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“RETROSPECTIVE SURVEY STUDY OF CHARAKOKTA ASHTADASHA TYPES OF VIRUDDHAHAAR FACTORS AS HETU OF AMLAPITTA WITH SPECIAL REFERENCE TO GARAVISHA”**Dr. Jayati Nayak¹, Dr. Manohar Khankhane²**

1. Assistant professor, Department of Agadtantra, Bharati Vidyapeeth (Deemed to be university), College of Ayurveda, Pune
2. Professor, Department of Agadtantra, Sumatibhai Shah, Ayurved Mahavidyalaya evam Chikitsalaya, Hadapsar, Pune

ABSTRACT:

Ayurveda has a unique treatment method which involves medicine and food regimens both for the complete healing. Amlapitta is a common complication due to current lifestyle and food habits. It may indicate a severe gastric complication and may cause gastric and esophageal ulcers or achalasia cardia. Common causes of Amlapitta depend upon food habits, amount, composition, combination and time of food. In Charaka Samhita, the ashtadasha types of viruddhaahar are mentioned as a hetu (causative factor) which will cause Amlapitta. In the current scenario, a balanced food regimen is essential to maintain proper digestion and nutrition; otherwise, it will affect the whole system of the body, while the digestive system will be more affected. Gara visha can be considered an artificial poison, and it is formed by a combination of two or more than two poisonous or non-poisonous substances which vitiates all the doshas, dhatus and srotas in the body and produces dangerous effects. It is also a kind of samyogaj visha where, when two compounds/foods/drugs are given together, they will react to each other's properties, and it may form toxins and produce many diseases.

KEY WORDS:- viruddhaahar, Amlapitta, Gara visha**National Journal of Ayurveda****Corresponding Details:****Dr. Jayati Nayak**

Bharati Vidyapeeth (Deemed to be university),
College of Ayurveda, Pune
Mobile No. 8989460243

E-Mail: nayak.jayati@gmail.com



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Dr. Jayati Nayak, Dr. Manohar Khankhane

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INTRODUCTION

A unique subset of Ayurveda that has been practised for ages is 'Agad Tantra'. Agad tantra emphasises artificial toxins in addition to explaining natural toxins (Jangamavisha and Sthavara). One kind of Kritrimavisha (manufactured poison) that sheds light on the evolving lifestyle and potential for toxin exposure is Garavisha. Combining two or more poisonous or non-poisonous substances results in garavisha, which vitiates the body's doshas, dhatus, and srotas and has harmful repercussions. Garavisha is kind of samyogajvisha where when two compounds/ food/drug are given together, they will react to each other properties and it may form toxins and produces many diseases.²

Ayurveda mentioned 'ahara' in the three supporting pillars.³ Food has been extremely important since the Vedic period. According to Ayurveda, the unwholesome or harmful food is termed 'ahitaahara' or 'viruddhahara'. The entire diet which vitiates the doshas but does not eliminate them out of the body becomes harmful and is known as Viruddhaahara.⁴ Viruddhaahara is one potent causative factor for several diseases, as it converts into garavisha.⁵ Charakacharya stated that antagonistic food or incompatible food is the cause of several diseases, including Amlapitta.⁶ Amlapittai is one of the diseases in the present era due to irregular eating habits and an undisciplined lifestyle.⁷ Virudhhaahara (incompatible food) is a very important concept of Ayurveda; ignoring it results in the manifestation of various diseases. People are least aware of toxins they are exposing themselves to in day-to-day life, so we have to understand properly all the toxins which we are exposing unknowingly, as we know "prevention is better than cure".⁸

AIM & OBJECTIVE

To evaluate Charakokta 18 types of Viruddh aahar sevanjanya Garavisha as Hetu of Amlapitta.

