

A CLASSICAL REVIEW OF AMLAPITTA (HYPERACIDITY)

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ABSTRACT

Ayurveda provides unique way of harmonious life maintaining balance between nature and body but nowadays, everyone is busy and stressed in modern digital and speedily world. People are ignorant to the need of eating healthy foods, and the majority is attracted towards the junk foods, causing them to disrupt their eating habits. Amlapitta disease is a result of a poor diet or stressful life. Amlapitta is a prominent annavaha srotas (GI tract) ailment induced by vitiated agni (appetite). It is occurs when the amlaguna (sour taste) of the pachak pitta (gastric juice) increases as a result of Samata (mixing of undigested food juice). TridoshajaVyadhi has believed Amlapitta is described as a Tridoshaja, Kaphapradhana Pittajavyadhi. In Amlapitta, three Doshas are involved, according to Acharya Kashyapa, but Madhavkara claims that pitta is prevalent in this ailment. Amlapitta was not addressed as a separate ailment by Acharya Charaka, but rather as a symptom. Amlapitta's signs and symptoms are analogous to those of gastritis or hyperacidity. The most prevalent causes of gastritis, according to traditional medical research, are H. pylori infections and long-term use of Non-steroidal anti-inflammatory drugs.

KEYWORDS: *Amlapitta, Annavaahasrotas, Agni*

INTRODUCTION

The prevalence of Gastro Enteritis Reflux Disorder in India ranges from 7.6% to 30%, being <10% in most population studies, and higher in cohort studies¹. Dinacharya and rutucharya² are healthful routines outlined in Ayurvedicsamhitas, however in today's world; people are unable to follow the standards of dinacharya and rutucharya due to their busy lifestyles, results in agnimandya, which leads to diseases like Amlapitta. According to Ayurveda, All diseases develop from dysfunction of Agni's. Amlapitta is a one of the most common Annavaahasrotas illness (GIT). Though it is sometimes referred to as a

modern condition caused by irregular eating habits, it is more of a psycho-somatic sickness produced by mental stress and pressure, as well as non-selective dietary habits. Stress and worry, in addition to those stimulating elements, have greatly exacerbated the disease, including Amlapitta (Hyperacidity). This is a lifestyle disorder, and those who are addicted to nicotine, alcohol, or high-salt packaged foods are at risk for the disease.

Ayurveda describes Amlapitta (Hyperacidity) as a digestive ailment. In today's medical knowledge, it can be linked to hyperacidity. HCL is an important

component in the digestive process. Proteolysis is a process in which HCL transforms the inactive enzyme pepsinogen into the active enzyme pepsin that aids digestion by breaking the bonds that connect amino acids. The term "hyperacidity" simply refers to an excess in stomach acid.³

Hyperacidity is one of the commonest diseases seen in people of all ages. It affects both genders, all classes and communities. It is a medical condition, wherein acid levels of the stomach are much more than normal. Some of the peculiar symptoms of the hyperacidity (Hurqat-e-me'da) are epigastric and retrosternal burning either at full or empty stomach, nausea, vomiting and abdominal discomfort. It causes uneasiness along with other symptoms like loss of appetite, heartburn, unexpected stomach pain etc⁴.

As per Acharya Vagbhat, Agni (Appetite) is none other than Pachak Pitta (Gastric juice) in human body⁵. This Agni is significant in Annapachan Prakriya when its form become more liquid, it reduces strength of Digestion process. As a result, Pachak Pitta (Gastric juice) is linked to HCL, and Amlapitta is a phenomenon in which the quantity of Pachak Pitta (Gastric juice) is raised. As a

Table No 1.1 Showing Causes of Amlapitta

	According to Kashyap ⁷	Acharya Madhavakara ⁸
1. Aharaj (Dietary cause):	Virudha Ahara (Incompatible diet),	Increased Pitta (gastric juice)
	Adhyasana (food after meal),	
	Ama Bhojana (to consume food although previous food is not digested)	
	Ajeerna Bhojana (constant indigestion),	
	Guru (heavy meal),	
	Snigdha Bhojana (oily food),	
	Ati Rukshanna (excessive dry food),	

result, the Ayurvedic clinical condition Amlapitta (Hyperacidity) can be linked to Hyperacidity. The Dosha Dushti (fault in fluids) and Sthana Dushti (place) of the Strotasa are used to classify Amlapitta (Hyperacidity) (system). Avipak (indigestion), Kalma (general debility), Utklesh (nausea), Tikta Amlaudagar (burping), Gaurava (heaviness), Hrdakantha Daha (heartburn), Aruchi (loss of taste) are some of the symptoms of Amlapitta (hyperacidity)⁶.

AIMS & OBJECTIVES

1. To study the concept of *Amlapittain Samhita*.
2. To undergo study of Hyperacidity and *Amlapitta* from Ayurveda classical text with modern aspects.

The classical Ayurvedic text Kashyapa Samhita along with its commentary is referred as the prime source and other classical texts along with its commentary as a supportive one for the conceptual study. The discussion was made on basis of conceptual study and interpretation is made with causative factors of Amlapitta and Hyperacidity, and conclusions were drawn considering the conceptual study and discussion.

2.Viharaja :	Ratri-jagarana,	
	Dhatukshaya,	
	Vegadharana,	
	Divaswapa	

AgantujaHetu:

Factors including constant and excessive alcohol usage, smoking, cigarettes, drinks, and other irritating and poisonous chemicals are included in this group. These compounds produce local stomach irritation, which leads to the secretion of more gastric juice and the progression of Amlapitta.

Manasikhetu -

In order to maintain one's health, psychological factors are equally vital.

