

**PHYSIOLOGICAL STUDY OF DEHA PRAKRITI WITH SPECIAL REFERENCE TO
AMLAPITTA AND ITS MANagements BY PATHYA APATHYA**Neha Bansal¹, Rashmi Pradhan²¹MD Scholar, ²Professor & H.O.D. Dept. of Kriya Sharir, Govt. (Auto.) Ayurved College & Hospital, Gwalior, M.P.Corresponding Author: dr.nehabansal10apr@gmail.com<https://doi.org/10.46607/iamj07p8022024>

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**ABSTRACT**

A polluted environment, an irregular routine, and a harmful and improper diet, such as excessive consumption of rich food, cold drinks, tea, coffee, excessive drug consumption, *divaswapna*, *Ratrijagran*, and the pleasure of lust, have significantly reduced the physical and mental abilities of persons. As a result, different diseases are present in the body and mind. In the current era, *Amlapitta* is a severe health problem affecting people worldwide. *Ayurveda* is the complete medical system comprising physical, mental and spiritual health prevention and preservation of health. And *Aahar* is one of the essential pillars of *Ayurveda* for preventing and managing the disease. In the present scenario, many changes have occurred in the traditional lifestyle of a person, and changes have also come in the diet of a person. This results in more digestive disorders like *Grahaniroga*, *Udarroga*, *Arsha*, *Atisara*, *Pandu*, *Chhardi* and *Amlapitta*. When such a person eats unfavourable and antagonistic food, his pitta becomes *Vidagdha*; that *Vidagdha pitta* is called *Amlapitta*. *Amlapitta* is a common functional disease of *Annavaha srotas*. Materialistic lifestyle provokes people to run behind a busy, stressful life with the most minor concern towards proper food habits. According to *Kashyap*, *Virudhaahar*, *Adhyasana*, *Amabhojna*, *Ajeernabhojana*, *Guru*, *Snigdha bhojana*, *Atiruksha anna* and *Vegadharana*, and *Divaswapna* etc. causes *Agnimandhya* that leads *Amlapitta*. According to *Madhavakara*, increased *pitta* is an aggravating factor responsible for *Amlapitta* diseases. When people consume a proper diet according to *Prakriti* and do not get attracted toward food, do good exercise and adequate sleep and rest, and practice *Yoga*, *Pranayama*, and meditation, the disease of a restrained and gentle person gets cured.

Key words: Aahar, Ajeerna, Amlapitta

INTRODUCTION

Ayurvedic Samhita has described a healthy routine under Prakriti because Prakriti plays an essential role in the development of the body, its complexion, behaviour, resistance power, i.e. immunity, health status, reproductive capacity, etc. ¹Prakriti also affects the Agni and Kostha of individuals; hence, the Agni and Kostha of persons are decided by knowledge of Prakriti. But in the present scenario, people cannot follow a healthy Ayurvedic routine due to busy lifestyles. This resulted in Ajeerna, Pitta becoming Vidagdha and increasing production of Jatharras rasa, ultimately leading to diseases like Amlapitta. Hitakara Ahara for 1 type of Prakriti person may be Ahitakara to the other Prakriti. Hence, knowledge of Prakriti is essential to maintaining a healthy status. So, when we learn about the Prakriti of a person, then by controlling his Pathya Apathya (Ahar Vihar) based on it, we can save him from various types of disease. So, it is necessary to know the Prakriti of every person who wants to be “Swasthasya swastharakshanam”. Prakriti is mainly divided into two types: Deha Prakriti and Manasa Prakriti. Depending on the dominance of Doshas, Deha Prakriti has

