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## Conceptual Understanding Of *Amlapitta* W.S.R. To GERD: A Review Article

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### ABSTRACT: -

One of the most common gastrointestinal illnesses is gastro esophageal reflux disease (GERD). GERD is a clinical condition defined by the presence of gastro esophageal reflux (GER) via the lower esophageal sphincter (LES) into the esophagus or oropharynx, resulting in symptoms, esophageal tissue damage, or both. Retrosternal searing sensation (heart burn), epigastric discomfort (often extending to the back), and regurgitation are the traditional trio of symptoms. It is difficult to find a direct link between GERD and *Ayurvedic* nomenclature. *Doshadushya-Sammurchhna* conferment and *Samprapti* should be examined. Aggravated *Vata Dosha* is responsible for *Vishama Gati* (motor irregularities) in *Annavaha Srotas*, which leads to *Pitta* deracination from its native location. It is difficult to distinguish between situations such as *Amashayagata Vata*, *Amlapitta*, *Pitta Vriddhi*, *Sama-Pitta*, and *Vidagdhajirna*. This review will give a better knowledge of etiopathogenesis, as well as a therapeutic method for managing patients by breaking the pathogenesis chain (*Samprapti Vighatana*). Diagnostic and therapeutic advances have enhanced our capacity to recognize and manage illness consequences. In this section, we explore the etiology and consequences of GERD, as well as the therapeutic treatment to this prevalent condition.

**Key words:** GERD, *Amlapitta*, *Sama Pitta*, *Vidagdhajirna*.



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## INTRODUCTION

The prevalence of GERD in India ranges from 7.6% to 30%, being < 10% in most population studies, and higher in cohort studies. The dietary factors associated with GERD include use of spices and non-vegetarian food. *Helicobacter pylori* is thought to have a negative relation with GERD.<sup>[1]</sup> However, it is uncertain whether this represents a real rise in prevalence or the consequence of a better knowledge of illness symptoms, increased awareness of acid reflux, or the recent completion of high-quality epidemiological research. Improved understanding of the condition can lead to improved recognition of GERD, resulting in an apparent increase in its prevalence. Nonetheless, the influence of 'western food and lifestyle' adaptation, such as increased obesity, decreased *H. pylori* frequency, and so on, on the rise in GERD prevalence cannot be ruled out.<sup>[2]</sup> While heartburn and acid regurgitation are the most commonly reported symptoms of GERD, Laryngitis, pharyngitis, chronic sinusitis, dental erosions, asthma, and persistent cough are all important extra esophageal symptoms. As a result of stomach acid reflux into the throat and vocal cords, or down into the lungs, laryngeal or pulmonary symptoms such as laryngitis, hoarseness, non-cardiac chest discomfort, or asthma can occur.<sup>[3]</sup> In Ayurveda, the symptom of heartburn is known as *Hrit-Kantha Daha*. And a few comparable terminologies such as *Amlika* (pain and burning sensation in the retrosternal region and sour eructation), *Vidaha* (burning sensation during food digestion), and *Paridaha* (burning sensation inside the body, particularly in the *Mahasrotas*, i.e. the GI tract) are described in different frames of reference. GERD is generally diagnosed based on characteristic symptoms and the response to acid suppression following an empiric trial. GERD is a major

public health problem since it is associated with reduced quality of life and substantial morbidity.<sup>[4]</sup> Successful treatment of GERD symptoms has been linked to considerable improvements in quality of life, including lower physical discomfort, enhanced energy, physical and social function, and mental well-being. While GERD medicines are not exceptionally expensive, the cost of treating GERD patients has been estimated to be two times that of equivalent persons without GERD.<sup>[5]</sup> This cost disparity is most likely attributable to increased morbidity in GERD patients as well as the greater expense of addressing consequences of improperly treated GERD.

