WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 21, 1160-1166. Research Article ISSN 2277–7105

AN OBSERVATIONAL STUDY ON RELATION BETWEEN SHAREERA PRAKRITI AND AMLAPITTA

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Article Received on 02 Oct. 2026,
Article Revised on 22 Oct. 2026,
Article Published on 01 Nov. 2026,

https://doi.org/10.5281/zenodo.23791354

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How to cite this Article: Dr. Shilpa Gajanan Hegde*[1], Dr. Nagaraj S.[2], Dr. Arunkumar M.[3] (2026). An Observational Study On Relation Between Shareera Prakriti And Amlapitta. World Journal of Pharmaceutical Research, 15(21), 1160–1166.

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ABSTRACT

Prakriti is one of the fundamental concepts of Ayurveda and represents the unique constitutional makeup of an individual, determined at the time of conception by the relative predominance of *Dosha*.[1] It is considered a stable, lifelong attribute that influences the physical, physiological, psychological, and behavioural characteristics of an individual, along with disease susceptibility, prognosis, and response to treatment. Among the various methods of *Rogi Pareeksha* described in Ayurvedic classics, *Prakriti Pareeksha* occupies a central position as it provides the basis for individualized assessment and personalized healthcare. Ayurvedic classics describe that individuals with predominant *Dosha* are more susceptible to disorders related to the same *Dosha* when exposed to appropriate *Nidana*[2], emphasizing the role of constitutional predisposition in the manifestation of disease.

Amlapitta is one such disorder in which *Agnidushti* and *Pitta Prakopa* constitute the fundamental pathogenic events.[3] Ayurvedic classics describe various dietary, lifestyle, and psychological factors responsible for the vitiation of *Pitta* and impairment of *Agni* leading to the development of *Amlapitta*. In the present era, changing dietary habits, irregular meal timings, increased consumption of processed foods, sedentary lifestyle, and mental stress

have contributed to the increasing prevalence of disorders resembling *Amlapitta*. However, not every individual exposed to these etiological factors develops the disease, suggesting the influence of individual constitutional susceptibility. Understanding the relationship between *Shareera Prakriti* and *Amlapitta* may provide valuable insights into constitutional predisposition, facilitate early identification of susceptible individuals, and strengthen the Ayurvedic principles of personalized prevention and management. Hence, the present study was undertaken to analyze the *Shareera Prakriti* of patients with *Amlapitta* and to explore the relationship between constitutional makeup and disease susceptibility.

KEYWORDS: Shareera Prakriti, Amlapitta, Agnidushti, Pitta Prakopa, Rogi Pariksha.

INRODUCTION

Prakriti represents the innate constitutional makeup of an individual and is one of the fundamental concepts of Ayurveda. Determined at the time of conception by the relative predominance of Doshas, it remains stable throughout life.[1] Owing to its influence on disease susceptibility, prognosis, and therapeutic response, *Prakriti Pareeksha* occupies a central place among the Ayurvedic methods of *Rogi Pariksha* and forms the basis of individualized healthcare.

Ayurvedic classics describe seven types of *Shareera Prakriti* based on the predominance of one, two, or all three Doshas. Among these, *Samadhatu Prakriti* is regarded as the most balanced constitutional state, whereas *Ekadoshaja Prakriti* exhibit varying constitutional attributes according to the predominant *Dosha*, and *Dvandvaja Prakriti* are considered comparatively less desirable because of the coexistence of two *Doshas* with differing functional characteristics.[4] Thus, *Prakriti* serves as a reflection of an individual's inherent constitutional characteristics rather than merely a classification of Dosha predominance. Furthermore, the classical statement *"Vataladyah Sadatura"*.[5] highlights the clinical significance of constitutional Dosha predominance in determining disease susceptibility. Accordingly, Prakriti extends beyond constitutional classification and serves as an important determinant of an individual's predisposition to health and disease.

Classical Ayurveda describes characteristic patterns of *Agni* associated with different *Prakriti* types[6], while Chakrapani clarifies that the functional state of *Agni* is determined by the prevailing *Dosha* at the *Agnyadhisthana (*functional site of agni*).*[7] Since *Agni* impairment is central to the pathogenesis of *Amlapitta,* constitutional differences in digestive physiology may

contribute to individual variation in disease susceptibility.

