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Case Report

## Title of Article: Management of *Amlapitta* by *Kunjla Kriya* and *Pathya Apathya*: A single case study

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### ABSTRACT

Changing lifestyle along with changing food culture has given birth to various diseases. *Amlapitta* is one of the most common diseases seen in society today. Hurry, worry, and curry are the three major reasons for *Amlapitta*. *Acharya Kashyapa* has first described it as a disease. *Apathyakar ahar* and *vihar* are responsible for causing this disease. As we all know the food we consume nourishes our body but the food itself if not taken properly is responsible for causing diseases in our body. Similarly, *shodhan* of our body is important for remaining healthy and for the prevention of a lot of diseases. Here a single case study of *amlapitta* is treated with *pathyakar ahar vihar* and *shodhan – kunjla kriya*. The patient is selected with diagnostic criteria, treated with *pathya apathya ahar vihar* and *shodhan*, data collection and analysis are done. *Pathyakar ahar vihar* and *shodhan* has shown wonderful result in the patient of *amlapitta*. The detailed study report and observations are discussed in the paper.

**Keywords:** *Ahar, Amlapitta, Kunjal Kriya, Pathyakar, Shodhan, Vihar.*

### INTRODUCTION

Today in the era of globalization lifestyle of an individual plays an important role in deciding the health status. Despite the research and advancement in medical science, some diseases are very common – *amlapitta* is one of them. *Amlapitta* is very distressing as it is chronic, relapsing, and remittent. Stressful daily routine, insufficient sleep at night, irregular meal times, eating too late at night, spicy food habits, overeating of stale and fermented food, sleeping immediately after taking food, suppression of urges, worries are key reasons for the disease<sup>[1]</sup>. *Kashyapa* has enlisted the causes of in

*Khilasthana* in *amlapitta chikitsa adhyaya*. All the diseases are caused due to *mandagni*.<sup>[2]</sup> *Amla pitta* is also caused due to *mandagni*. *Amlapitta* is the combination of two words, *amla* and *pitta* – *amla* means sour taste and *pitta* means chemical substance for digestion. In *amlapitta* there is a pathological change in *pitta dosha*. *Amla* has been said a natural property of *pitta* along with *katu rasa* according to *charaka*.<sup>[3]</sup> *Shusruta* has enlisted *katu* as its original *rasa* and mentioned that when it becomes *vidagdha* it changes to *amla*.<sup>[4]</sup> *Agni* and *pitta* are the main factors responsible for digestion, due to their abnormality food is not properly digested and produces *ama* which is

acidic and a person gets various symptoms like acidic eructation and indigestion, etc<sup>[5]</sup>. Acharya kashyapa has mentioned this ama as sukta. Amlapitta can be correlated to acid peptic disease which comprises various gastroesophageal reflex diseases like gastritis, dyspepsia, heartburn, hyperacidity described in modern science. These symptoms if not treated at a primary stage can prove fatal in the chronic stage.<sup>[6]</sup> Madhavidankar in *amlapittanidan* has mentioned that this disease can be *vyapya* and *kastasadhya* in the chronic stage. The drugs of modern pathy can pacify the symptom to some extent but cannot cure the disease completely. In Ayurveda one of the lines of treatment for amlapitta can be by treating with *suddhikriya* i.e. *kujal kriya* along with *pathyakar ahar vihar*. Aim of this study is to find effect of *kunjal kriya* with *pathyakar ahar vihar* on *amlapitta*.

## MATERIAL AND METHOD

A literary review was done on *amlapitta*, acid peptic disease, and *pathykar ahar vihar* in *amlapitta* and *kunjal kriya* in classical text, and also E-data was collected.

**Case history:** 29 yrs male patient having complaint of *amludgar* (sour eructation) *Hritkantha daha* (burning in epigastric region) *Avipaka* (indigestion), *utklesha* (nausea), *aruchi* (anorexia) off and on since 2 years was selected. The patient revealed a history of *apathyakar ahar vihar* (faulty lifestyle) *avyayama* (no exercise) and *Madhya pana* (consumption of alcohol). The patient came to the *swastharakshan* OPD of Bhausaheb Mulak Ayurved College and Hospital, Butibori for *ahar margadarshan*.

Patient Name: ABC

Age: 29 yrs

Sex: Male

Occupation: medical representative.

Chief complaint: sour eructation, epigastric burning, nausea, anorexia, indigestion.

