

Study of *Amashay Sharir* with special reference to *Urdhvaga Amlapitta*

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Abstract

This study endeavors primarily about *amashay sharir* & *Urdhvaga Amlapitta* described in ancient texts & according to modern science and then to correlate the *Urdhvaga amlapitta* with likewise diseases described in modern science. The *strotas* is unique concept of Ayurveda². In Ayurveda, *Vyadhis* are described according to *strotas*. According to Sushrut, *moolsthan* of *annavaha strotas* are *amashay* and *annanalika*⁴. *Amashay* is placed in between *Nabhi* & *Stana* according to Charak¹ while it is above the *Pittashay* according to Sushrut³. *Amashay* is the seat of one of the type of *Pitta* i.e. *Ranjak Pitta*⁷ and also the component of *Pittadhara Kala*⁶. As described in *Purushvichay*, upper part of *Mahastrotas* contains *Annanalika* & *Amashay* which are nothing but Esophagus & Stomach described in modern science. The symptoms of *Urdhvaga Amlapitta* apparently look to share the symptoms found in some diseases of upper GI tract like GERD, Gastritis, Peptic Ulcer Disease, Functional dyspepsia described in modern science. On the basis of the present study the maximum symptoms in patients who were diagnosed as GERD^{9,10} had the close resemblance with the symptoms stated in *Urdhvaga amlapitta vyadhi*¹⁰. Moreover, this work attempts to study the changes occurring in *Amashay* due to *Urdhvaga Amlapitta* with the help of esophago-gastroduodenoscopy⁹ of the patients having the symptoms of *Urdhvaga Amlapitta*.

Keywords

Amashay, *Urdhvaga Amlapitta*, GERD



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INTRODUCTION

Ayurveda is a classical, Holistic & strongly pronature science. It is diet & life style oriented promotive, curative & preventive science. The human body is made up of visceral organs, skeletal framework & different systems associated with them. The *Amashay* (stomach) is one of the important viscera of digestive system (*Annavaha strotas*). *Amlapitta vyadhi* is described as separate disease in Madhav Nidan¹⁰. It is the disease of *Annavaha strotas* having the origin from *Amashay*. *Urdhvaga Amlapitta* is one of the *bheda* of *Amlapitta Vyadhi*. In modern science some diseases of gastrointestinal tract apparently look to share the symptoms mentioned under the heading of *Urdhvaga Amlapitta vyadhi* by Madhav Nidan like GERD, Peptic ulcer disease, Gastritis and Functional dyspepsia^{9,10}. In Ayurveda, great emphasis is given to the proper food habits and life style to maintain the healthy state of body and the mind. But in today's competitive era, life has become busy and stressful which makes it quite difficult to follow proper guidelines about lifestyle. This has given rise to many health related problems. The most commonly affected system of the body due to this is Digestive system. Large

no of patients were suffered worldwide from GERD, Peptic ulcer disease, Gastritis, Functional dyspepsia which can be correlated with *Urdhvaga Amlapitta*. Hence the study is aimed to correlate the above stated diseases with *Urdhvaga Amlapitta*. Also to observe the changes in upper GI tract produced in *Urdhvaga Amlapitta*.

AIMS AND OBJECTIVES

- To study the *Amashay Sharir* according to ayurvedic and modern science.
- Visualization & study of relations of *Amashay* with help of dissection.
- To study the *Urdhvaga Amlapitta vyadhi* & to correlate it with likewise diseases of GI tract.
- To study *Sukshma sharir* i.e. changes occurring in *amashay* due to *Urdhvaga Amlapitta* with the help of Upper GI Endoscopy.

MATERIALS & METHODS

A) Literary Research

- ✓ Ayurvedic references of *Annavaha Strotas*
- ✓ *Amashay* Ayurvedic view- *Nirukti*, Definition, Location, *Aashay*, *Koshtha*, *Koshtang*, *Matruja Bhava*, *Dosha*, *Strotas*, *Kala*, *Marma*, *Sharir*, *Rog*
- ✓ *Annanalika* Ayurvedic view.

✓ Modern View of *Amashay* & Esophagus:- Structure of stomach & Esophagus, Embryology of Stomach, Physiology of Stomach

✓ Ayurvedic literature of *Amlapitta* Vyadhi:- *Nirukti*, Description, Pathophysiology, Classification, *Upadrava*, *Sadhya*- *Ashadhyatva*, *sapeksha nidan*.

