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Research Article

EVALUATION OF *PITTA PRAKOPAKA NIDANA* AND *SAAMA PITTA LAKSHANA* AS A DIAGNOSTIC TOOL IN *URDHWAGA AMLAPITTA* - A CROSS-SECTIONAL SURVEY

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ABSTRACT

Urdhwaga Amlapitta is a common disorder of *Annavaha srotas* characterized by *Pitta Prakopa* and *Agni Dushti*, presenting with symptoms comparable to Hyperacidity and GERD conditions. Modern lifestyle practices, *Viruddhahara* consumption and psychological stress have increased the prevalence of such diseases. Ayurveda emphasizes the role of *Aharaja*, *Viharaja*, and *Manasika Nidanas* in its pathogenesis. **Aims and objective-** To evaluate the prevalence of *Nidana* and *Lakshanas* associated with *Urdhwaga Amlapitta* and to correlate the findings with contemporary diagnostic concepts. **Materials and methods**- A cross-sectional observational study was conducted on 100 subjects aged 18–60 years presenting with features of *Urdhwaga Amlapitta*. Data were collected using a structured questionnaire assessing dietary habits, psychological factors, and clinical symptoms. Observations were analysed using descriptive statistical methods. **Observation and Results-** Females constituted 59% of subjects. These *Manasika nidanas* were recurrently observed- *Krodha* and *Shoka*. Observation of *Aharaja Nidanas* revealed regular intake of *Pitta*-aggravating foods such as *Sarshapa, Dadhi* and *Katu-Amla-Ushna Ahara*. Practice of above *Nidanas* lead to the development of *Lakshanas- Daaha* (47%), *Ushma* (48%), *Kanta-Hrut Daaha* (46%), *Amla Udgara* (39%), and *Guruta* (34%). The clinical condition is correlated with ICD-11 descriptions of hyperacidity, gastritis, GERD, and acid-peptic disorders. **Conclusion-** *Urdhwaga amlapitta* is an often-occurring multifactorial condition resulting from combined dietary, lifestyle, and psychological factors leading to *Pitta Prakopa* and *Agni Dushti*. The present study is one of its kind to frame the diagnostic criteria of *Urdhwaga Amlapitta*. This study has a future scope of multicentric study to assess the geographical based etiology.

INTRODUCTION

Amlapitta is most prevalent *Annavaha Srotovyadhi* with *Pachaka Pitta* and *Kledaka Kapha Dushti*. Diet and lifestyle pattern play a crucial role in the manifestation of the disease. *Pitta* and *Kapha dushti* leads to formation of *Ama* in the *Amashaya* which in turn form *Vidagdha Ahara* and undergoes *Shuktata*. Thus, *Rasa prasadana* is hampered leading to *Uttarottara Dhatu Dushti*.

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Vitiated *Pitta* and *Kapha* attains *Urdhwa Gati* leading to *Lakshanas* like heartburn, sour belching, anorexia, etc.[1]

As per ICD-11 criteria *Amlapitta* is correlated with hyperacidity, gastritis, GERD and prevalence rate of *Amlapitta* in India is 7.6-30%. Diagnosis of *Amlapitta* can be done by assessing clinical features and laboratory examinations like pH monitoring, endoscopy and blood estimation. If left untreated it leads to comorbid conditions like ulcers, Barret's esophagitis, esophageal strictures, gastrointestinal bleeding, anemia etc.[2]

Amlapitta is associated with many diseases and *Agni* is the main factor for diagnosis and *Chikitsa*. Ayurveda emphasises on *Trisutra* for diagnosis. Hence the assessment of *Pitta prakopa Nidanas, Pitta*

prakopaka lakshanas, and *Saama pitta lakshanas* is crucial in the present day.

As previous studies on *Urdhwaga Amlapitta* with respect to diagnostic criteria is negligible, this study is one of its kind to comprehend the etiological factors, diagnostic criteria, prognosis and treatment plans.

MATERIALS AND METHODS [7,8]

Hypothesis- Whether there is significance in the data of *Urdhwaga amlapitta* based on *Pitta prakopaka nidana, Saama pitta lakshana, Pitta prakopaka lakshana.*

Source of Data- Patients attending OPD and IPD of hospital were screened for complaints of *Urdhwaga Amlapitta* and were enrolled for study.

Diagnostic criteria

Subjects aged between 18-60 years, willing to participate in the study were screened based on inclusion and exclusion criteria and was diagnosed based on ICD-11 criteria for *Urdhwaga Amlapitta* (hyperacidity, gastritis, GERD and acid peptic disease), *Pitta prakopaka lakshana*, *Saama pitta lakshana*. Screened patients were provided with patient information sheet. Informed written consent was taken from the subjects who were willing to participate in trial. A structured case format comprising of clinical features of *Urdhwaga Amlapitta* with duration, frequency, probable etiology if any and remedial measures undertaken for the same, giving all the details regarding the nature, objective, and risks and benefits of the survey study was registered.

