A Conceptual Review of Amlapitta w.s.r to Gastro-Esophageal Reflux Disease

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INTRODUCTION
Acharya Charak has described “Astavidha ahara Vidhividhana”¹ and Acharya Sushrut has described “Dwadasha asana pravicharana” which conveys the method of consumption of food. Also Acharyas are described about ‘Dinacharya’ and ‘Ritucharya’ which conveys the method of lifestyle. If one does not follow these methods he will develop the problem of digestion of food properly. Thus undigested food disturbs the physiology of Annavaha Srotas. 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 like worry, tension and anxiety causing so many psychological disorders which hampers the digestion and is causing Hyperacidity, Gastritis, Dyspepsia, GERD, Peptic ulcer disorders and Anorexia. All these pathological disorders cover under the broad umbrella of Amlapitta in Ayurveda.

AIMS & OBJECTIVES
1. To take review of comparative study “Gastro-

ABSTRACT:
Today due to modern life style and food habits most of the population is suffering from a common disease called as Amlapitta. Amlapitta is a result of inappropriate dietary regimen or stress. Amlapitta is one of the commonest diseases of Annavaha srotas (Gastrointestinal tract) caused by vitiated Agni. Here in this present paper Amlapitta disease is reviewed in detail according to Ayurvedic view and Modern view. Amlapitta is a condition where Amlaguna (Sour Taste) of Pachak pitta (gastric Juice) increases due to Samata. Amlapitta has been considered as Pitta pradhana Tridoshaja Vyadhi (compound disease caused by multiple factors). Aacharya Kashyapa has mentioned as the involvement of three Doshas in Amlapitta while Madhavkara has mentioned that the pitta is dominant in this disease.

Keywords: Agni, Amlapitta, Annavahasrotas, Pachaka pitta
esophageal reflux disease (GERD) and Amlapitta” as given below.

2. To undergo study of GERD and Amlapitta from ancient classical text with modern aspects.
3. To observe and present the applied aspects of pathogenesis of Amlapitta and Hyperacidity.
4. Attempt to represent the pathogenesis of Amlapitta / GERD in view of different causative factors on today for prevention of Amlapitta.

MATERIALS AND METHODS

The article material is collected from Ancient books/Teeka like Charak samhita, sushruta samhita. Astanga hridaya, Kashyapa samhita. Madhav nidan and various articles, web, authentic books, inquire about papers and courses are the essential sources.

Conceptual Study

Amlapitta is “Amlam Vidagdham Cha Pittam Amlapittam”. The Vidagdha Pitta which attains Amlata is called as Amlapitta.2

Nidana

The etiological factors of Amlapitta can be broadly classified as Aharaja, Viharaja, Manasika and Aagantuja Hetus. The brief explanation of these factors may be presented as under.

Aharaja Hetu [Dietary factors]:

Aharaja hetus are said to be the first and foremost group of etiological factors of Amlapitta. Under this group Ahara Vidhi Vidhana and Ahar Vidhi Visheshayatanas is included. Various type of viruddha ahara, excess of Pitta prakopaka factors like Katu, Amla, Vidahi, etc. and irregular time of consumption of food are the factors against the dietetic code and they are directly responsible for the annoyance of Pitta. According to Acharya Kashyapa faulty dietaty habits leads to agnimandya which further leads to Amlapitta. Whereas Madhavakara mentioned pitta aggrevating factors are responsible for Amlapitta.

Viharaja Hetu

Proper viharas are to be followed to maintain the good health. The regular habits of eating, sleeping and excretion must be followed. Vega dharana should be avoided. If this is not followed regularly, the whole functioning of the body will be disturbed and in long run, they will cause the disturbances of the equilibrium of Pitta and digestion, will lead to Amlapitta.

Manasika Hetu [Psychological factors]

Abnormal mental factors such as 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 lead to Agnimandya, which further produces Amlapitta.

