

To study the effect of Management of Nidravegdharana in Urdhwaga Amlapitta**Chandrasekhar Bangarwar**

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Abstract:

Ayurveda is an ancient therapeutic science. Though *Ayurveda* is ancient science, concepts and principles mentioned in the science are sufficient to take health care of the individual in today's era also. Amlapitta is the most common disorder observed today and population in large is suffering *amlapitta*. It is also called lifestyle disorder because most of the causative factors of *amlapitta* are found to relate to lifestyle disturbances. Description of lifestyle is mentioned in *Dincharya*. During clinical practice when we examine the patients of *amlapitta* it was the routine examination of *nidra* and which was persistently found disturbed. But in *ayurveda* texts disturbed *nidra* was not mentioned as *hetu* of *amlapitta*. So it was a question that whether is there any relation between *amlapitta* and disturbed *nidra*. For this purpose, a proper record was mentioned in clinical practice and it was analyzed on research point of view. This article is the systematic experience of the relation of *amlapitta* and disturbed *nidra*.

Keywords: *Amlapitta, nidra, Dincharya, vegdharana*

Introduction :-

Ayurveda is an ancient therapeutic science. Though Ayurveda is ancient science, concepts and principles mentioned in the science are sufficient to take health care of the individual in today's era also. Amlapitta is the most common disorder observed today and population in large is suffering amlapitta. It is also called lifestyle disorder because most of the causative factors of amlapitta are found to relate to lifestyle disturbances. Description of lifestyle is mentioned in Dincharya. During clinical practice when we examine the patients of amlapitta it was the routine examination of nidra and which was persistently found disturbed. But in ayurveda texts disturbed nidra was not mentioned as hetu of amlapitta . So it was a question that whether is there any relation between amlapitta and disturbed nidra. For this purpose, a proper record was mentioned in clinical practice and it was analyzed on research point of view. This article is the systematic experience of the relation of amlapitta and disturbed nidra .

Aim & Objective :-

1. To study Nidra
2. To study Nidra vegdharana
3. To study Urdhwaga Amlapitta

Literary Review :-

Nidra or sleep is one of the important function in Dincharya . Considering importance of nidra wagbhata includes ir Trayoupstambha.

Charak Has defined Nidra as

यदा तु मनसि क्लान्ते कर्मात्मनः क्लमान्वितः ।
विषयेभ्यो निवर्तते तदा स्वपिति मानवः ॥

चरक सुत्र

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Health Benefits and Health Problems related with Nidra also mentioned by Charak.

Sleep is state of altered consciousness or partial unconsciousness from which person can be aroused. Consciousness is the state of wakefulness. Arousal is awakening from sleep. These functions are controlled by reticulo-endothelial system of brain.

Stomach is organ which is present in abdominal cavity and connects esophagus and duodenum.

It is present below diaphragm and occupies epigastric, umbilical and left hypochondriac region.

It is most distensible part of digestive tract and accommodate large quantity of food.

Meal is eaten much more quickly that the intestines can not digest and absorb it so main function of stomach is, it works as mixing chamber and storage area .

Food remains in the stomach for 2 to 4 hrs. During this period

1. Digestion of carbohydrates is continued
2. Digestion of proteins and fats starts.

Stomach has 4 main regions

1. Cardia
2. Fundus
3. Body
4. Pylorus

Wall of the stomach consists of 4 layers

1. Mucous layer
2. Submucous layer
3. Muscular layer
4. Seros layer

Wall of the stomach consists of 4 layers

1. Mucous layer :- contains 4 types of glands

- 1 Mucous Cells
- 2 Chief Cells
- 3 Parietal Cells
- 4 G Cells

2. Submucous layer

3. Muscular layer

4. Serous layer

Wall of the stomach consists of 4 layers

1. Mucous layer :- contains 4 types of glands

1 Mucous Cells –	Secret
Mucous	
2 Chief Cells –	Secret
Pepsinogen and Lipase	
3 Parietal Cells -	Secret
Intrinsic factor and	

Hydrochloric Acid

4 G Cells –	Secret
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Harmon Gastrin

2. Submucous layer

3. Muscular layer

4. Serous layer

Digestion of food in stomach is due action of enzymes present in gastric juice.

