

STUDY OF ETIOPATHOGENESIS AND DIAGNOSTIC PROCEDURES OF AMLAPITTA
IN PRESENT SCENARIO

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INTRODUCTION

Amlapitta is one of the most common disease seen in the society. It is seen in all ages, all classes, and all community. Hyperacidity refers to a set of symptoms caused by an imbalance between the acid secreting mechanism of the stomach and intestine and the protective mechanisms that ensure their safety. The stomach normally secretes acid that is essential in the digestive process. When there is excess production of acid in the stomach, it results in the condition known as acidity.

Amlapitta is one of the commonest Vyadhi prevailing all over the world. It is known to affect almost 70% of the population and new research shows that it can be precursor of many diseases like peptic ulcer, CA of stomach and esophagus.

REVIEW OF LITERATURE

Definition

विदाहयम्लगुणोद्विक्तं पित्तं अम्लपित्तं । (Vijayaraksita)

अम्लपित्तं चैति अम्लगुणोद्विक्तं पित्तं । (Chakrapani)

Which means the qualities of Pitta i.e. sourness is increased leading to Amlapitta.

अम्लं अम्लाधिकं पित्तं यत्र तदम्लपित्तं । (Gananatha Sen)

Ayurvedic text has given similar definition, as the qualities of Pitta i.e. sourness is increased which leads to Amlapitta.

The above classical description of Amlapitta emphasizes that Amlapitta is a patho-physiological condition in which the Pitta gets vitiated in terms of Vriddhi (excessiveness) and sourness of Pitta is increased.

Causes

Screening and analysis of the etiological factors of Amlapitta, are discussed under three groups viz. the Dietary causative factors, Life style causative factors and Psychogenic factors.

1. Dietary causative factors^[1]

The first group of etiological factors of Amlapitta are considered as the dietary factors. Under this group intake of food against the code of dietetics i.e. Ahara Vidhi Vishesha Ayatana is included. Various types of

incompatible substances, excess of Pitta aggravating factors like Katu (Pungent/spicy) Amla (Sour taste)etc. salty, roasted and irregular consumption of food are the causative factors and directly responsible for the disturbances in secretion of Pitta.

- Virudhaahara - Foods which are incompatible, Dushta Ahara - Rotten food, Amla - Sour food, Vidhahi Ahara - Food substances which increase burning sensation inside, Pitta prakopiannapaana - Other factors which aggravate Pitta, Vidagadha - Indigestion, Adhayaasana - intake of food before completion of the digestion of previous meal, Ajeerana - Indigestion, Ama - Manifestation of Ama (undigested food), Pishtaanna - Use of ground cereals (Masa), Madya - Improperly processed wine and drinks, Abhishyandi Bhojan - Eating of heavy foods, Atiushna Snigdha Rukshaanna - Excessive use of hot unctuous, dry, sour food, Fanita Ikshuvikara - Use of molasses, sugarcane preparations, Kulattha, Bhristadhanya - Flattened rice, Bhuktapryushitaashnaat - Consumption of stale food.

2. Life style causative factors^[2]

To maintain sound and good health, one has to follow the code of habits. It is required to have regular habits of defecation, to have food in time and to sleep in time, not to suppress natural urges forcefully. If one follows all these codes regularly, one would certainly maintain the

equilibrium of the body constituents and by that, obviously, would maintain good health and proper functioning of the body. If this is not followed regularly, the whole functioning of the body will be disturbed and in the long run, they will cause the disturbance of the equilibrium of Pitta and digestion which ultimately will lead to Amlapitta.

- Atisnat (Taking excessive bath)
- Ati Avagahanat (Excessive swimming)
- Bhuktwa Diwasvapnat (Sleeping in day time after meals)
- Vega Dhararam (Suppression of natural urges)
- Shayya Prajagarae (Improper sleeping schedule)

3. Psychogenic causative factor^[3]

Psychology also plays a great role in maintaining the health and psychological activities. On the other hand an abnormal psychology, in terms of anger, anxiety, greed etc. would affect the physiology of digestion. Either

