STUDIES ON THE ETIOLOGICAL FACTORS ACCOUNTABLE FOR THE OCCURRENCE OF AMLAPITTA (ACID PEPTIC DISEASE)

Pooja Soni[1] , Rita singh[2], Sanjay Srivastava[3]

[1]M.D. Scholar, Department of Roga Nidan evum Vikriti Vigyan, Pt. Khushilal Sharma Government Ayurveda Institute, Bhopal, M.P. India. [2]Reader of Roga Nidan evum Vikriti Vigyan, Pt. Khushilal Sharma Government Ayurveda Institute, Bhopal, M.P. India. [3]Professor&HOD of Roga Nidan evum Vikriti Vigyan, Pt. Khushilal Sharma Government Ayurveda Institute, Bhopal, M.P. India

Corresponding Author: pooja.soni.jkc@gmail.com

ABSTRACT

In *Ayurveda,* it is highlighted that *Nidana* are the components accountable for the emersion of disease. In *Sushruta Samhita,* it is sturdily promoted that "*Nidana Parivarjanam*" is the first line of treatment for a diseased state, i.e., factors which are accountable for the manifestation of disease should be avoided. *Amlapitta* is among the most common disorders prevalent in society now a days due to indulgence in inceptive food habits & stressful lifestyles. *Amlapitta* is the most common pathological condition of *Agni Dushti* and is a very commonly faced problem in clinical practice; if untreated, it can lead to significant health problems. Nowadays people tend to desire quick meals such as fast food and junk food, which depicted humans to become victims of various diseases. So, we can contemplate that unwholesome and irregular food habits, mental stress and hectic lifestyle play an important role in the occurrence of many diseases like *Amlapitta* (Acid Peptic Disease). It is widespread among the young generation and every 5th person is suffering from this disease. *Amlapitta, Agni,* Etiological Factor

INTRODUCTION

Nowadays due the increased pace of life, mental stress, changes in food and food habits, addiction like smoking, chewing tobacco, consumption of alcohol etc., has contributed to the increase in the incidence of Acid Peptic Disease (*Amlapitta*).[1] *Amlapitta* is a disease that was first explored in *Kashyapa Samhita* (6 -7th A.D.) as a separate clinical entity. It is *Pitta Kapha Pradhan Tridoshaja Vyadhi* of *Annavaha Srotas* (gastrointestinal tract disorder) caused by vitiation of *Agni Vikriti* of *Pachaka Pitta, Kledaka Kapha* and *Saman Vayu. Avipaka* (indigestion), *Klama* (lassitude), *Utklesha* (nausea), *Tiktamlodgara* (sour eructation), *Gaurava* (heaviness), *Hritkanthadaha* (retrosternal burning sensation) and *Aruchi* (anorexia)[2] are the clinical features of this disease, which resembles with certain diseases viz. Gastro-Oesophageal Reflux Disease, Gastritis and Dyspepsia are described under the umbrella of Acid peptic disease.

Excessive secretion of acid and pepsin or a weakened mucosal defence of the stomach is responsible for the damage to the delicate mucosa and lining of the stomach, oesophagus and duodenum. Acute Gastritis is a transient acute inflammatory involvement of the stomach. A variety of etiologic agents have been implicated in the causation of Acute Gastritis, but Chronic Gastritis occurs more frequently with advancing age.[3] Moreover, along with these features, symptoms like Bloating and Postprandial fullness are found in Dyspepsia,[4] while atypical chest pain[5] and Sleep disturbance[6] are found in Gastro-Oesophageal Reflux Disease.