The Garaviṣa is regarded in Ayurveda as one of the types of kṛtrimaviṣa, which is created when two or more toxic or non-poisonous medications are combined. This vitiates all of the body's dhatus, which has an effect on the entire body. It can go so far as to significantly reduce the dhatus, which may later prove to be lethal.⁹

By this poison, the person becomes pale and emaciated, has poor digestion and suffers from palpitations of the heart, flatulence, oedema in hands and feet, udararoga, grahani disorder, kshya (tuberculosis), gulma, wasting, fever and signs and symptoms of such other disorders. In dreams, he mostly sees cats, jackals, fierce animals, mongooses, monkeys, dried rivers and trees. In a dream, having lost his sense organs, he sees himself as fair-complexioned, though he is actually dark-complexioned or devoid of ears and nose.¹⁰

Treatment of Garavisa

1) Assessing the Patient

Before starting the treatment, the physician should examine and should ask what, when and with whom has eaten. After obtaining the information, he should start the treatment.¹¹

2) Treatment –

A) Sodhana

- i) The patient should instantaneously be given emetic therapy by the physician.
- ii) Should administer fine powder of copper along with honey for cleansing the heart.

B) Hemaprashana

When the heart is cleansed, the patient should be given one shana of the powder of hema (gold). Hema controls all poisons and poisonous combinations. Poison does not adhere in the body on taking hema like water on a lotus leaf.¹²

C) Agadapana

Buffalo ghee cooked with nagdanti, trivrt, danti, dravanti, and milky latex of snuhi and madana-phala, along with one adaka of cow's urine, is useful in curing patients suffering from the poisons of snakes, insects, and gara.¹³

3) Treatment to Complications –

A decoction prepared from the meat of the pigeon, sathian and puṣkarahva cooled and consumed, causes artificial poisoning (garavisha), trishna (thirst), ruja (pain), kasa (cough), swasa (dyspnoea), hikka (hiccup) and jwar (fever).¹⁴

4) Treatment to Mandagni

The powders of murva, amrta, nata, kana, patala, cavya, citrakan, vaca, musta, and vidarnga, mixed with either buttermilk, warm water, water of curds, meat soup or sour liquid, should be consumed by the person having digestive fire destroyed by garavisha.¹⁵

VIRUDDHA AHARA National Journal of Ayurveda & Yoga

That which acts contrary to the Deha Dhatus (tissues of the body) is known as Viruddha. Drugs and diets which are unwholesome for the normal Dhatus and Doshas of the body; this antagonism may be in terms of properties, combination, processing, place, time, dose, etc., or natural composition. The substances that cause vitiation of doshas in the body but do not expel them are known as 'viruddha', and so they remain antagonistic to the dhatus.

Types of Viruddhahara:

Acharya Charaka:

Acharya Charaka has mentioned 18 types of Viruddhahara as follows-

Desha Viruddha, Kala Viruddha, Agni Viruddha, Matra Viruddha, Satmya Viruddha, Vatadi Viruddha, Samskara Viruddha, Virya Viruddha, Koshtha Viruddha, Avastha Viruddha, Krama Viruddha, Parihara Viruddha, Upachara Viruddha, Paka Viruddha, Samyoga Viruddha, Hridaya Viruddha, Sampada Viruddha, Vidhi Viruddha¹⁶.

Acharya Sushruta:

Sushrutahas given 5 types of Viruddhahara- SamyogaViruddha, Krama Viruddha (Samskara Viruddha), Mana Viruddha (MatraViruddha), Rasa, Virya, VipakaViruddha, TartamayogayuktaViruddha¹⁷.

DEFINATION OF AMLAPITTA

When the vata and other dosas become aggravated due to the consumption of vidagdhaahara and other causes, the body fire becomes milder. As a result, anything that an ignoramus person eats or drinks again burns; because it burns improperly, it becomes acidified, and this acid ends up in the stomach, according to Kashyapa. Then, because they have no self-control whatsoever, they consume out of greed, which is further vitiated by pitta. We refer to this as amlapitta, or hyperacidity¹⁸.

The Vidagdhahara turns into 'Amla' and remains still in the stomach and gives rise to the Pitta Dosha. This provoked Pitta causes the normal digestive power to be low and also causes fermentation of the food, and this provoked Pitta dushti in the stomach ultimately causes 'Amlapitta'.

MATERIALS AND METHODS**MATERIALS****SOURCES OF DATA:-**

(a) The Vedic Scriptures, traditional Ayurvedic textbook, articles, as well as information from other sources of literature, such as the internet, were used to gather data for this literary source.

(b) Data collected by questionnaire from 100 individuals having amlapitta.

