



## Research Article

## CLINICAL EVALUATION OF BHUNIMBADI KADHA IN THE MANAGEMENT OF AMLAPITTA

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### ABSTRACT

*Amlapitta* is one of the disturbing illnesses of the developing world. It usually affects people of all age groups. Modern day lifestyle and urbanization strongly affected the dietary habits of upper and lower middle-class people. Due of the indulgence of faulty foods in diet, half cooked foods, exposure to *Helicobacter pylori* infection, not eating foods at regular intervals, eating during indigestion, not taking enough sleep, etc. are the few causes that reduce the digestive fire causing toxins or acid to accumulate and increase the level of gases in the stomach causing the disease *Amlapitta*. The signs and symptoms of *Amlapitta* are similar to gastritis in modern medicine. The conventional treatment for gastritis starts with the use of proton pump inhibitors and H2 receptor blockers. But due to the side effects like headache, constipation, dizziness etc. patients usually fail to continue medicines for adequate relief. In these situations, Ayurvedic medicines have an edge over western medicines as herbal medicines have good gastrointestinal tolerance with least side effects. In this single clinical study, 30 patients were taken having *Amlapitta* and treated with 20ml twice daily dose of *Bhoonimadi kadha* before meals with equal quantity of warm water for 60 days. At the end of the study, it is seen that *Shamana Chikitsa* with *Bhoonimadi kadha* has shown remarkable improvement with complete relief in burning sensation and pain abdomen.

### INTRODUCTION

In Ayurveda, *Amlapitta* is a digestive disorder, often correlated with hyperacidity, acid dyspepsia, or gastroesophageal reflux disease (GERD). *Amlapitta* is one of the commonly diagnosed disorders in the practice of *Kayachikitsa* (Medicine). Like all other disorders, it also occurs due to vitiated *Agni* or weak digestive fire. Unwholesome use of newer food materials, fast foods, changes in the method of cooking, prolonged use of NSAIDS, exposure to *Helicobacter pylori* infection, overuse of alcohol, excessive intake of tea, coffee, etc. are few of the predisposing factors of this disease.

Vitiated *Ahara* and *Vihara* affect *Jatharagni* leading to *Mandagni*. This *Mandagni* is responsible for the production of *Ama* (*Apakva anna*) which further gets vitiated due to improper lifestyle and mental stress leading to vitiation of *Pitta dosha*. This vitiated *Pitta* along with the *Prabhava* of *Ama* leads to the development of *Amlapitta*. *Amlapitta* is a disease of *Annavaha* and *Rasavaha srotas* where *Amliya guna* and *Drava guna* of *Pitta* increases. Acharya Kashyapa was the first *Acharya* who mentioned the disease *Amlapitta* in a separate chapter and also believed *Manasika bhava* as a cause of this disease.<sup>[1]</sup> Acharya Charaka has not directly described as disease, he mentioned that when *Amavisha* gets directly mixed with *Pitta*, *Amlapitta* is developed.<sup>[2]</sup>

### Review of literature

**Nirukti:** "*Amlam vidagdha cha tat pittas amlapittam*" when *Pitta* become *Vidagdha* it leads to *Amliyabhava*, the condition known as *Amlapitta*. (*Madhu kosha*)

**Definition:** When *Prakrita katu rasa* of *Pitta dosha* gets transformed into abnormal *Amla rasa* and also

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increases *Dravta* of *Pitta* leading to *Utpatti* of *Vyadi* known as *Amlapitta*.

According to Acharya Charaka excessive intake of *Amla- Katu- Ushna Tikshna Ahara* even in the condition of *Ajirna*, creates, *Agnimandya* which generates *Annavisha* (i.e., *Amadosha*). This *Anavisha* when mixed with *Pitta* causes "*Amlapitta*".<sup>[3]</sup>

#### **Synonym: Amlapitta**

*Shuktaka* - Kashyap Samhita (Khilsthana Ch.16)

*Pramilaka* – As.Sa. Su 5/27 Indu commentary

*Pitta vishuchika* – As. Sa.Su . 5/27 Indu commentary

*Pittamlaka -Harita, Amlika* – Su. Su.42/9

Acharya Kashyap mentioned *Nidanas* like *Adhyashara, Vishamashana, Virudha, Dushta ahara sevana, Pistanna madya sevana*, intake of *Ati ruksha, Ushna, Snigdha, Amla* and *Drava* food products, habit of sleeping after meals in day time, *Vegavidharana, Paryushita bhojana* etc., are highly responsible for the entity *Agnimandya* and due to the impact of this *Manda agni* when the food is taken in the presence of above mentioned *Nidana*, causing food to burn, it leads to *Vidagdha avastha* of engulfed food which causes *Shukta (Amla)* bhava transformation of food and this food becomes *Dushita* due to *Vidagdha pitta*. This condition is known as *Amlapitta*.