### *Nidana*

The knowledge of *Nidana* is very essential for disease management. *Ayurvedic* management is nothing other than *Nidana Parivarjanam*. This occurs in the case of GERD also. It can be produced by one or more aetiological factors. *Nidana* has got much importance in such chronic diseases. As long as the patient is exposed to the *Nidana*, the disease will persist. Therefore, a thorough understanding of the causative factors is essential in the management.

It has been said that a single etiological factor may produce a single disease or many factors together may produce a single disease.<sup>[6]</sup> After careful screening and analysis of the etiological factors of *Amlapitta*, they may be discussed under four groups viz. the *Aharaja Hetu* (dietary habits), *Viharaja Hetu* (habit factors), *Manasika Hetu* (psychogenic factors) and *Agantuka Hetu* (miscellaneous factors).

#### **1. *Aharaja Hetu* (Dietary factors):<sup>[7]</sup>**

Dietary variables are the first and most important category of *Amlapitta* etiological factors to examine. Consumption of food in violation of the dietetics code, i.e. *Ahara Vidhividhana* and *Aharavidhi Visheshayatana*,

is included in this category. Various sorts of incompatible substances, an excess of Pitta aggravating elements such as *Katu*, *Amla*, *Vidahi*, etc., *Bharjitanna*, and untimely meal consumption are factors that violate the dietetic code and are directly responsible for *Pitta* disturbances.

## 2. *Viharaj Hetu*:<sup>[8]</sup>

To keep one's health in check, one must adhere to a set of rules. He is expected to have regular defecation habits, eat on time, and sleep on time. He does not have to aggressively repress natural desires. If one follows all of these regulations on a regular basis, he will undoubtedly preserve the equilibrium of the body's elements, and therefore, clearly, he will keep good health and appropriate bodily functioning. If this is not done on a regular basis, the entire functioning of the body will be disrupted, resulting in a disruption of Pitta and digestive balance, which will eventually lead to *Amlapitta*.

## 3. *Manasika hetu* (psychological factors):<sup>[9]</sup>

Psychology is equally important in sustaining one's health and psychological activity. An aberrant psychology, such as wrath, anxiety, or greed, on the other hand, might have an effect on digestive physiology. Either there is less production of digestive juice or it is released at inopportune times, and sometimes it is secreted in excess. All of these factors worsen *Pitta*, which eventually leads to *Amlapitta*. Modern researchers have proven that acid gastritis is nothing more than a condition caused by stress and pressure, demonstrating the importance of psychogenic variables in the formation of *Amlapitta*.

## 4. *Agantuka Hetu*:

Iatrogenic illnesses are becoming more frequent these days. *Amlapitta* may be the result of a defective drug or drug misuse behaviors. Over-the-counter nonsteroidal anti-inflammatory medications and anticoagulants treat one illness but can cause *Amlapitta*.

*Amlapitta* can be caused by *Ayurvedic* medicines, particularly unpurified and defective *Rasa Aushadhi*. Even *Ushna* and *Tikshna* drugs, if administered excessively and without adequate illness assessment for an extended length of time, can cause *Amlapitta*. Similarly, *Panchakarmas* such as *Heena Yoga*, *Mithya Yoga*, and *Atiyoga* cause many ailments by targeting *Agni*, therefore *Amlapitta* can be viewed as an *Upadrava* of certain other diseases such as chronic *Vibandha*, *Arsha*, *Ajirna*, and *Pandu*.

## *Poorvarupa*:

In *Ayurvedic* classics, no specific *Purvarupas* of *Amlapitta* are mentioned, but by applying *Yukti* and practical knowledge, some important inferences can be drawn. *Annavaha* and *Purishavaha Srotodusti* symptoms can also be considered as *Purvarupa* of *Amlapitta*.

