

## The Efficacy of *Gopalu Guliya*, a Sri Lankan Traditional Medicine with Special *Anupana*, in the Management of *Amlapitta* (Gastritis): Two Case Studies

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### ABSTRACT:

*Amlapitta* (gastritis) is a prevalent non-contagious ailment, attributed to dietary habits, stress, and consumption of spicy, oily foods. This case study aimed to explore the efficacy of *Gopalu Guliya*, a traditional Sri Lankan medicine, in managing *Amlapitta*. Two patients diagnosed with *Amlapitta* were treated with *Gopalu Guliya* (two pills) and a special *Anupana*, administered twice daily after meals for 30 days. Comprehensive assessments conducted across before and after the treatment. Revealed symptom reductions of 83% and 75% in the two cases, respectively. These findings highlight potential of *Gopalu Guliya* as an alternative therapy for *Amlapitta*. Further research, including controlled trials, is needed to validate its efficacy.

**KEYWORDS:** *Amlapitta*, Ayurveda, Gastritis, *Gopalu Guliya*

Received: 30.06.2025    Revised: 04.08.2025    Accepted: 02.09.2025    Published: 10.09.2025



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DOI 10.70805/ija-care.v9i4.844

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## INTRODUCTION:

Traditional medicine, as defined by the World Health Organization (WHO), encompasses diverse health practices and remedies rooted in cultural traditions<sup>[1]</sup>. In Sri Lanka, the indigenous medicinal system "*Hela Wedakama*" integrates Ayurveda, Siddha, Unani, and *Desheeya Chikitsa*, emphasizing balance in health.

Gastritis is an inflammation of the stomach lining, and it can show up in many different forms. It can be from a sudden, irritated stomach to longer-lasting types that slowly damage the tissue. Sometimes there is no any symptoms at all, while others may experience indigestion, upper-abdominal pain, nausea, or even complications like bleeding or ulcers. In cases where the inflammation persists for many years, the risk of developing stomach cancer can increase. The most common causes of gastritis include infection with *H. pylori*, regular use of NSAIDs or aspirin, heavy alcohol intake, severe stress on the body, and autoimmune conditions that target the stomach<sup>[2]</sup>. *H. pylori* is the leading infectious cause of gastritis, estimates of *H. pylori* prevalence are informative for overall gastritis epidemiology<sup>[3]</sup>.

Impact of this condition differs widely depending on age and where someone lives. In 2021, about 38 million people were living with gastritis or duodenitis. Although the risk has dropped overall when adjusted for age, the total number of cases is still rising. Especially in lower-income regions and is expected to climb even further by 2050<sup>[4]</sup>.

In Ayurveda, *Amlapitta* has explained as a disorder caused by an increase in *pitta dosha* and disrupts gastrointestinal harmony, linked to dietary and psychosomatic factors. Combined symptoms including impaired digestion, leading to excessive acidity, nausea, burning sensations, and abdominal discomfort. These features closely parallel those of gastritis in modern medicine<sup>[5]</sup>.

*Amlapitta* (gastritis) Symptoms include indigestion, sour eructation, nausea, and burning sensations<sup>[6]</sup>. Left untreated, it may lead to severe complications. This study evaluates the efficacy of *Gopalu Guliya*, a traditional formulation of Sri Lanka, in managing *Amlapitta*. And aim to shed light on the potential of this indigenous remedy in alleviating symptoms and improving the quality of life for individuals suffering from gastritis. *Gopalu Guliya* was selected for this study due to its long-standing use in Sri Lankan traditional medicine for conditions associated with "*Amlapitta*," which closely parallels the modern clinical presentation of gastritis. Ingredients are reputed for its *Pittashamana*, *Agnideepana*, and *Ama Pachana* properties, which are leading to reduce excess gastric acidity, enhance digestive function, and alleviate associated discomfort.

## CASE HISTORY:

Case 01 is a 27-year-old male patient, presented with a five-year history of indigestion, sour eructation, throat burning, and lethargy. Symptoms were exacerbated by irregular meals, stress, and spicy food. There was not related positive family history. There were not any specific medical or surgical history. He is addicted to bites and irregular

meals (*Vishama Asana*), skips some meals due to stomach burning pain. Starchy, spicy and oily food intake is high. Water intake is normal. Mental stress condition is very high due to studies and condition get worse with mental disturbances. No any noticed allergies for food or medications.

Case 02 is a 24-year-old male patient reported a three-year history with symptoms included indigestion, nausea, and aversion to food. The condition has started with a sea food allergy condition and then gradually increased to present condition. There was not related positive family history. There were not any specific medical or surgical history. Food habits are he is taking regular meals, skips dinner as a habit. Starchy, spicy and oily food intake is high. Water intake is low. Around 2 liters per day. Mental stress condition is very high due to university studies and condition get worse with mental disturbances. There are positive sea food allergy and no any noticed medications allergy.