Agni plays a vital role in the maintenance of normal physiological equilibrium as well as in the disease process and planning the line of management of a disease. There are four different states of it, viz. *Mandagni* (mild or weak state of metabolic fire), *Vishamagni* (irregular state of metabolic fire), *Tikshnagni* (sharp or intense state of metabolic fire) and *Samagni* (normal state of metabolic fire). Among these, only *Samagni* is a normal physiological state of *Agni,* and the other three states of *Agni* are responsible for the manifestation of many diseases, including *Amlapitta.*[7] Though numerous works have been done on *Amlapitta* for its management. Still, the research work in detail for the etiological factor of *Amlapitta* has not been carried out so far.

HISTORICAL REVIEW

In *Charaka Samhita, Amlapitta* has not been described as a single entity.[8]

In Susruta *Sutra Sthana* 21/27, "*Amlika*" is caused due to *Pitta Dosha Prakopa*

KASHYAPA SAMHITA:

This is the first text in which the disease *Amlapitta* has been mentioned as a separate entity along with detailed description of its treatment. *Mansika Bhavas* are also included as a causative factor of *Amlapitta.*[9]

➢ TYPES OF *AGNIS*:[10]

Depending upon strength, *Agni* (factor accountable for digestion and metabolism) located in the body of human beings can be classified under four categories, viz.

✓ *TEEKSHNAGNI* – Sharp, high intensity
✓ *MANDAGNI* – Mild, low intensity
✓ *SAMAGNI* – Normal intensity
✓ *VISHMAGNI* – Irregular intensity

ETYMOLOGY:

'***Amlam Vidagdham cha tat Pittam Amlapittam***'[11]

Prakrit or *Avikrit Pitta,* having *Katu Rasa,* turns to *Vikrit* or *Vidagdha Pitta,* having *Amla Rasa* and loses its digestive property, leading to *Amlapitta.*

DEFINITION:

In *Madhava nidana, the* definition of *Amlapitta* is mentioned as the "***Vidahadyamla Gunodriktam Pittam Amlapittam***"[12] means there is an excess of *Amla* due to the *Vidahi* property of *Pitta* is called *Amlapitta.*

In Modern Medical Science, there is no exactly similar disease which can be related to *Amlapitta*. The symptoms of *Amlapitta* are described under the Acid Peptic Disease in Modern Medicine. The following diseases may be considered under the umbrella of Acid Peptic Diseases.

ü Gastro Oesophageal Reflex Disease
ü Acute Gastritis
ü Chronic Gastritis
ü Dyspepsia

AIM: To determine the etiological factor accountable for *Amlapitta* (Acid peptic disease).

MATERIAL AND METHODS:

100 Patients having the clinical features of *Amlapitta* (Acid Peptic Disease) as described in *Ayurveda* as well as Modern Medical Science were purposively selected from the OPD and IPD of Pt. Khushilal Sharma Government *Ayurveda* College and Institute Bhopal.

Specially designed questionnaire-based Research proforma was used to find out etiological factors described in various texts involved in the pathogenesis of *Amlapitta.*

CRITERIA FOR DIAGNOSIS:

INCLUSION CRITERIA:

1. Patients of either sex between the age group of 21 – 60 years.

2. The patient having cardinal symptoms of *Amlapitta* (Acid Peptic Disease) as described in *Ayurveda* as well as Modern Medical Science.

3. Patient willing to give the written consent for participation in the research study.

EXCLUSION CRITERIA:

1. Patients of either sex below the age of 21 or above 60 years.

2. Patients suffering from Gastric Ulcer and Duodenal Ulcer, Hypertension, Diabetes Mellitus, Cardiac pathology etc.

3. Pregnant and lactating women.

4. Patients would prefer to give the written consent for participation in the Research Study.

RESEARCH QUESTION:

1. Do you take milk with sour or salty ingredients?

2. Do you eat sour ingredients?

3. Do you eat food before it gets digested?

4. Do you sleep in the daytime?

OBSERVATIONS AND RESULTS:

DEMOGRAPHIC DATA:

AGE-WISE DISTRIBUTION:

Table No. 1: Age Wise Distribution

Age in year	No. of patient	Percentage
21-30	35	35
31-40	21	21
41-50	22	22
51-60	22	22

In this study, a maximum of 35% of patients were reported in the age group 21-30 years, followed by 22% of patients in the age group 41-50 years as well as the age group 51-60 years and 21% patients in the age group 31-40.

