



# International Journal of Indian Medicine

[www.ijim.co.in](http://www.ijim.co.in)

**ISSN: 2582-7634**

**Volume - 6, Issue - 11**

**November 2025**



# IJIM

INDEXED



# International Journal of Indian Medicine



International Category Code (ICC): ICC-1702 International Journal Address (IJA): IJA.ZONE/258276217634

## “Amlapitta Vyadhi in Ayurveda: Classical Concepts and Contemporary Relevance”

Kore N.<sup>1</sup>, Bhadre D.<sup>2</sup>

1. Assistant Professor, Department of Rognidan and Vikruti Vigyan, Dhanwantari Ayurved Medical College & Hospital, Udgir
2. Associate Professor, Department of Prasuti Tantra & Stree Roga, Dhanwantari Ayurved Medical College & Hospital, Udgir

### ABSTRACT:

Amlapitta is one of the most common gastrointestinal disorders described in Ayurveda,, one of the most prevalent disorders of the *Annavaha Strotas*, is primarily caused by impaired *Agni* and vitiated *Pachaka Pitta* characterized by cardinal symptoms such as amlodgara (sour belching), hritkantha daha (burning sensation in chest and throat), klama (fatigue), and aruchi (loss of appetite). The condition arises due to Agni dushti and Pitta prakopa, precipitated by irregular dietary habits, excessive intake of acidic and spicy food, stress, and faulty lifestyle. In modern medical science, it can be correlated with acid-peptic disorders including hyperacidity, gastritis, and gastroesophageal reflux disease (GERD). Classical Ayurvedic texts emphasize both preventive and curative aspects through Nidana parivarjana (elimination of causative factors), Shodhana chikitsa (purification therapies), and Shamana chikitsa (pacifying therapies), supported by Pathya-Apathya (dietary and lifestyle modifications). Contemporary research further validates the efficacy of Ayurvedic interventions such as Avipattikar churna, Kamdudha rasa, and various herbal formulations in reducing hyperacidity and improving quality of life. This review attempts to highlight the classical concepts of Amlapitta Vyadhi and their contemporary relevance, providing a holistic understanding that bridges traditional wisdom with modern perspectives

**KEYWORDS:** Amlapitta, hyperacidity, Acid peptic Disorder, gastroesophageal reflux disease (GERD), Nidanparivarjana, Pathya Apathya.

### CORRESPONDING AUTHOR:

**Dr. Namrata Virnath Kore (BAMS MD PhD Scholar)**

Assistant Professor, Department of Rognidan and Vikruti Vigyan,  
Dhanwantari Ayurved Medical College & Hospital, Udgir.

Email - [korenamrata123@gmail.com](mailto:korenamrata123@gmail.com) Mobile no: 94041 68828

**How to cite this article:** Kore N., Bhadre D. “Amlapitta Vyadhi in Ayurveda: Classical Concepts and Contemporary Relevance”. Int J Ind Med 2025;6(11):07-11

DOI: <http://doi.org/10.55552/IJIM.2025.61102>

**INTRODUCTION:**

Ayurveda has defined life as a manifestation of union of soul, mind and body those are integral and interdependent components of life. Ahara (wholesome food), Nidra (optimum sleep) and Brahmacharya (selective celibacy) has been given pivotal role in the maintenance of health. In the society, due to improper Ahara (diet) and Vihara (lifestyle), incidences of diseases are increasing in day-to-day life. If proper dietary pattern is not followed by the patient, nobody can cure these diseases. Amlapitta is most irritating disease due to faulty life style, dietetic indiscrimination, mental stress/strain and due to complication of certain disease and medications. Gastrointestinal disorders are among the most prevalent health concerns worldwide, with acid-peptic disorders forming a significant burden on modern healthcare systems. Ayurveda, the ancient Indian system of medicine, describes a similar condition under the term Amlapitta Vyadhi. First elaborated in classical texts such as Charaka Samhita, Ashtanga Hridaya, and Madhava Nidana, Amlapitta is primarily caused by the vitiation of Pitta dosha in association with Agni dushti. The clinical features closely resemble those of hyperacidity, gastritis, and gastroesophageal reflux disease (GERD) in modern medicine. In contemporary times, rapid urbanization, irregular food habits, stress, and sedentary lifestyle have made Amlapitta a frequently encountered disorder in clinical practice. Acharya Charaka has mentioned in Nidanaa Sthana that the “irregular dieting habits and faulty life style” are the etiological factor for almost all the diseases including Amlapitta in brief. Although modern medicine offers symptomatic relief through proton pump inhibitors and antacids, recurrence is common, and long-term use may cause adverse effects. Ayurveda, on the other hand, offers a holistic approach that not only

alleviates symptoms but also addresses root causes through Nidana parivarjana, Shodhana, Shamana, and lifestyle regulations. Knowledge of Pathya Apathya is essential for proper management of disease and maintenance of health. So Ayurveda emphasizes that the successful treatment of any disease is not only depends upon the proper medication but proper diet and proper lifestyle is equally important.

