A CRITICAL STUDY OF THE CONCEPT OF AMLAPITTA AND PARINAMASULA

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ABSTRACT: The various aspects of theory and treatment of Amlapitta and Parinamasula are presented in this paper.

Amla Pitta, a clinical entity of upper gastrointestinal tract, is not clearly described as an independent clinical entity in Brhattayi. Carak has reckoned Amla Pitta as one of the diseases which are consequence of faulty diet and Ama Visa (Ca Ci 15)\(^1\).

There is no mention of Amla Pitta in Susruta Samhita and Astanga Sangraha. Kasyapa Samhita is the first available treatise describing Amla Pitta as a separated clinical entity. Time period of Kasyapa Samhita is controversial.

Since the period and authenticity of Kasyapa Samhita is debatable, we can give full honour to Madhavakara who described aetio-pathogenesis signs, symptoms and two subtypes of Amla Pitta in his great treatise Madhava Nidana.

Definition:

Amla Pitta consists of two words, Amla and Pitta meaning by (1) Amlam Pittam i.e Pitta of sour taste, (2) Amlaya- Pittam Amla Pittam ie. Pitta leading to sour taste. Although, sour taste is one of the physiological properties of Pitta, nevertheless, it is not realized in healthy condition, it is realized only when it aggravates.

Cakarpani in his commentary on Caraka Samhita states that ‘Amlagunodriktam Pittam Amla Pittam’. Udrikta stands for increase or excessive, which means that there is quantitative increase in Pitta which leads to Amla guna.

Amlaya- Pittam Amla Pittam: This definition is available in the Sanskrit Dictionary “Vacaspatyam”. It states that Amla Pitta is a condition, in which whatever is eaten, is transformed into Amla Rasa due to pathological Pitta.

According to Susruta, Katu Rasa is the original Rasa of Pitta and when Pitta becomes vidagadha it changes into Amla Rasa.

NIDANA:

Virudha Ahara and Dusta Ahara (by causing Agnimandya) and excessive Amla and Vidahi foods (by aggravating Pitta Dosa) are aetiological factors of Amla Pitta. Following types of foods may cause Amla Pitta : Ati-usma, Ati sita, Atisnigdha, Atirukha, Ati-guru, Ati drva, Ati-ghana, Ati amla, Abhisyandi and Viruddha-Ahara (incompatible diet). Abhojna (starvation) and Athibhojana (excessive meal) also help
in the production of Amla Pitta by disturbing the physiological process of Agni, Kulatha, Madya, Bhrista Dhanya (fried paddy) and Adhyasana are also the causative factors of Amla Pitta. (Adhyasana means to take meal prior to the digestion of previous meal).

SAMPRAPTI:

Virudha Bhojana (incompatible diet) and Dusta Bhojana (unhygienic or improper diet), when taken by a person who regularly enjoys Pittala Ahara such as Madya, Kulatha and Bhrista Dhanya makes the Pitta Vidagdha. This Vidagdha Pitta gets sour or acidic (Amla Bhava) which results in Apaka (indigestion), Amlodgara (Acid eructations and Pyrosis) etc. and the diseases entity Amla Pitta comes into existence.

The site of lesion of Amla Pitta is Amasaya. Agni is vitiated in this condition due to which food remains undigested. This undigested food becomes sour due to fermentation and acts as poison. This food poison on combination with Pitta produces Amla Pitta (Ca Ci 15/44,46,47)2.

Although, Pitta is the major Dosa vitiated in Amla Pitta; it is associated with Kapha and Vayu giving rise to conditions like Slesmika Amla Pitta, Vatika Amla Pitta and Vata Kaphaja Amla Pitta. According to Madhavakara, excessive secretion of Pitta may increase the acidity without Agnimandya and may produce the symptoms of Amla Pitta. Agnimandya is related with Pitta Kasya and excessive secretion of Pitta is called Pitta Vridhi.

To conclude, vitiation of Pitta is necessary for the clinical manifestation of Amla Pitta. It may be caused by both the increase and decrease of Pitta-Agni situated in the stomach. Vitiation of Vata and Kapha may be associated with this disease.

RUPA (SYMPTOMS)

Samanya Lakhana of Amla Pitta include, Avipaka (indigestion) Utklesa (Nausea), Aruci (anorexia), Tikta-Amla-Udgara (Acid bitter eructations), Gurukosthatuama (Abdominal discomfort) and Hrita Kantha Daha (Pyrosis). Kasyapa has added, Antrakujana (gargling), Udara Adhmana (tympanitis), Vidabheda (diarrhoea) and Hrid Sula (precordial pain). Above symptoms are related to gastro intestinal tract. Other symptoms are Gaurava (malaise), Klama (Lassitude), Siroruja (Headache) and Romaharasa (erection of hair).

