

**A REVIEW OF LITERATURE OF AMLAPITTA WITH SPECIAL REFERENCE TO
DIFFERENT AYURVEDA TEXTS****Dr. Navnath Marotrao Tekale***

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INTRODUCTION

Amlapitta is a relatively prevalent disease that affects the population today, with varying degrees of severity. Eighty percent of the ten most serious diseases in the world are a result of poor eating habits. Acid reflux, nausea, and heartburn are its defining features, which point to Pachaka Pitta, Kledaka kapha, and Samana Vayu as its Vikruthi. In this article a light has been thrown over Amlapitta historical review, definition, cause, symptoms and treatment according to ayurveda. This is a problematic illness that can interfere with a person's day-to-day activities. This review article provides an in-depth analysis of Amlapitta illness based on Ayurveda.

Amla pitta is a common disease which is very much prevalent throughout India. India is a country with full of green forest surrounded by rivers and blue hills due to excessive rain and dense forest humidity is always among crops. Excessive intake of new rice, fish and intake of water and excessive intake of house made alcoholic drinks lead to vitiation of kaphadosha along with Mandagni. Mandagni is the key factor for entire digestive abnormalities including Amlapitta. Agni in Ayurveda has been described as 13 types as Jathragni (Pachakagni), Seven Dhatwagnis viz., Rasa, Rakta, Meda, Majja, Asthi, Sukra, Mamsa and five Bhutagnis viz., Vayaagni, Akasagni, Prithviagnui, Tejaagni and Jalaagni. These agnis have specific relation with entire metabolism and maintains the optimum health. Due to various reasons including climate, diet and modern life style, Agni becomes abnormal. Toxins are converted to more acidic substance ultimately producing hyperacidity. Amlapitta can be co-related with acid peptic disorder or disorder associated with gastric mucosa or due to gastritis. There is a statement in Charaka Samhita about the role of excessive ingestion of salt containing foods in the pathogenesis of hyperacidity along with other disorders. It has been studied relationship between common salt and absorbed that there was mark relieved of symptoms of hyperacidity. The role of sodium chloride in gastric acid secretion is also studied, which gives a favouring document to Charak for development of hyperacidity.

Literary review**Naming of amlapitta**

The eminent Sanskrit Dictionary Vacaspathyam denotes Amlapitta as disease condition where pitta leads to sour

taste. It is further explained that this condition all the infected foodstuff are transformed into Amlaras due to abnormal pitta. Here obviously a question is raised that the transformation of food materials into Amlaras whether due to increased. as decreased Amlaguna, which is inherent property of pitta as because increase or decrease both are pathological, we know that the patients complaint of symptoms of hyperacidity when foods is retained and fermented in alcohodria cases. It is matter of surprise that this fact is not excluded from ideas of ancient medicinal writers.

Amlapittam amlapitta

In the commentary of Madhav nidan – Vijoy Rakhit has described this disease as a condition where Amlaguna of pitta is udrikta, which means stimulated, excited increased argueded commerced. The word udrikta indicates the qualitative rise in the acidity of pitta. Chakrapani Dutta in his commentary of Charak samhita in the chapter of Grahani chikitcha has also explained in the similar way.

“Amalam cha pittam amlapittam”

This definition is significant as acidic and bilious eructation as vomiting is one of the red line symptoms of Amlapitta. Usually these symptoms are pre-dominant in urdhaga type of Amlapitta. The Amla refer to hydrochloric acid and pitta refers to bile.

Nidan

It is with mentioning in reference to the actiological of Amlapitta is Madhav Nidan. According to Madhab Nidan indigestion of foods and drinks of incompatible combination, impure materials, Sour and such substances

which cause burning sensation and which level to aggravation of pitta gives rise to the pathological condition known as Amlapitta. Regarding aetiology Kasaya opined that this disease is produced by the use of those substances which are alleged to cause agnimandya when these foods are taken by the person suffering from Agnimandya it remains undigested and goes unfermented and becomes sour. The aetiological facts of the diseases are the others stimulating excessive secretion of pitta. However on a review of the causative factors of the disease in the various Ayurvedic texts, which are taken to be responsible for the genesis of the demand condition, may be summarized as follow:

1. Due to qualitative defect in food 2. Virudha ahar 3. Abhisandi 4. Ati Ushna 5. Ati Sheeta 6. Ati Snigha 7. Ati Rukha 8. Ati Guru
2. Due to quantitative defect of food. " Ati bhojan " Abhojana " Faulty dietetic habit " Adhyasana (Eating before previous digestion)
3. Ati antordakpan (Too much drinking of water during need)

Different kinds of food

1. Pisthanna 2. Akhuvikar 3. Kulathakulai 4. Pulaka (Husky food) 5. Prituaka 6. Bhritadhanya (juice paddy) 7. Tila

Different kinds of drinks

Vegdharan (Not to attend the natural urges) Bhukta, Diva Sapnam (Dream in day time) Ati Snana, Ati Avagahan (Bath tab)

Samprapti – (Pathogenesis) Amlapitta

- Rupa
- Urdhaga
- Adhoga
- Panchakarma

Samprapti: (Pathogenesis)