GENDER WISE DISTRIBUTION:

Table No. 2: Gender Wise Distribution

Gender	No. of patient	Percentage
Female	49	49
Male	51	51

In this study, a maximum 51% of patients were male and remaining 49% patients were female.

RELIGION WISE DISTRIBUTION:

Table No. 3: Religion Wise Distribution

Religion	No. of patient	Percentage
Christian	1	1
Hindu	96	96
Muslim	3	3

In this series, a maximum 96% patients were Hindu, followed by 3% of patients were Muslim and the remaining 1% of patient was Christian.

MARITAL STATUS WISE DISTRIBUTION:
Table No. 4: Marital Status Wise Distribution

Marital status	No. of patient	Percentage
Married	76	76
Unmarried	24	24

In this series, a maximum of 76% of patients were Married and the remaining 24% of patients were Unmarried.

EDUCATION WISE DISTRIBUTION:
Table No. 5: Education Wise Distribution

Education	No. of patient	Percentage
Primary	4	4
Middle	5	5
Higher secondary	14	14
Graduate	35	35
Post - graduate	36	36
Doctoral	1	1
Professional	1	1
Uneducated	4	4

In this series, a maximum 36% of patients were post-graduate, followed by 35% patients were Graduate, 14% of patients were educated up to Higher Secondary, 5% of patients were educated up to middle, 4% of patients were educated up to Primary school as well as Uneducated and 1% patient was doctoral, 1% patient was Professional.

OCCUPATION WISE DISTRIBUTION:

Table No. 6: Occupation Wise Distribution

Occupation	No. of patients	Percentage
Business	9	9
Government	15	15
Housewife	27	27
Others	6	6
Private	12	12
Retired	5	5
Student	26	26

 In this observational study, a maximum 27% of patients were housewives, 26% patients were students, 15% patients were Government and 12% of patients were in Private sector jobs, 9% patients were in Business group, 6% patients were others, 5% patients were in Retired group.

SOCIO-ECONOMIC STATUS DISTRIBUTION:

Table No. 7: SOCIO-ECONOMIC STATUS WISE DISTRIBUTION

Socio Economic status	No. of patient	Percentage
Lower	13	13
Lower Middle	58	58

Upper	1	1
Upper Lower	1	1
Upper Middle	27	27

In this series, a maximum 58% of patients were from the Lower middle class, 27% patients from the Upper middle class, 13% patients from the Lower class and 1% patient from Upper lower as well as Upper class.

ETIOLOGICAL FACTOR (NIDANA):
AHARAJA NIDANA:
VIRUDDHA AHARA WISE DISTRIBUTION:
Table No. 19: Viruddha Ahara Wise Distribution

Viruddha Ahara	No. of patient	Percentage
Chicken with curd	11	11
Curd when heated	80	80
Curd at night	51	51
Hot & Bitter food in summer season	62	62
Fried fish in mustard oil	12	12
Milk with fish	3	3
Milk with khichadi or any salty item	59	59
Milk with sour item	15	15
Milk with fruit	30	30
Milk with green vegetable	34	34
Honey with warm water	9	9
Ghee and Snigdha Ahara with cold water	9	9
Pakwa & Apakwa Ahara together	89	89
Naveen & Purana Dhanya together	79	79
Naveen Ankurit Dhanya	45	45

In the present study, maximum 89% patients were taking Pakwa & Apakwa Ahara together, 80% patients were taking Curd when heated, 79% patients were taking Naveen & Purana Dhanya together, 62% patients were taking Hot & Bitter food in summer season, 59% patients were taking Milk with khichadi or any salty item, 51% patients were taking Curd at night, 45% patients were taking Naveen Ankurit Dhanya, 34% patients were taking Milk with green vegetable, 30% patients were taking Milk with fruit, 15% patients were taking Milk with sour item, 12% patients were taking Fried fish in mustard oil, 11% patients were taking Chicken with curd, 9% patients were taking Honey with warm water as well as Ghee and Snigdha Ahara with cold water and 3% patients were taking Milk with fish.

