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AMLAPITTA IN AYURVEDA: A CONCEPTUAL REVIEW OF NIDANA, SAMPRAPTI, AND CHIKITSA

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Abstract: *Amlapitta* is one of the most frequently encountered disorders of *Annavaha Strotas*, primarily resulting from the vitiation of *Pitta dosha* in association with *Ama*. The pathological combination of these two factors leads to the formation of *Amla* and *Vidagdha. Pitta*, which disrupts the normal digestive process and produces a spectrum of symptoms. Classical Ayurvedic literature describes *Amlapitta* as a condition characterized by *Amlodgara*, *Utklesha*, *Hriddaha*, *Tikta-Amlavarcha*, *Avipaka*, and a general sensation of discomfort and heaviness in the abdomen. In modern science, *Amlapitta* closely resembles acid dyspepsia, hyperacidity, gastritis, and gastroesophageal reflux disease (GERD), highlighting the timeless relevance of its classical description. Modern lifestyle factors—irregular dietary habits, excessive consumption of spicy or fermented foods, stress, and sedentary routines—further contribute to its rising prevalence. This article critically reviews *Amlapitta* through Ayurvedic lens, emphasizing its etiopathogenesis, clinical features, classification, and underlying *samprapti* mechanisms as described in classical texts. It also explores the classical management principles including *Langhana*, *Pachana*, *Shamana*, and *Shodhana* therapies, highlighting the approach of Ayurveda in restoring digestive balance and preventing recurrence. This review aims to bridge classical Ayurvedic references with modern understanding, offering a comprehensive perspective on the diagnosis and management of *Amlapitta*.

Index Terms - Amlapitta, Pittaj vikara, Langhan, Pachan, Hyperacidity

I. INTRODUCTION

Amlapitta is a widely encountered gastrointestinal disorder described extensively in Ayurvedic literature, with *Madhava Nidana* offering one of the most detailed clinical explorations of its manifestations, causative factors, and classification[1]. Although the specific term "*Amlapitta*" is not explicitly mentioned in the *Brihattrayi*, the condition can be clearly inferred from *Agnidushti*, *Vidagdhajirna*, and other *Pitta*-dominant digestive disturbances. These classical descriptions align closely with the pathophysiological concepts underlying *Amlapitta*, particularly the aggravation of *Pitta dosha* accompanied by *Mandagni* & leads to the formation of *Amla* and *Vidagdha Pitta*.

The incidence of *Amlapitta* has shown a significant rise in recent decades, largely due to evolving lifestyle patterns and dietary behaviours associated with urbanization. Modern habits such as frequent consumption of fast foods, irregular meal timings, overeating, inadequate physical activity, excessive intake of fermented, oily, spicy, acidic foods, and caffeinated or carbonated beverages contribute directly to *Pitta* aggravation and digestive impairment. Psychological factors—including chronic stress, anxiety, emotional disturbances, and inadequate sleep—further disrupt *Agni* and *Strotas*, creating ground for the development of *Amlapitta*[2].

In modern clinical practice, *Amlapitta* is often correlated with several acid-related disorders, mostly hyperacidity, acid dyspepsia, functional dyspepsia, gastritis, and GERD. The symptoms are such as heartburn, sour belching, nausea, epigastric discomfort, and retrosternal burning, highlight the relevance of Ayurvedic understandings within modern gastroenterology. This underscores the importance of re-evaluating *Amlapitta* through both classical and modern perspectives to provide better guidance for diagnosis, management, and preventive strategies in present-day healthcare.

II. MATERIALS AND METHODS

The method adopted is a textual review from *Samhita* and analysis of *Amlapitta* as described in classical Ayurvedic texts along with correlation to modern clinical understanding. Modern textbooks, reviewed articles and papers were studied for the understanding of *Amlapitta* and its correlations. Interpretations from commentaries were used to clarify various aspects.

III. RESULTS

1. *Nidana*-

As per, *Madhava Nidana* the causative factors are[3]:

- *Adhyashana*
- *Viruddhahara*
- *Ati-vidahi, Ati-amla, Ati-lavana ahara*
- *Drava-madya-sevana*
- *Ati-sheeta or Ati-usna ahara*
- *Krodha, Shoka, Chinta*
- *Divaswapna*
- *Ratri-jagarana*

These factors aggravate *Pitta* and lead to *Vidagdhapaka* of ingested food.