Study design: - Observational study

Research tool: - questionnaire

Sampling method: - Simple random method

The minimum sample size being 100 according to statistical thumb rule will be taken for screening of patients as per inclusion and exclusion criteria.

METHODOLOGY

The study was conducted in two phases.

(A) **LITERARY STUDY:** -Following books were used for literary study: -

- 1.Charak Samhita with Chakrapaani comentry.
- 2.Sushrut Samhita with Dalhan comentry.
- 3.Ashtang Samgrah with Indu comentry.
- 4.Ashtang Hriday with Arundatta and emadri comentry.

5. Madhav niddan
6. Kashyup Samhita
7. Bhavprakash
8. Articles relevant to subject of study.
9. Dessertations related to the subject of study

(B) OBSERVATIONAL STUDY: -

HISTORY OF PRESENT ILLNESS

patient was said to be healthy before 4 months. Then she suffered from fever and pain in the nape of the neck radiating to the right hand, for which she consulted a local clinic and took medicine (Paracetamol), after which the fever subsided. But neck pain still persisted. Pain was severe, agonizing, and pricking associated with numbness. She was unable to lift her right hand. She consulted with a local hospital in her area but did not find any relief. So she approached our L. K. Ayurveda Hospital and was admitted on 02/04/2024 for further management.

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(B) OBSERVATIONAL STUDY: -

An observational study was conducted on 100 patients (as per sample size) with a specially prepared case record form to assess Charakokta 18 Viruddhaaahar factors in amlapitta.

Questionary designing: - Considering the Charakokta 18 viruddhaaahar factors mentioned in Charak Samhita Sutra SthanAdhyay 26 26 “Dirghamjeevatiyaadhyaya” questions were designed.

OBSERVATIONS AND RESULTS

In the survey study, a sample of 100 diagnosed Amlapitta patients were selected according to the inclusion and exclusion criteria. A specialised questionnaire was designed to assess the viruddhaahara factors in Amlapitta patients. After analysing and studying the data, statistical tests were applied and a result was drawn.

Distribution according to Demographic data

Table no. 1 Distribution according to age of patient

Age Group	Frequency	Percentage
18-30 Years	28	28.00%
31-40 Years	33	33.00%
41-50 Years	20	20.00%
51-60 Years	19	19.00%
TOTAL	100	100.00%

Out of 100 patients 28 belongs to age group 18-30 years, 33 belongs to age group 31-40 years, 20 belongs to age group 41-50 years, 19 belongs to age group 51-60 years.

Table no. 2 Distribution according to Gender of patient

Gender	Frequency	Percentage
Male	40	40.00%
Female	60	60.00%
TOTAL	100	100.00%

Out of 100 patients of Amlapitta 40 were male and 60 were female individuals

Table no. 3 Distribution according to occupation of patient

Occupation	Frequency	Percentage
Autodriver	2	2.00%
Farmer	2	2.00%
Housewife	28	28.00%
Shopowner	7	7.00%
Student	13	13.00%
Service	41	41.00%
Other	7	7.00%
TOTAL	100	100.00%

Out of 100 patients 2 were auto driver, 2 were farmer, 28 were housewives, 7 were shop owners, 13 were students, 41 were doing job or service and 7 had other occupation.

Table no.4 Distribution according to Aahara

Ahara	Frequency	Percentage
Mixed	67	67.00%
Veg	33	33.00%
TOTAL	100	100.00%

Out of 100 patients 67 were having mixed ahara and 33 were vegetarians.

Table no. 5 OCCURRENCE OF HETUS (STATISTICAL ANALYSIS)

Factors	Frequency	Percentage	Chi-Square	P-Value	Result
DESHA	8	8.00%	3.425	0.0642	NS
KALA	51	51.00%	12.681	0.0004	Sig
AGNI	59	59.00%	12.149	0.0005	Sig
MATRA	4	4.00%	3.019	0.0823	NS
SATMYA	21	21.00%	9.704	0.0018	Sig
DOSHA	26	26.00%	9.894	0.0017	Sig
SANSKAR	68	68.00%	10.530	0.0012	Sig
VIRYA	66	66.00%	10.663	0.0011	Sig
KOSHITA	23	23.00%	10.500	0.0012	Sig
AVASTHA	39	39.00%	10.865	0.0010	Sig
KRAMA	26	26.00%	9.894	0.0017	Sig
PARIHAR	67	67.00%	10.530	0.0012	Sig
UPCHAR	15	15.00%	5.673	0.0172	Sig
PAAK	50	50.00%	11.461	0.0007	Sig
SAMYOG	87	87.00%	11.350	0.0008	Sig
HRIDYA	30	30.00%	10.285	0.0013	Sig
SAMPAT	32	32.00%	10.250	0.0014	Sig
VIDHI	24	24.00%	10.494	0.0012	Sig

