ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 09 | September - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

EXPLORING THE PREVALENCE OF AMLAPITTA IN RELATION TO DEHA PRAKRITI

Pathology

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ABSTRACT

Background: *Amlapitta* is one of the most common diseases seen in society in all ages, classes, and communities. 'Hurry,' 'Worry' and 'Curry' are the three main reasons for the disease. The word *"Amlapitta"* is comprised of two words- *'Amla'* and *'Pitta.'* It is a very common disease caused due to *Agnimandhya* by increased *Drava Guna* of *Vidagdha Pachaka Pitta* affecting the *Annavaha Strotas* and characterized by primary symptoms such as *Avipaka*, *Klama, Utklesh, Tikta Amlaudagar, Gaurava, Hrdakanthadaha, Aruchi, etc. Deha-Prakriti is Ayurveda's one-of-a-kind contribution, established at conception and cannot be changed throughout one's life. There are seven varieties of Deha-Prakriti.* **Material and methods**: A total 100 patients were registered for the observational study with classical features of *Amlapitta*. **Results**: The most of patients belonged to *Pitta Pradhana Kaphaja Prakriti* and *Kapha* Pradhan Pitta *Prakriti*, which alarms the involvement *Pitta Dosha* in the onset of *Amlapitta*. Most of the patients were under *Madhyam Vaya* which is *Pitta* dominant period of life. **Conclusion**: The study of the *Deha Prakriti* can be helpful to a physician in the following ways:(1) Early prediction of disease susceptibility, (2) Prevention of possible diseases, (3) Successful prognostication, (4) Selection of appropriate and specific treatment in each disease.

KEYWORDS

Amlapitta, Agnimandhya, Vidagdha Pachaka Pitta, Deha-Prakriti, hyperacidity.

INTRODUCTION

Ayurveda is science of life and longevity. It mainly deals with physical, mental, social and spiritual wellbeing by any of adopting preventive and promotive approach as well as to treat the diseases with its various curative approaches. *Amlapitta* (Hyperacidity) is one of the most common diseaseas seen in the society. It is seen in all ages, classes, and community. Hyperacidity refers to a set of symptoms caused by an imbalance between the acid secreting mechanism of the stomach and proximal intestine and the protective mechanisms that ensure their safety. The word *"Amlapitta"* comprised of two words- *'Amla'* and *'Pitta'*. *Amlapitta* is one of the commonest *Vyadhi* of *Annavahasrotas* caused by vitiated *Agni*. *Amlapitta* is a condition where *Amla guna* of *Pachak pitta* increases due to the *Sama pitta*. It is very common disease caused due to *Agnimandhya* by increased *Drava Guna* of *Vidagdha Pachaka Pitta* affecting the *Annavaha Strotas* and characterized by primary symptoms such as *Avipaka*, *Klama, Utklesh, Tikta Amlaudagar, Gaurava, Hrdakanthadaha and Aruchi.*

regular exercise are the keys to good digestive health. But today's era, faulty dietary habits, sedentary life and stress are main as "Amlam vidagdham cha tat *pitta*m amla*pitta*m" Amla*pitta* denotes the vitiated condition of *pitta* and it imparts Amlatvam andVidagdathavam to the ingested food. Kasyapa samhita is the first text which explained Amla*pitta* as a separate entity. I

Deha Prakriti is an important concept of *Ayurveda* that describes the constitution of an individual in relation to physical, physiological, psychological & behavioral characteristics. It is an integral constituent of *Ayurvedic* diagnosis, treatment & disease prognosis. *Deha Prakriti* of an individual is decided at the time of conception itself & remains the same throughout the lifetime of an individual. *Deha Prakriti* is one of the ten factors which are required to be examined before initiating the treatment of a patient.

It is described in view of assessment of *Aturbala raman* as well as disesase susceptibility. There are two aspects on the basis of the two aims of *Ayurveda*: 1. For health purpose 2. For treatment purpose.

MATERIALAND METHODS

Selection of patients

A total of 100 patients with classical features of *Amlapitta* who had attended the OPD of *Rog Nidan* department at *Rishikul* Campus Hospital, UAU, Haridwar were randomly selected for this study, regardless of their sex, religion, occupation, etc. This study was approved by Institutional ethical committee vide letter no. UAU/RC/IEC/2022/PG/1-67 dated 27/05/2022, before starting the clinical trial, the study was also registered as observational study in central register trial of India vide, registration no. CTRI/2022/07/0 44174 registered on 20/07/2022.

