



AN DESCRIPTIVE STUDY TO EVALUTE CONCEPT OF DHATUGATAVSTHA W.R.S AMLAPITTA (ACID PEPTIC DISORDER)

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Abstract

For a long time infectious (communicable) diseases were the biggest killer diseases globally, but now the trend is changing towards increased prevalence of chronic diseases with causative factors mostly related to diet and lifestyle. Among them, *Amlapitta*, Gastrointestinal Tract (GIT) disorders has acquired a majority of the share with causative factors like improper diet and habits, stress, spicy irritant food, oily food, bakery products, etc. *Nidanaparivarjan* plays an important role in the treatment of all the diseases. If the *hetu sevan* continues, even after treatment the disease may progress which needs proper management. When the basic *Dosha-DushyaSammurchana* of *Vyadhi* spreads up in further Dhatus, it is called *Dhatugatavastha*. In Samhita, there are only four diseases found having clearly mentioned this type of *Dhatugatavastha* namely *Jwara*, *Kushtha*, *Vatavyadhi*, *Masurika*. But apart from these there are other diseases which also have this type of *Dhatugatavastha* which is not clearly mentioned in *Samhita* but we can observe in our day to day practice. Also it was noticed that symptoms or diseases like *Pandu* (Anaemia), *Sandhishool* (Joint Pain), *ParinaamShool* (Duodenal Ulcer), *Bhrama* (Vertigo), etc. seen in patients having known history of *Amlapitta*. The treatment of this condition without considering *Amlapitta* doesn't give complete and proper relief. In current study survey was conducted on 60 patients irrespective of sex, religion, etc. The patients having clinical symptoms of *Amlapitta* and it's *Dhatugatavastha*, from the OPD of Kaya Chikitsa, were selected. The patients was interviewed with the help of predesigned proforma followed by clinical examination and necessary investigation. . This study was included classical references along with practical observations of *Amlapitta Dhatugatavastha*.

Keywords - *Amlapitta*, *Dhatugatavastha*.

Introduction

In today's era prevalence of chronic diseases is increasing with causative factors mostly related to diet and lifestyle. Today's lifestyle is completely changed; most of the people are not perfect in their food habits. They have bad food habits like irregular intake of food, eating of fried foods, excessive use of chilies and spices

in food, etc. Dyspepsia, hyper acidity, gastric disorders are mainly caused by dietetic pattern, mental stress and strain which is related to our digestion. Prevalence may be seen in 25% to 30% of adults.

Nidana Parivarjan plays an important role in treatment of all diseases. If the *Hetu sevan* continues even after treatment the

disease may progress which needs proper management.

According to Kashyapacharya, it is said that medicine given without understanding the *Avastha* of the disease proves ineffective and rather it causes *DoshaPrakopa* and vis-avis if the *Avastha* is properly identified then the treatment given proves most beneficial. Thus understanding the *Avastha* of disease is very important. When the basic *Dosha-DushyaSammurchana* of *Vyadhi* spreads up in further *Dhatu*s, it is called *Dhatugatavastha*. In *Samhita*, there are only four diseases found having clearly mentioned this type of *Dhatugatavastha* namely *Jwara*, *Kushtha*, *Vatavyadhi*, *Masurika*. But apart from these there are other diseases which also have this type of *Dhatugatavastha* which is not clearly mentioned in *Samhita* but we can observe in our day to day practice. Also it was noticed that symptoms or diseases like *Pandu* (Anaemia), *Sandhishool* (Joint Pain), *ParinaamShool* (Duodenal Ulcer), *Bhrama* (Vertigo), etc. seen in patients having known history of *Amlapitta*. The treatment of this condition without considering *Amlapitta* doesn't give complete and proper relief. This study was included classical references along with practical observations in present context.

Research Question

1. Whether *Amlapitta* is having *Dhatugatavastha* ?

Aim – To determine appropriate treatment for *Amlapitta Vyadhi* by studying its *Dhatugatavastha*

Objective -

1. To compile and analysis of *Amlapitta Vyadhi* in scientific manner.
2. To study the classical *Dhatugatavastha*.

- 3.. To study the *Dhatugatavastha* of *Amlapitta*.

Material & Methods.1. Study Design -

- a) The survey study was conducted on 60 patients irrespective of sex, religion, et
- b) The patients having clinical symptoms of *Amlapitta*& its *Dhatugatavastha* from the OPD of Kayachikitsa was selected.
- c) The patients was interviewed with the help of predesigned proforma followed by clinical examination and necessary investigation.

