RELATIONSHIP AMONG AMLAPITTA AND LIFESTYLE AND ITS TREATMENT THROUGH LIFESTYLE MANAGEMENT

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Abstract
Among the various diseases that appear due to deviations in lifestyle, one of the diseases related to the stomach and oesophagus is also hyperacidity. The presented study is the relationship between amlapitta and lifestyle and its treatment through lifestyle management. There are mainly three problems in the study of lifestyle management for the treatment of amlapitta- What are the relationships between amlapitta and lifestyle? What aspects of lifestyle can cure amlapitta? And how can it be established that the treatment of amlapitta is through lifestyle management? There are the following three objectives to solve this problem- to analyze the relationship between amlapitta and lifestyle, to present alternative treatment methods for amlapitta by directly practising aspects of lifestyle management, and to establish recognition based on the facts that amlapitta can be treated by lifestyle management. In the present study, there are 120 people in the treatment group and 40 people in the control group, a total of 160 people related to amlapitta. Interview, rating scale and direct practice method are followed. Data is presented using tables, bar diagrams and pie charts. APA 7 method and SPSS application are used. The study is limited only to the urban area of Kawasoti and Madhyabindu municipality and the hilly area of Hupsekot village of Nawalpur district. Based on the research that focused on the 11 problems included in its study, it was found that amlapitta was cured by lifestyle management in three groups, while no improvement was found in the control group.

Keywords: Hyperacidity, non-ulcer dyspepsia, sedentary lifestyle, GERD.

Introduction

A chronic disease called amlapitta is known as hyperacidity, which is a disease in which the acid in the stomach goes back up through the oesophagus. It is caused due to deviations in people's lifestyle. It is related to the stomach and alimentary canal. It causes indigestion, heartburn, heart pain, loss of appetite, etc. due to the imbalance of stomach acid. Due to the high acid content in the stomach, it reaches the mouth through the alimentary canal. It also affects the soft surface of the oesophagus. The problem can be easily identified based on the symptoms and can be cured if common measures are adopted.

Amlapitta- the burning problem of the present era was first described in detail in Kashyapa Samhita. Amlapitta is not mentioned in our

Vedic literature. Even Acharya Charaka and Sushruta have not mentioned about the disease. Amlapitta can be compared with hyperacidity or GERD. Nowadays, changes in lifestyle and dietary habits have increased the prevalence of this disease worldwide. In the 21st century, man is unable to follow basic principles like 'Dinacharya' and 'Ritucharya' because of his fast lifestyle. (Purani, 2017, p. 28)

Based on the belief that amlapitta is caused by an unhealthy lifestyle can be easily cured by lifestyle management. This study has been done under the title of treatment of amlapitta through lifestyle management. During the study, following the descriptive method, direct visits to patients with amlapitta to find out their habits related to amlapitta and lifestyle. A conclusion has been reached by questioning various aspects. The conclusion has been established by conducting an experimental practice that the treatment of amlapitta can be done by allowing patients to openly express their problems without hesitation and manage their lifestyle. Out of the 266 patients with amlapitta found during the selection of the patients in the purposive pattern, 160 were classified into four groups at the rate of 40/40 for treatment.

Under the treatment group for amlapitta, group A was treated with food management, B was treated with various asanas and meditation, C was treated with food, both asana and meditation, and D was kept in the control group. Although this study was for a month, they were monitored and evaluated for 15 days, 1 month and 45 days to see if there was any improvement. Without starting the treatment of the selected patients, the laboratory tests were done free of charge and after 30 days, only the previously tested samples were tested again. For this, routine tests of stool and urine, and only CBC, urea and creatine were tested in blood.

The main achievement of the presented study is to establish the belief that the treatment of amlapitta is also possible through lifestyle management. For this, eating simple food, daily yoga asanas and physical activity, meditation and relaxation are useful. This study conducted in the age group of 15 to 44 years showed that the disease is more common due to irregular diet, less rest than exertion, unnatural eating style and stress.

Theoretical Perspectives and Existing Literature

Ghosh and Baghel, in a research article published in 2015, studied the Impact of erratic lifestyles on hospital-attending patients of amlapitta; eating more food, eating foods that are difficult to digest, eating hot or spicy foods, drinking more water during meals, being busy while eating. It has been concluded that hyperacidity is caused by eating irregular meals, sleeping during the day and staying awake at night, being eager to eat, feeling anxious, having fear in the mind, eating stale food, and sleeping immediately after eating.

Chronic diet-related diseases are on the rise around the world due to new lifestyles and eating habits. Gastrointestinal disturbances are increasing. Among them, non-ulcer dyspepsia, a gastrointestinal tract disorder etc. has acquired a majority of the share. (Baragi, U.C. & Vyas, M. K.,2013, p.352)

Acharya Madhavakara says that-

> increased pitta is an aggravating factor responsible for hyperacidity disease. Those who take proper diet and drinks live a long life and those not doing so die prematurely. Proper maintenance of the power of digestion also depends upon the intake of a proper diet (Baragi, U.C. & Vyas, M. K.,2013, p.355).

