



REVIEW OF AMLAPITTA W.S.R. TO GIT DISORDERS

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ABSTRACT

In the present scenario, due to variance in life style, hectic schedule, stress; incidence of digestive disorders are increasing day by day. Factors such as lack of sleep, use of antibiotics, illness and poor diet can often lead to digestive disorders. Problems with improper digestion not only lead to GI disorders but also allergies and illness in body and impairment in the immune system. Further GIT disorders can cause many complications which may later become life threatening.

Amlapitta is one of the main disorders amongst all the GIT disorders. Worldwide prevalence of gastro-intestinal disorders is 15-45 % and it is increasing daily. Most of the gastro intestinal disorders are related to stress also. *Amlapitta* can be correlated with signs and symptoms of upper GI diseases such as Hyperacidity, Acid dyspepsia, Gastritis, Peptic ulcer disease, GERD etc. which are stomach related. By knowing all facts, one should do all the measures quoted by *Ayurveda* such as *Ahaara-Vihaara*, *Panchakarma- Vamana-Virechana* and *Shamana Chikitsa* to prevent vitiation of content of *Aamashaya*, particularly *Pachak Pitta* which ultimately helps in proper digestion. So formation of *Aama Rasa* is prevented ultimately less chances of GIT disorders (*Amlapitta*).

KEYWORDS: *Amlapitta*, *Aama*, *Ayurveda*, GIT disorders.

INTRODUCTION

In the present scenario, due to variance in life style, hectic schedule, stress; incidence of digestive disorders are increasing day by day. *Amlapitta* is one of the main disorders amongst all the GIT disorders. Life style and diet is an important factor related to health. One of the major systems affected by unhealthy diet is digestive system which ultimately affects the health. Worldwide prevalence of gastro-intestinal disorders is 15-45 % and it is increasing daily. Most of the gastro intestinal disorders are related to stress also.

According to Ayurveda, 'Agni' is an important factor that provides digestive ability to us. *Pachaka Pitta* is equivalent to 'Agni' located in *Aamashaya* (stomach) which is responsible for digestion process. Not only GI disorders but most of the diseases are caused by single dominant factor, 'Aama' and *Amlapitta* is one of them.

According to modern science, there are different digestive disorders of GIT Tract. But the main symptoms of *Amlapitta* are comparable with Hyperacidity, Hyperchlorhydria, Gastritis, Acid dyspepsia, GERD, Peptic ulcer disease.

AYURVEDIC REVIEW OF AMLAPITTA

Derivation: *Amlapitta* is a compound term consisting of two words.

Amla- denoting sour taste.

Pitta- One of the *Dosha* responsible for the process of proper digestion and assimilation of food.

Hence, *Amlapitta* denotes a condition in which sourness of *pitta* is increased.

Definition

- According to *Vachaspathyam*- '*Amlaya Pittam Amlapittam*' i.e. *Pitta* leading to sour taste.
- *Vijayarakshita*, commentator of *Madhava Nidana* defines the word as '*Vidahadyamla Gunodriktam Pittam Amlapittam*' i.e. the *Pitta* having *Vidahi Guna* gives *Amlata*.
- According to *Chakrapani*- '*Amlapittam Cheti Amlagunodriktam Pittam*'
- *Amlapitta* is that pathological condition in which *Amlatva* of *Pitta* can be observed.

Amlapitta is not told as a separate disease in any of the *Brihatrayee*. But the word '*Amlapitta*' is discussed at several places.

Charaka Samhita

- Milk can be consumed for the pacification of diseases like *Pandu, Amlapitta, Shosha, Gulma, Udara* etc.^[1]
- More *Kullatha* consumption cause *Amlapitta*.^[2]
- More *Lavana Rasa* consumption cause *Amlapitta, Palitya* etc.^[3]
- *Amlapitta* is one the disease caused by *Virudha Anna Sevana*.^[4]
- *Kamsa Haritaki* is used in *Amlapitta*.^[5]
- *Mahatiktaka Ghrita* is used in *Amlapitta, Pandu, Visarpa* etc.^[6]

Sushruta Samhita

While describing the *Atiyoga* of *Lavana rasa*, *Sushruta* mentioned a disorder called ‘*Amlika*’. These are some of the scattered indirect references of *Amlapitta*, which can be observed in *Brihatrayee*. But *Kashyapa* was the first person to describe *Amlapitta* in detail in *Khillasthana* 16th chapter. Subsequent Authors like *Madhava Nidana, Bhava Prakasha, Sharangadhara* etc. have described the disease in detail.