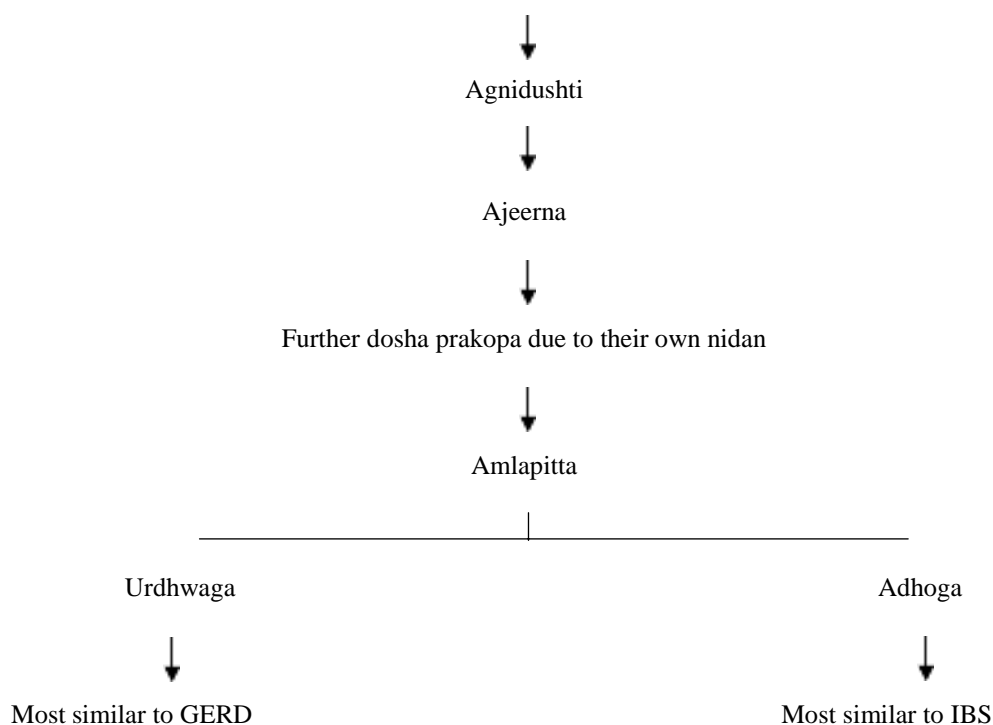
there would be a lesser secretion of the digestive juice or secreted at improper times and sometimes it may be secreted in excessive quantity. All these conditions aggravates Pitta, which ultimately gives rise to Amlapitta. The modern investigators have established that acid gastritis is nothing else but is the syndrome resulting from stress and strain which shows the important role played by psychogenic factors in the production of Amlapitta.

Pathogenesis^[4]

Due to above etiological factors Vatadi Dosas get aggravated leading to mildness of Agni. At this time, whatever is eaten by an ignorant person, due to improper digestion, food gets acidified inside the stomach. If person doesn't follow rules and regulation of diet even at this stage and indulging unwholesome diet due to greed, the same gets severely vitiated due to Pitta.

This condition is known as Amlapitta.

Use of Ahara without following the Ashtavidha Ahara Ayatana & Asana Pravichara



Smprapti ghatak

- Dosha - Pittapradhanatridosaj
- Vata - Samana, Udana
- Pitta - Pachaka
- Kapha - Kledaka
- Dushya - Dhatu-Rasa Upadhatu - Twacha
- Sharirikmala - Purisha
- Agni - Jatharagni, Dhatavaagni
- Srotas - Rasavaha, Annavaha
- Adhisthana - Amashaya
- Srotodushti - Sanga, Vimargagamana

- Svabhava - Chirakari

Purvaroopas

In Ayurvedic classics, no specific Purvarupas of Amlapitta are mentioned. As already explained in the Samprapti, Agnimandya and Ajirna are the initial phases or vyadhi hetu towards the manifestation of Amlapitta. Also it is practically observed in the patients. Pitta chaya, prakopa symptoms can also be considered as Purvarupa of Amlapitta.

Sign & Symptoms^[5]

Symptoms of Amlapitta have been described by Kashyapa, Madhava Kara and Harita.

- Avipaka - Indigestion
- Klama - Exhaustion without any physical efforts
- Utklesha - Nausea
- Atitiktamlaudgara - Sour or bitter eructations
- Gaurava - Heaviness in body
- Hritkanthadaha - Burning sensation in the chest and throat
- Aruchi - Loss of appetite

Types of amlapitta^[6]

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

1. Urdhvaga Amlapitta
2. Adhoga Amlapitta

According to the involvement of Dosha, Madhava and Kashyapa both have divided Amlapitta as;

Madhavanidan	Kashyapasanhita
Sanila Amlapitta	Vatika Amlapitta
Sanila Kapha Amlapitta	Paittika Amlapitta
Sakapha Amlapitta	Shlesmika Amlapitta
Shlesmapitta Amlapitta	

Adhoga amlapitta

Symptoms of Adhoga Amlapitta are Thirst, Burning sensation, Fainting, Giddiness, Delusion, Occasional compression in chest, Skin rashes, Diminished function of Agni, Perspiration, Yellow discoloration of body.

Urdhvaga amlapitta

It is characterized by vomiting which is green, yellow, blue black, slightly red coloured and sour substances, Patient vomits during digestion of food or in empty stomach, Burning sensation in the throat and chest and upper abdomen, Headache, Burning sensation in palm and soles, Loss of appetite, Kapha-Pittaja fever, Skin rashes, Itching, Surrounded by numerous small vesicles on skin and other troubles to the body.