After the review of these articles, as no data is available for Nepal a true estimate of the incidence of amlapitta cannot be made. However, it is assumed that the incidence not being low but high due to increasing urbanization, changes in food habits to junk and high-energy food, lack of physical activity, and a sedentary lifestyle (Steinberger & Daniels, 2003).

The researcher is unknown about the study of people's lifestyle and other behaviours affected by amlapitta in Nawalpur. People who are suffering from amlapitta are unaware that lifestyle changes have increased their problem and that it has had a direct effect on their health. Considering it is the main gap, the researcher has decided to focus on studying amlapitta-related people and their lifestyle, other related behaviours, and the impact it has on their health. People are not aware of the fact that amlapitta can be reduced even if they adopt the scientific behaviour of daily diet, exercise and stress management. No study has shown the fact that reasons such as eating food, staying at rest and not doing physical work are responsible for these, and the fact that various physical problems appear from amlapitta and that the problem lasts for a long time. In addition to this, programs to inform people to reduce amlapitta have not been implemented, which is a gap seen in studies and programs on amlapitta. This study is necessary to fill this main gap. So, the main objectives of this study are:

1. To analyze the relationship between amlapitta and lifestyle,
2. To practice the lifestyle management techniques and show the alternative treatment method of amlapitta and,
3. To establish the norms about the treatment of amlapitta through lifestyle management.

Methodology

This study has been done qualitatively or this study can be called an explanatory study. It has been done in a descriptive way to describe different aspects of the social, cultural and lifestyle of amlapitta-affected people. So, the main objective of this study was to study the lifestyle of amlapitta-affected people, and activities done for disease preventive measures. conclusions have been drawn by studying Eastern and Western perspectives, various treatment methods, and various books.

