

ACID PEPTIC DISORDERS WITH SPECIAL REFERENCE TO

ANNAVahasroto VIKARA IN AYURVEDA

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ABSTRACT

Acid peptic disorders particularly Duodenal Ulcer, Gastric Ulcer in which duodenal ulcers are very common and two are three times more common than Gastric ulcer. Ulcer rates are declining rapidly for younger men and increasing for older individual. Particularly women. Both are common in elderly. Gastric ulcers are associated with a Gastritis affecting the body as well as the antrum of the stomach. The ulcer occurs because of local epithelial damage by cytokines released by H.Pylori and also because of abnormal mucous production.

In Ayurveda the most common *Annavahasroto vikaras* are *Amlapitta*, *Grahani*, *Annadravashoola*, *Parinamashoola*. Treatment in terms of *Shodhana*, *Shamana*, *Rasayana* along with following *Pathya* play important role in pacifying the diseases. Life style modification plays important role in preventing, curing and health promoting of a patient. This article highlights about basic aspects of Duodenal ulcer, Gastric ulcer and other acid peptic disorder in contemporary science and *Amlapitta*, *Parinamashoola*, *Annadravashoola* and different *chikitsa* modality in terms of *Shodhana*, *Shamana* and *Rasayana* in Ayurveda.

Keywords: Acid peptic disorder, Peptic ulcer, *Amlapitta*, *Annadravashoola*, *Parinamashoola*, *Annavahasrotovikara*.

INTRODUCTION: In the present era due to Sedentary lifestyle and because of irregular food habits, Stress, Anxiety, Depression leading to many number of Acid Peptic Disorder in which a patient comes to a Doctor with chief complaint of Burning, Belching Bloating etc by which the physician may think in favor of APD.

Prevalence¹: Duodenal ulcer-in 40% and Gastric ulcer in 13% of patients. Whereas negative test result was associated with Duodenal ulcer and Gastric ulcer in only 2-3% of patients respectively.

Duodenal ulcer^{2, 3}: Approximate 50-60% of the adult population worldwide develop duodenal ulcer.

Duodenal ulcer³: Duodenal ulcer is estimated to occur in 6-15% of western population.

Prevalence: Prevalence is 20-50% in industrialized countries.

In this article about Acid peptic disorder, about basic aspects of Peptic ulcer, duodenal ulcer and *Amalpitta*, *Annadravashoola* and *Parinamashoola* and their management according to different *Ayurvedic classics* has been discussed. Acid peptic disorders which includes number of diseases whose patho physiology is believed to be the result of damage from acid and pepsin activity in the gastric secretions. Acid peptic disorders are duodenal ulcer, Peptic ulcer, Gastro oesophageal reflex disease (GERD) and so on.

The term Ulcer means: Inflammatory and suppurating lesion internal mucous surface

resulting in necrosis of tissue. (Stomach, Duodenum)

Peptic Ulcer: An ulcer of the mucous membrane of the Alimentary tract

Duodenal Ulcer: A peptic ulcer of the Duodenum. Acid peptic disorders which includes number of diseases whose pathophysiology is believed to be the result of damage from acid and pepsin activity in the gastric secretions. Acid peptic disorders are duodenal ulcer, Peptic ulcer, Gastro esophageal reflex disease (GERD) and so on.

Peptic ulcer Prevalence⁴: Acid peptic disorders are very common in United States, with 4 million individuals affected per year. Life time prevalence of acid Peptic ulcer diseases in the United States is 12% in Men and 10% in Women. Moreover an estimated 15,000 deaths per year occur as a consequence of complicated peptic disease.

Acid peptic disorder result major factors responsible they are:

Helicobacter pylori

Use / misuse / chronic use of pain killers

Other causes include –

Smoking, Tobacco chewing, Alcohol,

Prolonged use of steroids, Blood group “O”

Peptic ulcer- Excavated defects / holes in the GI mucosa. Results from damage to epithelial cells due to effects of acid and pepsin.

- H. pylori
- NSAIDs
- Smoking
- Diet / other diseases / genetics / emotional stress

The disease may cause because of H.Pylori : The Bacteria produces an enzyme Urease

which will split into Ammonia Damages mucus layer and Gastric cells.

NSAIDs: Gastric mucosa protects itself from gastric acid by prostaglandin. This drug blocks the production of prostaglandin.

