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ISSN: 2278-4772

Ayurpharm Int J Ayur Alli Sci., Vol. 4, No. 1 (2015) Pages 15 – 22

Research Article

IMPACT OF ERRATIC LIFESTYLES ON HOSPITAL ATTENDING PATIENTS OF AMLAPITTA – A SURVEY

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Received: 01-01-2015; Revised: 20-01-2015; Accepted: 24-01-2015

Abstract

A survey over a large population of a particular area can help to collect epidemiological data and find out probable etiological factors of a disease. Amlapitta is a chronic lifestyle disorder which has great impact on the quality of life. The objective of this study was to assess the impact of foods and food habits as well as their lifestyles on severity and frequency of Amlapitta symptoms. A cross-sectional, Face-to-Face survey study was conducted on hospital attending patients affected with various types of gastro-intestinal problems on the basis of a survey-questionnaire. Out of 140, 128 respondents (91.43%) with mean age of 41.78 years were diagnosed of having Amlapitta according to cardinal signs and symptoms. Maximum participants (32.81%) were from the age group of 41 to 50 years, Hindu (85.16%), male (74.22%), vegetarian (80.49%) and educated (89.84%). Most of them were habituated in taking heavy (96.43%) and contrary (85%) foods at irregular intervals (57%). Maximum patients (95.71%) were addicted with Tea followed by Tobacco (48.03%), and adopted sedentary lifestyle (42.86%). Previous medication was taken by 88.28% of patients and out of them 79.65% preferred Allopathic medicine whereas 20.35% had chosen Ayurveda. It was found that Amlapitta is the most prevalent gastro-intestinal disease among the participants who had adopted unhealthy food habits and erratic lifestyles.

Key words: Face-to-Face survey; Lifestyles; Amlapitta.

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Cite This Article

Jaiprakash Ram, Kuntal Ghosh, Baghel MS. Impact of erratic lifestyles on hospital attending patients of Amlapitta – A survey. Ayurpharm Int J Ayur Alli Sci. 2015;4(1):15-22.

www.ayurpharm.com
ISSN: 2278-4772
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INTRODUCTION

In the wake of globalization, our goals have changed, and so has the lifestyle. Amlapitta (Acid Reflux Syndrome)[1] is a chronic lifestyle disorder caused by suppression of jatharagni (gastric fire)[2] characterized by Avipaka (indigestion),[3] Hrit-kantha daha (burning sensation in heart and throat),[4] Utklesha (regurgitation),[5] Tikta-amla udgara (acid eructation),[6] Gaurava (heaviness),[7] Aruchi (loss of appetite),[8] Klama (exhaustion),[9] etc. A survey over a large population of a particular area can help to collect epidemiological data and find out probable etiological factors of a disease like Amlapitta. Face-to-Face survey is widely used in this purpose for its inherent nature, quick feedback, greater access and easy communication without media.[10]

Objective

1. To collect epidemiological data, to find out the prevalence of Amlapitta, common trend for medication and satisfaction of treatment among the hospital-attending patients.
2. To assess the impact of foods and food habits as well as their lifestyles responsible on severity and frequency of Amlapitta symptoms.

MATERIALS AND METHOD

A Face-to-Face survey was conducted between December 12, 2010 and August 8, 2012 on 140 patients of various types of gastro-intestinal problems, attended at O.P.D and I.P.D of the hospital attached with institution I.P.G.T. & R.A., Gujarat Ayurved University, Jamnagar. Out of 140, 128 (91.43%) patients were diagnosed as Amlapitta. Responses were completely anonymous and no patient received the survey more than once, so the aggregated results represent unique individual respondents. The subset of survey population whose members indicated that they suffer from Amlapitta was asked to identify what type of information about Amlapitta is of interest to them. The 112 respondents with Amlapitta were most interested in treatment options, 3.12% were interested in getting more information on Amlapitta and information on how Amlapitta is diagnosed (3.12%) and 3.91% wanted general information on the medications used to treat Amlapitta. A portion (2.34%) did not specify their interests.

OBSERVATIONS AND RESULTS

The survey investigated ten areas: the types of diet, dietetic habits, lifestyles and mental factors trigger the symptoms of Amlapitta, severity of symptoms suffered, duration of disease, previous medication and past illness, treatment option, patients compliance and patient satisfaction.

