

OBSERVATIONAL STUDY OF ENDOSCOPIC CHANGES IN CLINICALLY DIAGNOSED CASES OF AMLAPITTA

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ABSTRACT

Amlapitta being one such disease has become a chief cause for discomfort in the normal proceeding of day-by-day activities. Hence in this study an attempt is made the observation of endoscopic changes in Amlapitta. Cases presenting with classical signs and symptoms of Amlapitta were selected for the study. The signs and symptoms of Amla pitta like Hruthkantadaha, Tiktaamlodagar, Utklesha, Klama, Aruchi, Avipaka were assessed for diagnostic purpose. Endoscopy was done and observations were noted. In the present observational study on amlapitta with special reference to endoscopy maximum 39 patients were showed Antral Gastritis as endoscopic changes followed by Antral gastritis with Gastric ulcer in 7 patients.

KEYWORDS: Amlapitta, Gastro intestinal disorder, Endoscopy

INTRODUCTION

In the present era due to changes in life style with respect to Aahara, vihaara, aachara people end up with many lifestyle disorders amongst which Amla pitta seems to be the most burning health issue. As Amla pitta interferes in day-to-day routine and diminishes the quality of life there is a strong need for the study on Amla pitta subjects. So, patient suffering with Avipaaka, Amlodgaara, Angagourava, Aruchi, Hrutkantha daaha etc was selected for the study¹. Amla pitta is very common disease of Annavaahasrotas mainly caused by viruddha Aahaara like ksheera and matsya, Dushtaanna and vidahiaaharas like takra, surapaana and dhaanyas like masha, kulattha, navina shali etc². Increasing modern food technology & advancement of civilization

are taking people to sedentary lifestyle causing 50% of the gastrointestinal tract (GIT) disorder most of the gastrointestinal disorders are due to abnormal functioning of the Agni (digestive fire) Based on clinical features Amla pitta can be correlated with various types of gastro-esophageal reflux diseases like esophagitis, gastritis, dyspepsia, heartburn. Hyperacidity, hypoacidity etc.³ So in this study clinically diagnosed cases of Amla pitta will be subjected to the principle of total internal reflection which helps for the visualization of the lumen internally. The present study aims in observing the findings of endoscopy in clinically diagnosed cases of Amlapitta. These observations and comparisons will further help in therapy and

also to prevent the further progression of the pathology.

AIMS AND OBJECTIVES

To observe the endoscopic changes in clinically diagnosed cases of amlapitta

METHODOLOGY

Study design:

In this study 60 patients were selected from OPD and IPD of Shri.J.G.C.H.S Ayurvedic Medical college Ghataprabha, presenting with classical features of Amlapitta and they were observed for endoscopy for evaluation after assessed with proper history taking and physical examination.

Inclusion criteria:

1. The patients both male and female fulfilling the classical laxanas of Amlapitta were selected.
2. Age group between 18-60 patients were included

Exclusion criteria:

Patients having age less than 18yrs and more than 60yrs and pregnant woman were excluded from the study

Diagnostic criteria: Patients are diagnosed clinically on the basis of signs and symptoms and physical examination and laboratory findings.

Duration of the study: Since this is a Clinico – observational study, patients were

kept under observation until fulfilment of objectives

Assessment criteria:

Assessment will be done based on Subjective and Objective Criteria.

Subjective criteria⁴:

1. Avipaaka
2. Klama
3. Utklesha
4. Tiktaamlaudgaara
5. Hritkantadaaha
6. Aruchi

Objective criteria:

1. Patients Endoscopy findings were incorporated.

Observation and Results:

Out of 60 patients selected for the study 33.33% have manifestations like Hrutkantadaha, Tiktaamlaudgar, Utklesha and Klama. 26.6% of the total patients showed Hrutkantadaha, Avipaka, Aruchi and Klama. 20% of the total patients selected for the study showed Hrutkantadaha, Aruchi, Avipaka and Utklesha whereas it was observed that only 6.6% of the total patients were having manifestations like Hrutkantadaha, Tikta amla udgar and Avipaka and 13.3% of the total patients had Klama instead of Avipaka. (Shown in Table No: 1)

Table No : 1 Critical analysis of subjective parameter

Subjective parameter	No.	Percentage
Hruthkanatadaha + Tiktamlaudgara + Utklesh + klama	20	33.3%
Hruthkantadaha + Aruchi + Avipaka + klama	16	26.6%
Hruthkantadaha + Tiktaamalaudgara + klama	08	13.3%
Hruthkantadaha + Tiktaamlaudagara + Avipaka	04	6.6%
Hruthkantadaha + Aruchi + Avipaka + utklesha	12	20%

