An Insight On Etiopathogenesis Of Amlapitta — A Survey Study

Dr. Ribin V P¹, Dr. Prashanth Jain², Dr. Geetha B Markande³

¹III Year P.G Scholar, ²HOD, Associate Professor, ³Associate Professor, Dept. of Roganidana Evum Vikruti Vigyan, Alvas Ayurveda Medical College and Hospital, Moodbidri, Dakshina Kannada, India

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Abstract

The health and disease is an outcome of physical, mental and biological activities. As per Ayurveda, Ahara is one among the three basic needs of the body to achieve a healthy life. But today, the lifestyle is absolutely altered or modified, especially with regards to food habits and activities. Because of these changes, many novel diseases are evolving and gastrointestinal disorders are one among them. Avoiding the etiological factors is the primary treatment modality adopted by our ancient Acharyas. So to achieve this, survey over a population of a particular area can help us to find out various risk factors that triggers this condition. This help us to live a healthy life by avoiding the exposure of these factors and also help us to give positive health awareness for the community. So with this background, a Cross sectional, face to face survey study on 100 patients having Samanya Lakshana of Amlapita in Puthige village of Dakshina kannada, irrespective of gender, religion, etc was conducted. A case proforma incorporating Aharaja, Viharaja and Manasika Nidana explained in Ayurvedic classics was prepared and surveyed to assess the responses. It was found that most of the causative factors explained in our classics are still authentic and reliable in the present era also.

Keywords: Amlapitta, Gastro-oesophageal reflux disease, Ayurveda, Ahara, Vihara

Introduction

As Ayurveda is the science of life it gives total attention in to the life fashion of an individual beginning from personality to the everyday food habits and routine. It gives more significance for the prevention of the disease rather than managing them. So it incorporates all the aspects to live a healthy life. It always consider and tries to maintain
mind, body and soul in balance. In spite of the fact that the root of this wellbeing science dates back to three thousand a long time, the frame work addresses nearly all the health issues that the human being commonly stands up to. The life fashion of nowadays is completely changed or adjusted, inside the final two decades, when compared with the past. In spite of the fact that there's a part of progresses in science and innovation, the humankind is cleared out with endless wellbeing issues. Wants of the human being are unbounded but the accessibility of assets to full fill that perpetual developing requests is limited. These comes about into an unfortunate way of life with a quick pace, changes in food habits and behavioural design. This leads to different psychic or psycho-physiological clutters. Food habits are evolved and established on the basis of habitat and environment where the individual is dwelling. But these days people are exceptionally much font of food culture which is not conducive to our habitat and body. These habits primarily hamper the digestion, which is the common underlying abnormality predispose to diseases like Amlapitta, which is one among the prevalent GIT disorders nowadays. Amlapitta is characterised by Tikt-amla Udgara (sour eructation), Hrit-kanta Daha (burning sensation in the chest and throat), Avipaka (indigestion), etc.¹ which can be simulates with the clinical features of Gastro-esophageal Reflux Disease (GERD) in the modern science. Sharira is supported by the Ahara and Ahara nourishes the Dosha and Dhathu. So food habits that we follow surely reflected on our status of Dosha and Dhathu and their by on Sharira. Status of Agni determines the Bala of the body.² Ayurveda emphasises to follow Ahara and Vihara with respect to Matra, Kala and Desa, which ultimately results in maintaining normal Agni. A study on Epidemiology and symptom profile of GERD in the Indian population, 7.6% of the population has heartburn or acid regurgitation at least once in a week.³ Amlapitta is a clutter which is related with Ahara and Vihara components, most of them can be related with life style changes. Subsequently it is vital to discover out the reversible components driving to Amlapitta and make the people aware about the dos and don’ts about diet and life style to prevent these diseases and to have a healthy and fruitful living. So in this study an
effort is made to assess the prevalent etiological factors of Amlapitta, there by focus on Nidana Parivarjana and Samprapti Vighatana which are fundamental principles of Ayurveda.

