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Kashyapa's View on Amlapitta and Its Relevance in the Present Era – A Review



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ABSTRACT

Background and objective: The fundamental principles in *Ayurveda* give utmost importance to *Agni, Ahara* (food), *Vihara* (lifestyle), and *Prakriti* for the maintenance of health. In this present era, due to unrightful dietary habits, stressful lifestyle, and excess hurry, worry, and curvy GIT disorders became more common. These are not only affecting one's physical health but also psychological and social health. *Amlapitta* can be considered one of that, which is a burning problem of the whole world. The management of *Amlapitta* is somewhat difficult and patients are looking towards *Ayurveda* to get rid of this condition. In *Amlapitta*, there is an aggravated state of *doshas* hence *shodhana chikitsa* (purificatory therapy) is need to be administered. **Materials and Methods:** The Ayurvedic text referred for this study was *Kashyapa Samhita* along with these modern texts and some research papers were referred and discussed based on the understanding of *Ayurveda* and modern concepts. **Results:** Hence treatment protocol mentioned by *acharch Kashyapa* i.e., *shodhana* by *Vamana* and *virechana* followed by *shamana chikitsa* can be considered more beneficial. **Conclusion:** So, in this paper, *Amlapitta* disease is reviewed in detail according to *Acharya Kashyapa's* view with correlated to the modern view.



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1. INTRODUCTION

Amlapitta is the most frequently reported *Annavaha srotas vikara* (digestive disorder) and one of society's most common lifestyle disorders. It affects people of all ages, social classes, and communities. Its prevalence is rising as a result of not adhering to the *dinacharya*, *Rutucharya*, *Ratricharya*, and *sadvritta* regimens, as well as the consumption of *Apathya* (unwholesome food) and *Viruddha ahara*, which upset *Trayo-upasthambas* i.e. *Ahara*, *Nidra*, and *Bhramhacharya* (contradictory food articles). Humanity's lifestyle has changed dramatically as a result of urbanisation and industrialization. To deal with this modern lifestyle, people have begun to eat junk food and work long hours as a result of hectic work schedules.

In modern science, it has been correlated with hyperacidity or GERD. The prevalence of GERD in India ranges from 7.6% to 30%¹. Heartburn, a sour taste in the mouth, sour eructation, restlessness, particularly at night, and headache are symptoms of this condition. PPIs and H₂ receptor antagonist medicines can only provide symptomatic relief in such cases. Long-term use of these medications can show number of adverse effects which may affect the quality of life of patients.

Acharya Madhavakara and *Kashyapa* have described *Amlapitta* as a separate entity with a detailed explanation. We can also find several references to *Amlapitta* in different contexts of *Bruhatrayees* and other Ayurveda classical textbooks. However, *Kashyapa Samhita* is the first available text describing *Amlapitta* as a separate disease and explained in detail its causes, pathophysiology, clinical features, and treatment. *Acharya Kashyapa* has explained the types of *Amlapitta* based *doshas*, with their particular symptoms. He also mentioned the importance of *vamana* and *virechana* in its management.

2. Nidana (Aetiological Factors)

Amlapitta is a commonly seen disease in all age groups including children because of the inappropriate practice of diet and lifestyle. Causes being intake of *viruddha ahara* (contradictory food articles), eating before the digestion of previous food or in presence of indigestion (*Ama*), excess use of horse gram (*Kulatta*), black gram, improperly fermented wine, uncooked milk, *Guru*, and *Abhishyandi ahara* (heavy and moisture-producing foods), products of sugarcane, excessive intake of *ushna* (hot potency), *ruksha* (dry), *Amla* (sour),

Drava(liquid) diet, drinking excess water during a meal, taking bath and swimming after intake of food, *Vegadharana*(Controlling natural urges) etc².

3. *Samprapti* (Pathophysiology)

If a person engages in the aforesaid activities on a regular basis, the *Vata dosha* (*samana vata*) will get vitiated. The *samana vata* is responsible for balancing the *jatharagni* and the *Pachaka pitta*. Its vitiation causes *agnimandya*, which results in improper digestion of food and the development of *ama*. The person because of greediness if he takes the food in presence of *ama*, leads to further *vidagdhata* of *ahara*, *ama* formation, and later conversion into *shukti*(decomposed and acidified)³.

In light of modern science, we may explain this by stating that the proton pump is the media for gastric acid secretion in the stomach. In the presence of protein, the proton pump is activated. The protein present in improperly digested food acts as a stimulant for the proton pump until it is present in the stomach undigested. This results in the excess secretion of gastric acid. In this acid medium food gets *vidagdhata* (burnt up/improperly digested) called *ama*, which later gets converted into *shukta* (acidic form). In this condition if the person continues eating, the cycle continues, there will be improper digestion of food, the formation of *ama* and *shukta*. This adds to the gastric volume which sometimes may result in delayed or impaired gastric motility and symptoms like nausea, vomiting, and regurgitations.

