



A SYSTEMIC STUDY ON URDHWANGA AMLAPITTA – AN AYURVEDIC PROPESTIVES

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ABSTRACT

A severe issue nowadays is the excessive usage of Katu, snigdha, Viruddha, Abhishyandi, atyushna, vidahi, and pista anna, as well as a changed lifestyle and indulgence in diwaswapna, ati udaka panam, chinta, and Amlapitta. These contributing factors also result in agnimandya and vitiate pitta's dravata, which cause the shukhtatva and vidagdhatva of the Ahara rasa. As a result, maintaining proper pathya and enhancing agni are essential for treating Amlapitta and halting its progression. Amlapitta is referred to as the elevated state of pitta sourness and is a pathological condition in which the pitta becomes vitiated in terms of vriddhi. Kashyapa is the first to speak directly on the ailment amlapitta. Virudha, adhyasana, vidahi, pittaprakopi ahara, and other nidanas of amlapitta result in tridosha prakopa, where samana vata, pachaka pitta, and kledaka kapha are severely impacted and produce agnimandya. Incorrect food digestion causes ashayadushti, which leads to the development of shuktata and insufficient rasadi dhatus. All of these processes combine to create the ultimate product known as Amlapitta, which is hrtkantadaha, tiktamla udgara. Amlapitta is thus created by vitiating all of the tridoshas.

KEYWORDS – Urdhwanga Amlapitta, Agnimandhya, Ahara, pathya, etc.

INTRODUCTION

The main objectives of Ayurveda are to keep healthy individuals well and to treat the ailments of sick people. It can deal with problems caused by modern lives. One of these urgent difficulties, "Amlapitta," is clarified by the current investigation.¹ In addition, "Dincharya" and "Rutucharya" standards are no longer followed by individuals. The aforementioned situations all disrupt the "Pitta" Dosha. Amlapitta is mostly vitiated by the Pitta Dosha. Pitta typically

possesses Katu Rasa, but is considered to have been vitiated when Katu Rasa transforms into Amla Rasa. One of the illnesses brought on by vitiated Pitta is amlapitta. For Sushruta, Nidana Parivarjan is significant.² He elaborates, defining Nidana Parivarjan as fleeing or avoiding the reasons. Nidana Parivarjan has to be the first line of defense against sickness, Sushruta said. For Nidana Parivarjan, all forms of Hetu—including Dosha Karakhetu and Roga Karakhetu—that may be avoided are taken into consideration.³

Bhrihatrayees may notice clearly by adhering to the Samhita kala, despite the fact that they do not offer a thorough explanation of the ailment. In the sixteenth chapter of Khilasthana, Kashyapa Samhita first describes the Amlapitta disease in depth. Madhava Nidana is the first text that gives importance to Amlapitta and discusses its etiopathogenesis and symptomatology in detail, along with Urdhwanga Amlapitta and Adhoga Amlapitta.⁴

METHODOLOGY

The material of Urdhwanga Amlapitta has been collected from different articles, literatures, different Samhita's and authentic websites like NCBI, PubMed, etc.

HETU

- Aharaja
- Viharaja
- Manasika
- Agantuja

AHARAJA HETU

Dietary factors are believed to constitute the first set of etiological factors. Ahara vidhividhana and Ahara vidhi visheshaayatana⁴ might both be taken into consideration in this situation. Inconsistent ingestion of substances like katu, amla, vidahi, etc. Ahara contributes to the development of the pitta dosha prakopa.⁵

- Vishamashana
- Adhyashana
- Ajeerna
- Amapurana
- Atibhojana
- Phanita atisevana
- Madhya atisevana
- Ikhuvikara atisevana
- Usha atisevana
- Gurubhojana

- Pishta atisevana
- Katu-amla rasa atisevana
- Drava- ruksha atisevana
- Kulatha atisevana

VIHARAJA HETU

- Bhukte bhukte snana
- Bhukte bhukte avagaha
- Bhukte bhukte diwaswapna
- Vegadharana

