

PILOT STUDY INVESTIGATING THE CORRELATION BETWEEN VIRUDDHAHARA (INCOMPATIBLE DIET) AND AMLAPITTA

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ABSTRACT

This pilot study aims to explore the relationship between *Viruddhahara* (Dietary incompatibility) and the development of *Amlapitta* (Acid-peptic disorder) in patients. The study involved 50 participants diagnosed with *Amlapitta*. Through a structured questionnaire and case record form, dietary habits and symptoms were recorded. A correlation analysis demonstrated a moderate positive relationship between *Viruddhahara* practices and the severity of *Amlapitta* symptoms, providing insights for future clinical studies.

KEYWORDS: *Amlapitta*, Questionnaire, *Viruddhahara*.

INTRODUCTION

Health practitioners have always been interested in the relationship between dietary patterns and diseases. According to *Ayurveda*, the three essential elements that sustain physical stamina, vitality of the skin and body, and overall health are *Aahar* (Nutrition), *Nidra* (Sleep), and *Brahmacharya* (Abstinence). *Ahara* is crucial for sustaining life in all living beings. It is believed to be the root of both illness (*Vyadhi*)

and good health (*Arogya*).^[1] *Viruddhahara*, also known as an incompatible or unwholesome diet, refers to food that has been improperly processed, consumed in the wrong amounts, at the wrong times of day, or in the wrong season. These food errors can cause an incorrect metabolism, which inhibits the process of metabolism and has properties that are contrary to the *dhatu*s.^[2] *Acharya Charak* gives a definition of *Viruddhahara*. A significant topic covered by traditional Ayurveda is incompatibility of diet, or *Viruddhahara*. Numerous metabolic illnesses are brought on by *Viruddhahara*.^[3] Substances classified as *Viruddha Dravya* are those that aggravate *Doshas* but cannot completely remove them from the body or restore them to their normal state. These substances also conflict with *Dhatu*s and *Doshas* but still remain within the body.^[4]

Acharya Charaka identifies various types of *Viruddhahara* (Incompatible foods) as follows

1. ***Desha viruddha*** – Inappropriate for the region or place.
2. ***Kala viruddha*** – Incompatible with the time or season.
3. ***Agni viruddha*** – Unsuitable for the individual's digestive capacity.
4. ***Matra viruddha*** – Incorrect in quantity, either excessive or insufficient.
5. ***Satmya viruddha*** – Incompatible with personal habits or constitution.
6. ***Dosha viruddha*** – Aggravates the body's doshas (*Vata*, *Pitta*, *Kapha*).
7. ***Sanskar viruddha*** – Improper preparation method.
8. ***Veerya viruddha*** – Opposing food potencies (hot and cold).
9. ***Koshtha viruddha*** – Unsuitable for one's digestive system.
10. ***Avastha viruddha*** – Inappropriate for the individual's current physical state.
11. ***Kram viruddha*** – Consumed in an improper sequence.
12. ***Parihar viruddha*** – Ignoring dietary precautions or guidelines.
13. ***Upachar viruddha*** – Contradicts or interferes with treatment.
14. ***Paak viruddha*** – Improper cooking techniques.
15. ***Samyoga viruddha*** – Incompatible food combinations.
16. ***Hriday viruddha*** – Against one's personal preferences or likings.
17. ***Sampad viruddha*** – Lacking in essential quality or nutrition.
18. ***Vidhi viruddha*** – Violates the rules of proper eating (e.g., timing, pace).^[5]

According to our *Acharyas*, incompatible diets, known as *Viruddhahara*, are responsible for diseases such as *Kushtha*, *Amavata*, *Amlapitta*, *Atisara*, *Pandu*, *Visarpa*, *Vatarakta*, *Grahani*, and others. Accordingly, one of the primary risk factors for numerous illnesses is

Viruddhahara. Acharya Charaka states that consuming *Viruddhahara* leads to weakened digestion (*Mandagni*) and the formation of *Ama*, which results in *Srotodushti* (obstruction of bodily channels) and the development of diseases.

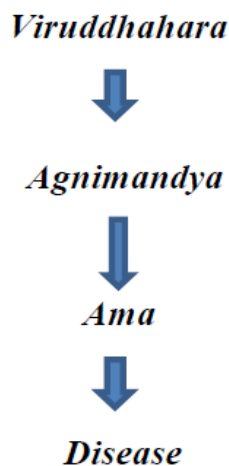


Fig. 1: Samprapti of disease formation by *Viruddhahara*.