Quantity of gastric juice in 24 hrs is 2 to 3 liters. Gastric juice is mixture of secretions of mucus cells, parietal cells and chief cells .

Digestion of carbohydrates is continued with the action of ptyline from salivary glands within first 1 hr in stomach till then gastric juice is not mixed in food

Digestion of proteins starts with action of pepsin from gastric juice and digestion of fats starts with action of gastric lipase

from gastric juice. This occurs after 1 hr as gastric juice gets mixed in food.

Hydrochloric Acid is secreted by parietal cells and creates acidic environment in stomach and following functions are performed

- 1 To kill microbes in food
- 2 Partially denatures proteins
- 3 Stimulate the hormones from bile and pancreas for further digestion.

Proteins due to action of pepsin are converted into amino acid effectively when pH is 2 and inactive in higher pH.

Fats are digested due to action of lipase and are converted into fatty acid and monoglycerides effectively when pH is 5 to 6 .

HCl is secreted due to stimulation of

1. Acetylcholine released by parasympathetic neurons.
2. Gastrin secreted by G cells.
3. Histamine

Although parietal cells secrete H^+ and Cl^- ions separately there is net effect of secretion of HCl.

Proton pumps actively transport H^+ into stomach while bringing K^+ into parietal cells .

At the same time Cl^- and K^+ diffuse from parietal cells into stomach.

In parietal cells carbonic acid H_2CO_3 is prepared by water H_2O and CO_2 .

H_2CO_3 dissociates and bicarbonate ions HCO_3^- and H^+ are diffused in stomach .

Materials & Methods:-

Materials 1 References from Brihatrayee, Laghutrayee, Kashyapa samhita , Madhav Nidan was considered.

Methods 1 This is Nonsurvey, clinical , noncompatrative , Nonmedicinal interventional, Perspective study .
Selection criteria

Inclusion criteria

1. Pataints suffering from amlapitta in clinical OPD at Kalamboli .
2. Male or Female both patents were selected

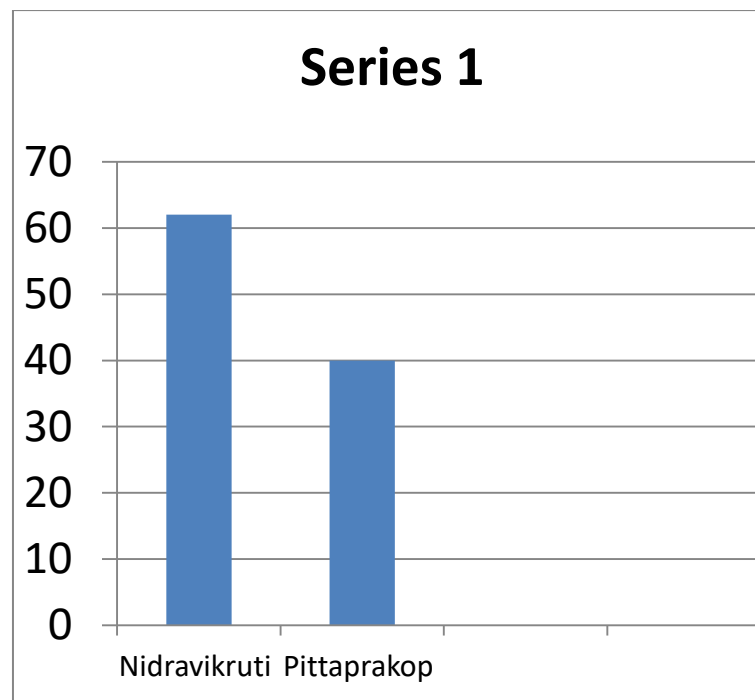
3. Age group between 20 to 35 .

