

Review on Amlapitta: Concept, Etiopathogenesis, and Management

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Abstract: *Amlapitta is primarily caused by the aggravation of Pitta dosha, is marked by an increase in its sour and burning qualities. The condition is recognised for its pathological manifestations, such as indigestion, fatigue, excessive sour belching, and burning sensations in the chest and throat. Classical texts like Caraka Samhita and Madhava Nidana describe the condition's distinct clinical features, including two primary types: upward (Urdhvaga) and downward (Adhoga) Amlapitta. The primary etiological factors include improper dietary habits, such as excessive consumption of spicy, sour, and incompatible foods, alongside lifestyle factors like irregular eating and day-sleeping. Pathogenesis involves weakened digestive fire, leading to improper food digestion and the formation of Ama (toxins), further escalating the disorder. Ayurvedic management strategies include both bio-purificatory therapies like Vamana (emesis) and Virechana (purgation), as well as palliative treatments using herbs and dietary modifications. This review consolidates the classical understanding of Amlapitta, emphasising its clinical relevance in contemporary digestive health management*

Keywords: Amlapitta, Pitta dosha, Ayurvedic treatment, Pathogenesis

I. INTRODUCTION

Amlapitta is a classical Ayurvedic disorder characterized by the aggravation of Pitta dosha, predominantly through an increase in its sour (Amla) and burning (Vidahi) qualities. The term itself—Amla (sour) and Pitta (digestive fire)—describes the pathological state where Pitta acquires an excessive sourness, disturbing normal digestion and metabolism.^[1]

Early references to Amlapitta are found in works like Kashyapa Samhita, where it is treated as a distinct disease entity, and later in Madhava Nidana, which provides a more detailed account, including classifications like Urdhwaga (upward moving) and Adhoga (downward moving) Amlapitta. Commentators such as Chakrapani and Vijayarakshita emphasize the central role of Amla gunavridhi (increase of sourness) in its pathogenesis.^[2]

The causes of Amlapitta are largely rooted in improper dietary habits—such as excessive intake of sour, spicy, or incompatible foods—and faulty lifestyle practices like irregular eating, day-sleeping after meals, and mental stress. Psychological factors such as anger and anxiety are also recognized for their impact on digestive health, further aggravating Pitta.^[3]

Pathogenesis (Samprapti) involves weakening of digestive fire (Agni), leading to improper digestion, formation of Ama, and sour fermentation of food within the stomach (Shukta Avastha). If untreated, this can lead to more complicated presentations and chronicity.^[4]

Management strategies in Ayurveda primarily focus on purification therapies like Vamana (emesis) and Virechana (purgation), followed by pacification with medicines, diet regulation, and lifestyle correction. Early and appropriate interventions are seen as key to preventing chronic complications.^[5]

This review aims to provide an overview of the classical understanding of Amlapitta, integrating its causes, pathogenesis, clinical features, and treatment approaches based on Ayurvedic texts.



II. MATERIAL AND METHODS

This review is based on a critical study of classical Ayurvedic texts such as Caraka Saṃhitā, SuśrutaSaṃhitā, KāśyapaSaṃhitā, and MādhavaNidāna, along with contemporary scholarly articles accessed through Semantic Scholar and PubMed. Relevant Sanskrit verses and traditional commentaries were analyzed to synthesize the conceptual, clinical, and therapeutic understanding of Amlapitta.

III. RESULT

Conceptual Understanding of Amlapitta

The term Amlapitta is a compound derived from Amla (sour taste) and Pitta (the bio-energetic principle responsible for digestion and metabolism). Acharyas such as Chakrapāṇi Datta, Vācaspatyam, and Vijayarākṣita have elucidated that Amlapitta occurs due to the vṛddhi (excessive increase) of the Amla guṇa of Pitta, leading to pathological manifestations.

Classical References

Amlapitta finds extensive references in various Ayurvedic treatises:

- In Caraka Saṃhitā, during the discussion of Grahanidoṣa, mention of Antardaaha (internal burning) indicates early acknowledgment of Amlapitta pathogenesis.^[6]
- SuśrutaSaṃhitā describes a related condition termed Amlikā, attributed to the excessive use of Lavaṇa rasa (salty taste).^[7]
- KāśyapaSaṃhitā uniquely details Amlapitta as an independent disease entity, including its nidāna (etiology), lakṣaṇa (clinical features), and cikitsā (management).^[8]
- MādhavaNidāna elaborates its etiopathogenesis, divides it into two variants — Ūrdhvagaamlapitta (upward manifestation) and Adhogaamlapitta (downward manifestation).^[9]

Aetiological Factors (Nidāna)

The causative factors for Amlapitta are broadly categorized into āhāraja (dietary), vihāraja (lifestyle), and mānasika (psychological) hetus.

Āhāraja Hetu (Dietary Factors)

Consumption of pitta-prakopakaahāra (pitta-aggravating foods) such as Amla rasa, Katu rasa, Tikṣṇa substances, Uṣṇa (hot potency), and Guru (heavy to digest) foods is emphasized as the primary cause. Specific examples include:

- Kulattha (Dolichos biflorus Linn.)
- Pṛthuka (flattened rice)
- Pulāka (husky foods)

Faulty dietary habits like Adhyāśana (eating over undigested food), Ajīrṇāśana (eating during indigestion), and Akālabhojana (untimely eating) are prominently implicated.