Demographic data

Maximum participants (32.81%) were from the age group of 41 to 50 years with mean age of 41.78 years. Out of 140 patients, maximum were male (74.22%), Hindu (85.16%), married (92.97%). 28.91% of patients were housewife, 19.29% were labourer, 14.29% were government employee and 8.57% were businessman. Most of them were of middle economic class (59.29%), 10.71% were of higher class and 30% were poor. Maximum patients came from urban area (82.86%) as well as Jangala desha (95.71% from desert area), educated (90.71%) and out of them 35.71% had passed primary education.

Diet habit

Faulty dietary habits and erratic life styles had played significant role in this disease. Most of the people participated in this study, were vegetarian (80.49%). 96.43% of Patients were habituated in taking ati Guru (excessively heavy in quantity and quality), 34.29% ati Ushna (excessive hot), 30% ati Shita

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ISSN: 2278-4772
Ayurpharm Int J Ayur Alli Sci., Vol. 4, No. 1 (2015) Pages 15 – 22

(excessive cold), 97.14% ati Ruksha (no unctuous) and 61.43% of patients used to take Abhishyandi (channel obstructing) food like curd, etc. Maximum subjects (85%) were habituated in taking of Viruddha ahara (mutually incompatible foods taken together) and all of them used to take Chhachchhika with Khichri which is a high choice in Jamnagar. 55% of Patients were used to take Lavana rasa (salty food, sea fish, etc.) predominant diet and 24.29% had preferred to take Amla rasa (sour) predominant diet.

Homely prepared healthy and hygienic foods have been gradually subsided by processed, junk and bottled foods. 33.57% of Patients were used to take Paryushita ahara (staled food) knowingly or unknowingly and 63.57% of patients were used to intake Vidahi ahara (excessive hot and spicy food) as snacks. Maximum patients (70%) were used to cook food with Cotton seed oil, followed by sesame oil (22.86%) and Sunflower oil (7.14%).

Intake of food more than requirement and less than requirement both are unhealthy habits. 81.43% of Patients had taken food beyond their capacity (atibhojana) whereas 17.14% were used to take very less amount of food (Pramitashana) regarding self-diet control. Drinking of pure water in proper quantity is vital to maintain health. In this study, 24.29% patients had reported of drinking very less amount of water whereas 35.71% were drinking excessive amount of water and most of them (65.71%) were habituated to drink water after their meal.

Lifestyles (Dinacharya)

Youngsters today are constantly running after money or excitement or both, which is wreaking havoc on their health and leading to lifestyle disorders. 57% People were used to take akala bhojana (take food at irregular intervals) due to their long habit or due to busy work schedule, 51.43% were used to take food very slowly (ati vilambita bhojana) whereas 45.71% patients were habituated in just gulping their food very first (ati druta bhojana). During taking meal, 70% of patients had engaged themselves in gossiping and chatting (Jalpana and Hasana), 37.14% in seeing television, news-papers and magazines (anmana). 25% of Patients had reported of taking restaurants food frequently at least 2-3 times in a week.

Day-sleep (Divasvapna) and sleeping just after meal (bhuktamatrasya svapna) were in daily routine for 70% and 70.71% of patients respectively. 42.86% of Patients had reported of having sedentary lifestyle (avyayama), 42.86% of patients were doing exercise occasionally (Mandaktiya) and 23.57% of patients were used to do laborious works (ati Vyayama).

50% of Patients were used to suppress their natural urges (Vegadharana) due to various reasons, 20% were habituated in night vigil (Ratri jagarana) and 10% were habituated in vigorous sexual intercourse just after dinner.

Maximum patients (95.71%) were addicted with Tea followed by Tobacco (48.03%) and chewing of Mawa (55.74%) which is the most popular route of intake of Tobacco in Jamnagar. Most of Patients had reported that their symptoms get sharply aggravated during rainy season (100% in July-August) followed by autumn (87.86% in September-October).

Mental factors (Manasa vikara)

Anxiety (Chittodvega), stress (Chinta), grief (Shoka), depression (Avasada or Vishada), etc. make our life miserable and they have severe adverse effect on our health. 37.14% of Participants were depressed, 5.71% were grief-stricken, 15% were afflicted with anxiety, 30.71% were under stress, 54.29% were angry (Krodha) and 32.86% were greedy (Ashana lolupa) in nature.