Exclusion criteria

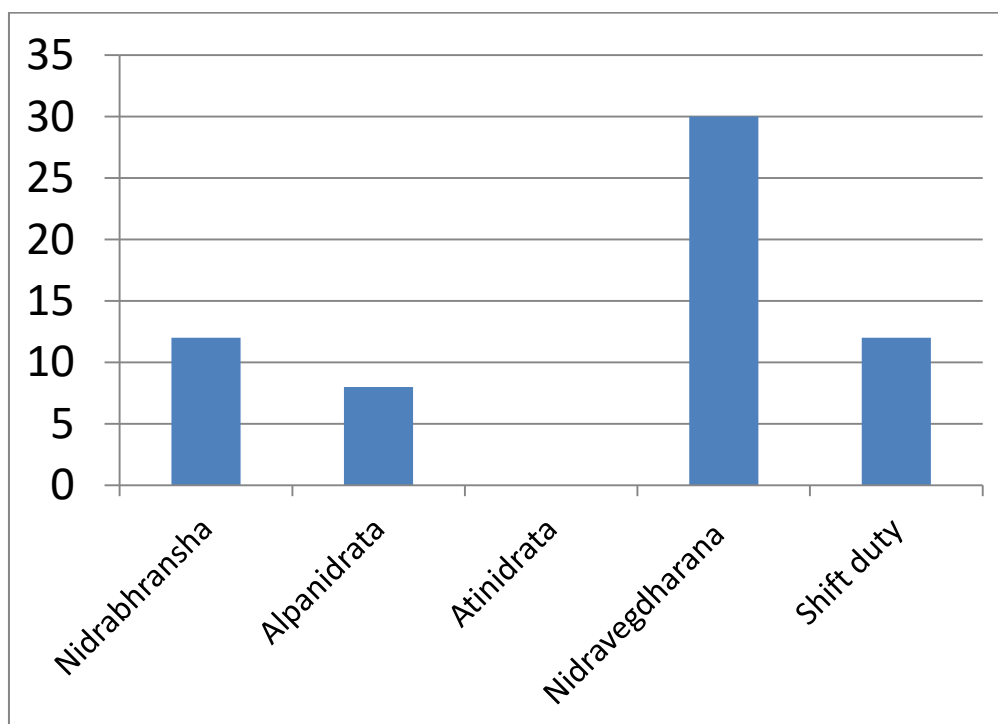
1. Patients suffering from amlapitta without complication .
2. Age group of less than 20 and more than 35.

Observations :-

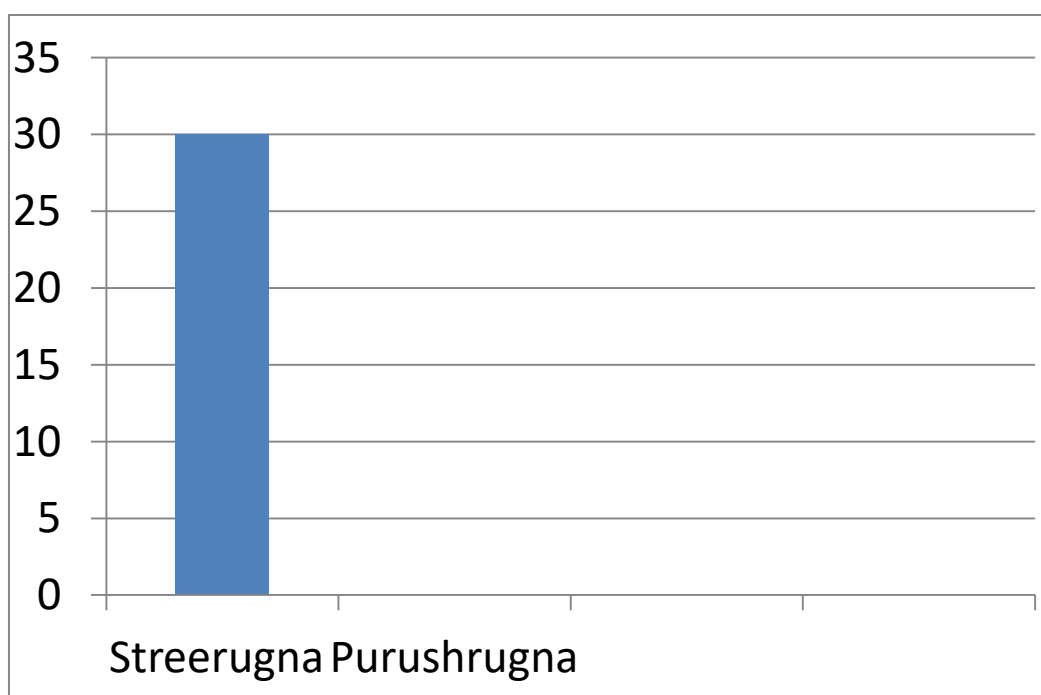
1. Total Number of Paintaints was 102
2. Out of 102 patients 62 patients were found to have Nidravikriti.