2. Sample Size -Patients with *Amlapitta* and its *Dhatugatavastha* – 60

3. Inclusion Criteria -1.Patients with age group from 16 to 70 years.

2.OPD and IPD patients complaining or presenting signs and symptoms of *Amlapitta* such as Utklesh, Hruddah, Shiroruja, Chhardri, Avipaka, etc and its *Dhatugatavastha* was included in the study.

4. Exclusion Criteria -Patients below 16 years and above 70 years.,Garbhini and Sutika.

5. Assessment -

A. Gradation of *Amlapitta* -

It was taken according to the frequency of symptoms -- Avipaka, Utklesh, Hruddaha, Kanthadaha, Amlotiktodgar.

I - Once in 30 days II - Once in 15 day
III - Once in 8 days IV - Once in 4 day
V – Everyday

B. Confirmation of *Dhatugatavastha* of *Amlapitta* -*Dhatugatavastha* of *Amlapitta* was determined with the help of following points -



a. References of Jwara *Dhatugatavastha* (as Pitta*Dosha* is predominant in Jwara and *Amlapitta*). (maa. ina. jvar48/54)

c. Classical references of *Amlapitta* Upadrava (Kashyapa Samhita).

b. Srotodushti Lakshanas of related dhatus with Pitta Predominance.

S r	<i>Dhatugatavastha</i>	Symptoms and Diseases	A	B	C
1 .	RasagatAvastha	1. J w a r a (F e v e r) 2. Pandu (Anemia) 3. Utklesh (Nausea) 4. Chhardi (Vomiting)	((((((((((
2 .	RaktagatAvastha	1. Sarakta Chhardi (Hematomesi 2. Sarakta Nishthivana (Heamoptysi 3. Daha (Burning Sensation) 4. Mukhapaka (Mouth Ulcer) 5. Pidaka	(((((((((((((((
3 .	MansagatAvastha	1. Amashaya Vrana (Gastric Ulce 2. Parinaam Shool (Duodenal Ulcer) 3. Twaka Vikaar (Skin Disease)	(((((((((
4 .	MedogatAvastha	1. K a r s h y a (L e a n) 2. Daurgandha 3. Swedo-pravrutti (Excessive Swea	(((((((((
5 .	AsthigatAvastha	1. Sandhishool (Joint Pain) 2. Asthitod	((((((
6 .	MajjagatAvastha	1. B h r a m a (V e r t i g o) 2. Manovikruti (Mental Disorder)	((((((

7 .	Shukra / ArtavagatAvastha	1 . A t y a r t a v a 2 . D a h l i n g m			
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C.Lab Investigations -

- Routine Hematological Investigation - CBC
- Urine Examination - Routine & Microscopic
- Stool Examination - Routine & Microscopic
- Biochemical Examination - BSL, Lipid Profile, LFT, etc.
- OGDScopy(if necessary)

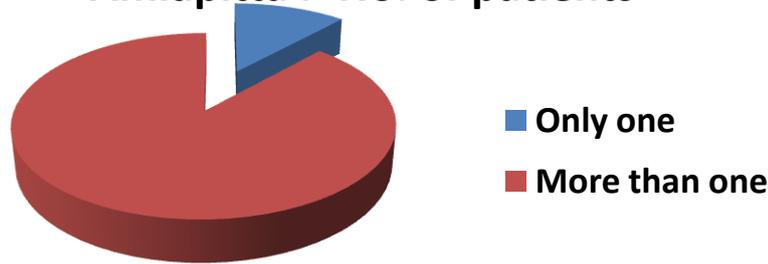
Observation:-

The study of Amlapitta and its Dhatugatavastha was studied in this survey and observation was noted

1) Dhatugatavastha of Amlapitta :-

No. of Dhatugatavastha	No. of patients	%
Only one	7	12
More than one	53	88
Total no. of patients	60	100