Above table shows, occurrence of various hetu. Chi-Square test is carried out to test the significance. P-Value is less than 0.05 considered as significant.

RESULTS:-

Out of 100 individuals **Deshviruddha** was present in 8% patient, from above table p value was 0.0642 which is greater than 0.5; hence we conclude that association observed is non-significant.

KalaViruddha was present in 51% patients, from above tablep value was 0.0004 which is less than 0.5; hence we conclude that association observed is significant.

Agni Viruddha was present in 59% patients, from above tablep value was 0.0005 which is less than 0.5; hence we conclude that association observed is significant.

MatraViruddha was present in 4% patients, from above tablep value was 0.0823 which is greater than 0.5; hence we conclude that association observed is non-significant.

SatmyaViruddha was present in 21% patients, from above tablep value was 0.0018 which is less than 0.5; hence we conclude that association observed is significant.

Dosha Viruddha was present in 26% patients, from above tablep value was 0.0017 which is less than 0.5; hence we conclude that association observed is significant.

SamskarViruddha was present in 68% patients, from above tablep value was 0.0012 which is less than 0.5; hence we conclude that association observed is significant.

ViryaViruddha was present in 66% patients, from above tablep value was 0.0011 which is less than 0.5; hence we conclude that association observed is significant.

KoshtaViruddha was present in 23% patients, from above tablep value was 0.0012 which is less than 0.5; hence we conclude that association observed is significant.

AvasthaViruddha was present in 39% patients, from above tablep value was 0.0010 which is less than 0.5; hence we conclude that association observed is significant.

Krama Viruddha was present in 26% patients, from above tablep value was 0.0017 which is less than 0.5; hence we conclude that association observed is significant.

Parihar Viruddha was present in 67% patients, from above tablep value was 0.0012 which is less than 0.5; hence we conclude that association observed is significant.

UpcharViruddha was present in 15% patients, from above tablep value was 0.0172 which is less than 0.5; hence we conclude that association observed is significant.

PaakViruddha was present in 50% patients, from above tablep value was 0.0007 which is less than 0.5; hence we conclude that association observed is significant.

SamyogViruddha was present in 87% patients, from above tablep value was 0.0008 which is less than 0.5; hence we conclude that association observed is significant.

HridayViruddha was present in 30% patients, from above tablep value was 0.0013 which is less than 0.5; hence we conclude that association observed is significant.

SampatViruddha was present in 32% patients, from above tablep value was 0.0014 which is less than 0.5; hence we conclude that association observed is significant.

Vidhi Viruddha was present in 24% patients, from above table p value was 0.0012 which is less than 0.5; hence we conclude that association observed is significant.