Although numerous *Nidana* responsible for *Amlapitta* have been described in Ayurvedic classics, considerable variation exists in the occurrence and manifestation of the disease among individuals exposed to similar etiological factors. Since *Prakriti* is regarded as an important determinant of individual susceptibility to disease, evaluating the constitutional profile of patients with *Amlapitta* may provide additional insights into constitutional predisposition. Accordingly, the present study was undertaken to assess the distribution of *Shareera Prakriti* among patients with *Amlapitta.*

AIM AND OBJECTIVES

1. To assess the *Shareera Prakriti* in patients with *Amlapitta*.
2. To analyse the co-relation between *Shareera Prakriti* and *Amlapitta.*

MATERIALS AND METHODS

Source of data

Patients attending OPD & IPD of Sri Dharmasthala Manjunatheshwara Ayurveda Hospital, Udupi fulfilling the inclusion and exclusion criteria will be selected for the study.

Study design

It is an observational type of study on minimum of 50 patients diagnosed with *Amlapitta.*

A special Performa which includes the details of history taking to identify the incidence of probable *Nidana*, physical signs and symptoms was prepared and patients were analysed and selected accordingly. *Prakriti* assessment was carried out by the validated Prakriti assessment scale prepared by CCRAS, New Delhi.

Diagnostic Criteria

Pratyatma niyata Lakshana (cardinal features) of *Amlapitta – Avipaka* (indigestion), *Klama* (exhaustion), *Utklesha* (nausea), *Tikta-Amla Udgara* (eructation with bitter and sour taste), Gaurava (feeling of heaviness of the body), *Hrit-Kantha Daha* (burning sensation in chest and throat) and *Aruchi* (loss of appetite) in general.[8]

Patient fulfilling a minimum of four clinical criteria of *Amlapitta* based on detailed history are included.

Inclusion criteria

1. Patients of either gender aged between 19- 60 years will be taken for the study.
2. Diagnosed subjects of *Amlapitta.*
3. Patient who are willing to give consent and having the adequate ability of communication, and ability to comply with study requirements.

Exclusion Criteria

1. Patient K/C/O Systemic diseases like Cardiovascular, Nephropathic, Neuropathic disorder, or any malignant conditions are excluded.
2. Patients with Peptic ulcer, Duodenal ulcer, Stomach carcinoma, Ischemic heart disease, Chronic renal failure, Uncontrolled diabetes and hypertension are excluded.
3. Patients under long term medication which can cause gastritis.

Assessment Criteria

Prakriti is assessed by CCRAS Prakriti assessment tools.[9]

The frequency of exposure to *Amlapitta Nidana* was assessed through the Likert-type scale. Always and often were considered as *Ati Sevana of Nidana.*

Table 1: Likert Like Scale.

Frequency	Likert Like scale	No of days/week
Never	0% chance	Not more than a day/ week
Rarely	10% and above chance I would have	1/2 days in a week
Sometimes	50% and above chance I would have used	2 / 4 days in a week
Often	Frequency about 70% of chance I would have used	4 /6 days in a week
Always	In about 90% and above chances I could have	6 /7 days in a week

RESULTS AND DISCUSSION

Evaluation of the physical, physiological, and psychological characteristics of *Shareera Prakriti* using the CCRAS validated Prakṛiti Assessment Scale in patients diagnosed with *Amlapitta* revealed a predominance of *Pitta*-associated *Prakṛiti* (74%**)**. Among the different constitutional types, *Pitta-Kapha Prakṛti* was the most prevalent 12 (24%), followed by *Pitta-Vata* 8 (16%), *Tridoṣhaja* 8 (16%), *Vata-Pitta* 7 (14%), *Kapha-Pitta* 5 (10%), *Vata Pradhana* 3 (6%), *Vata-Kapha* 3 (6%), *Kapha Pradhana* 2 (4%), and *Kapha-Vata* 2 (4%). No participant exhibited a pure *Pitta Pradhana Prakriti.*

