

LIFESTYLE CHANGES AND HETUS OF AMALPITTA

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ABSTRACT

21st century is modern era of competition in life. It is full with stress to achieve more and more goals. The needs of the human being are infinite but the availability of resources to fulfill the endless growing demands is finite. These result into an unhealthy lifestyle with a fast pace, changes in, food habits and behavioral pattern. This leads them towards various psychic or psycho-physiological disorders. Digestive abnormalities are one of them. Sushruta Samhita mentions that in a condition with a disturbed psyche, even wholesome food taken in proper quantity does not get properly digested.

Keywords: lifestyle, modern era, amalpitta



INTRODUCTION

Mind and body are inseparable entities influencing each other throughout the life. Now a day, due to abnormal lifestyle, increased pace of life, changes in food habits and behavioral pattern people become stressful which lead them towards several psycho-somatic disorders. Among them, Amlapitta is one of the common conditions. For the present study, to evaluate the role of diet and lifestyle in etio-pathogenesis of Amlapitta a standardized questionnaire in the form of proforma incorporating types of foods (Madhura, Amla and Lavana Rasayukta Ahara etc.) and lifestyle (Divaswapna, Ratrijagarana and Manasika Bhavas etc) was prepared. Majority of the patients was from the age group of 18- 50 years¹². The people of this age group are affected by this disease more, because it is Pitta predominant period of life. Amlapitta is also Pitta dominant disease; hence it is very tough to treat it in this age period. Moreover, for this age group hurry, worry and hurry has been advised to restrict. In this age group nobody is going to restrict themselves for any dietetic and behavioral code. Normally men have suffered more stress than female due to their profession and business. Many of them were stay outside and engaged with travelling and intake irregular and spicy food which leads to aggravation of the process of Amlapitta. In this era of modernization and civilization the society is conscious enough about what to eat but least about how to eat. Most of the etiological factors of

Amlapitta are related with the diet pattern and behavioral pattern. If one does not follow the Ashtavidha Ahara Vidhi Visheshayatana then his Agni will be hampered and produce Aamannavisha and it leads to Amlapitta. Acharya Charaka has advised to take the food only after the previous meal is digested. If anyone takes the food with irregular intervals without proper digestion of the previous food (Adhyashana), it may cause aggravation of Doshas. In many metro cities everyone is in the stress due to competition and work load in the industries; they have the habit of eating now and then become a cause to vitiate digestive Agni and it ultimately produce the disease Amlapitta. In the present study majority (84 %) of the patients were Hindu followed by 16 % were Muslims. It can only be concluded that due to density of Hindu populations in and around Nadiad, Gujarat, India such incidence recorded in this study. It is said that both educated and uneducated people were suffered equally i.e. in rural area due to their illiteracy people are habitual to take unwholesome diet and also not aware about the proper method of taking food, while in urban area they were engaged in their work and due to shortage of time they are more prone to take the urban foods like pizza, puffs, cold drinks etc. to be one of the main causes of the disease. In the present study most of the patients were married. It may be inferred that responsibility, adjustments with adverse situations, economic condition and attention to family could be the probable cause for this observation. Katu,

Amla and Lava rasa are Pitta provocation tastes¹³. Due to excessive intake of Katu, Amla and Lavana Rasas; by the Samanya Siddhanta, they tend to increase Amla and Dravaguna of Pitta and ultimately produce Mandagni. Majority of patients consumed Katu and Lavana for years. When the symptoms of Amlapitta developed fully fledged, they avoided the particular Rasa to prevent the experience of those symptoms. Thus Anvaya Vyatirekatakah, it was proved that these Rasas were precipitating cause for Amlapitta. As per the socioeconomic status; 65 % lower middle class people were suffering from this disease. It may be due to stress induced by the struggle to improve their quality of life to become upper middle class. 80 % patients were vegetarians. Due to more Hindu locality in and around the Nadiad, Gujarat, India maximum vegetarian were noticed. On this observation, it cannot be concluded that vegetarians are more prone to Amlapitta. The flour of grains contains more carbohydrates. They are easily fermented, leads to Amlata in Amashaya and Agnimandya. Pishtanna causes heaviness of the abdomen and Amlapitta manifestation. When the food is kept overnight, especially in hot days leads to fermentation of the food substance. Fungus can grow on them which are very dangerous and poisonous. Freezing the food stuff for many days also gives the same result like bakery products. Stomach secretes the digestive juices at the usual time at which it receives the food. If the food is not available, the secreted acids have its deleterious effects on the mucous membrane leading to auto digestion. Less