Family history: nil

Personal history: the patient is a non-diabetic, non-hypertensive young male with a history of stressful work, irregular eating habits more junk food. The patient is also having a history of alcohol consumption, once a week and usually sleeps late at night with waking up late in the morning.

Medical history: the patient was on irregular allopathic medicines for one and half years.

On examination:

Pulse- 82/min

Bp- 120/80 mm/hg

CVS-no abnormality detected

CNS-no abnormality detected

**Diagnostic criteria:** The patient suffering from the symptoms *amludgar*, *hritkantha daha*, *avipaka*, *utklesha*, *aruchi* was selected.

**Contraindications:** The patient with high BP, Poor heart conditions, peptic ulcer, duodenal ulcer, and ulcerative colitis should not be attempted with *kunjal kriya*. Also, *kunjal kriya* should be done under expert guidance.

## Data collection and analysis:

The case subject which comes under the above diagnostic criteria was selected for the present study. Pre and post-assessment analyses were done which is based on the gradation of symptoms and collected data were systematically analyzed.

**Table 1: Pathykar Ahar advised in Amlapitta<sup>[7]</sup>**

Classes of Diet	Pathya (do)	Apathya (don't)
Cereals	Rice of old <i>shali</i> variety, <i>yava</i> , wheat,	<i>Navin anna</i>
Pulses	Mudaga, lentil	Kulatha, urad
Vegetables	<i>Patola</i> , <i>vastuka</i> , <i>karvelak</i> , carrot, mint, spinach, bitterground, cabbage, pumpkin.	Mustard leaves, fenugreek, brinjal, gourd
Fruits	Dalimba, <i>amlaki</i> , <i>kushmande</i> , apple, banana Sweeatorange, coconut, mango, dates	Jackfruit, watermelon, cashew nut, Lime, pineapple, plum
Milk and milk Products	<i>Goghrita</i> , <i>godugha</i> , buttermilk	Curd, sour buttermilk, <i>paneer</i>
Sugarcane & its Products	Sugar, honey	
Drinks		Liquor, <i>kanji</i>
Cooked Food	Meat and meat soup of animals and birds	Items fried in oil
Adjuvant Of food	All <i>tikta</i> juices and edibles	Salt, <i>amla</i> and sour <i>chatni</i> , <i>khattai</i>
Spices	Garlic, dry ginger, clove, turmeric, saffron, cumin	Asafoetida, chili, mustard seed, pepper, tamarind
Root and Tubers	Beetroot, sweet potato, carrot.	
Nuts	Coconut	Peanut, groundnut
Oils	Sunflower, coconut oil	Mustard oil, sesame oil
Regimen	<i>Sheetupchar</i> , <i>vishram</i> .	<i>Atapsevan</i> , <i>vegadharan</i> , stress, sleeping after Taking food.

**Diet and lifestyle management:** The *pathya-apathya* food was advised to the patient mentioned in the above table. As per text and observations, there is a definite improvement in the patient with the dietary alterations. Similarly eating a meal at a fixed time daily, keeping at least 3-4 hrs gap between two meals i.e. breakfast-lunch breakfast-dinner this pattern, avoiding excessive oily and spicy food especially in summer, avoiding alcohol, fast and junk food, and following healthy sleeping habits was advised to the patient. With all this advice *kunjal kriya* was explained and was done under observation. *Yoga sudhikriya* is advised for the purification of all the systems of our body. This purification is important to remain healthy and also to prevent diseases from developing in our body. For the purification of the digestive system *dhouthi kriya* is advised, which is also called *gajakarni*.<sup>[8]</sup>

**Purvakarma** - *Kunjal kriya* is performed in the morning. On the previous night, a light diet should be taken which can be easily digested in the morning.

**Pradhan karma**-After emptying the bowel in the morning 6-7 glasses of lukewarm saltwater is advised to drink, it is when you cannot take one more sip of water, at this time vomit starts automatically, if not, stimulation of the tongue which is called gag reflex will start the urge of vomit. Water comes out of the mouth in a quick series of gushes. This is to be done until the stomach is empty.

**Paschat karma**-After the stomach is empty washes the face and takes rest. In the evening light diet is advised. A normal diet can be started the next morning.