✓ Modern view of *Urdhvaga Amlapitta*:- GERD, Hiatus Hernia, Barrett's Esophagus, Peptic Ulcer Disease, Functional Dyspepsia, Gastritis.

B) Experimental Research

Dissection:-

The dissection of esophagus & Stomach was carried out on the preserved cadaver as shown in Figure no 1,2.

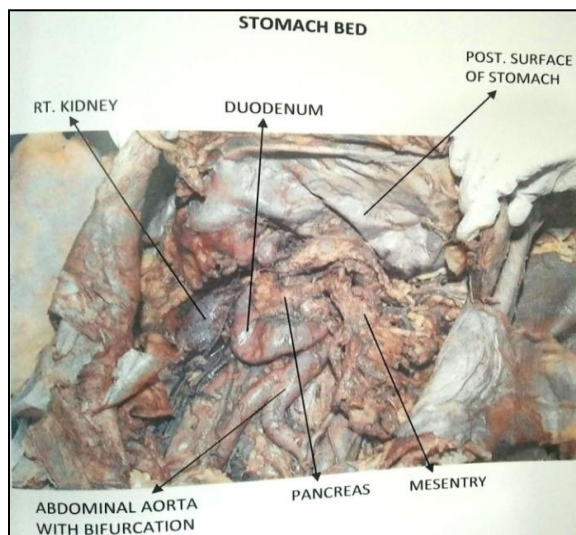


Figure (1):-Dissection of stomach bed showing its relations

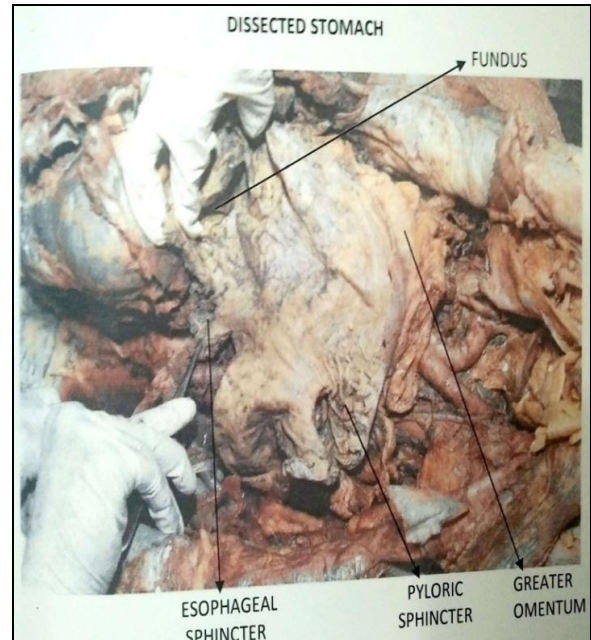


Figure (2):- Dissection of stomach & lower end of Esophagus showing its internal structure

Clinical study:-

About 30 patients having the symptoms suggestive of *Urdhvaga amlapitta* described by Madhava Nidan were taken. The detailed history of these patients was taken. Their Esophagogastroduodenoscopy was achieved. The changes in upper GI tract due to *Urdhvaga Amlapitta* were observed. The correlation of *Urdhwaga Amlapitta vyadhi* described by Madhav nidan with some diseases of Gastrointestinal tract described in modern science on the basis of similarity in their symptoms was tried to establish with the help of clinical study of 30 patients who had symptoms of *Urdhwaga Amlapitta* and the changes occurring in Gastrointestinal tract in these patients were studied with help

of Esophagogastroduodenoscopy as shown in figure 4,5.

Normal Esophagogastroduodenoscopy is shown in figure no 3.