#### **Samprapti Ghataka**

*Dosha- Pitta*

*Dushya- Rasa, Rakta*

*Srotas- Annavaha*

*Adhistana- Amashaya*

*Srotodushti- Vimargamana Agnimanda*

*Swabhava- Ashukari,*

*Sadhya asadhyata- Sadhya*

#### **Types of Amlapitta <sup>[2]</sup>**

According to the *Gati* of *Pitta*, Madhava has described 2 types of *Amlapitta* i.e.,

1. *Urdhvaga Amlapitta*

2. *Adhoga Amlapitta*

**Lakshan:** *Avipaka, Klama, Utklesha, Tiktamlodgara, Gaurava, Hrikantha daha, Aruchi* are the main symptoms of *Amlapitta* described by Acharya Madhava<sup>[4]</sup>. However, Acharya Kashyapa has described *Lakshanas* as *Vidbheda, Shirashoola, Hrit shoola, Aadhman, Angasada, Antrakuujana, Romharsha*.<sup>[5]</sup>

Acharya Chakradutta has explained the treatment of *Amlapitta* under 4 measures.<sup>[6]</sup>

In *Amlapitta*, emesis followed by mild purgation. Thereafter proper unction, untous and nonuntous enema should be applied in chronic cases according to *Dosha*.

**Modern's review:** In Western medicine, *Amlapitta* can be correlated with hyperacidity, GERD, acute and

chronic gastritis. Gastritis refers to acute or chronic inflammation of the stomach. The inflammation is usually diffuse with or without erosion of mucosa.

Acute gastritis can be seen by endoscope, hence used clinically. Chronic gastritis is usually diagnosed histopathologically by gastric biopsy, hence not applied clinically. The understanding of chronic gastritis has been revolutionised with the discovery of *Helicobacter pylori* as the most important causative organism.<sup>[7]</sup>

**Acute Gastritis:** The acute inflammation of stomach occurs when the mucosal barrier is disrupted. The gastric mucosal barrier protects the gastric mucosa from injurious agents and includes:

- Superficial epithelial cells that secrete bicarbonate and create an alkaline medium at the surface of mucosa.
- Mechanical barrier is provided by tight junction between the epithelial cells.
- Normal rapid turnover of epithelial cells in gastric mucosa renews the mucosa regularly, hence it is also a protective mechanism.
- microvascular circulation is also important to keep the protective mechanism operative.

Acute gastritis results when the protective mechanism of gastri mucosa are overpowered by the injurious agents such as aspirin and NSAIDS. Both these drugs inhibit prostaglandin synthesis and reduce bicarbonate secretion of surface epithelium.<sup>[8]</sup>

#### **Causes of acute gastritis<sup>[9]</sup>**

1. Aspirin
2. NSAIDS
3. Antimitotic drugs
4. Renal failure
5. H. pylori initial infection.
6. Other infections i.e., streptococcal, viral, fungal etc.,
7. Iron therapy
8. Stress (Cushing's Ulcer)
9. Following burns
10. Postoperative

#### **Types and Causes of Chronic Gastritis<sup>[10]</sup>**

- Autoimmune – Type A Gastritis
- Infection by H. pylori (type B - infection)
- Non-infective gastritis due to reflex of bile, pancreatic intestinal secretion into stomach (type B non-infective gastritis).
- Postoperative gastritis
- Eosinophilic gastritis - Allergic gastritis
- Hypertrophic gastritis (Menetrier's disease).