3 Out of 62 patients having Nidravikriti, 12 patients was having Nidrabhransha due to vatprakopa, 8 patients was having Nidralpata due to Pittaprakopa , No patients was having Atinidrata due to Kaphaprakopa , 30 patients was having Nidravegdharana , and 12 patients was having disturbed nidra due to shift duty.

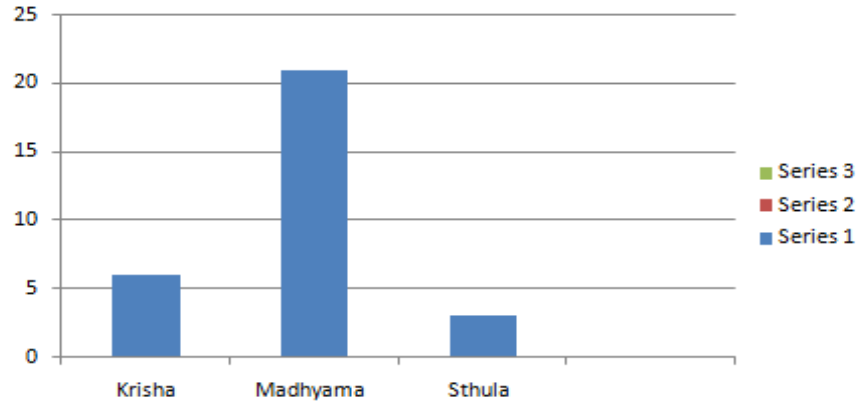


4 The 30 patients having Nidravegdharana was selected for study for Nonpharmacological management of Amlapitta. Out of 30 patients all 30 patients were Female patients.

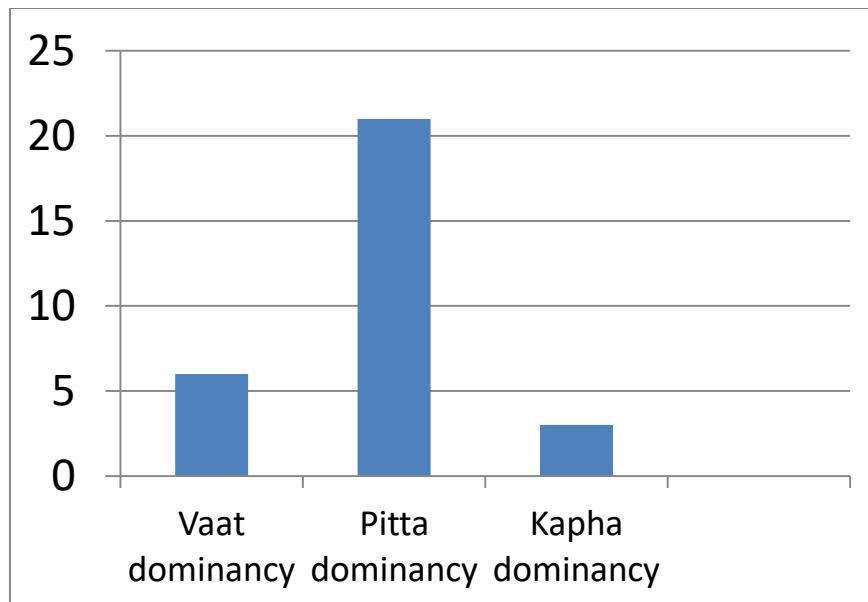


All the Female patients were from agegroup 20 to 35. Out of 30 patients all 30 patients 6 were having Krisha dehakriti, 21 were having Madhyama dehakriti, 3 patients were having Shthula dehakriti.

