

**THE ROLE OF BHUNIMBADI KWATH IN THE MANAGEMENT OF URDWAGA  
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**ABSTRACT**

*Amlapitta*, commonly known as hyperacidity, stands as a prominent gastrointestinal disorder complicatedly interwoven with dietary choices, behavioral tendencies, and lifestyle practices. While its documentation is absent from fundamental Ayurvedic texts like Charak Samhita, Sushruta Samhita, and Ashtanga Hridaya, detailed insights into *Amlapitta* are preserved in works such as *Madhavnidan*, *Kashyap Samhita*, and *Yogratnakar*. The emergence of *Amlapitta* is fueled by the consumption of causative factors, which in turn agitate the *Tridosha* and culminate in *Agnimandya*, a weakened digestive fire. The compromised *Agni* proves inadequate in processing ingested food, fostering its fermentation within the system. A noteworthy facet of *Amlapitta* involves the amplification of *Pachak Pitta*, characterized by a transformation from its natural bitter (*Katu*) essence to a sour (*Amla*) taste due to food fermentation. Treatment protocols for *Amlapitta* predominantly rely on *Tikta-Katu Rasatmak* herbs, renowned for their *Aampachan* and *Agnideepan* properties. In this context, *Bhunimbadi Kwath*, a decoction encompassing potent *Pittashamak* substances, was administered for therapeutic intervention. The case pertained to a 48-year-old male patient afflicted with symptoms such as Chhardi, Amlodgar, *Hrullas*, *Hrit Kantha Daha*, *Shirshoola*, *Aruchi* and *Madalotapatti*. A 15-day regimen involving *Bhunimbadi Kwath* exhibited commendable results. This decoction, a judicious blend of *Pittashamak* constituents, played a multifaceted role in enhancing digestion, promoting *Agni*, and alleviating symptoms. Post-treatment, the patient experienced relief from above symptoms. In essence, *Bhunimbadi Kwath* showcased its efficacy as a holistic therapeutic agent, aligning with Ayurvedic principles to mitigate the intricate manifestations of *Urdhwaga Amlapitta* and enhance the patient's well-being.

**KEYWORDS:** *Urdhwag Amlapitta, Hyper-acidity, Bhunimbadi Kwath.***INTRODUCTION**

In our modern era, the relentless pursuit of success and the embrace of Western culture have led to an environment filled with stress and pressure. People are striving to maintain a high social standing, yet resources to fulfil these ambitions remain limited. Amid the competitive whirlwind, individuals often neglect their own well-being, succumbing to the demands of an evolving lifestyle, changing food habits, and shifting behavioural patterns. This has given rise to a multitude of functional and psychological ailments, with gastrointestinal disorders being a significant

manifestation. Acharya Sushruta astutely observed that a person with a disturbed psyche struggles to digest even wholesome and appropriately portioned meals, emphasizing the profound connection between mental state and digestion.<sup>[1]</sup> Indeed, proper consumption of food plays a pivotal role in sustaining digestive vigour, which, in turn, safeguards strength, health, and overall metabolic function.<sup>[2]</sup> Despite the remarkable strides in science and technology, health issues continue to plague humanity. A staggering 80% of top fatal diseases stem from faulty dietary choices.<sup>[3]</sup> Alas, erroneous lifestyles and eating habits wreak havoc on the delicate process of

digestion, precipitating symptoms like hyperacidity, dyspepsia, and indigestion culminating in nearly half of all gastrointestinal disorders.<sup>[4]</sup>

Among these, *Amlapitta* stands as a noteworthy ailment within the gastrointestinal realm. While foundational Ayurvedic texts such as *Charak Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya* omit mention of *Amlapitta*, comprehensive insights into this condition are preserved within works like *Madhavidan*, *Kashyap Samhita*, and *Yogratnakar*. *Kashyap Samhita* underscores the integral role played by factors like dietary choices, eating patterns, lifestyle, and occupational nature in the emergence of *Amlapitta*.<sup>[5]</sup> This condition is characterized by an augmented quantity of *Pachak Pitta*, transitioning its innate bitter taste to an excessive sourness.<sup>[6]</sup> Ayurvedic classics attribute *Amlapitta* to various causes including *Virudhha Ahara*, *Dushta*, *Ati-Amla*, *Vidahi Ahar*, *Pittakarak Ahar*, *Guru Ahar*, *Abhishyandi Ahar*, *Atidrava Ahar* and suppression of natural urges, *Atimadyapana*, *Diwaswap* etc. While all three *Doshas* are affected, *Pitta Dosha* predominates due to these triggers.