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Symptoms suffered (Pratyatmaniyata lakshana)

Incidence of symptoms among patients shows 82.03% of subjects complained of burning sensation in heart and throat, 100% reported indigestion and acid eructation, 67.18% had regurgitation, 67.86% had loss of appetite, 61.72% had exhaustion and 57.81% reported heaviness. Most survey respondents were suffering from multiple symptoms, but burning sensation in heart and throat, acid eructation, regurgitation and indigestion were reported as both the most common symptom and the one suffered most frequently. (Figure 1)

Past illness and previous medication

64.06% of Patients had the past history of indigestion (Ajirna) and 55.47% had the previous history of Amlapitta. Maximum patients (45.71%) were suffering for the duration of 3 months to one year. Previous medication was taken by 88.28% of patients and out of them 79.65% preferred Allopathic medicine whereas 20.35% had chosen Ayurveda. 56.64% of Patients were treated themselves by self-medication or OTC product, 36.28% had taken medicine from pharmacist to safe doctor's visit and only 7.08% were used to take doctor's advice when the disease became complicated and chronic.

In Ayurveda, maximum patients (39.13%) treated with Avipattikara churna,[11] followed by Kamadudha rasa[12] (17.39%), Sutashekhara rasa[13] (17.39%) and Shankha bhasma[14] (26.09%) whereas in Allopath, maximum patients were treated with Digene (62.22%) followed by H2 antagonists (23.33%) and PPI (14.44%). In this study no patients had reported of having family history of Amlapitta.

Treatment options

There were several options for the treatment of Amlapitta like five lifestyle modifications and oral medication called as Samshamana (alleviation therapy) and Samshodhana (purification therapy). The lifestyle modifications included: changing time or size of meals, maintaining an upright posture after eating, sleeping with the head of the bed elevated, avoiding spicy or acid food and losing weight. The most frequently used lifestyle modification is changing to a less spicy diet; whereas, losing weight and Samshodhana therapy at least often used. The survey shows that Amlapitta sufferers seek the immediate relief of medication as opposed to relying on lifestyle change. (Figure 2)

Patient Compliance

Because Amlapitta is a chronic (Chirakari) disease, treatment must be maintained over an extended period of time. It is not uncommon for patients to stop making lifestyle adjustments or taking medications when their symptoms abate. The survey showed that most patients (61.72%) comply with their physicians' treatment plans, taking their medication on a regular basis. (Figure 3)

Patient satisfaction (Santushti)

The survey also plumbed how satisfied participants were with their current Amlapitta treatment. Survey showed that 15% of participants were very satisfied, 27% were somewhat satisfied, 17% were neutral, 53% were somewhat dissatisfied, 18% were very dissatisfied with their treatment and 10% were not currently being treated for Amlapitta. What stands out, however, is that most survey participants were only adequately relieved of their symptoms. Only 15% were found complete relief of the painful and annoying symptoms of Amlapitta.