DUSHTA AHARA WISE DISTRIBUTION:
FRIED SNACKS WISE DISTRIBUTION:
Table No. 20: Fried Snacks Wise Distribution

Fried Snacks	No. of patient	Percentage
Samosa	81	81
Kachori	74	74
Chat	66	66

Patties	9	9
Namkeen	61	61
Panipuri	27	27
Fried food	81	81
French fries	2	2

In this series, maximum 81% patients were taking Samosa as well as Fried food, 74% patients were taking Kachori, 66% patients were taking Chat, 61% patients were taking Namkeen, 27% patients were taking Panipuri, 9% patients were taking Patties, and 2% patients were taking French fries.

FERMENTED FOOD WISE DISTRIBUTION:

Table No. 21: Fermented Food Wise Distribution

Fermented food	No. of patient	Percentage
Dosa	69	69
Idli	72	72
Dhokla	61	61

In this study, maximum 72% patients were taking Idli, 69% patients were taking Dosa, and 61% patients were taking Dhokla.

BAKERY PRODUCT WISE DISTRIBUTION:

Table No. 22: Bakery Product Wise Distribution

Bakery Product	No. of patient	Percentage
Burger	31	31
Pizza	26	26
Toast	1	1

In this study, maximum 31% of patients were taking Burger, 26% patients were taking Pizza, and 1% patient was taking Toast.

SWEETS WISE DISTRIBUTION:

Table No. 23: Sweets Wise Distribution

Sweets	No. of patient	Percentage
Cake	29	29
Pastries	19	19
Chocolate	40	40
Ice -cream	37	37
Dessert	36	36
Cold coffee	12	12

In this study, maximum 40% patients were taking Chocolate, 37% patients were taking Ice-cream, 36% patients were taking Dessert, 29% patients were taking Cake, 19% patients were taking Pastries, 12% patients were taking Cold coffee.

CHINESE FOOD WISE DISTRIBUTION:

Table No. 24: Chinese Food Wise Distribution

Chinese food	No. of patient	Percentage
Noodles	28	28
Pasta	8	8

Manchurian	26	26
Momos	20	20
Maggie	28	28

In this study, maximum 28% patients were taking Maggie as well as Noodle, 26% patients were taking Manchurian, 20% patients were taking Momos, 8% patients were taking Pasta.

ATI-AMLA ANNA SEVANA WISE DISTRIBUTION:

Table No. 25: Ati-Amla Anna Sevana Wise Distribution

Ati-Amla Anna	No. of patient	Percentage
Raw-mangow	60	60
Pomegranate (Dadim)	59	59
Takra	76	76
Berry	21	21
Tamarind	21	21
Raw-Bilwa	1	1

In this study, maximum 76% patients were taking Takra, 60% patients were taking Raw-mangow, 59% patients were taking Pomegranate (Dadim), 21% patients were taking Berry as well as Tamarind and 1% patient was taking Raw-Bilwa.

VIDAHI ANNA SEVAN WISE DISTRIBUTION:

Table No. 26: Vidahi Anna Sevan Wise Distribution

Vidahi Anna Sevan	No. of patient	Percentage
Mustard	74	74
Sarshapshak	29	29
Pakwa Bilwa	8	8
Ankurit dhanya	14	14

In this study, maximum 74% patients were taking Mustard, 29% patients were taking Sarshapshak, 14% patients were taking Ankurit dhanya, 8% patients were taking Pakwa Bilwa.