1) Dhatugatavastha of Amlapitta :- No. of patients

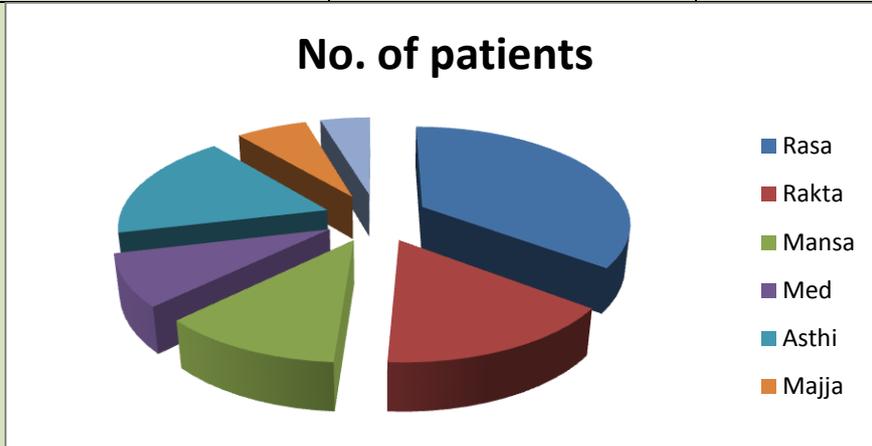


The above table shows that amongst 60 patients of Amlapitta, 7 patients with only one Dhatugatavastha while other 53 patients presented with more than one Dhatugatavastha (88.33%)

2) Dhatugatavastha :-

Dhatugatavastha	No. of patients	Percentage(%)
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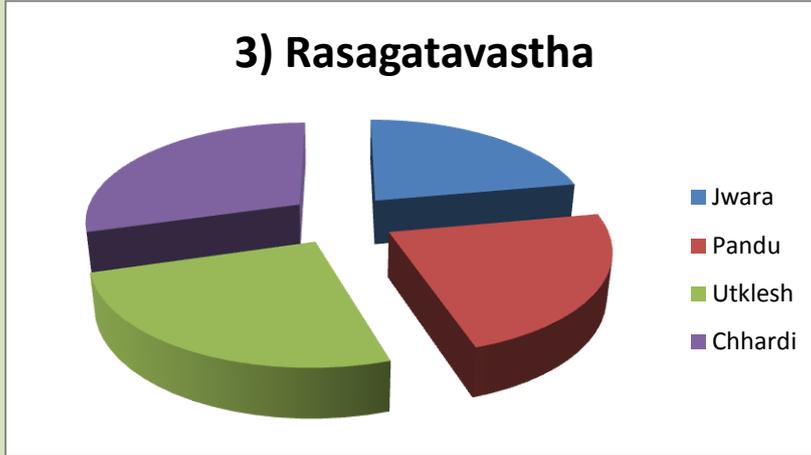
Rasa	54	90
Rakta	24	40
Mansa	18	30
Med	13	22
Asthi	27	45
Majja	10	17
Shukra	07	12



The above table shows that Rasadhatugatavastha was observed more in Amlapitta (about 90%), then later on Asthigatavastha (45%), Raktagatavastha (40%) and then Mansagatavastha (30%) was observed.

3) Rasagatavastha:-

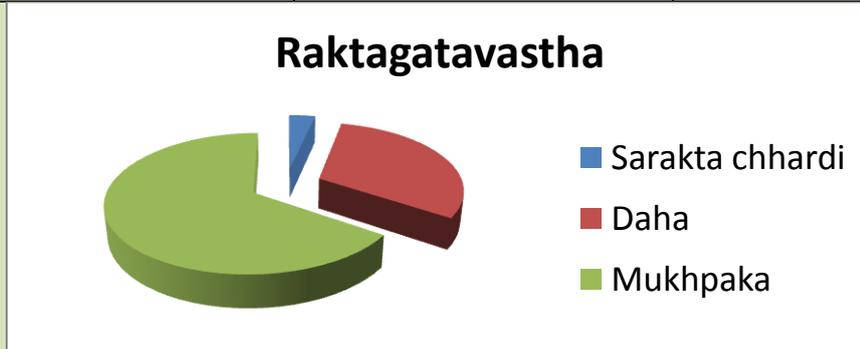
Diseases	No. of patients/54	Percentage (%)
Jwara	27	50
Pandu	28	52
Utklesh	31	57
Chhardi	36	67



The above table shows that out of 60 patients of Amlapitta 54 patients presented with Rasdhatugatavastha (90%). Amongst these patients with Jwara 50% ,with Pandu 52%, with Chhardi 67%, with Utklesh 57% were observed.

4) Raktagatavastha:-

Diseases	No. of patients/24	Percentage(%)
Sarakta chhardi	01	04
Daha	09	17
Mukhpaka	19	79



The above table shows that Raktadhatugatavastha was observed in 24 patients out of 60 i.e 40 %. Amongst these patients with Saraktachhardi were 4% , with Daha 17%, with Mukhpak 79% were observed.

5) Mansagatavastha:-

Diseases	No. of patients/18	Percentage(%)
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Amashaya vrana	02	11
Amashaya kshobha	07	39
Parinam shoola	01	06
Twakvikar	07	39

Mansagatavastha



The above table shows that patients with Amlapitta Mansdhatugatavastha were observed in 18/60 i.e 30%. Amongst these patients with Amashaya vrana were 11%, with Amashaya kshobha 39%, with Parinam shoola 6% and with Twakvikara 39% were observed.