*Agni*, the digestive fire, takes a hit, leading to improper digestion and metabolic imbalance- ultimately manifesting as *Amlapitta*.<sup>[7][8]</sup> The root cause is traced to *Agnimandya* (diminished digestive power) and the

### Chief complaints

*Chhardi*,  
*Amlodgar*,  
*Hrullas*,  
*Hrit Kantha daha*,  
*Shirshoola*,  
*Aruchi*  
*Madalotapatti*

formation of undigested food (*Aam*). Therapeutic strategies employ *Shaman Chikitsa*, utilizing substances with *Aampachan* (promoting digestion) and *Agnideepan* (enhancing digestive fire) properties. Notably, *Katu* and *Tikta Rasatmak* substances excel in these attributes. Enter *Bhunimbadi Kwath*, a blend rich in *Madhur*, *Tikta* and *Kashay Rasatmak* ingredients that proves effective in *Amlapitta* management. This concoction relieves symptoms such as *Shula* (pain), *Bhrama* (Vertigo), *Aruchi* (anorexia), *Agnimandya* (loss of appetite), *Daha* (burning sensation), *Jwara* (fever) & *Chardi* (vomiting).<sup>[9]</sup> In a recent case study, treatment centred on *Bhunimbadi Kwath* yielded positive results, highlighting its potential in addressing *Amlapitta* and reaffirming the intricate synergy between traditional Ayurvedic wisdom and modern therapeutic approaches.

**Aim:** To study Effect of *Bhunimbadi Kwath* in The Management of *Urdhwaga Amlapitta*.

**Objective:** To study role of *Bhunimbadi Kwatha* to reduce sign and symptoms of *Urdhwaga Amlapitta* with special reference to Hyperacidity.

### Case report

A 48-year-old male patient having following complaints was came in OPD of Kayachikitsa Department, PDEA'S College of Ayurved and Research Centre, Nigdi Pune.

Since Last 1 year

### History of present Illness

48 years male patient came to OPD with Above complaints since last 1 year. he was taking Allopathy medicines for same complaints in the last 12 months but he did not get relief completely. So for treatment, patient came to Kayachikitsa OPD for further treatment and management.

**Past history:** K/C/O: Hypertension since last 2 years

### General examination

Temperature	98.4 F
RR	20/ Min
Pulse rate	88 /Min
Blood pressure	130/80 mm of Hg

**Present medicinal history:** Tab. Telmkind 40 (Telmisartan 40mg)  
 1 tablet at morning

**Family history:** *Matruj Kula:* *Jivit*

*Pitruj Kula:* *Jivit.* (K/C/O: Hypertension)

**Past surgical history:** No History of any major Surgery

**Systemic examination**

RS	AEBE
CVS	S1 S2 Normal
CNS	Conscious, oriented
P/A	Soft and Non tender

**Ashtavidha parikshan**

Nadi	Sarpa Gati
Mutra	4-5 times a day
Mala	Asamyak
Jivha	Sama
Shabda	Spashta
Sparsha	Samshitoshna
Druk	Prakrit
Akruti	Madhyam

**Nidan panchak**

**Hetu:** Ahara: Atikatu Aahar (Spicy), Ati Amla Aahara, Akal Bhojan, Adhyashan.

Vihara: Ratraujagran, Diwaswap.

**Samprapti**<sup>[10]</sup>

Hetu sevan → Tridosha Prakopa (Pitta Pradhana) → Agnimandya → Anna Vidagdhat → Pittataprakop (vitiation) → Amla and Drava Guna dominance → **Amlapitta**.