Table no.6 Distribution according to age

According to Age Group	18-30 Years (n=28)		31-40 Years (n=33)		41-50 Years (n=20)		51-60 Years (n=19)		Total (n=100)	
	N	%	N	%	N	%	N	%	N	%
DESHA	3	10.71%	4	12.12%	0	0.00%	1	5.26%	8	8.00%
KALA	13	46.43%	21	63.64%	9	45.00%	8	42.11%	51	51.00%
AGNI	13	46.43%	21	63.64%	13	65.00%	12	63.16%	59	59.00%
MATRA	0	0.00%	2	6.06%	0	0.00%	2	10.53%	4	4.00%
SATMYA	9	32.14%	6	18.18%	5	25.00%	1	5.26%	21	21.00%
DOSHA	7	25.00%	12	36.36%	3	15.00%	4	21.05%	26	26.00%
SANSKAR	18	64.29%	25	75.76%	16	80.00%	9	47.37%	68	68.00%
VIRYA	21	75.00%	19	57.58%	15	75.00%	11	57.89%	66	66.00%
KOSHTA	5	17.86%	7	21.21%	7	35.00%	4	21.05%	23	23.00%
AVASTHA	8	28.57%	13	39.39%	8	40.00%	10	52.63%	39	39.00%
KRAMA	9	32.14%	7	21.21%	4	20.00%	6	31.58%	26	26.00%
PARIHAR	18	64.29%	24	72.73%	16	80.00%	9	47.37%	67	67.00%
UPCHAR	2	7.14%	7	21.21%	5	25.00%	1	5.26%	15	15.00%
PAAK	21	75.00%	15	45.45%	10	50.00%	4	21.05%	50	50.00%
SAMYOG	23	82.14%	26	78.79%	19	95.00%	19	100.00%	87	87.00%
HRIDYA	11	39.29%	8	24.24%	8	40.00%	3	15.79%	30	30.00%
SAMPAT	8	28.57%	9	27.27%	9	45.00%	6	31.58%	32	32.00%
VIDHI	11	39.29%	9	27.27%	1	5.00%	3	15.79%	24	24.00%

According to above table, hetus are distributed over age groups of 18-30; 31-40; 41-50; 51-60. Then group wise percentage is given for corresponding viruddhaahara factor over the particular age group. Thus, we get to know the distribution of all viruddha ahara hetus and age group with each other.

Table no.7 Distribution according to gender

According to Gender	Male (n=40)		Female (n=60)		Total (n=100)	
	N	%	N	%	N	%
DESHA	5	12.50%	3	5.00%	8	8.00%
KALA	26	65.00%	25	41.67%	51	51.00%
AGNI	30	75.00%	29	48.33%	59	59.00%
MATRA	0	0.00%	4	6.67%	4	4.00%
SATMYA	9	22.50%	12	20.00%	21	21.00%
DOSHA	22	55.00%	4	6.67%	26	26.00%
SANSKAR	27	67.50%	41	68.33%	68	68.00%
VIRYA	24	60.00%	42	70.00%	66	66.00%
KOSHHA	13	32.50%	10	16.67%	23	23.00%
AVASTHA	12	30.00%	27	45.00%	39	39.00%
KRAMA	8	20.00%	18	30.00%	26	26.00%
PARIHAR	26	65.00%	41	68.33%	67	67.00%
UPCHAR	7	17.50%	8	13.33%	15	15.00%
PAAK	21	52.50%	29	48.33%	50	50.00%
SAMYOG	34	85.00%	53	88.33%	87	87.00%
HRIDYA	9	22.50%	21	35.00%	30	30.00%
SAMPAT	7	17.50%	25	41.67%	32	32.00%
VIDHI	10	25.00%	14	23.33%	24	24.00%

In above table, hetus are distributed on the basis of gender (Male/Female) and gender wise score are given for corresponding hetus in the form of percentage.

Table no.8 distribution according to ahara

According to Ahara	Mixed (n=67)		Veg (n=33)		Total	
	N	%	N	%	N	%
DESHA	7	10.45%	1	3.03%	8	8.00%
KALA	37	55.22%	14	42.42%	51	51.00%
AGNI	46	68.66%	13	39.39%	59	59.00%
MATRA	3	4.48%	1	3.03%	4	4.00%
SATMYA	12	17.91%	9	27.27%	21	21.00%
DOSHA	24	35.82%	2	6.06%	26	26.00%
SANSKAR	46	68.66%	22	66.67%	68	68.00%
VIRYA	44	65.67%	22	66.67%	66	66.00%
KOSHTA	15	22.39%	8	24.24%	23	23.00%
AVASTHA	23	34.33%	16	48.48%	39	39.00%
KRAMA	19	28.36%	7	21.21%	26	26.00%
PARIHAR	47	70.15%	20	60.61%	67	67.00%
UPCHAR	12	17.91%	3	9.09%	15	15.00%
PAAK	36	53.73%	14	42.42%	50	50.00%
SAMYOG	58	86.57%	29	87.88%	87	87.00%
HRIDYA	18	26.87%	12	36.36%	30	30.00%
SAMPAT	23	34.33%	9	27.27%	32	32.00%
VIDHI	16	23.88%	8	24.24%	24	24.00%

In above table, hetus are distributed on the basis of ahara (veg/mix) and score are given for corresponding hetus in the form of percentage.