Agantuja Hetu

Amlapitta is definitely caused by over use of certain drugs. Over use of NSAIDs and anticoagulants cure one disease but it can produce gastritis. Ayurvedic drugs, especially ashdhita and faulty Rasa Aushadhi may cause Amlapitta. Even Ushna, Tikshna drug if used excessively, without proper assessment of disease for a long period may produce Amlapitta. Similarly Panchakarmas with Heena Yoga or Mithya Yoga or Atiyoga lead towards many diseases by attacking on Agni, hence Amlapitta also can be seen as an Upadrava of some other diseases like chronic Vibandha, Arsha, Ajirna and Pandu.

Other causes

Also Desha, Kala, Ritu takes a great extent in the causation of Amlapitta i.e.

Deshaprabhava: According to Acharya Kashyap the disease is more predominant in Anupa desha comparing to other desha because of Kapha provoking nature. In the line of treatment he gives its importance to change the place in untreated cases.

Kalaprabhava [Influence of Time]: Amlapitta is a chirakalina vyadhi. The disease is more prevalent in middle age due to dominancy of Pitta.

Genetic Factors : Acidity is seen mostly in persons with blood group ‘O’ and families with such blood group prove relations of genetic factor, probably the blood group modifies the oxyn cell population. In Ayurveda Pitta prakruti persons are also more susceptible for the process of aggravation of the diseases.

Trauma: Certain things in diet can damage the gastric mucosa. The intake of spicy food, solid matter, alcohol and other irritating things may damage the pyloric antrum and lesser curvature of stomach.

- Drugs: Drugs like corticosteroids, xanthine, aspirin, alkaloids, NSAIDS, reserpine are reported to be causing or predisposing the occurrence of peptic ulcers.
- Nicotine and Alcohol: Alcohol can damage the gastric mucosa and produces ulcer. Smoking (Nicotine) has been responsible to produce the amount of prostaglandin E2 in gastric mucosa. Madhya sevana is explained as the causative factor for Amlapitta.
- Infection: Helicobacter pylori plays a significant role in the pathogenesis of peptic ulcer disease. Indeed, infection with H-pylori is associated with a greatly increased risk of
duodenal and gastric ulceration, from 95 to 100% of patients.

Samprapti
Over indulgence in mentioned nidanas cause Vitiation of Vata and Pitta doshas. One among these doshas causes the mandagni and hence what so ever the food is consumed it is not digested well leading to vidagdha paka. Such food gets stagnated itself in the stomach and under goes fermentation (shukta paka). Any food, which is taken, becomes Vidagdha. So now the Vidagdhajirna manifests which is the Purvarupa of the disease Amlapitta. Further prakupita Pitta combines with shukta anna (fermented food) and causes Samapitta. The disease Amlapitta with its cardinal symptoms thus gets manifested. If untreated, the disease passes on to Bheda avastha where its typical types- Urdhvgata and Adhogata are produced. Further complications like Jwara, Atisara, Shula, Shotha, Aruchi, Bhrama, Pandu gets differentiated.

Types-
According to the Gati of Pitta, Acharya Madhav has described 2 types of Amlapitta. i.e. 
(i) Urdhvagata Amlapitta
(ii) Adhoga Amlapitta

According to the involvement of Dosha, Acharya Kashyapa and Madhav both have divided Amlapitta as Table 1

Purvarupa
Purvarupas or premonitory symptoms of this disease are not narrated in any classics. But in practice it is observed that in the patients suffering from the disease Amlapitta, there are certain symptoms, which are present for a quit long period before manifestation of the disease. They are Ajirna, Utklesha, etc.5,6

Rupa
The symptoms of Amlapitta according to Acharya Madhav Nidana are-
- Avipaka - Klama - Hriddaha - Kantadaha
- Amlodgara - Tiktodgara - Utklesha - Gaurava
- Aruchi

Acharya Kashyapa added extra symptoms like Vibheda, Aantrakunjana, Udaradhama and Hridshula etc.

Upashaya – anupashaya
When a patient comes with the complaints Amlodgara, Udaradaha, Trushna etc., symptoms it is difficult to diagnoase weather it is Amlapitta or Vidagdhajirna. At that time Sunthi Churna can be administered as Upasaya for Vidagdhajirna and Anupashaya for the Amlapitta.

