Amlapitta is one of the major diseases caused by life style changes and its prevalence is increasing day by day. In modern science the disease is caused by irregular food habits, addiction of alcohol and tobacco, micro organisms like E-coli and certain idiopathic factors which lead to dyspepsia. Charaka and Kashyap have clearly indicated that, the grahami dasha and amlapitta occur in the persons who could check the temptation of food. Ajirna after encountering the specific doshas and affinity with specific site may cause various diseases. Annavisha produced due to ajirna when mixes with pittadi dosha, and lodges in amashya produces amlapitta. Irregular food habits, suppuration of natural urges, lack of proper sleep and less time for relaxation, increased dependence on addiction like tobacco, and alcohol are being part of our life which enhances incidences of many diseases mainly having psychosomatic origin are increasing due to urbanization, high industrial growth, deforestation, at a drastic speed.

In our granthas, acharyya suggested shodhan as well as shaman chikitSa for amlapitta. But as we said nidan pariwarjan is always the best line of treatment, here the study is concerned to study the details about disease amlapitta and its management by shaman vidhi like guduchi satva and Shankha bhasma.

The study was conducted in 100 patients. They were divided in to two groups 1) group A-guduchi satva. 2) group B – shankha bhasma.

1) Age- maximum number of patients was from age group of 31-40yr’s. i.e. 40%. 26.66% patients were from age group of 20-30yr’s. 20% patients were from age group of 41-50 yr’s and 13.37% of patients were from age group of 51-60 yrs. Probable cause for increasing in this age group may be more exposed towards changing environment and mental stress.

2) Sex- It was observed maximum numbers of patients registered i.e.56.66% were male, and 43.33% were female does not make any particular conclusion. In this fast life style, male and female both are suffered from mental stress and irregular intake, spicy food which leads to aggravation of the process of amlapitta.

3) Occupation- maximum numbers of patients i.e. 31.66% were house wives. It was observed that most of the housewives were in the habit of the divaswapna and that leads to agnimandya and tridosha prakopa and then amlapitta. In service persons are suffering from mental stress which is important cause of amlapitta.
4) Family history- maximum numbers of patients’ i.e.68.33% were having history of this disease in the family. Ancient acharyas have not indicated any hereditary predisposition of this disease but according to modern medicine patient’s with ‘o’ blood group a hereditary predisposition of this disease (acid peptic disease). The observation of family history suggests that, diet pattern and environment also plays an important role as the 31.66% of cases had no family history.

5) Diet pattern- maximum number of patient’s i.e.75% was mixed diet while the rest were having vegetarian food. Maximum numbers of patients were having habit of irregular food intake. Non-vegetarian diet and irregular pattern of food intake lead to agnimandya and tridosh dushhi, which also lead the aggravation of this disease.

6) Addiction- maximum number of patient’s i.e. 100% had addiction of tea or coffee. 15% had addiction of alcohol. 25% had smoking habit and 28.33% patient’s had addiction of tobacco. 11.66% patient’s had addiction of misri. These factors are mostly irritant to gastric mucosa, and thus cause daurbalya of amashya along with vitiation of dosha mainly pitta dosha.

7) Koshta- maximum number of patient’s i.e.56.66% was having Madhya koshta. While 21.67% were having krura koshta.

8) Agni- maximum number of patient’s i.e. 45% were having visham agni, while 35% were having manda agni. 15% were having tikshna agni 5% were having samagni. Because of visham agni pitta dosha provokes and causes amlapitta.

9) Prakurti- maximum number of patient’s i.e. 43.33% was having vata pitta prakurti. vatapita prakurti dominant patient’s were more prone to get vataj and pittaj disease, because of mithya ahara and vihar . All these doshas get vitiation and produce amlapitta.

10) Sleep- 41.66% has regular sleep history, while 58.33% patients were having irregular sleep. It shows that, irregular sleep and lack of sleep also trigger’s amlapitta.

11) Chronic - 75% patient’s were chronic of 0-12months and 20% patient’s were chronic of 1-2 years. 5% patient’s had chronic more than 2 years. According to this observation most patients self medicate, for the symptom’s causing them to subside temporarily. But with time, the symptoms aggravate and become chronic in nature.

12) Etiological factor- maximum number of patient i.e.68.33% were having vidhahi bhojan and vishamashan amongst hetus followed by diwasthu was found in 60% of patients. bhukta swap was 56.66% and abhojan in 43.33%of patient’s. adhyashan found in 28.33% of patient’s, parayush it in 25%. Atibhojan found in 20% of patient’s. vegadharan and bhuktesasn were found as hetu in 16.66% and 8.33% patient’s respectively.

Hence we can have conclusion remarks as follows:

1) Urdwag amlapitta is one of the most common vyadhi and an incident of this vyadhi is very high in present era, and increasing day by day.

2) The age group from 31-40 yrs are more prone to this disease as in this age group are more exposed towards changing external environment and mental stress.

3) Urdhwag amlapitta is one of the disease in which the pitta dosha is mainly responsible for the manifestation of the disease. amlapitta is the a condition where excessive secretion of amlaguna of pitta
takes place or *amlaguna* increases due to *samata* causing *vidahi* condition.

4) Some new *hetu* were found other than *ayurvedic* text’s like, *Ratrijagran*, addictions, medicine intake, and those can be correlated with respective category of *ayurvedic* *hetu*.

5) Due to huge similarity between sign and symptoms in the disease is correlated with acid peptic disorder.

6) The drug *Guduchi satwa* has better results than *Shankh bhasma* in *amlapitta*.

**REFERENCES**