DISCUSSION ON OBSERVATION

A total of 100 participants suffering from amlapitta were considered. The patients were selected from an urban area. All of the participants gave their full cooperation and responded truthfully to the questionnaire that was provided to them for the investigation. The questionnaire is draughted in the format justifying the 18 types of virudhaahara hetu mentioned in the classical texts of Charaka Samhita.

- **AGE**

- The maximum number of patients, i.e., 33.00%, were from the age group 31-40 years. This group comes under the Madhya Vaya as per the classics (Cha. Vi. 8/122). According to Charaka, this Kala is dominated by Pitta, which raises the Pittaja Vyadhi-like Amlapitta.

- **GENDER**

- From the data collected randomly according to the inclusion criteria, the maximum number of patients who participated were females (60%), followed by males (40%), due to most of them being housewives & very fond of taking afternoon sleeps (Divaswapa), which indicates that the day sleep may lead to indigestion due to the formation of excessive Kapha in Amashaya, which causes Ama, eating stale food, irregular times of eating, etc., which results in improper digestion and leads to Amlapitta.

- **OCCUPATION**

Service- 41%, housewife- 28%, student – 13%, shop owner – 7%, farmer -2%, autodriver- 2% other- 7%

Due to less time and hectic jobs, people tend to eat whatever food is available to them. Frequent tea breaks lead to overeating, as with tea/coffee, people want some snacks also. Further housewives might be prone due to having stale food daily or not following timings of meals and having day sleep, etc. Junk food is cheap and easily available.

- **AHARA** – There were patients (33%) who were strictly vegetarian and andpatients (67%) who had a mixed diet pattern. Foods which are not vegetarian can be seen as a primary factor in a number of incompatibilities.

DISCUSSION ON STATISTICAL ANALYSIS

This survey clearly proved that all of the patients were following nearly all 18 of the virudhas listed in the texts that were taken into account in this study. Among these virudhas, samyoga

virudha constituted the major virudha, followed by 87% of all virudhas in the urban areas, and was found to be Samskara virudha in 68% of urban areas, respectively. This explains why the majority of virudhas are observed as a result of improper combinations or cooking techniques that result in incompatibility.

Among the other virudhas, Agnivorudha was 59%, Dosavirudha was 26%, Kala virudha was 51%, Vidhi virudha was 24%, Pakavirudha was 50%, Sampad virudha was 32%, Desavirudha was 8%, Pariahara virudha was 67%, Hridayavirudha was 30%, Veerya virudha was 66%, Krama virudha was 26%, Upacharavirudha was 15%, Avsathavirudha was 39%, Matra virudha was 4%, Koshthavirudha was 23%, and Satmyavirudha was 21% in urban areas, respectively.

The data was analysed to elicit any relation between the effects of virudha ahara as garavisha in the manifestation of amlapitta. The results show that only two charakokta virudhaahara factors, i.e., Desha virudha and Matra virudha, are not significant in this studied population, and the other 16 virudhaahara factors are significant in the studied population.

It is obvious from the data that there is a considerable relation between the virudhaaharas and garavisha lakshana in urban locations, and that as the number of virudha increases, the likelihood of garavisha formation also increases. The cause for virudhaahara's widespread use may be attributed to carelessness or a lack of understanding of correct combinations and their beneficial and adverse effects. The above data is based on 100 diagnosed patients of amlapitta. It may vary if the study is conducted on the generalised population. As the result shows a connection between Virudha Ahara as garavisha in the manifestation of amlapitta.

CONCLUSION

Viruddha Ahara is a significant contributor to Amlapitta. A balanced diet should include ahara since it is essential for proper nutrition, helps the body digest and metabolise nutrients, and promotes a healthy lifestyle. Viruddha Dravyas remain antagonistic to the Dhatus, and Viruddhahara plays an important role in causing a number of diseases; hence, proper Bhojana Vidhi and Annarakshana Vidhi have to be adopted. "Ahara Dravyas" do not act in a contradictory manner on their own, but they do so when Desha, Kala, Matra, Samskara, etc. are present. To avoid illnesses, everyone needs to be aware of the many Viruddha Aharas.

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