Emotional Stress: Due to Stress Stimulates limbic area of Brain Stimulates Sympathetic and Parasympathetic nerves in Hypothalamus.

Peptic ulcer⁵:

The characteristic features is

Epigastric pain

Nausea and Vomiting

Heartburn and regurgitation

Anorexia and weight loss particularly in Gastric ulcer

Sometimes Haematemesis or melaena or perforation.

The clinical features of duodenal ulcer are: Pain in the upper abdomen just below the sternum. Occur most before meals, or when hungry. It may be eased with food, antacid. The pain may wake you from sleep. Other symptoms Bloating, Retching (Eject the contents of the stomach through the mouth) and Feeling sick. Sometimes food makes the pain worse

Acid peptic disorder is a term which represents a common group of pathological (disease) conditions also known as peptic ulcer disease in which the inner lining(mucosa) of the stomach and duodenum (common) gets damaged or destroyed.

Gastric Ulcer- Attributed to H pylori/NSAIDs induced mucosal damage, Bile acid and Pancreatic enzymes may injure gastric mucosa strongly alkaline in nature.

Complications of peptic ulcer:

Bleeding: Upper gastrointestinal (UGI) bleeding

Perforation: Duodenal, antral, and gastric body ulcers

Obstruction: Gastric outlet obstruction is the least frequent ulcer complication. Surgery is now usually only needed if a complication of a duodenal ulcer develops such as severe bleeding or a perforation.

INVESTIGATION

Diagnosis: Endoscopy provides a sensitive, specific and safe method for diagnosing peptic ulcers. It is usually the first to diagnose ulcers of esophagus, stomach and duodenum, determine their cause

Radiological examination after Barium meal- Shows the size, shape, motility presence of ulcer in the Stomach. Tissue Biopsy examination to determine if a gastric ulcer is cancerous and to identify the presence of *H. pylori*. Endoscopy is more reliable than barium contrast X-rays for detecting ulcers in the duodenum.

Other investigation

Blood- Hb%, Stool- Occult blood, FMT

Barium meal: This is similar to a barium swallow (above) aims to look for problems in the stomach and duodenum such as ulcers, polyps, tumours. If you drink a white liquid that contains a chemical called barium sulphate, the outline of the upper parts of the gut (esophagus, stomach and small intestines) shows up clearly on X-ray pictures. This is

because X-rays do not pass through barium.

Treatment- Aims- Relief of symptoms, Heal ulcer, Prevent complications and Prevent recurrence.

Guidelines- Stop smoking, Avoid stress, Avoid NSAIDs, Alcohol Dietary modifications

Annavaḥasrotovikara in Ayurveda The most common conditions are *Amlapitta*, *Grahanai*, *Annadravashoola*

Parinamashoola

AM LAPITTA⁶:

Sarve rogaha ama samudbhavaha/
Rogaha sarveapi mandagnou
Madhavakara coated /

Acharya *Madhavakara* has highlighted *Amlapitta* is a disease where the predominance of *Amadosha* and vitiation of *Agni* is seen and this is a disease of *Annavaḥasrotas* which is more frequent now a days.

Nirukti: ^{7, 8} Acharya *Charaka* and *Madhavakara* said increased *amalaguna* of *Pitta* is nothing but *Amlapitta*.

Acharya *Kashyapa* explained *Vidagdha annarasa* turn to *Shuktata* this *annarasa* retained in *Amashaya* and produces *Amlapitta*.⁹

Paryaya: *Prameelika*, *Pittavisuchika*, *Amlaka* Acharya *Sushruta* used the word *Amleeka* as synonyms Acharya *Yogaratnakara* used the word *Pittamla*

Table 1 showing *Nidanas of Amlapitta*:

<i>Agnidustikaraka nidana-</i>	<i>Viharaja-</i>	<i>Pittaprakopaka nidana-</i>
<i>Ajeerne Bhojana, Adhyashana, Vishmashana, Atiruksha Bhojana Kulatha, Dustanna, Guru ahara, Vidahi Anna Pana Sevana Viruddhashana- Does Vishamata of Agni- unable to digest light food-Undergoes</i>	<i>Bhukte Bhuktesnana, Avagahana Desha, Kala, Rutu vaishyamyat doshas agnidushti Amlapitta</i>	<i>Divaswapna, Bhukte Vegadarana, Kala, Rutu vitiation of resulting in manifest</i>
		<i>Madhya, Sura, Madhyhana, Madhyaratri and Ushnakala, Krodha Atikulathasevana, Adika Amla Katu, Lavanasevana- Agravates pitta –Vidagdhata of food Amlapitta</i>