VISISTA LAKSHANAS OF AMLA PITTA:

Visista Lakshanas correspond to different types and subtypes of a disease. Different types of Amla Pitta with its symptoms are as follows:

A. URDHVAGA AMLA PITTA:

1. Vaman Pradhana Urdhvaga Amlapitta: In this type Vaman is the presenting symptom. The vomits may be of various colours viz. Hrit (greenish), Pitta (yellowish), Nila (bluish), Krishna (blackish), Araktabha (without blood).

2. Udgara Pradhana Urdhvaga Amla Pitta: Tikta and Amla Udgara (bitter and sour eructations) are the main symptoms of this subtype.

3. Kaphapittolvana Urdhvaga Amla Pitta: In this type Kara Daha (burning in hands), caran daha (burning in feet), Avipaka (indigestion), Utklesa (nausea),
Mahti Aruchi (too much anorexia), Jvara (fever), Kandu (itching) and Mandal (rashes) are found.

B. ADHOGA AMLA PITTA

Trita (thirst), Daha (burning), Hrillasa (nausea), Analpsada i.e Aghnimandya, Vividh Prakara Ke mala (various types of stools-greenish, yellowish, blackish, red coloured), sveda (perspiration), murcha (faintness) etc. are the symptoms of Adhoga Amla Pitta.

C. VATAJA AMLA PITTA

Sula (pain in epigastrium), snigdha Upasaya (relief after fatty meals, Jrimbha (yawning), Pralapa (Delirium) etc. are symptoms of this type of Amla Pitta.

D. SLESMIKA AMLA PITTA

In this kaphanisthivana (mucoid sputumes), Aruci Aghnimandya, Nidra (excessive sleep) etc are the main symptoms.

E. VATA KAPHAJA AMLA PITTA

Symptoms of Vataja and Slesmika Amla Pitta are combined in this type.

F. PAITTIKA AMLA PITTA

It is described in Kasyapa Samhita, cardinal symptoms are Bhrama, Vidaha and Madhura Sita Padaratha Upasaya.

LINE OF TREATMENT

1) NIDANA PARIVARJANA : Food articles which play the role in the production of Amla Pitta and wrong dietary habits such as Adhyasana must be withdrawn.

2) SAMSODHANA CIKITSA : It includes vaman to pacify the Kapha Dosha.

After this Mridu Virecana (Mild laxatives) is given to control Pitta Dosha. Vasti can be given in Chronic and Vata predominant Amla Pitta.

3) SAMSAMANA CIKITSA : It includes Pathya, Ahara and Ausadhi.

AHARA (Diet) : In this disease bitter (Tikta) diet is helpful. Barley, Wheat and Satu are helpful. Rice should be taken in least quantity. Beans are contra indicated. Patola and Karela are useful vegetables. Amla Banana, coconut are also helpful, Milk is best diet in this disease.

Apathya – Recently harvested rice, incompatible diets, Tila seasamum curd, oils and alcohol should not be taken.

Drug Treatment: Amla, Triphala, Curna, Madhuyasti Curana, Avipatikara curna, Sutasekhara Rasa, Lilavilasa Rasa, Satavari Rasayana, Amlaki Rasayanai etc. are indicated in Amla Pitta.

Amla Pitta can be correlated with dyspepsia in general. It cannot be correlated with gastritis. Gastritis is of two types, erosive and non-erosive. Erosive gastritis is an acute condition resulting from alcohol consumption, NSAIDS, Cytotoxic drugs, stress etc. patients come with haemelemesis, epigastric pain etc. Non erosive gastritis can be diagnosed only by biopsy not clinically. Non-ulcer dyspepsia has been correlated by some workers with Amla Pitta. Non-ulcer dyspepsia refers to symptoms that suggest a diagnosis of peptic ulcer despite the absence of an ulcer by endoscopy or barium X-ray studies. Pain in abdomen and relation of pain with meals is not the cardinal feature of Amla Pitta. So, Amla Pitta does not resemble with Non-ulcer dyspepsia.

Amla Pitta should be correlated with dyspepsia in general. The symptom
complex of dyspepsia in general and that of Amla Pitta almost stimulate with each other. Main symptoms of dyspepsia are indigestion, regurgitation of sour and bitter tasting material, water brash, heart burn, abdominal discomfort or mild pain, gaseousness bloating, flatulence and food intolerance; while the symptoms of Amla Pitta are Avipaka, Tiktamlodgara, Hritkantha Daha, Gaurava and Aruci. So, most of the symptoms of dyspepsia and Amla Pitta are almost the same.