The current study has been chosen with the aforementioned in mind, as well as to investigate the cause and effect link between *Viruddhahara* [incompatible diet] and *Amlapitta*.

Amlapitta, commonly associated with conditions like hyperacidity, heartburn, and indigestion, is a prevalent gastrointestinal disorder. *Ayurveda*, the ancient Indian system of medicine, identifies *Viruddhahara* (Incompatible food combinations) as a major cause of *Amlapitta*. Since the Samhita era, *Amlapitta* has been mentioned in a number of *Ayurvedic* writings. Classical literature such the *Kashyapa Samhita*, *Yoga Ratnakara*, and *Bhaishajya Ratnavali* provide detailed descriptions of this illness. *Pitta Pradhana Vyadhi*, or pre-dominant disease, *Amlapitta* is characterised by symptoms like bitter and sour belching, heartburn, heaviness, *Avipaka*, fatigue, tastelessness, nausea, gurgling sounds in the intestines, *Antra Kujana*, chest pain, and diarrhoea. *Vata Pitta Dosha* becomes vitiated when etiological factors, such as poor lifestyle choices, are overindulged in. The *Jatharagni* factor, or *Jatharagnimandya* (Diminution of digestion), is weakened by *Pitta* in combination with *Vata* or *Kapha*. Food that has been consumed becomes *Vidagdha* (Undigested) during this phase. It eventually becomes *Shukta* (Acidified) and stays in the stomach for a considerable amount of time. At this point, the premonitory sign of the *Amlapitta* sickness, *Vidagdhajirna* (indigestion owing to acidified chyle), appears. Moreover, *Pitta Amavisha Sammurchhana* (a mixture of undigested food and unmetabolized *Rasa*) is the result of vitiated *Pitta* combining with *Shukta*. *Amlapitta* is the name given to this condition.^[6] This study aims to evaluate the

relationship between the extent of *Viruddhahara* adherence and the severity of *Amlapitta* symptoms.

Objectives

1. To assess the relationship between *Viruddhahara* and the manifestation of *Amlapitta*.
2. To evaluate dietary patterns in *Amlapitta* patients and how they relate to symptom severity.

MATERIALS AND METHODS

Materials

1. **Literary sources:** Classical *Ayurvedic* texts, academic journals, and online databases describing *Viruddhahara* were reviewed. A retrospective analysis of relevant research was conducted.
2. **Clinical sources:** Fifty diagnosed *Amlapitta* patients were recruited from the OPD and IPD departments of MGACH Wardha, Maharashtra.

Methods

1. Participant selection

- **Criteria:** Diagnosed with *Amlapitta*.
- **Sample Size:** 50 patients (both sexes, ages 16–70).

2. Data collection

- **Case record form:** Demographic and personal history & *Amlapitta* Questionnaire.^[7] In *Amlapitta* Questionnaire symptoms of *Amlapitta* were scored using a pre-defined grading system.
- ***Viruddhahara* questionnaire:** Frequency of incompatible food practices.

3. **Validation of the questionnaires:** The content validity of the *Viruddhahara* questionnaires used in the study was assessed. The questionnaires were reviewed and validated by six *Ayurvedic* experts.

***Viruddhahara* questionnaire entitled** “Evaluation of the Extent of Incompatible Diet Combination Consumption”. The questionnaire consisted of 90 closed-ended questions, with 5 questions for each type of *Viruddha*. Responses were scored as follows: 0 for no consumption, 1 for irregular consumption, and 2 for regular consumption. The evaluation was divided into three levels of correlation: a mild correlation was represented by a score ranging

from 90 to 120, a moderate correlation by scores between 120 and 150, and a strong correlation by scores from 150 to 180.

4. Assessment criteria

- **Severity:** Mild, Moderate, Severe based on cumulative symptom scores.
- **Correlation:** Analysis of how different incompatible dietary practices contribute to the severity of *Amlapitta*.

Inclusion criteria

- Patients of both sexes aged 16 to 70 years.
- Diagnosed with *Amlapitta* based on *Ayurvedic* diagnostic criteria.