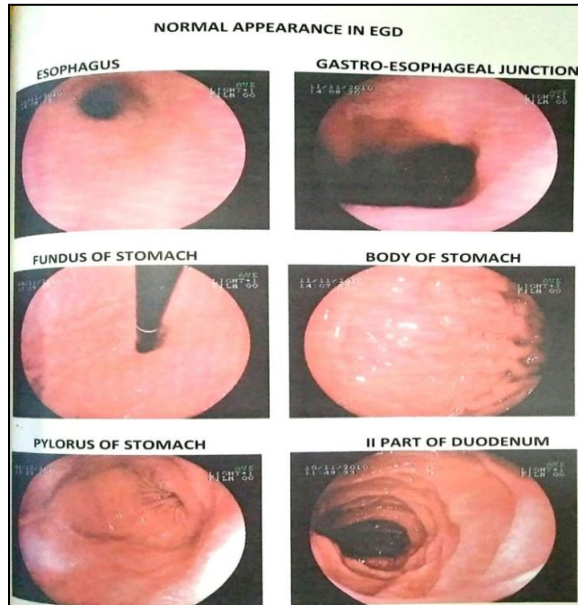
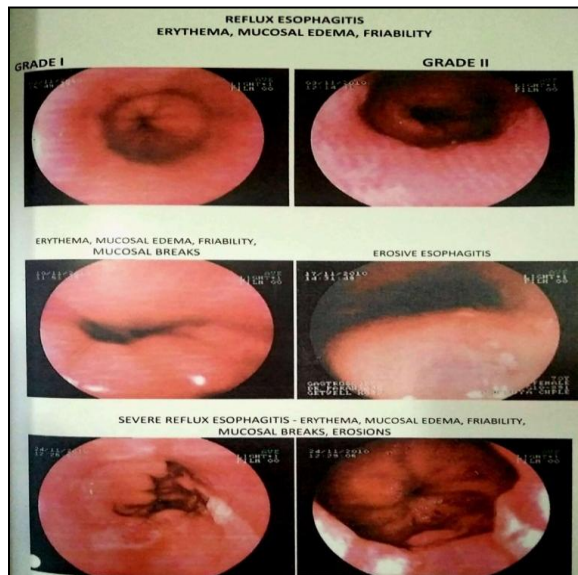
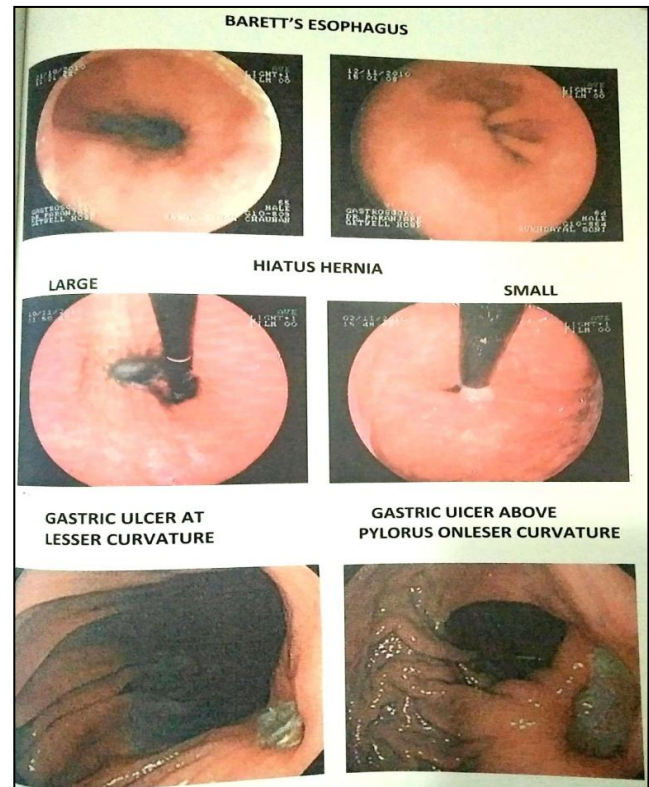


Figure (3):- EGD showing normal appearance of GIT



Figure(4):- EGD showing changes in GIT due to GERD

Figure (5):- EGD showing changes in GI mucosa due to various diseases of GIT as mentioned above.