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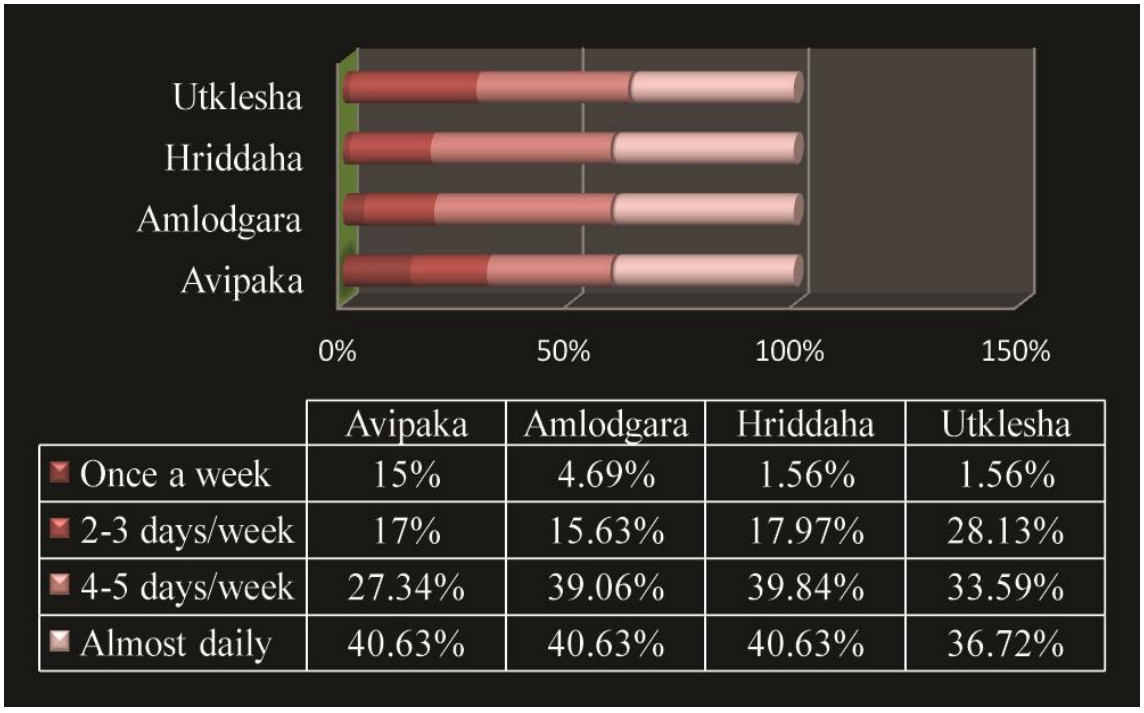
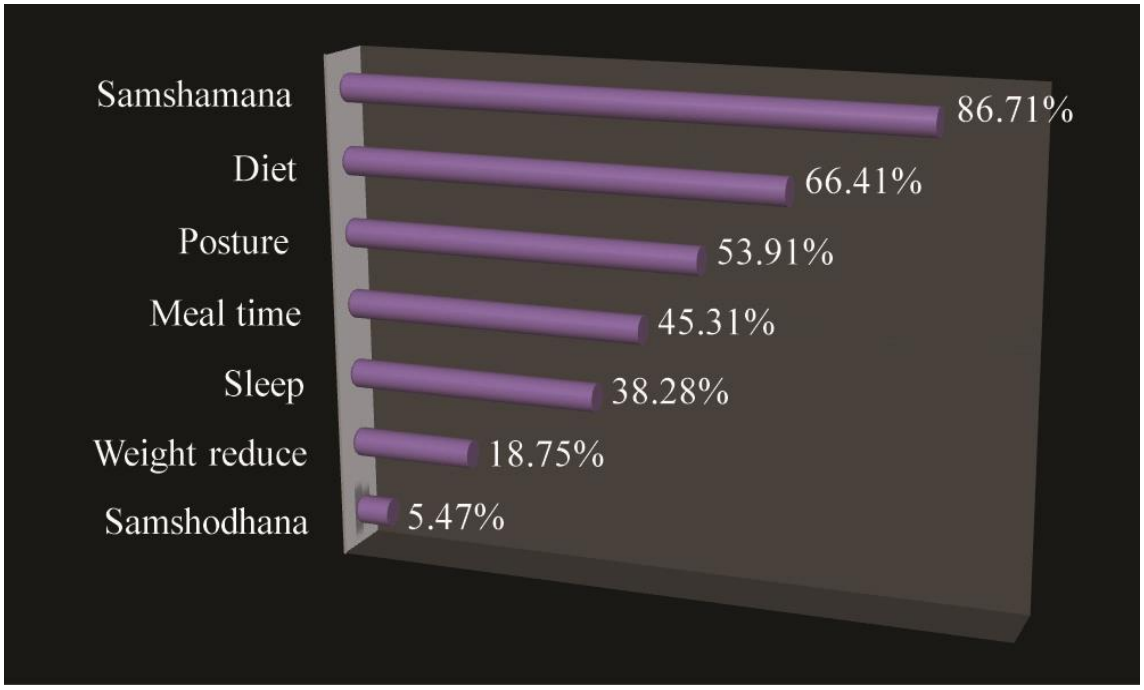
Figure 1: Incidence of Pratyatmaniyata lakshana



	Avipaka	Amlodgara	Hriddaha	Utklesha
Once a week	15%	4.69%	1.56%	1.56%
2-3 days/week	17%	15.63%	17.97%	28.13%
4-5 days/week	27.34%	39.06%	39.84%	33.59%
Almost daily	40.63%	40.63%	40.63%	36.72%

Figure 2: Prevalence of treatment modalities



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Ayurpharm Int J Ayur Alli Sci., Vol. 4, No. 1 (2015) Pages 15 – 22