Exclusion criteria

- Patients younger than 16 or older than 70 years.
- Patients with congenital GI tract anomalies.

OBSERVATIONS

Fifty patients were randomly chosen for this investigation. Based on both inclusive and exclusive criteria, every patient has been chosen. This statistic was found in the assignment.

Participant demographics

1. Age-wise distribution

Table No. 1: Age-wise distribution of 50 patients with *Amlapitta*.

S. No.	Age in Years	No. of Patients	Percentage
1	16 – 30	10	20%
2	31 – 40	20	40%
3	41 – 50	9	18%
4	51 – 60	8	16%
5	61 – 70	3	6%

2. Gender-wise distribution

Table No. 2: Gender-wise distribution of 50 patients with *Amlapitta*.

S. No.	Sex	No. of Patients	Percentage
1	Male	35	70%
2	Female	15	30%

3. Distribution based on marital status

Table No. 3: Distribution of 50 *Amlapitta* patients based on marital status.

S. No.	Status	No. of Patients	Percentage
1	Married	39	78 %
2	Unmarried	11	22 %

4. Distribution based on religion

Table No. 4: Distribution of 50 *Amlapitta* patients by religion.

S. No.	Religion	No. of Patients	Percentage
1.	Hindu	41	82%
2.	Muslim	6	12%
3.	Bauddha	3	6%

5. Distribution based on occupation:

Table No. 5: Distribution of 50 *Amlapitta* patients by occupation.

S. No.	Occupation	No. of Patients	Percentage
1.	Working	33	66 %
2.	Housewives	9	18 %
3.	Students	8	16%

6. Distribution based on socio-economic status

Table No. 6: Distribution of 50 *Amlapitta* patients by socio-economic status.

S. No.	Socio-Economic Status	No. of Patients	Percentage
1.	Upper Class	3	6%
2.	Middle Class	40	80%
3.	Lower Class	7	14%

7. Distribution based on dietary habits

Table No. 7: Distribution of 50 *Amlapitta* patients by dietary habits.

S. No.	Diet	No. of Patients	Percentage
1.	Vegetarian	9	18 %
2.	Mixed	41	82 %

8. Distribution based on addictions

Table No. 8: Distribution of 50 *Amlapitta* patients by *addictions*.

S. No.	Addiction	No. of Patients	Percentage
1.	Tea/Coffee	33	66 %
2.	Alcohol	3	6%
3.	Tobacco	8	16%
4.	Smoking	6	12%

9. Distribution based on *prakriti*

Table No. 9: Distribution of 50 *Amlapitta* patients by *Prakriti*.

S. No	<i>Prakriti</i>	No. of Patients	Percentage
1.	<i>Vata Pitta</i>	25	50%
2.	<i>Pitta Vata</i>	12	24%
3.	<i>Pitta Kapha</i>	7	14%
4.	<i>Vata Kapha</i>	6	12%

10. Distribution based on *koshta*

Table No. 10: Distribution of 50 *Amlapitta* patients by *Koshta*.

S. No	<i>Kostha</i>	No. of Patients	Percentage
1.	<i>Krura</i>	15	30%
2.	<i>Madyama</i>	8	16%
3.	<i>Mrudu</i>	27	54%

11. Distribution based on *Agni*

Table No. 11: Distribution of 50 *Amlapitta* patients by *Agni*.

