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ASAYAPAKARSA: A DIAGNOSTIC PERSPECTIVE IN ATYPICAL AMLAPITTA

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1. INTRODUCTION

1.1 Ayurvedic Diagnostic Approach

Ayurvedic diagnosis is a comprehensive process directed towards understanding both the disease (*Roga*) and the individual in whom it manifests (*Rogī*). Rather than relying solely on presenting symptoms, it considers the involved *Doṣa*, affected *Dūṣya* and *Srotas*, the relevant *Sthāna/Āśaya*, and the sequence of disease formation (*Samprāpti*). The *Nidāna Pañcaka—Nidāna, Pūrvarūpa, Rūpa, Upaśaya,* and *Samprāpti*—provides a systematic framework for understanding disease from its causative factors to its clinical expression and pathogenesis.

Thus, diagnosis is not limited to identifying where a symptom is present, but also requires understanding which *Doṣa* is involved, where it is situated, and how it has reached or affected that site. The clinical expression of a *Doṣa* may vary according to its location, association, and movement. Hence, the observed site of manifestation may not always represent the primary site of *Doṣa* involvement. This becomes particularly important in conditions such as atypical *Amlapitta*, where the clinical presentation may not fully correspond to the expected site or pattern of the involved *Doṣa*.

1.2 *Doṣa Gati*

The understanding of *Doṣa* in Ayurveda extends beyond its state of vitiation to include its site and movement within the body. Although *Doṣas* have their natural sites and functional patterns, their distribution and movement may change in disease. Caraka describes *Doṣa Gati* in *Sūtrasthāna* 17 through the concepts of *Prakṛta* and *Vikṛta Gati*, along with changes in *Kṣaya, Sthāna* and *Vṛddhi*, directions such as *Ūrdhva, Adhaḥ* and *Tiryak*, and movement between *Śākhā, Koṣṭha* and *Marmāsthisandhi*.

While *Prakṛta Gati* represents the normal movement and distribution of *Doṣas*, *Vikṛta Gati* refers to their abnormal movement associated with disease. Consequently, pathological manifestation depends not only upon the *Doṣa* involved but also upon its location and movement. When a *Doṣa* moves away from its usual site, it may interact with different *Dūṣya* and *Srotas*, potentially producing manifestations that differ from those expected at its normal location.

Therefore, the site at which a disease becomes clinically evident cannot always be interpreted independently of the movement of the involved *Doṣa*. Diagnostic interpretation requires attention to the relationship between the manifested site and the underlying *Doṣa–Sthāna*. Among the various patterns of abnormal *Doṣa* movement, *Āśayāpakarṣa* becomes particularly relevant when a *Doṣa* is displaced from its expected *Āśaya*, providing a possible explanation for manifestations that appear discordant with its usual site. This forms the conceptual basis for examining *Āśayāpakarṣa* as a diagnostic consideration in atypical disease presentations.

1. *Āśayāpakarṣa*: Classical Concept, Pathogenesis and Diagnostic Significance

2.1 Etymology

The term *Āśayāpakarṣa* comprises *Āśaya* and *Apakarṣa*. *Āśaya* refers to the seat, abode, or usual site in which a *Doṣa* is situated, while *Apakarṣa* denotes drawing away or displacement from a particular position. Thus,

Āśayāpakarṣa denotes the displacement of a *Doṣa* from its physiological *Āśaya*.

2.2 Classical Basis

A classical description of the phenomenon underlying *Āśayāpakarṣa* is found in the discussion of *Doṣa* disturbance. While describing the consequences of different combinations of *Doṣa Vṛddhi* and *Kṣaya*, Caraka describes the displacement of normally situated *Pitta* by *Vāta* when *Kapha* is diminished:

Prakṛtisthaṃ yadā pittaṃ mārutaḥ śleṣmaṇaḥ kṣaye |
Sthānād ādāya gātreṣu yatra yatra visarpati ||
Tadā bhedaś ca dāhaś ca tatra tatrānavasthitaḥ |
Gātradeśe bhavaty asya śramo daurbalyam eva ca ||

The passage describes that, when *Kapha* is diminished, *Vāta* draws *Pitta*, which is in its normal state, away from its *Sthāna* and carries it to different parts of the body. At the sites to which it is carried, manifestations such as *Bheda* and *Dāha*, along with *Śrama* and *Daurbalya*, are produced. Thus, the verse directly describes a change in the location of a normally situated *Doṣa* and the consequent manifestation of symptoms at the new site.