Heart burn is the most prevalent symptom of hyperacidity and it is characterised by burning sensation in the chest that radiates towards the mouth. Heart burn is accompanied by sour taste in mouth due to acid reflex into the esophagus, with or without reflux regurgitation. Acid reflex that occurs more than twice a week is considered hyperacidity.<sup>[11]</sup>

Ayurveda, an ancient system of medicine is very popular in treating the diseases of *Mahastrotas* (GIT). *Bhoonimbadi Kadha* is one such preparation that has

the capacity to pacify the *Pitta dosha* that is causing *Amlapitta*. This formulation is mentioned in Yoga Ratnakar in the management of *Amlapitta Chikitsa*.<sup>[12]</sup> The ingredients of *Bhunimbadi kadha* are – *Kiratatikta* (*Swertia chirata*), *Nimba* (*Azadirachta indica*), *Haritaki* (*Terminalia chebula*), *Amalaki* (*Emblica officinalis*), *Bibhitaki* (*Terminalia belerica*), *Patoal* (*Trichosanthes dioica*), *Vasa* (*Adhathoda vasica*), *Guduchi* (*Tinospora cordifolia*), *Parpata* (*Fumaria parviflora*), *Bhringaraja* (*Eclipta elba*).

#### Mode of Action of Bhoonimbadi Kadha

Ingredients	Botanical Names	Rasa	Guna	Veerya	Vipaka	Doshakarma
<i>Chirayata</i>	<i>Swertia chirata</i>	<i>Tikta</i>	<i>Laghu, Rooksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapitta nashaka</i>
<i>Nimba</i>	<i>Azadirachta indica</i>	<i>Tikta</i>	<i>Laghu, Rooksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapitta nashaka</i>
<i>Haritaki</i>	<i>Terminalia chebula</i>	5 Rasa except Lavana	<i>Laghu, Rooksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosha nashaka</i>
<i>Amalaki</i>	<i>Emblica officinalis</i>	5 Rasa except Lavana	<i>Guru, Sheeta</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridosha nashaka</i>
<i>Bibhitaki</i>	<i>Terminalia belerica</i>	<i>Kashaya</i>	<i>Laghu, Rooksha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Kaphapitta nashaka</i>
<i>Patola</i>	<i>Trichosanthes dioica</i>	<i>Tikta, Katu</i>	<i>Laghu, Rooksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphapitta nashaka</i>
<i>Vasa</i>	<i>Adhathoda vasica</i>	<i>Tikta, Kashaya</i>	<i>Laghu, Rooksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapitta nashaka</i>
<i>Guduchi</i>	<i>Tinospora cordifolia</i>	<i>Kashaya, Tikta</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridosha nashaka</i>
<i>Parpata</i>	<i>Fumaria parviflora</i>	<i>Tikta</i>	<i>Laghu, Rooksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapitta nashaka</i>
<i>Bhringaraja</i>	<i>Eclipta alba</i>	<i>Katu, Tikta</i>	<i>Laghu, Rooksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphapitta nashaka</i>

#### AIMS AND OBJECTIVES

1. To assess the efficacy of *Bhoonimbadi Kadha* through clinical parameters.
2. To assess the efficacy of this preparation through biochemical preparation.
3. To provide quality of life to patients of hyperacidity.
4. To assess the side effects of this preparation.

#### MATERIAL AND METHODS

##### Selection of case

- All the patients were selected from the OPD of NTPHC Suchetgarh, Jammu. (J&K)

- Blood pressure, pulse, temperature, weight of the patients was measured at the time of examination.

##### Inclusion Criteria

All patients of either sex in the age group of 20 -70 years are included in this study.

##### Exclusion Criteria

- Patients having gastric cancer.
- Patients having left ventricular failure.
- Patients having diabetes.
- Patients having severe liver disease.
- Patients having chronic renal diseases

- Patients having pregnancy or lactation.

### Laboratory parameters

- CBC
- Serum bilirubin
- USG abdomen
- Upper GI Endoscopy
- ECG

### Study Methodology

Total 30 patients were selected for the study that fulfilled the criteria of inclusion. The study started from March 2022 to April 2022.

### Dosage of medicine

20ml of decoction should be taken by adding equal quantity of hot water (mix well & drink) 30 minutes before meal twice daily.

**Duration of Study:** 60 days.

30 patients Out of which 23 were females and 7 were males.