S. No	<i>Agni</i>	No. of Patients	Percentage
1.	<i>Vishama</i>	4	8%
2.	<i>Manda</i>	37	74%
3.	<i>Tikshna</i>	9	18%

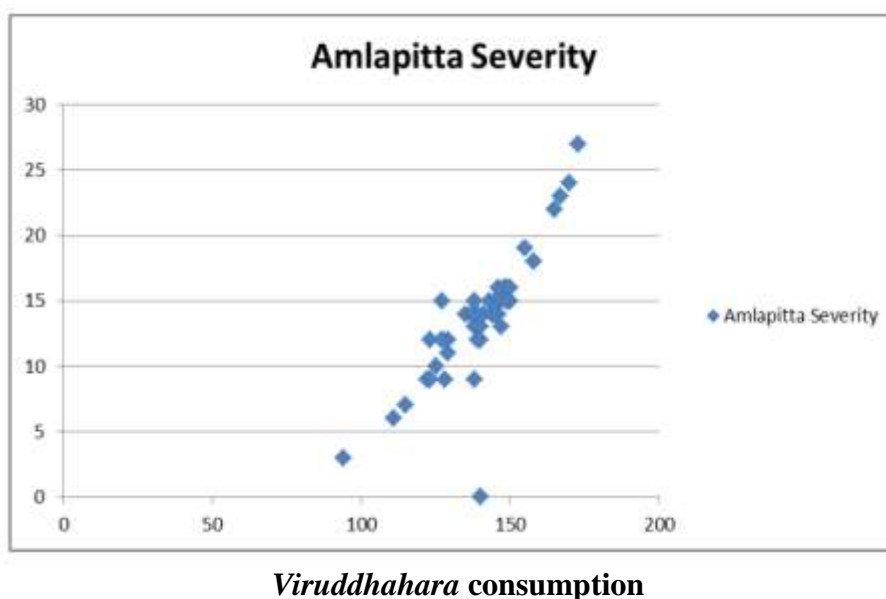
12. Based on *vyayama shakti*

Table No. 12: *Vyayama Shakti* wise distribution of 50 patients of *Amalpitta*.

S. No.	<i>Vyayama shakti</i>	No. of Patients	Percentage
1.	<i>Pravara</i>	3	12%
2.	<i>Madyama</i>	7	14%
3.	<i>Avara</i>	40	80%

13. Symptom Severity and Correlation with *Viruddhahara*

The data analysis revealed that the frequency of *Viruddhahara* practices showed a moderate positive correlation with symptom severity in *Amlapitta* patients (Correlation coefficient $r=0.577$).



DISCUSSION

The findings of this pilot study align with *Ayurvedic* principles, confirming a moderate positive correlation between *Viruddhahara* (Dietary incompatibility) and *Amlapitta* (acid-peptic disorder). As proposed in *Ayurvedic* literature, improper dietary habits have long been recognized as a significant contributor to metabolic and gastrointestinal disorders, particularly *Amlapitta*. The moderate correlation observed in this study ($r = 0.577$) substantiates the hypothesis that incompatible diets exacerbate *Amlapitta* symptoms. The demographic analysis revealed a predominance of male participants (70%), with the majority falling in the 31–40 age range. This may reflect a higher exposure to dietary indiscretions in this population due to lifestyle factors such as occupation and social habits. Additionally, the high prevalence of mixed diets (82%) and tea/coffee consumption (66%) among participants could further contribute to the aggravation of *Amlapitta*. Both factors are commonly associated with poor digestive health and are frequently discussed in *Ayurvedic* contexts as contributing to *Pitta* disorders.

The data analysis showed that the severity of symptoms, ranging from mild to severe, was closely linked to the frequency of *Viruddhahara* practices. Patients with higher scores for incompatible dietary combinations were more likely to exhibit severe *Amlapitta* symptoms. This finding reinforces the *Ayurvedic* view that such dietary incompatibilities disrupt normal digestive processes (*Agni*), leading to the accumulation of undigested food (*Ama*), which triggers pathological changes in the gastrointestinal system. Interestingly, lifestyle factors such as addictions to tea/coffee, smoking, and alcohol, further compounded the severity of

symptoms. These practices, which are known to aggravate *Pitta* in the body, could potentially accelerate the onset of *Amlapitta* when combined with *Viruddhahara*.

The limitations of this study, including the small sample size and reliance on self-reported dietary habits, should be considered in future research. Furthermore, longitudinal studies could explore the potential for dietary interventions to mitigate *Amlapitta* symptoms. Such interventions could focus on eliminating incompatible food combinations and introducing dietary regimens tailored to individual *Prakriti* (Body constitution).

CONCLUSION

This pilot study supports the *Ayurvedic* concept that *Viruddhahara* (dietary incompatibility) is a contributing factor to *Amlapitta*. The moderate correlation between these variables suggests that addressing dietary practices may be crucial in the management of *Amlapitta*. Further studies with larger samples and interventional approaches are warranted. This pilot study serves as a foundation for larger clinical trials aimed at establishing dietary guidelines for the prevention and treatment of *Amlapitta*.

Declaration: CRF & Questionnaire related to this study attached below references in this manuscript.

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