Diagnosis criteria

A detailed Performa was prepared to diagnose the diseases and evaluate etiological factors based on the parameters mentioned in *Ayurvedic* text and modern sciences. The patients who fulfilled the inclusion and exclusion criteria were registered for the study and evaluated in detail based on the questionnaire on *Prakriti* assessment criteria and their relationship with the disease.

Inclusion criteria

Male or female between the age group of 18 -60 years, having classical symptoms of *Amlapitta*. Willing to sign the consent for study participation.

Exclusion criteria

Patients below 18 years and above 60 years of age, Patients of gastric and duodenal ulcer, Patients having associated complicated systemic disorder like – Cardiac disease, Diabetes, Tuberculosis, Bronchial Asthma, Autoimmune diseases etc.

Laboratory investigations

Blood group, Hb gm%, TLC, DLC, ESR, Blood sugar FBS/PPBS, Other investigations for exclusion purpose if required.

Method Of Data Collection

The data was collected by two methods: By personal observation, By questionnaires.

Criteria For Assessment:

Subjective Criteria-

Patients were selected on the basis of symptoms of *Amlapitta* by history taking. The subjective assessment were done on the basis of questionnaire based on *Prakriti* proforma.

Subjective Criteria

Table No. 1. *Lakshana* Of *Amlapitta*

Symptoms	Grading	Present/Absent
Avipaka	1.No Indigestion 2.Indigestion on Only by Heavy food 3.Delayed Digestion of Lighter Food 4.Impared Digestion of even Lighter food	

Gaurava	1.No lethargy 2.Occational but can-do daily work 3. Continuous tiredness that hampers daily work 4. Due to tiredness avoid any routine work	
Utklesha	1.No salivation 2.Occasional but not daily 3.Daily and after taking solid food for sometime 4.Frequently and feel Amalta	
Tiktamalodgara	1.No Tiktamalodgara 2.Appears 1–5 times/day only on consumption of sour and spicy food 3.Appears 6-10 times/day on the consumption of any type of food 4.Appears 10 times/day on the consumption of any type of food	
Gurukosthatwata	1.No Gurukoshthatwa 2.Occasional with a normal quantity of food 3.Continuous while taking normal food with an average quantity 4.Continuous while taking less foodNo	
Aruchi	1.No Aruchi 2.patient feels aruchi but take food time to time 3.patient sometimes take food and sometimes avoid it 4.Patient avoids the food many times	
Viband	1.No Vibandh 2.Intermittent relieved by pathya ahar vihar 3.Continuous relieved by mild laxative (Mrudu Virechan) 4.Continuous only relieved by strong medication (Teekshan virechan)	
Siroruja	1.No Siroruja 2.intermittent reliever by Pathya 3.Continuous not relieved by medicine 4.Continuous only relieved by medicine	

Assessment Of Deha- Prakriti Of Patients

Deha- Prakriti of patients were assessed based on Proforma of Department of *Kriya Sharir, U.A.U., RISHIKUL PARISAR,* HARIDWAR. Analysis will be made for the evaluation of incidence or association of the disease with the types of Prakriti. *Rogpariksha* and *Rogipariksha* will also be done.

Table No. 2.