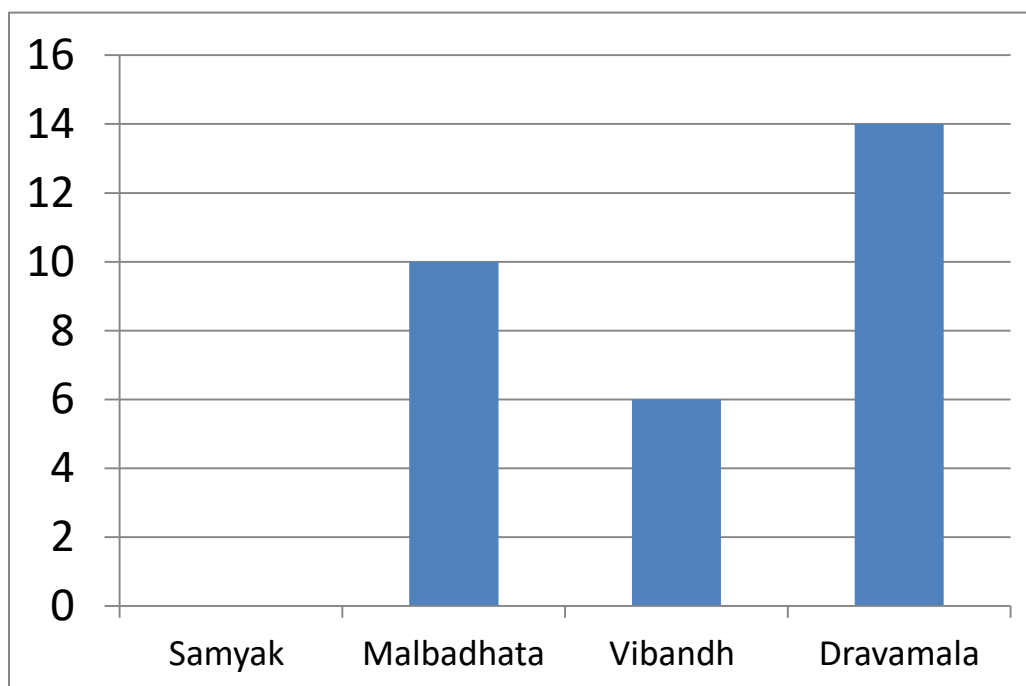
अम्लपित्त अभ्यास : निरीक्षणे



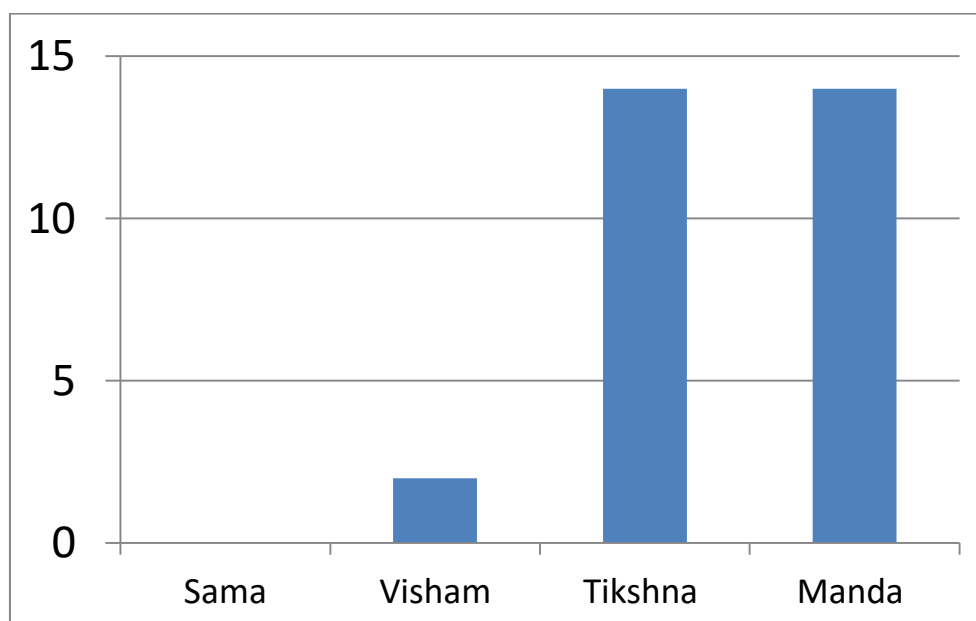
Out of 30 patients all 30 patients 6 were having vata dominance in prakriti, 21 were having Pitta dominance in Prakriti, 3 patients were having Kapha dominance in Prakriti.



