

An Insight On Etiopathogenesis Of Amlapitta – A Survey Study

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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 *Amlapitta* 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*, 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-amla 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

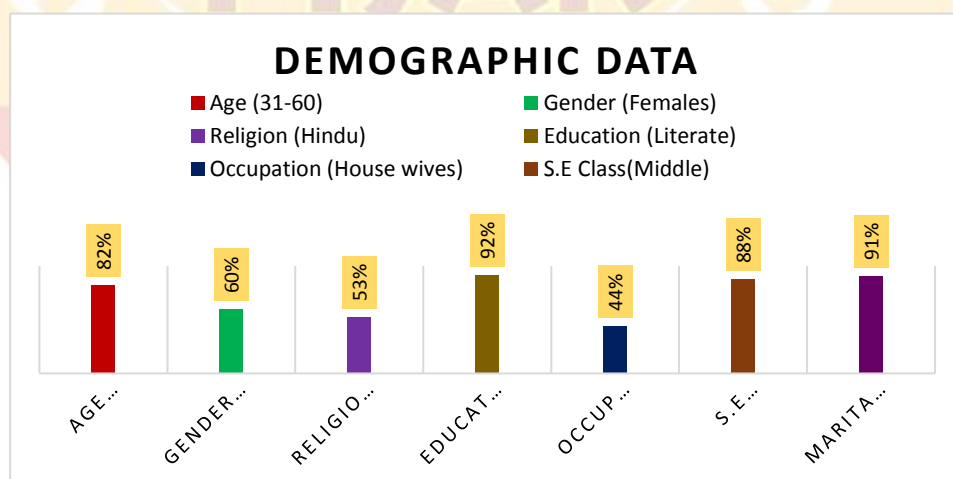


Figure 2: *Aharaja Nidana* of 100 participants

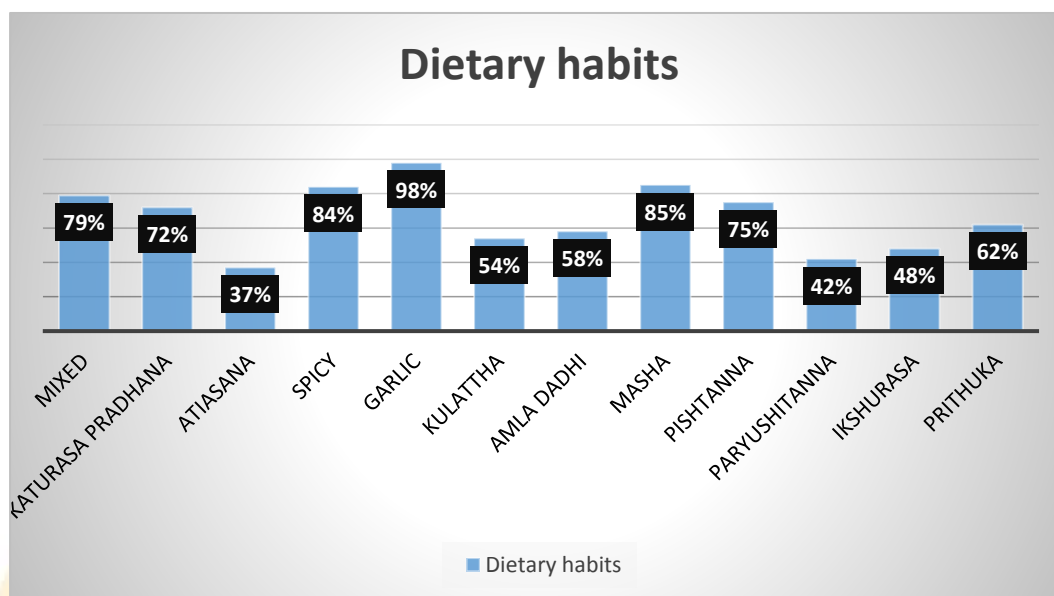


Figure 3: *Viharaja Nidana* of 100 participants

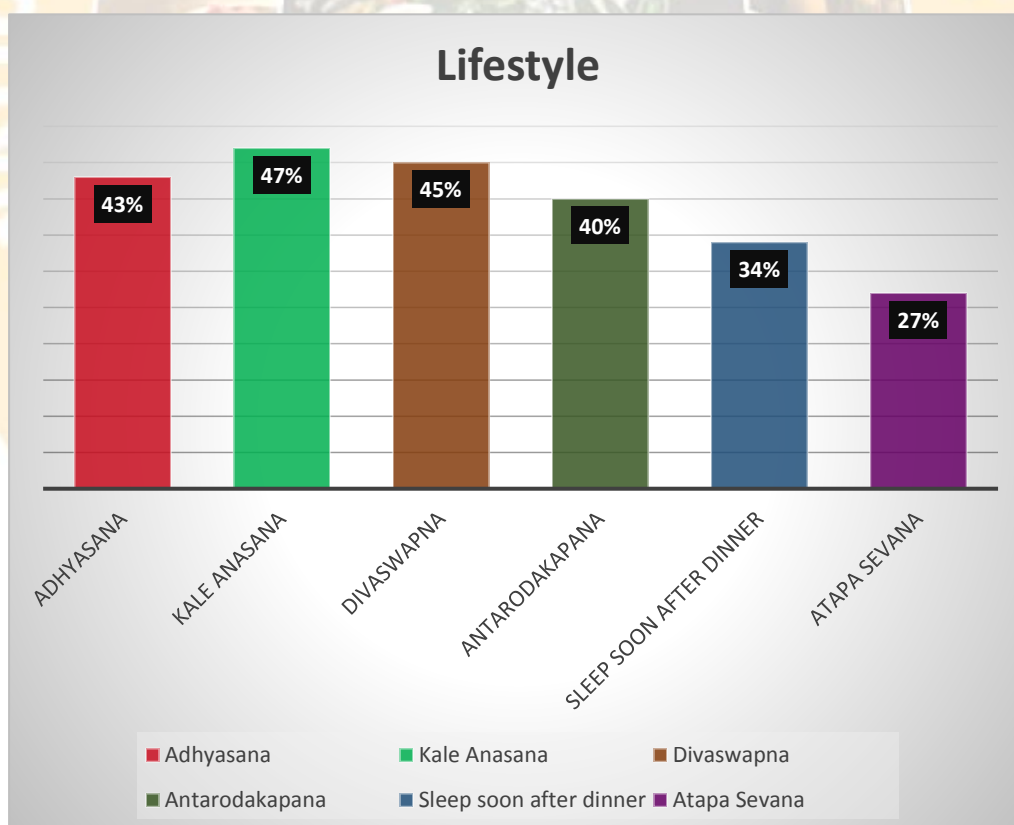
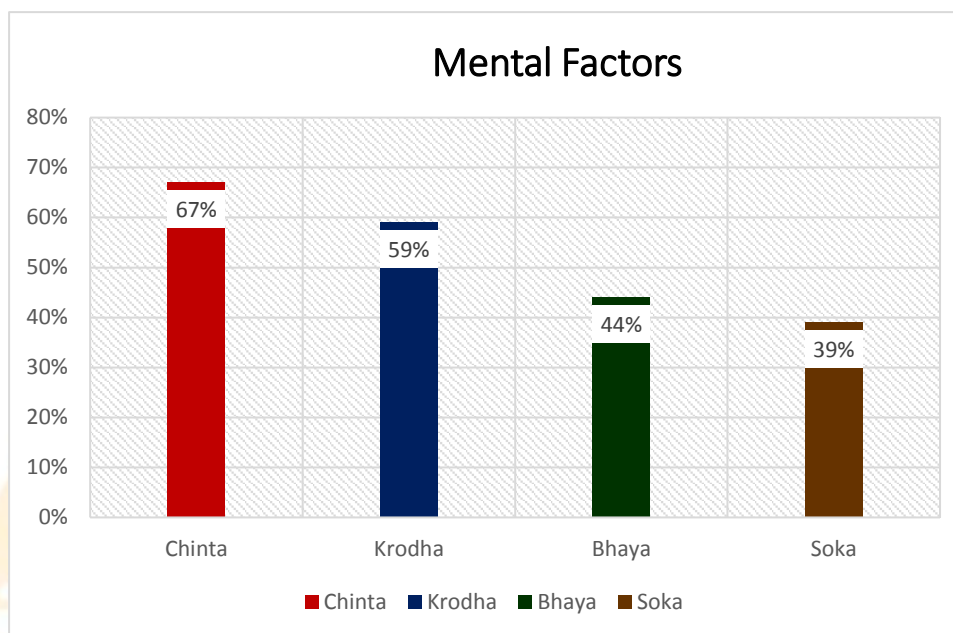


Figure 4: *Manasika Nidana* of 100 Participants



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*⁴ and *Agnidushti*.⁵

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*;⁶ *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* properties⁷. *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*.

PIJAR/July-August-2020/VOLUME-5/ISSUE-4

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*⁸. Heart is considered as seat of *Manas* and the same is mentioned as abode of *Rasavaha Srotas*⁹ 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*¹⁰. Eventually it leads to *Ajeerna* and *Amlapitta*. Majority of participants were often experiencing *Krodha* which is

PIJAR/July-August-2020/VOLUME-5/ISSUE-4

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 *Viharaja 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 is observed that most of the participants were aware of the harmful effects of these practises. Future studies with more focus on these factors with a larger sample can be done to have a better understanding.

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