

An Approach to the Diagnostic Study on Annavaaha Srotodusti in Urdwaga Amlapitta WSR to Oesophagogastrroduoscopic Changes

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ABSTRACT

Modern era's changing lifestyle along with changing food culture and depending upon one's body constitution *Amlapitta* is one of the most common diseases seen in the society. Most of the gastrointestinal disorder are owing to results from abnormal functioning of Agni, faulty dietary habits like excessive intake of pungent, spicy food, irregular meals pattern and habits like smoking, alcohol, psychological stress. It is very troublesome disease and it can give rise to many serious problems if it is not treated in correct time. *Amlapitta* is composed of two-word *Amla* and *Pitta*. Acharya Sushruta has mentioned the *Prakrita Rasa* of *Pitta* is *Katu* and *Vikritarasa* or *Vidagdha Rasa* of *Pitta* is *Amla*. Hence when the *vidagdhata* of *pitta* increases the disease *Amlapitta* manifest. *Amlapitta* is one of the *Annavaahasrotas vyadhi* caused by the vitiation of *Tridoshas* when any of the dosha causing *Mandagni* leads to *Vidagdhajeerna* manifesting as *Amlapitta*. Here, in this study, examination of upper GIT by means of an endoscope for the purpose of diagnosis of *Urdwaga Amlapitta* is done. Patients having the classical symptoms of *Urdwaga Amlapitta* such as *Hritkantha daha*, *Avipaka*, *Klama*, *Amlaudgara* etc are suggested for OGD(Oesophagogastrroduenscopy).

KEYWORDS: *Amlapitta*, *Annavaahasrotas*, *Gastro Intestinal Disorders*, *Oesophagogastrroduenscopy*

INTRODUCTION

Amlapitta is one of the commonest *Annavaaha Srotasvyadhi*, caused by vitiation of three *Doshas*, specifically *Pachakapitta*, *Samanavata*, *Kledakakapha*. When excessive intake of *Virudha*, *Dusta*, *Amla*, *Vidhahi*, *Pittaprakopa ahar*, *Jatharagni* causing *Mandagni* leads to *Vidagdhajeerna* manifesting as *Amlapitta* in *Amashaya*, with the *lakshanas* as *avipaka*, *klama*, *uthklesha*, *amlaudgara*, *daha*, *aruchi*¹ etc.

The *Annavaaha srotas* is the one that bears a direct impact of all the dietetic errors that a person indulges². Most of the gastrointestinal disorders are owing to results from abnormal functioning of *agni*, faulty diets like, pungent, spicy food, irregular meals pattern, habits like smoking, alcohol consumption, and psychological stress³.

Now with the advancement of technology, OGD (oesophagogastrroduenscopy) is a ubiquitous first line tool to investigate upper GI symptoms in most countries worldwide. OGD is done to visualize the internal structural changes in GI tract.

The present study aims in observing the changes in endoscopy of diagnosed cases of *Urdwaga Amlapitta*. These observations will further help in therapy and to prevent the further progression of the pathology. Earlier the investigation of upper gastrointestinal symptoms was based on plain radiography and contrast studies.

MATERIALS AND METHODS:

SOURCE OF DATA:

In this study 40 subjects were selected from OPD and IPD of Sri Jayachamarajendra Government Ayurveda

How to cite this paper: Dr Dr. Apekshya KC | Dr. Kiran Kumar S S | Dr. A S Patil "An Approach to the Diagnostic Study on Annavaaha Srotodusti in Urdwaga Amlapitta WSR to Oesophagogastrroduoscopic Changes" Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-8 | Issue-1, February 2024, pp.142-145, URL: www.ijtsrd.com/papers/ijtsrd61336.pdf



IJTSRD61336

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and Unani Hospital Bengaluru, presenting with classical features of *Amlapitta*.

METHOD OF DATA COLLECTION:

Minimum of 40 Subjects suffering with *Urdwaga Amlapitta* were selected for the study randomly, irrespective of their sex, religion, educational background, and economical status.

A special proforma was prepared which includes detailed history taking, physical examination, signs and symptoms as mentioned in our classics.

Study Design: It was a retrospective type of study in subjects with *Urdwaga Amlapitta*.

The study was done using a structured questionnaire.

DIAGNOSTIC CRITERIA:

Subjective Criteria:

Diagnosis was made on the basis of classical *lakshanas* of *urdwaga amlapitta*

- *Avipaka*
- *Klama*
- *Uthklesha*
- *Tiktamlaudgara*
- *Hritkantha daha*
- *Aruchi*
- *Gaurava*

Objective Criteria:

Patients OGD findings were incorporated.

Inclusion criteria:

- Patients with the age between 18 to 60 years of age.
- Patients having classical symptoms of *Amlapitta*.
- Patients who are fit for the OGD.

Exclusion criteria:

- Pregnant women.
- Patients suffering with systemic disorder which interfere the study.

Duration of study:

Since it was a survey study, the subjects were kept under observation till the evaluation were done.

Investigations:

- OESOPHAGOGASTRODUODENOSCOPY
- Any Other investigations if required

Results:

In this study, 40 subjects were recruited and 40 of the subjects completed the study. The results obtained on the basis of subjective diagnostic criteria are described as follows;

In the present study of 40 subjects, for *avipaka*, 35% of the subjects have moderate symptom, 28% of the subjects have severe symptom, and 37% of the subjects have mild symptom.