ADHYASHANA WISE DISTRIBUTION:

Table No. 27: Adhyashana Wise Distribution

Adhyashana	No. of patient	Percentage
Yes	48	48
No	52	52

In this study, maximum 48% patients were taking Adhyashana and remaining 52% patients were not taking Adhyashana pattern.

PISHTA ANNA SEVAN WISE DISTRIBUTION:

Table No. 28: Pishta Anna Sevan Wise Distribution

Pishta Anna	No. of patient	Percentage
Gajak	50	50
Urad Bade/preparation	50	50

In this study, a maximum of 50% patients were taking Gajak as well as Urad Bade/preparation.

GORAS (MILK & MILK PRODUCT) WISE DISTRIBUTION:

Table No. 29: Goras (Milk & Milk Product) Wise Distribution

Goras	No. of patient	Percentage
Milk	81	81
Ghee	89	89
Paneer	71	71
Sweet	60	60

In this study, a maximum of 89% of patients were taking Ghee, 81% patients were taking milk, 71% patients were taking Paneer, 60% patients were taking Sweet.

ATI-USHNA ANNA SEVAN WISE DISTRIBUTION:
Table No. 30: Ati-Ushna Anna Sevan Wise Distribution

Ati-Ushna Anna	No. of patient	Percentage
Lahsun	95	95
Tila	35	35
Soup	17	17
Tea	80	80
Coffee	23	23

In this study, maximum 95% patients were taking Lahsun, 80% patients were taking Tea, 35% patients were taking Tila, 23% patients were taking Coffee, and 17% patients were taking Soup.

ATI-SNIGDHA ANNA SEVAN WISE DISTRIBUTION:
Table No. 31: Ati-Snigdha Anna Sevan Wise Distribution

Ati-Snigdha Anna	No. of patient	Percentage
Add ghee after food is cooked	7	7
Soyabean oil	74	74
Sunflower oil	21	21
Peanut oil	20	20
Mustard oil	41	41
Rice -bran oil	6	6
Coconut oil	1	1

In this study, maximum 74% patients were taking Soyabean oil, 41% patients were taking Mustard oil, 21% patients were taking Sunflower oil, 20% patients were taking Peanut oil, 7% patients were taking Additional ghee after food is cooked, 7% patients were taking other oil (6% Rice-bran oil and 1% Coconut oil).

ATI-RUKSHA ANNA SEVAN WISE DISTRIBUTION:
Table No. 32: Ati-Ruksha Anna Sevan Wise Distribution

Ati-Ruksha Anna	No. of patient	Percentage
Yava	14	14
Gram	51	51
Honey	13	13
Kodo	2	2
Other	10	10

In this present study, maximum 51% patients were taking Gram, 14% patients were taking Yava, 13% patients were taking Honey, 10% patients were taking Others (5% Bajra, 3% Jwar, 1% Makka, 1% Motha), 2% patients were taking Kodo.

 ATI-DRAVA ANNA SEVAN WISE DISTRIBUTION:

Table No. 33: Ati-Drava Anna Sevan Wise Distribution

Ati-Drava Anna	No. of patient	Percentage
Excessive Water	82	82
Fruit juice	36	36
Cold- drink	16	16
Coconut water	1	1

 In this present study, maximum 82% patients were taking excessive Water, 36% patients were taking Fruit juice, 16% patients were taking Cold-drink, 1% patient was taking Coconut oil.

PHANIT-IKSHU VIKARA WISE DISTRIBUTION:

Table No. 34: Phanit-Ikshu Vikara Wise Distribution

Phanit-Ikshu Vikara	No. of patient	Percentage
Sugarcane juice	50	50

In this study, a maximum of 50% patients were taking Sugarcane juice.

BHRISHTA DHANYA WISE DISTRIBUTION:

Table No. 35: Bhrishta Dhanya Wise Distribution

Bhrishta Dhanya	No. of patient	Percentage
Yes	32	32
No	68	68

In this present study, maximum 68% patients were not taking Bhrishta Dhanya remaining 32% patients were taking Bhrishta Dhanya.

