

Clinical Research

Evaluation of diet and life style in the etiopathogenesis of *Urdhwaga Amlapitta* (non-ulcer dyspepsia)Umapati C. Baragi, Mahesh Kumar Vyas¹

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Abstract

For a long time, infectious (communicable) diseases were the biggest killer diseases globally. But now, the trend is changing toward increased prevalence of chronic diseases with causative factors mostly related to diet and lifestyle. Among them, *Urdhwaga Amlapitta* (non-ulcer dyspepsia), a gastrointestinal tract (GIT) 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 138 patients, irrespective of sex, religion, etc., who had presented with the clinical symptoms of *Urdhwaga Amlapitta* and attended the OPD of Department of Basic Principles, at I.P.G.T. and R.A., Gujarat Ayurved University, Jamnagar, between February 2009 and June 2010. Information on demography, dietary intake, and lifestyle factors was collected by standard questionnaires. The data revealed that majority of the patients indulged in faulty dietary habits like excess *Katu Ahara Sevana* (99.3%), *Amla Ahara* (95.65%), *Guru Ahara* (90.57%), *Snigdha Ahara* (86.23%), *Viruddha* (81.88%), *Abhishyandi Ahara* (81.88%), *Atiushna Ahara* (73.9%), *Vidahi* (51.44%), *Pistanna* (47.10%), etc., and the data on lifestyle revealed that majority of the patients indulged in *Diwasvapna* (89.85%), *Antarodaka Paanam* (81.88%), *Chinta* (79.71%), etc., This survey study upholds the novel concept of diet and lifestyle of Ayurveda. The data reflects that dietary patterns, lifestyle choices, and physical activities play an important role in the etiopathogenesis of *Urdhwaga Amlapitta*, and it is important for patients to have access to diet and lifestyle modifications. Currently, research in this area is minimal.

Key words: Diet, life style, non ulcer dyspepsia, *Urdhwaga Amlapitta*

Introduction

From Stone Age to Space Age, food pattern of people has undergone innumerable changes. The changes of course have been always for the better aspect of life, yet most of the diseases are firmly rooted in poor dietary habits due to traditional superstitious beliefs and overpowered logical thinking. None of the existing systems of medicine is the complete answer for all the health problems as all these aim at symptomatic relief rather than a total cure.^[1]

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.^[2]

Even with the advent of excellent techniques and astonishing advancement in science and technology, the humanity is left

with innumerable health problems. Most of the diseases have direct or indirect link with the type of food we consume, our food habits, and lifestyle. 80% of the top ten killing diseases of the world are due to wrong food habits.^[3]

In the society, due to improper *Ahara* (diet) and *Vihara* (lifestyle), incidences of diseases are increasing in day-to-day life. If proper dietary pattern is not followed by the patient, nobody can cure these diseases.^[4]

Main causes for the disease are improper diet, habits, stress, not following *Ahara Vidhi Visheshayatana*, etc.,^[5] *Viruddhahara*, *Asatmya Ahara*, stale food, spicy irritant food, oily foods, bakery products, some fast foods, excess consumption of tea and coffee, excess food intake, drinking excess water after meals, frozen products, wine, cigarette smoking during meal, chemical medicines during meal, etc.

Chronic diet-related diseases are on rise around the world due to new lifestyles and eating habits.^[6] Gastrointestinal disturbances are increasing and India is no exception to this. Among them, non-ulcer dyspepsia, a gastrointestinal tract (GIT) disorder, acquires majority of the share.^[7]

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The aim of this study was to evaluate the role of diet and lifestyle factors in the etiopathogenesis of *Urdhwaga Amlapitta*.

Materials and Methods

Study design and patient selection

The present study was a survey conducted on 138 patients, irrespective of sex, religion etc., who had presented with the clinical symptoms of *Urdhwaga Amlapitta* and attended the OPD of Department of Basic Principles, I.P.G.T. and R.A., Gujarat Ayurved University, Jamnagar, between February 2009 and June 2010. A detailed proforma was specially designed for the purpose of incorporating all aspects of the demography, dietary intake, lifestyle factors, and disease on Ayurvedic parlance. Informed consent was taken from the patients before including them in the survey study.

Selection of patients

Patients were eligible for the study if they were over 15 years and below 65 years of age, and had classical signs and symptoms of *Urdhwaga Amlapitta*^[8] like *Avipaka*, *Vidaha*, *Klama*, *Tiktamlodgara*, *Hritdaha*, *Kanthadaha*, etc., Patients who had chronicity for more than 5 years and were having organic diseases like gastric ulcer, duodenal ulcer, cancer of stomach, and major illnesses like cardiac diseases, diabetes, etc., were excluded.

Laboratory investigations were carried out before including the patients under the study to rule out any other pathological conditions.