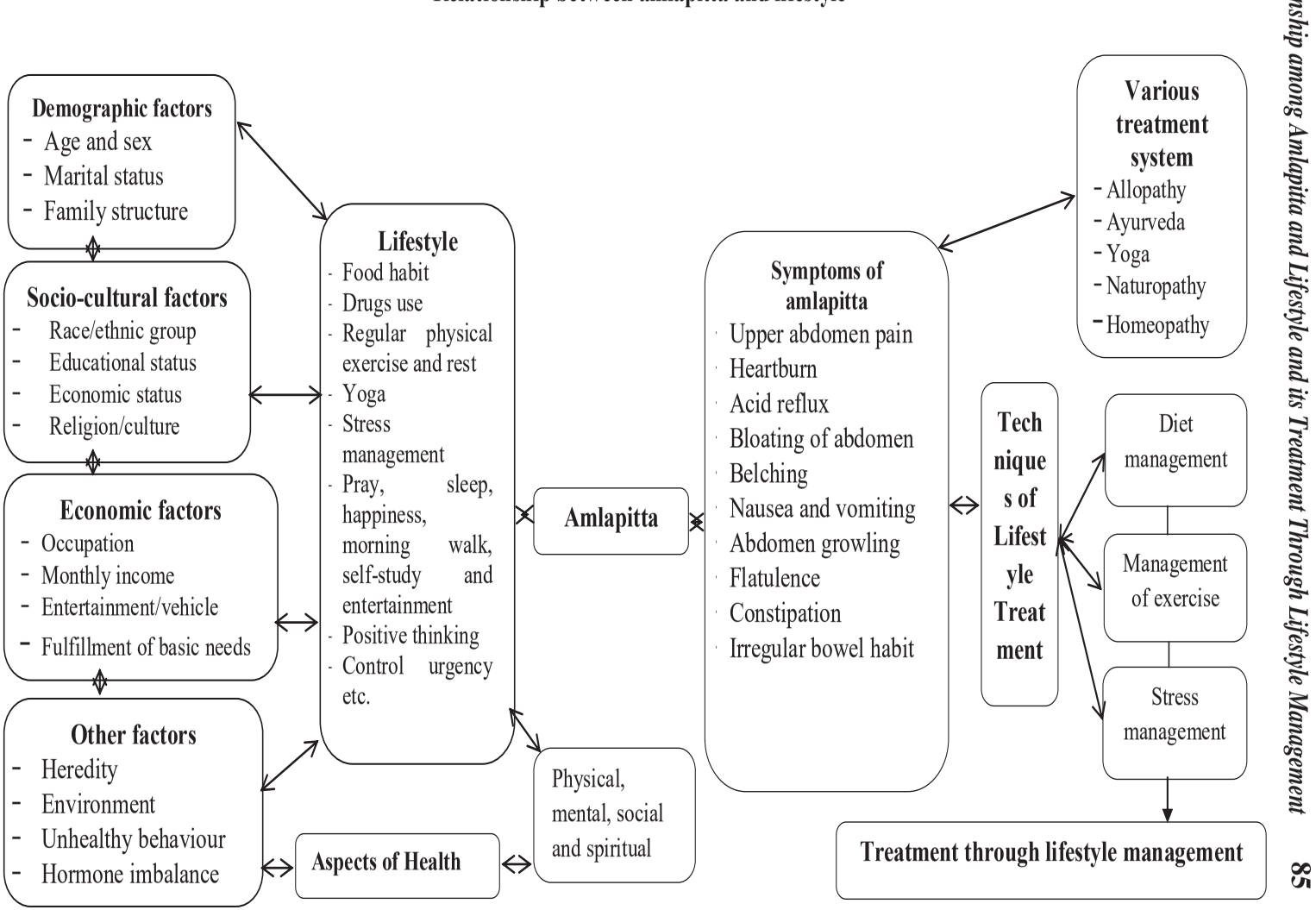
Research Design

In this study, first of all, independent variables and dependent variables are analyzed and identified. Identified independent variables are: Demographic factors, attraction to advertise, peer pressure, eating more junk or readymade food regularly, pregnancy, large family size, bad eating habit, lack of organic foods and vegetables, religion, occupation, economic status, educational status, social status, cultural influence etc. plays an important role to develop hyperacidity or amlapitta. Some dependent factors that affect human health which were included in this research, are Pain and burning sensation in the upper abdomen, acidic water coming back into the mouth, pain abdomen when hungry, nausea, abdomen bloating, belching and flatulence, constipation and mucus seen in stool.

In this study, the researcher prepared a conceptual framework for a clear vision. The model of the conceptual framework is presented here-

Table 1

Conceptual framework



Sample size and sampling method

Population and sample size were selected by purposive sampling method only with suspected amlapitta persons found during the survey period. The survey period was six months. The screening population reached 500 or above. Among them, 266 persons were suffering from amlapitta and the selected cases in this study were 160. Among them, the four groups A, B, C and D were divided with 40 persons in each group. The initial three groups were called the case group and the last group was called the controlled group. Among them, the first group practised food consumption and food behaviours, the second one practised Yoga asanas, Kunjal kriya and Meditation, the third group practised both food and Yoga asanas, and the control group practised its treatment system.

To select the sample size, an international rule was followed which was developed by Kim Cocks and David Torgerson in 2012 in their article which was published in the Journal of clinical epidemiology. Finally, the sample size was selected by the Schwartz formula.

Selection of study area

This field-based practical study was more difficult. The study area was selected in health institutions of Nawalpur district. Patients were selected from the rural hilly area of Hupsekot, some were remote areas of Madhyabindu and some urban areas from Kawasoti. The researcher wanted to know the different cultures, lifestyles and food habits of amlapitta patients. So, the research area was selected from different cultural groups.

Data collection procedure

The study was done in different health institutions of Kawasoti, Madhyabindu and Hupsekot of Nawalpur district. The research was based on a theoretical model and a convenience survey. The information was collected from primary data. The primary information was collected using a structured interview schedule as a research tool for the study. Sociodemographic information, medical history and lifestyle information were obtained from the interview schedule. For data collection, screening the cases, practical demonstration of the yoga asanas, giving counseling etc. done by the researcher himself and co-researchers (selected health workers). The researcher took the history of the patients, examined the suspected amlapitta cases and diagnosed the cases of amlapitta. Then, counsel for treatment of amlapitta without medication to the patient. If the patient follows the rules of this type of treatment; to take blood and stool samples, to take signature on the consent paper and the researcher can select his/her suitable group within the research time. If all the criteria are met, then the researcher could counsel the rules of treatment, give training on practising yoga asanas or Kunjal kriya, rules of meditation, timetable of selected food consumption and other necessary information to the patient.

Basis of selection of patients with amlapitta

Only people who were determined to have amlapitta during the examination of patients coming for treatment with symptoms of amlapitta were included as participants in this study. Those patients are defined as amlapitta only if they agree on at least 7 points when filling out the form filled by the researcher to diagnose amlapitta and if the symptoms are found by filling out the grading form filled by the patient himself about the condition of the current problem. Not all patients diagnosed in this way were included in the study. Those patients were included in the study only if they agreed on the lifestyle management and treatment method after various consultations. In addition, only patients aged 15 to 45 years were included in the study.

Similarly, patients who did not suffer from any chronic disease up to two months ago, and those who had a normal report during laboratory, stool, blood and urine tests, were included in the study. However, patients who were consuming drugs had stomach ulcers or serious diseases, were pregnant, had abdominal surgery, were taking injections for diabetes, and had hernia or uterine prolapse were not selected for the study.

Research tools

In this study, the researcher constructed an interview schedule based on amlapitta and lifestyle topics for screening the case, a self-filling rating scale questionnaire for respondents about their problem, a consent paper for commitment to the treatment, and four types of self-learning reading materials. The interview schedule included open and closed questions about what kind of behaviour the respondents are responsible for amlapitta. The interview schedule and all tools were pre-tested on 20 people and all the final research tools were prepared after correcting the shortcomings. During the study, a mercury sphygmomanometer and stethoscope were used to measure blood pressure, a bathroom scale weight machine was used to measure weight and inch tape was used to measure height also used as a research tool.