PITTA PRAKOPAK ANNA & PANA WISE DISTRIBUTION:

Table No. 36: Pitta Prakopak Anna & Pana Wise Distribution

Pitta Prakopak Anna & Pana	No. of patient	Percentage
Brinjal	77	77
Paki kakdi	63	63
Brihi dhanya (rice)	93	93
Yavani	41	41
Onion	85	85
Kshar (soda)	65	65
Excessive Salt	59	59

In this present study, maximum 93% patients were taking Brihi dhanya (rice), 85% patients were taking Onion, 77% patients were taking Brinjal, 65% patients were taking Kshar (Soda), 63% patients were taking Paki kakdi, 59% patients were taking Salt, 41% patients were taking Yavani.

GURU ABHISHYAND ANNA SEVAN WISE DISTRIBUTION:

Table No. 37: Guru Abhishyandi Anna Sevan Wise Distribution

Guru Abhishyandi Anna/pana	No. of patient	Percentage
Buffalo milk	72	72
Buffalo ghee	42	42
Naveen dhanya	8	8
Naveen madya	2	2
Dry meat	1	1
Unboiled milk	2	2

In this present study, maximum 72% patients were taking Buffalo milk, 42% patients were taking Buffalo ghee, 8% patients were taking Naveen Dhanya, 2% patients were taking Naveen madya as well as Unboiled milk, 1% patient was taking Dry meat.

PARYUSHITA ANNA WISE DISTRIBUTION:
Table No. 38: Paryushita Anna Wise Distribution

Paryushita Anna	No. of patient	Percentage
Yes	61	61
No	39	39

In this study, a maximum of 61% patients were taking Paryushita Anna remaining 39% of patients were not taking Paryushita Anna.

TAKING WATER IN BETWEEN THE FOOD WISE DISTRIBUTION:
Table No. 39: Taking Water In Between The Food Wise Distribution

Intake of Water In Between The Food	No. of patient	Percentage
Yes	71	71
No	29	29

In this study, maximum 71% patients were taking Water in between the consumption of Food remaining 29% patients were not taking Water in between the Food.

VIHARAJ NIDANA:
VEGA VIDHARANA WISE DISTRIBUTION:
Table No. 40: Vega Vidharana Wise Distribution

Vega Vidharana	No. of patient	Percentage
Micturition	87	87
Defaecation	85	85
Apanvata	80	80
Kshudha	89	89
Pipasa	87	87
Nidra	52	52
Jrimbha	2	2
Udgar	2	2

In this study, maximum 89% patients were having habit of Kshudha Vega Dharana, 87% patients were having habit of Pipasa as well as Micturition Vega Dharana, 85% patients were having habit of Defaecation Vega Dharana, 80% patients were having habit of Apanvata Vega Dharana, 52% patients were having habit of Nidra Vega Dharana, 2% patients were having habit of Jrimbha as well as Udgar Vega Dharana.

DIWASWAPNA WISE DISTRIBUTION:
Table No. 41: Diwaswapna Wise Distribution

Diwaswapna	No. of patient	Percentage
Regularly	16	16
Irregularly	50	50
No	34	34

In this study, maximum 50% patients were having habit of Irregularly Diwaswapna, 34% patients were not having Diwaswapna, 16% patients were having habit of Regularly Diwaswapna.

ATI-SNAN WISE DISTRIBUTION:
Table No. 42: Ati-Snan Wise Distribution

Ati-Snan	No. of patient	Percentage
Regularly	8	8
Irregularly	12	12
No	80	80

In this study, a maximum of 80% patients were not having habit of Ati-snan, 12% patients were having habit of Irregularly Ati-snan, 8% patients were having habit of Regularly Ati-snan.