1. Routine hematological investigations – Hemoglobin (Hb), total count (TC), differential count (DC), erythrocyte sedimentation rate (ESR), packed cell volume (PCV)
2. Urine examination – Routine and microscopic
3. Stool examination – Routine and microscopic
4. Biochemical examination – Fasting blood sugar (FBS), Sr. cholesterol, Sr. triglycerides, high density lipoprotein (HDL), blood urea, Sr. creatinine, serum

glutamate pyruvate transaminase (SGPT), serum glutamate oxaloacetate transaminase (SGOT), Sr. total proteins, albumin, globulin, A/G ratio, Sr. alkaline phosphatase, bilirubin (T), bilirubin (D), Sr. uric acid.

Observations

Data of 138 patients surveyed revealed that maximum number of patients (68.83%) were between 25 and 45 years of age, with chronicity of 30 days (74.6%).

81.88% of patients were on regular treatment, while 18.12% were not taking any medication though aware of the disease. 93.48% patients were married and 85% had more than four family members. Majority of the patients (53.62%) had *Pitta-Kaphaja Prakruti*, 68.8% had *Rajasika Prakruti*, and 30.43% had *Tamasika Prakruti*. Symptoms reported include: *Amla tikta udgara* and *Hrit kantha daha* (100%), *Avipaka* (99.27%), *Udara shoola* (91.30%), *Chardi* (68.11%), *Aruchi* (100%), *Hrillasa* (95.65%), *Gaurava* (90.57%), *Agnimandya* (80.43%), *Vibandha* (78.26%), and *Shira shoola* in 74.63% of the patients [Figure 1].

The data on dietary habits revealed that majority of the patients indulged in *Katu Ahara* (99.3%), *Amla Ahara* (95.65%), *Vidahi* (51.44%), *Pistanna* (47.10%), *Guru Ahara* (90.57%), *Snigdha Ahara* (86.23%), *Viruddha* (81.88%), *Abhishyandi Ahara* (81.88%), *Rukshanna* (31.88%), *Dhanya Ahara* (71.73%), *Atiushna Ahara* (73.9%), and non-veg food (44.92%) [Figure 2 and Table 1].

The data on lifestyle revealed that majority of the patients indulged in *Diwasvapna* (89.85%), *Vegavidharana* (23.18%), *Antarodaka Paanam* (81.88%), tea/coffee (98%), smoking (23.9%), Pan chewing (54.34%), tobacco chewing (43.47%), and had tension (48.55%), depression (25.36%), anxiety (8.69%), constipation (90.5%), sedentary occupation (47.83%) [Figure 3 and Table 2].