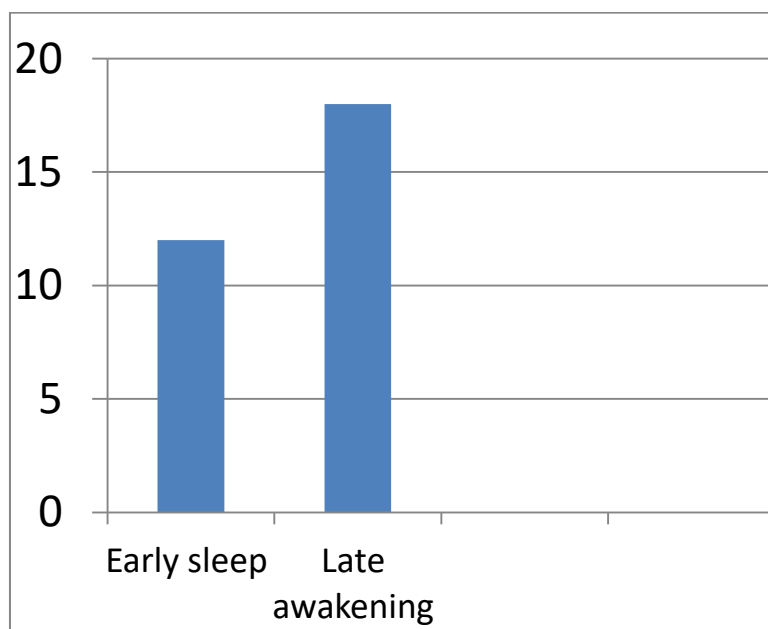
Out of 30 patients Nobody was having Samyak Malapravritti, 16 patients was having malabadhata, 6 patients was having vibandh, 8 patients was having dravamalapravritti.



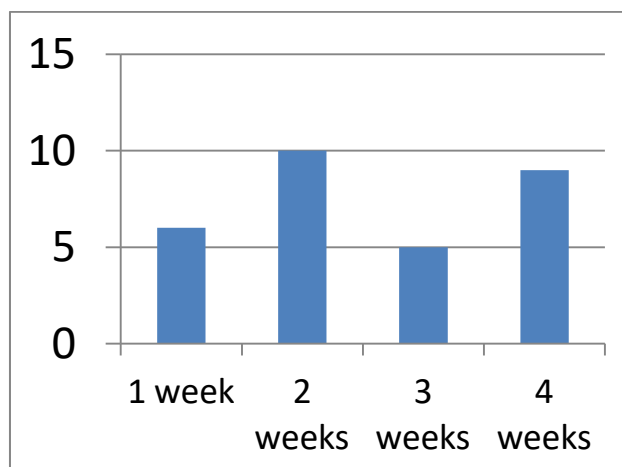
Out of 30 patients Nobody was having Samagni, 2 patients was having vishamagni, 14 patients was having Teekshagni, 14 patients was having Mandagni



Out of 30 patients 12 patients were advised to take sleep in between 10 am to 5 pm and 18 patients were advised to take sleep between 12 pm to 7 am. .So that duration of sleep will be 8 hrs.



Out of 30 patients 6 patients got upashaya in 1 week, 10 patients got upashaya in 2 weeks, 5 patients got upashaya in 3 weeks, and 9 patients got upashaya in 4 weeks.



During follow up following lakshanas were checked Lakshanas and duration of upashaya was as follows.

Sr No	Lakshanas	Number of patients	Upashaya in 1 week	Upashaya in 2 weeks	Upashaya in 3 weeks	Upashaya in 4 weeks
1	Udardaha	30	6	10	5	9
2	Urodaha	30	6	10	5	9
3	Kanthadaha	28	16	10	2	
4	Amlodgar	28	16	10	2	
5	Chhardi	24	10	14		
6	Shirshula	24	14	10		

Those 6 patients got upashaya in 1 week was suffering Amlapitta from 1 month. Those 10 patients got upashaya in 1 week was suffering Amlapitta from 1 month. Those 5 patients got upashaya in 1 week was suffering Amlapitta from 1 month. Those 9 patients got upashaya in 1 week was suffering Amlapitta from 1 month.

Conclusion

1 Nidra Pariksha is very important Pariksha and should be done in all patients thoroughly. In Amlapitta Nidra Pariksha is vital important as it is one of major hetu. In Amlapitta after thorough examination of Nidra patient can be advised for prakrit Nidra and upashaya can be given with Nonpharmacological management also. For Nidan Parivarjan we can guide patient.

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