6) Medogatavastha:-

Diseases	No. of patients/13	Percentage(%)
Karshya	04	31
Dhughundhya	04	31
Atiswedapravrutti	06	46

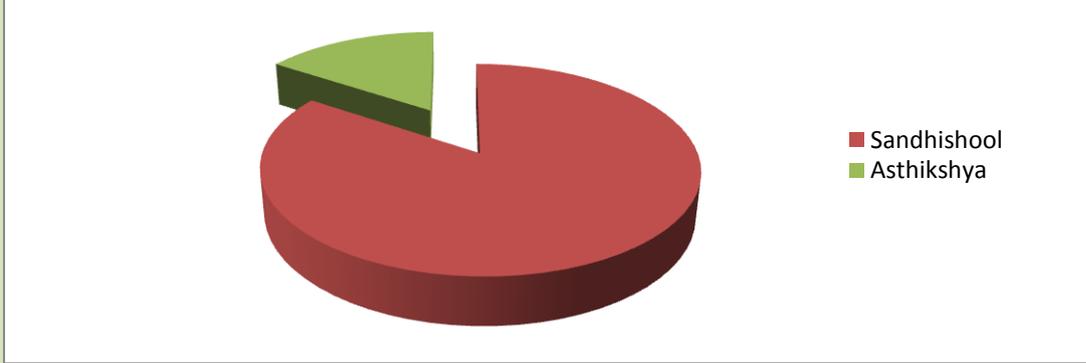
4) Medogatavastha



The above table shows that patients with Amlapitta Medogatavastha was observed in 13/60 i.e 21.66%. Amongst these patients with Karshya were 31%, with Daurgandhya 31% and with Atiswedapravrutti 46% were observed.

7) Asthigatavastha:-

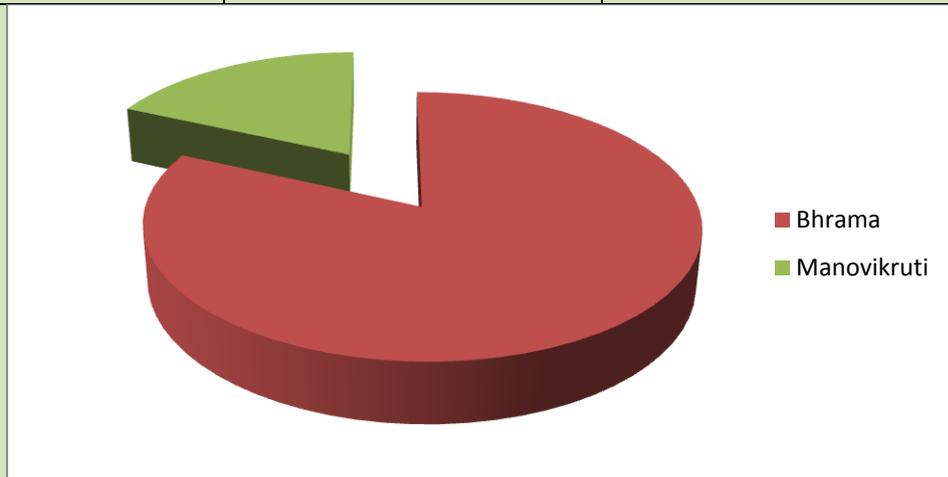
Diseases	No. of patients/27	Percentage(%)
Sandhishool	27	100
Asthikshya	05	19



The above table shows that patients with Amlapitta Asthigatavastha were observed in 27/60 i.e 45%. Amongst these patients with Sandhishool 100% and with Asthikshaya 19% were observed.

6) Majjagatavastha :-

Diseases	No. of patients/10	Percentage(%)
Bhrama	09	90
Manovikruti	02	20



The above table shows that patients with Amlapitta Majjagatavastha were observed in 10/60 i.e 6.66%. From these patients with Bhrama 90% and with Manovikruti 20% were observed.