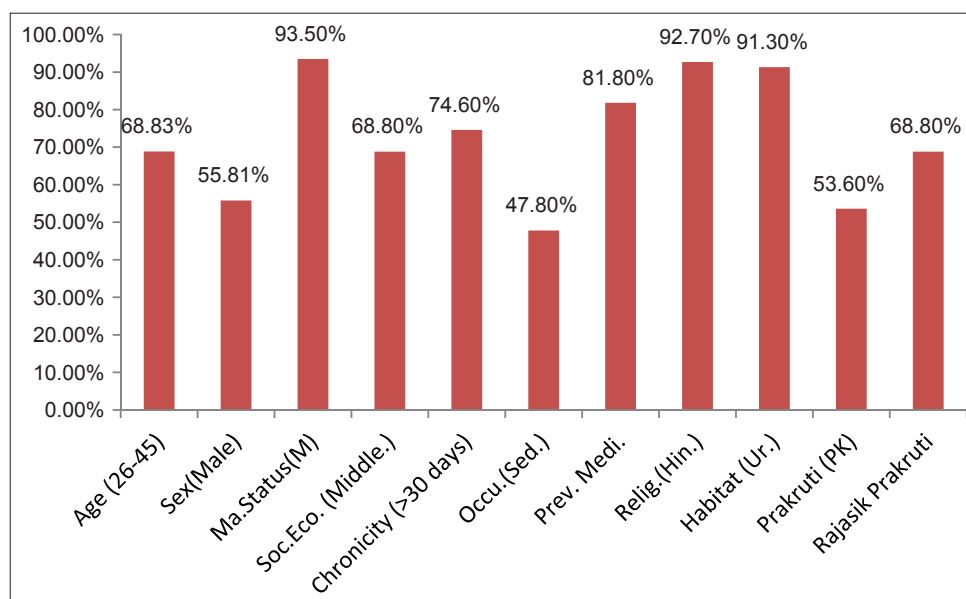


Figure 1: Demographic data of 138 patients of *Urdhwaga Amlapitta*

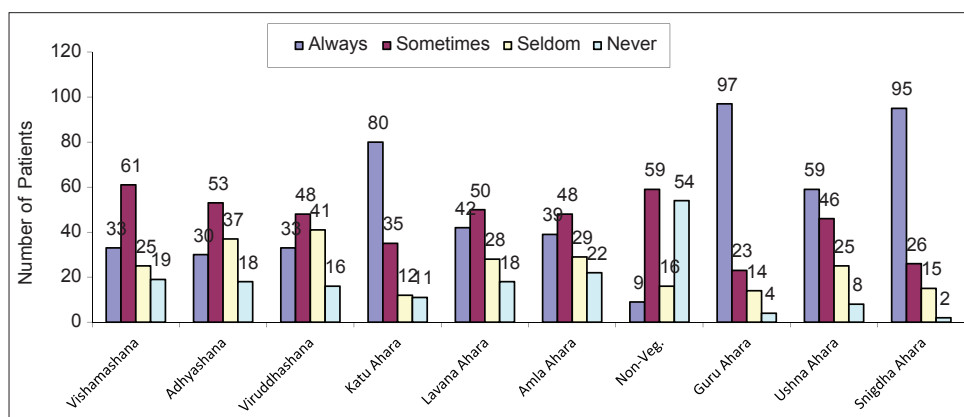


Figure 2: Subjects and their diet and dietary habits

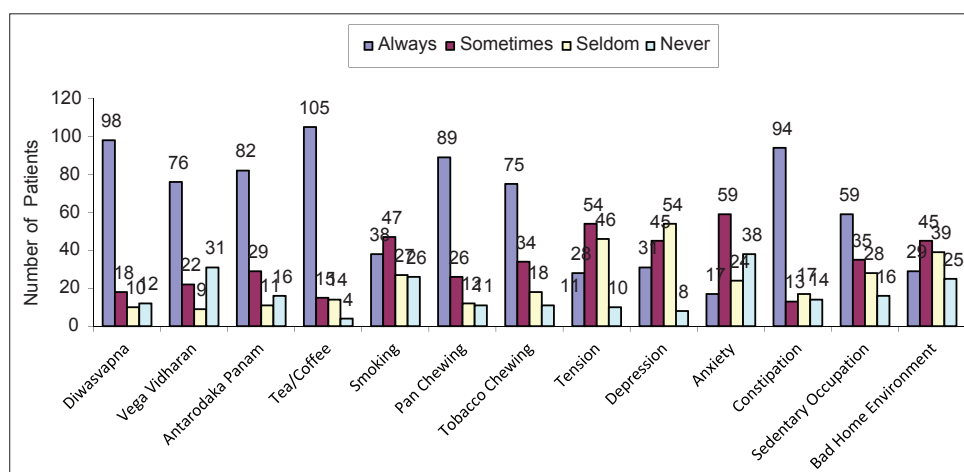


Figure 3: Subjects and their lifestyle modifications

Table 1: Subjects and their diet and dietary habits

Diet and dietary habits	Always	Sometimes	Seldom	Never
<i>Vishamashana</i>	33	61	25	19
<i>Adhyashana</i>	30	53	37	18
<i>Viruddhashana</i>	33	48	41	16
<i>Katu Ahara</i>	80	35	12	11
<i>Lavana Ahara</i>	42	50	28	18
<i>Amla Ahara</i>	39	48	29	22
Non-veg diet	09	59	16	54
<i>Guru Ahara</i>	97	23	14	04
<i>Ushna Ahara</i>	59	46	25	08
<i>Snigdha Ahara</i>	95	26	15	02

Table 2: Subjects and their lifestyle habits

Lifestyle habits	Always	Sometimes	Seldom	Never
<i>Diwasvapna</i>	98	18	10	12
<i>Vega Vidharana</i>	76	22	09	31
<i>Antarodaka Panam</i>	82	29	11	16
Tea/coffee	105	15	14	04
Smoking	38	47	27	26
Pan chewing	89	26	12	11
Tobacco chewing	75	34	18	11
Tension	28	54	46	10
Depression	31	45	54	08
Anxiety	17	59	24	38
Constipation	94	13	17	14
Sedentary occupation	59	35	28	16
Physical exercise	25	39	54	20
Bad home environment	29	45	39	25

