

LITERARY REVIEW OF AMLAPITTA MANSADHATUGAT AVASTHA WSR TO PEPTIC ULCER

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ABSTRACT

Ayurveda is one of the most traditional healing systems in India. “To maintain the health and to cure diseased one” is the main aim of Ayurveda. Human beings are prone to diseases due to change in dietary habits, busy lifestyle, *dincharya*, *ritucharya* etc. A lots of various diseases have been described in the context of *Annavaha Srotas* but the disease predominantly disturbing are *Amlapitta*. This paper enlightening the *dhatugat avastha* of *amlapitta* specially *mansadhatugat avastha*. When *amlapitta* gets chronic and severe and afflicts (gets seated and rooted in) tissues like muscle of stomach and small intestine, Manifestation of *mansa dhatugat avastha* of *amlapitta* correlate with peptic ulcer. It is a type of acid gastritis in which ulceration occurs in the wall of stomach which is due to excessive amount of HCL. Based on the clinical features, such manifestations can be compared with *amlapitta*. As the disease occurs mostly in *Madhyama vayas* (16-70 yrs of age) and if this age is affected,

longevity also be affected These diseases are preventable and, if not addressed at the right time, may burden the scenario hampering the quality of life of the individuals. Epidemiological study of 30,216 patients inferred 7.8% prevalence of peptic ulcer in India, while prevalence of gastroesophageal reflux is reported to be around 28% in South West India. Repeated gastric ulcers, perforation, or hemorrhage can cause intestinal fibrosis or cancer which can lead to death. Peculiarities of this disease are, increased prevalence, vast field of manifestation of symptoms, requires prolonged dietetic control, if not treated in proper time attaining *Dhatugataavstha*, it may create major problems, relapses are very common Peptic ulcer is one of them.

KEYWORDS: *Amlapitta, Dhatugatavastha*, peptic ulcer, Modern lifestyle.

INTRODUCTION

The first and foremost task in Ayurveda is disease management and proper understanding of diseases with its description of etiopathogenesis. And its stages (*Vyadhiavastha*). In recent years there has been an unprecedented increase of incidences related to GI system due to change in lifestyle. The improper living style and faulty diet habits generates the imbalance of the body elements *Vata*, *Pitta* and *Kapha* and thus various disorders may occurs. Due to this change of lifestyle, many people are suffering from dyspepsia, hyperacidity; Gastric disorders are mainly caused by dietetic pattern, mental stress and strain which is related to our digestion.

Aacharya Charaka and *Kashyapa* have Clearly indicated that the *Grahani Dosha* and *Amlapitta* occur in the persons who could not check their temptation for food. The *Nidana sevana* create *Mandagni* and due to *mandagni*, *ajirna* is developed and it causes *amavisha* production.^[1] This *amavisha* mixes with *pittadi doshas* and gets lodged in *amashaya* and then it produces the *amlapitta* diseases.

Amlapitta is closely related with hyperacidity in modern science and in chronic stage it may lead to ulceration condition.

In India, hyperacidity is a common clinical problem that may be seen in 25% to 40% of adults. Only 10% of patients with upper gastrointestinal symptoms are found to have a gastric or duodenal ulcer. Up to 60% of patients have no definitive diagnosis and are classified as having functional dyspepsia, a condition probably related to visceral hypersensitivity. Furthermore, when ulcers are present, they may be asymptomatic, especially in patients NSAIDS.

भैषज्यमवस्थायी पथ्यमप्यवचारितम् ।

गुणं न किञ्चित् कुरुते दोषायैव तु कल्पते ।

प्रयुक्तं तदवस्थायाम् अमृतत्वाय कल्पते । का.सं.खि. २/८

According *Kashyapacharya*, as per above reference, it is said that medicine given without understanding the *avastha* of disease proves ineffective and rather it causes *dosha prakopa*

and if the *avastha* is properly identified then treatment given proves most beneficial. Thus understanding the *avastha* of disease is very important.

These types of *vyadhi avasthas* are mainly classified into groups as follows: First one is the condition which occurs due to aggravation of *doshas* includes *shatakriyakala*, *doshapaka*, etc. Second one is the condition are due to vitiation of *dushya (dhatus)* by aggravated *doshas* which includes the conditions like *dhatupaka*, *dhatugataavastha*, *uttan-gambhir avastha*, etc.