प्रकृति	लक्षण	Present	Absent
वातज प्रकृति के लक्षण	Observations		
1) रचना सम्बन्धी लक्षण	1. शरीर दुबला पतला 2. सुन्दर नहीं 3. त्वचा रुक्ष 4. हाथ पैर के तलवे फटे हुए 5. हाथ पैर की कण्डराये उभरी हुई 6. श्याम वर्ण		
2) शरीर क्रिया व आदत सम्बन्धी लक्षण	1. गति में तीव्रता 2. चेष्टाओँ में चंचलता 3. चलते समय संधियों में आवाज 4.सोते समय दांत किटकिटाना 5. हाथ पैर हिलाना		
	6. अकारण क्रोधित होना 7. अल्प निंद्रा 8.आमोद-प्रमोद के कार्यों में मन लगाना		
3) आहार-विहार सम्बन्धी लक्षण	1. मधुर, अम्ल, स्निग्ध, आहार प्रिय 2. शीतल आहार के प्रति द्वेष 3. शीत से अधिक प्रभावित		
4) मानसिक क्रिया सबंधी लक्षण	1. शीत से अधिक प्रभावित 2. भय, काम, क्रोध, प्रीति शीघ्र, उत्पन्न होना 3. मेधा तीव्र 4. स्मृति अल्प 5. अनिश्चयात्मक मन की स्थिति 6. असत्य भाषण 7. अस्थाई प्रीति एवं मैत्री		
पित्तज प्रकृति के लक्षण			
1) रचना सम्बन्धी लक्षण	1. शरीर स्निग्ध 2. शरीर सुकुमार 3. शरीर गौर या ताम्र वर्ण 4. सिर के बाल पकना अथवा गिरना 5. तिल, झाई आदि का होना 6. मांसपेशियों एवं अंगो में शिथिलता		
2) शरीर क्रिया व आदत सम्बन्धी लक्षण	1. शरीर में स्वेद की अधिक प्रवृति 2. मूत्र एवं पुरीष की अधिक प्रवृति 3. शरीर में दुर्गन्ध 4. दांतों में पीलापन 5. मुख में दुर्गन्ध		
3) आहार-विहार सम्बन्धी लक्षण	1. अग्नि तीव्र 2. भूख प्यास अधिक व बार-बार लगती है 3. धूप ताप सहने की क्षमता कम 4. मधुर,कषाय, शीतल आहार प्रिय		
4) मानसिक क्रिया सम्बन्धी लक्षण	1. बुद्धिमान 2. प्रचंड स्वभाव व विचारों वाला 3. तेज आक्रात्मक 4. शीघ्र क्रोधित व शीघ्र शांत 5. आश्रितों के प्रति दयावान 6. लोभी 7. वाद-विवाद एवं तर्क में अपरजिता 8. ईष्यालु 9. निडर		
कफप्रकृति के लक्षण			

1) रचना सम्बन्धी लक्षण	1. शरीर मृदु एवं स्निग्ध 2. बाहु विशाल 3. वक्ष स्थल चौड़ा व भरा हुआ 4. ललाट विस्तृत 5. केश स्थिर व घुँघराले 6. भौंहे घनी व विशाल 7. गति मन्द , गज के समान 8. स्वर स्निग्ध व मधुर 9. शरीर का वर्ण नीलकमल के समान		
2) शरीर क्रिया व आदत सम्बन्धी लक्षण	1. अग्नि मन्द 2. निंद्रा अधिक 3. धूप-ताप असहनीय 4. बहुसंतान वाले		
3) आहार-विहार सम्बन्धी लक्षण	1. भूख प्यास कम लगती है 2. अल्प भोजी 3. मधुर रस प्रिय 4. कटु, तिक्त कषाय, ऊष्ण प्रिय 5. अनशन से शरीर का ह्रास नहीं होता		
4) मानसिक क्रिया सम्बन्धी लक्षण	1. शांत स्वभाव वाले 2. दुख से अप्रभावित 3. धैर्यवान 4. कृतज्ञ 5. अलोलुप (लालची नहीं होते) 6. शास्त्रों के प्रति दृढ आस्था 7. अपने अधीन की रक्षा करने वाला 8. क्रोध 9. बात निश्चयात्मक 10. शत्रुता होने पर चिरकाल तक स्थायी 11. स्मृति स्थाई		
Prakriti	Vataja	Pittaja	Kaphaja
Total			
Percentage%			