Nidaana of Amlapitta

1. *Aaharaja Hetu*
2. *Vihaaraja Hetu*
3. *Maanasika Hetu*
4. *Agantuka Hetu*

Table no. 1: Showing Nidaana of Amlapitta.

Aharajanya	Faulty dietetic regime
Type of Aahara: <i>Kulattha</i>	<i>Akala Bhojana</i> - Untimely food intake
Quality of food: <i>Abhishyandi, Atisnigdha, Atiruksha, Gurubhojya, Vidahianna Paana</i>	<i>Antrodaka Paana</i> - Intake of water during food meals
<i>Samskara</i> of Ahara: <i>Apakwanna, Bharsta Dhanya, Ikshuvikara, Pistanna Sevana</i>	<i>Bhuktwa Divaswapna</i> -Daytime sleep (immediately after food intake)
<i>Dushita Aahara: Dustaanna sevana, Paryusita Anna sevana</i>	<i>Bhuktwa Avagahana</i> - Bath immediately after food intake
According to the <i>Pitta Vridhi</i> potentiality of Aahara: <i>Adhyasana, Ajirnasana, Atiushna, Atiamla, Atidrava, Atitikshna Aahara, Viruddashana</i>	<i>Kale Anashana</i> -Not taking food <i>Gorasa Sevana</i> - Intake of Milk products <i>Madya Sevana</i> - Alcohol consumption <i>Vishamasana</i> - Faulty body position during rest
According to <i>Agnimandya</i> causes: <i>Atisnigdha Sevana, Atiruksha Sevana</i>	<i>Vegadharana</i> -Holding natural urges

All the above *Nidaana* are basically causative factors for *Agnidushti* directly or indirectly. The *Manasa Hetus* create a spectrum on all other *Hetus* by influencing the *Sharira* and in turn lead to *Agnidushti* ultimately causing *Aamlapitta*.

Sampraapti of Amlapitta: *Kashyapa, Madhavakara & Gananath sena* have mentioned *Sampraapti* of *Am-lapitta* in detail as follows.

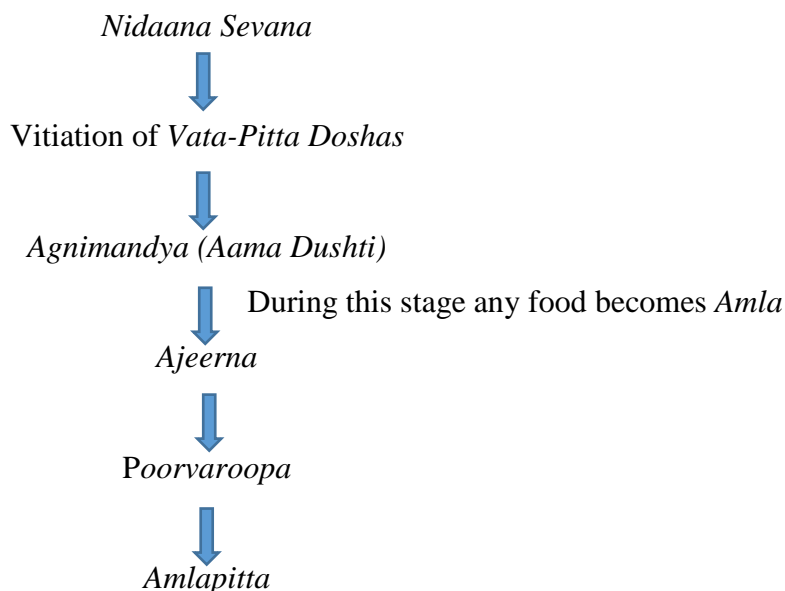
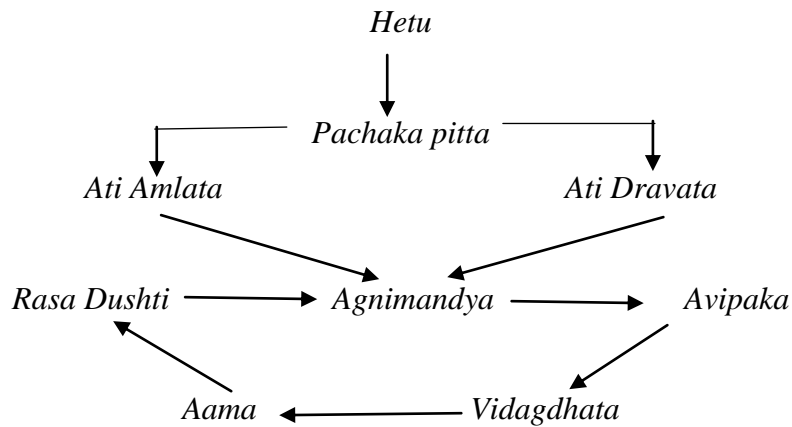


