

CRITICAL EVALUATION OF DISEASE OF AMLAPITTA – A SURVEY STUDY

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ABSTRACT

Amlapitta (hyperacidity) is one among the commonest disorders prevalent in the society nowadays due to indulgence in incompatible food, habits, and activities. For a long time infectious disease was the biggest killer disease globally. But now, the trend is changing toward increased prevalence of chronic disease with causative factors mostly related to diet and lifestyle. Among them, *Amlapitta (hyperacidity)* a gastrointestinal tract (G.I.T.) disorder has acquired majority of the share with causative factors like improper diet and habits, stress, spicy irritant food, oily foods bakery products, etc. A survey study was conducted on 40 patients, irrespective of sex, religious, etc. Who had presented with the clinical symptoms of *Urdhavgat Amlapitta (Non-ulcer dyspepsia)* and *Adhogata Amlapitta* and attended OPD of *Shrinidhi Ayurveda Chikitsalaya* Nagpur, between March-2016 and Nov. -2016. The data revealed that majority of the patients indulged in faulty dietary habits like *Ahara (Diet)* (50%), *Vihara (lifestyle)* (35%), *Mansha (mental)* (10%), *Agantuja (5%)* and the data on life style revealed that majority of the Patients indulged in sound sleep (17.51%), Irregular sleep (20%), Disturbed (37.5%), Delayed onset (25%). This survey study upholds the novel concept of *Sam* and *Nirama lakshsna (symptoms)* of *Urdhgata* and *Adhogata Amlapiita (hyperacidity)*, and it is important for patients to have access to diet and lifestyle modification currently research in this area is minimal.

Keyword: Diet, life style, *Urdhvgta, Adhogata Amlapitta.*

INTRODUCTION

In *Brihatarayee* of Ayurveda scattered reference are available about *Amlapitta*, *Kashypa samhita* was the first *Samhita* which gives a detailed explanation of the diseases along with its etiology, signs and symptoms with the treatment protocols.^{1&2} Most of the diseases are firmly rooted in poor dietary habits due to traditional superstitious beliefs and over powered logical thinking. *Agni (digestive fire)* and *Pitta* are the main

factors responsible for digestion due to their abnormality food is not property digested and produces the *Ama* (indigested food) which is acidic in nature. It also gives the importance as long life in the functioning state and even death in unfunctioning state of *Agni*.³ Person gets various symptoms including Acidic eructation, indigestion, etc. this syndrome is known as *Amlapitta*, which has been separately described as

disease by *Madhavakar*.⁴ *Acharya Kashyapa* was the first to describe *Amlapitta* as disease and analyze it on *Dosha* basis (physical energies)⁵ Whereas *Madhavakar* further classified it according to *Gati* i.e. *Urdhavg Amlapitta* and *Adhog Amlapitta* and also on *Dosha* basis.⁶ *Kashyapa samhita* is also the first text which has counted *Manasika Bhavas* (Psychological factors). As a chief Cause of the disease and analyze first it on the *Doshik* basis.⁷

Materials and Methods-

Being very common elements i choose *Amlapitta* for my study. Randomly choose 40 patients during March 2016 to Nov. 2016. The occurrence of *Amlapitta* is increasing day by day, due to the changing the life style and the increased stress during day to day life. The occurrence of this disease condition is almost 30.4% in Indian population. There is no marked different in the rural as well as urban population, though Heart burn is a common symptom in this disease. Here is used Ayurvedic definition and symptomatology for the diagnosis of this disease that is *Amlapitta*.

Observations-

Data of 40% patients surveyed revealed that maximum number of patients (32.5%) were between 41 and 50 years of age, and in female 75% patients were married. Majority of the patients (70%) had gradual onset and (40%) of patients presented with aggravation of symptom in *Varsha Ritu*. (47.5%) of patients presented with aggravation of symptom in midday, with (37.5%) patients had disturbed sleep pattern. Majority of the patients (45%) had *Manda Agni* (hypometabolism), and (40%) had *Visama Agni* (irregular metabolism). 77.5% of patients had *Samta* and male of followed by 22.5% of *Nirama*. Symptoms reported include *Tikta Amlodgara* (sour and bitter belching) (47.5%), *klama* (fatigue) (10%), *Gurukosthta* (heaviness of abdomen) (7.5%), *Avipaka* (indigestion), *Kanthadaha* (throat burn) and *Hridayadaha* (heart burn) (5%) and *Aruchi* (tastelessness) (3.5%) with some associated *Lakshan* (symptoms). *Udarshoola* (pain in abdomen) (30%), *Vibandha* (constipation) (22.5%), *Shiroshool* (headache) (20%), *Aadhaman a*(flatulence) and *Sdaha Malprashek* (burning during stool passing) (15%),

Bhrama (giddiness)(10%), *Anidra* (disturbed sleeping pattern) (7.5%). The data on lifestyle revealed that majority the patients 50% had *Ahara Nidana*, followed by 35% *Vihara Nidana* and 10% *Mansh*, 5% *Aagantaja* (miscellaneous factors) *Nidan* (causative factors) showed.