Also in modern science frequent indigestion or hyperacidity causes gastric irritation i.e. gastritis and which causes gastric ulcer. Patients may also present with complications of ulcer, hemorrhage, perforation and gastric outlet obstruction. All these are different stages of *Amlapitta* disease (*vyadhiavastha*).

When the basic *dosha-dushya sammurchhana* of *vyadhi* spreads up in further *dhatus* it is called “*dhatugataavastha*”. In *Samhita* there are only four diseases found having clearly mentioned this type of *dhatugataavastha* namely *Jwara*, *Kustha*, *Vatavyadhi* and *Masurika*. But apart from this there are other diseases also which have this type of *dhatugataavastha*, which is not clearly mentioned in *Samhita* but we can observe in our day to day practice.^[2]

Also it was noticed that symptoms or diseases like *Pandu* (Anemia), *Sandhishoola* (Joint pain), *Parinam shoola* (duodenal ulcer), *Jwara* (Fever), *Bhrama* (Vertigo) etc. seen in patients having known history of *amlapitta*. The treatment of condition without considering *amlapitta* doesn't give complete and proper relief.

Study of the *dhatugataavastha* will be helpful for predicting prognosis i.e. *Sadhyasadhyatva* of diseases, because when disease progresses in next *dhatu* it becomes *asadhya* (Incurable). Also by up stepping the condition of *amlapitta vyadhi* upto its *dhatugataavastha* there is need to evaluate the treatment regimen, because in each condition treatment differs. Also symptomatic treatment did not get relief.

AIMS AND OBJECTIVES

1. To study the *Amlapitta Vyadhi*.
2. To study the classical *Dhatugataavastha*.
3. To study the *Dhatugataavastha of Amlapitta*.
4. To study the peptic ulcer.

MATERIAL AND METHOD

Different Ayurvedic classical books, paper, Thesis and Journals were referred to understand *Amlapitta*, *dhatugatavastha* and Peptic ulcer.

METHOD

The literary method of research adopted for the present study. Critical study of Ayurvedic as well as modern literature pertaining to the subject is carried out to come to logical result and conclusion.

DISCUSSION

Doshas vitiated due to same *Nidan* can produce different diseases as per their lodging w.s.r. to *Ashaya* and *Dushya*. Though *Amlapitta* is simple disease but treatment given in same condition does not give relief. This shows another view to think over.

Amlapitta Samprapti

According to *Acharya Kashyapa*, the *nidanasevana* causes *doshaprakopa* especially *Pitta Dosh*. This eventually creates *mandagni* due to which ingested food become *vidagdha* form and attains (*Shuktibhava*). This *vidagdha* and *shuktibhava* of food creates *amlata* in *amashaya*. This condition is called *amlapitta*. In case of chronicity of *amlapitta* it may get *Kashtasadhya*, and produces *amashaya kshobha* due to the *amashya kshobha amshya dushti* happened. (k.s.16/10).

Samprapti Ghatakas^[3]

Dosha: Tridosha (mainly Pitta)

- *Dushya: Rasa, Rakta*
- *Srotasa: Annavaha*
- *Agni: Jatharagni*
- *Ama: Jatharagnimandhyajanya*
- *Udbhavasthana: Amashaya*
- *Adhisthana: Adhoamashaya*
- *Sanchara: Annavaha*
- *Swabhava: Chirkari*
- *Pradhanta: Pitta Doshapradhana*

Definition of *Dhatugatavastha*

1. Each and every *dosha* resides by the shelter of any of *dhatu*. But vitiated *doshas* moves in different places and leads to virtue of that particular *dhatu*, this condition is known as *Dhatugatavastha*.
2. When the basic *Doshas* – *Dushya sammurchhana* of *vyadhi* spreads up in further *dhatu*s, it is called *dhatugatavastha*.^[4]

If *doshas* are following *dhatugatavastha* then there should be difference in its treatment. *dhatugata doshas* are most *tiryagagata*. *Doshas* might be *sam* or *nirama*, that's why we must think on the line of *samadosha* and *tiryagagata doshas* management. They are chronic in nature so *pachana* – *shamana* should be done by observing the state of *Dosha* – *agnibala* etc. otherwise *doshas* should be brought into *koshtha* and thereafter, they should be eliminated out of the body.