The *Vidyotinī* commentary of Kāśīnātha Pāṇḍeya and Gorakhanātha Caturvedī explicitly identifies this pathological state as *Āśayāpakarṣa*. The commentary explains that a *Doṣa* in its normal state is drawn away from its own site by aggravated *Vāta* and carried to another location, where it produces pathological manifestations.

The classical passage provides the textual description of the phenomenon, while the commentary provides an explicit conceptual interpretation of that phenomenon as *Āśayāpakarṣa*.

2.3 *Doṣa–Āśaya* Relationship and Diagnostic Significance

In Ayurveda, the relationship between a *Doṣa* and its usual *Āśaya* or *Sthāna* is relevant to understanding its clinical expression. The manifestation of a *Doṣa* is influenced not only by its state but also by the site in which it is situated and its association with the local *Dūṣya* and *Srotas*.

In *Āśayāpakarṣa*, this usual relationship is altered, as the *Doṣa* is displaced from its physiological *Āśaya*. This is conceptually distinct from *Doṣa Vṛddhi*: while *Vṛddhi* primarily denotes an increased or aggravated state of a *Doṣa*, *Āśayāpakarṣa* primarily concerns its altered localization. These concepts may coexist, but displacement should not be understood merely as another expression of *Doṣa* increase. Consequently, a *Pitta*-like manifestation appearing at an unusual site should not automatically be interpreted as primary *Pitta Vṛddhi* at that site.

This distinction shifts the diagnostic enquiry from simply asking, "Which *Doṣa* explains this symptom?" to also considering whether the *Doṣa* is actually aggravated at the site or whether its presence there may be related to an altered *Doṣa–Āśaya* relationship.

2.4 Pathogenesis and Role of *Vāta*

Vāta is associated with movement and propulsion within the body, and its *Chala* property reflects its mobile nature. When *Vāta* becomes aggravated, its abnormal movement may disturb the normal localization of other *Doṣas*. Thus, the role of *Vāta* in *Āśayāpakarṣa* is not merely that of an associated *Doṣa*, but that of a factor capable of altering the location of another *Doṣa*.

This relationship is directly illustrated in the classical description discussed above. Caraka describes *Prakṛtistha Pitta* being taken away from its *Sthāna* by *Māruta* and carried to different parts of the body. The *Vidyotinī* commentary further explains this as movement of a *Doṣa* from its own site to another location under the influence of *Vāta*. A similar displacement of *Kapha* is also described in the same context. Thus, the classical account provides the basis for understanding *Vāta* as the factor responsible for the displacement of a normally situated *Doṣa*.

Conceptually, the process may therefore be understood as a sequence of *Vāta Prakopa* and abnormal movement, followed by displacement of the *Doṣa* from its physiological *Āśaya* and relocation to another *Sthāna*. At the altered site, the displaced *Doṣa* may interact with the local *Dūṣya* and *Srotas*, and its clinical expression may consequently be influenced by this altered localization.

2. *Amlapitta* : Classical Understanding

3.1 Etymology and Definition

The term *Amlapitta* is explained through its association with *Amla* and *Pitta*. The *Nirukti* describes it as "*amlaṃ ca pittam amlapittam*," while the *Madhukośa* further characterizes it as *Pitta* that has undergone *Vidagdhatva* and acquired an *Amla* character. A more specific description is provided by *Mādhava Nidāna*, which describes *Amlapitta* in relation to *Pitta* undergoing *Vidagdhatva* following exposure to factors capable of provoking or disturbing *Pitta*.

The description establishes *Vidagdha Pitta* as a central feature in the classical understanding of *Amlapitta*. The verse also indicates the role of *Pitta*-provoking dietary and other causative factors in the development of this altered state.

Amlapitta is also referred to in other classical sources. *Caraka Saṃhitā* mentions *Amlapitta* in the context of *Grahāṇī Cikitsā Adhyāya*, while *Kāśyapa Saṃhitā* refers to the condition as *Śukta*.