Validity and reliability

The data obtained from face-to-face meetings, interactions, direct inquiries and examination of patients can be said to be highly reliable and valid. A pre-tested structured interview schedule was completed by the researcher, and the rating scale was arranged to be completed immediately by the patient. It can be proved that the data obtained is valid and reliable. Likewise, to make this study logical, authentic and factual, the validity of various study methods and materials was maintained in the following manner-

The interview schedule was constructed by selecting only the necessary variables from a list used and tested in a naturopathic hospital, while the patient rating scale was taken from various lists used internationally (Talley, N. J. 1990, pp. 1460-1466). The material was applied in this study only after

making necessary modifications according to the Nepalese context. These materials were tested on 20 amlapitta-affected patients and necessary modifications in it.

Data analysis tools

The researcher analyzed the raw numerical data with coding in a tally sheet and used the SPSS application as the data analysis tool. After analyzing the data, the result is shown in the figure.

Data analysis and interpretation

The data analyzed from the SPSS program is presented in the table and its details are also explained in language. Frequency and percentage were calculated under descriptive statistics. As the study was qualitative, the researcher also asked several informal questions using the interview schedule. The answers to these questions are presented in an explanatory manner as they are impossible to show in the table and picture in this article.

Ethical consideration

During the interview and examination of the people, confidentiality was protected and the information was kept secret. The researcher committed to the respondents that the data would be secret and not be published anywhere.

Limitations

This study has been used only in the patients who came to the selected health institutions of Kawasoti and Madhyabindu Municipalities and Hupseket Village Municipality of Nawalpur District. Among the various methods used in the treatment of amlapitta, this study is mostly focused on traditional treatment methods and Ayurvedic methods of lifestyle management. In addition to Ayurveda, the presented lifestyle management focuses on the practice of natural medicine and Yoga practice methods.

This study focuses on food, exercise and stress management under lifestyle management. This study has been done focusing only on amlapitta disease among many diseases related to the stomach. After this study, while analyzing and presenting the results obtained from the 11 variables of the research, the main results were presented on an explanatory basis in tables and pictures, and since this study is descriptive, other methods of statistical analysis were not measured. Although this study is a topic that can be done in a clinical study in a large area, it could not be done with a large investment due to time, expense and manpower. As the respondents from various regions were represented, only the patients who come to the health institutions of those three places were planned to be studied because the hilly areas of Nawalpur district Hupsekot rural municipality, Kawasoti municipality in the urban area and Madhyabindu municipality where the backward tribes live.

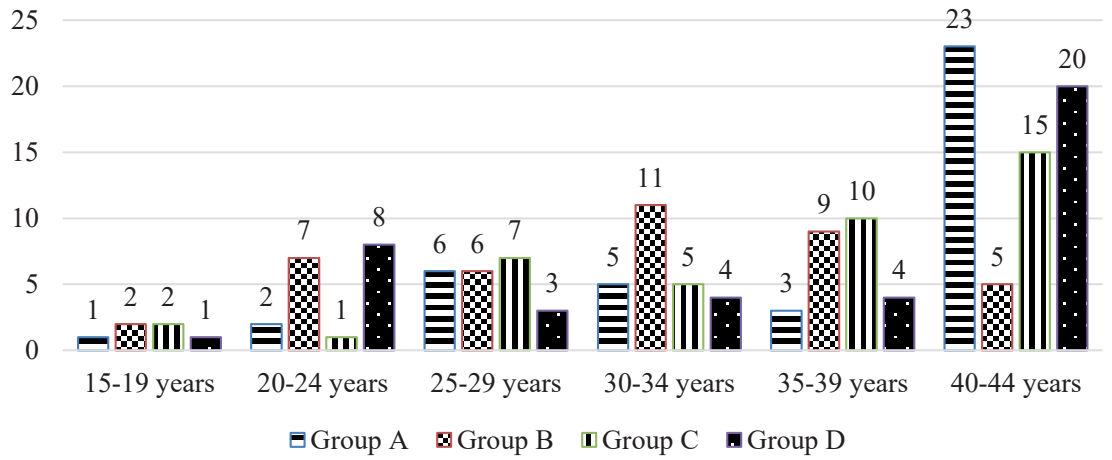
Results

The following results of the study represent the analysis of the study conducted by the researcher and the results drawn from it.

The age composition of respondents

According to the total of four groups included in this study, all groups were classified according to the age group of 5/5 years. Which is shown in the following bar diagram-

