

# An Examination and Critique of Amlapitta From the Samhitas

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**Abstract:** *Amlapitta is a major disorder of the Annavaha Srotas and remains one of the most commonly encountered digestive ailments in Ayurvedic practice. Though modern medicine correlates it with hyperacidity, GERD, functional dyspepsia, and acid-peptic disorders, the Ayurvedic understanding is multidimensional—rooted in Agnimandya, Ama formation, Pitta Dushti, abnormal fermentation (Suktapaka), and disruption of gastrointestinal motility. While Charak and Sushrut provide scattered references, Kashyap Samhita is the first classical text to present Amlapitta as an independent disease, and Madhava Nidana gives the most systematic and clinically helpful framework. This article critically analyses Amlapitta across all major Samhitas using authentic chapter–verse citations in traditional format.*

**Keywords:** Amlapitta, Pitta Dushti, Agni, Ama, Grahani, Charak Samhita, Sushrut Samhita, Ashtang Hruday, Ashtang Sangraha, Kashyap Samhita, Madhava Nidana, Ayurveda, Hyperacidity

## I. INTRODUCTION

Amlapitta, literally meaning “sour Pitta,” represents a pathological state wherein the inherent *Amla* and *Drava* qualities of Pitta increase abnormally. This altered Pitta, mixed with Ama and improperly digested food, produces symptoms such as Tiktāmla-udgāra, Hṛid-dāha, Utkleśa, Avipāka, Chhardi, and Gaurava.

Ayurveda views this condition not as a mere acid imbalance but as a complex digestive, metabolic, and psychosomatic dysfunction. Its classical understanding involves dietary incompatibilities, psychological disturbances, impaired digestive fire, abnormal fermentation, and altered gut movement.

Kashyap Samhita and Madhava Nidana provide the earliest structured nosology, whereas Charak, Sushrut, Ashtang Hruday and Ashtang Sangraha contribute essential theoretical and therapeutic foundations.

## II. ETYMOLOGY (NIRUKTI & VYUTPATTI) — EXPANDED

The word **Amlapitta** is derived from:

### Amla

- Sour, acidic, fermented
- Denotes heightened Amla-rasa
- Represents pathological sourness created through *Suktapaka* (abnormal acidic fermentation)

### Pitta

- One of the Tridosha responsible for digestion, metabolism, and transformation
- Natural qualities: *Ushna*, *Tikshna*, *Laghu*, *Drava*
- Naturally *slightly acidic* but physiologically controlled

### Amlapitta (combined meaning)

When Pitta becomes excessively sour (*Amla-guṇa-atipravṛddhi*), its normal functions become irritative and pathogenic, leading to burning, regurgitation, and nausea.



Classical

“**Amlaya Pittam Amlapittam**” – Pitta becoming excessively sour.

Thus Amlapitta represents **qualitative perversion of Pitta**, not merely its quantitative increase.

definition:

### III. HISTORICAL REVIEW

#### 3.1 Pre-Samhita Period

Vedic literature indirectly mentions indigestion (*Avipaka*), burning sensation, nausea, and food-related distress. These were precursors to later systematic understanding.

#### 3.2 Samhita Era

##### a) Charak Samhita

Charak does not present Amlapitta as a separate disease. Instead, he gives contextual descriptions:

- Amla–Lavana atiyoga leading to Vidaha, Avipaka, and Tikta–Amla udgara (C.S. Sū. 24/16–18)<sup>1</sup>
- Viruddhahara causing Ama and Pitta Dushti (C.S. Sū. 26/102)<sup>2</sup>
- Mandagni → Ajirna → Ama, the core mechanism (C.S. Chi. 6/6–9)<sup>3</sup>
- Grahani pathology closely resembles Amlapitta Samprapti (C.S. Chi. 15/44–48)<sup>3</sup>

Charak’s framework heavily emphasises **Agni**.

