utklesa* (nausea), *Tikta amlodgara* (sour and bitter belching), *Gauravata* (heaviness), *Hrit – kantha daha* (burning sensation of heart and throat) and *Aruchi* (anorexia).

From above, we can conclude that increased *Drava* and *Amla Guna* of *Pachaka Pitta* plays an important role in the pathogenesis of *Amlapitta*. *Sneha* having qualities of both *Kapha* and *Pittahar*, but *Sneha* is present in *Pitta* in delicate amount. *Sneha* makes the function of *Mardava* (softens the food stuff). Hence, both of them are liable for the pathogenesis of *Amlapitta* which may be a *Pathya Asadhya*, *Bheshaj Asadhya* and *Kashtasadhya Vyadhi*.

**AIMS AND OBJECTIVES**

1. A critical study on *Amlapitta*.
2. Evaluation of the efficacy of *Sutasekhar Ras* and *Vaman* in *Amlapitta*.
3. To compare the effect of both the therapies clinically.

**MATERIALS AND METHODS**

The present study was a single blinded study. Patients attending the O.P.D. of I.P.G.A.E&R at S.V.S.P, Kolkata, with clinical symptoms of *Amlapitta* were included in the study. A total of 45 patients in the age between 21 – 65 years of either sex satisfying the inclusion criteria were finally enrolled in the study after baseline screening and after taking written informed consent from the patient. The literary data was taken from various Ayurveda Samhitas, text books, magazine articles etc.

**Inclusion Criteria**

- Patients between 21 and 60 years age of either sex.
- Presence of cardinal features of *Amlapitta*.
- Patients not taking any other medicines for *Amlapitta*.
- Patients willing to participate and chronicity of more than 3 months.

**Exclusion Criteria**

- Patients with peptic ulcer, duodenal ulcer, carcinoma stomach and cardiac disorders.
- Taking medicines of other systemic diseases like hypertension, diabetes mellitus etc.

Selected patients for the study were randomly divided into three groups with 15 patients in each groups with different level of age, sex, and socio-economic status.

**Group A** – Patients were treated with *Sutasekhar Ras* 500mg BDAC with honey for 1 month.

**Group B** – Patients were treated with *Vaman Karma* with *Yasthimadhu kwath*.

**Group C** – Patients were treated with both *Sutasekhar Ras* and *Yasthimadhu kwath*.

**Duration of Treatment** : 1 month.

**Follow up Schedule** : Assessment was done in every 7 days intervals.

**Assessment Parameter** :

**Subjective Parameter** -As per the classical clinical features of *Amlapitta*.

**Objective Parameter** -

1. Haematological – Blood for Hb%, TC, DC, ESR.
2. Biochemical – Blood for FBS, PPBS; to exclude out any other systemic disease.

**Statistical Analysis**

All the observations were compared and grouping was analyzed statistically in terms of mean, Standard Deviation (S.D.), Standard Error (S.E.). The Student paired 't' test was carried out and the information thus collected were interpreted in terms of level of significance i.e. value ( $p < 0.05$ ).

**OBSERVATION AND RESULT**

In the present study it was observed that out of total 45 patients, 25 patients (55.56%) were males and 20 patients (44.44%) were females. Age wise study reveals 13 patients (28.89 %) in age group 21 – 30 years, 17 patients (37.78 %) in 31 – 40 years age, 10 patients (22.22 %) in 41 – 50 years age and 5 patients (11.11 %) between 51 – 60 years age. Occupation wise study reveals 17 patients (37.78 %) were Housewives, 15 patients (33.33%) were office workers, 8 patients (17.78%) were labours and 5 patients (11.11 %) were students.



**Table-1:Percentage of Patients having Amlapitta Nidan**

Sl. No.	Nidana (Causative factor)	Number of patients	Percentage
1	<i>Ati Lavana - Amla - Tikta ahara sevana</i>	26	57.78 %
2	<i>Atiushna bhojana</i>	13	28.89 %
3	<i>Adhyasana</i>	17	37.78 %
4	<i>Diwaswapna</i>	15	33.34 %
5	<i>Ratrijagarana</i>	14	31.11%
6	<i>Vegadharana</i>	12	26.67 %
7	Irregular diet	19	42.23 %
8	Addiction of tea	31	68.89 %
9	Addiction of smoking	24	53.34 %
10	Addiction of tobacco chewing	20	44.45 %

**Table-2:Cardinal Features of Amlapitta observed during Baseline Evaluation (N = 45)**

Sl. No.	Clinical Features	Total number of patients	Percentage
1	<i>Hrit – Kantha Daha</i>	45	100 %
2	<i>Tikta amlodgara</i>	39	86.67 %
3	<i>Aruchi</i>	33	73.34 %
4	<i>Utklesa</i>	16	35.56 %
5	<i>Avipaka</i>	21	46.66 %
6	<i>Gauravata</i>	29	64.45 %
7	<i>Klama</i>	20	44.45 %