Figure 3: Patient Compliance

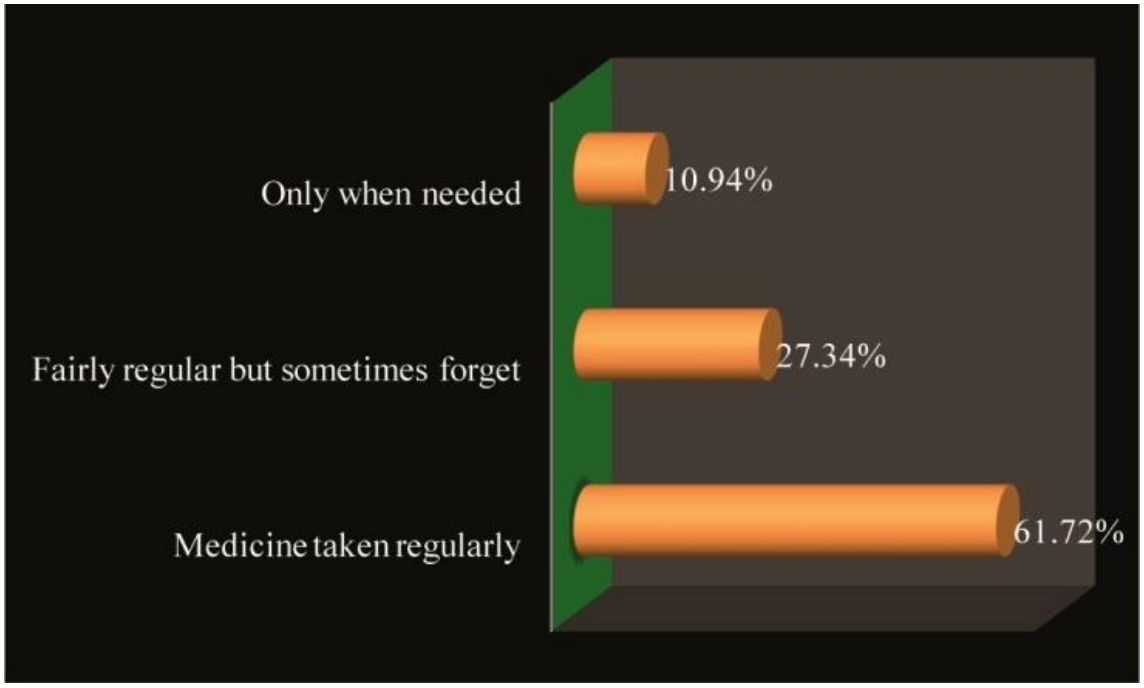
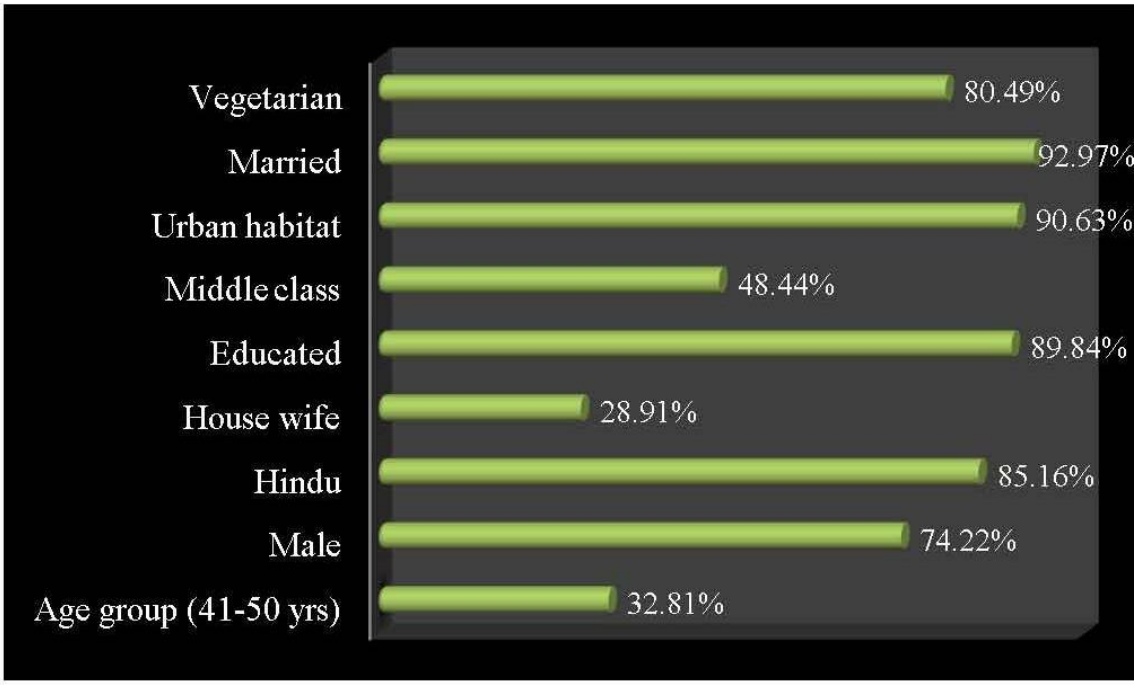