Figure 1
Age composition



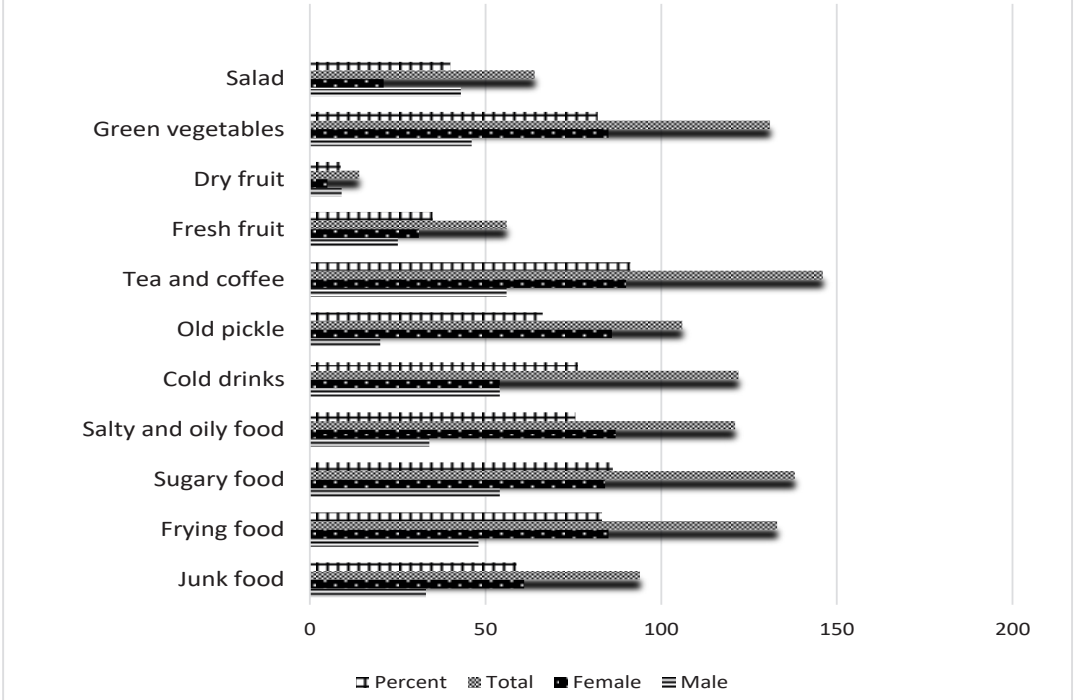
As shown in Figure 1, 39.38 percent of the age group with the highest incidence of amlapitta was 40-44 years and the lowest was 3.57 percent of 15-19 years. Because the age group below 15 years and above 45 years were not studied, the data is not shown.

Analyzing the age group presented by gender, in each 40/40 group study, males were 39.37 percent and females 60.63 percent. Among them, 35 percent of men and 65 percent of women were in Group 'A', 30 percent of men and 70 percent of women in Group 'B', 45 percent of men and 55 percent of women in Group 'C', and 47.5 percent of men and 52.5 percent of women in group 'D'.

Food habits of respondents

When studying the diet of 160 patients undergoing treatment for amlapitta, 52.38 percent of men and 62.88 percent of women eat junk food, 76.19 percent of men and 87.62 percent of women eat fried food, 76.25 percent of cold drinks, 66.25 percent of people who eat old pickles, tea and coffee drink 91.25 percent, 35 percent eat fresh fruit, 8.75 percent eat dry fruit, 81.87 percent eat green vegetables and 40 percent eat salad. The details of which are shown in Figure 2-

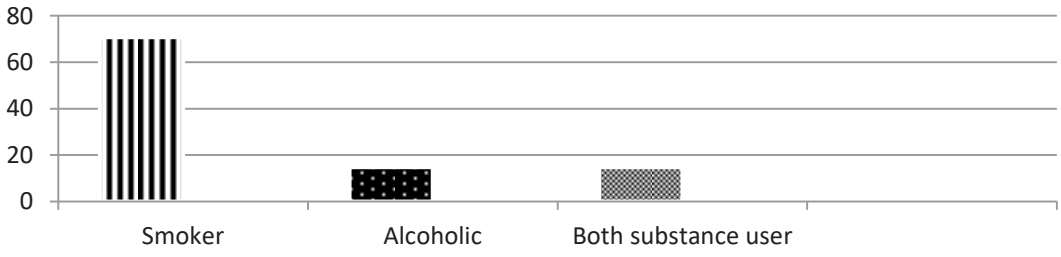
Figure 2
Food habits of respondents



Substance use of respondents

In this study, when studying the respondents who do not smoke and do not consume alcohol, the total number of substance users is found to be 16.85 percent. Among them, 70.83 percent were smokers only, while 14.81 percent were alcoholics and 14.81 percent were smokers and alcoholics. The details of which are shown in Figure 3.

