

## A CASE STUDY FROM THE PERSPECTIVE OF ROGNIDAN EVAM VIKRITI VIGYAN

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### ABSTRACT

Rognidan is an important branch of Ayurveda that deals with the diagnosis of disease through Nidana Panchaka, Dosh-Dushya involvement, and Samprapti. This case study presents a patient suffering from Amlapitta (Hyperacidity) and highlights the diagnostic approach according to Ayurvedic principles. The assessment was carried out using detailed history taking, Ashtavidha Pariksha, Dashavidha Pariksha, and Samprapti analysis. Appropriate Ayurvedic management was planned based on the findings.

### INTRODUCTION

Rognidan Evam Vikriti Vigyan is the foundation for understanding disease pathology in Ayurveda. Accurate diagnosis helps in identifying the causative factors, Dosh involvement, affected Dhatus, and disease progression. Amlapitta is a common disorder caused by improper dietary habits, stress, and Agnimandya. It is characterized by sour belching, burning sensation, indigestion, and nausea.<sup>[1]</sup>

According to ayurveda every disease is occur due to mandagni. Mandagni is caused by Mithya Aahar – Vihar. Due to lot of stress, lack of self awareness, improper follow of rutucharya and faulty diet habits. Due to changing lifestyle there is tremendous increase in disorder related to mahastrotas. Amlapitta is one of major disease which occur in mahastrotas.

Acharya Kashyapa was the first to detail Amlapitta in a distinct chapter.<sup>[2]</sup> Charak Samhita Amlapitta was described along with its aetiology and pathology in an old classical textbook.

Amlapitta is classified into two categories in Ayurveda: Urdhava Amlapitta and Adhoga Amlapitta.<sup>[3]</sup> Hyperacidity base may be associated with this illness. Based on the clinical symptoms, this condition and hyperacidity may be connected. The illness known as hyperacidity is brought on by an unhealthful food, way

of life, and digestive system. Patients with hyperacidity may have a variety of signs and symptoms, including food regurgitation, heartburn, nausea, chest pain, stomach discomfort, abdominal distention, and sour blenching.

Amlapitta is pitta dominant disease which is related to Annavaaha strotas. Occure due to Mandagni and Aam. Amlapitta has two words 'Amla' and 'Pitta'. According to charak amla is the natural property of pitta along with katurasa. According to sushrta, Katu is the original rasa of pitta. When pitta becomes vidgadha, it transforms into Amla. When amla guna of pitta is increased is called as Amlapitta.

"अम्लगुणोद्विक्तं पित्तं अम्लपित्तम् ।"<sup>[1]</sup>

- मा.नि./ आम्लपित्त टीका

### MATERIALS AND METHODS

Study design – Single clinical case study. Study Place - OPD Ayurved Hospital.

Informed consent was taken from the patient.

### CASE PRESENTATION

#### Chief Complaints

Sour belching since 3 months.

Burning sensation in epigastric region since 3months

Loss of appetite since 2 month

Occasional nausea since 3 months.

**History Of Present Illness**

A 35 year male patient who is office worker was apparently healthy three months ago when he gradually started experiencing frequent episodes of sour belching and a burning sensation in the epigastric region, particularly after meals. The symptoms were insidious in onset and progressively increased in severity over time. He also developed loss of appetite and occasional nausea during the same period. The burning sensation and acid regurgitation were notably aggravated by the consumption of spicy and oily foods. The patient reports irregular meal timings and follows a sedentary lifestyle, which appear to contribute to the worsening of symptoms. There is no history of vomiting, hematemesis, melena, fever, significant weight loss, diabetes mellitus, hypertension, or any other major illness. Due to the persistence of symptoms for the past three months, he presented for evaluation and management.

**Past History**

No history of diabetes or hypertension. No previous major illness.

**History**

Mixed diet, Irregular meal timings, Disturbed sleep, Sedentary lifestyle.