Figure no. 1: Showing Sampraapti of Amlapitta.

Further vitiated *Pitta* being mixed with *Shukta (Aamavisha)* causes *Pitta-aamavisha Sammurchana*. Here the cardinal symptoms of disease *Amlapitta* develops. If not treated properly in this stage, the disease leads to *Bhedavastha* where the typical characteristics and types like *Urdhwaga* and *Adhoga Amlapitta* are differentiated. Further *Upadravas* like *Sheetapitta, Udarda, Kotha, Annadrava & Parinaamashoola* etc. may occur in the advanced stages of the disease.

Gananatha Sen in '*Siddanta Nidana*' has mentioned that the food, which is dominant in *Amla Rasa*, produces more *Amlata* in *Aamashaya*. If it is more in quantity it irritates the *Aamashaya*. In this condition, if food is not consumed at proper time, then the secretion of *Amla* rasa further increases and it irritates the *Aamashaya Kala*, resulting in various disorders like *Shoola, Aamashaya Vrana* etc. Similarly *Kashyapa* has said: Just like in an unclean vessel of curd, if milk is poured, it gets converted to curd similarly in presence of *Vidagdha Pitta*, if food is taken the *Rasa Dhatu* becomes *Vidagdha*.^[7]

Vicious circle formed in Amlapitta**Figure no 2: Showing vicious circle formed in Amlapitta.****Samprapti Ghataka of Amlapitta**

- *Udbhava - Aamashaya & Pittadhara Kala*
- *Sanchara - From Pittadhara Kala to Shleshmadara Kala of Aamashaya & Pachyamanashaya*
- *Adhistana – Aamashayottha*
- *Dosha - Pachaka Pitta, Samana Vayu, Kledaka Kapha (Pitta Dosha predominance)*
- *Dushya - Aahara Rasa (Aama)*
- *Srotasa - Annavaaha Srotasa*
- *Swabhava - Chirakari*
- *Rogamarga - Abhyantara Rogamarga*

Purvarupa of Amlapitta

- There is no classical reference about the *Purvarupa* or premonitory symptoms of the disease.
- Clinically some of the features like *Ajeerna*, *Amlodgara* are seen due to increase of *Dravata* and *Amla Guna* of *Pitta*.

Rupa of Amlapitta.^[8]

- *Avipaka*
- *Klama*
- *Utklesha*
- *Tikta-amlodgara*
- *Hrita Kantha Daaha*
- *Aruchi*

➤ *Gaurava.*

Acharya Kashyapa has added other symptoms like *Antrakujana, Angasada, Gurukosthata, Hritashoola, Kanthadaaha, Romaharsha, Shiroruka, Vidbheda* etc.^[9]

Types of *Amlapitta*^[10]

Mainly *Kashyapa* and *Madhava* did the classification of the disease. Later different authors followed these *Acharyas*.