AVAGAHAN WISE DISTRIBUTION:
Table No. 43: Avagahan Wise Distribution

Avagahan	No. of patient	Percentage
Regularly	3	3
Irregularly	2	2
No	95	95

In this study, maximum 95% patients were not having habit of Avagahan, 3% patients were having habit of Regularly Avagahan and 2% patients were having habit of Irregularly Avagahan.

MANSIKA NIDAN WISE DISTRIBUTION:
Table No. 44: Mansika Nidan Wise Distribution

Mansika Nidan	No. of patient	Percentage
Chinta	89	89
Bhaya	46	46
Shoka	45	45
Krodha	92	92
Irshya	10	10
Lobha	11	11
Moha	4	4

In this study, maximum 92% patients were having habit of Krodha, 89% patients were having habit of Chinta, 46% patients were having habit of Bhaya, 45% patients were having habit of Shoka, 11% patients were having habit of Lobha, 10% patients were having habit of Irshya, 4% patients were having habit of Moha.

AGANTUJA NIDAN WISE DISTRIBUTION:
Table No. 45: Agantuja Nidan Wise Distribution

Agantuja Nidan	No. of patient	Percentage
Tobacco chewing	12	12
Smoking	5	5
Alcohol	8	8

In this present study, maximum 12% patients were having habit of Tobacco chewing, 8% patients were having habit of Alcohol consumption, 5% patients were having habit of Smoking.

DISCUSSION

Rapid change in eating pattern, not following *Dincharya* regimen, fast food, stress are throwing an individual into various diseases. *Amlapitta Vyadhi* basically belongs to a lifestyle disorder which ultimately requires an individual to have command over his tongue and *Indriyas*. Spicy, *Vidahi*, *Abhishyandi* food which may look good and is tasty but causes exacerbation of *Amlapitta* related conditions.

On the basis of observation made on 100 patients, it has been found that, maximum patients were consuming *Viruddha Ahara* like *Pakwa* & *Apakwa Ahara* together (89%), Curd after heating (80%), majority of the patients were taking junk food like Samosa and Fried food (81%), Idli (72%), Burger (31%), Chocolate (40%), Maggie and Noodles (28%) and *Ati-amla sevan* like Takra (76%), maximum patients were taking *Vidahi Ahara* like Mustard in various forms (74%), maximum patients were having habit of *Adhyashana* (48%), *Pishta Ahara* like Udad Bade/preparation (50%), *Gorasa* like cow-Ghee (89%), *Ati-ushna Ahara* like Lahsun (95%), *Atisnigdha Ahara* like Soyabean oil (74%), *Ati-ruksha* like Gram (51%), *Ati-drava* like Excessive Water regularly (82%), Sugarcane juice (50%), *Ati-guru* and *Abhishyandi Ahara* like Buffalo milk (72%), *Paryushita Anna* (61%), Water in between the Food (71%).

Most of the patients were having the habit of *Kshudha Vega Dharana* (89%), Irregularly *Diwaswapna* (32%). Psychologically the majority of patients were suffering from *Krodha* (92%), *Chinta* (89%), *Bhaya* (46%), *Shoka* (45%). Most of the patients were having the habit of Tobacco (12%), Alcohol (8%), Smoking (5%).

CONCLUSION

After completion of the Study the Research data suggested that, the root cause of increasing *Amlapitta* (Acid Peptic Disease) in today's society was due to intake of *Viruddha Ahara*, intake of curd after heating, junk food, excessive intake of Mustard and Lahsun in different form, regular use of Soyabean oil, large amount of intake of water just before, during and after consumption of meal, *Adhyasana* counted as important etiological factor under *Aharaja Nidana* category, *Kshudha Vegadharana, Diwaswapna* recognised as *Viharaja Nidana, Krodha, Chinta, Bhaya, Shoka* as *Mansika Nidana* and Tobacco chewing as *Agantuja Nidana*.

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