OBSERVATIONAL STUDY TO EVALUATE EFFECTS OF AAHAR VIDHI VIDHAN (RULES OF DIET INTAKE) IN ETIO-PATHOGENESIS OF URDHWAG AMLAPITTA.

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ABSTRACT

Aahar is the first sub pillar of the body (Trayopstambha), indicating its value for continuation of life. According to our classics along with Aahar, Aahar Vidhi Vidhan also have an equal importance. The Aahar Vidhi Vidhan includes physical as well as psychological rules to be followed. Indicating importance of sound condition of physic as well as mind. In this era of Fast and modernized lifestyle, the least cared thing is method or atmosphere of food intake. The food of opposite qualities, fermented food, preserved food, sour, salty and spicy food, eating stale food, eating before digestion of previous food, drinking in between meal, having food without concentration, mental stress and strain, etc. these are the commonest causes of Amlapitta in today’s lifestyle. For the present study, to evaluate effects of Aahar Vidhi Vidhan in the etio-pathogenesis of Amlapitta, a standardized questionnaire of total 28 questions was prepared. Total 97 patients having classical signs and symptoms of Amlapitta were registered for the study. Data collection is done with the help qualitative as well as quantitative type of questions in the questionnaire. The data reflects that maximum patients were taking Ruksh aahar, stale food, excessive amount of tea-coffee, excessive use of spicy and salty food, etc. More than 55% of patients (average) were non followers of the rules of diet intake viz.
Snidham Ashniyat, Veery Aavirudham Ashniyat, Tanmana Bhunjeet etc. which play a key role in etio pathogenesis of Amlapitta.

KEYWORDS: Aahar Vidhi Vidhan, Urdhwag Amlapitta.

INTRODUCTION
Communicable diseases were the biggest killer diseases worldwide, for a long time. Now the trend is changing towards increased prevalence of chronic diseases with causative factors mostly related to diet and lifestyle.

Those who take proper diet and drinks live a long life and those not doing so die prematurely. Proper maintenance of the power of digestion also depends upon the intake of proper diet. Means consumed food & its way of intake plays an important role in formation as well as prevention of disease. Hence there is a strong necessity of today’s world to maintain proper diet-method of diet intake and lifestyle.[1],[2]

In this modern era of civilization every person should be enough conscious about "What to eat?" as well as “How to Eat?”; But health conscious people mostly knows about "WHAT TO EAT?" and least knows about "HOW TO EAT?" That’s why the dietetic code / the rules for diet intake are very important in today’s life. This rule is preserved by our ancient ayurvedic science, in terms of “AAHAR VIDHI VIDHAN” means the rules for diet intake. [3]

So those who do not follow “AAHAR VIDHI VIDHAN” become a causative factor for any disease. To find out the effect of “AAHAR VIDHI VIDHAN” annavaha srotagata vyadhvis must be considered as Annavaha Srotas is the first reflection of what and how you eat.

Due to unwholesome diet, erroneous and sedentary habits, excess use of oily foods and changing life styles; Out of many non communicable chronic diseases of Annavaha srotas-incidence of Urdhwag Amlapitta on large scale is very common in society. Hence to find out the effect of “AAHAR VIDHI VIDHAN” the study of disease Amlapitta on the basis of Nidana is absolutely necessary.

There are many preventive alternatives are available in Ayurveda, which need recognition and promotion. ‘Nidan Parivarjan’ has been suggested first line of treatment in every disease.[4] For treatment purpose evaluation of all the causes (hetu) of Urdhwag Amlapitta is
necessary and hence in this study the effect of ‘Aahar Vidhi Vidhan’ is evaluated as an important causative factor of Urdhwag Amlapitta.

AIMS AND OBJECTIVES

- To study the effect of Aahar Vidhi Vidhan in the etio pathogenesis of Urdhwag Amlapitta.
- To assess correlation between Aahar Vidhi Vidhan and Amlapitta Nidan through survey study.

MATERIALS AND METHODS

The study was carried out in two parts:

1) Review of literature: Brihattrayee and available Ayurveda literature regarding Amlapitta vyadhi and Aahar vidhi vidhan were studied.
2) Survey study: Patients fulfilling the criteria for the study were registered.

Criteria for selection of the Patients

Inclusion criteria

- Patients having classical symptoms of Urdhwag Amlapitta.
- Patients between 20 to 60 years of age irrespective of sex, religion, occupation etc.