The present study demonstrated a predominance of *Pitta*-associated *Shareera Prakriti* among patients with *Amlapitta.* This observation may be explained by the Ayurvedic principle that individuals with predominance of a particular *Dosha* are more susceptible to diseases arising

from the vitiation of the same *Dosha*. Although no participant exhibited a pure *Pitta Pradhana Prakriti*, this may be incidental, as pure *Ekadoṣaja* constitutions are relatively uncommon, whereas *Dvidoshaja* constitutions are more frequently encountered in clinical practice. Hence, *Pitta*-predominant *Dvidoshaja* constitutions, particularly *Pitta-Kapha* and *Pitta-Vata*, may likewise exhibit greater susceptibility to *Pitta*-dominant disorders such as *Amlapitta*. However, as the present study was observational and included only patients with *Amlapitta*, these findings indicate an association between *Pitta*-associated *Shareera Prakṛiti* and *Amlapitta* rather than establishing a causal relationship.

Discussion on demographic data Age

The majority of patients belonged to the 56–60 years age group. Although *Pitta* predominates during *Madhyama Vaya*, cumulative exposure to *Pitta*-provoking *Nidana* over several decades, along with age-related decline in digestive efficiency, may predispose individuals to *Agnidushti* and subsequent manifestation of *Amlapitta.*

Gender

Females constituted the majority of the study population (60%). This may be attributed to greater exposure to *Manasika Nidana* such as stress and anxiety, irregular dietary habits, and comparatively higher health-seeking behaviour among women.

Socioeconomic Status

Most participants belonged to the upper-middle socioeconomic class (48%). Modern dietary practices, frequent consumption of processed foods, irregular meal timings, occupational stress, and sedentary lifestyles prevalent in this group may contribute to *Agnidushti* and *Pitta Prakopa.*

Discussion on Nidana

Dietary Factors (Ahara Nidana)

Faulty dietary practices including *Adhyashana, Ajeernashana, Ame-ame Bhojana,* and frequent intake of *Guru, Abhishyandi, Pistanna,* and *Gorasa* were commonly observed. These factors are classically described as causes of *Agnidushti, Ama* formation, and subsequent *Pitta Prakopa,* thereby facilitating the development of *Amlapitta*. The findings suggest that repeated exposure to multiple dietary *Nidana* rather than a single dietary factor plays an important role in disease manifestation.

Lifestyle Factors (Vihara Nidana)

Among the *Vihara Nidana, Vegadharana* and *Loulyat Aniyata Atmana* were most frequently observed. Such practices disturb the normal functioning of *Agni* and contribute to *Dosha* vitiation. Their high prevalence highlights the importance of behavioural factors in the pathogenesis of *Amlapitta.*

Psychological Factors (Manasika Nidana)

Chinta and *Krodha* were common among the participants, with Chinta being more frequent. These observations support the Ayurvedic concept that psychological disturbances impair *Agni* and promote *Pitta Prakopa,* thereby contributing to *Amlapitta*. They also emphasize the relevance of the gut–brain interaction in digestive disorders.

Discussion on Clinical Profile

The predominant clinical features were *Hrit-Kantha Daha***,** *Avipaka, Utklesha***,** and *Amla Udgara*, which closely resemble the classical symptomatology of Amlapitta and indicate predominant involvement of *Agnidushti* and *Pitta Prakopa*. *Urdhwaga Amlapitta* manifestations were more common than *Adhoga Amlapitta*, suggesting that the disease primarily involved the *Amashaya* and upper gastrointestinal tract in the majority of patients.

CONCLUSION

The present observational study demonstrated a predominance of *Pitta-associated Shareera Prakriti* among patients with *Amlapitta*, with *Pitta-Kapha Prakriti* being the most common constitution. The findings support the Ayurvedic concept that individuals with predominance of a particular *Dosha* are more susceptible to diseases arising from the vitiation of the same *Dosha* when exposed to appropriate *Nidana*. The study highlights the potential utility of *Shareera Prakṛiti* assessment in identifying susceptible individuals and planning personalized preventive and therapeutic measures. However, as the study was observational and included only patients with *Amlapitta*, the findings indicate an association rather than a causal relationship between *Pitta*-associated *Shareera Prakṛiti* and *Amlapitta.* Further large-scale comparative studies are required to validate these observations.

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