4. *Lakshana* (Symptoms)

Vidbheda (diarrhea), *gurukoshtatwa* (heaviness in the abdomen), *amlotklesha* (acid reflex), *shiroruja* (headache), *hritshoola* (pain in the chest region), *Udara adhmata* (Distension of abdomen), *angasada* (feeling of weakness), *antrakujana* (borborygmi), *kanta urah vidaha* (burning sensation in chest and throat) and *romaharsha* (horripilation)⁴.

5. Types of *Amlapitta* and their *Upashaya*

According to *acharyaKashyapa*, *Amlapitta* is divided into three types, *vataja*, *pittaja*, and *kaphaja*. *Vataja* type has symptoms predominantly *shula*(Pain), *angasada*(malaise), and *jrumba*(Yawning) which subsides by *Snigdha aharopashaya* (Unctuous substances). *Pitta* type has predominant symptoms like *bhrama* (giddiness) and *vidaha* (Burning sensation). *Sheeta* and *MadhuraAharopashaya* (Cold and sweet things) are suitable in this condition.

Kaphaja type has predominant symptoms like *gurutwa*(Heaviness) and *chardi* (vomiting), *upashaya* with *ruksha* and *ushna* (dry and hot) substances should be done⁵.

6. Chikitsa (Treatment)

When we look into the treatment principles described by *kashyapa* for *Amlapitta*, he recommends if a person is having good strength (*Balawan*) then *Moolachhedana* should be done by *Vamana*(induced vomiting), as the *Amlapitta* originates from *Amashaya* (Stomach) and there will be the involvement of *Kapha* and *Pitta doshas*⁶. *Vamana* should be carried out with either lukewarm saltwater, lukewarm milk, sugar cane juice, water mixed with honey, or *kashayas* of *tikta* (bitter) drugs like *Nimba* (*Azadirachta indica*)⁷. This type of *vamana* can be considered as *sadyovamana* which is advised in case of *ajeerna* (indigestion) and *amadasha* (*ama* converted into *shukta*). If *ama* has reached *pakwashaya* (intestine) then *virechana* (purgation) is given followed by *vamana*⁸. For *virechana* *Kashyapa* has advised two *yogas*(a combination of medicines). A combination of *Triphala*, *Trayamana*, *Katuki*, *Rohini*, and *Trivrutta* half *pala* or alone *Trivrut* half *pala* is to be given⁹.

When the *Ama* is removed the person should be given *deepana aushadhas* in 3 *karsha pramana* with water. *Acharya Kashyapa* advises 3 compound drug preparations for this purpose. One is *Nagara*, *Ativisha* with *musta*, second one is *Nagara*, *Ativisha* and *Abhaya* and the third one is *Trayamana*, *Patola* and *Katukarohini*¹⁰. All these drugs act as *deepaka*, *pachaka*, and *pittashamaka*, these should be continued until the symptoms of *Amlapitta* disappears and the person develops good *Agni* (digestion power).

7. Modification in lifestyle

After getting cured by *Amlapitta* person should take *pathya*(diet) and *satmyaahara* like *Purana shali*(old rice), *Mudga*(green gram), *Masura*(lentils), *gavya sarpi*(cow's ghee), *paya*(Milk), *Jangala mamsa rasa*(meat soup of animal/birds of dry area), flowers of *Vasa* and *Vastuka*. All other bitter and light vegetables are considered *pathya* and do not cause a burning sensation. Among these which are *satmya*(habituated) has to be used. *Apathyas* like *Viruddha ahara*, eating repeatedly etc¹¹. Explained in *Amlapitta nidana* should be avoided. A person should also indulge in *vyayama*(Exercise) as per his capacity. *Amlapitta* is considered to be very common in *Anupa desha* so using drugs grown in *Jangala desha* are better. If with the above treatment and lifestyle modification *Amlapitta* will not subside then a change of place is advised¹².

8. Understanding of *Amlapitta* in contemporary science

When we try to understand the basic physiology of acid secretion in the stomach, we will come to know that gastrin, histamine, and acetylcholine are the key stimulants of acid secretion. Hydrogen and chloride ions are secreted from the apical membrane of gastric parental cells into the lumen of the stomach by hydrogen, potassium, and adenosine triphosphate (ATP), this is called a proton pump, the secretion of this starts with the entry of food in the stomach and the presence of protein. The hydrochloric acid sterilizes the upper GIT and converts the pepsinogen which is secreted by chief cells, to pepsin which is having a role in the digestion of protein. The glycoprotein intrinsic factor, secreted in parallel with acid is necessary for it. B12 absorption. Inhibition of the proton pump reduces this factor and also the absorption of Vit.B12.