Based on the observation of present study the endoscopy impression of 60pts can be broadly classified into Antral Gastritis, Antral Gastritis with Gastric Ulcer, Antral Gastritis with Duodenitis, Oesophagitis with Lax Cardia, Fundal Gastritis with Hiatus Hernia and Gastric Varices. Among 60

patients, 65% of the patients showed Antral gastritis, 11.6% showed Antral gastritis with Gastric ulcer, 8.3% showed Antral gastritis with duodenitis and Oesophagitis with lax cardia, 6.6% of them showed Fundal Gastritis with Hiatus hernia followed by 1% of Gastric varices. (Shown in Table No:2)

Table No 2: Showing Endoscopy Impressions of patients of Amla Pitta

Endoscopic Observations	No of pts.	Percentage
Antral Gastritis	39	65%
Antral gastritis with Gastric ulcer	07	11.6%
Antral gastritis with duodenitis	05	8.3%
Oesophagitis with lax cardia	05	8.3%
Fundal Gastritis with Hiatus hernia	04	6.6%
Gastric varices	01	1.6%

DISCUSSION

Based on incidence of the lakshana of Amlapitta among 60 patients Hruthkantadaha, Tiktaamlaudgar, Aruchi, Avipaka, Utklesh and Klama can be considered as the pratyatama lakshana (cardinal features) of Amlapitta and Shirasoola, Angagourava, Chaardi, Daurabalya, and Atikshuda as anubandha lakshana (Associated features). Based on endoscopic observations among all the patients 39 (65%) were showed antral gastritis and these were expressed Hruthkantadaha, Tiktaamlaudgar, Klama, Avipaka and Aruchi this may be because of the easy reflux of the gastric contents. Antral gastritis with gastric ulcer showed inflammation with ulcer of gastrium in 7 (11.6%) patients and these patients expressed Hruthkantadaha, tiktaamlodgar, klama, Aruchi. Antral gastritis with duodenitis showed mucosal swelling, redness and erosion of the both places of 5 (8.3%)

patients and these patients expressed Hruthkantadaha, Klama, Utklesh, Aruchi, Avipaka, tiktaamlaudgar. 5 (8.3%) patients showed inflammation of oesophagitis i.e, Oesophgitis with lax cardia and these were expressed Hruthkantadaha, tiktaamlaudgar, Utklesh, klama, Aruchi, Avipaka. 4 (6.6%) patient showed Fundal gastritis with hiatus hernia and these patients expressed Hruthkantadaha, Aruchi, Avipaka, Utklesh, Tiktaamlaudgar. Dilated and engorged gastrium veins of 1 patient showed Gastrium varices and patient presented with Hruthkantadaha, Aruchi, Utklesh, tiktaamlaudgar.

CONCLUSION

In the present study on clinically diagnosed cases of amlapitta, maximum 39 patients were showed Antral gastritis as change in endoscopy followed by Antral gastritis with Gastric ulcer, Antral gastritis with duodenitis, Oesophagitis with lax cardia and Fundal Gastritis with Hiatus hernia. Based

on the critical analysis of subjective parameters it can be concluded that Hrithkantadaha, Tiktaamlodgar, klama, Utklesha, Avipaka and Aruchi, can be considered as pratyatmalakshanas of amlapitta.

REFERENCES

1. Madavakara, Madavanidana Amlapitta Nidana Vidyotini Vimarshya Choukawbha Sanskrit Sausthan Varanari Edition 2001, chapter No. 51/1-2. Page no.170-171.
2. Acharya Kashyapa, Kashyapa Samhita Kilasthana, Amlapitta Chikitsa Adhyaya revised by Nepal Rajguru Pandith Hemaraj Sharma Choukambha Sanskrit Sansthan Varanasi, Edition-2010. Chapter No. 16/3-9, Page no 335.
3. Harshamohan- Pathology Edition-4thJaypee brothers medical publishers (p) Ltd. Aug 2000 Page no.518 to 530.

4. Madavakara, Madavanidana Amlapitta Nidana Vidyotini Vimarshya Choukawbha Sanskrit SausthanVaranari Edition 2001, chapter No. 51/1-2. Page no.170-171.

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