In Amlapitta, sites of lesion in Amasaya according to Ayurveda disease has been considered as the result of dosha dushya sammurchana. It is possible when excited dosha having extended to other parts of the body be caused and it make the beginning of specific disease pertaining there structure Dalhana, in his commentary explains this stage as one in which the prakupita – dosha having extended and spread over to parts other than their own due to shrotavaigunya or pathological involvement of related channels – by implication leading to dosha – dushya sammurchaka i.e. the inter action between dushya. Thus in the pathology of the diseases the role of dosha and dushya are evident. Now-a-days dosha – dushyas sammurchana is being termed as humoral and cellular changes involved in the pathogenesis of the disease. As Amasaya (Stomach) is the main site of disease Amlapitta, it is worth noting that it is the special site of samana vata, pachaka – pitta, Ranjak pitta and kledak kapha. Saman vayu not only situated in the kostha but also closely associated with Agni, samana vayu stimulates agni which is responsible for digestion of food

and it performs different types of movements of the a gastro-intestinal tract. Movement of gastro-intestinal tract helps to mix properly the food materials and facilitates the enzymes to act. Samana Vayu resembles with the nervous mechanism which controls the gastric secretion and motility of the stomach including both peristaltic and tonic contraction. Hydrochloric acid, enzymes and mucous are the chief components of the gastric juice. Acid pepsin mixture performs the action similar to agni. Gastric secretion is augmented by the nerve which is the parasympathetic component supplied through vagus. Modility of stomach is controlled by vagus and mysenteric plexus. Stimulus of parasympathetic is conducted to the muscle through the msysenmtric plexus. Thus the functions of saman-vayu may attributed to the parasympathetic component of the vagus and mysentric plexus. Pachakagni (Pachakpitta) is also known as Jathragni.

Roopa (Symptomatology)

Symptoms are outward manifestation of internal melody. It is the proof of the existence of a disease.

Madhava has described the following symptoms during clinical description of this disease.

- Avipaka
- Klama
- Utklesha
- Tikta-amla-udgara
- Gaurav
- Hritkantha daha
- Aruchi

The above mentioned symptoms are highly suggestive that Amlapitta has a fair resemblance with the description of condition known as gastritis in the modern system of medicine. of pitta is usually appreciated by the patient in this disease. So it is the most important symptom of Amlapitta. Thus the word Amlapitta means it is a disease characterized by the symptom of hyperacidity. There are two types of Amlapitta, urdhoga and adhoga.

In urdhoga-Amlapitta

- Vomitus may be harit, pit-a, Nila, Krishna, arakta, atiamala, mansodakbham, picchila, nirmala, kapha samsrista and of difficult rasas.
- Sometimes at the time of vidagham of food materials or before eating and drinking the patient vomits, the taste of the vomitus is either sour or bitter of both.
- There may be sour or bitter eructation.
- Kanth-hrit-kukshidaha (Burning in throat, chest and axial)
- Sira –sula (Headache)
- Hasta-pada daha (Burning in palm and sole)
- Jwara (Fever)
- Aruchi (Anorexia)
- Kandu (Itching)

- Mandala pidika (Boils and Carbuncles)
When kapha is in association with pitta produces urdhaga Amlapitta.

In adhoga Amlapitta

- Adhoga Amlapitta is characterized by offensive, green and yellow stool.
- Trishna (Thirst)
- Daha (Burning sensation)
- Murccha
- Bhrama
- Moha
- Hrilasa
- Kotha
- Agnimandya (Anorexia)
- Romancha
- Swedanga (Sweating)
- Yellow colouration of the body

Sadhyasadyata (Prognosis)

Regarding prognosis Madhab's information is noteworthy. According to him, the early cases can be cured by proper management very chronic cases either may be concealed or rarely may be cured by great obstacles. Therefore, prognosis of this disease is not informally favourable.

Upadravas (Complication)

The possible complications are pyrexia, Diarrhea, Anaemia, intractable pain (peptic ulcer), oedema, severe anorexia and cachexia.

Pathya (Diet) in amlapitta

- Tiktarasa pradhan khadya and paniya.
- Madhura ras pradhan khadya and paniya.
- Kasaya resa pradhan khadya and paniya.
- Milk.
- Anna of puratan shali- tandal.
- Yaba (Barley).
- Gama (Wheat).
- Juice of jangal mamsa
- Mudga.
- Masoora.
- Karala
- Patol.
- Hinch- shaka.
- Kumra.
- Mocha.
- Madhu.
- Sarkara.
- Methi- sakha.
- Fish.
- Khail.
- Easily digestible but dry food.
- Egg.
- Chattu.
- Dari

Apathya

- Dhumpan.(Smoking)
- Madya (Alcohol).
- Amlarasa- pradhan khadya and paniya.
- Lavana rasa pradhan khadya and paniya.
- Katu rasa pradhan khadya and paniya.
- Kulatha.
- Tila.

Prophylaxis

- a. Charaka describes an emetic a week, laxative once a month, twice a year venesection as prophylactic measures.
- b. In varsha ritu (rainy season, 15th July to 15th September) the pitta is stated to have accumulated and stagnated in its own place due to the natural cause (prakritik karan). For this reason as prophylaxis tyhen regulation concerning the rainy season, regimen of life in essential. As advised by Charak in this season one should keep to a diet, should avoid sleeping by day, physical exercise, cohabitation, sun heat etc., should eat barley, wheat, and old with flesh of deer boiled sauce, and drink medicinal liquor in small doses with honey, rainwater or boiled water. Massage, baths residence in dry places etc. is also advised.

Critical view

Concept of Amlapitta in changing from time to time discussed elsewhere. In ancient Ayurvedic literature Amlapitta is a condition due to the decrease of jathragni where hypochlorhydria is common feature. From middle age Amlapitta is a condition due to the decrease or increase of jathragni i.e. hyperchlorhydria is included in it. Further it is found that Amlapitta and due to the hyperchlorhydria as urdhoga Amlapitta. However from middle period we get description of this disease mainly in clinical medicines like Madhav Nidan. Therefore the line of treatment is being continued as in the ancient period. The management of Amlapitta has its inherent limitation due to various reasons. Idiopathic nature, difficulty in diagnosis, and association of other diseases obstruct the general principle of treatment of this disease.

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