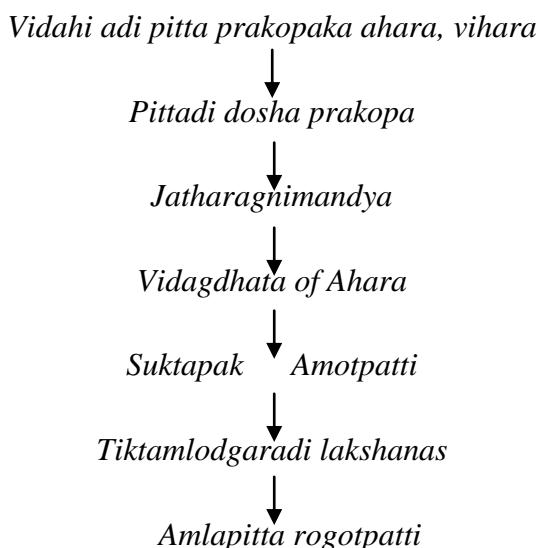
<i>shuktapaka</i> continues for long time leading to <i>Amlapitta</i> .	<i>Manasika- Chinta, Shokha, Bhaya Krodha...</i>
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In *Charakasamhita* the term *Amlapitta* highlighted in *Charakasamhita chikitsasthana* 15th chapter. Acharya *Charaka* explained the vitiated Agni unable to digest the lightest food produce to *shuktatva* which leads to *Visharupatam*. When *Amavisha* mixes with the *doshas* it manifests *Vataja, Pittaja, Kapaja* Acharya *Charaka* and *Vagbhata* not highlighted the

disease *Amlapitta* but they used the term while explaining various instances⁸.

- *Kulatha amlapittakaranam*
- *Atilavana-Amlapittakaranam,*
- *Virudda aharajanyaroga-Amlapitta*
- *Ksheerapana amlapitta haranam sreshta*
- *Kamsaharitaki-Amlapitta*
- *Dashamulaharitaki- Amlapitta*

AM LAPITTA SAMPRAPTI



Samprapti Ghatakas :

Dosha: *Pitta pradana Tridosha, Pachakapitta, Kledakakapha and Samanavata.*
Dushya: *Rasadhatu.*
Agni: *Jataragni.*
Ama: *Jataragnimadhy'a.*
Srotus: *Rasavaha, Annavaha.*

Srotodusti prakara: *Sanga and Atipravrutti.*

Udbhavasthana: *Amashaya.*

Adhisthana: *Amashaya*

Sancharasthana: *Annavaha srotus.*

Vyaktasthana: *Mukha and Guda.*

Rogamarga: *Abhyantara.*

Table 2 showing Types of Amlapitta ^{11, 12, 13}

According to Doshas ¹²	According to sthana
<i>Kashyapa</i> has given three types. 1. <i>Vataja Amlapitta</i> 2. <i>Pittaja Amlapitta</i> 3. <i>Kaphaja Amlapitta</i>	two types of Amlapitta. 1. <i>Urdhavaga Amlapitta</i> 2. <i>Adhoga Amlapitta</i>
Madhavakara has given four types. ¹³ 1. <i>Vatadhika Amlapitta</i> 2. <i>Kaphadhika Amlapitta</i>	