##### b) Sushrut Samhita

Sushrut describes a similar condition called **Amlika**, caused by Amla–Lavana excess<sup>3</sup>:

- Tikta āmla-udgara
  - Hrit-daha
  - Avipaka
- (S.S. Sū. 46/511–514)<sup>4</sup>

This highlights the direct relationship between dietary salts/acids and acid-related disorders.

##### c) Ashtang Sangraha

Vagbhata explains:

- Improper food habits (AS Sū. 19/17–18)<sup>5</sup>
- Shodhana for Pitta disorders (AS Chi. 3/55–60)<sup>6</sup>

His descriptions refine the understanding of Ajirna, Pitta Prakopa, and fermentation.

##### d) Ashtang Hruday

Ashtang Hruday elaborates:

- Pitta vitiation due to Amla–Lavana Atiyoga (AH Sū. 14/22–25)<sup>7</sup>
- Symptoms like Utklesha, Avipaka, Udgara under Ajirna (AH Ni. 8/23–26)<sup>8</sup>

##### e) Kashyap Samhita

The **first complete chapter** on Amlapitta appears in Kashyap (Khila Sthana 16)<sup>9</sup>.

Kashyap describes:

- Nidana
- Doṣaja types
- Urdhvaga/Adhoga classification
- Upadrava
- Shodhana and Shamana chikitsa
- Dietetic guidelines

This is the earliest full monograph on Amlapitta.



#### **f) Madhava Nidana**

Madhava dedicates an entire chapter to Amlapitta (chapter 51)<sup>10</sup>:

- Detailed Nidana
- Samprapti
- Rupa
- Urdhvaga/Adhoga types
- Prognosis

### **IV. NIDANA (AETIOLOGY)**

Amlapitta develops due to a combination of improper dietary habits, unhealthy lifestyle practices, psychological disturbances, and exposure to causative external factors. These nidanas act collectively to impair *Agni*, produce *Ama*, and vitiate Pitta, thereby setting the stage for the disease process.

#### **4.1 Aharaja Nidana**

Dietary causes constitute the most dominant nidana group. Excessive intake of *Amla* and *Lavana* substances provokes Pitta directly, as highlighted by Charak (C.S. Sū. 24/16–18)<sup>1</sup>. Similarly, consuming *Viruddhāhāra* results in Ama formation and Ama–Pitta dushti (C.S. Sū. 26/102)<sup>2</sup>. Kashyap describes that *Guru* and *Abhishyandi* foods further weaken digestion and obstruct channels (KS Khila 16)<sup>9</sup>. Madhava adds that *Adhyashana*, or eating before complete digestion of prior meal, causes severe Agnimandya and accelerates fermentation leading to Amlapitta (M.N. 51/1–4)<sup>10</sup>.

#### **4.2 Viharaja Nidana**

Lifestyle-related causes significantly influence the pathogenesis. Practices such as *Divaswapna* (daytime sleep) and *Ratrijagarana* (night vigil) disturb normal digestive rhythms, resulting in Pitta aggravation. Additionally, *Vega Dharana*—the habitual suppression of natural urges—leads to disruption in gastrointestinal motility and promotes Ama formation, as noted in Ashtang Hruday (AH Sū. 7/4–6).

#### **4.3 Manasika Nidana**

Mental factors play a crucial role in digestive health. Emotional states like anger (*Krodha*), grief (*Shoka*), and fear (*Bhaya*) impair Agni, reduce digestive efficiency, and facilitate Ama formation. Charak emphasises that psychological disturbances directly affect digestion and metabolism, contributing substantially to Amlapitta development (C.S. Chi. 6/6–9)<sup>3</sup>.

#### **4.4 Agantuja Nidana**

External factors also contribute to disease onset. Consumption of alcohol, stale food, contaminated food, or improperly preserved items aggravates Pitta and promotes *Suktapaka* (pathological fermentation). Although not always mentioned explicitly, these causes are strongly inferable from Samhita-based dietary and sanitation principles, indicating their role in triggering or worsening Amlapitta.

