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EFFICACY OF SADYO VIRECHANA FOLLOWED BY SHAMANA AUSHADHI IN THE MANAGEMENT OF AMLAPITTA – A SINGLE CASE STUDY

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ABSTRACT

Amlapitta, first described in Madhava Nidana and further elaborated in Kashyapa Samhita and Bhava Prakasha, is caused by vitiated Pitta dosha, particularly in the Annavaha Srotas. The disease manifests due to excessive intake of Amla (sour), Katu (pungent), and Ushna (hot) Ahara, irregular food habits, stress, and poor lifestyle.

In modern parlance, Amlapitta correlates with acid peptic disorders, hyperacidity, and functional dyspepsia. Unlike symptomatic allopathic treatment, Ayurveda focuses on Dosha-Samyata (balance of doshas) and Agni-Sandharana (digestive restoration). This study evaluates a classical protocol starting with Sadyo Virechana (instant Pitta expulsion) and continued with Pitta-pacifying herbs for sustainable relief.

MATERIALS AND METHODS

Patient Profile

A 32-year-old male patient presented with complaints of Avipaka (8/10), Tikta-Amlodgara (9/10), Utklesha (7/10), and Hrit-Kanta Daha (8/10) for over three weeks. No structural abnormalities were found on examination.

Intervention Protocol

- Day 1: Sadyo Virechana
- Trivrit Lehyam 10g was administered early morning on an empty stomach.
- Six Pitta-dominant Vegas were observed (yellowish, watery stools).
- Post-Virechana, the patient reported lightness in the abdomen and improved clarity of belching.
- Day 2–31: Shamana Therapy
- Morning & Evening (on empty stomach):
- Muleti (Yashtimadhu) Churna decoction: 1 tsp powder boiled in 2 cups of water, reduced to ½ cup, filtered.
- Dosage: 15–30 ml, twice daily, on an empty stomach.
- Night (1 hour before dinner):
- Pravala Pishti (125 mg)
- Giloy Satva (250 mg)
- Amalaki Swarasa (15 ml)

Rationale of Timing

Morning and evening administration of Muleti decoction supports gastric mucosa, pacifies Pitta, and strengthens digestion throughout the day. The night protocol with Pravala Pishti, Giloy Satva, and Amalaki Swarasa addresses the Pitta surge expected before dinner and promotes digestion and mucosal healing.

Dietary Advice

Patient was advised Laghu Bhojana (light diet), avoiding sour, spicy, fried, and reheated foods. Regular mealtimes and stress-reducing habits were recommended.

Assessment Criteria

Symptoms were graded on a 0–10 scale using the Visual Analogue Scale (VAS) before and after treatment.

Properties of Medicines Used

- Muleti (Yashtimadhu) Decoction
  - Rasa: Madhura
  - Guna: Guru, Snigdha
  - Virya: Shita
  - Vipaka: Madhura
  - Karma: Pittashamana, Vrana Ropaka, Rasayana, Amlapittahara
  - Reference: Charaka Samhita, Bhavaprakasha Nighantu

- Pravala Pishti
  - Rasa: Madhura, Tikta
  - Guna: Laghu, Sheeta
  - Virya: Sheeta
  - Karma: Pittashamana, Hridya, Amlapittahara
  - Reference: Rasatarangini, AFI Vol I

- Giloy (Guduchi) Satva
  - Rasa: Tikta, Kashaya
  - Guna: Laghu, Snigdha
  - Virya: Ushna
  - Karma: Deepana, Pachana, Tridoshaghna, Rasayana
  - Reference: Charaka Samhita, Bhavaprakasha Nighantu

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- Amalaki Swarasa
  - Rasa: Amla (dominant), Madhura, Kashaya
  - Guna: Ruksha, Laghu
  - Virya: Sheeta
  - Karma: Pittaghna, Rasayana, Tridoshaghna, Agnideepana
  - Reference: Charaka Samhita, Bhavaprakasha

RESULTS

Significant improvements were noted in the patient's condition by the end of 30 days

Symptom	Before Treatment (VAS)	After Treatment (VAS)
Avipaka	8/10	1/10
Tikta-Amlodgara	9/10	1/10
Utklesha	7/10	0/10
Hrit-Kanta Daha	8/10	1/10

There were no adverse effects during the intervention. The patient also reported improved appetite, lighter digestion, and reduced food intolerance by the third week of therapy.

DISCUSSION

The management of Amlapitta requires a multi-layered approach addressing Dosha-Dushya Samurchana, Agnimandya, and Srotorodha. Sadyo Virechana with Trivrit Lehyam acted as a rapid detox by removing accumulated Pitta from the lower gut. This immediately reduced Tikta-Amlodgara and Utklesha.

The sequential use of Pravala Pishti, Giloy Satva, and Amalaki Swarasa ensured sustained pacification of Pitta and correction of Jatharagni. Pravala Pishti works as a Pittashamana and natural antacid. Giloy Satva is a Rasayana that strengthens gut immunity while restoring Agni. Amalaki Swarasa provides antioxidant support and protects the gastric mucosa due to its Rasayana and Pitta-balancing properties.

The result validates the classical model of Shodhana Purva Shamana in Pitta-dominant disorders. Proper selection of medicines and appropriate timing (night therapy) were key in this case.

Additionally, Licorice (Yashtimadhu) decoction was incorporated as a morning and evening regimen. Known for its Sheetala (coolant) property, Madhura Rasa, and Rasayana effect, Yashtimadhu acts as a protective agent on the gastric mucosa. It is non-irritating and can be safely administered on an empty stomach or before food, as it soothes inflammation and promotes healing. This helped reinforce the mucosal barrier, especially in cases with chronic acidity or burning, enhancing the tolerability and therapeutic depth of the protocol.

Because Yashtimadhu has coolant properties (Sheetala Virya) and Madhura Rasa, it provides a natural protective action on the stomach lining, acting as a mucosal shield. Unlike many herbal or synthetic agents that may irritate the gut, Yashtimadhu is gentle and non-irritating. Hence, it can be safely administered before food or even on an empty stomach. This makes it an ideal adjuvant in hyperacidity-related disorders where gastric mucosal integrity is compromised. Its incorporation into the treatment ...

CONCLUSION

This case study highlights that a holistic Ayurvedic approach combining Sadyo Virechana with a focused Shamana regimen is highly effective in managing Amlapitta. The selected drugs acted synergistically to pacify Pitta, rejuvenate gut lining, and strengthen digestion. Further clinical validation with a larger sample size is warranted.

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