

A COMPREHENSIVE REVIEW OF AMLAPITTA: AYURVEDIC AND MODERN PERSPECTIVES

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ABSTRACT

Amlapitta is a gastrointestinal disorder well-explained in Ayurvedic literature and clinically comparable to hyperacidity, acid dyspepsia, and gastroesophageal reflux disease (GERD) in modern medicine. Ayurveda attributes *Amlapitta* to vitiation of *Pitta* and impairment of *Agni*, leading to deranged *Aharapaka* and the formation of *Vidagdha Ahara Rasa*. Cardinal features include *Amlodgara*, *Hrit-Kantha Daha*, *Avipaka*, *Utklesha*, and *Gourava*. Modern medicine associates these symptoms with excessive gastric acid secretion, mucosal barrier dysfunction, altered motility, delayed gastric emptying, and *Helicobacter pylori* infection. This article integrates Ayurvedic concepts from classical texts such as *Madhava Nidana*, *Bhavaprakasha*, *Charaka Samhita*, and *Ashtanga Hridaya*, alongside contemporary gastroenterological knowledge. Methodology included textual analysis of classical references, review of uploaded literature, and correlation with modern physiological models. The *Samprapti* and pathophysiology highlight the convergence between deranged *Pitta-Agni* interactions and gastric acid regulatory disturbances. The discussion emphasizes diet, lifestyle, and psychosomatic factors common to both systems. An integrative understanding of *Amlapitta* enhances clinical decision-making and supports evidence-based validation of Ayurvedic therapeutics. Further research and structured clinical trials are needed to substantiate classical formulations.

KEYWORDS: *Amlapitta*; *Pitta*; *Agni*; hyperacidity; dyspepsia; gastritis; *Aharapaka*; gastroenterology.

1. INTRODUCTION

Amlapitta is a frequently encountered gastrointestinal disorder described primarily in later Ayurvedic texts such as *Madhava Nidana* and *Bhavaprakasha*, although its conceptual foundation is rooted in the *Pitta-Agni* framework described in the *Brihatrayi*. According to Ayurveda, vitiated *Pitta* together with impaired *Agni* leads to the formation of acidic, improperly digested food (*Vidagdha Ahara Rasa*), resulting in symptoms such as *Amlodgara*, *Hrit-Kantha Daha*, *Utklesha*, *Avipaka*, and *Gourava*.^[1]

Modern medical science correlates these symptoms with hyperacidity, acid dyspepsia, functional dyspepsia, gastritis, and GERD, which are associated with increased gastric acid secretion, mucosal inflammation, altered motility, and *H. pylori* involvement.^[4] Increasing stress, irregular diet, late-night sleeping, fast foods, and NSAID use have contributed to a rising burden of acid-related disorders.

This review aims to present a detailed comparative analysis of *Amlapitta* using both Ayurvedic and modern perspectives, with special emphasis on *Samprapti*, pathophysiology, and integrative understanding.

2. METHODOLOGY

The methodology involved a comprehensive qualitative review of classical Ayurvedic texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Madhava Nidana*, and *Bhavaprakasha*. Additional data were extracted from uploaded thesis materials, Ayurvedic commentaries, Nighantus, and modern medical literature from gastroenterology textbooks, clinical guidelines, and peer-reviewed research databases.

Information was organized through thematic extraction, identifying core concepts related to *Nidana*, *Samprapti*, *Lakshanas*, and management. Modern gastroenterological concepts such as acid secretion physiology, mucosal protection mechanisms, and *H. pylori* pathology were correlated with Ayurvedic functional constructs of *Agni*, *Pachaka Pitta*, and *Annavaha Srotodushti*. The review synthesizes both traditions to present a unified understanding of *Amlapitta*, its mechanisms, and its clinical relevance.

Preventive Strategies

Lifestyle and Diet

Both classical *Ayurveda* and modern prevention agree on the avoidance of triggers—overeating, sour/spicy foods, irregular eating patterns, stress, and excessive drug use. Dietary modifications, stress management, regular routines, and *yoga*-based therapies (such as *Sheetali Pranayama* and mindful eating) are shown to complement medical management and prevent recurrences.

3. Samprapti (Ayurvedic Pathogenesis)

The *Samprapti* of *Amlapitta* begins with the consumption of inappropriate diet (*Viruddha Ahara*, *Amla-Lavana-Katu Rasa*, *Adhyashana*) and lifestyle habits such as *Divaswapna*, *Ratrijagarana*, and *Vegadharana*, which vitiate *Pitta* and impair *Pachaka Agni*.^[1,3] The deranged *Agni* fails to digest food properly, leading to the formation of *Vidagdha Ahara Rasa* characterized by excessive *Amla* and *Ushna* qualities. This acidic material irritates the *Annavaha Srotas*, causing *Srotodushti* in the form of *Sanga* and *Picchila Srotorodha*. As a result, symptoms like *Amlodgara*, *Hrit-Kantha Daha*, *Avipaka*, *Gourava*, and nausea manifest.