Vatika : Snigdhopasaya drugs

Paitika : Swadu and Sheeta Dravya relieve the symptoms. Kaphaja : Ruksha and Ushna Dravya provide Upashya.

Upadraya
Acharya Kashyapa has described these Updaravas - Jwara, Panduta, Shotha, Bhrama, Atisara, Shoola, Aruchi, & Grahani Roga.

Sadhyasadhyata
When the disease is Yapya, when chronicity occurs, it became Kricchasadhya, when the duration of the disease is long and cured with great difficult, and Asadhy when the patient will have different updaravas and symptoms of Dhatu Kshaya.

Treatment
The line of treatment of Amlapitta may be considered in 2 ways viz. general principles of management and also management according to particular condition.

According to Charaka also almost all diseases can be treated in 3 steps.

(1) Nidana Parivarjana :
It refers to avoiding those factors from the diet which are dosha aggravating and disease producing. Naturally only those dietetic articles are advisable to be used which are wholesome and beneficial.

(2) Prakritivighata:
Prakritivighata refers to the use of drugs which supress the doshas. In Amlapitta also the Shamana therapy advised and various Pitta Shamaka recipes have been prescribed. The Shamana drug should be of Madhura and Tikta Rasa, Snigdha guna and Sheeta Veerya which are opposite to Pitta.

(3) Apakarshana (Shodana):
So far Amlapitta is concerned, it is originated in Anashaya and mostly the doshas are localized there. For this condition Vamana is the best treatment. If the doshas are localised in Pachyamanashaya, then Virechana is the ideal therapy. If the doshas are localised in Pakwashaya then Basti is the suitable therapy. In Shodhana therapy Vamana is advocated in Urdhwaga Amlapitta and Virechana in case of Adhoga Amlapitta.10

According to Kashyapa :
1. Since the disease is Amasayajya and Kapha and Pitta are the dominating Doshas, Vamana should be administered at first.
2. After the Vamana, Shamana drug (anti-Pitta, Kapha drugs) should be used. At the same time Pachana drugs should be given.
3. When the Samsarga doshas are eliminated and stomach becomes clear, Deepana drug should be administered.
4. If the Doshas have shifted into Pakwashaya, Virechana
or Sransana drugs should be used to eliminate the doshas.  

Pathyapathya  
(A) Pathya:  
Ahara :  
(1) Annavarga : Godhuma, Yava, Puranasali, Mudgayusa  
(2) Sakavarga : Karvellaka, Patola, Kusamanda,..  
(3) Phalavarga : Dadima, Amalaki, Kapittha, Kadaliphala  
(4) Dugdhavarga : Godugha  
(5) Mamsavarga : Jangala Mamsa  
(6) Miscellaneous : Narikelodaka, Sritasitajala Sarkara, Madhu  

Vihara - Sitopacarya, Visrama  

B) Apathya :  
(2) Vihara : Vegavidharana, Atapasevana, Cinta, Krodha,  

Gastro-esophageal reflux disease  

It is a chronic conditions in which stomach contents rise up into the esophagus, resulting in symptoms and/ or complications.  

Epidemiology:  
In Western populations, GERD affects approximately 10% to 20% of the population and 0.4% newly develop the condition.  

Sign & Symptoms:  
- Regurgitation  
- Increased salivation  
- Heartburn  
- Nausea  
- Pain with swallowing/sore throat  
- Chest pain  
- Coughing  

GERD sometimes causes injury to the oesophagus. These injuries may include one or more of the following;  
- Reflux oesophagitis- Inflammation of esophageal epithelium which can cause ulcers near the junction of the stomach and esophagus.  
- Esophageal strictures- The persistent narrowing of the esophagus caused by reflux induces inflammation.  
- Barrett’s esophagus- intestinal metaplasia (changes of the epithelial cells from squamous to intestinal columnar epithelium) of the distal esophagus.  
- Esophageal adenocarcinoma  