3. *Vatakaphadhika Amlapitta*
4. *Shleshma pittaja Amlapitta*

Table 3 showing Lakshanas of Amlapitta ^{14,15}

<i>Lakshanas of Amlapitta</i>	<i>Urdhvaga Amlapitta</i>	<i>Adhoga Amlapitta</i>	<i>Doshanubedhena</i>
<i>Amlo, Tiktodgara Kanta, Urovidaha Kukshi, Hritdaha Utklesha, Avipaka Antrakujana Vibandha, Gourav Angasada Romaharsha</i>	<i>Harita, Peeta, Neela, Krishna, Arun, ati amla vamana Tikta amlodgara Hrit, Kanta, Kandu Kukshidaha, Jwara, Shiroruja, Aruchi,</i>	<i>Bhrama, Thrishna Hrillasa, Daha, Angapeetata, Harsha, Moha & Murcha</i>	<i>Vataja-</i> <i>Jrumbha, Angasada Shoola, Snigdha upashamana</i> <i>Pittaja-</i> <i>Bhrama, Vidaha Sheetopa shamana</i> <i>Kaphaja-</i> <i>Chardi, Rukshopashaya Guruta Sanila-</i> <i>Tamodarshana, Shoola, Murcha, Kampa, Pralap, Vibhrama.</i> <i>Kaphanugate-</i> <i>Aruchi, Angasada, Kaphastheevan a, Sadaha, Udaragourava & Jadhyata</i> <i>Vata Kapha-</i> <i>Here Both Vataja and Kaphaja Lakshanas are present</i> <i>Sleshmapittaje-</i> <i>Shiroruja, Bhrama, Mukhamadhuryata, Chardi, Aruchi, Tikta, Katu, amlodgara, Kanta, Hrit, Kukshidaha, Alasya, Murcha</i>

Uapashaya-Vataja- *Snigdha Ahara,
Pittaja- Madhura sheeta Kaphaja-
Ruksha, Ushna Ahara said by acharya
Kashyapa.*

Anupashaya- *Nidanas mentioned for the
disease*

Amlapitta Upadrava:

*Jwara, Atisara, Pandu, Shoola, Shotha,
Aruchi, Bhrama associated with these are
said be asadhyा*

Parinamashoola:

Swaprakopaka nidana sevana →
vitiates Vayu, Kapha does avritta to
Pitta → Shoola.

Shoola will be during the time of digestion
this is *Parinamashoola*.^{16,17} *Amashaya*
chuta kapha mixes with *vikrita Pitta*,
vitiates *Vata* manifest *shoola* during *ahara pachanakala* in regions like *Kukshi, Udaraparshva, Nabhi, Bastipradesha, Stana and Kati pradesha* any one of the
area are in all regions. By the intake of

food, By Vomiting, after complete digestion of the food *shoola* get subside.

Parinamashoola

Vatika- Admana, Atopa, Arati, Kampa, Malamutravibandha- with Snigdh, Ushna padartha Shamana.

Pittaja- Trishna, Daha, Glani upadravayukta Amla lavana padarthotpanna Sheeta padartha-Shamana

Kaphaja Chardi, Hrullasa, Moha and Alpavedana Katu Tiktadravya-Shamana

Dwandvaja, Tridoshaja Dvilakshana yukta Trilakshanayukta said in Vangasenasaṁhita and Gadaṇigraha.

Asadhya Parinamashoola: When person becomes Mamsaksheena, Bala and Jatharagni ksheena utpanna Parinamashoola is said to be asadhya

10Upadrava-Anaha, Guruta, Vamana, Bhrama, Trishna, Jwara, Aruch, Krishata, Balahani and Adika peedayukta and tridoshaja –Asadhya Upadravarahita Kastasadhya explained by acharya *Yogaratnakara* and *Gadanigrahakara*.

Annadraवashoola¹⁸: *Shoola* may manifest after digestion of the food or during the digestion of the food, by following *pathya* or by taking or not taking food the *Shoola* will not get subside *Annadraवashoola*. Difference in *Annadraवashoola*

Annadraवashoola: *Shoola* may manifest after digestion of the food or during the digestion of the food, Pain mainly in epigastric region

Annadraवashoola : by following *pathyapathay* or by taking or not taking food the *Shoola* will not subside

Parinamashoola: *Shoola* will be during the time of digestion

Parinamashoola: *Shoola* in regions like Kukshi, Udaraparshva, Nabhi Bastipradesh, Stana and Kati pradesha any one of the area are in all regions. By the intake of food, By Vomiting, after complete digestion of the food *shoola* get subside.

Amlapitta Chikitsasutra¹⁸: Poorvam tu vamanam karyam.....

Vamana, Mridu virechana, Basti Y.R, C.D, Raktamokshana- **Vangasen**

Acharya Kashayapa said Sthanaparthyaga.

The tiktaraśa pradhana dravyas like Patola, Vasa Nimba, Guduchi are indicated.

Annadraवा, Parinamashoola

Chikitsasutra: Vamana, Virechana and Bastikarma Vatajanita-Snehyuktayoga, Pittajanita-Rechanadi Kaphajanita-Vamanadi

In Parinamashoola¹⁹-Tikta and madhurasiddha vamana, Virechan and Basti

Amashayagata dosha-Vamanakarma and in Pacchamanavastha- Vierchana and Niruhabasti Pakvashayagata Anuvasanabasti – Until Pittante-Vamana

Kaphante –Virechana then follow same line of treatment as that of *Amlapitta* said by acharya *Gadanigahaka*.

