

## ACID PRODUCING DISORDERS – A CHALLENGE TO AYURVEDIC MEDICINE

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### ABSTRACT

*Ayurveda*, ancient medical science of India is a recognized subject of study on health care delivery system, while *ayurveda* advocates the inter relationship between the body, mind and spirit in totality. Three basic body constituents *vata*, *pitta* and *kapha* and their subsets maintain the normal physiological functions. The levels of those *tridosha* do not remain fixed all along in health, they fluctuates even on diet, season, emotional pattern and stress. Health is a process of maintaining dynamic balance with in the normal zone, imbalance causes diseases. In human body, stomach is a unique wonder organ, peculiar in behavior and sharing multifaceted functions. Nature being the greatest economist had provided with a high acid secretary process for some specific reasons. In stomach functional units of *tri doshas* subset are –*samana vayu* (neural control), *pachaka pitta* (acid pepsin function) & *kledaka kapha*(mucin contents) & their interplay is the result of normal gastric secretary status. Diet made up of six taste element has a major influence on the level of *tridosha*.

**Keywords:** Acid producing disorder , *Amlapitta*, *Annadrava shoola*, *Tridosha*.

**INTRODUCTION:** A group of gastro intestinal (GI) disorders are been considered to affect gastric secretary function in their etiopathogenesis. The differential diagnosis and the nomenclature could be possible on the ebbing out of clinical symptoms. *Amlapitta* is most common among them. *Urdhwaga* and *Adhoga amlapitta*, *Annadravshoola* *parinamshoola* , *vatikshoola* are the disease of GIT and the active site of lesion being *Amashaya* (stomach) with altered secretory function<sup>1</sup>.

Gastric secretary process always follows a logical sequence in presence of food inside the organ. *Annadravshoola*, *parinamshoola* including *amlapitta* heterogenous acid peptic disorder in origin state a common feature on the formation of

perforation in the mucus membrane. The discontinuity of the mucosal epithelium caused by an increase in acid pepsin secretion and decrease in the mucosal resistance or combination of those two factors can lead to imbalance and producing ulcer<sup>2</sup>.

**CLINICAL FEATURES AND PATHOPHYSIOLOGY:** Clinical feature of both the *shoola* –*Annadravshoola* and *Parinamshoola* no doubt – clearly indicate gastric & duodenal ulcers , presence of *Amlodgara* (eruption of sour taste). It is apparent that sour taste acid eruption cannot justify to be a chemical acid (HCL) only. Determination of acid Persia & assessment of ulcer are possible now by well established method whereas study on

mucosal resistance is subjective entity only<sup>4</sup>.

There may be Hypo – Normo – Hyper acid secretion without any feature of clinical importance on the even hypo acid secretion may initiate ulcer formation due to shading of mucous membrane and loss of resistance by barrier breakdown. We observed in many of thermal burns, being stressful episode there was hypo acid secretion concomitantly decease of mucosal resistance would produce ulcer<sup>2</sup>.

**PRESENT SCENARIO:** In spite of extensive research physiological regulation of gastric secretion still remains enigma. The exact substances responsible to inhibit gastric secretion remain wide open question to solve. Besides many inhibitors, clinically important two well known gastric acid inhibitory substances are 5-hydrotryptamine (5-HT) and prostaglandins (Pgs) both are synthesized inside the body from the food we consume<sup>2</sup>.

*Amlapitta* and *Parinamaja shoola* bear close resemblance with gastritis, non ulcer dyspepsia and duodenal ulcer but could be differentiated by the presenting symptoms. With the detail investigation it appears that all the above disorders are acid peptic in origin which develops sequentially and results in ulcer formation in the advance stages<sup>3</sup>.

In *Amlapitta* stress adaptations fails (*Asatmyaindriya samyoga*), *Rajogunabahulya* constistancely and improper food intake is the starting point to connect body and mind on the pathogenesis of *amlapitta*. In progression one after another features appear to *Amlapitta*. *Amlapitta* consider to be advanced stages, at times produces complications ultimately *Parinamshoola* develop<sup>1</sup>.

**AYURVEDIC REMEDIES:** Ayurveda provides a unique regimen to act on the tissue level as mucosal barrier for mucosal resistance of acid pepsin digestion. In therapeutic management different drug regimen will be beneficial in different stages of *Amlapitt*<sup>3</sup>

- *Medha Rasayana* – to cool down the stress
- *Deepana & Pachana dravyas*
- *Pitta shamaka & Agnivardhaka*
- *Pitta shamaka & Kaphavardhaka* (Anti secretory drugs prevents over activity of acid pepsin & to increase mucin secretion)

**PLANTS WITH ANTI ULCER ACTIVITY:** Curcumin isolated from *Curcuma longevince* is ulcerogenic as well as equivocal anti-ulcer activity. Extract of *Ocimum sanctum*, *Withenia somnifera*, *Asparagus recemoses*, *Ficrorizza kurrura* and *Altinga excels* revealed antistress or adaptogenis properties<sup>6</sup>.

*Ulsolic acid & lupeol* – from number of Indian medicinal plants belonging to saptaceae /sapiadaceae family and alcoholic extract of *Tectona grandis* including *Nimbidine* isolated from *Melia azadirecta* administered<sup>6</sup>.

An Ayurvedic preparation ‘Taramandura<sup>5</sup>, prevents drug induced ulcers in guinea pig. Flavonides found to posses anti ulcerative effect in different experimental models. Traditional preparation *Tamrabhasma* found to inhibit experimental ulcerations and increase mucus secretion. Another preparation of coconut-“*Narikela khanda*” shows significant antiulcer activity seems to act by increase the mucosal resistance to the offensive acid pepsin factor. Besides *Shilajit*, *Banana*, & *Andrographes paniculata* show antiulcer activity<sup>6</sup>.

**DISCUSSION:** Due to altered food habits for a particular meal one may experience with acute hyperacidity. It could be neutralized by *Shankha bhasma*<sup>8</sup>, *Varataka bhasma*<sup>9</sup>, *shweta parpati*<sup>10</sup> and other herbal remedies including chemical antacid. On continuous hyperacidity neutralization may not be the answer. One must keep in mind about the pathogenesis for the treatment of clinical acid with reference to aggressive acid pepsin factor, defective mucus secretion along with optimum concentration of gastric secretion inhibitory factor.

Banana rich in serotonin when administered on patient of duodenal ulcer with hyperacidity could normalize the acid secretion along with increase mucin secretion by increasing blood 5-HT-level. Banana powder in situ in stomach for 15 min could bring down total acid concentration to one –third i.e. 70% reduction. *Narikela khanda*<sup>1</sup> – a coconut preparation has been shown significant increase in the mucin secretion both in gastric & salivary glands<sup>7</sup>.

**CONCLUSION:** *Amalaki rasayana*, *Shatavari mandura*, mixture of *Ashwagandha* & *Yastimadhu* & *Tamra bhasma* containing *Sutshekhar rasa*, *kamdudha rasa* used for the treatment of *amlapitta* vis-a vis Gastritis and non ulcer dyspepsia are encouraging<sup>6</sup>.

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