Inclusion Criteria

- Patients irrespective of gender and religion aged between 18–60 years. (As per WHO).
- Patients with chronicity of the disease-hyperacidity, gastritis, GERD and acid peptic disease since 6 months. (as per ROME IV criteria)[3].
- Patients presenting *Saama pitta lakshana, Pitta prakopa lakshana* of *Urdhwaga Amlapitta*.
- Patients presenting symptoms of Rome IV criteria for hyperacidity, gastritis, GERD and acid peptic disease (As per WHO).
- Patients who were willing to take part in the study.

Exclusion criteria

- Individuals below age of 18 years and above 60 years.
- Pregnant women and lactating women.
- Patients with pre-existing systemic disorders such as diabetes, malignancy, cardiovascular disease, respiratory disorders etc.
- Patients who were on long standing medications (steroids, antibiotics, etc.).
- Patients who underwent surgery Prior to assessment.

A Cross-sectional Observational study was done on 100 subjects for a period of 3 months. Assessment of subjects according to Ayurveda was done by following parameters using questionnaire containing questions of exposure to causative factors-Diet, Physical activity, Emotional Status based on the current day habits of the subjects. The answers were be elicited in terms of frequency on a Likert scale of 0-4 (Never- Everyday).

OBSERVATION AND RESULTS

Following causative factors were observed in the study subjects with increased incidence:

***Aharaja Nidana*[4,15]**

Aharaja Nidana	**Frequency**
Katu	34.00%
Amla	34.00%
Ushna	34.00%
Vidaahi	34.00%
Sarshapa	48.00%
Haritaka Shaka	45.00%
Dadhi	41.00%

***Manasika nidana*[4,14]**

Manasika Nidana	**Frequency**
Krodha	32%
Shoka	37.00%

The following clinical features were reported in highest frequency:

***Lakshana* Assessment[5,6]**

Lakshanas	**Frequency**
Ushma	48.00%
Daaha	47.00%
Kara charana Daaha	46.00%
Kanta Hrut Daaha	46.00%
Durgandha	46.00%
Shiroruja	40.00%
Udgara eva Vidhameva	36.00%
Amlika Hrut kanta daaha	43.00%
Raga	38.00%
Guruta	34.00%
Amla Udgara	39.00%
Murchana	32.00%

Observation of ICD-11 Criteria for diagnosis of Hyperacidity, Gastritis, GERD and Acid peptic disease:

ICD Diagnostic criteria	Frequency
Bothersome post-prandial fullness	82.00%
Epigastric bloating	79.00%
Post-prandial epigastric pain and burning	76.00%
Heartburn	77.00%
Pain due to ingestion of meals	75.00%
Sour belching	73.00%
Regurgitation of food	70.00%

DISCUSSION

Overall, the distribution reflects a slight concentration in young age of 20- 22 years and late age of 50-54 years. The cumulative percentage rose steadily, reaching 50% at the age 43 and 100% at the age 60 years.

Gender-wise distribution: revealed a higher proportion of females (59%) compared to males (41%). This female predominance may be attributed to hormonal variations, emotional sensitivity, dietary irregularities, and increased psychological stress, which are known contributors to *Agni Vaishamya* and *Pitta Dushti*.

Classical Ayurvedic texts also emphasize the influence of *Manasika Bhavas* in disease manifestation, suggesting that emotional factors may have a stronger clinical expression in certain populations.

***Krodha*[14]:** 32% of the subjects experienced it every day (Grade 4). Anger is considered a major *Manasika Nidana* responsible for *Pitta Prakopa*. According to Ayurvedic principles, excessive *Krodha* increases *Ushna* and *Tikshna* qualities in the body, leading to aggravation of *Pachaka Pitta* and disturbance of digestive functions. The finding that an additional 25% experienced *Krodha* occasionally further indicates that emotional stress is highly prevalent among the study population. Only 4% of participants reported never experiencing anger, suggesting that psychological triggers are common contributing factors.

***Shoka*[14]:** The high frequency of *Shoka* 37.0% (Grade 3) observed in this study supports the concept that *Manasika Nidanas* plays a crucial role in the pathogenesis of *Pitta*-dominant disorders. Continuous emotional stress may impair *Agni*, promote *Amla guna* predominance, and ultimately contribute to the development or exacerbation of conditions such as *Urdhwaga Amlapitta*. Thus, the results emphasize the importance of incorporating psychological assessment and stress management strategies along with dietary and therapeutic interventions in clinical practice.