2. ***Samprapti***

Amlapitta occurs due to:

Agni dushti → *Mandagni* → Improper digestion → *Ama* formation → *Ama* + *Pitta* → *Vidagdha Pitta* → *Amla guna* increase → *Amlata* increases → *Upward movement of vitiated Pitta* → *Urdhvaga Amlapitta* → *Downward movement* → *Adhoga Amlapitta*

3. ***Samprapti Ghataka****:*

- *Dosha: Pitta pradhan, Kapha- anubandha*
- *Dushya: Rasa*
- *Strotas: Annavaha*
- *Agni: Mandagni*
- *Ama: Present*
- *Strotodusti: Sanga, Atipravritti*

Classification[3]

❖ According to *Sthandushti-*

1. *Urdhvaga Amlapitta* – dominated by upward *Pitta* movement
   - *Amlodgara*
   - *Tikta Utklesha*
   - *Kantha Daha*
2. *Adhoga Amlapitta* – downward movement
   - *Amla-Tikta Varcha*
   - *Atipravritti*
   - *Guda-daha*

- According to *Dosha dushti- (Madhav nidan)*

1. *Vatadhikya*
2. *Kaphadhikya*
3. *Vata-kaphadhikya*
4. *Shleshma- pittaadhikya*

4. *Lakshana*

As per *Madhava Nidana*[4]:

- *Amlodgara*
- *Utklesha*
- *Daha*
- *Gaurava*
- *Avipaka*
- *Aruchi*
- *Chhardi*
- *Shoola*
- *Atisara* or constipation

5. Vyavacchedaka Nidana

- *Annadrava Shosha*
- *Ajirna* (*Vishamagni/Teekshnagni/Mandagni*)
- *Pittaja Atisara*
- Non-ulcer dyspepsia
- Acid peptic disorders

6. Chikitsa Siddhanta[5,6,7]

a) Urdhvaga Amlapitta Chikitsa

In *Urdhvaga Amlapitta*, vitiated *Pitta* along with *Kapha* moves upward, producing symptoms like *Amlodgara*, *Utklesha*, *Chhardi*, and *Hriddaha*. Therefore, treatment emphasizes ***Kapha-Pitta Shamana* and *Vamana***.

❖ *Panchakarma*

1. Vamana Karma (प्रधान कर्म)

- **Main line of treatment**
- Eliminates vitiated *Kapha* and *Pitta* from *Amashaya*

2. Mridu Virechana

- Performed after *Vamana* or when *Pitta* remains aggravated
- Eliminates residual *Pitta*

- Helps reduce *Daha* and *Amlata*

3. Shirodhara

- Useful in stress-induced *Amlapitta*
- Calms *Manasika Nidana* (Chinta, Krodha)

❖ *Shamana*

- *Langhana* – reduces *Ama*
- *Pachana*
- *Daha- shamana chikitsa*
- *Tikta- Madhura dravyas*
- *Sheetala upachara (Dugdha, Ghrita)*

❖ *Shamana Aushadhi*

- *Sootshekhar Rasa*
- *Kamdudha Rasa*
- *Praval Pishti*
- *Yashtimadhu Churna*
- *Shatavari Churna*
- *Avipattikar Churna*
- *Draksha Ghrita*
- *Vasa Ghrita*

b) Adhoga Amlapitta Chikitsa

In *Adhoga Amlapitta*, vitiated *Pitta* moves downward, causing *Atisara*, *Tikta-Amla Varcha*, and *Guda Daha*. Hence, treatment focuses on *Pitta* **elimination through *Virechana***.