## *Roopa*:

*Kashyapa*, *Madhava Kara*, and *Harita* all reported *Amlapitta* symptoms. *Madhavkar* was followed by other *Sangraha-kala* practitioners such as *Bhavamishra*, *Vangasen*, and *Yogaratanakara*. *Basavaraja* has included *Amlapitta* in *Nanatmaja* illnesses of *Pitta* and *Vakshiva Paridosha* (*Saptam Prakarana*) to *Amlapitta* in this regard. According to *Madhava*, the symptoms of *Amlapitta* include *Avipaka*, *Kanthadaha*, *Klama*, *Tikta Amla Udgara*, *Gaurava*, *Aruchi*, *Utklesha*, and *Hriddaha*.

*Kashyapa* added extra symptoms like,<sup>[10]</sup> *Antrakujana*, *Vidbheda*, *Udara Admana*, *Hritshula* etc.

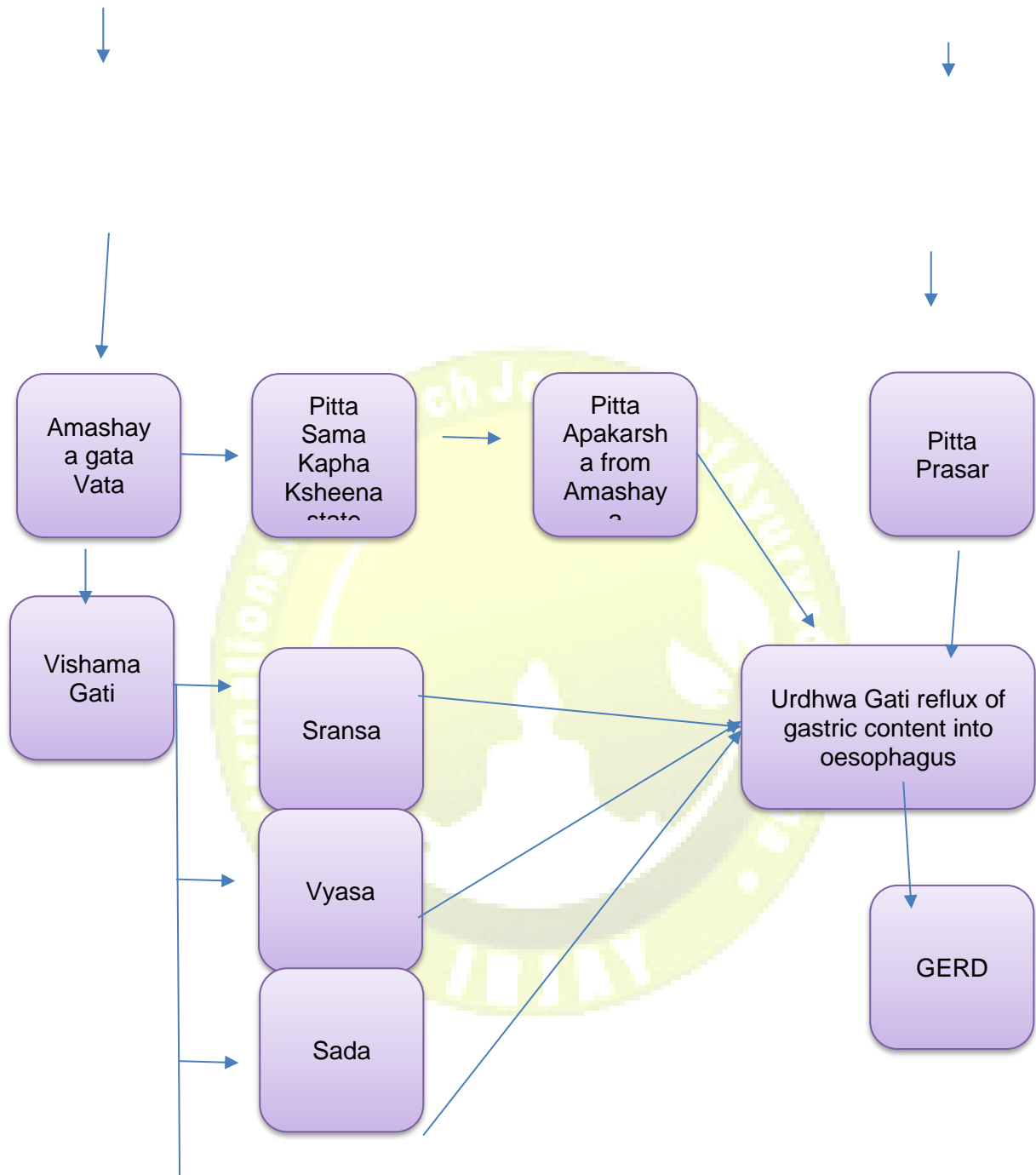
**Table 1: Samanya Lakshana of Amlapitta according to various Acharyas.**