**Table-3: Efficacy of *Sutasekhar Ras* in patients of Group - A**

Sl. No.	Lakshana (Clinical Features)	Mean Score BT	Mean Score AT	S.D	S.E	't' test	P Value
1	Hrit – Kantha Daha	13.5	12.0	3.27	18.18	2.75	< 0.01
2	Tikta amlodgara	11.6	10.5	2.86	16.06	2.49	< 0.02
3	Utklesa	13.6	12.2	2.72	15.38	2.60	< 0.01
4	Gauravata	15.2	13.3	1.90	10.73	3.29	< 0.001
5	Klama	14.6	13.1	2.58	14.61	2.60	< 0.01
6	Aruchi	13.2	12.1	2.92	16.52	2.42	< 0.02
7	Avipaka	15.3	13.3	1.90	10.73	3.29	< 0.001

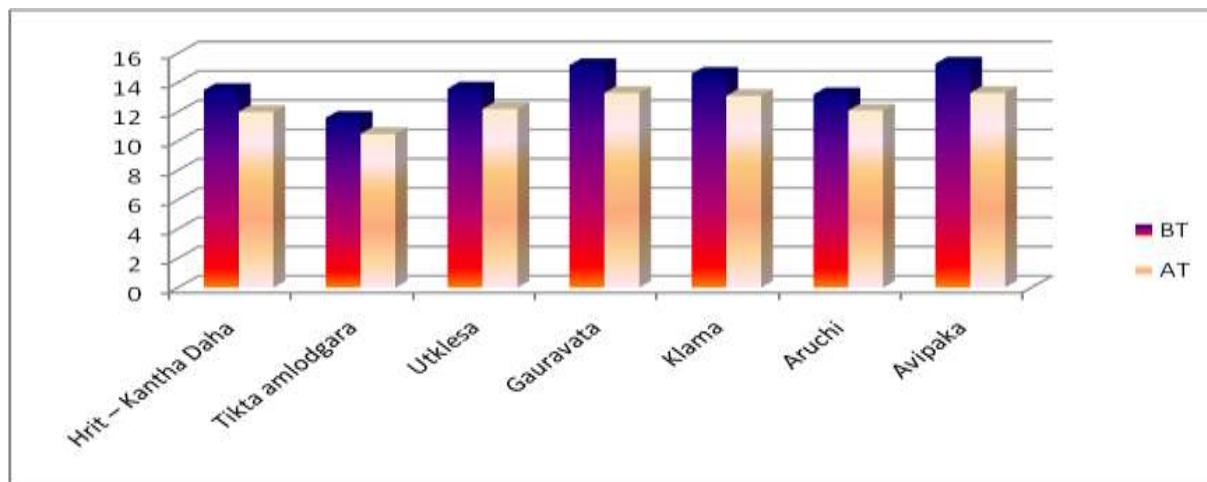


Fig-1: Efficacy of *Sutasekhar Ras* in patients of Group - A.

**Table-4: Efficacy of *Vaman Karma* in patients of Group - B**

Sl. No	Lakshana (Clinical Features)	Mean Score BT	Mean Score AT	S.D	S.E	't' test	P Value
1	Hrit - Kantha Daha	12.6	11.0	3.121	17.48	2.86	< 0.001
2	Tikta amlodgara	14.3	12.6	2.75	15.32	2.74	< 0.01
3	Utklesa	13.1	11.6	2.48	14.02	3.21	< 0.001
4	Gauravata	12.3	10.4	1.79	10.11	3.46	< 0.001
5	Klama	13.6	12.3	2.43	13.76	2.76	< 0.01
6	Aruchi	12.1	9.6	2.12	15.32	2.61	< 0.01
7	Avipaka	13.1	11.6	2.48	14.02	3.21	< 0.001