seven sub types. Depending on the dominance of Trigunas, Manasa Prakriti is mainly divided into three types. Further, it has seven, six and three sub types. Ahara and Vihara are the two pillars of Prakriti-based Treatment, making it a holistic science. People have undergone numerous changes in daily routine food habits (Ahara and Vihar). These changes have always been for the better aspect of life. But most of the diseases are dependent in underprivileged dietary habits like Ajirna bhojana, Akale bhojana, Akale anshana, Virudha bhojana, Atimatrasya Amla, Lavana, Katu rasa Sevanam etc; improper lifestyle like Vegvidharana, Divaswapa, Ratri jagrana etc; and Mansik bhavaslike Chinta, Shoka, Bhaya, Krodha etc. Amlapitta is one of them. Amlapitta is not a separate description in Bruhatatrai but is mentioned as a symptom in several places by Acharya Charaka. Acharya Kashyapa was the first to give a detailed description of the disease with the synonyms of Shuktaka; Acharya Madhavakara has described the disease in detail and classified it based on Gati, i.e. Urdhva and Adhoga Amlapitta.

DIET FOR DIFFERENT PRAKRITI

Vata Prakriti

Grain	Godhuma, old Shali, Lemon grass
Cereals/ pulses	Masa, Mudga, Tila, Kulattha, Soybeans
Vegetables	Shigru, Mulaka, Mulakapatra, Vartaka, Tomato, landu, Rasona, Grunjanak, Hyacienth beans, Kushmanda, Karkotaki, Jeevanti, Shatavari, Kakamachi/makoy, Patha, Upodika/Poi, Chakramardapatra, Changeri.
Spices	Ardrak, Rajika, Methika, Kapoora, Dhanyaka, Jeerak, Hingu, Maricha, Shatapushpa, Haridra, Ajmo/Yavani, Misreya, Pippali Mula, Mint (Pudina)Taja Patra, Jatiphala, Javitri, Khasa-Khasa, Kumkum, Surasa/Tulsi. Sodab carbonate (Kshara-Papadiyo Kharo)
Fruits	Amalak, Amra, randa Karkati, Sinchitika, Kadali, Draksha, Nimbuka, Dadima, Panasa, Bijapura, Naspati, Ikshu, Shetura, Musk melon, Seetaphala, Jujube, Badara, Parushaka, Kapittha, Kharjura, Kajutaka, Priyala, Akshotaka, Pistachio nut, Almond.
Oils	Eranda Sneh, Tila tail, mustard oil, Narikela tail, Cotton seed oil, Sunflower oil, Kusumbha tail, Rajika tail, Linseed oil (Atasi tail)

Pitta Prakriti

Grain	Godhuma, old Shali, Java, Corn (Maize)Jowar (Yavanala)
Cereals/pulses	Mudga, Tuvara, Chanaka, Tila, Masura) Soybeans Buck wheat (Rajagara)
Vegetables	Shigru, Mulakapatra, Karavellaka, Dalamalini/Gobhi, Solanum tuberosum, Shakkarakanda, Karaparnaphala, Rakta grinjana, Cucumber, Karkati, Palankya, Cauliflower, Tindora, Kushmanda, Alabu/Dudhi, Turiya Karkotaki, Jeevanti, Ratalu, Aluka, Shatavari, Kakamachi, Patha, Upodika/Poi
Spices	Lavanga, Dhanyaka, Haridra, Misreya, Mishta Nimba, Khasa-Khasa, Amchur
Fruits	Amalaki, Sinchitika, Kadali, Amra, Draksha, Narikela, Dadima, Guava, Panasa, Naspati, Jamboo, Ikshu, Shetura, Musk melon, Seetaphala, Bael, Badara, Parushaka, Kapittha, Shringataka, Kharjura, Chironji, Akshotaka, Almond, areca nut (Pugaphala)
Oils	Tila tail, Narikela tail, Ground nut oil, Safflower oil (Kusumbha tail)