Figure 4: Demographic data of 128 patients



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ISSN: 2278-4772
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DISCUSSION

The disease Amlapitta is caused by suppression of Jatharagni due to vitiation of Pachaka Pitta, Kledaka and Bodhaka Kapha, Prana-Apana-Samana Vayu. Among these dosas, Kapha and Pitta take more or less active part in the pathogenesis of Amlapitta roga. The diet & dietetic factors that aggravate Kapha & Pitta, are usually considered as the factors responsible for the disease Amlapitta. Ajirna bhojana (intake of food during indigestion), intake of excessive heavy, cold, hot and un-unctuous food, akala bhojana or Vishamashana (irregular food habit), suppression of natural urges, ati ambupana (drinking excessive water), Swapnaviparyaya (day-sleep and night-vigil), etc. are the common etiological factors responsible for indigestion.[15][16][17] Persons who are greedy for food, afflicted with Kama (excessive lust), anxiety, anger, Bhaya (fear), Duhkha (sorrow), easily affected with indigestion.[18]

These afore-said factors cause Agnimandya (impairment of digestive capacity) followed by Ama which vitiates Vayu, Pitta and Kapha. These Amadoshas cause Vidagdhatva, Shuktapaka and Annavisha resulting into indigestion. At the stage of indigestion when Pitta gets more vitiated, symptoms of Vidagdhajirna are observed. Patients, of Vidagdhajirna if not handle the condition seriously and keep on to intake ati Amla and Lavana rasa predominant, dushta (staled), , excessively hot, Snigdha (unctuous), abhishyandi foods and as well as unhealthy lifestyles like bhuktwa bhuktwa divaswapna (repeatedly day-sleeping after eating again and again), mutually incompatible foods etc. are fated to affect with Amlapitta.[19] Condition of the disease worsened mostly during rainy season because of weakened agnibala (digestion power), accumulation of Pitta and vitiation of Vayu. Condition became worse in autumn also because of vitiation of Pitta which was accumulated during rains.[20][21]

In this study, maximum number of patients belonged to middle age group (41-50 yrs). This indicates and re-establishes that middle age group is more vulnerable to Pitta dosha predominant diseases[22] like Amlapitta. Most of the participants were Hindu, married, educated, middle class and came from urban area. Survey had been conducted at I.P.G.T. & R.A. which is situated at the heart of Jamnagar, a Hindu predominant urban area.[23] So most of the patients usually come to the hospital belongs to Hindu religion. Jamnagar has a literacy rate[24] of 74.4 %, average literacy rate of 70%, higher than the national average of 59.5%. Hence, maximum patients in this survey were educated. (Figure 4)

Most of the patients were housewife followed by labourer, government employee and businessman. This data strengthened the statement about Sadatura (predominantly sick),[25] mentioned in Charaka Samhita. Rush of middle class and poor people to any state level hospital is more because of free of cost treatment. Financial crisis, family tension, marital disharmony, anxiety about sexual performance, over indulgence in sex all are very common in married life. This anxiety, stress, depression precipitate the disease Amlapitta. No clarification was available in any Ayurvedic classic about the relation between sexual intercourse and indigestion but some commonly practised postures which create pressure on stomach may responsible for aggravation of the disease.

CONCLUSION

Amlapitta is the most prevalent gastro-intestinal disease among the participants who had adopted unhealthy food habits and erratic lifestyles. Avipaka and Tiktamlodgara were the most consistent and persistent symptoms followed by Hrit-kantha-daha. Ignorance and self-medication make the disease more chronic and complicated. Some sexual postures which create pressure on abdomen during intercourse may responsible for worsening the disease

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ISSN: 2278-4772
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condition. Almost all of the patients expected maximum relief by minimum effort hence western medicine was their first preference whereas Ayurveda was optional.

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Source of Support: Nil Conflict of Interest: None Declared