**Objective**

1. To compile the Nidanas of Amlapitta described in Ayurvedic classics.
2. To assess the prevalent etiological factors of Amlapitta in Puthige panchayath.

**Materials and methods**

The study was carried out under two aspects, Viz conceptual study including review of Amlapitta available in Ayurvedic classical texts, possible understanding of this principle in modern science, scientific journals, dissertations, reliable online sources, etc. The survey study was a cross sectional, face to face survey, conducted during the month of September to December 2019 on 100 patients from Puthige village, fulfilling inclusion and diagnostic criteria, irrespective of gender, occupation, socio-economic status, etc. A special case proforma was prepared for the study with a set of questionnaire incorporating common Ahara and Vihara mentioned in our classics. Assessment was done to understand the prevalent etiological factors of Amlapitta.

**Observations and Results**

**On Demographic Data**

Majority of participants, 82% were from the age group of 31-60 years, 60% were females, 53% were Hindu, 92% were literate, 88% were middle socio-economic class, 91% were married, 15% were manual labourers, 44% were house wives, 7% were office workers and 34% were doing other jobs.

**On Ahara (Dietary habit)**

79% of the participants were taking mixed diet, 72% preferred Katu Rasa followed by 38% Lavana Rasa, 37% Amla Rasa, 15% Madhura Rasa, 5% Tikta Rasa and 2% Kashaya Rasa, 37% were taking food more than their capacity, 84% were using spicy foods, 98% were using Lasuna, 54% were using Kulattha, 58% were using Amla Dadhi, 85% were using Masha, 75% were using Pishtanna, 42% were using Paryushitanna, 48% were taking Ikshu Rasa, 62% were using Prithuka, 31% of participants were taking Virudhahara like sour fruits with milk & milk with salt. 62% were having Madhyama Abhyavaharana Sakti and 56% were having Avara Jarana Sakti.
On **Vihara (Lifestyle)**
43% following *Adhyasana*, 47% were habituated to *Kale Anashanam*, 45% were habituated to *Divaswapna*, 40% habituated to *Antarodakapana*, 34% sleep soon after having dinner, 22% addicted to excess tea/coffee, 16% addicted to smoking and 14% to alcohol and chewing betel nuts, 15% were used to bath immediately after having food, 31% habituated to *Vega Dharana* (suppressing natural urges) and 27% were having *Atapa Sevana* (working in the hot atmosphere).

On **Manasika Bhavas (Mental factors)**
Today due to accelerated pace of life, people are psychologically exhausted and are more vulnerable to stress, anxiety, depression, etc. These are proven health risks, having severe adverse effects. Ayurveda consider mind and body as one, and mentioned various mental factors for both psychological and somatic diseases. In this study, 59% of participants were often experiences *Krodha* (anger), 44% often experiences *Bhaya* (anxiety), 67% often experiences *Chinta* (stress) and 39% often experiences *Soka* (depression).

On **Samanya Lakshana**
All the participants were having *Tikta-ama Udgara* and *Hrit-kanta Daha*, as both being mandatory diagnostic criteria. 47% participants were having *Klama*, 28% *Gourava*, 34% *Avipaka*, 39% *Utklesa* and 47% *Aruchi*.

**Figure 1: Demographic data of 100 participants**

<table>
<thead>
<tr>
<th>DEMOGRAPHIC DATA</th>
<th>Age (31-60)</th>
<th>Gender (Females)</th>
<th>Religion (Hindu)</th>
<th>Education (Literate)</th>
<th>Occupation (House wives)</th>
<th>S.E Class (Middle)</th>
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</thead>
<tbody>
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<td>Age</td>
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<td>Occupation</td>
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<td>S.E Class</td>
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<td>91%</td>
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</table>
Figure 2: Aharaja Nidana of 100 participants