RESULTS

Table 1 Symptoms wise distribution of patients having symptoms of Urdhvaga Amlapitta

Sr No.	Symptoms	No. of Patients	Percentage
1	Vaman	25	83.33%
2	Udgaar	22	71.33%
3	Hrit Daha	24	80%
4	Kukshi Daha	22	73.33%
5	Kantha daha	15	50%
6	Aruchi	25	83.33%
7	Shiroruja	16	53.33%
8	Karcharandaha	07	23.33%
9	Jwar	04	13.33%

Table 2 Distribution of symptoms of Urdhvaga Amlapitta in patients diagnosed as GERD

Sr No.	Symptoms	No. of Patients	Percentage
1	Hrit Daha	21	95.45%
2	Vaman	18	81.18%
3	Kukshi Daha	17	77.27%

4	<i>Kantha Daha</i>	15	68.18%
5	<i>Udgar</i>	16	72.72%
6	<i>Aruchi</i>	18	81.18%
7	<i>Shiroruja</i>	13	59.09%
8	<i>Karcharandaha</i>	07	31.18%
9	<i>Jwar</i>	02	9%

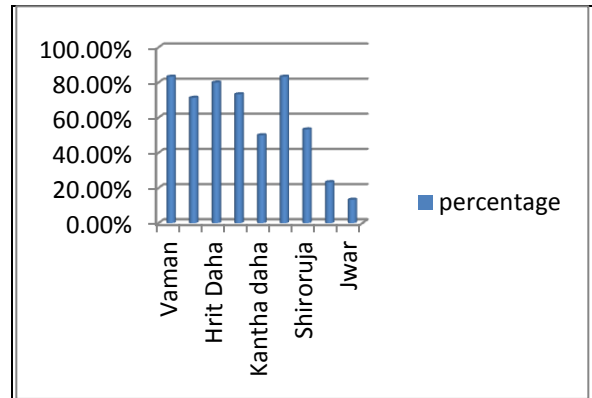
Table 3 Disease wise distribution of patients having symptoms of *Urdhvaga Amlapitta*

Sr No.	Disease	No. of Patients	percentage
1	GERD	22	76.66%
2	Gastritis	4	13.33%
3	PUD	1	3%
4	Functional Dyspepsia	3	10%

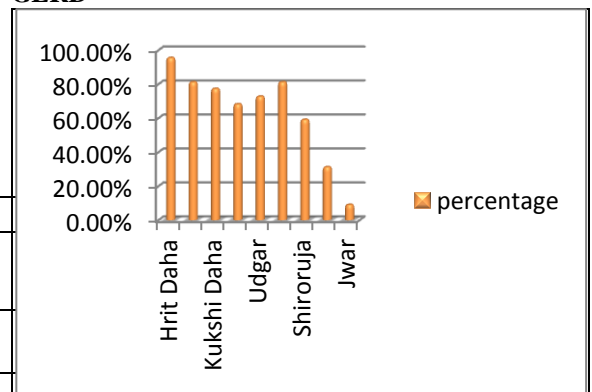
Table 4 EGD findings having symptoms of *Urdhvaga Amlapitta* and diagnosed as GERD as shown in Figure no. 3, 4

Sr No.	EGD Findings	GERD (22)	
		No. of Pts	%
1	Erythema, Mucosal edema, friability	12	54.44
2	Erosions	5	22.72
3	Peptic Ulcers	4	18.18
4	Hiatus Hernia	10	44.45
5	Barett's esophagus	2	9
6	Mucosal Atrophy	1	4
7	Stricture	1	4
8	Mucosal Breaks	1	4
9	Normal	5	22.72

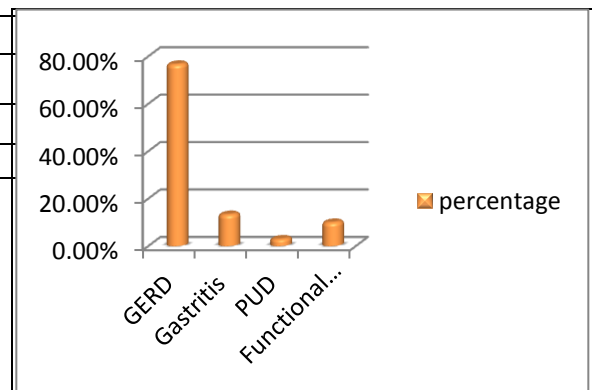
Graph No (1) Symptoms wise distribution of patients having symptoms of *Urdhvaga Amlapitta*