Both cases are indulging non vegetarian food. Time to time they have taken allopathic medicine to relieve uncomfortable symptoms. But did not get significant improvement.

### General Examinations

Table 01 shows general examinations of both cases including vital parameters, *Prakriti Pariksha*. *Prakriti* assessment was done by using the validated and standardized *Prakriti* Assessment Scale developed by the Central Council for Research in Ayurvedic Sciences (CCRAS).

### TREATMENT PROTOCOL:

Both patients were prescribed to get 02 pills of *Gopalu Guliya* along with water boiled with *Yashtimadhu*, *Chandana*, *Dhanyaka* and *Ushira*, twice a day for 30 days after meals. Both patients were strictly advised to follow *Pathya* – *Apathya* (wholesome and unwholesome) diet. Advised to consume Luke warm water, easily digestible foods such as soup, *Peya*, red rice, avoid cold food, excessive intake of food, instant food, spicy and oily food. Table 02 shows timeline and medical intervention.

### RESULTS:

The first follow-up was done on the 14<sup>th</sup> day and the second follow-up was done on the 30<sup>th</sup> day after 30-day treatment plan. The assessment of the signs and symptoms was done using the scoring pattern<sup>[7]</sup>. (Figure 01) Assessment is in Table 03. Improvement in every visit and follow-ups, were calculated as percentage of scores of symptoms comparing to status before treatment (BT) and categorized as,

Complete Cure: 100% improvement compared to baseline.

Marked Improvement: 75≤99% improvement relative to baseline.

Morbid Improvement: 51≤74% improvement compared to baseline.

Mild Improvement: 25≤50% improvement relative to baseline.

Unchanged: less than 25% alleviation of signs and symptoms compared to baseline.

**Table-1: Clinical examination findings**

Parameter	Observation	
	Case 01	Case 02
Height	157cm	168cm
Weight	68kg	65kg
BMI	28.3 kg/m <sup>2</sup> (overweight)	22 kg/m <sup>2</sup> (normal)
Blood Pressure (BP)	130/80 mmHg	120/80 mmHg
Pulse	74 bpm	80 bpm
Respiratory rate (RR)	18 per minute	17 per minute
Body Temperature (BT)	99.1°F	98.9°F
<i>Mala</i> (Bowel)	loose stool, twice a day	loose stool, 2-3 times a day
<i>Mutra</i> (Urine)	Day/Night	Day/Night
<i>Jihva</i> (Tongue)	Coated tongue	coated tongue
<i>Ama</i>	Present	Present
<i>Agni</i> (Digestive Fire)	<i>Mandagni</i>	<i>Mandagni</i>
<i>Kshudha</i> (~Appetite)	Less	Less
<i>Ahara Shakti</i> <i>Abhyantar Shakti</i> <i>Jarana Shakti</i>	<i>Madhya</i> <i>Avara</i>	<i>Avara</i> <i>Avara</i>
<i>Nidra</i> (Sleep)	Disturbed, less sleep	Disturbed, 5-6 hours
<i>Prakriti</i>	<i>Kapha-Pitta</i>	<i>Pitta-Vata</i>
Abdominal Examination	abdominal distension	Tenderness in the umbilical region, reduced bowel sounds

**Table-2: Timeline and Interventions**

Date	Case No:	Event/ Intervention
October 01, 2023 1 <sup>st</sup> visit (Day 01)	01	Patient had indigestion, sour eructation, throat burning, and lethargy. Treatment started.
	02	Patient had indigestion, nausea, and aversion to food. Treatment started. Treatment started.
October 08, 2023 2 <sup>nd</sup> visit	01	20% improvement was there. Same treatment continued.
	02	There was no significant improvement. Same treatment continued.
October 15, 2023 3 <sup>rd</sup> visit	01	20% improvement constant. Same treatment continued.
	02	There was no significant improvement yet. Same treatment continued.
October 22, 2023 4 <sup>th</sup> visit	01	55% improvement was there. Patient felt lightness of the body. Same treatment continued.
	02	25% improvement was there. Same treatment continued.
October 29, 2023 5 <sup>th</sup> visit	01	72% improvement was there. Medical therapy stopped. Advised to follow <i>Pathya-Apathya</i> .
	02	48% improvement was there. Medical therapy stopped. Advised to follow <i>Pathya-Apathya</i> .

November 5,2023 1 <sup>st</sup> follow-up (14 <sup>th</sup> day)	01	80% improvement was there. Advised to follow <i>Pathya-Apathya</i> .
	02	65% improvement was there. Advised to follow <i>Pathya-Apathya</i> .
November12,2023, 2 <sup>nd</sup> follow-up (30 <sup>th</sup> day)	01	83% improvement was there. Patient felt lightness of body, appetite was normal Advised to follow <i>Pathya-Apathya</i> .
	02	65% improvement was there. Patient had good appetite, advised to follow <i>Pathya-Apathya</i> .