Figure 3: Viharaja Nidana of 100 participants
Discussion

Major part of the population involved in this study belonged to the age group 31-60. This may be because, Amlapitta is a Pitta predominant Vyadhi and Madhyama Vaya is considered to be predominant with Pitta Dosha. In this age group there will be more psychological stress and strain due to relationship issues and job related struggles. Due to this, it may trigger psychosomatic distress, which in turn hampering the normal physiological activity of GIT. Studies shows that the chances of acid reflux disease increases with age. The probable causes are due to weakening of lower oesophageal sphincter and weight gain associated with aging. It was also observed that females are more affected, which may be because of changes in their hormones (as study showed more affected age group to be 46-60), body metabolism, stressful family situations, irregular diet, skipping meals and suppression of natural urges. Also with this small sample size, it was difficult to make an inference on gender predominance in Amlapitta. Most of the participants were Hindu, literate, middle class, it reflects the demographic distribution in the area where the study is done. Majority were
married, the age limit of study population selected as per inclusion criteria were 16-60, and the marriageable age of individuals falls in this age group. Here, may be because of stressful caused due to physical and mental exhaustion to look after the family. Majority were house wives. In few cases observations like upsetting familial circumstances, irregular diet, suppression of natural urges, habit of day sleeping, eating left over foods where seen. This may be a contributing factor for Amlapitta in homemakers.

Most of the participants were following mixed diet. It may be due to the predominance of Katu and Lavana Rasa, Guru, Snigdha, Teekshna, Ushna, Vata-Pitta Vardhaka properties of non-veg preparations which can hampers the Agni. Previous studies also found GERD are more common in people following non-veg diet. Katu, Lavana and Amla Rasa Pradhana Ahara were observed to be more in dietary routine of majority of the participants. They tend to increase Amla and Dravaguna of Pitta and also increases Vata, which results in Agnimandhya. With this it was also observed that most of the participants were habituated in taking food more than full of their capacity and Atimatra Ashana is considered as a cause for Annavaha Srotodushti and Agnidushti.

Speaking about the Gunas of Ahara that is commonly seen as a habit; intake of spicy foods, Lasuna and Kulattha are more and these foods are Ushna, Teekshna, Vidahi and also increases Pitta. Whereas other food items predominantly in use like, Masha is Guru, Ushna, Abhishyandi and increases Kapha & Pitta; Pishtanna is Guru, Vidahi and Abhishyandi. Paryushitanna i.e food prepared a day before will undergo some chemical changes by the action of microbes, they are predominant of Amlarasa, Guru, Abhishyandi and are a contributing factors that increases the Pitta Dosha. Majority are taking mechanically extracted Ikshu Rasa, which is having Amla, Guru, Kshara, Vidahi and Vishtambhikaraka properties. Prithuka is Guru, Snigdha, Kapha Vardhaka and Vishtabhakaraka in nature. Excess usage of all these food items leads to Pitta Pradhana Tridosha Kopa and Agnimandhya, which further leads to Vidagdhajirna, Shuktapaka and ultimately in Amlapitta.

Major part of the population indulges in Adhyasana, which is an important
cause for *Agnidushti*. It predisposes the formation of *Ama* and in the long run it produces *Amlapitta*. Most of the participants habituated to *Divaswapna*, which increases *Kapha* and *Pitta Dosha* and is *Agnisamana* in nature. *Antarodakapana* is one of the important causative factor for *Agnimandhya*. Excess water intake during or immediately after intake of food increases the *Kledatva* in the *Amashaya*, there by diminishes the functions of *Agni*. Immediately after having food the *Ushma* increases in the *Amashaya*. Because of the *Ushna Guna* of *Agni* it is does the *Aharapaka*. So taking bath immediately after intake of food reduces the *Ushma*, there by hampers the *Agni*. So the digestion become delayed. In the long run this habit produces *Agnimandhya*.

Suppression of *Vega* mainly *Adhovata*, *Pureesha* and *Mutra* are associated with *Agnimandhya* and *Apana Vata Dushti*. *Pratiloma Gati* of this *Apana Vata* results in *Udavarta* and leads to *Dushti* of *Samana Vata*, there by causes *Agnidushti*. Suppression of other *Adharaneeya Vegas* also may lead to *Agnidushti* due to vitiation of *Vata Dosha*. This will provoke the other *Doshas* also and leads to *Amlapitta*.