S. No.	Symptoms	K.S.	M.N.	B.P.	S.N.	B.R.	G.N.
1	<i>Amlodgara</i>	+	+	-	-	-	-
2	<i>Antrakujana</i>	+	-	-	-	-	-
3	<i>Amlotklesha</i>	+	-	-	-	-	-
4	<i>Angamarda</i>	+	-	-	-	-	-
5	<i>Avipaka</i>	-	+	+	-	+	+
6	<i>Guruta</i>	-	+	+	-	+	+
7	<i>Gurukoshthata</i>	+	-	-	-	-	-
8	<i>Aruchi</i>	-	+	-	-	-	+
9	<i>Hriddaha</i>	-	+	+	+	+	+
10	<i>Hritshula</i>	+	-	-	-	-	-
11	<i>Kanthadaha</i>	+	+	+	+	+	+
12	<i>Klama</i>	-	+	+	+	+	+
13	<i>Karacharandaha</i>	+	-	+	+	+	+
14	<i>Shiroruja</i>	+	-	-	+	-	-
15	<i>Tiktodgara</i>	-	+	+	-	+	+
16	<i>Udaradhamana</i>	+	-	-	-	-	-
17	<i>Urodaha</i>	+	-	-	-	-	-
18	<i>Utklesha</i>	+	+	-	-	+	+
19	<i>Vidbheda</i>	+	-	-	-	-	-

**Samprapti (Pathogenesis) of GERD according to Ayurveda<sup>[11]</sup>:**

Vata  
Prakopa

Pitta  
Prakopa



## Diagnosis:

Upper gastrointestinal endoscopy, also known as esophagogastroduodenoscopy, is the most often used diagnostic procedure for GERD and its potential consequences (EGD). Endoscopy has the major advantage of allowing direct sight of the esophagus mucosa. This aids in the identification of GERD problems such as esophagitis, strictures, and Barrett's esophagus. GERD is generally diagnosed by looking at the symptoms and how they respond to acid suppression. Heartburn with or without regurgitation is usually enough to rule out GERD, especially if the symptoms worsen post prandially or when lying down.<sup>[12]</sup> Treatment with histamine type 2 (H2) receptor blockers or proton pump inhibitors (PPIs) followed by the disappearance of symptoms is regarded as diagnostic. In the absence of warning characteristics or symptoms, no additional workup is necessary in individuals who respond to empiric therapy.

## Treatment:

**1. Nidana Pariwarjan:** Each and every treatment intervention that is usually disregarded by physicians and not followed by patients remains the cornerstone of *Nidana pariwarjana*. *Adhyasana* (often eating before digestion of previous meal), *atibhojana* (eating too much food), *Guru*, *Abhishyandi*, *Vidahi*, tea, coffee, tobacco, alcohol, smoking, citrus juices, tomato products, chocolate, peppermint, and a high-fat diet should all be avoided. *Vegadharana* (suppression of natural impulses), daytime sleep immediately after a meal, and *Ratrijagarana* should all be avoided.

