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INTERNATIONAL AYURVEDA PUBLICATIONS

RESEARCH ARTICLE ISSN 2456-0170

STRUCTURAL CHANGES IN ANNAVAHA SROTAS IN THE DISEASE AMLAPITTA

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ABSTRACT

Amlapitta prevails throughout the world but is very common in Asian countries, especially in India, usually due to improper food habits coupled with psychological stress and strain. Present research work has been conducted to find out whether any structural changes occurs due to samprapti of Amalpitta in the Annawaha srotas with these parameters like Barium Meal, Barium Enema, Gastric analysis, Gastroscopy, ultrasonograpy, colonoscopy and histopathology. For present study 40 patients of Amlapitta were selected. Out of 40 patients, 29 underwent gastroscopy, 11 underwent colonoscopy. No untoward effects of above mentioned investigations were observed during the study. The pathological process stopped at the level of irritation of mucosa. Further, inflammation leading to structural damage does not occur. Probably, Physiology gets converted into Pathology. It is also clear many times, the structural damage is irreversible. It initiates the repair mechanism at proper time. In this study an effort has been made to assess structural damage. It might be Physiological, Neuro muscular, Neuro-vascular or Hormonal level disturbance.

Keywords: Structural changes, Annavaha srotas, Urdwagata Amlapitta, Adhogata amlapitta

INTRODUCTION

Amlapitta as a disease of Annavaha srotas extends from mukha to the 2/3rd right of transverse colon. It consists of galanala, amashaya, adho amashaya, pakvashaya.[1] Amlapitta according to gatis is of two types as Adhogata and urdhvagata,[2] as there is no reference regarding the structural changes in Annavaha srotas in the disease amlapitta in the classics. This present study aims at this point to find out any changes in Annavaha srotas.

AIMS & OBJECTIVES

1) To find out whether any structural changes occurs due to samprapti of Amlapitta in the Annavaha srotas.

2) To examine the organs affected in the disease Amlapitta.

MATERIALS AND METHODS

Place of Work

1.O.P.D.s of Sri Jagadguru Gavisiddeshwara Ayurvedic Medical College & Hospital, Koppal. Here 30 patients were studied.

2. O.P.D's of Sheth Tarachand Ramnath Charitable Hospital, Pune. Here 10 patients were studied.

Method of collection of data

The signs & symptoms of Amlapitta as explained in the classics are the main diagnostic Parameters for the selection of

the patients.

Out of 40 patients, 11 were diagnosed to have Adhogata amlapitta and remaining 29 were of urdhwagata amlapitta.

Inclusion criteria

1. Patients suffering from Urdwagata as well as Adhogata Amlapitta were selected.
2. Males & Females both were considered.
3. Newly diagnosed patients already under treatment were included.
4. Chronicity of disease was selected from 6months to1½ year.

Exclusion criteria

1. Annadrava shoola
2. Parinama shoola
3. Pregnant women
4. HIV / AIDS
5. Tuberculosis
6. Malignancy

Investigation (Objective parameters): clinical study

1. for urdhwagata Amlapitta –
 -Gastric analysis.
- Barium Meal Follow through X-ray.
- Oesophago - Gastroscopy.
- Ultra sonography.
- Histopathology.

2. for Adhogata Amlapitta
- Barium Enema.
- Colonoscopy.
- Histopathology.

Ethical Clearance No - TA and RS / IFC/18/2006

Clinical diagnosis was confirmed by the signs and symptoms as explained in the classics.

OBSERVATIONS

Gastric fluid analysis study showed Normal in volume, colour, consistence, mucus and P^H varies from 1 to 2 in selected 8 cases of Urdhwagata and Adhogata Amlapitta.

In Urdhwagata Amlapitta Patients

X-Ray study: Barium meal follows through: Patients were exposed to X-ray after swallowing the Barium meal salt in particular time interval of 7 min, 30 min, 60 minutes, and 6 hours. Two patients were exposed for barium enema with the help of radiologist.