Hyperacidity is increased secretion of Hydrochloric Acid (HCL), which is a part of the digestive process. When the body requires energy or when it is time for lunch or dinner the stomach will start the secretion of HCL which makes one feel hungry. In hyperacidity, we have increased secretion of HCL which not only causes irritation of the stomach's mucus membrane but also sets regurgitation in the oesophagus. This regurgitation is called GERD (Gastro Oesophageal Reflex Disease) and is characterized by heartburn, sour taste in the mouth, sour eructation, uneasiness, especially at night, and headache¹³.

GERD comes under the category of acid-related diseases, which affects the oesophagus, stomach, and duodenum. These conditions diminish the quality of life and increase the cost of care for the patient and eventually may progress to malignant conditions¹⁴. The prevalence of GERD in India ranges from 7.6% to 30%¹.

Treatment for hyperacidity and GERD includes lifestyle advice including weight loss, avoiding dietary items that cause worsening of symptoms, and elevation of the head in those who experience nocturnal symptoms. Patients who fail to respond to these measures should be offered PPIs (Proton pump inhibitors) which are usually effective in resolving symptoms and healing esophagitis. Recurrence of symptoms is common when therapy is stopped and some patients required lifelong treatment. When dysmotility features like vomiting are prominent then Domperidone can be helpful. Which helps in quick gastric emptying. Proprietary antacids and alginates can also provide symptomatic benefits. H2 receptor antagonist drugs also help symptomatic relief without healing esophagitis. Long-term PPI therapy is associated with reduced absorption of Iron, Vit B12, and magnesium and a small

but increased risk of osteoporosis and fractures. The drug also predisposes to enteric infections with long-term therapy¹⁵.

9. DISCUSSION

In contemporary science PPIs (Proton pump Inhibitors) are advised to treat hyperacidity and acid reflux disease. It has some adverse effects like impaired absorption of magnesium, iron, and vit. B12 leads to anemia and osteoporosis. Also, the person has to depend on long-term therapy. H2 antagonists (binds secretion of histamine) are having very short-term action. Both these therapies even after long-term use does not cure the condition maybe because of the fact that the undigested protein remaining in improperly digested food in the stomach stimulates the proton pumps when the action of the drug is reduced or stopped.

In GERD the presence of delayed gastric emptying with the symptoms like nausea, vomiting, and regurgitation may delay drug absorption. This has the potential to greatly impact the systemic absorption and concentration of the drug. Only prokinetic drug-like metoclopramide is advised in delayed gastric emptying. This drug improves the contractibility of gut muscles and movement of content through the GI system and regulates drug metabolism and absorption. If this drug is used for more than 12 weeks can cause a serious movement disorder called tardive dyskinesia (TD) it leads to uncontrolled muscle spasms, depression withdrawal, and neuroleptic malignant syndrome (NMS), this condition is irreversible and does not have any treatment at present. This drug blocks the dopamine receptors and increases muscle contraction¹⁶.

Sadyovamana and *virechana* advised by *kashyapa* as first line of treatment seem to be a very logical treatment for *Amlapitta*. *Sadyovamana* removes undigested and hyper acidic material from the stomach instantly. If diarrhea is present in *Amlapitta* that indicates the movement of *ama* to the lower GI tract. In this condition, *virechana* is advised to remove *ama* from the lower tract. These procedures cleanse the whole GI system. Then the correction of impaired functions of *samana vata* and remnants of *pitta* is removed by administering *tikta* (Bitter) and *deepanadrugs* (appetisers). *Tikta* drugs neutralize remnants of acids in the stomach and *deepanadrugs*(appetisers) increase *agni* (digestive fire) and normalises gastric secretions by correcting functions of *samana vata*i.e., by doing neurological stimulation of the digestive tract. Upashaya anupashaya line of treatment can be adopted in presence of particular symptoms related to that particular dosha. In vata dosha predominance unctuous diet with vatashamaka drugs will be beneficial like that in pitta sheetala drugs and in Kapha

predominance ruksha and using diet and drugs can be used. This management can be adopted when the manifestation is acute or for short period and not chronic, which can be cured with diet and drugs.

10. CONCLUSION

Amlapitta is badly affecting the quality of life of the patients and making it difficult to follow their dietary choices. Even disturbing the day-to-day activities. In *amlapitta*, *dosha* is in the *utklesha avasta* (aggravated state), in such a condition *shodhana* is the first line of treatment. Appropriate diet, mode of life and Exercise, free from greed, etc. are also advised. Hence treatment principles explained by the *kashyapa* can be practiced in the clinics, in an enhanced manner.

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