MANASIKA HETU

- Bhaya
- Shoka
- Chinta
- Krodha

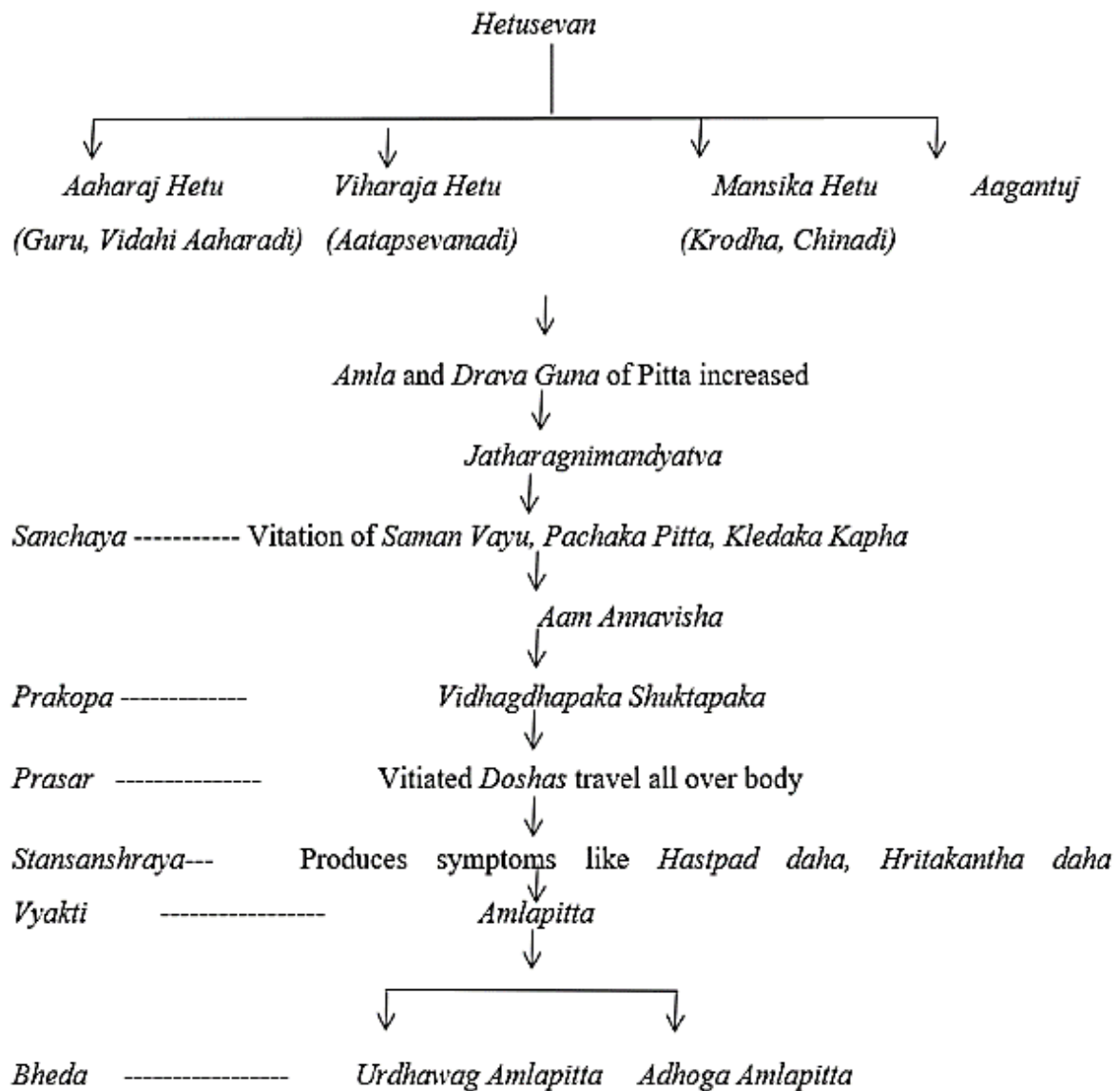
AGANTUJA HETU

- Varsha ritu
- Pravrut ritu

SAMPRAPTI

Kashyapa emphasized that the Nidan specifically causes Pitta Dosha. In this region, mainly, amla and drava gunatamaka pitta were grown. This links to the nearby Amashaya Dosha Vitaion and Mandagni. Here, Aamvisha undergoes change as a result of ingesting Vidhagdha and Shuktibhava. This Vidhagdha and Shuktibhava meal produces Amlata in the Aamashaya, which circulates throughout the body and results in symptoms dependent on Dosha and Gati involvement.^{6,7}





[Ref-<https://www.granthaalayahpublication.org/journals/granthaalayah/article/3904/3918>]

SAMPRAPTI GHATAK

- **Dosha** : Vata – Samana
- **Dushya** : Ahararasa
- **Pitta** - Pachaka
- **Kapha** – Kledaka
- **Agni** : Mandagni
- **Srotas** : Rasavaha, Annavaha, Purishavaha
- **Sroto Dusti Prakara** : Sanga, Vimarga Gamana
- **Udhbhavasthana** : Amashaya

- **Vyakta sthana** : Amashaya
- **Rogamarga** : Abhyantara

DOSHA

SAMANA VATA

The samana vata is one of the panchavatas that is situated near to the amashaya (stomach). In the process of splitting the digested material into the sara and kitta bhagam after pachana, it also helps ignite the jataragni.⁸ Its function will be damaged, causing mandagni and ajeerna to appear.⁸

PACHAKA PITTA

This is crucial to pachana and, by extension, to all bhutagnis. In Amlapitta, amla and dravaguna of pitta will flourish.⁹

KELDAKA KAPHA

It helps the pachaka pitta digest the food by dissolving the meal particles. The digestive process will be affected if it is impaired.¹⁰

DUSHYA

As the first dushya to be subjected to anna rasa, rasa is the main dushya that vitiates.