❖ *Panchakarma*

1. Virechana Karma (□□□□□□ □□□□)

- **Main therapy of choice**
- Eliminates vitiated Pitta through *Adhobhaga*

2. Basti Karma

- *Ksheera Basti / Tikta Ksheera Basti*
- Nourishes intestinal mucosa
- Balances *Vata* associated with Pitta

3. Pichha Basti

- Provides protective coating to intestines

4. Mridu Snehapana

- Protects gut lining
- Reduces irritation caused by Pitta

❖ *Shamana*

- *Langhana – reduces Ama*
- *Pachana – improves Agni*
- *Grahi*
- *Tikta dravyas - Pitta pacification*
- *Daha-shamana chikitsa*

❖ *Shamana Aushadhi*

- *Kamdudha Rasa*
- *Praval Pishti*
- *Avipattikar Churna*
- *Triphala Churna*
- *Patoladi Kwath*
- *Panchatikta Kwath*
- *Yashtimadhu Churna*
- *Shatavari Churna*

Aspect	***Urdhvaga Amlapitta***	***Adhoga Amlapitta***
Direction	Upward	Downward
Main Dosha	*Pitta + Kapha*	*Pitta*
Main Therapy	*Vamana*	*Virechana*
Symptoms	Belching, nausea, burning	Loose stools, anal burning
Focus	Expel from upper tract	Expel from lower tract

Pathya–Apathya* in *Amlapitta

1. *Aharaja*

➢ *Pathya Ahara*

- *Manda, Peya, Vilepi – light and easily digestible*
- *Shali dhanya*
- *Godhuma*
- *Ksheera (milk) – especially cooled or lukewarm*
- *Ghrita*
- *Draksha*
- *Amalaki – best Pitta shamaka*
- *Coconut water*
- *Boiled and cooled water*
- *Vegetables: Patola, Lauki, Tori*
- *Tikta & Madhura rasa dominant diet*

➢ *Apathya Ahara*

- *Ati Amla – curd, vinegar*
- *Ati Katu – chili, pickles*
- *Ati Lavana*
- *Fried, oily, fast foods*
- *Fermented foods*
- *Bakery and processed foods*
- *Tea, coffee, carbonated drinks*
- *Alcohol (Madhya)*
- *Irregular eating habits (Adhyashana, Vishamashana)*

- *Heavy, incompatible diet (Viruddhahara)*

2. Viharaja

➢ *Pathya Vihara*

- Regular meal timings
- Early dinner (before sunset or at least 2–3 hrs before sleep)
- Light physical activity (walking, yoga)
- Adequate sleep at proper time
- Avoiding excessive sun exposure
- Maintaining proper digestion (*Agni*)
- Practicing *Dinacharya* and *Ritucharya*

➢ *Apathya Vihara*

- *Divaswapna*
- *Ratri jagarana*
- Sleeping immediately after meals
- Sedentary lifestyle
- Excessive exposure to heat/sun
- Irregular daily routine
- Over-exertion or complete inactivity

3. Mansika

➢ *Pathya Mansika Bhava*

- *Manas shanti*
- Practicing meditation
- Pranayama
- Stress management
- Positive thinking
- Emotional balance

➢ *Apathya Mansika Bhava*

- *Krodha*
- *Chinta*
- *Shoka*
- *Bhaya*
- Mental overstrains
- Suppression of emotions

IV. Discussion

Amlapitta is a classical disorder predominantly arising from *Pitta dosha prakopa* associated with *Agnidushti* and *Ama formation*, leading to derangement of the *Annavaha Srotas*. The fundamental pathology begins with *Mandagni*, which results in improper digestion of food and subsequent formation of *Ama*. This Ama, when combined with vitiated *Pitta*, undergoes *Vidagdha avastha*, acquiring *Amla guna*, thereby producing the characteristic features of *Amlapitta*. Thus, *Amlapitta* is not merely a localized gastric disorder but a systemic metabolic disturbance involving *Dosha*, *Agni*, *Ama*, and *Srotas*.

From a classical standpoint, the *Samprapti* involves excessive intake of *Amla*, *Katu*, *Lavana rasa*, *Vishamashana*, incompatible food combinations (*Viruddhahara*), and suppression of natural urges. Additionally, psychological factors such as *Chinta*, *Krodha*, and *Bhaya* significantly contribute to *Pitta aggravation* and *Agnimandya*, establishing *Amlapitta* as a psychosomatic disorder. This highlights the multidimensional approach of Ayurveda, where both somatic and mental components are considered integral to disease manifestation.