**Probable mode of action of *kunjal kriya*:** A lot of health problems are due to *agnimandya* which happens due to indigestion and improper evacuation of waste matter. A thorough wash of the stomach is needed to detoxify the digestive system and increase the *Agni*. The *kunjal kriya* which we do, not only has a positive effect on the digestive system rather has a wonderful effect on our whole body.<sup>[9]</sup>

## OBSERVATION AND RESULT

**Table 2: Assessment of Patient**

Symptoms	Day 1	Day 7	Day 15	Day 30	Day 45	Day 60
<b>Tikta amlaudgar</b>	+++	+++	+++	+	+	-
<b>Hrithakan thadaha</b>	+++ +	+++	+	+	-	-
<b>Aruchi</b>	+++	++	+	+	-	-
<b>Avipaka</b>	+++ +	++	++	++	-	-
<b>Utklesha</b>	+++	+	+	-	-	-

++++ Very severe, +++ severe, ++moderate, + mild, - no symptom

The patient was having severe *tikta amlaudgara* which took 6 *kunjal* sessions to subside, each after 15 days. During this period the patient was advised to strictly follow the do and don't advice mentioned above. The symptoms of *hrithkanthadaha* and *aruchi* have lessened after 15 days; *avipaka* and *utklesha* after 30 days were relieved with the 5<sup>th</sup> *kunjal* session. Results showed that the patient at the end of 2 months is relieved from most of the symptoms.

## DISCUSSION

*Amlapitta* disease is caused due to *mandagni*, so in *amlapitta* we have to remove the wear and tear deposits in the stomach and also we have to improve the *Agni*. When *pathya* is followed and *apathy* or the *hetu* of the disease are taken care of the *smaprapti* of the disease is broken which lessens the symptoms. Similarly in the *kunjal kriya* lukewarm saltwater is taken which is supposed to increase the osmotic pressure in the stomach instead of water getting absorbed, the water in the blood gets absorbed in the stomach. The waste material on the inner wall or lining of the stomach is brought into the stomach and thrown out with the water which is supposed to have a soothing effect on the stomach, reverses the inflammatory changes, and controls the digestive secretion, and relieves the symptoms of *amlapitta*.

## CONCLUSION:

The above case study shows that there is a wonderful effect of *kunjal kriya* along with *pathya –apathy* regimen, in the management of *amlapitta*. Changes in lifestyle and involvement of *sudhikriya* i.e. *kunjal kriya* in our daily routine can certainly create a magical effect on this disease. *Sudhikriya* should be performed under expert supervision and can be performed at home once we get trained in it.<sup>[10]</sup>

## REFERENCES

1. Agnivesha, charak, Dridabala, Charak samhita, Chikitsasthana, Grahani adhyaya 15/3, edited by Kashinath shastri Jadhavji, published by chaukhambha Sanskrit sansthana, Varanasi 2006;4.
2. Ididem Agnivesha, Charak, Dridabala, Charak samhita, Sutrasthana, Dirgajivitiya adhyaya 1/60, edited by Kashinath shastri Jadhavji, published by chaukhambha Sanskrit sansthana, Varanasi 2006;4.
3. Ayurvedic Ahar: The scientific diet, edited by Prof. P. H. Kulkarni, Published by Varanasi chaukhamba Sanskrit santhana 2013.
4. Madhavnidan, Madhavkar, Madhukosha vyakhaya, part 2, *amlapitta nidanam* 51/9, edited by Shastri Sudarshana, reedited by Upadhyaya Yadunandana, published by Chaukhamba Sanskrit sansthan Varanasi 1993;2.
5. Ididem Madhavnidan, Madhavkar, Madhukosha vyakhaya, part 2, *amlapitta nidanam* 51/46, edited by Shastri Sudarshana, reedited by Upadhyaya

- Yadunandana, published by Chaukhamba Sanskrit sansthan Varanasi 1993;2.
6. Kashyapa Samhita, Pandit Hemraja Sharma, Khilasthana, Amlapitta chikitsa adhyaya, 16/44 Varanasi Chaukhamba Sanskrit sansthan, edition 2010.
  7. Hatha Yoga pradipika, Prathama updesha, edited by Paramahansa swami Anant Bharti, ed. varanasi chaukhamba publication 2013;23.
  8. Vagbhata, Astanga hridayaam by Kaviraja Atridev Gupta, nidana stana 12/1 edited by Varanasi chaukhamba publication 2011;4.
  9. [http://www.yoamag.net/archive/1997/dapr77/kunjal\\_kriya](http://www.yoamag.net/archive/1997/dapr77/kunjal_kriya)
  10. <http://internetblog.com/kunjal-kriya-stomach-wash>

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