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Ayurveda

A CONCEPTUAL REVIEW OF AMLAPITTA W.S.R TO GASTRO-ESOPHAGEAL REFLUX DISEASE

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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

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

NIDANA

The etiological factors of Amlapitta can be broadly classified as Aharaja, Viharaja, Manasika and Aagantuja Hetus. The brief explaination 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 Ahara Vidhi Visheshayatana 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. Accoding 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] DESHAPRABHAVA:

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 oxyntic cell population. In Ayurveda Pitta prakruti persons are also more susceptible for the process of aggravation of the diseases.

TRAUMA:0

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 dam0age 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 stagnanted itself in the stomach and under goes fermentation (shukta paka). Any food, which is taken, becomes Vidagdha.

Table 1

The symptoms of Amlapitta according to Acharya Madhav Nidana are- - Avipaka - Klama - Hriddaha - Amlodgara - Tiktodgara - Utklesha - Aruchi - Kantadaha -Gaurava Acharya Kashyapa added extra symptoms like Vibheda, Aantrakunjana, Udaradhamana and Hridshula etc. Upashaya – anupashaya7 When a patient comes with the complaints Amlodgara, Udaradaha, Trushna etc., symptoms it is difficult to diagnaose weather it is Amlapitta or Vidagdhajirna. At that time Sunthi Churna can be administer%red as Upasaya for Vidagdhajirna and Anupashaya for the Amlapitta.

VATIKA : Snigdhopasaya drugs or Sransana drugs should be used to eliminate the doshas.

PATHYAPATH0YA

(A) Pathya: Ahara :
(1) Annavarga : Godhuma, Yava, Puranasali, Mudgayus
(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 :

(1) Ahara : Guru, Vidahi, Viruddha, Amla, Lavana, Katubhojana, Kulattha, Rasona, Udada, Navanna, Tila, fermentable foods like bread(diets rich in acidic food).
(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:

11 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 pain0

Coughing
GERD sometimes causes injury to the oesophagus. These injuries may include one or more of the following; -

REFLUX OESOPHAGITIS-0
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 intenstinal columnar epithelium) of the distal esophagus.

ESOPHAGEALADENOCARCINOMA
CAUSES:
Acid reflux is due to poor closure of the lower sphincter, which is at the junction between the stomach aand the esophagus. Fators 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, which can neutralize gastric acid

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.

ESOPHAGOGASTRODUODENOSCOPY(EGD)
Esophageal pH monitoring – 24 hour pH monitoring is indicated if the the diagnosis is unclear poor surgical intervention is under consideration.The current Gold standard for diagnosis of GERD is esophag0eal 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 0
The treatment for GERD may include:

FOOD CHOICES & LIFESTYLE CHANGES
- Reduced sugar intake and increased fiber intake
- Aviod 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 pillow0
- Moderate exercise may improve symptoms in people with GERD
- Breathing exercise may relieve GERD symptoms
- Avoid smoking and alcohol

MEDICATIONS :
- Proton pump inhibitors
- H2 receptor blockers
- Antacids

SURGERY:
- Nissen fundoplication
- Esophagogastric dissociation
- Transoral incisionaless 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. 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.

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