Discussion

The fast emerging lifestyle diseases in India today inflict heavy burden on the society and is a new national reality. By and large, they are born out of faulty diet and lifestyle modifications. Comprehensive, workable, and cost-effective preventive alternatives are available in Ayurveda, which need recognition and promotion. But prevention of the disease is better than cure, so also *Nidana Parivarjana* has

been suggested as the first line of treatment in almost all the diseases.^[9] In the present study, most of the etiological factors were found to be related with the diet and lifestyle. If one does not follow proper dietary habits, his/her *Agni* will be diminished due to irregularities in the digestion and finally will lead to *Urdhwaga Amlapitta*.^[10] Maximum number

of patients, i.e. 68.83%, belonged to the age group between 26 and 45 years. It is the most productive age of one's life, as they struggle for improving their economic status, due to which they suffer from stress and strain. The irregular food and drinking habits in their service might have led to more incidences. This age group also has *Pitta* dominance. Most of the individuals who were taking dominant *Rasa* as *Katu* 99.3%, *Amla* 90.6%, and *Lavana* 53.6% were prone to this disease, proving the classical etiological factors for causing and aggravating the disease. 21.72% patients were following *Adhyashana*. Acharya Charaka has advised to take the food only after the previous meal is digested.^[11] *Adhyashana* causes aggravation of *Doshas*, and due to insufficient rest to the stomach, the mucus membrane is hampered which will lead to local damage. 43.47% patients were addicted to chewing tobacco, which due to its *Ushna*, *Tikshna*, *Vyavayi* *Gunas* causes and aggravates the *Amlapitta*.^[12] 90.5% patients were suffering from *Krura Kostha* which is due to *Vata Dosha*. These people were more prone to constipation which is also one of the symptoms of *Urdhwaga Amlapitta*. Stress is a known factor for disturbing the sleep. In this study, more patients reported disturbed sleep followed by *Alpanidra*.

Conclusion

Urdhwaga Amlapitta is a chronic recurring condition that affects health-related quality of life. As a result of the economic and social burdens of *Urdhwaga Amlapitta*, it is important for patients to have access to diet and lifestyle modifications. The results of the survey study suggest that unwholesome diet, fast and stressful lifestyle with sedentary habits play an important role in the manifestation of this disease. Currently, research in this area is minimal.

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हिन्दी सारांश

उर्ध्वग अम्लपित्त (नॉन-अल्सर-डिसपेप्सिया) में आहार-विहार का निदानात्मक अध्ययन

उमापति सी. बारगी, महेशकुमार व्यास

बहुत समय पहले संक्रामक व्याधियों को दुनिया की सबसे घातक व्याधि माना जाता था। लेकिन आज के इस आधुनिक दौर में बदलते आहार एवं जीवन शैली से जीर्ण व्याधियों की प्रवृत्ति अधिक पायी जाती हैं। जीर्ण व्याधियों में मुख्यतः ‘‘उर्ध्व अम्लपित्त’’ जो कि अन्नवह स्रोतस के अन्तर्गत मानी जाती हैं। जिसका प्रधान हेतु अव्यवस्थित आहारचर्या, दिनचर्या, चिन्ता, तीक्ष्ण भोज्य पदार्थ सेवन, स्निग्ध आहारादि का सेवन करना हैं। हम इन व्याधियों को अपनी दैनिक आहारचर्या, दिनचर्या अथवा ऋतुचर्या से नियंत्रित और समाप्त भी कर सकते हैं। प्रस्तुत अध्ययन में रुग्णों को लिंग, धर्म, जाति से परे मानते हुये फरवरी २००९ से जून २०१० के बीच १३८ रोगियों का सर्वेक्षण किया गया, जिनमें उर्ध्वग अम्लपित्त के प्रधान लक्षण पाये गये। उनका विचार विमर्श करते हुये सम्पूर्ण विवरण एकत्रित किया गया। इस व्याधि के आहारज निदान में अतिकटु आहार सेवन ९९.३%, अम्ल आहार ९५.३५%, गुरु आहार ९०.५७%, स्निग्ध आहार ८३.२३%, विरुद्ध आहार ८१.८८%, अभिष्यन्दि आहार ८१.८८%, अतिउष्ण आहार ७३.९%, विदाही ५१.४४% और मिष्टान्न सेवन ४७.१०% रुग्णों में पाया गया। विहारज निदान में दिवास्वप्न ८९.८५% और अन्तरोदक पान ८१.८८% पाया गया। मानसिक निदान में अतिचिन्ता ७९.७१% रुग्णों में प्राप्त हुये। उपरोक्त सर्वेक्षण में यह ज्ञात हुआ कि, इस व्याधि का निदान मुख्यतः आहारज और विहारज है, जो कि आयुर्वेद का भी आधारभूत सिद्धान्त माना जाता हैं। इस व्याधि के सर्वेक्षण में आहारज एवं विहारज घटकों को महत्त्व देते हुये उर्ध्वग अम्लपित्त के निदान को समझाया गया हैं। इस व्याधि के नियंत्रण के लिये रोगी व्यक्ति को अपने आहार और विहार पर विशेष ध्यान देना चाहिये। अब तक के सर्वेक्षण से यह कहा जा सकता है कि इन उपायों के पालन से इस व्याधि को नियंत्रित और कम किया जा सकता हैं।