**Table-3: Observations on visits and follow-ups**

Signs and Symptoms	Case	Visits					Follow up	
		01	02	03	04	05	01	02
<i>Anipaka</i> (Indigestion)	Case 01	2	1	0	0	0	0	0
	Case 02	3	3	2	1	0	0	0
<i>Tikthamla udgara</i> (Bitter eruption)	Case 01	2	2	2	1	0	0	0
	Case 02	0	0	0	0	0	0	0
<i>Hrithkantha daba</i> (Burning of Throat)	Case 01	3	3	0	0	1	0	0
	Case 02	3	2	2	1	1	0	0
<i>Bhukthe widhagde</i> (increase while eating)	Case 01	2	2	2	1	0	0	0
	Case 02	2	1	1	2	1	0	0
<i>Abhukthe widhagde</i> (increase with starving)	Case 01	1	1	0	0	0	0	0
	Case 02	0	0	0	0	0	0	0
<i>Jwara</i> (Fever)	Case 01	1	0	0	0	0	0	0
	Case 02	0	0	0	0	0	0	0
<i>Thrut</i> (Thirst)	Case 01	3	2	3	2	1	1	1
	Case 02	3	2	2	1	0	0	0
<i>Moha</i> (delirium)	Case 01	1	0	0	0	0	0	0
	Case 02	0	0	0	0	0	0	0
<i>Vireka</i> (loose stool)	Case 01	3	2	0	2	1	0	0
	Case 02	3	2	1	1	0	0	0
<i>Gathrawasada</i> (Lethargy)	Case 01	2	2	3	0	2	2	1
	Case 02	0	0	0	0	0	0	0
<i>Balakshaya</i> (loss of power)	Case 01	2	2	1	0	0	1	0
	Case 02	2	2	1	1	0	0	0
<i>Nidra</i> (sleepiness)	Case 01	2	1	1	1	0	0	0
	Case 02	1	1	1	1	1	1	0
<i>Klama</i> (unfitness)	Case 01	0	0	0	0	0	0	0
	Case 02	2	2	3	2	1	1	0
<i>Gaurava</i> (heaviness of body)	Case 01	0	0	0	0	0	0	0
	Case 02	2	2	2	1	1	1	0
<i>Aruchi</i> (aversion of food)	Case 01	0	0	0	0	0	0	0
	Case 02	2	2	2	1	0	0	0

<i>Aushna</i> (Feling heatness)	Case 01	0	0	0	0	0	0	0
	Case 02	1	1	1	1	1	1	1
<i>Hrillasa</i> (nausea)	Case 01	0	0	0	0	0	0	0
	Case 02	2	2	2	2	1	0	1

Status	Grade	<i>Avipaka</i>	<i>Klama</i>
Cured	0	Appetite after 5- 6 hrs of ingestion	No tiredness
Mild	1	Appetite after 7- 8 hrs of taking food	Feel tired after exertion work
Moderate	2	Appetite after 9- 10 hrs of taking food	Feel tired after normal work
Severe	3	Appetite after 10- 12 hrs of taking food	Feel tired even after taking rest
		<i>Thiktha amla udgra</i>	<i>Hrith khamtha daha</i>
Cured	0	No sour and bitter belching	No burning sensation
Mild	1	Sour, bitter belching after taking spicy food	Burning sensation after taking spicy food
Moderate	2	Sour, bitter belching after taking any food	Burning sensation after taking normal food
Severe	3	Sour and bitter belching, no relation to food	Burning sensation even empty stomach
		<i>Aruchi</i>	<i>Gaurava</i>
Cured	0	No anorexia	No feeling of heaviness in the body
Mild	1	Eat food only 2 times without any snacks in between	Heaviness after taking more quantity of heavy meals
Moderate	2	Eat only once	Heaviness after even light meal
Severe	3	Have no feeling of appetite	Heaviness even on empty stomach
		<i>Jvara</i>	<i>Ushna</i>
Cured	0	36.6-37.8 Celsius duration >24hrs	Normal Body heat
Mild	1	37.8-39.4 Celsius duration >24hrs	Body heat increase with food intake
Moderate	2	39.4-40.5 Celsius duration >24hrs	On and off body heat increase in a day
Severe	3	->40.5 Celsius duration >24hrs	Body heat increase throughout the day
		<i>Bhukthe widgdha</i>	<i>Abhukthe widagdha</i>
Cured	0	No burning sensation	No burning sensation
Mild	1	Increases after taking spicy food	Increases when miss 03 meals
Moderate	2	Increases even after taking normal food	Increases when miss 02 meals
Severe	3	Increase even empty stomach	Increase when miss 01 meal
		<i>Thrut</i>	<i>Vireka</i>
Cured	0	No abnormal thirst	Normal stool
Mild	1	Easily tolerated by drink some water	Watery stool after eating spicy food
Moderate	2	Causes some discomfort even drink water	Watery stool after eating all kind of food
Severe	3	Causes much discomfort even drink water	Watery stool, not related to eating
		<i>Moha</i>	<i>Hrillasa</i>
Cured	0	Alert	No nausea
Mild	1	Failure alert	Feel nausea after eating some peculiar food
Moderate	2	Neither alert nor sleepy	Feel nausea after eating all kind of food
Severe	3	Sleepy some effort to alert	Full day nausea not related to eating
		<i>Balakshaya</i>	<i>Nidra</i>
Cured	0	Normal	Normal
Mild	1	Feel tired after exertion work	Sleepiness after taking meals
Moderate	2	Feel tired after normal work	Sleepiness in the noon of the day
Severe	3	Feel tired even after taking rest	Always sleepiness
		<i>Gathravasada</i>	
Cured	0	Normal body power	
Mild	1	Generalized body weakness off and on during the day	
Moderate	2	Generalized body weakness through the day, but person is able to do normal routine	
Severe	3	Generalized body weakness, affects whole day routine	