Discussion:-

- 1) **Rasagatavastha** :- Rasagata Amlapitta produces the symptoms like jwara, pandu, utklesh and chhardi.
 - a) **Jwara** :- Jwara is mainly due to agnimandya and it originates from Amashaya due to aam production. All these sequence is found in Amlapitta. Also jwara is one of the upadrava of Amlapitta and jwara is disease of Rsavaha strotas.
 - b) **Pandu** :- In Amlapitta, sama rasadhatu is produced which produces sama raktadhatu. Thus raktadhatu becomes vikrut ad this leads to Pandu. Also according to modern science, complications of hyperacidity are gastritis, cyclic vomiting syndrome, Zollinger- Ellison syndrome, peptic ulcer, GERD. In all these diseases anaemia is seen.
 - c) **Utklesh**:- In Amlapitta, vitiated Kaphapitta doshas then also vitiates Rsadhatu and produces utklesh. Also accordind to modern science, nausea is found in various acid- peptic disorders like chnic gastritis, Zollinger Ellison syndrome, Gastroparesis, etc.
 - d) **Chhardi** :- If Amlapitta is not treated properly then it causes irritation to Amashaya(Gastritis) and this Amashaya kshobh is main causative factor of chhardi. According to modern science, vomiting is found in various complications of hyperacidity like cyclic vomiting syndrome, gastritis, Zollinger Ellison syndrome, Gastroparesis, GERD and peptic ulcer.
- 2) **Raktagatavastha**:- When vitiated pittadosha of Amlapitta goes to Raktadhatu produces symptoms like daha, mukhapaka, saraktachhardi, saraktamala, etc.
 - a) **Daha** :- In Amlapitta, pitta dosh predominates and when this pitta dosh vitiates raktadhatu causes Daha lakshana.
 - b) **Mukhapaka** :- In Amlapitta when ushna and teekshna guna of pitta dosha vitiated causes Mukhpaka and which is one of the symptoms of Raktavaha strotodushti.
 - c) **Saraktachhardi** , **Saraktamala**:- In Amlapitta, when pitta dosha get vitiated, it causes irritation to Amashaya. As there is more and more irritation to Amashaya, this leads to Amashaya vran. This is Pakajanya Samprapti which is cause for saraktachhardi, saraktamala. Also gastritis, dyspepsia, cyclic vomiting syndrome, Zollinger Ellison syndrome, peptic ulcer and GERD all are the complication of hyperacidity and Haematemesis, malaena are the symptoms found in these complications.
- 3) **Mansagatavastha** :-
 - a) **Amashaya vrana and Parinamshool**:- In the stage of Mansagatavastha, manspaka can be observed which can be correlated with peptic-ulcer, gastritis, Zollinger-Ellison syndrome etc. Formation of ulcer after Amlapitta is the result ofprogression of pathogenesis in mansadhatu.

b) Twakvikara :- Twaccha is updhatu of mansadhatu thus in patients with Amlapitta when skin diseases occur then can be included under Mansadhatugatavastha of Amlapitta eg. Visfot, masurika, sheetpitta.

4) Medogatavstha :-

In this stage of Amlapitta Karshya, Atisweda and Daurgandhya can be seen.

a) Karshya :- In Amlapitta due to agnimandya digestion is improper. Therefore there is medodhatugat-kshaya which leads to karshya. Loss of weight is found in various complications of hyperacidity like gastritis, gastric ulcer, Zollinger-Ellison syndrome, gastroparesis.

b) Atisweda and Daurgandhya:- It is known that there is Ashraya- Ashrayee relationship between pittadosha and sweda. Thus in Amlapitta when pitta becomes medogata, patient manifested as Atisweda and Daurgandhya.

5) Asthidhatugatavastha :-

a) Sandhishool and Asthikshaya:- Amlaguna of increased pitta dosh in Amlapitta causes decay of Asthidhatu(calcium) and thus cause Asthikshaya. Thus symptoms like Sandhishool, asthishoola etc. are found in Asthidhatugatavastha of Amlapitta. Also complication of cyclic vomiting syndrome is tooth decay(i.e

Asthikshaya).

6)Majjadhatugatavastha :-

a) Bhrama and Manovikruti:- Pittadhara kala is considered as majjadhara kala and this pittadhara kala is related with amashaya. Hence in Amlapitta prakupit pitta dosha reaches majjadhatu and causes bhrama, manovikruti etc. Mental stress and strai are main causative factors for majjadhatu dushti.

Conclusion:

1.It can be concluded that Jwara , Pandu, Utklesh, Chhardi are symptoms included in Rasagatavastha .

2. It can be concluded that daha, mukhapaka, saraktachhardi, saraktamala, etc. are symptoms included in Raktagatavastha .

3. It can be concluded that Amashaya vrana , Parinamshool, Twakvikar etc. are symptoms included in Mansatagatavastha

4. It can be concluded that Karshya, Atisweda and Daurgandhya etc. are symptoms included in Medogatavastha

5. It can be concluded that Sandhishool and Asthikshaya are symptoms included in Asthigatavastha.

6. It can be concluded that Bhrama and Manovikruti are symptoms included in majjagatavastha.

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