intake of food causes Dhatukshaya and aggravates Vata which intern produces Vishamagni, Karshya etc. Finally Akaal bhojana may become a cause for the manifestation of Amlapitta. Abhishyandi bhojana increases the fluidity of Dosha, Dhatu, Mala and Srotas. Prithvi and APA Mahabhutas are attributed into Abhishyandi actions as these are Pichchhila (sticky) and Guru in nature. They obstruct the Rasavaha Srotas and cause Agnimandya etc. It shows the total trend of today's society may it be an educated population or common people that while taking the food with talking and laughing either watching television. In the present study only 10 % patients were aware about the concentration towards the food. Excessive consumption of tea, coffee, tobacco chewing and smoking cause for vitiation of Agni directly and it is incorporated in the Pitta, which is a predominant Dosha in the Samprapti of the disease Amlapitta. A constant exposure to these etiological actors augments the process of development of disease. Water should not be taken with meals as it dilutes the digestive juices and delays digestion. This explains the role of Antarodakapana in the Samprapti. As these patients could not have sound sleep at night, they slept in the day immediately after meals. These extra hours of sleep during the day hampered the digestion as well as sleep at night¹⁴. Some patients complained of acceleration in symptoms like burning sensation in the chest, pain in abdomen which caused sleep disturbances, these patients had to resort to immediate household remedy like drinking milk in order to obtain relief.

Chirakaritva and Yapyatva of the Vyadhi are reflected in the present study because patients experienced comfort, when they forbid the etiological factors and symptoms aggravated on Apathya Sevana¹⁵. Maximum patients have Pitta dominant Prakriti and Amlapitta is also Pitta dominant disorder so, indicating the type of constitution was more prone to get this ailment. Majority of the patients were Madhyama and Avara Sattwa predominance in the present study, as Charaka has mentioned that a person having Madhyama and Avara Sattwa patients cannot handle excessive mental burden and they strongly react upon it; so, they are more vulnerable to diseases, which is supported in this study. Amlapitta is considered as a psycho-somatic disease. Chinta was the dominating Manasa Bhava in 57 % of patients in present study. The mental distortion is responsible for Ajirna¹⁶

Amlapitta is Pitta dominant disease; the figures of survey study suggest that persons having Pitta or Pitta-Vata prakriti were affected by this ailment. Among the Nidanas of Amlapitta, 40 % are related with the method of food intake i.e. Ahara Vidhi Vidhana. Manasika Hetus influence all the Sharira Hetus. In urban area, most of the people live in sedentary life. They are always in hurry and worry to get curry that has disturbed the food habits like eating before digestion of previously taken food, eating stale food, fast-food to save time, repeatedly sleeping after eating again and again, suppression of natural urges with mental stress and strain play an

important role in give rise to Agnimandya, Vidagdhajirna and finally to Amlapitta. In rural area, due to ignorance of dietary method most of the people take Viruddhahara, Vishamashana, Adhyashana etc which ultimately become cause for the production of Amlapitta. In the present study most of the patients (92 %) were unaware about Viruddhahara e.g. milk with sour or salty things. Thus it is clear that diet and lifestyle play an important in causing Amlapitta. All these factors can be explored in larger sample for longer duration by future researchers interested in this subject.

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