Table no 4 Amlapitta Pathyapathy^{20,21} Annadraवा, Parinamashoola Pathyapathy:

Amlapitta Pathyapathy^{20,21}:	Annadraवा, Parinamashoola Pathyapathy:
Pathya-Laghu sheeta, madhura tiktaraśa, Yava, Mudgayusha, Lajasaktu, Karkotaka, Karavellaka, Patola, Kushmada, Dadima Godugdha, Ghrita	Acharya Vangasen and Bhaishajyaratnakara said Godhuma manda, mixed with ghrita, guda, sharkara sheetala ksheera-Pana Shalitandula manda, Yavamanda with ghrita,

<p><i>Apathyatila, Masha, Kulatha, Dhanyamla Madhya, Amla, Lavana katurasa pradhana ahara varja.</i></p> <p><i>Kashyapa lastly explained Deshantaragamana (Quit the place) to cure for the disease Amlapitta</i></p>	<p><i>alpamatra annapana Vangasen, Bai. Rat Acharya Yogaratnakara Bhavamishra expalined Masha, Shimbidanya, Madhy, Strisanga, Vyayama, Atapa, Krodha Shoka, Ratrijagarana, amlapadartha, Sandanasidda amlapadartha Tila Varja.</i></p>
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Most practicable treatments in these conditions:

- *Deepana pachana* with *Avipattikarachurna* or *Agnitundivati* for 3-5days with *Jala Shodhana* procedures like *Shamanasneha-* with *Dadimadighrita*, *Sukumaragruta*, *Indukanta ghrita*
- *Sadhyovamana*- If necessary
- *Arohanasnehapana* followed by *Virechana-* *Dadimadighrita*, *Sukumaraghrita* or *Ghrita* mentioned in that context is better option
- *Yastimadhu Ksheerabasti-*
 - A. *Yastimadhu Ksheerapaka Basti*
 - B. *Niruhabasti* pattern as mentioned in classics.
- *Anuvasana basti* with *Yastimadhu ghrita*.

Shamana yoga

Hingvadichurna/Vati, Narikelalavana, Laghusutsekhabha, Louha preparation Like Saptamritalouha, Dhatriloha, Navayasaloha, Pathyadilouha.. As Haematinics (Panduroga)

Rasayana: *Madiphlarasayana, Khandasunti avalehya, Khandamalaki*

Best Anupanas in these conditions

Madhu: Is *sheeta veerya* and *kashaya rasa*, thus acts as *pittahara*. *Vrunashodhana ropana* and *Sandhaneeya, Krimihara*

Ghrita: This is *vata* and *pittahara* due to its *sheeta veerya*, *madhura rasa* and *vipaka*. It also acts as a *deepana*. Due to its *snigdha* and *sheeta guna* it acts as a soothing effect. *Vruna shodhana, ropana*

Ksheera: *Sheeta, Madhurarasa, Pitta, Raktavikara Rasayana*

Purana Guda: *Panduroga, Raktakshaya, Krimihara*

Table showing Treatment of Amlapitta, Parinamashoola & Annadravashoola ^{22,23,24}

<i>Amlapitta yoga</i>	<i>Parinamashoola-</i>	<i>Annadravashoola-</i>
<p><i>Guduchadikwatha</i> <i>Patoladikwatha</i> <i>Avvipattikarachurna</i> <i>Hingvadichurna</i> <i>Laghutshekhararas</i> <i>Kamadugarasa</i> <i>Shathavrighrita</i> <i>Drakshadighrita</i> <i>Jeerakadighrita</i> <i>Rasayana- Narikela khanda, Khanda pippali avaleha, Amalakhanda, Jeerakadhyavaleha, Dadimadhyavaleha</i></p>	<p><i>Aparajitamulakalka mixed with sharkara, madhu and Ghrita taken for 7days</i></p> <p><i>Nagaradikalka-Shunti, Tila and Puranagudakalka pachan is done in ksheera taken for 7days</i></p> <p><i>Shambukabhasma with ushnajala anupana</i></p> <p><i>Shambukadivatika-prathakala</i></p> <p><i>yatanusaramatra</i></p> <p><i>Vaishvanarachurna- Parinamshoola- C.D</i></p> <p><i>Samudradhyachurna-</i></p>	<p><i>Louhaguggulu-Ikarshapramana vati with Ushnajala</i></p> <p><i>Pathyadilouha-Haritakichurna and Louhabhasma with goghrita Krishnadhyalouha-Pippali, Haritakichurna and Louhabhasma with Madhu & Ghrita,</i></p> <p>^{26,27,28} <i>Nagaradikalka Shambukabhasma</i></p> <p><i>Tiladigutika</i></p> <p><i>Narikelakshara</i></p> <p><i>Shankhachurna- Samudradhyachurna</i></p>