**Follow up:** 1 follow up after 30 days.

### Criteria of Assessment:

#### 1. Amladgara

- No belching -0
- Feeling of belching with no sound -1
- Feeling of belching with mild sound - 2
- Feeling of belching with severe sound - 3

#### 2. Daha

- No burning sensation (retrosteral discomfort)- 0
- Sensation of warmth on throat occasionally- 1
- Burning sensation on throat and chest a mild oily/spicy food - 2
- Feeling of burning sensation always irrespective of the diet - 3

#### 3. Gaurara

- Normal- 0
- Feeling of heaviness in morning- 1
- Feeling of heaviness in morning and evening after food - 2
- Feeling of heaviness always- 3

#### 4. Utklesha

- No nausea- 0
- Mild nausea- 1
- Severe nausea- 2
- Severe nausea with vomiting - 3

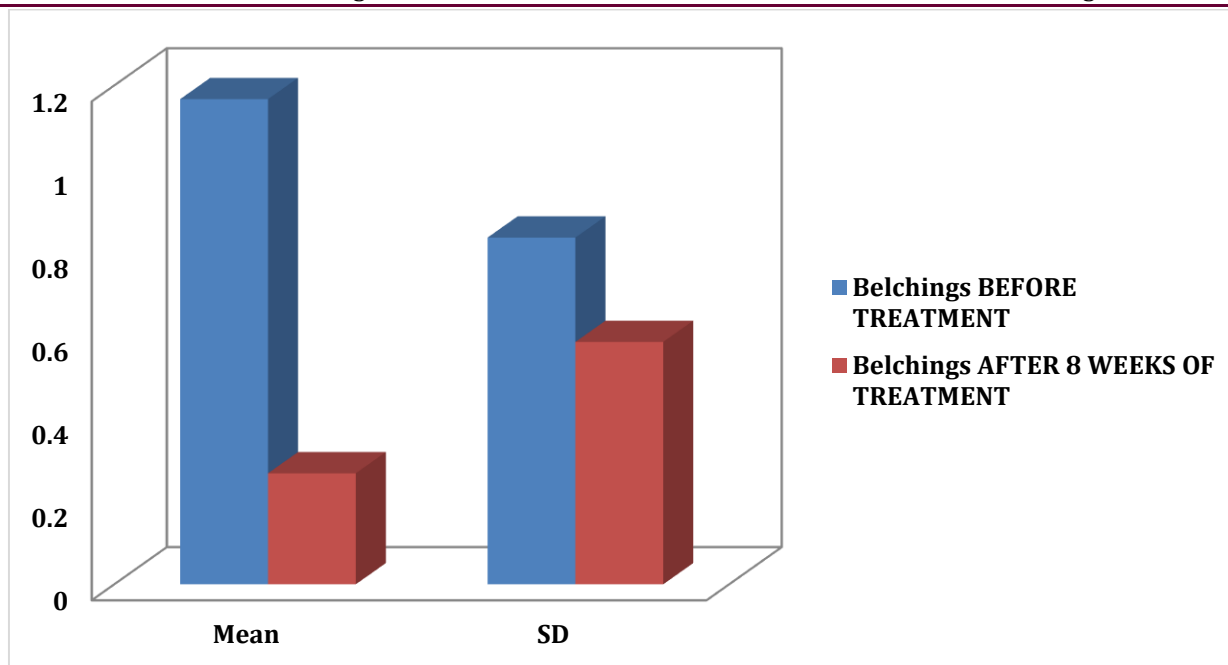
#### 5. Avipaka

- No indigestion- 0
- Unable to digest mild fatty food- 1
- Unable to digest three course meal (breakfast, lunch & dinner) - 2
- Unable to digest any kind of food- 3