### **V. SAMPRAPTI**

#### **Charak's Samprapti (Ajirna → Ama → Pitta Dushti):**

(C.S. Chi. 6/6–9; 15/44–48)<sup>3</sup>

According to Charak, the Samprapti of Amlapitta originates from persistent exposure to nidanas that impair the digestive fire (*Agnimandya*), leading initially to *Ajirna* and subsequently to the formation of *Ama* (C.S. Chi. 6/6–9; 15/44–48)<sup>3</sup>. This *Ama* combines with vitiated Pitta, resulting in an Ama–Pitta mixture that undergoes qualitative deterioration, becoming excessively sour and irritative. The abnormal Pitta then produces classical symptoms such as *Tiktāmla-udgāra*, *Utkleśa*, and *Hrid-dāha*, culminating in the clinical entity recognised as Amlapitta.



**Kashyap–Madhava Samprapti:**

(KS Khila 16; M.N. 51/1–12)<sup>9-10</sup>

Kashyap and Madhava Nidana, the Samprapti is described with greater specificity. Excess consumption of *Amla* and *Lavana* ahara initiates *Mandagni*, which disrupts normal digestion and encourages pathological fermentation known as *Suktapaka* (KS Khila 16; M.N. 51/1–12)<sup>9-10</sup>. This fermentative process produces acidic, frothy, partially digested contents capable of vitiating and increasing Pitta (*Pitta vridhhi*). The aggravated Pitta causes *Utkleśa*, leading to two possible directions of pathological movement: upward (*Urdhvaga Amlapitta*) characterised by sour belching and vomiting, or downward (*Adhoga Amlapitta*) presenting with burning sensations, loose stools, or heaviness. Together, these descriptions form a comprehensive and coherent pathophysiological sequence for Amlapitta within the classical Ayurvedic framework.

**VI. RUPA**

**Madhava's description (M.N. 51/5–12)<sup>10</sup>:**

Madhava provides a detailed and clinically precise description of Amlapitta in Madhava Nidana listing characteristic features such as *Avipaka* (indigestion), *Tiktāmla-udgāra* (bitter-sour eructations), *Utkleśa* (nauseating upward movement of vitiated doshas), *Hrid-daha* (retrosternal or epigastric burning), and *Gaurava* (heaviness of the body). Additional symptoms include *Aruchi* (loss of appetite), *Chhardi* (vomiting), and altered bowel habits manifesting as either *Vibandha* (constipation) or *Atisara* (loose stools), reflecting the variability in gut motility associated with the disorder.

**Kashyap's Doshaja types: (KS Khila 16)<sup>9</sup>**

Kashyap Samhita further classifies Amlapitta based on doṣic predominance into *Vataja*, *Pittaja*, and *Kaphaja* subtypes, each presenting with subtle differences in symptom expression. This combined description not only enriches diagnostic clarity but also supports tailored therapeutic strategies according to the dominant doṣa involved.

**VII. TYPES**

**Urdhvaga Amlapitta**

Urdhvaga Amlapitta refers to the upward movement of the vitiated Ama–Pitta mixture. As described by Madhava (M.N. 51/9–10)<sup>10</sup>, this type is characterised by symptoms such as *Tiktāmla-udgāra*, nausea, vomiting, and a rising sensation of heat or burning in the chest and throat. The pathological movement occurs due to aggravated Pitta pushing the contents upward, often resembling modern conditions such as acid reflux, regurgitation, or upper gastrointestinal irritation. Clinically, the upward direction of the doshas is evident from predominant symptoms involving the oesophagus, chest, and oral cavity.

**Adhoga Amlapitta**

Adhoga Amlapitta is marked by the downward movement of vitiated Pitta and fermented gastric contents. Madhava explains (M.N. 51/11–12)<sup>10</sup> that this manifestation presents with symptoms such as burning in the stomach, diarrhoea or loose stools, abdominal discomfort, heaviness, and abnormalities in bowel movement. The descending direction reflects deeper gastrointestinal involvement, often correlating with gastritis-like presentations, bile-induced irritation of the intestines, or Pitta-provoked changes in gut motility. The downward flow of aggravated Pitta gives rise to more intestinal symptoms compared to the upper tract symptoms of the Urdhvaga type.