Acharya Vagbhata has described the *dhatugatatva* of *pitta dosha*.^[5]

पित्तं त्वचि स्थितं कुर्याद्विस्फोटकमसूरिकाः ।

रक्ते विसर्प दाहं च मांसे मांस्पाककोथनम् ।

सदाहान्मेदसि ब्रन्थीन् स्वेदात्युद्धमनं तृषम् ।

अस्थिना दाहं भृशं मज्जि हरिद्रनखनेत्रताम् ।

पूतिपीतावभासं च शुक्रं शुक्रसमाश्रितम् । अ.सं.सु. 19/20

In *Dhatugataavastha* *Dosha* disturbs to *Sthayi Dhatu* along with *Poshaka Dhatu* generally, it leads to *kshaya* conditions of that *Dhatu*. At such place treatment should be based on the particular *Dhatu*. In *Raktagata Jwara*, there is symptom of *Raktasthivanam* in such condition drug used for treatment should have *Rakta pittahara* properly so in this condition one may should use *vasa* and *pravala*.^[6]

In the *samhitas* *Dhatugata* stage of four diseases have been described namely.

1. *Jwara*^[7]
2. *Vatavyadhi*^[9]
- 3) *Kustha*^[8]
- 4) *Musurika*.^[10]

These diseases are representative of *Dhatugatatva Pittaj*, *Kaphaj*, *Vataj* and *Raktaj* disease respectively.

Excess *pitta* or acidic secretions damage the mucous layers of duodenum and stomach.

In Ayurvedic classical text there are mentioned many organ are made up of *mansa dhatu* including *Amashaya*, *Grahani*. According to Ashtang Sangraha When pitta attain the *Mansa dhatugat avastha Mansapak*, *Kotha* are seen.

Peptic ulcer

According to modern science the stomach has thick mucous membrane that which protects the stomach from all digestive juices. The stomach is thick as it is constantly in touch with with harsh acidic juices. If due to any reason the mucous membrane becomes thin making tissues/cells which lines the stomach be exposed to these acidic juices will leads to peptic ulcers over time.

Peptic ulcers are broad term that includes ulcers of digestive tract in the stomach or duodenum. The formation of peptic ulcers depends on the presence of acid and peptic activity in gastric juice plus breakdown in mucosal defenses. The peptic ulcers are erosion of lining of stomach or the duodenum.^[11]

Types of peptic ulcer are

Gastric ulcer

Duodenal ulcer

The name refers to the site of ulceration. A person may have both gastric and duodenal ulcers at the same time.

Gastric ulcers

are located in the stomach, characterized by pain; ulcers are common in older age group. Eating may increase pain rather than relieve pain. Other symptoms may include nausea, vomiting, and weight loss. Although patients with gastric ulcers have normal or diminished acid production, yet ulcers may occur even in complete absence of acid.^[12]

Duodenal Ulcers

are found at the beginning of small intestine and are characterized by severe pain with burning sensation in upper abdomen that awakens patients from sleep. Generally, pain occurs when the stomach is empty and relieves after eating. A duodenal ulcer is more common in younger individuals and predominantly affects males. In the duodenum, ulcers may appear on both the anterior and posterior walls.^[13]

In some cases, peptic ulcer can be life threatening with symptoms like bloody stool, severe abdominal pain, and cramps along with vomiting blood.

The pathophysiology of peptic ulcer disease involves an imbalance between offensive (acid, pepsin, and *Helicobacter pylori*) and defensive factors (mucin, prostaglandin, bicarbonate, nitric oxide, and growth factors).^[14] Peptic ulcers are once believed to be caused by spicy food and stress; these have been found merely to be aggravating factors and the real causes have been found by research to include bacterial infection (*Helicobacter pylori*) or reaction to various medications, particularly NSAIDS (nonsteroidal anti-inflammatory drugs).^[15]



Gastric ulcer



Duodenal ulcer

CONCLUSION

The above paper focused on the *Amlapitta mansa dhatugatavstha* which is not mentioned clearly in any of classical texts, also highlights the importance of *vyadiavstha* specially *mansa dhatugat avastha* of *amlapittas* w.s.r. peptic ulcer. Apart from being very useful in study of *Nidan* and *Sadhyasadyatva*, the study of *dhatugat avastha* is more important from treatment point of view.

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