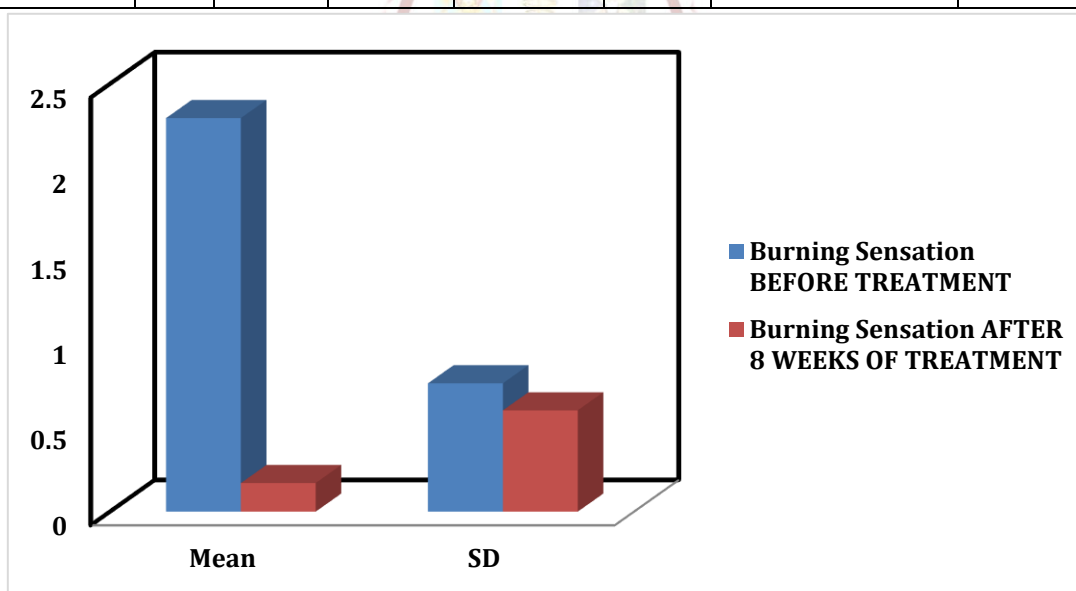
#### 6. Aruchi

- Normal- 0
- Only takes lunch and dinner - 1
- Loss of interest in lunch/dinner - 2
- No desire to take food- 3

Belchings	N	Mean	Dif	%	SD	Wilcoxon Signed-rank test value	p-value	Remarks
Before treatment	30	1.167	-	-	0.834	231	< .001	Significant
After 8 weeks of treatment	30	0.267	0.9	77.12082	0.583			

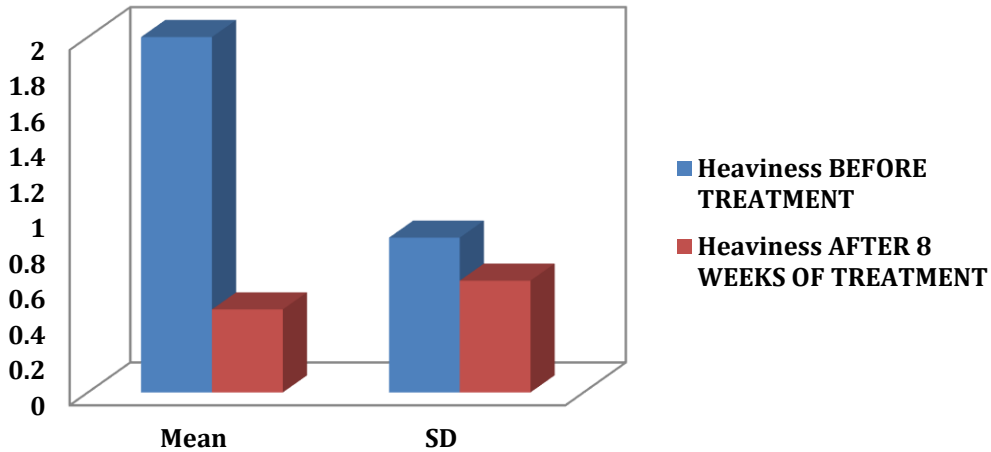


Burning Sensation	N	Mean	Dif	%	SD	Wilcoxon Signed-rank test value	p-value	Remarks
Before treatment	30	2.3	-	-	0.75	406	< .001	Significant
After 8 weeks of treatment	30	0.167	2.133	92.73913	0.592			