Upashaya /Pathya^[7]

Diet including Tikta, Kashaya and Madhura rasa should be used. Rakta Shali variety of rice, Yava, Mudga, boiled water, Honey, saktu, Karkota, Karvellaka, Patola shak, Kapitha, Amalaki, Pomegranate, sweet juices and edibles, Kushmanda.

Anupsaya /Apathya

These following are strictly prohibited for a patient of Amlapitta - Virudhasana, Starvation, Pitta increasing meals, sesame, Urada, Kulattha, fried food, milk of sheep, Amla and Katu juices, Guru Ahara curd, salty food and liquor.

According to Modern science,

Gastro-esophageal reflux disease (GERD)**• Definition**

Condition involving **Lower-esophageal sphincter (LES) weakness** and inappropriate opening, leading to reflux of gastric contents into esophagus.

• Pathophysiology

- 1) Decreased LES Pressure
- 2) Disruption of anatomical barriers - Associated with hiatal hernia
- 3) Esophageal clearance
- 4) Mucosal resistance
- 5) Delayed gastric emptying

• Investigations

- 1) Esophagram – Contrast-enhanced radiographic study commonly used to assess structural characteristics, and to some extent functional characteristics of the esophagus.
- 2) Upper endoscopy – Procedure used to visually examine upper digestive system. This is done with the help of tiny camera on the end of a long, flexible tube.
- 3) Esophageal manometry – This test measures the rhythmic muscle contractions in esophagus while swallowing.
- 4) Ambulatory 24hr Ph probe – A monitor is placed in esophagus to identify when and for how long stomach acid regurgitates there.

Peptic ulcer disease

Definition - Areas of degeneration and necrosis of gastrointestinal mucosa exposed to acid-peptic secretions.

• Acute peptic ulcers (Stress ulcers)

Multiple, small mucosal erosions, seen most commonly in stomach but occasionally involving duodenum.

• Etiology

- 1) Psychological stress
- 2) Pathophysiological stress as in - shock, Severe trauma, Septicaemia, Extensive burns (Carling's ulcers), Intracranial lesions, Drug intake

• Pathogenesis

- 1) Ischaemic hypoxic injury to the mucosal cells
- 2) Depletion of gastric mucus barrier - rendering the mucosa susceptible to attack by acid - peptic secretions.

• Chronic peptic ulcers (Gastric & Duodenal)**• Etiology**

Disturbance in normal protective mucosal 'barrier' by acid pepsin, resulting in digestion of mucosa.

H. Pylori infection, NSAID's (Drug induced), Acid pepsin secretions, Gastritis, Dietary factors, Psychological factors, Genetic factors, Hormonal factors.

- **Pathogenesis**

- 1) **Duodenal ulcer**

- 1) Hypersecretion of gastric acid into the fasting stomach at night - vagal stimulation
- 2) Rapid emptying of stomach
- 3) Helicobacter gastritis - Gastric mucosal defence is broken by bacterial elaboration of urease, protease, catalase and phospholipase.

- 2) **Gastric ulcer**

- 1) Hyperacidity - due to increased serum gastrin levels
- 2) Normally protective gastric mucus barrier against acid-pepsin is deranged in gastric ulcer.

- **Investigations**

- 1) Endoscopy
- 2) Barium meal Xray – a barium meal is a diagnostic test used to detect abnormalities of the esophagus, stomach and small bowel using Xray imaging.
- 3) Upper breath testing – rapid diagnostic procedure used to identify infections by h. Pylori, a spiral bacterium implicated in gastritis, gastric ulcer and peptic ulcer disease.
- 4) Stool examination
- 5) Blood tests

Complications

If not treated timely or if unwholesome diet, regimen and habits continued, it may lead to Gastric Ulcer, Chronic Gastritis, Duodenitis, Irritable Bowel Syndrome, Mal-absorption, Anemia, Peptic Stenosis.

CONCLUSION

- Amlapitta and hyperacidity both are most resembled disorders.
- Chronic Amlapitta may cause of further disease and disorders like Annadrava shoola and Parinama shoola.
- Disobey the diet style and lifestyle might have been lead to Amlapitta, Annadravashoola, Parinamshoola, etc.
- So it reveals that, disobey the rules of 'Ashta Ahar Vidhi Vishesha Ayatana' might have been very initial causes of amlapitta.
Salty and fermented food, alcohol, etc have been seen major causative factors of gerd, gastric ulcer and duodenal ulcer. Amlapitta, Annadravashoola, Parinama shoola mostly found in middle age as well as in rainy season.
- GERD - most similar-to Amlapitta.
- Gastric ulcer –most similar- to Annadravashula
- Duodenal ulcer –most similar to--- Parinamshula
- Adhoga Amlapitta –most similar--- IBS
- Chronic history of GERD, Gastric ulcer, Duodenal ulcer may cause malignancy or CA intestine.
- Continuous irritation, & inflammation, may cause CA of GIT organ.
- Acidic/fermented/stale food/fruits and starvation may cause of GERD, Gastric Ulcer, Denodenal Ulcer

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