	<p><i>Parinamshoola Bai.Rat</i> <i>Dadimadighrita-</i> <i>Parinamshoola</i> ²⁵ <i>Annadrvashoola,</i> <i>Parinamashoola</i> <i>Hingvadichurna</i> <i>Shambhukadigutika</i> <i>Triphalalouha- With</i> <i>ksheera sadhyashoolahara</i> <i>Dartilouha, Saptamritalouha</i> <i>Haritakikhanda-</i> <i>Annadrvashoola-Rasayana</i> <i>Pugakhanda-Rasayana</i> <i>Khandamalaki-</i> <i>Parinamashoola-Rasayana</i></p>	<p><i>Pippalyadiyoga</i> <i>Vidangadyomodaka-</i> <i>Yatanusaramatra</i> <i>Erandibhasmayoga</i> <i>Yatanusaramatra</i> <i>Ksheeramandura-</i> <i>Yatanusaramatra</i> <i>Taramandura</i> <i>Shathavarimandura-Bhojana</i> <i>adi, madhya and antya sevana</i> <i>Narikelalavana -PS</i> <i>Saptamritalouha ps</i> <i>Pippalighrita ps</i> <i>Khandamalaki-ps Rasayana</i> <i>Narikelakhanda-ps</i> <i>Amalakakhanda-</i> <i>Narikeakhanda-</i> <i>Narikelamrita-Rasayana</i> <i>Pippalighrita- 1/2 tola with 1tola</i> <i>madhu along with ksheera- best</i> <i>in Parinamshoola</i> <i>Bheejapuradhyaghrita-</i> <i>Dadikaghrita</i> <i>Trutyadyarishta-start with</i> <i>30bindu upto 60bindu,</i> <i>Agnibalnusara</i> ¹⁹ <i>Kapardikabhasma- 250mg</i> <i>with Nimbuswaras</i> <i>Shnakhabhasma-250-300mg with</i> <i>Nimbuswaras</i></p>
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DISCUSSION

While explaining *Shamanayoga*:

- *Shudhavarga preparations* *Shambhukadi, Shankha Shukti, Kapardika* etc will be highlighted by various *acharyas* these preparations are act as antacids maintains acid secretions, reduces *shoola* and *Shotha*
- While explaining different *yogas* and as well as *Rasayana yogas* of *Annadrvashoola, Parinamashoola* when we look into the benefits majority of them are also indicated in *Amlapitta*. Hence for the diseases like *Amlapitta, Parinamashoola* and

Anndravshoola follow similar *yogas* in all these conditions.

Why there is different colours of *Vamana in Amlapitta* ?

Different colours of *Vamana in Amlapitta* like *hareeta, peeta, neela....*because of involvement of *pittadosha* and when *Pitta* attains *vidhagdhata* produces different colours.

How to differentiate *Urdhvaga and Adhoga Amlapitta*?

In *Urdhvaga- hareeta, peeta, neela....Vamana*
Adhoga- hareeta, peeta, neela..Atisara is the main difference

Amlapitta Pittapradhana Why Vamana ?

Amlapitta is *Amashaya samudbhava* and it is also treatment for *Kapha* as well as *Pitta*

For Amlapitta Annadrava, Parinamashoola Tiktarasa pradhana dravya are specified what is the Rationality?