Exclusion criteria

- The patients below the age of 20 and above 60 yrs.
- The patients who are suffering from systemic disorder and structural disorder.
- Patients suffering from any other diseases with Amlapitta.
- Pregnancy

METHODOLOGY

- 97 well diagnosed patients of Urdhwag Amlapitta were selected.
- Questionnaire was given to them with their informed consent.
- Collection of Data is done.
- Analysis of the data is done.
Assessment of the Result

- There is correlation between Aahar Vidhi Vidhan and Urdhwag Amlapitta nidan, as mentioned in review of literature; so the questions in the questionnaire were designed as per Aahar Vidhi Vidhan.
- Each rule of Aahar Vidhi Vidhan in Urdhwag amlapitta patients were assessed by analyzing its negligence and followance by the patients.
- For the sake of convenience of data analysis, LIKERT scale is applied to the questionnaire and observations were done.

   ➢ *Questionnaire has been analyzed as per Likert-Type scale anchors: Vagias, wade M(2006) Likart Type Scale Response Anchors. Clemson international institute for tourism and research development, department of parks, recreation and tourism management. Clemson university.*

<table>
<thead>
<tr>
<th>Likert-Type scale</th>
<th>Criteria</th>
<th>Frequency of use per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Never</td>
<td>Zero times</td>
</tr>
<tr>
<td>2</td>
<td>Almost never</td>
<td>1-2 times</td>
</tr>
<tr>
<td>3</td>
<td>Occasionally/sometimes</td>
<td>3-4 times</td>
</tr>
<tr>
<td>4</td>
<td>Almost every time</td>
<td>5-6 times</td>
</tr>
<tr>
<td>5</td>
<td>Every time</td>
<td>&gt;6 times</td>
</tr>
</tbody>
</table>

OBSERVATION

Data of 97 patients surveyed revealed that maximum patients found (83.5%) were in Tarunavastha,[5] i.e. between 21-50 years of age which is Pitta Dosha dominance Kala.[6] Whereas only 16% were above the age of 50 years.

According to sex wise distribution of cases no specific conclusion can be drawn as 52% cases were male and 48% were female.

Symptoms included in the proforma showed that 80% of cases were having Amlaudgar as a dominant symptom, 70% were having Utklesh, 69% were having Shiroruja, 65% Showed Kukshi Dah. Symptoms reported also includes, 59%-tikthudgar, 58%-kar-charan dah, 54%-kanth dah, 53%-aruchi, 52% avipak, 44%-chhardi 46% koshthagaurav, 30% were showing klam, 28% hriday dah, 25% having kandu,18% showing mandal and only 2% were showing pidaka symptom.

The data based on the questions regarding Aahar Vidhi Vidhan reveals that 86% of cases were non followers of rule Snigdham Ashniyat, 66% were non followers of the rule Veerya.
Avirudham ashniyat, 62% were having their meal very slowly. Whereas 51% cases were found who were following the rule Ushnam Ashniyat. (table no.1 and chart no.1).

Table no. 1- Ushnam Ashniyat (Hot), Snigdham Ashniyat (Unctuous), Veerya Avirudham Ashniyat (Incompatible food), Natidrut- Nativilambit Ashniyat (Neither hurriedly- nor slowly)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost</th>
<th>Occasionally</th>
<th>Almost Everytime</th>
<th>Everytime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ushnam (Hot food)</td>
<td>72</td>
<td>10</td>
<td>14</td>
<td>50</td>
<td>48</td>
</tr>
<tr>
<td>Snigdham (Oil/Ghee)</td>
<td>41</td>
<td>26</td>
<td>19</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Snigdham (Milk)</td>
<td>51</td>
<td>9</td>
<td>13</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>Snigdham (Paneer, Etc)</td>
<td>34</td>
<td>52</td>
<td>6</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Veerya aviruddha</td>
<td>9</td>
<td>19</td>
<td>15</td>
<td>51</td>
<td>12</td>
</tr>
<tr>
<td>Nativilambit</td>
<td>17</td>
<td>10</td>
<td>9</td>
<td>16</td>
<td>45</td>
</tr>
<tr>
<td>Natidrut</td>
<td>43</td>
<td>5</td>
<td>11</td>
<td>15</td>
<td>23</td>
</tr>
</tbody>
</table>

Chart no 1:

(Chi-Square test significant; p<0.05).