Kapha Prakriti

Grain	old Shali, Millets (Bajara), Java, Corn (Maize), Yavanala Lemon grass
Cereals/pulses	Mudga, Tuvara) Horse gram (Chanaka) Masura, Tila, Kulattha, Rajagara
Vegetables	Shigru, Mulaka, Mulakapatra, Vartaka, Karavellaka, Rasona, Grunjanak, Botrytis camliflower, Paraval, Kushmanda, Kantola, Jeevanti, Kakamachi/ makoy, Patha, Kuvadiyani Bhaji, Changeri
Spices	Ardraka, Rajika, Methika, Lavanga, Kapoora, Ela, Dhanyaka, Jeerak, Hingu, Pittakarini, Maricha, Shatapushpa, Haridra, Misreya, Pudina, Mishta Nimba /Kaitarya, Taja Patra, Jatiphala, Javitri, Kumkum, Surasa/Tulsi, Kshara Papadiyo Kharo
Fruits	Amalaki, Amra, Draksha, Nimbuka, Dadima, Bijapura, Naspati, Jamboo, Bilva fruit, Parushaka, Kajutaka, Walnut (Akshotaka), Pistachio nut, Anjira, areca nut (Pugaphala)
Oils	Castor oil, Tila tail, mustard oil, Sunflower oil, Kusumbha tail, Atasi tail

General advice for Vihar

1. One should get up early in the morning (*Brahma Muhurta*) or before sunrise.
2. One should Perform *Vyayama* as per their daily capacity to keep diseases away.² As *Vyayama* increases the digestive capacity, people must perform it regularly, especially *Kapha pradhana Prakriti* persons.
3. Don't stop natural urges (*Vegavidharana*). One should curb the *Manasa Vega* (psychological urges) like *Lobha* (greed), *Irshya* (envy), *Dvesha* (aversion), *Raga* (attachment) etc.³
4. Don't sleep during the day except in the summer. Because it is responsible for the provocation of *Kapha*, *Pitta* and *Rakta*, one should avoid it, especially *Kapha Prakriti*. *Vata Prakriti* people can sleep.
5. Travelling is good for *Kapha Prakriti* person while should avoided by *Vata Prakriti* person.

6. One should always be vigilant to eliminate seasonally vitiated *Dosha* in time for the maintenance of healthy status.⁴
7. One should have a light dinner between 6 p.m. and 7 p.m. One should try to go to bed early.

AIMS AND OBJECTIVES

1. To collect and review the ayurvedic literature of *Deha prakriti*.
2. Reconciliation will be established between Ayurvedic and modern opinions to understand the causes of *Amlapitta*.
3. To establish a connection between *prakriti and Amplapitta*.
4. To assess the effect of *Pathya Apathya* in *Amplapitta*.

MATERIAL AND METHOD

This chapter describes the study setting and the rationale for its selection, the research design employed, and the sampling techniques used. Data collection tools, data analysis methods, and details of a pilot study are outlined. A sample size of 300 persons was enrolled, written consent was 100%, and 300 subjects were interviewed using validated question-

naire proforma. Data on demographic variables (Education, Occupations, Socioeconomic status, Marital status, Religion, etc.) and dietetic consumption rules, sleep patterns, *Mala, Mutra Pravriti*, Addictions, and physical and mental health of subjects were collected. Subjects were ensured of the confidentiality of the records.

The primary Ayurvedic texts (*Brahatrayi* and Available commentaries) were used to conduct this study. The questions were based on practising causes: *Aaharaja, Viharaja, Mala pravriti, Mutra pravriti, Vyavasaya*, social history, addition, mental stress, and digestion factors. A modified questionnaire proforma was used for *Amlapitta* symptoms and *Deha prakriti* assessment.

INCLUSION CRITERIA:

Age - 18-60 years

Gender - Male, Female

Willing for this survey

EXCLUSION CRITERIA:

Emergency conditions, hospitalized patients, Patients having organic diseases like gastric ulcer, duodenal ulcer, cancer of the stomach, etc. and chronicity of the disease for more than five years. Age below 18 years and above 60 years. Pregnant women and lactating mothers.