**Samprapti ghatak**

- Dosh: Pitta Pradhana, Kapha anubandhi.
- Dushya: Rasa Dushti.
- Strotodushiti: Annavaha Strotas, Purishvaha Strotas, Rasavaha Strotas.
- Vyadhi Avastha: Sama Avastha, Dosh Urdhwagati
- Sadhyasadhyatva: Kashta Sadhya
- Vyadhimarga: AbhyantarMarga

**Vyadhi nidana:** Urdhwaga Amlapitta, Samawastha Dosh Urdhwagati.

**Management:** Bhunimbadi Kwatha<sup>[11]</sup>

- Drug: Bhunimbadi Kwatha
- Matra: 15ml twice a day
- Anupana: Sukoshna Jala
- Aushadhasevan Kala: Vyano-Udane
- Duration: 15 days

**Table 1: Latin Name, Family and Part use in of dravya in bhunimbadi kwatha.**

No.	Drug	Latin Name	Family	Part Used
1.	Bhunimba	Andrographis paniculata	Acanthaceae	Panchanga
2.	Nimba	Azadirachita indica	Meliaceae	Twaka
3.	Haritaki	Terminalia chebula retz.	Combretaceae	Phala
4.	Bibhitaki	Terminalia bellerica roxb.	Combretaceae	Phala
5.	Amalaki	Emblica officinalis gaertn.	Euphorbiaceae	Phala
6.	Patola	Tricosanthes dioica roxb.	Cucurbitaceae	Patra
7.	Vasa	Adhatoda vasaka	Acanthaceae	Patra
8.	Guduchi	Tinospora cordifolia	Manyspermaceae	Kanda
9.	Parpataka	Fumaria vaillantii	Fumariaceae	Panchanga
10	Bringaraja	Aclipta Alba	Compositae	Panchanga

**Table 2: Rasa, Virya, Vipaka, Doshagnata and Karma of dravya in bhunimbadi kwatha.**

No.	Drug	Rasa	Virya	Vipaka	Guna	Doshghanata	Karma
1.	Haritaki <sup>[12]</sup>	Lavan Varjit pancharas	Ushna	Madhura	Laghu, Ruksha	Tridosahar	Dipana, Pachana
2.	Bibhitaki <sup>[13]</sup>	Kashaya	Ushana	Madhur	Laghu ruksha	Kapha-Pittaghna	Chhardhighna
3.	Amalaki <sup>[14]</sup>	Lavan Varjit	Sheeta	Madhur	Guru, Shit	Tridosahar	Rasayan

		pancharas					
4.	Patola <sup>[15]</sup>	Tikta	Ushna	Katu	Laghu, ruksha	Kapha-Pittahar	Pachana
5.	Vasa <sup>[16]</sup>	Tikta, Kashay	Sheeta	Katu	Laghu, ruksha	Pittaghna	Shothahar
6.	Guduchi <sup>[17]</sup>	Katu, Tika	Ushna	Madhur	Guru, Snigdha	Tridoshghna	Dipan Pachan
7.	Bhunimba <sup>[18]</sup>	Tikta	Ushna	Katu	Laghu Ruksha	Kapha-Pittaghna	Dipana, Rechan
8.	Nimba <sup>[19]</sup>	Tikta Kashay	Sheeta	Katu	Laghu	Kapha- Pittaghna	Yakrutottejak
9.	Parpataka <sup>[20]</sup>	Tikta	Sheeta	Katu	Laghu	Kapha-Pittaghna	Grahi, Dipak
10.	Bringaraja <sup>[21]</sup>	Katu, Tikta	Ushna	Katu	Ruksha, Laghu	Kaphaghna	Dipan Pachan

Table No. 3: Showing Observation and Results.