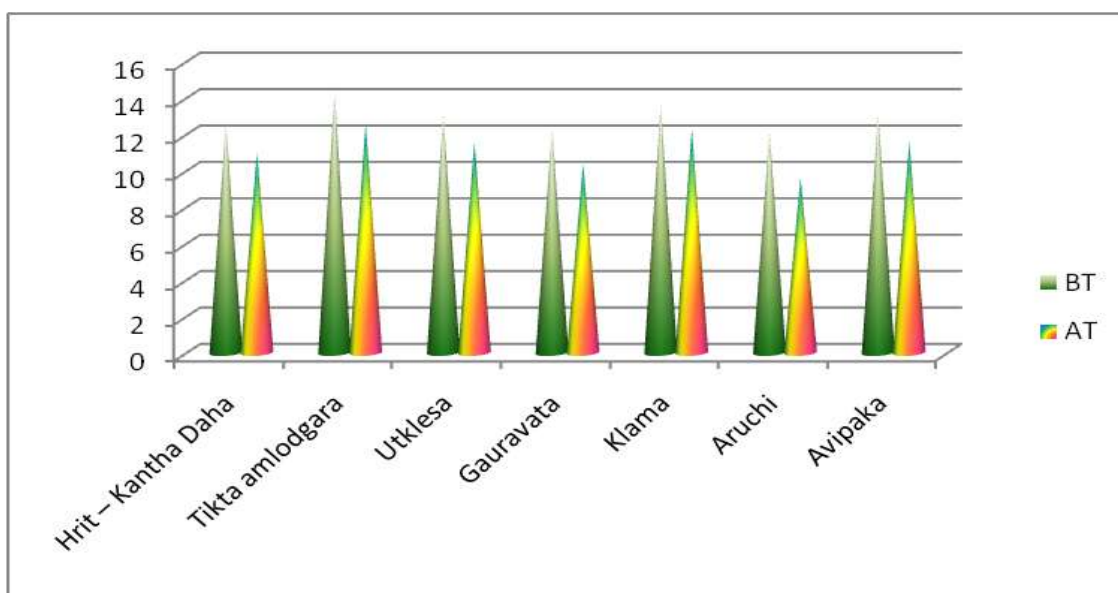
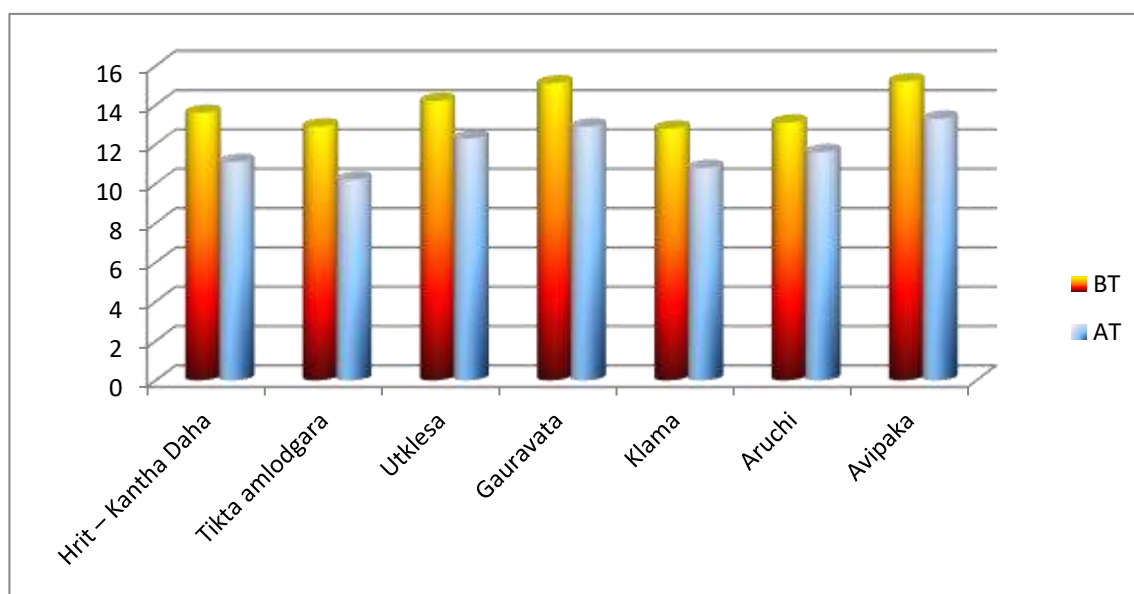


Fig-2: Efficacy of *Vaman Karma* in patients of Group – B.**Table-5: Efficacy of *Sutasekhar Ras* & *Vaman Karma* in patients of Group - C**

Sl. No	Lakshana (Clinical Features)	Mean Score BT	Mean Score AT	S.D	S.E	't' test	P Value
1	Hrit – Kantha Daha	13.6	11.1	2.45	13.69	3.66	< 0.001
2	Tikta amlodgara	12.9	10.2	2.44	13.80	3.26	< 0.001
3	Utklesa	14.2	12.3	1.76	10.0	4.20	< 0.001
4	Gauravata	15.1	12.9	1.56	8.73	4.12	< 0.001
5	Klama	12.8	10.8	1.63	9.23	3.90	< 0.001
6	Aruchi	13.1	11.6	2.48	14.02	3.21	< 0.001
7	Avipaka	15.2	13.3	1.90	10.73	3.39	< 0.001

Fig-3: Efficacy of *Sutasekhar Ras* & *Vaman Karma* in patients of Group – C.