OBSERVATIONS AND RESULTS

Observations were made from a total of 300 subjects that were registered in the study. Three hundred subjects were selected to assess the *Deha prakriti* and find out the symptoms of *Amlapitta*. Out of this, 100 subjects were found to have symptoms of *Amlapitta*. So, Out of this, 100 subjects were selected randomly based on symptoms of *Amlapitta*. Irrespective of caste, gender, socioeconomic conditions, etc.

On Demographic Data

Majority of participants, 39% were from the age group of 18-30 years, 52% females, 95% were Hindu, 96% were literate (58 % of subjects were having Graduate, 7% of subjects Post Graduate, 16% HSC, 9% SSC and 6% Primary), Maximum numbers of subjects (66%) in the present study were married, 66% were middle socioeconomic class, 71% were moder-

ate hygiene status, 28% were students, 27% subjects were housewives.

On Ahara

65% were vegetarian, 56% subjects were consuming *Katu Rasa*, 24% subjects consuming *Lavana rasa* and 18% subjects consuming *Amla Rasa* dominant diet, 47% had *Snigdha Guṇa* dominancy in their *Ahara*, 31% had *Guru Guṇa*, 9% *Drava*, 7% *Ushana* and 6% *Sita guṇa* dominancy in their *Ahara*, 100% of subjects were taking *Viruddhahara*. 70% were taking *Vidahi Ahara*, 59% were taking *Abhishyandi Ahara*, 55% took tea as a supplementary diet and coffee were handled by 9%, 6% Cold drinks, 3% Alcohol, 8% Smoking, 5% Tobacco Chewing and 14% showed no addiction, 66% were having *Madhyama Abhyavarana Shakti*, and 52% were *Avara Jarana shakti*.

On Vihara

46% were *Adhyashana*, 32% took *Vishamashana*, 19% took *Anashana*, and the remaining 3% took *Sa-mashana aahar*; 81% of subjects were not doing any exercise, 60% of subjects were doing *Vegadharana*, 44% of subjects were doing *Divaswapa*, 45% were habituated to *Ratrijagarana*. 82% of subjects had improper sleep (33% in prolonged sleep (*Ati nidra*) was found, 21% Interrupted sleep and 2% sound (*Asamyaka nidra*) was found, in 26% less sleep (*Alpa nidra*) was found), 76% habituated to *Ante jal sevan*.

On Manshik Bhavas

The Maximum no. of the subjects, she had *Chinta* 81%, *Krodha* 45%, *Shoka* 40% and *Bhaya* 20%.

Prakriti of persons

Vata Pitta Prakriti was 61%, *Pitta Kapha Prakriti* was found in 33% of subjects, and *Vata Kapha Prakriti* was found in 6%. 68% of subjects had *Raja Tama Prakriti*, *Sattva tama Prakriti* was found in 17% of subjects, and *Sattva raja Prakriti* was found in 15%.

Effect of Pathya Apathya on Subjective parameters According to data, after taking Pathya and ignore *Apathya Aahar Vihar* improvement was Observed in *Hrut/kantha daha* 46.78%, *Amlaudagar* 52.20 %, *Shula* 55.55 % improvement, *Chhardi* 66.15 %, *Adhmaan* 74.24 %, *Klam* 65.21%, *Avipak* 65.00%, *Utklesa* 51.42 %, *Aruchi* 49.68 % improvement.