Figure 3
Substance use of respondents

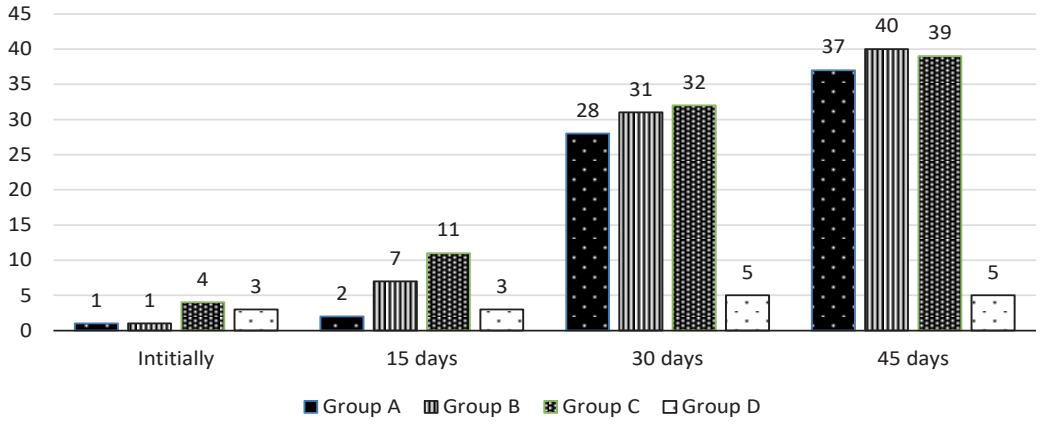


In this study, detailed research on 11 problems related to amlapitta has been done and the solutions that can be used to treat amlapitta through lifestyle management have been presented. Those 11 problems are upper abdomen pain, burning sensation in the chest and stomach, sour water coming back in the mouth, nausea, stomach growling, belching, constipation, semisolid stool, flatulence, abdomen pain during appetite, and not passing stool. In all these problems, all four groups will be studied in different ways and the data will be analyzed and presented in different ways. Although the results of all those problems cannot be shown here, the results of the main problems are presented.

Problem no. 1: The number of people who do not have abdominal pain and the effect of treatment through lifestyle management.

Figure 4

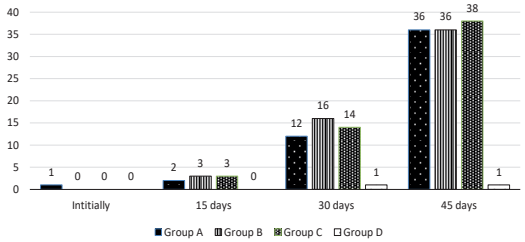
The number of people who do not have abdominal pain and the effect of treatment through lifestyle management.



Problem no. 2: The number of people who do not have a burning abdomen and the result of treatment through lifestyle management.

Figure 5

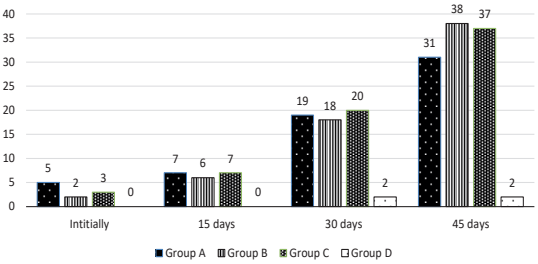
The number of people who do not have burning abdomen and the result of treatment through lifestyle management.



Problem no. 3: The number of people who do not have water brash and the result of treatment through lifestyle management.

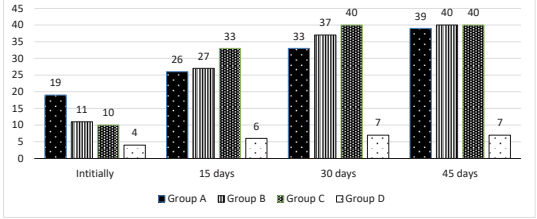
Figure 6

The number of people who do not have water brash and the result of treatment through lifestyle management.



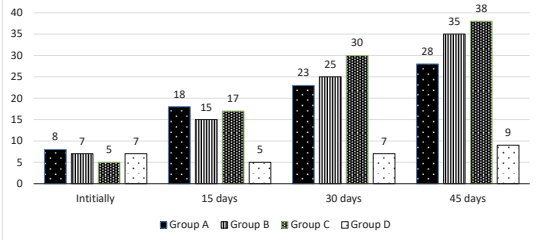
Problem no. 4: The number of people who do not have abdomen pain during appetite and the result of treatment through lifestyle management.

Figure 7
The number of people who do not have abdomen pain during appetite and the result of treatment through lifestyle management.



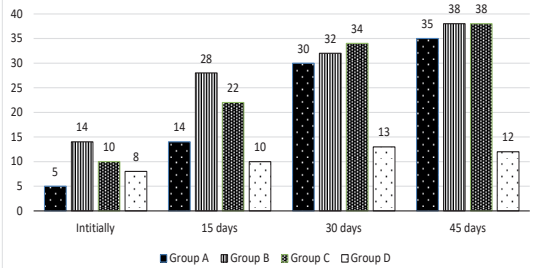
Problem no. 5: The number of people who do not have nausea and the result of treatment through lifestyle management.

Figure 8
The number of people who do not have nausea and the result of treatment through lifestyle management.



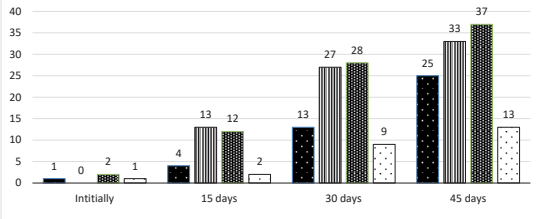
Problem no. 6: The number of people who do not have abdomen growling and the result of treatment through lifestyle management.

Figure 9
The number of people who do not have abdomen growling and the result of treatment through lifestyle management.



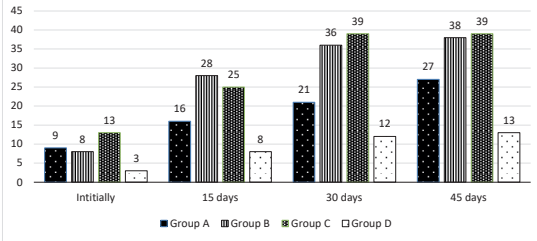
Problem no. 7: The number of people who do not have to belch and the result of treatment through lifestyle management.