3.2 *Samprāpti* and Classical Clinical Manifestations

The classical development of *Amlapitta* may be understood as a sequence beginning with relevant *Nidāna*, followed by disturbance of *Pitta* and *Agni*, and

culminating in the manifestation of characteristic *Rūpa*. The classical text describes *Pitta Sañcaya*, followed by *Pitta Vṛddhi* and *Prakopa*, with subsequent development of *Vidagdhatva* and predominance of *Amla-bhāva*. *Āmāśaya* is described as the principal *Adhiṣṭhāna*, with *Annavaha Srotas* involved in the disease process; *Rasa* and *Rakta Dhātu* are identified among the associated *Dūṣya*, while *Mandāgni* and *Vimārgagamana* form relevant components of the *Samprāpti*.

The characteristic clinical manifestations described by *Mādhava Nidāna* include *Avipāka, Klama, Utkleśa, Tiktāmla Udgāra, Gaurava, Hṛt-kaṇṭha-dāha,* and *Aruci*, representing the characteristic clinical expression described in the classical text. The subsequent verses further describe manifestations associated with the clinical subdivisions of *Amlapitta*.

3.3 Global and Indian Prevalence of GERD

Gastroesophageal reflux disease (GERD/GORD) is one of the most common gastrointestinal disorders worldwide. A systematic review and meta-analysis including **102 studies from 37 countries and 469,899 participants** reported a pooled global prevalence of **13.98%**. Based on the 2017 UN world population estimate of **7,383,008,820**, the estimated number of individuals affected was **1,032,144,633**, approximately **1.03 billion people**.

Calculation

7,383,008,820 × 13.98 / 100 = 1,032,144,633

Thus, approximately **1.03 billion individuals worldwide** were estimated to have GORD in this analysis.

More recent Global Burden of Disease 2021 data estimated **825.60 million prevalent GERD cases globally in 2021**, with the global burden increasing substantially since 1990.

Table 1: Global Epidemiological Estimates of GERD/GORD.

Parameter	Data
Studies included in global meta-analysis	**102**
Countries represented	**37**
Participants	**469,899**
Global pooled GORD prevalence	**13.98%**
Population used for global estimate	**7,383,008,820**
Estimated global GORD population	**1,032,144,633 (~1.03 billion)**
GBD 2021 estimated prevalent GERD cases	**825.60 million**

For India, a meta-analysis of **9 population-based studies involving 20,614 participants** reported a pooled GERD prevalence of **15.57% (95% CI: 11.05–20.71%)**. Reported prevalence among individual Indian studies ranged from **5% to 28.5%**.

Table 2: GERD Prevalence in the Indian Population.

Parameter	Data
Studies included	**9**
Total participants	**20,614**
Pooled Indian GERD prevalence	**15.57%**
Range among individual studies	**5–28.5%**

3.4 Evidence for Dietary Involvement in GERD

Dietary and eating-related factors have been repeatedly associated with GERD. A systematic review including **72 studies** identified several dietary and lifestyle factors associated with GERD, including very hot food, high-fat dietary intake, rapid eating, and eating beyond fullness.

Another systematic review examining dietary intake and reflux disease identified associations with **high-fat, spicy, fried, salty, citrus and carbonated foods**.

Evidence from intervention studies also supports a relationship between dietary modification and GERD-related outcomes. A systematic review and meta-analysis of dietary interventions included **21 intervention studies**, including randomized controlled trials examining high-fat diets, carbohydrate composition, eating speed and other dietary interventions.

These findings demonstrate that dietary factors are important in the occurrence and aggravation of reflux-related symptoms and provide a contemporary parallel to the Ayurvedic concept of *Pitta-Prakopaka Ahāra*.

3.5 Ayurvedic Evidence for *Pitta-Prakopaka Ahāra-Vihāra*

In Ayurveda, *Amlapitta* is described in association with disturbance of *Pitta* and *Agni*, with *Pitta-Prakopaka Ahāra-Vihāra* functioning as important *Nidāna*. Clinical studies demonstrate frequent exposure to such factors among patients with *Amlapitta*.

A study by Baragi and Vyas involving **138 patients with *Urdhwaga Amlapitta*** reported the following dietary factors:

Table 3: Dietary *Nidāna* reported in *Urdhwaga Amlapitta*.