Most of the participants were habituated to sleep soon after having dinner. *Nidra* is *Tamo Guna Pradhana* and *Kapha Pradhana*, so it is *Agnimandhyakara* in nature. During sleep the gastrointestinal system function is markedly reduced most of the time. Gastric emptying is slow during sleep. Not only that, body is most comfortable in digesting food when we are in an upright position, allowing it to absorb easily. Sleeping after eating is going to muddle with the digestion process which can lead to a mass of digestive diseases. *Kale Abhojana* is an important cause for *Agnimandhya*. It vitiate *Doshas*, particularly *Vata* and in long run leads to *Agnimandya*. *Atapa Sevana* increases the *Pitta Dosha* due to *Ushna* and *Teekshna Guna*. It leads to *Vidagdhatva* of the *Ahara* and lead to *Ama* formation. This further leads to improper action of *Agni*, results in *Amlapitta*. The percentage of habituated use of smoking and Alcohol was found to be minimum. This might be because, majority of the participants were village women who gave much importance in avoiding addictive habits. So it was difficult to make a comment on role of smoking and alcohol as a
causative factor for Amlapitta. Some of the possible Viruddhahara were incorporated in the study. It was found that participants were aware of the harmful effects of some of the Viruddhahara and the percentage of Viruddhahara was found to be minimum in this study.

Ayurveda explains important role for Manasika Bhavas in the process of digestion. Many of the Manasika Bhavas are mentioned as causative factor for formation of Ama. Heart is considered as seat of Manas and the same is mentioned as abode of Rasavaha Srotas also. So they are inter dependent. So Manovaha Srotodushti can lead to Rasavaha Srotodushti and Parinama of Rasa Dhatu will not happen properly. This may leads to the cause of diseases like Amlapitta. Most of the participants often experienced Chinta, followed by Bhaya and Soka. These factors causes Vata Prakopa. Regular exposure to these factors results in Agnidushti. These are mentioned as important causes for Ama formation. Ati Chinta is mentioned as one of the aetiology for Rasavaha Srotodushti. Eventually it leads to Ajeerna and Amlapitta. Majority of participants were often experiencing Krodha which is explained as one of the Dharaneeya Vega. Krodha is one of the major cause which increases the Pitta Dosha. It leads to Agnidushti and Ama formation which may further leads to Amlapitta.

Conclusion

Amlapitta is seem to be a common GIT disorder now a days and role of adaptation of an unhealthy food habits and lifestyle is found to be main culprit. Even though Ayurvedic classics dated thousands of years back, the present study shows that the classical explanations still hold good to be applied in the present era also. From this survey study it was found that most of the Nidanas that are explained in Ayurvedic classics VIZ Ahara, Vihara and Manasika Bhavas are found to be reliable and followed by the participants who have Amlapitta. Among Aharaja Nidana the percentage of Katu Rasa, Lavana Rasa, Amla Rasa, Lasuna, Kulattha, Amla Dadhi, Masha, Pishtanna, Ikshurasa, Paryushitanna and Prithuka were observed more. Divaswapna, Adhyasana, Kale Anashanam and Antarodakapana were found to be the important Vihara Nidana. Among the Manasika Nidana, Chinta and Krodha were found to be more influenced on causation of
Amlapitta. Only few commonly encountered Virudhahara were included in this study, and it is observed that most of the participants were aware of the harmful effects of these practices. Future studies with more focus on these factors with a larger sample can be done to have a better understanding.

References
9. Acharya Vaidya Yadavji Trikamji, Charaka Samhita with Ayurveda
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10. Acharya Vaidya Yadavji Trikamji, Charaka Samhita with Ayurveda

**Corresponding author:**
**Dr. RIBIN V P** 3rd year P.G scholar
Alvas Ayurveda Medical College and Hospital, Moodbidri, Dakshina Kannada, India
Email: ribingangadharan93@gmail.com

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