AGNI

Amashaya and Grahani are home to Jatharagni. The digestion process is initiated by the Samana vata and Kledaka kapha. Any ambition in Agni can lead to Tikshnagni, Vishamagni, and Mandagni. Mandagni is the main contributor to the pathophysiology of Amlapitta.¹¹

UDBHAVASTHANA

Amlapitta is an amashaya samudha and a pitta pradhana vyadhi. The udhbhavasthana is identified as Amashaya because, according to Acharya Charaka, adhoamashaya is the sthana of pitta.¹²

LAKSHANAS OF AMLAPITTA

- Hritdaha
- Kantadha
- Aruchi
- Vidbheda
- Udara adhmana

- Hritshula
- Antrakujana
- Avipaka
- Tiktaudgara
- Gaurava
- Klama
- Utklesha
- Amlaudgara
- Angasada
- Gurukoshtata

AMLAPITTA TYPES

Based on Gati -

1. Urdhwega
2. Adhoga Amlapitta.

URDHWEGA AMLAPITTA

- Downward movement of various kinds
- Occasional compression in chest
- Skin rashes
- Thirst
- Fainting
- Giddiness
- Delusion
- Diminished function of Agni
- Burning sensation

ADHOGA AMLAPITTA

- Burning sensation in palm and soles
- Loss of appetite
- Kapha-Pittaja fever
- Skin rashes
- Itching
- Burning sensation in the throat and chest and upper abdomen



- Headache

Based on Dosha -

- Vataja,
- Pittaja
- Kaphaja

UPASAYA /PATHYA

Vamana treatment should be used when Urdhva Amlapitta is present and Sleshma is concentrated strongly. Virechana treatment should be used, much like in Adhoga Amlapitta, where Pitta is highly concentrated. Following any of these treatments, one should include the Basti therapy in their diet.¹³

- Karkota
- Karvellaka
- Patola leaves
- Yava
- Honey saktu
- Kapittha
- Amalaki
- Pomegranate
- Tikta juices and edibles
- Wheat
- Mudga
- Cool boiled water



APATHYA

Patients with Amlapitta must absolutely avoid the following:

- Kulattha
- fried food
- sheep's milk
- sesame
- Urada
- fresh paddy
- alcohol.
- salt, amla and katu juices

- guru ahara curd
- Virudhasana
- meals that increase Pitta

DISCUSSION

Given the contemporary context of unhealthy eating habits and routines, amlapitta is a common ailment. The Brahtrayi Granthas briefly reference the Amlapitta, but no thorough explanation or method of therapy is offered. Doshagati asserts that Acharya Madavakara divided Amlapitta into Urdwva and Adha, and that Madavanidana is a compilation of all Samhitas that is solely devoted to the Nidana element. Acharya Kashypa was the first to offer a full course of therapy for Amlapitta. Vamana, which causes the Dushita Drava Yukta Pitta to be ejected and Agni to return to normal, is what Acharya advises his disciples to perform. Aushadi is then given to conduct the Dosha-specific Pachana, and the body is purged of any remaining Aushadi.¹⁴

The aforementioned article makes it clear that mandagni is the main illness in Amlapitta. The analysis of Amlapitta's nidanas reveals that all causes lead to tridoshakopa, which is mostly pitta. Shuktatva, which is brought on by an increase in amla and dravaguna of the pitta dosha, has an even greater influence on the production of rasadi dhatus. Regarding the modifications to the rite, Madhava Nidana offers another samprapti. Amlpitta is categorized by the doshas Urdhwanga and Adhoga, Sanila, Sanilaka, and Sakapha, Pittaja, and Kaphaja (Kashyapa), as well as Vataja, Shleshmaja, and Shleshmavataja (Sharangadhara).¹⁵

CONCLUSION

Acharya may have offered a comprehensive account of the illness and its treatment plan, according to Kashya Samhita, which discusses the prevalence and importance of Amlapitta. Since Tikta Rasa comprises Ruksha + Sheeta guna, which is opposed to Ushna and Drava guna of Pitta, Acharya has evidently adopted Ama Pachana's way of thinking. Therefore, a physician can use the Tikta Rasa without taking the Dravya into consideration. It is rare for Acharya to suggest moving the place when all of the aforementioned therapeutic methods have failed in Kashyapa Samhita since Anupa Desha is an Ahita Desha and a person living there is prone to Amlapitta. Gaining a good understanding of Amlapitta's Nidana, Lakshana, Samprapti, Upashaya, and Anupashaya benefits from studying the Nidanapanchaka. Because of the thorough understanding of this, it is better to cure this by combining Nidana parivarjana and samprapti vighatana.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT –NONE

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