Madhava Nidana further classifies the disease into *Urdhwaga Amlapitta* (vomiting, sour belching) and *Adhoga Amlapitta* (diarrhea, burning sensation), depending on the direction of *vitiated Pitta* movement.^[3] Thus, the *Samprapti ghatakas* include *Dosha—Pitta* (primary) and *Kapha* (secondary), *Dushya—Rasa* and *Rakta*, *Agni—Pachaka Agni*, *Srotas—Annavaha Srotas*, *Adhisthana—Amashaya*, and *Udbhavasthana—Amashaya* itself.

4. PATHOPHYSIOLOGY

4.1 Ayurvedic Pathophysiology

From the Ayurvedic standpoint, *Amlapitta* is fundamentally a disorder of disturbed *Agni* and aggravated *Pitta*. Impairment of *Pachaka Agni* disrupts the normal sequence of *Avasthapaka—Madhura*, *Amla*, and *Katu Avasthapaka*—leading to early dominance of the *Amla* phase and formation of acidic, fermented chyme (*Vidagdha Ahara Rasa*).^[2] This results in upward or downward movement of *vitiated Pitta*, producing symptoms expressed at the level of *Amashaya* and *Annavaha Srotas*. Chronic irritation of mucosa may further result in *Pitta-Kapha* involvement, giving rise to symptoms like heaviness, nausea, and mucus-coated vomitus.

4.2 Modern Pathophysiology

Modern medicine attributes hyperacidity to excessive secretion of gastric acid due to increased vagal stimulation, elevated gastrin levels, enhanced histamine release, and overactivity of the H^+/K^+ -ATPase proton pump.^[4] Gastroprotective mechanisms—such as mucus-bicarbonate secretion, prostaglandins, epithelial integrity, and mucosal blood flow—become impaired due to NSAIDs, stress, smoking, alcohol, and irregular meals.^[5] *Helicobacter pylori* infection plays a critical role by causing inflammation, altering gastric pH, increasing gastrin secretion, and producing mucosal damage, eventually leading to gastritis, erosions, and dyspepsia.^[4] Additionally, delayed gastric emptying and dysregulated motility result in fermentation of food and production of gas, closely resembling *Vidagdha Ahara Rasa* described in Ayurveda.

5. DISCUSSION

An in-depth comparison reveals strong conceptual parallels between the Ayurvedic and biomedical explanations of *Amlapitta*. The Ayurvedic description of *vitiated Pitta*, deranged *Agni*, and formation of *Vidagdha Ahara Rasa* closely correlates with increased gastric acid output, mucosal irritation, and delayed gastric emptying described in modern physiology. The concept of *Srotodushti*—especially *Sanga* and inflammation—resembles mucosal edema, congestion, and impaired gastric motility.

Furthermore, etiological factors outlined in Ayurveda such as irregular meals, consumption of excessively sour, salty, and spicy food, stress, daytime sleep, and suppression of natural urges correspond strongly with modern risk factors for acid peptic disorders. Ayurvedic emphasis on psychosomatic contributors (*Chinta*, *Krodha*) aligns with the modern understanding of stress-mediated acid secretion and gut-brain axis dysfunction.

Therapeutic parallels are also evident: Ayurvedic strategies like *Deepana-Pachana*, *Snehana*, *Mridu Virechana*, and use of herbs like *Yashtimadhu*, *Amalaki*, and *Guduchi* exhibit actions comparable to proton pump inhibitors, mucosal protectants, antioxidants, and anti-inflammatory agents.^[6–8] Both systems emphasize the necessity of lifestyle and dietary modifications, highlighting a shared holistic approach.

6. CONCLUSION

Amlapitta is a multifactorial disorder with deep roots in digestive physiology and lifestyle behavior. Ayurveda provides a holistic explanation through the interplay of *Pitta*, *Agni*, and *Aharapaka*, while modern medicine describes corresponding biochemical and anatomical mechanisms involving acid secretion and mucosal protection. Integrating both perspectives enriches the understanding of *Amlapitta*, supports evidence-based therapeutic strategies, and highlights the need for further clinical research to validate traditional Ayurvedic interventions. A combined approach drawing from classical insights and modern physiology offers the potential for more comprehensive patient care and improved clinical outcomes.

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