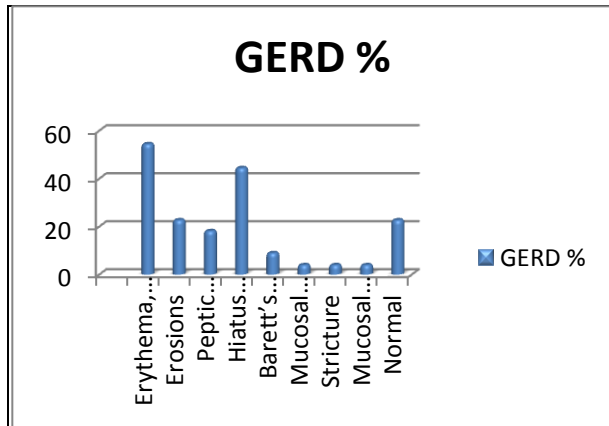
Graph No (2) Distribution of symptoms of *Urdhvaga Amlapitta* in patients diagnosed as GERD



Graph No.(3) Disease wise distribution of patients having symptoms of *Urdhvaga Amlapitta*



Graph No. (4) EGD findings having symptoms of *Urdhvaga Amlapitta* and diagnosed as GERD



DISCUSSION

1) Maximum no of patients (83.33%) of *Urdhvaga Amlapitta* were found to have the symptom of *Vaman*, predominantly *Mandagni*; was present in many patients. *Aruchi* symptom was also found in many patients (83.33%) while 80% patients were having symptom *Hrit Daha*. *Kukshi Daha* symptom was present in 73.33% patients while 50% patients showed *Kantha Daha* symptom.

The *Udgar* symptom was observed in 73.33% patients while 53.33% patients were having symptoms of *Shiroruja*. The symptoms of *Urdhvaga Amlapitta* were found mostly in *Pitta Kaphaj* & *Kapha Pittaj prakruti* patients and most of them have *Mandagni*.

2) Among the patients of *Urdhvaga Amlapitta* who were diagnosed as GERD, maximum number of patients observed with

symptoms of *Hrit Daha*(95.45%), *Vaman* & *Udgar* each (81.18%), *Kukshi Daha* (77.27%), *Udgaar* (72.72%), *Kantha Daha* (68.18%), & *Shiroruja* (59.09%). Thus the patients which were diagnosed as GERD showed presence of all the cardinal symptoms of *Urdhvaga Amlapitta* very significantly.

3) Among the patients of *Urdhvaga Amlapitta* selected for study, maximum patients were diagnosed as having GERD according to modern science (76.66%). Therefore, it can be stated that *Urdhvaga Amlapitta vyadhi* described in *Madhav nidan* has close resemblance with GERD described by modern science.

4) Among the patients having symptoms of *Urdhvaga Amlapitta* & diagnosed as GERD maximum number of patients (54.54%) showed the changes of Erythema, mucosal edema & friability of distal esophagus just above the Gastroesophageal junction suggestive of Reflux esophagitis. The changes in GI mucosa are attributed to aggravated *Pitta dosha*. The pattern of these changes and their intensity and location of changes have effects of *anubandhi dosha* along with aggravated *Pitta dosha*. The aggravated *Pitta dosha* is influenced by *Kapha Dosha*

having its one of the natural seat as *amashay*. Due to *sthira guna* & adherent nature of *kapha dosha* the interior of upper GI tract is vulnerable for the changes in its mucosa. Hence, it is rightly said by *Kashyapacharya* that *utpatti sthan* (site of pathophysiology) is *Amashay* in *Urdhvaga Amlapitta vyadhi*.

CONCLUSION

- 1) From the present study it can be said that the *Urdhvaga amlapitta* described by *Madhav Nidan* can be correlated significantly with GERD.
- 2) The *Urdhvaga Amlapitta* is a disease of *Annavaha strotas*. The *moolsthan* of *Annavaha strotas* are *Amashay* (stomach) & *Annavahi Nalika* (esophagus).
- 3) The changes in upper gastrointestinal tract observed by *Esophagogastroduodenoscopy*. Are found in esophagus (*Annavahi Nalika*) as well as in stomach (*Amashay*), but mainly in esophagus.
- 4) The changes are not commonly observed in early stage of *Urdhvaga Amlapitta* but significant changes are observed in chronic course of *Urdhvaga Amlapitta*.

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