

AMLAPITTA AND IT'S AYURVEDIC REVIEW**Dr. Ruhi Zahir*¹ and Dr. Ravi Sharma²**¹MD Scholar (Final Year), M.M.M. Govt. Ayu. College, Udaipur (Raj).²Prof & H.O.D, Kayachikitsa Dept. M.M.M. Govt. Ayu. College, Udaipur (Raj).Article Received on
28 March 2019,Revised on 18 April 2019,
Accepted on 09 May 2019

DOI: 10.20959/wjpr20197-14852

Corresponding Author*Dr. Ruhi Zahir**MD Scholar (Final Year),
M.M.M. Govt. Ayu. College,
Udaipur (Raj).**ABSTRACT**

Survival of an organism on the earth is always challenged by the nature. Hunger, adverse climatic conditions, protection against wild animals and diseases are important amongst survival. Today due to modern life style and food habits most of the population are suffering from a common disease called as Gastritis. According to recent survey Gastritis is a common medical problem. Up to 10% of people, who come to a hospital emergency department with an abdominal pain, have gastritis. The incidence of gastritis in India is approximately 3 in 869 that is about 12,25,614 people suffering from gastritis out of the

total 1,06,50,70,607 population. In Ayurveda, sign and symptoms of Amlapitta mentioned by Ayurveda supporters looks very similar to GERD and Gastritis. Gastroesophageal reflux and gastritis resulting in heartburn affects approximately 30% of the general population. The seroprevalence studies from Delhi, Hyderabad and Mumbai have shown that by ten years of age more than 50% and by 20 years more than 80% of population is infected with gastritis.

KEYWORDS: Gastritis, Amlapitta GERD.**INTRODUCTION**

In this rapidly growing civilization and multimedia technology life become full with stress having more speed and accuracy are the prime demands. So, people neglect healthy food and are attracted towards the junk food, they are changing their diet pattern, lifestyle and behavioural pattern. People are becoming more stressful with worry, tension and anxiety causing so many psychological disorders which hampers the digestion and is causing hyperacidity, gastritis, dyspepsia, peptic ulcer disorders and anorexia. In Ayurveda Amlapitta cannot be correlated with one particular disease more precisely. But it can be correlated with

Acid Reflux syndrome which comprises of GERD, Gastritis, dyspepsia, Acid peptic disorder, hyperacidity etc.

In Ayurveda, all the diseases are due to hypofunctioning of Agni. Amlapitta is commonly encountered disease of Annavaahasrotas (GIT). Though it can be described as a disease of modernization due to irregular eating habits, it is more of psycho-somatic disorder caused due to mental stress and strain along with dietetic indiscrimination. Acharya Kashyap has first of all mentioned the disease Amlapitta in a separate chapter and he has also mentioned Manasika Bhava (Psychological factors) as a chief cause of this disease. The disease is caused the vitiation of Tridosha causing Mandagni leading to Vidagdhajirna ultimately manifesting as Amlapitta.^[3] Acharya Madhavakar has given detailed description about this disease including classification of the same according to Gati i.e. Urdhavaga Amlapitta and Adhoga Amlapitta.^[5]

It is also said that eating and fasting during indigestion leads to problem like Acidity, heart burn, gastritis which is referred as Amlapitta. The most common causes of gastritis are Helicobacter pylori infections and prolonged use of Non-Steroidal Anti Inflammatory Drugs (NSAIDS) such as Aspirin or ibuprofen. Along with this there is an increased and frequent consumption of tea, Coffee, Chocolate, spicy food, tobacco, smoking and alcohol with an intention to reduce the stress, this has resulted in incompatibility of food and ending in gastric related complaints such as nausea, vomiting and heartburn etc. Treatment is directed at the cause but often includes acid suppression and for H. pylori infection, antibiotics is used. If left untreated it leads to several life-threatening complications such as ulceration, perforation, gastrointestinal bleeding, and adenocarcinoma. Because of increase trend of the disease, scholars of different system of medicine are working hard to develop various means and measures to overcome it.

CAUSATIVE FACTORS

In Ayurved the following as causative factors for initiation, production and manifestation of Amlapitta are listed below:-

1. Viruddhahara.
2. Dustahara (unhygienic and infected foods).
3. Deshvisesha – Geographical factors like anupadesa.
4. Rituvisesha (Seasonal factors) – Varsha (Naturally pitta is in Sanchaya state), Sharadritu (Naturally pitta is in vridhha state).

5. Excessive intake of amla, vidahi and pitta aggravating food.
6. Kulattha and other spicy, hot things intake.
7. Suppression of natural urges- known as Vegadharana.

CAUSES OF AMLAPITTA

The disease Amlapitta is frequent presentation in clinical practice. Excess formation of vitiated pitta due to improper dietary and lifestyle habits is thought to be the main pathological mechanism behind manifestation of disease. The pathogenesis of amlapitta involves three important factors i.e. Agnimandya, Ama, and Annavaha Sroto dushti. Along with this, the vitiation of pitta leading to quantitative and qualitative abnormality of pachaka pitta especially in its amla and Drava guna gives rise to amlapitta. The gastric glands produce acids, which help break down of food during digestion. Excess production of acids in stomach is termed as the hyperacidity. The most important causative factors of amlapitta are

- Excessive use of the oily and spicy foods.
- Foods which are rich in fats, such as chocolates.
- Irregular eating habits.
- Excess use of leafy vegetables.
- Consumption of maida products in large quantity.
- Sleeping after meals.
- Carbonated drinks.
- Drinking of excess water.
- Excessive intake of the caffeine and nicotine products.
- Excessive intake of alcohol, smoking.
- Keeping stomach empty for long time, skipping breakfast.
- Constipation.
- Anxiety, depression and anger.
- Excessive use of Analgesics esp. NSAIDs.