Stressful life aggravate the pitta results into the gradual development of Amlapitta.

Other causes –

Addiction of alcohol, smoking, tobacco chewing, prolonged intake of NSAIDS (pain killers), helicobacter pylori infection are also equally responsible for production excess acid, result in excessive increase of 'Pitta dosha' in body and develops the symptoms of amlapitta.

Table No 1.2 Showing According to Doshadushti:

	Kashyapa Samhita-	MadhavaNidan
Vataja Amlapitta ⁹ -	Shoola (Stomach Pain), Angasada (Body Pain), Jrumbha (Yawning), SnigdthagunaUpasaya (Relived by oily substances)	Kampa(Tremours), Pralapa(Delerium), Murchha, Chimchimitva (Tingling numbness), Gaatraavasada (Pain in extremities), Shoola (Pain in stomach), Tamodarshana (Darkness in Vision), Vibhrama (Confusion), Moha(Illusion), Harsha(Happiness)
Pittaja Amlapitta ¹⁰	Bhrama(Confused mind), Vidaha (Burning Sensation), Sitaupasaya (Relived by cool substances),Svadupasaya (Relived by Sweating)	
Kaphaja Amlapitta ¹¹	Gaurava (Heaviness), Chhardi(Vomiting), RukshagunaUpasaya (Relived by dry substances), UsmagunaUpasaya (Relived by hot substances)	Kapha, Nishthivana (Excess Sputum), Gaurava (Heaviness), Jadata (Heaviness), Aruchi (Tastelessness), Shita (Cold), Saada, VamiLepa, Agnimandya, Kandu,

		Nindra17.
Vata-KaphadhikyaAmlapitta		Combined Lakshanas of VatajaAmlapitta and Kaphaja Amlapitta
Shleshma-PittajaAmlapitta		Tiktodgara (Burping), Amlodgara (Sour Burping), KatuUdgara (Bitter Burping), Hrididaha (Heart burn), Kukshidaha (Burning in stomach),Kanthadaha (throat Burning), Bhrama (Delusion), Murchha (Drowsiness), Aruchi (Tastelessness), Chhardi (Vomiting), Alasya (Laziness), Shiroruja (Headache), Praseka (Salvation), MukhaMadhurya (Sweet taste in mouth).

Table No 1.2 Showing PathyaApathya in Amlapitta¹²:

Sr.No.	Diet Category	Do's	Don'ts
1.	Cereals	Rice of Old <i>Shoff</i> variety, Yam, wheat (<i>Godhuma</i>)	<i>Naveen Anna</i>
2.	Pulses	<i>Mudaga</i> (Green gram), Lentil	<i>Kulatha, Urad</i>
3.	Vegetables	<i>Paola, Vastuka, Karvelak</i> Carrot Mint Spinach, <i>Amla</i> , Bitter gourd, Cabbage, Pumpkin	Mustard leaves, fenugreek, Brinjal gourd
4.	Fruits	<i>Dadima, Kapitha, Amalaki, Kushmanda,</i> Apple, Banana, Sweet Orange, Coconut Mango, Dates.	Jackfruit Watermelon, Cashew Fruit, Lime, Pineapple, Plum
5.	Milk and milk products	<i>Goghrita, Godugdha,</i> Butter milk	Curd, Sour Butter milk Paneer
6.	Sugarcane and its products	Sugar, Honey	
7.	Drinks		Liquor, <i>Kanji</i>
8.	Cooked food	Meat and Meat soup of Animals and birds	Items fried in oil
9.	Adjuvant of food	All <i>Tiktaj</i> uices and Edibles	Salt <i>Amla</i> and <i>Katu</i> juices, <i>Achara, Chatni, Khattai</i>
10.	Spices	Garlic, Dry ginger, Clove, Turmeric, Saffron, Cumin	Asafoetida, chilli, Cinnamon, Mustard Seeds,

			Pepper, Tamarind
11.	Roots and Tubers	Beet root, Sweet Potato, Carrot	
12.	Nuts	Coconut	Peanut, Groundnut
13.	Oils	Sunflower, Coconut oil	Mustard oil, Sesame oil
14.	Regimen	<i>Sheetupchara, Vishrom</i>	<i>Atapa Sew., Vegadharana, Krodha, Shoka, Chinta, AdharribmVegadharana, Sleeping after meals in day time</i>

DISCUSSION

Amlapitta is clearly caused by pitta aggravation. Pitta dosha is made worse by consuming too many pungent and sour foods, alcoholic beverages, salt and other hot or sharp things that induce burning feelings. Fear, anger, sun and fire exposition too much, alkali consumption, irregular eating habits and other negative emotions should be avoided at all costs.

Ayurveda advises on eating little meals three times a day, rather than eating a lot at once. The pitta is stimulated by artificial stimulants, such as caffeine. Adding alcohol to the pitta fire in any form is like adding fuel to the inferno. Caffeine in coffee and tea has the downside of increasing stomach acid production when eaten.

CONCLUSION

In a nutshell, Ayurveda addresses nearly all diseases condition in scattered form. In order to better understanding, wise physician should compile it in correct manner to deal with present ailments. Amlapitta also mentioned by ancient physician in literature like Acharya kashyapa, mentioned special chapter. Amlapitta is a disease has become the commonest in daily routine; it was due to unscheduled diet regimen, undisciplined dietary habits, overloaded stress in life results to unwillingness of food and

improper digestion. Amlapitta (Hyperacidity) words can express the disease's pathological condition or describe its characteristics. Furthermore, to identify the need of era we can link Amlapitta to a certain modern-day condition (Hyperacidity), having practically most resembled in diagnosis of between them.

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