DISCUSSION

Research scholars must search out the truth hidden in the ancient *Ayurvedic literature*. The discussion on the results can be categorized into different headings for better understanding. Most of the subjects involved in this study were 18- 40 years old. This shows *Madhyam vaya*, *Pitta Prakopaka Kala*, and it is also the *Kala* when people consume more *Aharaja*, *Viharaja*, *Manasa*, etc. *Nidan* due to their busy life. In this age group, there will be more psychological stress due to family responsibilities, relationship issues, and job and study-related struggles. Females are also more prone to the disease because of their habits of *Divaswapa*, no exercise and *Anashana*, etc. They are busy with family responsibilities and thus very careless regarding their health status. Most of the subjects were Hindu reflect the geographical area where the study is done, the literate occurrence of this disease is more by staying mostly outside due to occupation because of their habits of *Adhyashana*, *Vishamashana*, *Viruddhaahar*, *Ratrijagarana*, *Chinta* and *Shoka*. Middle-class people suffer the most as they lead the most stressful lives. Most people have a vegetarian diet. This is due to Hindu society in geographical areas. It may be due to the predominance of *Katu* and *Lavana Rasa*, *Snigdha* and *Guru guna* dominance in their *Ahara*; *Katu Rasa* is *Ushna* and *Tikshna*, directly accelerating *Pitta Prakopa*. *Lavana Rasa* is *Ushna* and *Abhishyandi*. The *Ushna* property aggravates *Pitta*, and the *Abhishyandi* property increases *Kleda*. According to *Hemadri*, *Snigdha Guna* generates *Mridutva*. *Kleda* increases too much and causes *Agnimandhya*. *Upalepana Karma* of *Guru Guna* causes *Agnimandya* by performing *Agni's Avaraa* and enhancing *Kapha*. Most subjects had *Agni dushti*, which is the main causative factor. Maximum no. of the subjects had a habit of water intake after meals. According to *Acharya Bhava Misra*, it is a *Kapha Prada* that causes *Agni's* vitiation, resulting in *Agnimandya*. Maximum subjects take tea and coffee as a supplementary diet. Tea and coffee intake are responsible for disrupting the secretion of excessive amounts of gastric and pancreatic juices. As a result, it may lead to irritation of the stomach and cold

drinks preservatives, which may be the causative factor for *Amlapitta*. Subjects were addicted to smoking, alcohol and addicted to tobacco chewing. These drugs have *Ushna*, *Tikshna*, and *Pittaprakopaka* characteristics, irritate the stomach lining, and damage the lower oesophageal sphincter, all of which contribute to disease. Constipated and irregular bowel habits were found in the maximum number. Most people with unsatisfactory *Mala Pravriti* have *Agnimandya*, which interferes with the regular *Sara-Kitta Vivechana* process. As a result, the proper *Matra* of the *Mala* is not excreted in the appropriate period, thus modifying the normal frequency of faeces. *Krura Koshtha* shows *Vata* dominancy, which changes the function of *Agni* by irregularities, and *Madhyama Koshtha* suggests *Kapha* dominancy, which leads to *Agnimandya*. where maximum subjects have *Mandagni* or *Vishamagni*. Due to disturbed *Jatharagni* generated by *Ama*, the body, having nature to maintain homeostasis, priorities digesting and removing *Ama*. Due to this, the automatic craving to eat reduces, which results in the lowering of *Abhyavaharana Shakti* and *Jarana Shakti*. *Vata-Pitta prakriti* dominant persons are more prone to suffer from *Pitta* dominant *Vyadhi* "*Amlapitta*". When ingesting *Apathya ahara vihara*, *Pitta* and *Vata dosha*, these persons get vitiated, producing *Amlapitta*. The involvement of *Pitta* was seen in the *Vata Pitta* and *Pitta Kapha* types of *Prakriti*. Also, the maximum subjects were of *Madhyama Vaya*, the *Pitta Prakopa avastha*, so their *Pitta dosha* hampered speedier than other *Doshas*. *Rajasika Prakriti* persons are easily afflicted with anxiety, stress, etc., emotional factors which provoked the *Pitta*. Due to the habit of a spicy diet, they are more likely to eat *Katu* and *Vidahi ahara* and not bother about the proper timing of diet (*Vishamashana*). *Tamasika Prakriti* persons have an excessive desire for food (*Aharalolupa*), and that's why they do not worry about the quality and quantity of diet and also do *Divaswapa*, *Vegadharana* etc., which leads to hampered digestive system and leads to *Amlapitta*. Maximum subjects were taking *Virudhdhahara*. The term *Virudhdhahara* has opposite effects on *Dhatu*s by opposite *Gun*as.⁵ So it causes