**VIII. UPADRAVA (KS KHILA 16)<sup>9</sup>**



Kashyap Samhita describes several important *Upadravas* that may arise when Amlapitta remains untreated or when the vitiated Pitta continues to disturb the gastrointestinal system. *Jwara* develops due to systemic involvement of Ama and Pitta, indicating deeper metabolic derangement. *Atisara* occurs when aggravated Pitta and fermented gastric contents irritate the intestines, producing loose stools and increased bowel frequency. In some individuals, chronic disturbance of Agni and impairment of intestinal function may progress to *Grahani*, reflecting compromised digestive fire and altered absorption. Long-standing Pitta vitiation and nutritional depletion can give rise to *Pandu*, manifesting as pallor and weakness. Additionally, abdominal discomfort or *Shoola* may appear due to spasmodic irritation of the gut or aggravated Vata coexisting with Pitta. These complications highlight the systemic impact of Amlapitta and reinforce the need for timely, appropriate management to prevent disease progression.

## **IX. CHIKITSA**

### **9.1 Nidana Parivarjana**

No cure is possible without removing causative factors.

Avoid:

- Amla, Lavana
- Viruddha ahara
- Fried / fermented food
- Day sleep
- Stress, anger

### **9.2 Shodhana**

#### **Vamana**

*Vamana* is specifically indicated for Urdhvaga Amlapitta, where the pathological movement of the vitiated Ama-Pitta complex is predominantly upward. As described in Ashtang Sangraha (AS Chi. 3/55–60)<sup>6</sup>, therapeutic emesis helps expel the accumulated corrosive, fermented gastric contents directly from their site of origin. By eliminating the vitiated Pitta and Ama through the oral route, Vamana provides rapid relief from symptoms such as sour eructations, nausea, vomiting, and chest or throat burning. It also prevents further upward movement of aggravated doshas, restores normal gastric dynamics, and improves the functioning of Agni. Thus, Vamana plays a crucial role in breaking the Samprapti of Urdhvaga Amlapitta and re-establishing doshic balance.

#### **Virechana**

*Virechana* is the principal therapy for Adhoga Amlapitta, where the vitiated Pitta tends to move downward. As indicated in Ashtang Hruday (AH Chi. 18/55–60)<sup>12</sup>, this procedure facilitates the expulsion of aggravated Pitta and fermented contents through the lower gastrointestinal tract. Virechana alleviates symptoms such as abdominal burning, diarrhoea, heaviness, and altered bowel habits by directly clearing the intestines. It reduces inflammation, normalises gut motility, and enhances the quality of digestive secretions. By eliminating vitiated Pitta from its principal site of accumulation, Virechana breaks the pathological cycle of Adhoga Amlapitta and promotes restoration of digestive balance.

### **9.3 Shamana**

Medicated Ghrita plays an important role in the palliative management of Amlapitta. Mahatikta Ghrita (C.S. Chi. 7/150)<sup>13</sup> soothes Pitta and helps in repairing the gastric mucosa, restoring digestive balance.

Herbal medicines are used to pacify Pitta and improve digestive function. Draksha and Parushaka support digestion and maintain gastrointestinal harmony. Amalaki helps in strengthening the digestive system and enhancing immunity. Guduchi contributes to overall Pitta reduction and supports tissue repair, while Yashtimadhu soothes the gastric mucosa and reduces inflammation. All these medicines are classical Pitta-pacifying drugs.



Haritaki preparations, such as Kamsa Haritaki (C.S. Chi. 1/68–70)<sup>14</sup>, are recommended to improve digestion, regulate Ama and Pitta, and promote normal bowel function. These preparations help in maintaining digestive homeostasis and preventing recurrence of Amlapitta symptoms.