OBSERVATIONS

In the present study, the incidence was highest in the age group of 18-32 years constituting 51% of total number of the patients, 25% patients were from age group 47-60 years and 24% patients were from age group 33-46 years. Maximum 60% were females and 40% were males. Maximum patients i.e., 55% were married, 45% were unmarried. maximum patients i.e., 89% were Hindus, 6% were Muslims and 5% were Sikhs. Maximum patients i.e., 45% were professionals, 29% were housewive, 14% were students and 12% were doing their business. Maximum patients i.e., 61% were belonged to lower middle class, 35% patients were belonged to upper middle class, 4% were belonged to upper class and no patients was from lower class. 88% patients belonged to urban area while rest of 12% patients belonged to rural area. 100% patients belonged to *Sadharana Desha* no patients were from *Anupa Desha.* In maximum 37% patient's symptoms were aggravated in *Sharada Ritu*, 30% in *Varsha Ritu*, 14% in *Grishma Ritu,* 13% in *Basanta ritu*, 5% in *Shishira Ritu* and 1% patient's symptoms were aggravated in *Hemanta Ritu*. The maximum patients i.e., 68% were having mixed type of diet, while 32 % were having vegetarian diet. Maximum patients i.e., 74% were having normal Appetite and 26% were having poor appetite. The maximum patients i.e., 73% were consuming *Katu Rasa* dominant diet followed by 53% were consuming *Lavana Rasa* dominant diet, 43% were consuming *Amla Rasa* dominant diet, 40 % were consuming *Madhura Rasa* dominant diet, 32% were consuming *Tikta Rasa* dominant diet and 19% were consuming *Kashaya Rasa* dominant diet. Maximum patients e.i., 90% were doing Light exercise, 7% were not doing any type of physical work and 3% patients were doing heavy exercise. In this study majority of the patients i.e., 53% had sound sleep, while 47% patients had disturbed sleep. The maximum number of patients i.e., 57% were having *Mridu koshtha,* 37% were having *Madhyam koshtha* and 6% were having *krura kostha*. Maximum i.e., 54% patients were having irregular bowel habit*,* 46% patients were having regular bowel habit. Maximum patients i.e., 94% were having Tea/coffee*,* 14% patients were having *alcohol*, 13% patients were having smoking and 5% patients were having tobacco. The maximum number of patients i.e., 63% were having history and 37% were having no past history of *Amlapitta*. In above table indicate that maximum patients i.e., 39% were having family history and 61% were not having family history of *Amlapitta.*

RESULTS

Table 1. shows that out of 100 patients, patients were having ***Avipaka*****,** 73% were having Indigestion on Only by Heavy food, 19% were having Delayed Digestion of Lighter Food, 8% were having No Indigestion. Patients were having ***Gaurava,*** 78% were having Continuous tiredness that hampers daily work, 15% patients were having Continuous tiredness that hampers daily work, 06% patients were having No lethargy,1% patients were having Due to tiredness avoid any routine work. Patients were having ***Utklesha*****,** 69% were having Occasional but not daily, 18% patients were having No salivation, 10% patients were having Daily and after taking solid food for some time, 3% patients were having Frequently and feel *Amalta.* Patients were having ***Tiktamalodgar***, 75%were Appears 1–5 times/day only on consumption of sour and spicy food, 16% were Appears 6-10 times/day on the consumption of any type of food,9% were Appears 10 times/day on the consumption of any type of food. Patients were having ***Aruchi, 59%*** patients were feels aruchi but take food time to time, 31% were having No *Aruchi,* 7% patients were having sometimes take food and sometimes avoid it and 3% Patient were avoids the food many times. Patients were having ***Siroruja,*** 40% were having intermittent reliever by P*athya,*38% were having No *Siroruja,*18% were having Continuous not relieved by medicine, 4% were having Continuous only relieved by medicine.

Table No. 3. ***Deha Prakriti***

no	Prakriti	Total	Percentage%
1.	Vataja	0	0%
2.	Pittaja	0	0%
3.	Kaphaja	1	1%
4.	Vataja Pradhana Pittaja	5	5%
5.	Pittaja Pradhana Vataja	13	13%
6.	Pittaja Pradhana Kaphaja	36	36%
7.	Kaphajaa Pradhana Pitaja	33	33%
8.	Kaphaja Pradhana Vataja	5	5%
9.	Vataja Pradhana Kaphaja	7	7%

DISCUSSION

Out of 100 patients data, maximum 36% of patients were having *Pittaja pradhana kaphaja prakriti,* 33% were having *Kaphajaa pradhana pitaja prakriti*, 13% were having *pittaja pradhana vataja*, 7% were having *Vataja pradhana kaphaja prakriti*, 5% were having *Vataja Pradhana pittaja prakriti* and *Kaphaja pradhana vataja*, 1% were having *Kaphaja prakriti.* The most of patients were belonged to *Pitta Pradhana Kaphaja Prakriti* and Kapha Pradhan Pitta Prakriti, which alarms the involvement *Pitta Dosha* in the onset of *Amlapitta.* Most of the patients were under *Madhyam Vaya* which is *Pitta* dominant period of life.

CONCLUSION

The study of the *Deha Prakriti* can be helpful to a physician in the following ways:(1) Early prediction of disease susceptibility. (2) Prevention of possible diseases. (3) Successful prognostication. (4) Selection of appropriate and specific treatment in a given disease. By examining the physical and mental characteristics of a particular person, suitable diet, weather and behavior etc., can be determined for

him. That is why Ayurveda has placed Prakriti under 'Tenfold clinical methods. The knowledge of Prakriti is essential in fulfilling both preventive & curative aspects of Ayurveda.

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