Agnimandya and *Tridoshprakop*. Excessive use of *Vidahi Ahara* causes vitiation of *Pitta Dosha* by its *Ushna* and *Tikshna* properties and leads to irritation of the gastric membrane. *Abhishyandi Ahara* is *Srotorodhakara*; hence, it blocks the minute channels and produces *Aam dosha* by *Sanga* type of *Srotodusti*, leading to other *Srotodashti*. *Guru Ahara* is very difficult to digest and takes more time. However, people do not wait for the proper digestion time and eat undigested food, which produces *Ama* and further leads to *Amlapitta*. *Snigdha Bhojana* needs good *Agni Bala* and takes more time to digest. Most of the subjects in this study were poor *Agni Bala*, and they didn't wait and take a second meal before the first meal was digested. This leads to *Agnimandya* and *Aam*. Most participants were not exercising; *Avyayama* produces *Agnimandya* and *Kapha siddhi*, which indicates that the digestive process is hampered in maximum subjects.⁶ Most of the subjects habituated *Vegadharana*, *Divaswapa*, and *Ratrijagarana*. *Vegadharana* causes vitiation of *Vata dosha*, especially *Apana*, *Samana*, and *Udana*; because of this, digestion of food gets hampered. *Divaswapa* is *Tridosha Prakopak* and *Ratri jagarana* is *Vata- Pitta Prakopaka*. It leads to *Agnivaishmya*. *Manshik Bhavas* play an important role in digestion. The Ayurvedic text explains *Chinta*, *Krodha*, *Shoka* and *Bhaya*, the *Ahar*, even though taken in proper quality and quantity, does not get digested and leads to *Ama* and *Ama* formation, which may further lead to *Amlapitta*.

CONCLUSION

A conclusion portrays the perfect picture of the research topic and also delivers the exact idea of whether the research's purpose is achieved. The present study was an observational study that gave data about A physiological study of *Deha prakriti* with particular reference to *Amlapitta* and its management by *Pathaya Apathaya*. The present study was observational, from which the following data and dissertation research are concluded. All the above findings support the concept described in the study's conceptual part; moreover, due to variations in diet, mental condition, sleeping pattern, addiction, etc. The degree

of severity was different for every person. Among the *Prakritis*, *Vata Pitta Prakriti* and *Rajasika Tamasika Prakriti* are more prone to *Amlapitta*. This study concluded that *Prakriti* analysis is very essential for our day-to-day lives. Because we know our *prakriti*, we decide what's good for our health and what's not, and we save our health from diseases like *Amlapitta* provoked by unwholesome food habits. *Aharaaja Hetus* like *Viruddha*, *Vidahi*, *Guru*, *Snigdha* and *Katu Ahara*, *Viharaja Hetus* like *Divaswapa* and *Antejalseven* and *Manasa Hetus* like *Chinta* and *Krodha* are considered strong *Nidanas* of *Amlapitta*. Symptoms of *Amlapitta* aggravate in *Sharada*, *Varsha*, and *Grishma Ritu* because, in *Varsha* and *Sharada Ritus*, the *Pitta* accumulates. In *Grishma Ritus*, people intake excessive liquids like cool drinks, etc., which increases *Drava Guna* of *Pitta*.

This study was started to assess the effect of *Pathya Apathya* in *Amlapitta* because they were found to be attention less in people of different *Prakriti* according to their eating habits. If they do not pay attention to these eating habits, they may have more symptoms of *Amlapitta*. It was also observed that even if there was no notable difference in food habits due to differences in *Prakriti*, diversity in *Amla Pitta* symptoms was found in many people. *Amlapitta* can take a severe form of the same people due to their habits of working style and their routine not being organized. Because of all these, there is distortion in the body's homeostasis. Hence, by considering these causes, a specific *Aahar Vihar* chart was prepared to spread awareness among these subjects and to prevent *Amlapitta*. This chart was given to subjects to follow in management of *Amlapitta*.

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