Some differences were found in the response of patients according to time; as most of the cases couldn’t have their food at pleasurable place in day time due to their office duties. 59% of cases were having their lunch in group i.e not following the rule Ajalpan, Ahasan whereas 57% were followers of the same in night time. The rules of diet intake ‘Tanmana Bhunjeet’ and ‘Aatmanam abhismeeekshya’ were neither followed in day time nor in night time. (table no.2 and chart no. 2).
Table no. 2: *Isht Deshe* (Place pleasurable to Mind), *Ajalpan-Ahasan* (Without talking and laughing), *Tanman Bhunjeet* (With concentration), *Aatmanam Abhisameekshya* (with self diet assessment)

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Almost Never</th>
<th>Occasionally</th>
<th>Almost Everytime</th>
<th>Everytime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isht Deshe(Day)</td>
<td>50</td>
<td>7</td>
<td>2</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>Isht Deshe(Night)</td>
<td>24</td>
<td>0</td>
<td>2</td>
<td>12</td>
<td>59</td>
</tr>
<tr>
<td>Ajalpan, Ahasan(Day)</td>
<td>30</td>
<td>2</td>
<td>8</td>
<td>19</td>
<td>38</td>
</tr>
<tr>
<td>Ajalpan, Ahasan(Night)</td>
<td>49</td>
<td>6</td>
<td>6</td>
<td>9</td>
<td>27</td>
</tr>
<tr>
<td>Tanmana(Day)</td>
<td>40</td>
<td>0</td>
<td>2</td>
<td>15</td>
<td>40</td>
</tr>
<tr>
<td>Tanmana(Night)</td>
<td>27</td>
<td>6</td>
<td>2</td>
<td>12</td>
<td>50</td>
</tr>
<tr>
<td>Aatmanam(Day)</td>
<td>35</td>
<td>18</td>
<td>7</td>
<td>14</td>
<td>23</td>
</tr>
<tr>
<td>Aatmanam(Night)</td>
<td>34</td>
<td>20</td>
<td>8</td>
<td>12</td>
<td>23</td>
</tr>
</tbody>
</table>

Chart no.2:

(Chi-Square test significant; p<0.05).

When questions regarding *Matra* were asked more than 54% patients were avoiding their hunger i.e. having *Hin* matra (inadequate amount of food) of *aahar*. 52% cases were taking successive food i.e. having *Ati matra ahar* (*Excess amount of food*). More than 58% of cases were having *Katu* rasa dominant *aahar* and more than 53% were having *Lavan* rasa dominant *aahar*. (table no.3 and chart no.3).
Table no.3 *Matravat Ashniyat* (Adequate quantity), *Jeerne Ashniyat* (After previous food is digested)

<table>
<thead>
<tr>
<th>Ahar Vidhi Vidhan</th>
<th>Never</th>
<th>Almost Never</th>
<th>Occasionally</th>
<th>Almost Everytime</th>
<th>Everytime</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matravat (Nonveg)</td>
<td>25</td>
<td>30</td>
<td>25</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Matravat (Katu Ras)</td>
<td>19</td>
<td>5</td>
<td>17</td>
<td>28</td>
<td>28</td>
</tr>
<tr>
<td>Matravat (Lavan)</td>
<td>38</td>
<td>5</td>
<td>2</td>
<td>5</td>
<td>47</td>
</tr>
<tr>
<td>Matravat (Amla Ras)</td>
<td>43</td>
<td>19</td>
<td>13</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Ajeerne</td>
<td>18</td>
<td>18</td>
<td>9</td>
<td>36</td>
<td>16</td>
</tr>
<tr>
<td>Hin Matra</td>
<td>21</td>
<td>17</td>
<td>5</td>
<td>44</td>
<td>10</td>
</tr>
</tbody>
</table>

Chart no.3:

![Chart showing distribution of responses](chart.png)

(Chi-Square test significant; p<0.05).

The questions were designed as per the Aahar Vidhi Vidhan; For the conviniance of getting result, grossly the 5 groups of answers (Always, Almost Everytime, Occasionally, Almost Never, Never) can be divided into two groups viz ‘Followers’ and ‘Non Followers’. Hence the group who answered Always, Almost Everytime are considered as Followers and who answered Never, Almost Never are considered as Non followers. Patients who answered ‘Occasionally’ are kept as it is as they are followers as well as non followers.

Table no. 4 – Gross Percentage of ‘Followers’ and ‘Non Followers’ of Each ‘Aahar Vidhi Vidhan’ in Urdhwag Amlapitta patients.

<table>
<thead>
<tr>
<th>Sr No</th>
<th>Ahar Vidhi Vidhan</th>
<th>Followers</th>
<th>Non-Followers</th>
<th>Occasionally</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Ushanam</td>
<td>51</td>
<td>42</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>Snigdhan Ghee/Oil per day</td>
<td>14</td>
<td>86</td>
<td>-</td>
</tr>
</tbody>
</table>
DISSCUSSION

The aim of the study is to ‘Evaluate The Effect Of Ahar Vidhi Vidhan In Urdhwag Amlapitta Nidan’. Not following of Ahar Vidhi Vidhan is also a cause of Urdhwag Amlapitta. Anna (food) can be considered as Samavayi Karan for continuity of life. Ahar Vidhi Vidhan is method of intake of food which also have equal importance as that of Aahar. Aahar Vidhi Vidhan is important to maintain the physical as well as psychological sound state of body which is the definition of health.