SAMPRAPTI (Pathogenesis)

Dosa – Pitta vishesa

Dusya – Rasa

Adisthana – Amashaya, Grahani

Srotas–Annavaha

Samprapti Chakra

SYMPTOMS OF AMLAPITTA

According to their types-

1. Adhoga (downward) Amlapitta:-

Thirst, burning sensation, fainting, giddiness, delusions, downward movement of different kinds of diarrhoea and occasional compression in the chest, rashes on skin, poor digestion, horripulations, perspiration and yellowish skin.

2. Urdhvaga (upward) Amlapitta:-

Vomiting of green, yellow, blue, black, slightly red or bright coloured, very sour materials, resembling mutton wash, very sticky, thin, followed by kapha; vomiting occurring during digestion of food or even on empty stomach, with bitter or sour taste occasionally, belching also of similar nature, burning sensation in the throat, chest and upper abdomen, headache, burning sensation in the palms and soles, feeling of great heat, loss of appetite, appearance of rashes, itching.

SADHYA ASADHYATA (Prognosis)

- 1) Amlapitta of recent origin (Naveen amlapitta) is Sadhya.
- 2) Chronic Amlapitta is Yapya i.e. maintainable.
- 3) If proper dietic care is taken, an even Kasta- Sadhya type of Amlapitta is treatable.

CHIKITSA

Chikitsa sutra- According to Chakradatta

- I. In urdhwa (i.e. upward) and adho (i.e. downward) types, dosha should be eliminated with Vamana (emesis) and Virechana (purgation) respectively.
- II. Thereafter Susnigdhanuvasana should be applied. (In chronic cases according to dosa).
- III. In Samsargaj Amlapitta after Sodhana, Shaman measure in terms of drugs and diet should be applied considering the association of dosa.
 - Avoid causative factors – ‘NidanaTyaga’
 - Follow Pathya- good life style methods & Good Dietary Habits

VISESHA CHIKITSA

1. Medicinal Powder- (churna) Amalaki churna, Shatawari churna, Yastimadhu churna, Avipattikara churna, Drakshadi churna, Panchanimba churna.
2. Medicated decoctions – (Kwath) Patoladikwatham, Yavadi kwathm, Dasanga kwathm, Phatrikadi kwathm

3. Avaleha –Khanda kushmand avleh, Drakshyadi lehyam
4. Rasaushadhi- Swarnasutsekhar ras, Ksudhavati
5. Medicated Ghee- (Ghirta) Shatavari ghruta, Jirakadya ghruta, Draksadya ghruta
6. Bhasma- Shankhabhasma, Pravalapisti/bhasma, Maksikabhasma
7. Patent Medicines- Sooktyn tablets, Amlapittantakyog, Alsarex.

PATHYA AND APATHYA IN AMLAPITTA

AHAR VIHAR

PATHYA

(Do's)

Mudag, yav, sattu, honey, milk, jangal mansa rasa, shritshitjala, patola, karela, nimba, shatawari, petha etc.

APATHYA

(Don't)

Guru, vidahi, vishtambhi, kanji, lavana, tea, coffee, madya, pizza, burger, kachori, samosha, potato, brinjal, rice, besan, maida etc.

CONCLUSION

Now-a-days the nidana (causative factors) of Amlapitta mentioned in classics are most common. Due to lots of stress, lack of self-awareness and improperly following Rutucharya (Daily regimen) i.e. faulty dietic habits results in disease Amlapitta. Ayurveda places great emphasis on prevention and encourages the maintenance of health through close attention to balance in one's life, right thinking, diet, lifestyle and use of herbs for various illnesses.

REFERENCES

1. Wikipedia.
2. Madhavkar, Madhav Nidanam (Roga Viniscaya) edited by Prof. K.R. Srikantha Murthy, Amlapittanidanam, P.N. – 166, Chaukhammbha Orientalia, Varanasi.
3. Dr. S. Suresh Babu, The principles and practice of Kaya Chikitsa, Vol-II (CCIM New Delhi), Amlapitta, P.N. – 102, Chaukhammbha Orientalia, Varanasi, 2013.
4. Prof. Ajay kumar Sharma, Kaya Chikitsa, Vol-II, Amlapitta, P.N. – 326, Chaukhammbha Orientalia, Delhi, 2011.
5. Vagbhata: Ashtanga Hridaya with the commentaries Sarvangasundara of Arundatta and Ayurvedarasayana of Hemadri, edited by Pt. Hari Sadashiva Shastri Paradakar, reprint ed.

Varanasi, Chaukhammbha Surbharti Prakashan Nidanasthana, Chapter, 2010; 12. Verse 1, P.N. – 513.

6. Dr. Varsha Makode, It's review in reference with Ayurvedic Management, IJIPSR, Issue-4 July, 2016, www.ijipsr.com.
7. Gouri Chauhan, Study on Clinical Efficacy of Avipattikar Choorna and Sutsekhar rasa in the Management of Urdhwaga Amlapitta, JPSI, Issue Jan-Feb 2015, www.jpsionline.com.
8. Vijyeta Singh, Efficacy of Virehana karma and Khanda Pippali Avaleha in the Management of Amlapitta: A Review, IJRAP, July- Aug, 2016.