Tiktarasa dravya like *Patola, Nimba, Vaasa, Guduchi...* possess *Laghu, Rukshaguna, Sheetaverya* pacifies *Pitta* and does *Agnideepana, amapachaka* helpful in *Aruchi, Praseka, Krimi daha*. Thats why. *Shali* is said to be *Apathya* as it is said to be *sarve Pathya* by *Charaka*. Here *shali* produces the *Vidhagdhata* which is the preliminary stage of the disease

Upavasa- Because of excess *Pachakapitta* produces irritation to the mucus membrane produces the disease

Few Guidelines to the patient, Healthy person

- Take food then only when previous food was properly digested
- Avoid excess tea, coffee, alcohol and carbonated drinks
- Avoid excess intake of NSAIDs
- Avoid irregular food habits and heavy food articles and overeating
- Don't go for junk foods like Fast food, Bakery items, too spicy too fatty etc
- Avoid *divaswepna* and *ratrijagarana*
- *Chinta, Shoka, Bhaya, Krodha* etc kept aside while taking food
- Always *hita, mita, laghu and dravyayukata ahara* and which is easily digestible is always preparable.
- When there is *Ama* and *Ajeerna lakshanas* are present *Langhana* is first and best

CONCLUSION:

- In the initial stage of the disease and in *Doshautkleshata* or by looking into

vyadhiavastha then only *Vamana* is to be done.

- To prevent the disease and recurrence ideal *Rasayana prayoga* is done for better results.
- Apart from treatment proper guidance about the lifestyle which is most essential to the patient.
- The *Budhimana vaidhya* should plan the appropriate treatment based on patients *Vaya, Bala Prakriti...*etc
- The diseases like *Duodenal ulcer, Peptic ulcer* which will correlating with *Parinamashoola* and *Annadravashoola* in Ayurveda.

REFERENCES:

1. Kurata. JH. Epidemiology of peptic ulcer. *Semin Gastrointest Dis* 1993, 4:2-12. Kuipers EJ. This JC., Festin HP. The prevalence of *Helicobacter pylori* in peptic ulcer disease. *Aliment Pharmacol Ther.* 1995, 9: 59-69
2. Clinical Medicine by Parveenkumar and Michael Clark 6th Edition, Elsevier Saunders, International Student Edition, British Library Cataloguing data, printed in Spain. P.N. 283
3. Mc Graw-Hill Harrison's Principles of Internal Medicine 17th edition, companies printed in USA. P.N. 1857
4. Mc Graw-Hill Harrison's Principles of Internal Medicine 17th edition, companies printed in USA. 1855.
5. Clinical Medicine by Parveenkumar and Michael Clark 6th Edition, Elsevier Saunders, International Student Edition, British Library Cataloguing data, printed in Spain. P.N. 284.

6. Sudarshana Shastry, Madhavanidana of Srimadhavakara with Madhukosha Sanskrit commentary by Srivijayarakshita and Srikantadatta with Vidyotini Hindi commentary 35th chapter 1st verse Part-1, Chawkhamba Sanskrit Bharati, Varanasi. 26th edition 1996. P.N.31-32
7. Kashinath Shastry, Vaidya Yadavatrikamaji Achar Agnivesha Charakasamhita Chakrapanidattavirachita Ayurveda dipika vyakhyanahindi Chikitsasthana 15th chapter 47th verse 4th edition Chowkambha Sanskrit samsthana, Varanasi. 1994.
8. Sudarshana Shastry, Madhavanidana of Srimadhavakara with Madhukosha Sanskrit commentary by Srivijayarakshita and Srikantadatta with Vidyotini Hindi commentary 51st chapter Part-2 Chawkhamba Sanskrit Bharati, Varanasi. 26th edition 1996. P.N.170-172
9. Vridajivaka, Kashayapasamhita edited by Pandit Hemaraja Sharma Khilasthana 16th chapter, 9th verse, Choukambha Sanskrit Sansthan, Varanasi 8th edition 2002.
10. Asthanga sangraha of Vruddha Vagbhata Shashilekha Sanskrit commentary by Indu Prof Jyotir Mitra Sutrasthana 20th chapter 6th verse edition 2006, Chowkambha Sanskrita Series Office, Varanasi.
11. Kashinath Shastry, Vaidya YadavatrikamajiAchar Agnivesha Charakasamhita Chakrapanidattavirachita Ayurveda dipika vyakhyanahindi Chikitsasthana 15th chapter 44th verse 4th edition Chowkambha Sanskrit samsthana, Varanasi. 1994.P.N. 386
12. Sudarshana Shastry, Madhavanidana of Srimadhavakara with Madhukosha Sanskrit commentary by Srivijayarakshita and Srikantadatta with Vidyotini Hindi commentary 26th chapter Part-1, Chawkhamba Sanskrit Bharati, Varanasi. 26th edition 1996. P.N.464-473.
13. Bhishgratna Pandit Sri Brahma Shankar Mishra, Bhavamishra, Bhavaprakasha Vidyotini Hindi commentary 10th chapter Chowkambha Sanskrit Series Varanasi Vol 2. 3rd edition 1961. P.N.322-337.
14. Sudarshana Shastry, Madhavanidana of Srimadhavakara with Madhukosha Sanskrit commentary by Srivijayarakshita and Srikantadatta with Vidyotini Hindi commentary 51st chapter Part2, Chawkhamba Sanskrit Bharati, Varanasi. 26th edition 1996.
15. Vridajivaka, Kashayapasamhita edited by Pandit Hemaraja Sharma Khilasthana 16th chapter, Choukambha Sanskrit Sansthan, Varanasi 8th edition 2002.
16. Sudarshana Shastry, Madhavanidana of Srimadhavakara with Madhukosha Sanskrit commentary by Srivijayarakshita and Srikantadatta with Vidyotini Hindi commentary 26, 51st chapter 2-6 verse Part-1,2, Chawkhamba Sanskrit Bharati, Varanasi. 26th edition 1996. P.N. 464-473,170-172
17. Sri Lakshmipathi Shastry, Yogaratnakara Vidyotini Hinditeeka by Vaidya Amlapitta nidana chikitsa 8th edition, 2004. Chaukambha Samskrita samsthana Varanasi. P.N.230-244
18. Jain Sankarlalji Vaidya, Vangasena, Vangasena samhita, Amlapittadikara