Vihāraja Hetu (Lifestyle Factors)

Excessive bathing (Ati-snāna), swimming (Ati-avagāhana), sleeping post-prandially during daytime (Divāsvapna), suppression of natural urges (Vega-dharaṇa), and irregular sleep patterns (Asamīkṣitanidrā) disrupt the pitta homeostasis and precipitate Amlapitta.

Mānasika Hetu (Psychological Factors)

Mental states like krodha (anger), śoka (grief), bhaya (fear), and lobha (greed) adversely affect Agni (digestive fire) and lead to Pitta vitiation, culminating in Amlapitta.

Pathogenesis (Samprāpti)

Samprāpti of Amlapitta involves initial vitiation of Vāta and Pitta doṣas, resulting in Jatharāgnimāndya (weak digestive fire). Consequently, ingested food undergoes improper digestion, forming Vidagdhaāhāra. Accumulation of Vidagdhaāhāra along with Pitta leads to Amavisasamūrccana, resulting in the clinical onset of Amlapitta.

Further progression results in clinical bifurcation into Ūrdhvaga (upward) and Adhoga (downward) types. If untreated, complications such as Pariṇāmaśūla (duodenal pain), Udara (abdominal diseases), and Śitapitta (skin disorders) may arise.



Clinical Features (Lakṣaṇa)

- SāmānyaLakṣaṇa (Common Symptoms)
- Avipāka (indigestion)
- Klama (fatigue without exertion)
- Kledaka (nausea)
- Ati-tikta-amla-udgāra (excessive bitter and sour belching)
- Gaurava (heaviness of the body)
- Hṛd-kanṭha-dāha (burning sensation in chest and throat)
- Aruci (loss of appetite)

BhedaLakṣaṇa (Subtype-specific Symptoms)

- AdhogaAmlapitta: Trṣṇā (thirst), Dāha (burning), Mūrccā (fainting), Mohana (delusion), and Pītavarnatā (yellow discoloration).
- ŪrdhvagaAmlapitta: Vomiting of sour, discolored fluid (āmavamanam), Urdhva-dāha (upward burning), śirahśūla (headache).
- Vāta-pradhānaAmlapitta: Tremors (kampana), giddiness (bhrama), fainting (mūrccā).
- Kapha-pradhānaAmlapitta: Heaviness (gurutva), excessive phlegm (śleṣma-nisrāva), excessive sleep (ati-nidrā).
- Vāta-Kapha-mixed and Kapha-Pitta-mixed forms exhibit overlapping symptoms.
- Management (Cikitsā)

Management of Amlapitta is twofold: Śodhana (bio-purificatory measures) and Śamana (palliative therapies), supported by proper Āhāra-vihāra (diet and lifestyle) modifications.^[10]

Śodhana Cikitsā

- Vamana karma (therapeutic emesis) is the principal therapy, especially in early stages.
- Virecana karma (purgation) follows to expel residual Pitta.
- Basti karma (medicated enemas) is employed for chronic or refractory cases.

Śamana Cikitsā

- Administration of digestive and pitta-śamaka (pitta-pacifying) herbs such as Guḍūcī (Tinospora cordifolia) and Nīmba (Azadirachta indica).
- Use of classical formulations like Kāmadugha rasa, Suvarṇamāṅśikabhasma, Avipattikaracūrṇa, and Dhātṛīrasāyana.

Āhāra-vihāra

- Consumption of laghu, śīta (cooling), and madhura rasa (sweet-tasting) foods like Yava (barley), Godhūma (wheat), Mudga (green gram), and Tiktā-aṣṭaka (bitter vegetables).
- Avoidance of Amla rasa, Lavaṇa rasa, Katu rasa foods, day-sleep (Divāsvapna), and excessive exertion.

IV. DISCUSSION

Amlapitta, as detailed in classical Ayurvedic texts, stands as a clear example of how imbalances in diet, lifestyle, and mental health directly affect digestive functioning. The understanding of its pathogenesis—rooted in the vitiation of Pitta with a predominance of Amla Guna—offers valuable insight into both the prevention and management of this condition. Texts such as the KāśyapaSamhitā and MādhavaNidāna provide comprehensive descriptions that continue to hold clinical relevance today.

The intricate interplay between Agnimandya, Vidagdha Ahara, and the manifestation of doshic imbalance reflects Ayurveda's deep understanding of gastrointestinal disorders. The classification into Ūrdhvaga and Adhoga types, along with the recognition of Vata, Pitta, and Kapha influences, highlights the complexity and individualized nature of the disease.



Management strategies focusing first on Shodhana therapies like Vamana and Virechana, followed by Shamana chikitsa with Pitta-pacifying herbs and strict attention to Pathya-Apathya, emphasize Ayurveda's holistic approach. Importantly, the recognition of Amlapitta's strong ties to both physical and psychological factors underscores the need for an integrated therapeutic plan that addresses the individual as a whole, not merely the symptoms.

V. CONCLUSION

The classical Ayurvedic understanding of Amlapitta offers timeless principles that remain highly applicable in the management of modern acid-peptic disorders. Thoughtful application of these guidelines, alongside contemporary research, can open new avenues for integrative treatment approaches in digestive health.

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