**EXAMINATION****Ashtavidha Pariksha**

**Nadi:** Pitta-Kaphaja

**Mutra:** Normal

**Mala:** Slight constipation

**Akruti:** Madhyama

**Shabda:** Normal

**Sparsa:** Ushna

**Drik:** Normal

**Jihva:** Saama

**Dashavidha Pariksha**

**Prakriti:** Pitta-Kapha

**Vikriti:** Pitta Pradhana

**Sara:** Madhyama

**Pramana:** Madhyama

**Satva:** Madhyama

**Samhanana:** Madhyama

**Satmya:** Madhyama

**Ahara Shakti:** Avara

**Vyayama Shakti:** Avara

**Vaya:** Madhyama

**NIDANA PANCHAK****Nidana**

विरुद्धदृष्टाम्लविदाहिपित्तप्रकोपिपानान्नभुजो विदग्धम् ।

पित्तं स्वहेतुपचितं पुरा यत्तदम्लपित्तं प्रवदन्ति सन्तः ॥<sup>[4]</sup>

-मा.नि.उ. ५१/९

Excessive spicy and oily food, Irregular eating habits, Mental stress,

**Purvarupa**

Avipaka, Aruchi,

**Rupa**

अविपाककमोक्त्वेशतिक्राम्लोद्गारगौरवैः ।

हृत्कण्ठदाद्दारुचिभिश्राम्लपित्तं वदेद्विषक् ॥ २ ॥

तृड्दाहमूर्च्छाभ्रममोहकारि प्रयात्यथो वा विविधप्रकारम् ।

हल्लासकोठानलसादहर्षस्वेदाङ्गीतत्वकरं कदाचित् ॥३॥<sup>[5]</sup>

-मा.नि.उ ५१/२

Amlodgara, Hrit-Kantha Daha, Utklesha, Upashaya, Relief after taking cold food and milk.

**Samprapti**

वातादयः प्रकुप्यन्ति तेषामन्यतमो यदा ।

मन्दीकरोति कायाग्निमग्नौ मार्दवमागते ॥ ७ ॥

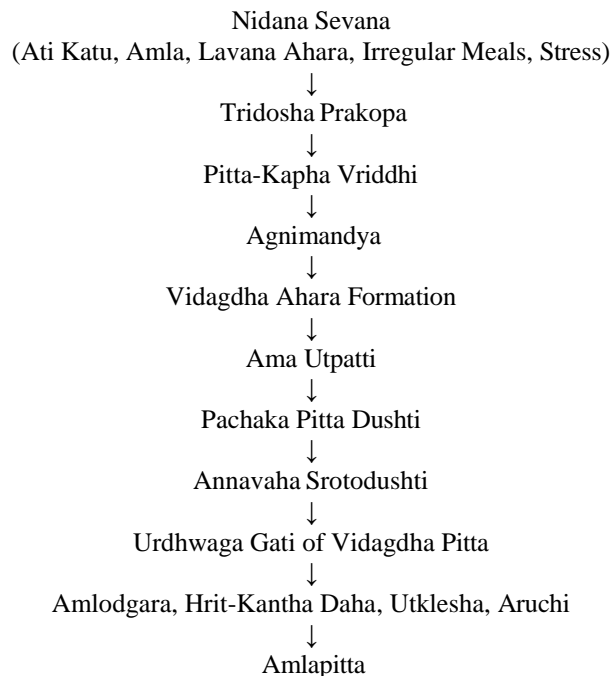
एतान्येव तथा भूयः सेवमानस्य दुर्मतेः ।

यत्किञ्चिदर्शितं पीतं देहिनस्तद्धि दहति ॥ ८ ॥

विदग्धं शुक्ततां याति शुक्तमामाशये स्थितम् ।

तदम्लपित्तमित्याहुर्भूयिष्ठं पित्तदूषणात् ॥९॥<sup>[6]</sup>

-का. खि. १६/७-९



**AYURVEDIC ANALYSIS****Dosha**

Pradhana Dosha: Pitta (Pachaka Pitta) Anubandha Dosha: Kapha

Vata Involvement: Samana Vayu and Udana Vayu

**Justification**

- Amlodgara, Hrit-Kantha Daha indicate Pitta Prakopa.
- Utklesha, Aruchi, Saama Jihva indicate Kapha involvement.
- Urdhwaga manifestation in the form of sour belching suggests Udana Vayu Dushti.<sup>[7]</sup>

**Dushya**

- Rasa Dhatu
- Anna Rasa
- Kleda

**Justification**

Improper digestion due to Agnimandya leads to formation of Vidagdha Anna and Ama, primarily affecting Rasa Dhatu and producing excess Kleda.<sup>[8]</sup>