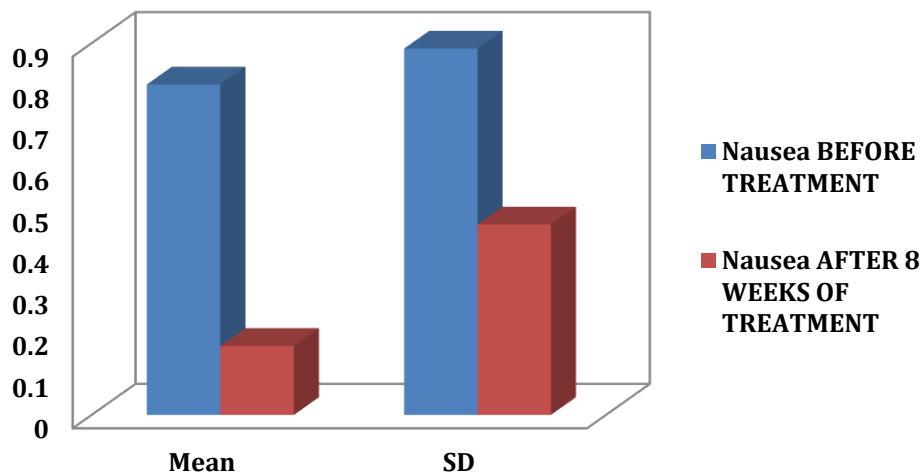


Heaviness	N	Mean	Dif	%	SD	Wilcoxon Signed-rank test value	p-value	Remarks
Before treatment	30	2	-	-	0.871	351	< .001	Significant
After 8 weeks of treatment	30	0.467	1.533	76.65	0.629			





Nausea	N	Mean	Dif	%	SD	Wilcoxon Signed-rank test value	p-value	Remarks
Before treatment	30	0.8	-	-	0.887	120	< .001	Significant
After 8 weeks of treatment	30	0.167	0.633	79.125	0.461			



Indigestion	N	Mean	Dif	%	SD	Wilcoxon Signed-rank test value	p-value	Remarks
Before treatment	30	1.233	-	-	1.006	190	< .001	Significant
After 8 weeks of treatment	30	0.267	0.966	78.3455	0.45			

Loss of Appetite	N	Mean	Dif	%	SD	Wilcoxon Signed-rank test value	p-value	Remarks
Before treatment	30	0.8	-	-	0.925	105	< .001	Significant
After 8 weeks of treatment	30	0.167	0.633	79.125	0.379			

**Adverse Effects:** No adverse effects of this preparation were observed during the trial period.

#### DISCUSSION

*Bhunimbadi Kadha* is a *Pittashamak* preparation of Ayurveda as most of the drugs like

*Bhunimba, Nimba, Haritaki, Bibhitaki, Amalaki, Vasa, Guduchi, Parpataka* etc are of *Madhura, Tikta* and *Kashaya Rasa, Madhura Vipaka* and *Sheeta Virya*.

A weak digestive fire (*Mandagni*) plays a key role in the development of *Amlapitta*. *Haritaki* due to

its *Ushna Virya* (hot potency) and *Laghu Ruksha* (dry quality) *Guna* causes *Amapachana* (promote digestion) and removes *Srotorodha*. This preparation also possesses properties like *Deepana* and *Pachana* through which it enhances and maintains a healthy *Agni*. *Patola*, *Nimba* and *Bhunimba* etc drugs removes excess *Kapha* through their *Laghu Ruksha Guna* and *Katu Vipaka*. The pathogenesis of *Amlapitta* involves an increase in *Drava Guna* (liquid property) of *Pachaka Pitta* along with the *Kledaka Kapha*. The drying effect produced by the *Laghu Ruksha Guna* causes drying of excess fluids. Furthermore, this preparation also has the property of *Lekhana*, *Stambhana* and *Ropana*. *Madhura Vipaka* and *Sheeta Guna* overcome the excess heat and burning sensation created by the imbalanced *Pitta*. This inturn reduces the inflammation in gut lining of stomach mucosa. The cooling and soothing quality of *Madhura Rasa*, *Sheeta Virya*, and *Mrudu* and *Snigdha Guna* provide relief to the irritated *Annavaha Srotas*, reducing epigastric pain, discomfort and heaviness. *Amalaki* and *Bibhitaki* possess *Chhardhighna* properties, helps in managing *Hrullas* and *Chhardi*. The net effect of all these herbs produces balancing of three *Doshas*, improves digestion, and enhances appetite thereby treats the pathogenesis of *Amlapitta*.

## CONCLUSION

This study gives a significant conclusion regarding the therapeutic potential of *Bhunimbadi Kadha*. The unique anti-acidic, anti-ulcer properties heals *Amlapitta* due to its *Madhura*, *Tikta*, *Kashaya Rasa* along with *Madhura* and *Sheeta Virya*. All these properties alleviate the aggravated *Pitta Dosh* and provide symptomatic relief in *Amlapitta* Disease. This study was small enough to show the adequate efficacy of this preparation along with adverse effects. Another big study is needed in future so that the exact efficacy

along with most common adverse effects should be known from that.

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