**PARINAMA SULA** as an independent clinical entity, has been described by Madhavakara, the author of Madhava Nidana. There is no description of Parinama Sula in three great classical works of Ayurveda namely Bhattacharyya. The concept of Madhava Nidana, was accepted by later works viz. Cakardatta, Gadangrah, Bangsena, Sarangdhara Samhita, Bhava Prakasa, Yogaratnakara and Bhaisajya Ratnavalli.

There is description of Sula in Bhattacharyya in different contexts but there is no mention of Parinama Sula. Madhavakara has written a separate chapter on Sula named as Sula-Parinama Sula Annadrava Sula – Nidanama. In this chapter eight types of Sula have been described. In addition to this, he has also described two separate disease entities known as Parinama Sula and Annadrava Sula.

Parinama Sula is a compound word. It comprises of two words, ‘Parinama and Sula’. The word Sula has been derived from Sul which means pain, disease or noise as given in the Samskrit dictionaries. ‘Sula Rujayam Sanghose Ca’. In Ayurveda, Sula has been defined as (i) the sharp piercing pain, as if a nail is being pierced in the body (Su. Ut. 42/81). The word Parinama has been used in three different senses in Ayurveda viz. Kala (Season and time), result and conversion of food digestion etc. To sum up, the term Parinama Sula indicates a disease characterized by stabbing or piercing pain in the abdomen which is felt during digestion of food.

Annadrava Sula, Pakti dosaja Sula, Pakti Sula and Annavidahaja Sula are synonyms of Parinama Sula. Although, Annadrava Sula is a synonym of Parinama Sula nevertheless, it has been described as a different clinical entity in Madhava Nidana. According to Madhavakara, the pain in Annadrava Sula does not subside at any time; it has no relation with meal, nor with Pathya or Apathya but is relieved occasionally after vomiting.

**NIDANA**: None of the scholars has described the aetiological factors of Parinama Sula in detail. Madhavakara has mentioned the Prakopa of Vata by Svanidana which is followed by involvement of Pitta and Kapha. Therefore, the factors which provoke Vata can be included in the aetiology of Parinama Sula. Aetiological factors of Sula can also be added in the Nidana or Parinama Sula, these include various faulty dietary habits, faulty exercises and deliberate retention of urges (Vegavrodha). Khobha, Tarasa, soka and Krodha are psychic factors which play causative role in the production of Sula Roga.

**SAMPRAPTI**: Parinama Sula has not been mentioned in Magnum Trio. Madhavakara has also given concise description of Parinama Sula. Vijaya Rakhi, the commentator of Madhava Nidana has given a very comprehensive picture of Parinama Sula. Sula or colicky pain during digestion is the characteristic feature of Parinama Sula which might have attracted the
attention of Madhavakara to describe it separately from other types of Sula.

Parinama Sula is a Tridosaja Vyadhi (Vijaya Rakshita Madhukosa 26/15, 16). Of all other three Dosas, Vata is the most powerful. The provided Vayu encompasses kapha and pitta. For this, the word ‘Samavritya’ has been used. The word ‘Samavrita’ connotes proper and all round obstruction. It is supposed in Ayurveda that when one Dosa is provoked, the other Dosas are reduced. Hence in this condition, the increased vata decreases Pitta and Kapha. The word ‘Bali’ has been used for this. ‘Sulkari Bhaved Bali’ (Ma. Ni. 26/15) shows that cause of Sula is Bali Vayu.

According to Vijaya Rakshita, Pitta is the most powerful and predominant Dosa in the pathogenesis of Parinama Sula. His argument is that pain of Parinama Sula is experienced during the period of digestion, when Pitta remains in provoked condition. Hence Pitta should be taken as the predominate Dosa in Parinama Sula (Vijaya Rakshita Madhukosa 26/15 – 16).

Role of Balasah Pracyutah Sthanata Pitten Saha Murcchitah (Vijay Rakshita Madhukosa 26/15).

Literal meaning of the above line is that Kapha has fallen down from its original place and is unconscious. This Kapha, takes provoked Pitta and provoked Vayu with it and produces Sula during the period of digestion. In physiological state Kapha protects Amasya from the eroding effects of Pacaka Pitta or Acid- Pepsin mixture. When this equilibrium is disturbed Parinama Sula comes into existence. Or it can be stated that aggressive action of acid-Pepsin mixture is antagonized by mucus of stomach. When Madhura Raka of Amasya is over powered by Amla Paka, Parinama Sula is produced.

To conclude, aggravation of Vata and Pitta and reduction of Kapha produced Parinama Sula. Dusya and Adhisthana in this disease are Rasa and Amasya respectively.