Causes:  
Acid reflux is due to poor closure of the lower sphincter, which is at the junction between the stomach and the esophagus. Factors that can contribute to GERD:

- Hiatal hernia: which increases the likelihood of GERD due to mechanical and motility factors.  
- Obesity: increasing body mass index is associated with more severe GERD.  
- Obstructive sleepapnea  
- Gall stones  

Diagnosis:  

The diagnosis of GERD is usually made when typical symptoms are present. Reflux can be present in people without symptoms and the diagnosis requires both symptoms or complications and reflux of stomach content. Other Investigations are:  

- Esophagastroduodenoscopy(EGD)  
- Esophageal pH monitoring – 24 hour pH monitoring is indicated if the diagnosis is unclear poor surgical intervention is under consideration. The current Gold standard for diagnosis of GERD is esophageal pH monitoring.  

Endoscopy- It is the investigation of choice. This is performed to exclude other upper gastrointestinal diseases that can mimic gastro-esophageal reflux and to identify complications.  

Treatment  

The treatment for GERD may include:  

1. Food choices & Lifestyle changes;  
   - Reduced sugar intake and increased fiber intake  
   - Avoid the Food that may precipitate GERD include coffee, alcohol, chocolate, fatty foods, acidic foods, and spicy foods.  
   - Weight loss may be effective in reducing the severity and frequency of symptoms  
   - Elevating the head of the entire bed with blocks, or using wedge pillow  
   - Moderate exercise may improve symptoms in people with GERD  
   - Breathing exercise may relieve GERD symptoms  
   - Avoid smoking and alcohol  

2. Medications :  
   - Proton pump inhibitors  
   - H₂ receptor blockers  
   - Antacids  

3. Surgery:  
   - Nissen fundoplication  
   - Esophagogastric dissociation  
   - Transoral incisionless fundoplication
DISCUSSION

Amlapitta is a broad spectrum disease entity which comprises most of the G.I disorders. In modern science it has been observed that some research scholars compared Amlapitta with Gastritis, some compared it with Acid-Peptic Disorders, other fellows compared it with Hyperacidity.16 But no one has compared with Gastroesophageal Reflux Disease(GERD). Though Gastroesophageal reflux disease has the symptoms like heart burn, abdominal pain, sour belching, refluxes of food taken, nausea, loss of appetite etc which can be correlate with Amlapitta. So one attention is given to compare Amlapitta with GERD in modern science.

CONCLUSION

As review has been taken through classical Ayurvedic Text. Different Samhitas, as well as modern aspects, We know that “the prevention is better than cure”, so everybody should obey the rules of intake of food and behaviour for avoid the Amlapitta or GERD. Mainly excess salty, sours, spicy, pungent food should be avoided as well GIT [gastrointestinal tract]. Jatharangi should be maintained naturally as season, prakruti etc as prescribed by text. Excess of irregular intake of food, alcohol as well as NSAID, steroids, night jobs schedule, angry nature, irritate bowl nature and suppression of natural urges are most commonest causative factor of Amlapitta or GERD. Practically GERD and Amlapitta both are most resemble diagnosis.

Acknowledgements- Nil
Conflict of Interest – None
Source of Finance & Support - Nil

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How to cite this article: Rout D, Panda PK, Nayak U, Biswal AK“A Conceptual Review Of Amlapitta W.S.R To Gastro-Esophageal Reflux Disease” IRJAY,[online]2022;5(6):139-144. Available from: https://irjay.com
DOI link- https://doi.org/10.47223/IRJAY.2022.5621
Table 1 Shows involvement of Dosha, Acharya Kashyapa and Madhav both have divided Amlapitta as:

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<th>Kashyapa</th>
<th>Madhava</th>
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<tr>
<td>1. Vatika Amlapitta</td>
<td>1. Sanila Amlapitta</td>
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<td>2. Paittika Amlapitta</td>
<td>2. Sanila Kapha Amlapitta</td>
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<td>4. Sleshmapitta Amlapitta</td>
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