Sr. No.	Parameter	Grades				BT	AT
		0	1	2	3		
1.	Chhardi (Vomiting)	Absent	Once In a week	2-3 times in a week	More than 3 times in a week	2	0
2.	Amlodgar (Flatulence)	Absent	Occasional	After meal	Persistent throughout the day	3	0
3.	Hrillas (nausea)	Absent	Occasional	After meal	Persistent throughout the day	2	0
4.	Hrit-kantha daha (Burning sensation in chest-throat)	Absent	Occasional	After meal	Persistent throughout the day	3	1
5.	Udaradaha (Burning sensation in the stomach)	Absent	Occasional	After meal	Persistent throughout the day	0	0
6.	Shirashool (headache)	Absent	Occasional	After meal	Persistent throughout the day	2	0
7.	Hastapada daha (Burning sensation in foot and hands)	Absent	Occasional	After meal	Persistent throughout the day	0	0
8.	Aruchi (Loss of appetite)	Absent	Occasional	After meal	Persistent throughout the day	2	0
9.	Mandalotpatti (urticarial rash)	Absent	Occasional	After meal	Persistent throughout the day	1	0

## DISCUSSION

Bhunimbadi Kwatha contains Bhunimba, Nimba, Haritaki, Bibhitaki, Amalaki, Vasa, Guduchi, Parpataka, Bhringraja and Patol. As mentioned in table no. 2, Maximum Dravyas Rasa are Madhura, Tikta and Kashaya Rasa, Madhur Vipaka and Sheeta Virya which are Pittashamaka.

In the development of Amlapitta, a weakened digestive fire (Mandagni) contributes to the formation of undigested toxins (Ama). Haritaki is particularly effective for promoting digestion (Amapachana) and easing blockages (Strotorodha) through its warming and sharp qualities (Ushan Virya and Laghu Ruksha Guna)

Many remedies possess properties that enhance metabolism and digestion (*Deepana Pachana*), thereby supporting a healthy Agni. The characteristics of Laghu and Ruksha Guna, along with Katu Vipaka of Patola, Bhunimba and Nimba and other Dravyas counteract excess Kapha. Amlapitta involves an increase in liquid properties (*Drava Guna*), with dominant fluid-forming *Kledaka Kapha* and digestive *Pachaka Pitta*. The drying and light qualities of Laghu-Ruksha Guna might aid in reducing excess fluids, akin to a drying effect. Furthermore, these qualities also facilitate *Lekhana*, *Stambhana*, and *Ropana*. Madhura Vipaka and Sheeta Virya counteract the Tikshana Guna of imbalanced Pitta. This helps in calming inflammation and supporting the

expulsion of excess heat through urine and *Vatanulomana*. The soothing qualities of *Madhura Rasa*, *Sheeta Virya*, and *Mrudu* and *Snigdha Guna* provide relief to the irritated *Annavaha Strotas*, reducing discomfort. *Bibhitaki*, along with *Amalaki*, possess *Chhardighna* properties, aiding in managing *Hrullas* and *Chhardi*. The combined effects of these herbs, including balancing all three *Doshas*, improving digestion, enhancing appetite, and providing *Ruchya*, collectively work against the development of *Amlapitta*.

To summarize, the unique attributes (*Guna* and *Karma*) of individual herbs and the formulation as a whole counteract the factors contributing to *Amlapitta*, offering a comprehensive approach to managing the condition.

### CONCLUSION

The analysis above leads us to a significant conclusion regarding the therapeutic potential of *Bhunimbadi Kwatha*. This formulation exhibits notable anti-acidic and anti-ulcer properties due to its composition rich in attributes such as *Madhura* (sweet), *Tikta* (bitter), and *Kashaya* (astringent) tastes, along with *Madhura Vipaka* (sweet post-digestive effect) and *Sheeta Virya* (cooling potency). These combined qualities effectively alleviate the aggravated *Pitta Dosha*, contributing to the amelioration of acid-related conditions. A noteworthy advantage of *Bhunimbadi Kwatha* lies in its cost-effectiveness and Easy to made at home. In this case study, there is reduction in Subjective parameters (Table No. 3) like *Chhardi*, *Amlodgar*, *Hrullas*, *Hrit Kantha daha*, *Shirshoola*, *Aruchi* and *Madalatopatti* in *Urdhwaga Amlapitta*. The Ayurvedic Concepts in Hyperacidity, having fruitful effect; be planned and evaluated systematically, adopting meticulous methods.

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