Mumbai Khemaraj Srikrishnadas publishers; 1996.P.N.648-656

19. Indradeva Tripathy and Gangashaya Pandeya Vaidya Shodala Gadanigraha vidyotini Hindi, Shoolachikitsa, Amlapittachikitsa chapter, Chauwkambha Sanskrit Series Varanasi. Reprint 2005.P.N.464-582, 816-824.

20. Indradeva Tripathy Acharya Ramnath Dwivedi Chakrapanidatta, Chakradatta, Amlapittachiktsa, Shoolachikitsa and Parinamashoola chikitsa 52, 26, 27th chapter Choukambha Sanskrit Sansthan Varanasi, 2nd edition. 1994. P.N. 295-300, 173-180, 181-187

21. Rajeshwaradatt Shastry Bhaishajyaratnavali Amlapittachikitsa prakarana Chauwkambha Sanskrit Sansthan Varanasi.18th edition 2007, P.N.920-931

22. Brahmanand Tripathi Vagbhata, Asthangahridaya Chikitsasthana 16th chapter 2nd verse, Choukambha Sanskrit Sansthan Dehli, Reprint 2003.

23. Sri Lakshmi pathi Shastry, Yogaratnakara Vidyotini Hinditeeka by Vaidya Shoola, Parinamashoola nidana chikitsa, 8th edition, 2004. Chauwkambha Samskrita samsthana Varanasi. P.N.1-18

24. Indradeva Tripathy Acharya Ramnath Dwivedi Chakrapanidatta, Chakradatta, Amlapittachiktsa, Shoolachikitsa and Parinamashoola chikitsa 52, 26, 27th chapter Choukambha Sanskrit Sansthan Varanasi, 2nd edition. 1994. P.N. 295-300, 173-180, 181-187

25. Rajeshwaradatt Shastry Bhaishajyaratnavali Shoolarogachikitsa prakarana, Chauwkambha Sanskrit Sansthan Varanasi. 18th edition 2007, P.N.633-661

26. Jain Sankarlalji Vaidya, Vangasena, Vangasena samhita, Amlapittadikara Mumbai Khemaraj Srikrishnadas publishers; 1996.P.N.648-656

27. Rajeshwaradatt Shastry Bhaishajyaratnavali Shoolachikitsa prakarana Chauwkambha Sanskrit Sansthan Varanasi. 18th edition 2007, P.N.633-661

28. Bhishgratna Pandit Sri Brahma Shankar Mishra, Bhavamishra, Bhavaprakasha Vidyotini Hindi commentary 10th chapter Shoolarogadikara, Chowkambha Sanskrit Series Varanasi Vol 2. 3rd edition 1961.P.N.121-125.

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