After 1 month of treatment, statistically significant improvement were observed in overall all the features of *Amlapitta*. No significant difference was observed in the change of haematological and biochemical parameter after the administration of drugs.

## DISCUSSION :

*Amlapitta* is produced by intensified *Pitta* due to excessive intake of pungent and sour food items, alcoholic preparations, salt, hot and sharp stuff. This aggravated *Pitta* cause

burning sensations. To pacify the *Pitta*, anger, fear, excessive exposure to sun and fire, intake of dry vegetables and alkalis, irregularity in taking food, and all *Pitta*

*prakopak* factors should be avoided<sup>11</sup>. *Amlapitta* is a common gastric problem usually related with food habits and lifestyle. In the present study there were 25 males and 20 females. As per age wise distribution it was observed that maximum patients belonged to age group between 31 – 40 years, as *madhyamavastha* is considered as *Pitta prakopa vaya*; so, this age group is more prone to suffer from *Pitta* predominant diseases. Regarding occupation wise distribution it was observed that out of 45 patients majority of patients were housewives having irregular dietary habits. On analyzing the symptomatology of *Amlapitta*, *Hrit – kantha daha* was found to be present in all the cases while *Tikta amlodgara* in 39 patients (86.67 %), *Aruchi* in 33 patients (73.34 %), *Gauravata* in 29 patients (64.45 %), *Avipaka* in 21 patients (46.66 %), *Klama* in 20 patients (44.45 %) and *Utklesa* in 16 patients (35.56 %). In grouping analysis Group – C was seen to be highly significant in alleviating the symptoms of *Amlapitta*. Significant improvement was observed in all the assessment parameters of *Amlapitta* following 1 month of drug administration. *Sutasekhar Ras* is one of the significant medicines used in Ayurveda, it is act as tenderness, fever, hiccup, headache etc. There are many constituents like *Parad*, *Gandhak*, *Dhatura*, *Tamra bhasma*, *Sankha bhasma* and *Tankan* etc which directly reacts with gastric HCL and neutralize them, so this acts as potent antacid. *Sutasekhar Ras* is a

very commonly used drug in *Amlapitta* and it helps not only in reducing the symptoms but also maintains the health. This drug is very beneficial in this disease due to multiple actions such as anticholinergic and directly acting antacid. In *Urdhwaga Amlapitta* vitiated *Kapha* and *Pitta* is the key factor for whole pathological process. *Vamana Karma* is indicated as *Shodhana Karma* for *Urdhwaga Amlapitta*. In *Urdhwaga Amlapitta*, there is disturbance in *Dravata*, *Ushnata* of *pachak pitta* and *Snighdhata* of *Kledak Kapha*. *Vaman* found to be effective in *Urdhwag Amlapitta*, because *Urdhwaga Amlapitta* is the *Amashaya janya vyadhi* and in *Vaman amashayasta doshas* are expelled out. As also said by *Yogaratanakara* “*Poorvam tu Vamanam karyam.*” *Amlapitta* is a disease of *Amashaya Samudbhava* and caused due to vitiation of *Kapha-Pitta*. In *Urdhwaga Amlapitta* one should go through the *Vamana* procedure in patient having strong immunity and will power. If we stop the treatment, the symptoms of disease show relapses. As this disease is *chirakari* a long duration of treatment is required. *Pathyaptya* i.e. *hetu sevan* plays the important role in *amalapitta*. In initial stages of *Amlapitta* vitiated *Pitta* leads to *Vidagdhajirna* thereby causing inflammation and corrosion of *Slesmadhara kala* of *Amasaya* i.e. mucus membrane of stomach and duodenum. So here *Vaman* was carried out with *Yasthimadhu kwath* so that it decreases swelling of the mucous membrane in inflammatory conditions.



**Conclusion:**

*Amlapitta* is a condition of Annavaha srotas which affects the quality of life of patients in *Amlpitta* causes vitiation of *Pitta dosha* in the body and leads to the occurrence of disease *Amlapitta*. Middle aged people are more prone to suffer from this disease as is evident in the present study. Addictions like tea, smoking, consuming excessive spicy, oily and sour foods plays a significant role in aggravating the disease. On the basis of result

and statistical data's obtained it can be said that Group C was highly significant in curing the disease as compared to the other two groups and hence it can be concluded that both the therapies were effective in alleviating the symptoms of the disease. Appropriate quantity and quality of food consumed helps to prevent and control *Amlapitta*.

**SOURCE OF SUPPORT** – Nil

**CONFLICT OF INTEREST** – There is no conflict of interest.

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