Ahāra Nidāna	Patients	Percentage
Katu Ahāra	137/138	**99.3%**
Amla Ahāra	132/138	**95.65%**
Guru Ahāra	125/138	**90.57%**
Snigdha Ahāra	119/138	**86.23%**
Viruddha Ahāra	113/138	**81.88%**
Abhiṣyandi Ahāra	113/138	**81.88%**

Ati-Uṣṇa Āhāra	102/138	**73.90%**
Vidāhi Āhāra	71/138	**51.44%**
Piṣṭānna	65/138	**47.10%**
Non-vegetarian diet	62/138	**44.92%**

Another clinical study reported *Pitta-Prakopaka Āhāra* in **80%** of patients with *Amlapitta*. Other reported factors included *Ati-Uṣṇa Āhāra* (**72.5%**), *Ati-Guru Āhāra* (**65%**), *Ajīrṇa-producing Āhāra* (**57.5%**), *Ati-Amla Āhāra* (**55%**) and *Vidāhi Bhojana* (**52.5%**). *Vegavidharana* was reported in **90%** and *Divāsvāpa* in **62.5%** of patients.

Table 4: Reported *Pitta-Prakopaka Nidāna* in an *Amlapitta* clinical study.

Nidāna	Percentage
Pitta-Prakopaka Āhāra	**80%**
Ati-Uṣṇa Āhāra	**72.5%**
Ati-Guru Āhāra	**65%**
Ajīrṇa-producing Āhāra	**57.5%**
Ati-Amla Āhāra	**55%**
Vidāhi Bhojana	**52.5%**
Vegavidharana	**90%**
Divāsvāpa	**62.5%**

Thus, Ayurvedic clinical evidence demonstrates that recognizable *Pitta-Prakopaka Āhāra-Vihāra* are frequently present among patients diagnosed with *Amlapitta*, supporting the classical understanding of *Nidāna* involvement.

3.6 Interpretation of *Pitta-Prakopaka Āhāra* and the Possibility of Altered *Doṣa* Localization

Dietary factors are frequently reported in GERD and *Amlapitta*, particularly *Pitta-Prakopaka Āhāra* such as *Katu*, *Amla*, *Guru*, *Snigdha*, *Uṣṇa* and *Vidāhi Āhāra*. Clinical evidence also indicates that *Pitta-Prakopaka Āhāra* is an important dietary factor associated with Amlapitta. In a clinical study involving **40 patients with *Amlapitta*, *Pitta-Prakopaka Āhāra* was reported in 80% of patients**, while **20% did not report *Pitta-Prakopaka Āhāra* as the identified dietary factor**. In these selected atypical presentations, the classical concept of *Āśayāpakarṣa* may be considered as one possible explanation for altered expression of *Pitta*.

From the perspective proposed in this review, the **20% of patients represent a subset in which the expected *Pitta-Prakopaka* dietary association was not reported**, thereby providing a clinical context in which alternative *Samprāpti* mechanisms may be considered. One such possibility is *Vāta-mediated* alteration of *Doṣa Gati*, resulting in displacement of *Pitta* from its physiological *Āśaya*. In such cases, a *Pitta*-related manifestation at an unexpected site may not necessarily represent primary Pitta Vṛddhi at that site, but may potentially reflect altered localization of *Pitta*.

Proposed conceptual sequence in selected atypical presentations:
***Vāta Prakopa* → *Vikṛta Doṣa Gati* → *Āśayāpakarṣa* → displacement of *Pitta* from its physiological *Āśaya* → altered localization of *Pitta* → atypical clinical manifestation.**

Thus, *Āśayāpakarṣa* is a possible diagnostic explanation for selected atypical presentations of *Amlapitta*, particularly where the manifested clinical features do not adequately correspond to the expected *Pitta–Āśaya–Rūpa* relationship.

Table 5: Distribution of Patients According to Reported *Pitta-Prakopaka Āhāra*.

