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 Urdhvagat 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 Amlapitta (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. 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 properly 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. Person gets various symptoms including Acidic eructation, indigestion, etc. this syndrome is known as Amlapitta, which has been separately described as
Aishwarya Pandey & Chandrakant Upadhyay: Critical Evaluation Of Disease Of Amlapitta – A Survey Study

Disease by Madhvakar. Acharya Kashyapa was the first to describe Amlapitta as disease and analyze it on Dosha basis (physical energies) Whereas Madhvakar further classified it according to Gati i.e. Urdhvag Amlapitta and Adhog Amlapitta and also on Dosha basis. 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.

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%), Gurikostha (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%), Shirosheel (headache) (20%), Aadhaman (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 (reucation with sour taste), Hridadaha (heart burn), Utklesha (nausea), Vamana (vomiting), Udarshoola (abdomen pain), Adhmaana, (flatulance) Vitbhea (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 ). 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 Mandy and Ama. 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 Pittaparakopa 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 pathogeneses 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, Hridyadaha, Aruchi, Gurukostha. The Lakshana of Gurukostha, Aruchi, Avipaka, Klama are mainly due to Ama caused by Agnimanda. 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, Hrdlaha, and Utklesha, Udarshoola, Shrosbool, Brama are inevitable manifestation of Amlapitta.
5. pathyapthaya plays definite role in the management of Amlapitta.

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