IMPRESSION

A. 7 min film study revealed normal stomach and duodenal cap.

B. 30 min film study revealed normal loops of jejunum and ileum.

C. 60 min film study revealed normal circular folds of mucosa in proximal part of jejunum and ileum.

D. 6 hours film study revealed normal ileocaecal junction.

Total 29 patients were selected for Oesophago-gastroscopy, having the features of Urdhawagata Amlapitta. The gastroscopy procedure was done with the help of gastro-enterologist. Prior to that the patients were educated about the procedure and due consent was obtained. Investigation report revealed normal Pyriform fossa, Oesophagus, G.E. junction, Stomach, Duodenum 1^{st} & 2^{nd} part and no structural changes were found.

Ultrasonography:

21 patients out of 29, who have under gone for Gastroscopy, are also undergone for Ultrasonography, which revealed normal pancreas and Gallbladder and other viscera.

Histopathological Study –

1. **Oesophagus –**

The lower part of Esophageal biopsies from two patients revealed no structural changes.

2. Stomach –

Gastric mucosa with chronic inflammatory cells was found. There is no atrophic mucoid observed in three cases. Special stains are negative for H- pyloris was observed in few cases.

Microscopy study: Gastric mucosa with few chronic inflammatory cells observed in five cases.

Microscopy study: Gastric mucosa with sparse lymphoplasmacytic infiltration in the lamina proparia is observed in five cases. Gastric mucosa with moderate lymphoplasmacytic infiltration and lymphoid aggregates in the lamina propria observed in four cases.

3. Duodenum.

Duodenal mucosa: Smear studied showed duodenal mucosa with sparse lymphoplasmacytic infiltration Brunner glands and occasional lymphoid follicles were observed in three cases.

In **Urdhwagata Amlapitta** out of 22 upper G.I. biopsies, 18 were normal without any structural changes and four biopsy reports showed chronic mild gastritis.

Colonoscopic biopsy:

Microscopic study: Colonic mucosa with few lymphocytes and histiocytes in the lamina propria. No evidence of malignancy was observed.

Observation

a) Gastric fluid analysis study showed Normal in 8 cases.

b) Barium Meal, Barium Enema

c) Gastroscopy study

d) Ultrasonography report

e) Colonoscopy report – all these investigations showed no abnormalities.

f) Histopathology report of upper GI.

1. Oesophagus showed normal or no structural changes.

2. Gastric study - Out of 22 cases, 18 normal and in 4 chronic cases, mild chronic gastritis was observed.

3. Duodenal study showed normal or no structural changes.

g) In these histopathological reports, no evidence of H-pylori was observed

h) Histopathlogy report of colon - Out of six, three were normal and three case showed moderate lymphocytic infiltration in lamina propria.

DISCUSSION

Here, out of 40 patients, 29 patients underwent gastroscopy (Male 19 & Female 10) and 11 patients underwent colonoscopy (Male 4 & Female 7) who had features of Amlapitta.

a. Barium Meal, Barium Enema, gastroscopy and ultrasonograpy colonoscopy investigations revealed “NO STRUCTURAL CHANGE” in Annavaha srotas.

b. Out of 29 of urdhwagata amlapitta, 22 patients have undergone for gastroscopic biopsy. Section study showed 81.82% normal histopathology reports and 18.18% showed chronic mild gastritis.

c. Out of 11 cases of Adhogatha Amlapitta 6 cases underwent for Colonic biopsy and the study showed no structural changes.

From the above observations, there were no structural changes in both types of Amlapitta.

The pathological process stopped at the level of irritation of mucosa. Further, inflammation leading to structural damage does not occur. Probably, Physiology gets converted into Pathology.

CONCLUSIONS

Careful and thorough examination of organs in Annavaha srotas with modern methods did not reveal any abnormal structural changes apart from mild chronic Gastritis in a very few number of cases. There is obviously no need of any surgical intervention, and if diagnosed correctly, not even the investigations like Endoscopy or Barium study are needed.

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Source of support: Nil,
Conflict of interest: None Declared

Cite this article as
Kumaraswami B. Hiremath: Structural Changes in Annavaha Srotas in the Disease Amlapitta.
ayurpub 2016;I(2): 75-78