Figure-1: Scoring pattern of the symptoms

## DISCUSSION:

*Amlapitta* is a Lifestyle disease which develops primarily due to the vitiation of *Pitta dosha*, particularly when exposed to *Nidanas* such as excessive intake of sour, spicy, fried, or fermented foods, irregular eating patterns; psychological stress, and behaviors that impair digestion<sup>[8]</sup>. These factors lead to the impairment of *Pachaka Pitta* and *Agni*, causing *Manda agni*. That results in incomplete digestion of food (*Ajirna*) and the formation of *Ama*. The accumulated *Ama* combines with vitiated *Pitta*, and producing acidic, sour, and burning qualities, which collectively give rise to the pathological entity known as *Amlapitta*<sup>[9][10]</sup>.

Ingredients of *Gopalu guliya* are *Xylocarpus rumphi*, *Zingiber officinale* (*Shunti*), *Piper nigrum* (*Maricha*), *Piper longum* (*Pippali*), *Terminalia chebula* (*Harithaki*), *Terminalia belirica* (*Wibhitaka*), *Phyllanthus emblica* (*Amalaki*), *Brassica alba* (*Sarshapa*), *Allium sativum* (*Lashuna*), *Nigella sativa* (*Krishna jiraka*), *Cuminum cyminum* (*Jiraka*), *Trachyspermum ammi* (*Ajamoda*), *Myristica fragrance* (*Jathiphala*), *Elettaria cardamomum* (*Ela*), *Syzygium aromaticum* (*Lavanga*), *Saussurea lappa* (*Kushta*), *Acorus calamus* (*Vacha*), *Holarrhena antidysentrica* (*Indrabija*), *Embelia ribes* (*Widanga*), *Aconitum heterophyllum*<sup>[11]</sup>. According to Ayurveda *Rasa Panchaka* majority of the ingredients have *Katu Rasa* (43%) *Tikta Rasa* (34%), *Laghu Guna* (39%) *Ruksha Guna* (25%), *Ushna Virya* (74%) and *Katu Vipaka* (68%). considering the *Doshic* action majority of ingredients have *Vata* and *Pitta Shamaka* action. This pharmacodynamics have potential to stimulate *Dipana*, *Pachana* actions through stimulate the *Jatharagni*. Because of both *Agni Dipana* and *Pitta*

*Shamana* actions of *Gopalu Guliya*, is effective for the *Samprapthi Vigatana* of *Amlapitta* disease condition.

## CONCLUSION:

Based on findings of the present study, treatment based with *Gopalu Guliya*, shows significance potential in managing *Amlapitta* by addressing its root causes and alleviating symptoms. *Gopalu Guliya* can also be considered a relatively affordable and effective therapeutic option for the management of *Amlapitta*. Thus, there is a need of more elaborate and extensive studies in this global problem. The results of the trial drug have been highly encouraging and it has provided the strong platform for the further studies

## Challenges and Limitations:

The study is very limited by including only two cases and with absence of a control group. A large controlled trials are recommended to validate these findings.

## Informed written consent of patients:

Both patients were fully informed about the treatment, and written informed consents were voluntarily obtained.

**Conflict of interest:** The author declares that there is no conflict of interest.

**Guarantor:** The corresponding author is the guarantor of this article and its contents.

**Source of support:** None

**How to cite this article:**

HSV Jayasuriya, NDN Jayawardhane. The Efficacy of *Gopalu Guliya*, a Sri Lankan Traditional Medicine with Special *Anupana*, in the Management of *Amlapitta* (Gastritis): Two Case Studies. Int. J. AYUSH CaRe. 2025;9(4): 790-797.

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