## 2. Shodhana Chikitsa:

In the treatment of *Amashayagata Vata*, *Sushruta* mentioned *Vamana* and *Charaka* mentioned *Virechana*. Both *Vamana* and *Virechana* aid in the purification of the disease's *Srotas* and *Udbhava Sthana*. Prior to *Shodhana* therapy, internal *Snehana* and

*Swedana* should be administered to increase oesophageal motility and LES tone by pacifying *Vata* and enhancing *Vatanulomana*. *Virechana* is the final step in the *Pitta Dosha* eradication process. It can help treat *Kapha Dosha* that is connected with *pitta Dosha* or located in the *Pitta Sthana*. *Virechana* clears the *Annavaha* and *Purishvaha Srotas*, increases *Agni*, and promotes *Vatanulomana* in addition to eliminating *Pitta*.

## 3. Aushadh Yoga commonly used in GERD:

*Shankh Vati*, *Mahashankh Vati*, *Sanjeevani Vati*, *Lashunadi vati*, *Avipattikar Churna*, *Hingwashtak Churna*, *Shaddharana Churna*, *Avipattikara Churna*, *Mulethi Churna*, *Shatavari Churna*, *Amalaki Churna*, *Kamdudha Rasa*, *Sutasekhara Rasa*, *Lilavilasa Rasa*, *Shatavari Ghrita*, *Drakshadya Ghrita*, *Pippali Khanda*, *Khandakusmandavaleha*.

**Modern medicines:** PPIs are commonly used to treat the GERD, some of given as follows:

1. Omeprazole
2. Eesomeprazole
3. Lansoprazole
4. Rabeprazole
5. Pantoprazole
6. Dextansoprazole
7. Omeprazole with sodium bicarbonate

**4. Lifestyle changes** are still the most important part of any GERD treatment, yet they're often disregarded by doctors and ignored by patients. While patients indicate that cigarettes, chocolate, carbonated beverages, onion, tomato sauce, mint, alcohol, citrus juices, spicy, and fatty meals aggravate their GERD symptoms, there are no high-quality research that show the benefits of avoiding these foods or practices. A systematic review of clinical trials that looked at the impact of lifestyle changes on GERD symptoms, esophageal pH variables, or lower esophageal sphincter basal pressure found that there is either no evidence or only weak evidence that there is improvement in clinical or

physiological parameters after quitting tobacco, alcohol, chocolate, caffeine or coffee, citrus, mint, or spicy food.<sup>[13]</sup>

## CONCLUSION:

Gastro-esophageal reflux disease (GERD) is a chronic upper gastrointestinal tract ailment with significant morbidity and potentially decreased quality of life that is becoming more common across the world. It happens when stomach acid or contents flow backward into the esophagus. In Ayurveda, finding a direct link between GERD and the body is difficult, but we can compare sign and symptoms of GERD is with *Urdhwag Amlapitta*. *Vata Prakopa*, *Udavarta (Urdhwa gati)*, *Pittapkarsha* from its location, *Kapha Kshaya*, *Agnimandya*, and *Amlapitta* are some of the variables that cause *Doshadushya-Sammurchhna*, which leads to GERD. As a result, *Vatashaman/Vatanulomana*, *Pitta Shamaka*, *Agnidipana*, *Amapachana*, and *Shodhana of Srotas* should be targeted by *Vamana* and *Virechana*.

Early recognition of symptoms is integral to preventing complications of GERD. Behavioral changes and advances in acid suppression remain integral to its treatment. GERD is a fairly prevalent condition that may be adequately treated in a significant percentage of individuals by combining lifestyle changes with proper medical treatment. It can be difficult to treat refractory GERD, which affects up to 40% of patients who take a PPI once a day. The greatest first step is to improve your PPI treatment. A thorough history and the use of investigative techniques can aid in identifying the causes of PPI failure. H2 blockers, Prokinetics, and baclofen may be utilized to treat individuals with persistent reflux. Neuro-modulators are an important element of any treatment plan for those who have functional heartburn or reflux sensitivity.

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