Figure 10
The number of people who do not have belching and the result of treatment through lifestyle management.



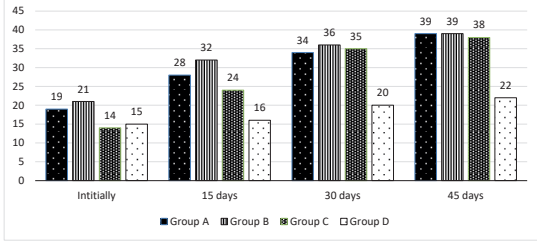
Problem no. 8: The number of people who do not have flatulence and the result of treatment through lifestyle management.

Figure 11
The number of people who do not have flatulence and the result of treatment through lifestyle management.



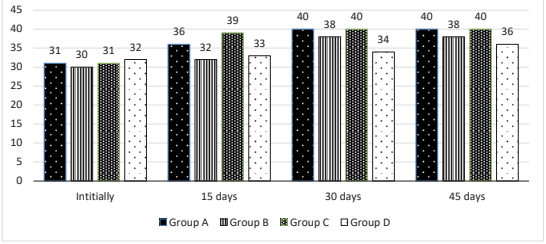
Problem no. 9: The number of people who do not have constipation and the result of treatment through lifestyle management.

Figure 12
The number of people who do not have constipation and the result of treatment through lifestyle management.



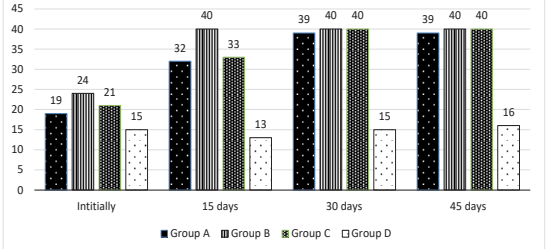
Problem no. 10: The number of people who do not have semisolid stool and the result of treatment through lifestyle management.

Figure 13
The number of people who do not have semisolid stool and the result of treatment through lifestyle management.



Problem no. 11: The number of people who have passed stool and the result of treatment through lifestyle management.

Figure 14
The number of people who have clearly pass stool and the result of treatment through lifestyle management.



Discussion

This study was done to find out the lifestyle of amlapitta-related people and the steps taken by the individual to minimize the problem. It was found that there was a problem of amlapitta in a community due to lifestyle changes or unmanaged lifestyles of people. It is assumed that the incidence of amlapitta is not low but high due to increasing urbanization, change in food habits, lack of physical activity, and a sedentary lifestyle of people.

The data shows that out of a total of 160 respondents, male was 63 (39.37%) and female were 97 (60.63%). The majority of respondents (39.38%) belong to the age group of 40-44 years. Just as in this study, the number of middle-aged patients with amlapitta is the highest. Similarly, in the Gong, Y. et al. (2019, p.3) study, middle-aged people were found more (x^2=12.042, p=0.002). Due to more amlapitta in this age group, stress and overwork, less rest and irregular eating time were found. Similarly, out of 160 participants, 10.62 percent were vegetarians and 89.38 percent were non-vegetarians. It has been found that amlapitta is more in non-vegetarians. Gong, Y. et al. (2019, p.3) study was also found that non-vegetarians were more (x2=105.388, p=0.001) affected with amlapitta.

In this study, among the patients with amlapitta, it was found that the problem of amlapitta is more in those who smoke and drink alcohol. By smoking and consuming alcohol, there is a disturbance in the juice produced by the stomach and amlapitta increases. It simply means an increased level of acid in the stomach. The stomach secretes hydrochloric acid, a digestive juice that breaks down food particles into their smallest form to aid digestion. When there is an excessive amount of hydrochloric acid in the stomach, the condition is known as hyperacidity.

Similarly, taking the dietary history of people suffering from amlapitta, all the educated and uneducated people seem to be careless in eating. 52.38 percent of men and 62.88 percent of women eat readymade food, 76.19 percent of men and 87.62 percent of women eat starchy food, 87.51 percent of men eat sugary food and 86.59 percent of women, 53.96 percent of men

eat salty and spicy food and 89.69 percent of women. 85.71 percent of men and 70.10 percent of women consumed cold drinks. Similarly, only 39.68 percent of males and 31.95 percent of females eat fresh fruits.

In this study, the fact that people who change their diet for amlapitta recover faster than those who do not change their diet has come out. Improving diet means not eating acid-producing foods, eating regularly, not eating the first meal before it is fully digested, eating a light meal in the evening and not sleeping for three hours after eating, not drinking water after meals, eating a diet that includes all kinds of foods, nutritious and completely vegetarian. In this study, it was observed that if the participants followed this lifestyle of eating and did not eat foods that made them worse, they would recover faster. When it was included in this study, there was only one patient (2.5 percent) in the 'A' group who initially had no pain in the upper part of the stomach and all the rest had pain, but two patients (5 percent) had no pain after 15 days after adopting the food management method. At 30 days 28 (70 percent) people and at 45 days 37 (92.5 percent) people had no stomach pain. What can be said from this is that it has been found that patients with amlapitta recover quickly when they change their diet.