**Agni**

Jatharagni: Mandagni

Nature of Agni: Vishamagni progressing towards Tikshnagni due to aggravated Pitta.<sup>[9]</sup>

**Evidence**

- Avipaka
- Aruchi
- Utklesha
- Amlodgara

**Ama**

Present (Saama Avastha)

**Evidence**

- Saama Jihva
- Aruchi
- Avipaka
- Utklesha

**Srotasa Involved<sup>[10]</sup>**

- Pradhana Srotasa: Annavaha Srotasa Moola:
  - 1) Amashaya
  - 2) Vama Parshva
- Anubandha Srotasa: Rasavaha Srotasa

**Srotodushti Prakara<sup>[11]</sup>****Annavaha Srotasa Sanga - Due to Agnimandya and Ama formation.**

- Vimarga Gamana - Urdhwaga movement of Vidagdha Pitta causing Amlodgara.
- Rasavaha Srotasa Sanga - Due to impaired digestion and Ama formation.

**Udbhava Sthana:** Amashaya

As Amlapitta is primarily an Amashayagata Vyadhi with origin in the upper gastrointestinal tract.<sup>[12]</sup>

**Sanchara Sthana:** Annavaha Srotasa

**Adhithana:** Amashaya and Urdhwa Annavaha Marga<sup>[13]</sup>

**Roga Marga:** Abhyantara Roga Marga<sup>[14]</sup>

**Vyakta Sthana :** Amashaya Manifested as:

- Amlodgara
- Hrit-Kantha Daha
- Utklesha
- Aruchi

**Roga Swaropa:** Pittapradhana Tridoshaja Vyadhi<sup>[15]</sup>

With predominance of:

- Pachaka Pitta Dushti
- Kledaka Kapha Dushti
- Samana Vayu Vaigunya

**DISCUSSION**

Amlapitta is a Pitta-pradhana disorder of Annavaha Srotasa resulting from Agnimandya and subsequent formation of Vidagdha Ahara. In the present case, the patient presented with classical features of Urdhwaga Amlapitta such as Amlodgara, Hrit-Kantha Daha, Aruchi, and occasional Utklesha. The history revealed significant Nidana Sevana in the form of irregular meal timings, excessive intake of spicy and oily foods, disturbed sleep, mental stress, and a sedentary lifestyle, all of which are recognized etiological factors for Amlapitta.

According to Ayurvedic principles, continuous exposure to these causative factors leads to vitiation of Doshas, predominantly Pachaka Pitta and Kledaka Kapha. Agnimandya develops initially, resulting in improper digestion of food and formation of Ama and Vidagdha Ahara. The vitiated Pitta acquires excessive Amla and Drava Guna, producing symptoms such as sour belching and burning sensation. The involvement of Kapha is evident from Aruchi, Utklesha, and Saama Jihva, indicating the presence of Ama.

From a contemporary perspective, the symptoms resemble hyperacidity or gastroesophageal reflux-related disorders, where excess gastric acid secretion and reflux produce epigastric burning and acid regurgitation. The Ayurvedic concept of Vidagdha Pitta closely correlates with this pathological process. Thus, the case demonstrates the applicability of Nidana Panchaka, Dosha-Dushya analysis, and Samprapti understanding in establishing a comprehensive Ayurvedic diagnosis.

**CONCLUSION**

The present case was diagnosed as Urdhwaga Amlapitta based on classical Ayurvedic diagnostic parameters

including Nidana Panchaka, Ashtavidha Pariksha, Dashavidha Pariksha, and Samprapti analysis. Improper dietary habits, irregular meal timings, disturbed sleep, stress, and sedentary lifestyle resulted in Agnimandya, Ama formation, and aggravation of Pachaka Pitta and Kledaka Kapha. The disease primarily involved Annavaha Srotasa with Amashaya as the Udbhava Sthana and Adhithana.

This case highlights the importance of a systematic Ayurvedic diagnostic approach in understanding disease pathogenesis and identifying the underlying Dosha, Dushya, Agni, and Srotasa involvement. Accurate diagnosis through Roganidana facilitates appropriate treatment planning and emphasizes the significance of dietary and lifestyle modifications in the prevention and management of Amlapitta.

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