Clinically, *Amlapitta* presents in two major subtypes—*Urdhvaga* and *Adhoga Amlapitta*. *Urdhvaga Amlapitta* is characterized by upward movement of vitiated Pitta, manifesting as *Amlodgara*, *Hriddaha* (heartburn), *Utklesha*, *Chhardi*, and *Kantadaha*. In contrast, *Adhoga Amlapitta* involves downward movement, presenting with *Tikta-amla varcha*, *Atisara*, *Guda daha*, and burning sensation in the lower gastrointestinal tract. This classification reflects directional *dosha* movement, which is clinically significant in deciding therapeutic interventions, particularly *Panchakarma*.

When correlated with modern gastroenterology, *Amlapitta* shares close resemblance with a spectrum of acid-peptic disorders. *Urdhvaga Amlapitta* closely parallels conditions like Gastroesophageal Reflux Disease (GERD), acid reflux, and functional dyspepsia, where symptoms such as heartburn, regurgitation, and nausea predominate. *Adhoga Amlapitta*, on the other hand, may be compared with gastritis, hyperacidity, and certain forms of enteritis or irritable bowel syndrome (IBS) with a *Pitta*-dominant presentation. However, unlike modern medicine—which primarily attributes these conditions to excess gastric acid secretion, Helicobacter pylori infection, or mucosal damage—Ayurveda provides a broader framework involving *Agni*, *Ama*, and systemic *dosha* imbalance.

Differential diagnosis of *Amlapitta* is essential for accurate clinical understanding. Conditions such as *Ajirna (indigestion)*, particularly *Vidagdhajirna*, share overlapping features like sour belching and nausea but differ in chronicity and involvement of Ama. *Parinama Shoola* (duodenal ulcer-like condition) presents with pain related to digestion but lacks the predominant Amla guna. *Grahani Roga* may mimic chronic *Amlapitta*, especially in Adhoga type, but involves deeper impairment of intestinal function and absorption. From a modern perspective, differentiation must be made from peptic ulcer disease, GERD, non-ulcer dyspepsia, gastritis, and biliary disorders, based on symptom pattern, chronicity, and investigative findings.

The Ayurvedic management of *Amlapitta* is comprehensive and aims at correcting the root cause rather than merely alleviating symptoms. The principles include *Langhana* (lightening therapy), *Pachana* (Ama digestion), *Deepana* (enhancing Agni), and *Mridu Virechana* (gentle purgation) to eliminate vitiated Pitta. *Shamana Chikitsa* with drugs like *Sootshekhar Rasa*, *Kamdudha Rasa*, *Yashtimadhu*, and *Avipattikar Churna* helps in Pitta pacification and mucosal protection. Panchakarma procedures such as *Virechana* play a pivotal role in expelling aggravated Pitta and restoring physiological balance. Importantly, *Pathya-Apathya* (dietary and lifestyle regulation) forms the cornerstone of long-term management, emphasizing the avoidance of causative factors.

In contrast to modern symptomatic management—primarily involving antacids, proton pump inhibitors, and H2 blockers—Ayurveda focuses on restoring digestive integrity (*Agni bala*), eliminating toxins (*Ama pachana*), and achieving doshic equilibrium. This holistic approach not only addresses the symptoms but also prevents recurrence and improves overall gastrointestinal health.

In summary, *Amlapitta* represents a multifactorial disorder with strong dietary, lifestyle, and mental (psychological) components. Its correlation with modern gastrointestinal diseases highlights its clinical relevance, while its unique Ayurvedic pathophysiological framework offers deeper insights into disease causation and management. The integrative understanding of *Amlapitta* thus provides a comprehensive model that bridges traditional knowledge with contemporary clinical practice, making it highly valuable in the management of acid-related gastrointestinal disorders.

V. Conclusion

Amlapitta is a common yet manageable disorder when approached through Ayurvedic principles. Classical texts provide a comprehensive understanding, integrating dietetics, lifestyle, pharmacotherapy, and *Panchakarma*. Modern lifestyle trends increase predisposition to *Pitta*-related digestive issues, making Ayurvedic management, with its emphasis on *Agni* and holistic living, especially relevant today.

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