Similarly, in this study, when compared with the food management of group 'A', it was found that in group 'B', the problem seen in the initial stage was cured quickly within a few days when lifestyle management through yoga, asana and meditation was carried out. For example, there was only one person (2.5 percent) with upper stomach pain in the beginning, but after adopting yoga, asana and meditation method, seven people (17.5 percent) were cured in 15 days, 31 people (77.5 percent) in 30 days and all 40 people (100 percent) were cured in 45 days.

Similarly, in this study, the results of lifestyle management through food management in group 'A', yoga, asana and meditation in group 'B' and the results of both the above methods have been observed. During the management of the patients in group 'C', the problem seen in the initial stage was found to be cured quickly within a few days. For example, in the beginning, there were only four people (10 percent) with upper stomach pain, but by adopting the method of eating, yoga, asana and meditation; 15 people (37.5 percent) were cured in 15 days, 32 people (80 percent) in 30 days and 39 people (97.5 percent) in 45 days.

However, when comparing the results of amlapitta treatment in the control group, it was found that the amlapitta problem remained unchanged in this group compared to those who adopted different lifestyles. For example, in group 'D' there were only three persons (7.5 percent) who were free of upper abdominal pain at baseline, the same persons were still free of abdominal pain at 15 days, 5 (12.5 percent) were still free of abdominal pain at 30 days, and 5 (12.5 percent) were still free of abdominal pain at 45 days of follow-up and all others pain was a problem. The reason for this result is

that the patients in the control group were not taught how to cure amlapitta through lifestyle management, they continued with their treatment methods and the lack of lifestyle management did not cure amlapitta on the appointed day.

Conclusion

This study is to study the lifestyle among amlapitta problem-related people, the relation between amlapitta and lifestyle and its treatment with lifestyle management and the steps taken by the individual to control the effect. It can be concluded from the study; amlapitta is an important public health problem. The present study focuses only on amlapitta, it focuses on the treatment of lifestyle management by combining both old and scientific methods, this study is limited only to food, exercise and stress management, the main results are presented based on diagrams. Based on the findings from the study of many articles and analysis of primary data of this study, the following conclusions were drawn in the context of the objectives set out for this study.

Due to the modern lifestyle, the widespread changes in traditional and natural food, habits and culture have caused various chronic diseases in people. To get rid of this, people have to carry medicine bags with them. Because people don't think that they can get rid of the situation of having to carry medicine if they only change their diet and thoughts, they are constantly in a race to end their own lives. The present study concludes that even by adopting diet, stress and exercise management only, amlapitta can be cured. There is no sufficient study and data in Nepal about the incidence of amlapitta. Keeping in mind the main gap, the researcher decided to focus on the study of people affected by amlapitta. The researcher wanted to know about the lifestyle of these people of Nawalpur and to treat the problem without medication.

Amlapitta appears mostly in teenagers, adults and the elderly. However, it is believed that even children can be affected due to the diet. In this study, the problem has been found in men (male 57.35 percent whereas females 26.08 percent) in the age group of 40 to 44 years. From this, it has been seen that this disease is more common in this age group due to wrong eating habits and stress. During the study, it was found that the number of patients who came to the hospital because of acid reflux was less, while the number of patients who came to the hospital because of gastritis and gastric ulcer was more.

Follow-up at the last visit showed increased fitness and energy in patients treated for amlapitta through lifestyle management. During the follow-up, it was found that they felt refreshed, happy and joyful because the disease was cured. It has been found that most of the patients of amlapitta suffer from consuming food for the taste of the tongue, while some of them have problems due to stress and most of them have problems due to eating the wrong food.

Based on the data and results obtained from this study, it is found that the number of amlapitta is higher in women than in men (60.63 percent in females and 39.83 percent in males) and amlapitta is more common in the middle age group. Therefore, it is necessary to study more about women's diet and lifestyle. In the same way, among the youth of modern trends, there are problems like amlapitta (3.5 percent in 15-19 years) due to consumption of food habits, disordered lifestyle, smoking and consumption of alcohol, consumption of junk food and cold drinks. It seems necessary to include such subjects in the curriculum.

Similarly, in this study, because many people are non-vegetarians (89.38 percent), it is found that more problems like amlapitta are seen in non-vegetarians, so it seems necessary to create a program to motivate people towards vegetarianism rather than towards non-vegetarianism.

It is confirmed that this study is useful for people who are suffering from the problem of amlapitta, doctors working in the treatment of amlapitta, students who are studying related to amlapitta, and patients who are suffering from other physical and mental problems from amlapitta.

It is concluded that amlapitta is a lifestyle problem and those who are addicted to tobacco, alcohol as well and excess packaged food rich in salt content can easily be caught by this disease. It is important for patients to have access to diet and lifestyle modifications and treatment is possible without medication.

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