All the rules of diet intake are dependent on each other and they should be Considered collectively. By application of only one of these rules one can not Achieve the expected results. E.g. Matravat should be applied with all other rules, as optimum Usna or Snigdha food, but in excess quantity will obviously result in disadvantages of Atimatra. Proper Matra of food, if eaten without concentration of mind, naturally causes ill health. Due concentration towards improper diet can not be expected to result in healthy condition. Thus importance of each statement should be considered, along with the collective effect, of all the statements.
Nowadays very little percentage of population is aware about the rules for eating and their role in matter of health. Faulty dietary habits are common which are leading to many diseases. Negligence of the Ahar Vidhi Vidhan is a cause of annavah strotodushti which leads to Agnimandya and annavah strotodushti janya vyadhi. Amlapitta is one of the commonest disease of annavah srotas seen now a days.

Out of 97 patients 42% cases were Non Followers of the rule ‘Ushnam Ashniyat’. These are mostly office going class who couldn’t manage to have hot food as they carry tiffins. Sheet, Chirsiddha, Ushnikrut Punha type of aahar leads to Agnimandya which is first step in Samprapti of Amlapitta.

86% of cases are Non Followers of the rule ‘Snigdham Ashniyat’ due to many reasons but mostly found reason is the misconception about oil and ghee that it increases cholesterol. Whereas 81% of cases having Ruksha Aahar like vada pav, farsan, bakery products, etc. mostly lower income group were having such type of dry food items. Not following of this rule leads to vitiation of vata\(^7\) and brings agnivaigunya\(^8\) leading amlapitta.

Charak has advised to take the food only after previous food is digested (Jeerne Ashniyat). 53% of cases were showing successive food intake and having food in ‘ajeerna’ condition is cause of amlapitta. Whereas 55% of cases ignores their hunger due to their job profiles like sales executives. due to such ignorance during Pitta kala leads to pitta prakop which is one of the major cause of Amlapitta. Hence Atimatra as well as hin matra should be avoided.

66% of cases were not following the rule ‘Veerya Avirudhham Ashniyat’ as virudhha aahar increases Abhishyanda guna\(^9\) and leads to Annavaha srotodushti. Therefore Amlapitta is also one of the result of Virudhha Aahar Sevan.\(^{10}\)

Now a days people mostly prefer to have their lunch at their office places which may not be ‘Isht’ in many senses. It is found that 60% of cases couldn’t have their lunch at ‘Isht Desh’. Such type of negligence is mostly seen during day time; while 73% cases can have their food at ‘Isht Desh’ at night time.

The modified fast lifestyle in India is affecting the society. Hence ‘Eating’ is just a daily duty in their busy schedule. This is the reason why most of the important rules of Aahar Vidhi Vidhan are not followed by majority of people. About 62% cases couldn’t follow the rule ‘Tanmana Bhunjeet’ and 56% couldn’t follow ‘Aatmanam Abhisameekshya’. As said before
these rules of food intake are dependent on each other; majority of people not having concentration on food as about 62% cases were not following the rule ‘Ajalpan, Ahasan’ i.e. having food with lots of laughs and talks. It is also found that most of the people have their food either in front of TV or any other entertainment tool. Which also makes them not to follow the rule ‘Nativilambitam’. Many housewives taking their food for more than half an hour while watching TV serials.

All these factors divert the attention of a person from eating and directly hamper digestion which finally leads to Urdhwag Amlapitta. For the proper state of Agni; sound state of both body and mind is required therefore one should follow the diet as well as the rules of diet intake.

CONCLUSION

Any disorder involving the GI tract is having direct and definite relationship with the dietary habits and dietary method of intake. All these conditions mentioned in Aahar Vidhi Vidhan if not followed leads to indigestion which ultimately gives rise to condition like AMLAPITTA. Hence there is association between the rules of diet intake i.e. Aahar Vidhi Vidhan and Urdhwag Amlapitta Nidan.

Non-Followers of Ahar Vidhi Vidhan is more than 55% (average) which concludes that not following of Aahar Vidhi Vidhan is causative factor of Urdhwag Amlapitta vyadhi. The most neglected rule in Aahar Vidhi Vidhan is ‘Snigdham Ashniyat’ (Average 71% are non-followers) which is important. Following of these simple rules of diet intake can prevent pathogenesis of disease Amlapitta.

REFERENCES