➤ According to the *Gati* of *Pitta*, *Madhava* has mentioned two types of *Amlapitta*:

1. *Urdwaga Amlapitta*
2. *Adhoga Amlapitta*

➤ According to the involvement of *Dosha*, *Kashyapa* & *Madhava* have divided the disease into.

Table no. 2: Showing Types of *Amlapitta*.

<i>Kashyapa</i>	<i>Madhava</i>
<i>Vatika</i>	<i>Sanila</i>
<i>Paittika</i>	<i>Sanilakapha</i>
<i>Shleshmika</i>	<i>Sakapha</i>
	<i>Shleshmapitta</i>

Upadrava of *Amlapitta*.^[11]

- *Jwara*
- *Atisara*
- *Pandu*
- *Shoola*
- *Shotha*
- *Aruchi*
- *Bhrama*
- *Dhatuksheenata.*

Sadhyasadhyata of *Amlapitta*

Amlapitta can be cured in the initial stages but as the disease progresses and becomes chronic it is difficult to treat.^[12]

- *Sukhasadhya* - Disease is of recent origin.
- *Yapya* - Chronic and difficult to treat when disease is of longer duration.
- *Asadhya* - when *Upadrava* gets manifested.

Chikitsa of Amlapitta

➤ According to *Acharya Charaka*, for any disease the principles of treatment are^[13]

1. ***Nidaana Parivarjana***: *Nidaana Parivarjana* refers to not taking of *Aahara*, *Vihaara* which causes the disease.
2. ***Prakriti Vighata***: Intake of food having opposite qualities to that of food, which causes the disease.
3. ***Ashaya Apakarsha***: *Shodhana* procedures done to eliminate the *Doshas* causing the disease.

➤ According to *Bhaishajya Ratnavali*.^[14]

Vamana for *Urdhwaga Amlapitta*

Virechana for *Adhoga Amlapitta*

Tikta Rasa Pradhana drugs are given as diet.^[15]

➤ According to *Kashyapa Samhita* - after *Vamana*, if little *Dosha* remains, it is pacified by *Langhana*, *Laghu Aahara* and by using appropriate *Shamana Aushadhi*.^[16]

MODERN REVIEW

In the modern medical literature, some technical terms have been used to indicate an abnormal or pathological condition resembling *Amlapitta*. The terms are as follows.

1. Hyperacidity
2. Hyperchlorhydria
3. Gastritis
4. Acid dyspepsia
5. GERD
6. Peptic ulcer disease

1. **Hyperacidity**: Hyperacidity is a condition, where excess secretion and collection of acid can be observed in the stomach.

2. **Hyper chlorhydria**: This term indicates a condition where there is an excessive production of HCl in the stomach. Symptom is observed in certain cases with dyspepsia, particularly associated with duodenal ulcer. It causes heart burn and water brush. This condition indicates about the functional abnormality i.e. hyper activity of the secretory glands.

- 3. Gastritis:** Gastritis refers to the inflammatory condition of the gastric mucosa. In this condition, excessive secretion of acid results in local irritation of the mucus membrane, the gastric mucosa gets inflamed. Pain and burning sensation are the main symptoms.

Treatment: Treatment of associated disease and withdrawal of offending agent. General supporting measures as required.

- 4. Acid dyspepsia:** In this condition indigestion or disturbed digestion occurs due to the hydrochloric acid.

5. Gastro-esophageal Reflux Disease^[17,18,19]

GERD is a disease of the GIT if left untreated can lead to Gastric ulcer. Hence GERD will be an appropriate interpretation for *Amlapitta*, especially *Urdhwaga Amalapitta*.

GERD is caused by retrograde flow of gastric or intestinal contents into the oesophagus. Gastro-esophageal reflux is the most common cause of heartburn and indigestion. It affects 39% of the adult population.

Drugs which worsen GERD: B-Adrenergic agonists, Theophylline, Anti-cholinergic drugs, Antidepressants, Progesterone, Alpha-adrenergic antagonists, Calcium channel blockers.