S.No.	***Manasika Nidana***	***Gunas* Vitiated**
1.	*Krodha*	*Ushna, Tikshna*
2.	*Shoka*	*Ruksha*

The analysis of *Aharaja Nidana* observed among the study population highlights the significant role of dietary, lifestyle components too in the manifestation of the disease. Ayurveda emphasizes that improper *Ahara* and *Vihara* act as primary causative factors leading to *Dosha Vaishamya*, particularly *Pitta Prakopa* in disorders of the *Annavaha Srotas*.

S.No.	***Aharaja Nidana*[13]**	***Prakupita Gunas***
1.	*Katu Ahara* (spicy food)	*Ushna, Tikshna*
2.	*Amla Ahara* (sour food)	*Sara, Drava*
3.	*Ushna Ahara* (hot food)	*Ushna*
4.	*Vidaahi Ahara* (foods causing burning sensation)	*Ushna, Tikshna*
5.	*Sarshapa* (mustard)	*Ushna, Tikshna*
6.	*Haritaka Shakha* (green leafy vegetables)	*Ushna*
7.	*Dadhi* (curd)	*Amla, Ushna*

***Katu*:** 34.0% of the subjects consumed *Katu ahara* once a week while 28.0% of them consumed several times a week. *Katu ahara* increases the *Tikshna guna* of pitta and vitiates the *Agni*.

***Amla*:** 34.0% of the subjects consumed *Amla ahara* once a week while 25.0% of them consumed it several times a week. *Amla* is a major factor which aggravates the *Pitta* and causes *Daaha*.

***Ushna*:** 34.0% of the subjects consumed *Ushna ahara* everyday while 27.0% of them consumed it several times a week. *Ushna Ahara* increases *Ushna guna* of *Pitta* and causes burning sensation.

***Vidaahi*:** 34.0% of the subjects consume *Vidaahi Ahara* once a week while 25.0% of them consume several times a week. Its *Tikshna guna* directly aggravates Pitta and disturb normal *Agni* functioning.

***Sarshapa*:** 48.0% of the subjects consume *Sarshapa* everyday (Grade 4) while 23.0% of them never consume it. *Katu rasa, Ushna guna* of *Sarshapa* aggravates *Pitta* and causes *Agni dushti*.

Haritaka Shaka: 45.0% of the subjects consume *Haritaka shaka* several times a week (Grade 3) while 27.0% of them consume it once a week. *Haritaka Shaka* is predominantly *Amla rasa pradhana*, with *Ushna guna* and mildly *Tikshna* properties. The *Amla rasa* directly increases the *Amla guna* in the body, while *Ushna guna* aggravates *Pitta Dosha*.

***Dadhi*[15]:** 41.0% of the subjects consume *Dadhi* everyday (Grade 4) while 29.0% of them consume it several times a week, which by its *Amla rasa, Guru, Abhishyandi guna* and *Ushna Virya* further aggravate the *Pitta*.

CONCLUSION

The present study conducted among 100 subjects aged between 18 and 60 years highlights the significant role of dietary, psychological, and lifestyle factors in the manifestation of *Urdhwaga Amlapitta*[7]. The predominance of individuals belonging to the active adult age group indicates increased exposure to *Ahara* and *Vihara*, which contribute to *Agni Vaishamya* and *Pitta Prakopa*[8]. A higher prevalence among females suggests the influence of physiological and psychological factors in disease susceptibility.

Among *Manasika Nidanas, Krodha* and *Shoka* were found to be highly prevalent, emphasizing the important contribution of emotional stress in aggravating *Pitta Dosha* and disturbing digestive functions. Analysis of *Aharaja Nidanas* revealed frequent consumption of *Pitta-prakopaka* foods such as *Sarshapa, Dadhi* and other *Katu, Amla, Ushna*, and *Vidaahi Ahara* indicating a strong association between dietary habits and disease development.

The *Lakshana* assessment demonstrated predominance of classical *Pitta* features including *Daaha, Ushma, Amla Udgara, Kanta-Hrut Daaha*, and *Kara-charana Daaha*, confirming involvement of vitiated *Pachaka Pitta* along with *Agni Dushti.* The observed clinical presentation showed clear correlation with ICD-11 criteria of hyperacidity, gastritis, GERD, and acid-peptic disorders, establishing the contemporary relevance of the Ayurvedic diagnosis of *Urdhwaga Amlapitta*.

Overall, the study concludes that *Urdhwaga Amlapitta* is a multifactorial disorder arising from the combined effect of *Manasika, Aharaja*, and *Viharaja Nidanas* leading to *Pitta* aggravation and impaired *Agni*. The findings emphasize the importance of *Nidana Parivarjana*, dietary regulation, and psychological stress management as essential components for effective prevention and management of the condition.

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