Reported dietary association	Patients (n=40)	Percentage
Pitta-Prakopaka Āhāra reported	32	80%
Pitta-Prakopaka Āhāra not reported	8	20%
Total	**40**	**100%**

4. *Āśayāpakarṣa* as a Diagnostic Perspective in Atypical *Amlapitta*

4.1 Reconsidering the Site of Manifestation

The classical presentation of *Amlapitta* provides a recognizable *Doṣa–Sthāna–Rūpa* pattern. When a manifestation appears discordant with this pattern, however, its interpretation should not rest on the symptom alone. In particular, a *Pitta*-like manifestation does not necessarily indicate *Pitta Vṛddhi* at the site where it is observed.

This distinction is particularly significant in the *Āśayāpakarṣa* described by Caraka. The *Vidyotinī* commentary of Paṇḍit Kāśīnātha Śāstrī Pāṇḍeya and Dr. Gorakhanātha Caturvedī explains that *Prakṛtistha Pitta* is displaced from its own *Sthāna* by aggravated *Vāta* and produces *Dāha* at another site. Thus, the presence of a *Pitta*-like manifestation at a particular site does not by itself establish *Pitta Vṛddhi* there.

The commentary further cautions that failure to recognize this displacement may lead to *Pitta*-directed measures, whereas the appropriate approach is to pacify the aggravated *Vāta* and restore *Pitta* to its own *Sthāna*.

4.2 Relevance to Atypical *Amlapitta*

This principle becomes relevant when the clinical manifestation of *Amlapitta* does not adequately correspond with its expected *Doṣa–Sthāna* relationship. The question is then not simply whether the manifestation resembles *Pitta*, but whether *Pitta* is actually increased at that site or has reached the site through an altered process of localization.

The relevant verses in *Caraka Saṃhitā of Agniveśa* reinforce the importance of understanding the *Vikāra, Adhiṣṭhāna,* and *Samutthāna* before deciding on management.

Applied cautiously to this review, the classical principle raises the possibility that selected atypical manifestations of *Amlapitta* may require consideration of altered *Pitta* localization rather than assuming *Pitta Vṛddhi* alone.

4.3 Illustrative Clinical Application

Consider a patient with recurrent acidity-like manifestations who continues to experience symptoms despite appropriate *Pitta*-oriented management. Instead of simply intensifying the same approach, the clinician may reassess the *Samprāpti, Doṣa Gati*, and *Doṣa–Āśaya* relationship.

If the overall assessment suggests that the manifestation may not be adequately explained by *Pitta Vṛddhi*, the classical principle of *Āśayāpakarṣa* may be considered as one possible explanation.

5. Diagnostic Implications and Scope

5.1 Avoiding Site-Based Diagnostic Interpretation

In selected atypical presentations, diagnostic interpretation based primarily on the site of manifestation may lead to an incomplete understanding of the underlying *Doṣa* involvement.

Diagnostic error or misdiagnosis may potentially arise when clinicians address symptoms at the displaced site without considering the possibility of altered *Doṣa* localization.

5.2 Role of *Vāta* in Altered Localization

A symptom-based interpretation may be incomplete when the potential role of *Vāta* in altered *Doṣa* localization is not considered. Thus, when an apparently *Pitta*-dominant manifestation is observed at an unusual site, assessment should not be limited to the state of *Pitta* at that site, but should also consider whether *Vāta*-mediated displacement may have contributed to its presence there. Recognition of the role of *Vāta* therefore adds another dimension to diagnostic assessment.

5.3 Scope

The concept of *Āśayāpakarṣa* therefore may be considered as a diagnostic framework for reassessing selected atypical presentations: the site of manifestation should not be assumed to be the site of origin of the *Doṣa* disturbance. Assessment of *Doṣa, Āśaya, Gati,* and *Samprāpti*, together with *Upaśaya* and treatment response, may help in such reassessment.

6. CONCLUSION

Āśayāpakarṣa highlights that the clinical expression of a *Doṣa* may be influenced not only by its state but also by its localization. The classical description of *Vāta*-mediated displacement provides a basis for understanding why a manifestation at an unusual site may not always indicate primary *Doṣa Vṛddhi* at that site.

In the context of atypical *Amlapitta*, consideration of *Āśayāpakarṣa* may therefore help in interpreting discordant clinical presentations by directing attention from the manifested symptom towards the underlying *Doṣa–Āśaya* relationship and *Samprāpti*. Thus, *Āśayāpakarṣa* may be regarded as a useful diagnostic perspective for selected atypical presentations.

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