DISCUSSION

Amlapitta is psycho-somatic disease of *Annavaha Srotas* mainly caused due to indulgence in faulty diet and regimen. It presents as group of signs and symptoms viz *Avipaka* (indigestion), *Amlodgara* (reuctation with sour taste), *Hridayadaha* (heart burn), *Utklesha* (nausea), *Vamana* (vomiting), *Udarshoola* (abdoman pain), *Adhmana*, (flatulence) *Vitbheda* (diarrhoea), *Amlapitta* is stated to be a disorder manifested due to *Agnimandya* leading to the formation of *Ama* (substance resulting in the process of transformation before attaining finality).⁸ In trun the *Ama* combining with the *Vrudh Pitta* leads to the formation of *Amavisha* (toxic) which turns into *Shuktapaka* and manifests clinically this disorder is stated to be caused due to *Dusti* occurring in the *Annavaha Srotas*. From the *Samprapti* explained it is clear that *Amlapitta* is the result of functional disturbance of the *Annavaha Srotas*, especially during the *Amla Avastapaka*. Where in the food in taken turn to *Shuktapaka* due to again *Mandya* and *Ama*.⁹ In the present study (32.5%). Belonged to age group of 41-50 year of age followed by 20-30 year of age group having occurrence of 27.5%, this group have more stressful physical and mental condition and faulty diet which may be the Cause for the disease, 72.5% patients were female followed by 27.5% is male patients female patient are more vulnerable to *Amlapitta* due to more stressful life and irregular diet habit. In menopausal age due to hormone therapy contraceptive pill and during pregnancy female are more affected that cause. 75% patients are married individuals. The life is more stressful during the middle age due to greater responsibilities both physically and mentally. According to data 70% of the patients had gradually developed *Amlapitta*. *Samprapti* is due to *Nirantar Pittja Ahara Vihar*, *Mansik Hetu* and due to *Vidagdha Jeerna*. The

incidence of aggravating of the symptoms is found to be more in 47.5% during mid-day the *Pittaprakopa* and increase *Ama Avashtha* phases' respectively giving rise to the symptoms. The symptom is found to be higher 40% in *Varasha Ritu*. Which indicates that the *Pitta Sanchaya Kala. Alap Nidra* and *Anidra* is the one factor among to aggravate the *Pitta*. 37.5% patients complained disturbed sleep. 45% patients having *Mandagni* showed the higher incidence of the disease which indicates the pathogenesis of the disease. 77.5% patients showed *Samta* followed by 22.5% patient's *Nirata Sama Avastha* indicated *Agnimanda* and *Ama Nirmiti* that is seen in *Jiwha* (tongue) and *Mala* (stool). According to *Madhavacharya* the *Samanya Lakshana* are *Avipaka, Klama, Tiktamlodgara, Kosthadaha, Hridayadaha, Aruchi, Gurukostha*.¹⁰ The *Lakshana* of *Gurukostha, Aruchi, Avipaka, Klama* are mainly due to *Ama* caused by *Agnimandya*. *Tikta Amlodgra* having *Shiroshoola, Shiroshoola* due to *Pitta Vridha* and *Vibandha*. In 35% patient *Nidana* is *Vihara, Ushan, Tikshan Ahara* (spicy irritant food, oily foods,) and *Vihara* (lifestyle) and aggravate the *Pitta*, so also the *Manasa Bhavna*.

CONCLUSION

Amlapitta is chronic recurring condition that affects health related quality of life. As a result of the economic and social burdens of *Amlapitta*, it is important for patients to have access to diet and life style modification. The result of the study suggest that on whole some diet first and stressful lifestyle with sedentary habits play an important role in the manifestation of this disease.

1. *Amlapitta* showed its direct impact on *Annavaha Srotasa*.
2. *Agnimandya* was present in majority of patients.
3. Present lifestyle that has disturbed the food habits gives rise to *Agnimandya, Vidhagdhajirna*, and finally leads to *Amlapitta*.
4. *Amlodgar, Hrtadaha, and Utklesha, Udarshoola, Shroshool, Brama* are inevitable manifestation of *Amlapitta*.
5. *pathyapthaya* plays definite role in the management of *Amlapitta*.

REFERENCES

1. Agnivesha; charka samhita; redacted by charka and dridabala with Ayurveda Dipika Commentary by charkapanidutta. Edited by vaidya yadavji trikamji Acharya'' 2008; published by chaukhamba surbharti prakashan, Varanasi. (cha. Su. 25/40)
2. Ibidem, Charka samhita (1), cha. Su. 26/103.
3. Ibidem, Charka samhita (1), cha. Chi. 15/47.
4. Kashyapa maricha; kashyapa samhita; ed. Pandit laxmiraja Sharma; shrisatyapala bhishajacharya with vidyotini hindi vyakhya , edition -2006 choukhambha Sanskrit samsthan Varanasi.
5. Ibidem, charaka samhita (1), cha. Chi. 15/4
6. Madhavakara; Madhav nidan; uttaradha with madhukosha vyakhya by vijayarak shita and srikantadutta hindi tika by acharya narendranath shastri; edition 1994; narendra prakash jain moyilala banarshi, delhi. Cap- 51.
7. Ibidem, kashyapa samhita (4) 16/16-17.
8. Ibidem , madhav nidan (6) 51/3-6.
9. Ibidem, madhav nidan (6) 51/2.
10. Ibidem, kashyapa samhita (4) 16/7-9.

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