#### **9.4 Pathya-Apathya**

Dietary management is crucial in the prevention and treatment of Amlapitta. According to Kashyap Samhita, pathya foods include Mudga, Shali rice, Takra, and coconut water. These foods are light, easily digestible, and support proper Agni, helping to restore digestive balance.

On the other hand, apathya foods are discouraged as they can aggravate Pitta and contribute to Ama formation. These include curd, heavy foods, fried items, and alcohol (KS Khila 16)<sup>9</sup>. Avoiding these foods helps in preventing exacerbation of symptoms and supports the effectiveness of therapeutic interventions.

### **X. DISCUSSION**

#### **10.1 Holistic Pathogenesis**

Amlapitta arises from the complex interplay between Agni, Ama, and Pitta. While modern medicine primarily interprets acid-related disorders as localized gastric dysfunctions, Ayurveda offers a systemic perspective. It integrates dietary habits, digestive efficiency, fermentation processes, emotional states, lifestyle factors, and gut motility into the understanding of disease. Consequently, Amlapitta is conceptualized not merely as hyperacidity but as a comprehensive digestive disorder affecting multiple aspects of gastrointestinal physiology. This holistic approach underlines the importance of addressing both etiological and pathological factors rather than only symptomatic relief.

#### **10.2 Kashyap's Clinical Precision**

Kashyap Samhita presents a Doṣaja and Gati-based classification of Amlapitta, which shows remarkable resemblance to modern clinical categorization. Urdhvaga Amlapitta corresponds closely with gastroesophageal reflux disease, characterized by upward flow of gastric contents, whereas Adhoga Amlapitta aligns with bile reflux and gastritis, reflecting downward pathological manifestations. This precise symptom-to-type correlation demonstrates the clinical relevance of ancient classification in modern diagnostic frameworks.

#### **10.3 Madhava's Diagnostic Clarity**

Madhava Nidana provides elaborate symptomatology for both Urdhvaga and Adhoga Amlapitta, detailing signs such as anorexia, nausea, eructation, regurgitation, abdominal heaviness, and malaise. This makes Madhava Nidana a gold standard for Ayurvedic diagnosis, offering both specificity and comprehensiveness. The clarity in describing symptom progression and associations facilitates early detection and targeted management, supporting modern principles of personalized care.

#### **10.4 Charak's Conceptual Depth**

Charak Samhita emphasizes the Agni–Ama–Grahani triad in the pathophysiology of Amlapitta. Charak links impaired Agni, accumulation of Ama, and deranged Grahani function as the primary drivers of disease manifestation. This foundational model highlights the systemic nature of digestive disturbances and serves as a conceptual framework for both preventive and therapeutic strategies. The pathophysiological insights remain highly relevant in contemporary clinical practice, particularly for chronic and recurrent digestive disorders.

#### **10.5 Therapeutic Strength**

Ayurvedic management of Amlapitta exemplifies a comprehensive multimodal strategy. It combines Shodhana, Shamana, Rasayana, and Pathya to restore digestive homeostasis. This integrated approach parallels modern treatment strategies that combine proton pump inhibitors, lifestyle modifications, dietary counseling, and mucosal protective





agents. The emphasis on individualized therapy and addressing the root cause, rather than only symptomatic relief, reinforces Ayurveda's enduring clinical relevance.

### **XI. CONCLUSION**

Amlapitta is a multifaceted disease rooted in defects of Agni, Ama formation, and qualitative vitiation of Pitta. Although early Samhitas mention it indirectly, Kashyap Samhita provides the first systematic nosology, and Madhava Nidana offers unmatched diagnostic structure. The Ayurvedic model remains highly relevant in modern practice due to its emphasis on diet, lifestyle, psychology, digestion, and metabolism.

Ayurvedic treatment, comprising Shodhana, Shamana, and Pathya, offers a holistic alternative to modern symptomatic therapy. Understanding Amlapitta through classical Samhita descriptions enriches clinical comprehension and improves therapeutic efficacy.

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