Clinical Features

- Most common complaint is Heartburn, which is a retrosternal burning discomfort, which becomes worse by consumption of spices, citrus fruits, alcohol, peppermint, chocolate and dietary fats.
- Other complaints include chest pain, regurgitation, dyspepsia, belching, water brash, odynophagia and halitosis.
- Patients with clinically severe GERD have disabling symptoms or complications such as bleeding or stricture, which can even disrupt routine activities.

Investigations

Patients with moderate or severe symptoms and those with a change in frequency or severity of symptoms should undergo evaluation. The options that are widely available for diagnosis are.

- Barium esophagography
- Upper gastrointestinal endoscopy
- 24 hour pH monitoring

Therapy

1. **Initial therapy:** The first step in therapy is to know that which factors are responsible to worsen the disease. The common factors include food, stress and medications. The simplest therapy consists of practical modification in life style like elevating the head when sleeping, avoid stress, less use of spicy food.
2. **Anti-secretary therapy:** In patients with moderate to severe reflux symptoms and significant mucosal damage, therapy with H₂ receptor antagonists results in healing of the esophagitis in only 50% of patients. Acid pump inhibitors provide more effective medical therapy in such patients. (E.g. Omeprazole)
3. **Prokinetic agents:** Prokinetic agents (E.g. bethanechol, metoclopramide, cisapride) improve esophageal and gastric emptying and increase lower esophageal sphincter pressure. Most patients with severe GERD probably will require chronic maintenance therapy for an indefinite period.
4. **Anti-reflux surgery:** In young individuals with severe gastro-esophageal reflux, medical anti-reflux surgery such as 'Nissen's fundoplication' should be considered.

Complications of GERD: If the condition is not treated at the appropriate time and stage, it will lead to the following complications.

- Erosions or ulcerations of esophagus and stomach
- Haemorrhage
- Chest pain
- Sinusitis
- Recurrent or chronic cough and bronchitis
- Laryngeal cancer

6. Peptic ulcer Disease (Gastric & Duodenal ulcer): It is usually a chronic and solitary lesion caused due to imbalance between gastro duodenal protective and damaging factors.

Table no. 3: Showing Damaging and Protective factors of Peptic ulcer Disease.

Sr. No.	Damaging factors	Protective factors
1.	Gastric acid, Pepsin, GERD	Mucus and bicarbonate secretion
2.	H. Pylori	Mucosal blood flow
3.	Smoking, alcohol	Prostaglandin production
4.	Drugs like NSAIDs	Epithelial regenerative capacity
5.	Delayed gastric emptying	
6.	Ischemia and shock	

Clinical features: Burning epigastria pain (usually getting worse at night), nausea, vomiting and bloating.

Complication of peptic ulcer: Bleeding, Perforation, Gastric outlet obstruction.

Investigations

- 1) Double contrast barium meal
- 2) Endoscopy
- 3) Biopsy of gastric mucosa.
- 4) Stool routine and Gastric analysis: For detection of blood in stool or Gastric aspirate in acute gastritis.

Treatment

- Relieve symptoms, Induce ulcer healing in short term management
- Avoid etiological factors which worsen disease like cigarette smoking, NSAIDS
- Antimicrobial therapy for protection against *Helicobacter pylori*.
- Histamine H₂ receptor antagonist drugs like Ranitidine in Eosinophilic
- Proton pump inhibitors like Omeprazole.
- Synthetic prostaglandin analogue like Misoprostol.
- Antacids like aluminium salts.
- Surgery in ulcer forms which are resistant to all forms of therapy.

CONCLUSION

Life style of human beings by means of alteration in dietetic and stress factor plays an important role in the manifestation of several disorders. According to Ayurveda *Amlapitta* is one of them which can be correlated with various GIT disorders. By knowing all these fact, one should do all the measures quoted by Ayurveda such as *Ahaara-Vihaara*, *Panchakarma-Vamana-Virechana* and *Shamana Chikitsa* to prevent vitiation of content of *Aamashaya*, particularly *Pachak Pitta* which ultimately helps in proper digestion. So formation of *Aama Rasa* is prevented ultimately less chances of GIT disorders (*Amlapitta*).

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