Aetiopathogenesis of Parinama Sula is very similar to peptic ulcer. The theory of Bali Vayu resembles the theory of hyper motility and disturbed motility of oesophagus and stomach. The theory of Balasah Procutah state the decreased defensive mechanism. The predominance of Pitta is similar to increased acidpepsin mixture. The concept of ‘Kapha-Pitta Samavritya’ suggests the delayed emptying time, stasis of gastric contents and obstruction near pyloric canal.

RUPA (SYMPTOMS) AND CLINICAL TYPES OF PARINAMA SULA

Abdominal pain which precipitates and aggravates during digestion is the most frequent symptom of Parinama Sula. Common sites of pain include Kukhi (epigastri region), Jathara-Parsva (right and left hypochondrium; Right and left iliac region) Nabhi (Umblical region) Basti (Hypogastric region), Stanantra (Retrosternal), Prasthmula Pradesa (back) and all the above sites at same time. The pain is relieved by taking meal and by vomiting. It also alleviates after the completion of digestion. Pain is aggravated by taking boiled rice (Odana). Madhavkara has described seven types of Parinama Sula viz. Vataja, Paittika, Kaphajam Vata – Pittaja, Vata-Kaphaja, Pitta-Kaphaja and Sannipataja.

Vataja Parinama Sula is characterized by Adhamana (Flatulence) Atopa (borborygmi), Vinmutra Vibandha (constipation and retention of urine), Arati
(uneasiness), Vepana (cramps) and Snigdhosna Samana. Daha (Burning sensation), Trisna (Thirst), Atisweda (Hyperhydrosis), aggravation by Katu, Amla and Lavana Rasa and relief by cold application are the main symptoms of Pittaja Parinama Sula. The Symptom complex of Kaphaja Parinama Sula is Swalpa Ruga Dirgha Santati (mild but steady pain), Chardi (vomiting), Hrillasa (Nausea), Sammoha (Giddiness) and relief by Katu and Tikta Rasa. In other types of Parinama Sula combined symptoms of related Dosas are found.

Prognosis : Two conditions have bad prognosis.

1. Tridosaja Parinama Sula
2. Patients having Khinamansa Bala (Cachexic) and Mandagni.

Different Diagnosis :

1. Annadrava Sula and Parinama Sula : Aetipathogenesis and treatment of these diseases is same. Pain in Annadrava Sula starts immediately after meals and continues for a longer time while it is felt only during digestion in Parinama Sula. Pain of Annadrava Sula is relieved only by vomiting and Pathya or Apathya makes no difference in the intensity of pain.

2. Parinama Sula and Paittika Sula : Pain of Paittika Sula aggravates or felt at all times of Pitta Vridhi. It is Cosyukta (inflammatory) in character and is Ekdosaja (Only Pitta). While pain of Parinama Sula is felt only during digestion. It is piercing (Sula) in character and is Tridosaja.

3. Parinama Sula and Amla Pitta : Amla Pitta presents clinically with Hrit Kanth Daha (Pyrosis), Amla-Udgara (acid eructations) and Avipaka (indigestion). Sula or pain abdomen is not the presenting feature of Amla Pitta. While in Parinama Sula, piercing pain in cardinal symptom. Amla Pitta can be regarded as precursor of Parinama Sula.

TREATMENT

1. Nidana Parivarjana : Faulty dietary habits, excessive physical and mental work, stress, anger, excessive indulgence in sex, alcoholic beverages, excessive use of beans and rice should be stopped.

2. AHARA : Milk is the best food in this disease. In acute conditions, patients should be kept only on milk. Later on light diet is given. Rice, beans and salts are harmful in this disease. Sour food articles and condiments should be avoided. Banana and coconut water are beneficial.

3. DRUGS : Samkha Curana, Sambuka Bhasma, Patoladi Kwatha, Narikela Lavana, Dhatriloha, Saptamrita Loha, Sutesekhara Rasa, Khara Raja

Parinama Sula owing to its similar clinical features, is fairly correlated with duodenal ulcer disease (Chaturvedi et al, 1979). Singh and Upadhyaya (1977) have correlated Vatika Parinama Sula with duodenal ulcer; Paittika with gastric ulcer and Annadrava Sula with gastric cancer.

Parinama Sula can be correlated with peptic ulcer and non-ulcer dyspepsia. In non-ulcer dyspepsia, the symptoms are like that of ulcer but there is no evidence of ulcer on endoscopy or other upper gastro-intestinal disorder.
The “Classic” case of duodenal ulcer presents with burning epigastric pain occurring one to three hours after meals, frequently awakening the patient at night but rarely occurring before breakfast; alkali and food produce the relief in pain.

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