In the present study of 40 subjects, for *klama*, 28% of the subjects have moderate symptom, 5% of the subjects have severe symptom, 62% of the subjects have no symptom and 5% of the patients have mild symptom.

In the present study of 40 subjects, for *utklesha*, 20% of the subjects have moderate symptom, 5% have severe symptom, 47% have no symptom and 38% have mild symptom.

In the present study of 40 subjects, for *amla udgara*, 15% have moderate symptom, 8% have severe symptom, 55% have no symptom and 22% have mild symptom.

In the present study of 40 subjects, for *Hritkantha daha*, 45% of the subjects have moderate symptom, 15% of the subjects have severe symptom, and 40% of the subjects have mild symptom.

In the present study of 40 subjects, for *aruchi*, 40% of the subjects have moderate symptom, 10% of the subjects have severe symptom, 20% of the subjects have no symptom and 30% of the subjects have mild symptom.

In the present study of 40 subjects for *gaurava*, 7% of the subjects have moderate symptom, 22% of the subjects have no symptom and 7% of the subjects have mild symptom.

Based on the observation of present study the OGD impression as, objective criteria of 40 subjects, 9 subjects had Antral Gastritis, 7 subjects impression were normal, 4 subjects had Esophagitis Grade A Erosive Gastritis, 1 had Gastric Erosion with H.Pylori Infection, 6 had Gastric Erosion, 3 had Esophageal Varices with PHG, 2 had Esophagitis Grade A with Gastro Duodenitis, 1 subjects had Esophagitis Grade B, 1 subjects had Esophagitis Grade B with H.Pylori Infection, 1 subjects had Duodenal Erosion, 1 subjects had Esophagitis Grade A, 1 subjects had Esophagitis Grade B with Duodenitis, 1 had Esophagitis Grade B with Hiatus Hernia, 1 had Esophagitis with PHG, 1 subjects had Antro Duodenal Erosion, and 1 subjects had Antral Gastritis with Duodenitis.

In the present study, the involvement of fundus, body and antrum of the stomach were seen in more than 50% of the subjects. The most common finding were Antral Gastritis, Erosive gastritis and gastro duodenitis. Involvement of the Esophagus were seen in 38% of subjects. The common finding was Esophagitis i.e; 35%. Esophagitis with different grading (Grade A, Grade B). Involvement of Duodenum were noted in 15% of the subjects. The third common finding was Duodenitis and few patients showed erosion in the duodenum.

Discussion:

Amlapitta is the *Pitta Pradhana Tridosaja, Agnimandyajanya vyadhi*⁴. The disease takes a longer time to cure hence it may be considered as *Chirakari*. If the symptoms subside due to *Jihvalaulya* (greedy) again if the individual involves the *viruddha, vidahi, dusta bhojana, ati sevana* of *katu* and *lavana* rasa, the disease manifested⁷. In the present study, due to *Nidana* sevana such as *Viruddha, vidahi & dusta bhojana, ati sevana of amla rasa, katu rasa* and *Manasika bhava* leading to vitiation of *Annavaha Srotas* and causes *agnimandhya & agnimandhya* causes *ajirna*⁸. Due to *ajirna, annavisha* is produced and thus vitiates the *Pitta Dosh*. At this phase even though the person takes proper quantity of *ahara* it becomes *vidagdha*, due to increase in *amlaguna* and *dravaguna* of *pitta* leads to *Urdwaga Amlapitta*⁹. The *annavaha srotas* is the one that bears a direct impact of all the dietetic errors that a person indulges. Improperly chewed or hurriedly gulped rough and hard portions of food are not properly digested. Many a times the simple *agnimandya* leads to *vidagdhajirna* in the initial stages and if it is neglected, leads to manifestation of *Avipaka, Tiktamlodgara, Hritkantha daha, Utklesha*. Due to the *nidana sevana*, there is *annavaha sroto dusti*¹⁰. In the present study, *Hritkantha daha, Avipaka, Klama, Utklesha, Aruchi, Amlaudgara, Gaurava* was taken as the subjective parameters. And when OGD is done, the structural changes were seen due to erosions, inflammation, and mucosal breaks, in the mucosa, submucosa, muscularis, and adventitia layer of oesophagus wall, and mucosa, submucosa, muscularis externa, and the serosal layer of stomach and mucosa, submucosa, muscularis, and serosa layers of Duodenum.

Conclusion:

In *Amlapitta*, the *Pitta* gets vitiated by one or all *Guna*, causing various pathophysiological conditions of *Annavaha Srotas*. The study was done to see the structural changes in OGD of diagnosed cases of *Urdwaga Amlapitta*, which may be helpful for further specific treatment. In the present study, maximum number of subjects showed the structural changes in GI tract i.e features of *Antral Gastritis, Gastric Erosions, Esophagitis, Duodenitis* with all the *pratyatma lakshanas* of *Urdwaga Amlapitta*. The OGD findings showed the structural changes as inflammation, erosions, mucosal breaks in the diagnosed cases of *Urdwaga Amlapitta*. Since the sample size was small, further studies can be done with the larger sample size which may be effective for the better and specific treatment to be done.

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