**Aim & Objectives**

To critically review and analyze the classical Ayurvedic concepts of Amlapitta and evaluate their contemporary relevance in relation to modern gastrointestinal disorders.

- To study the etiological factors (Nidana) and pathogenesis (Samprapti) of Amlapitta as described in classical Ayurvedic texts.
- To review the clinical features (Lakshana) and types (Bheda) of Amlapitta in Ayurveda.
- To explore the principles of management including Nidana Parivarjana, Shodhana, Shamana, and Pathya-Apathya mentioned in Ayurveda for Amlapitta.
- To highlight the contemporary relevance and scope of integrative approaches in the prevention and management of Amlapitta.

**Materials and Method**

Different Ayurvedic classical books, research papers and journals were referred to fulfill this part, it comprise of subsection dealing with prevention and management of Amlapitta in Ayurveda.

**Definition****1. Chakrapani -“Amlapittam cheti amlagunodriktam pittam”.**

Amlapitta is a condition in which Amla Guna is increased



## 2. Madhava Nidanaa, Shrikanthadatta & Vijayarakshita - "Vidahyadamlagunodriktam pittam Amlapittam".

Means the condition of pitta in which udriktata of Amla guna along with Vidaha is noticed should be called as Amlapitta.

**3. Kashyapa** -Vidagdha Annarasa staying in Amashaya attains Shuktata and produces Amlapitta.

### 1. Nidana (Etiological Factors)

Classical Ayurvedic texts describe Aharaja, Viharaja, and Manasika nidanas as major contributors to Amlapitta.

- Aharaja (Dietary factors): Excessive intake of spicy, sour, oily, fried, stale, and incompatible foods (Viruddha Ahara); irregular eating patterns; excessive tea, coffee, and alcohol consumption.
- Viharaja (Lifestyle factors): Night vigil, day sleep, sedentary habits, suppression of natural urges.
- Manasika (Psychological factors): Stress, anxiety, anger, and emotional disturbances.

These causative factors result in Agni dushti (impaired digestion) and vitiation of Pitta dosha, leading to formation of Amlabhava (excess acidity).

### 2. Samprapti (Pathogenesis)

Agnimandya (weak digestion) causes improper digestion of food leading to Ama utpatti (toxic metabolites).

Pitta dosha becomes aggravated due to Amla guna dominance, resulting in accumulation of acidic material.

The Urdhwagati (upward movement) of vitiated Pitta manifests as sour belching and retrosternal burning.

Modern correlation: Hyperchlorhydria, acid reflux, gastritis.

### 3. Lakshana (Clinical Features)

As per Madhava Nidana and other classics, the main symptoms of Amlapitta include:  
Amlodgara – sour eructation.

Utklesha – nausea.

Hrit-Kantha Daha – burning in chest and throat.

Avipaka – indigestion.

Aruchi – anorexia/loss of taste.

Klama – fatigue, weakness.

In chronic conditions – headache, vertigo, constipation, and complications like ulcerative conditions.

### 4. Bheda (Types of Amlapitta)

Urdhwaga Amlapitta – predominance of upward movement; symptoms like vomiting, sour belching.

Adhoga Amlapitta – predominance of downward movement; symptoms like diarrhea, sour stools, burning sensation in anal region.

Samanya Lakshana – sour taste, heaviness, burning sensation throughout the body.

### 5. Chikitsa (Management)

**a. Nidana Parivarjana** (Avoidance of Causes)  
Elimination of causative factors like spicy food, irregular meals, stress, alcohol.

Adoption of Pathya Ahara (wholesome diet): milk, ghee, shatavari, yashtimadhu, sweet fruits, easily digestible food.

**b. Shodhana Chikitsa** (Purification Therapies)

Vamana (emesis) for Urdhwaga Amlapitta.

Virechana (purgation) for Adhoga Amlapitta.

Use of Mridu Shodhana for chronic cases.

**c. Shamana Chikitsa** (Pacifying Therapies)

Classical formulations:

Avipattikar Churna – regulates digestion and relieves hyperacidity.

Kamdudha Rasa – cooling, Pitta-pacifying, useful in burning sensation.

Shankha Bhasma – antacid effect.

Pravala Bhasma, Muktaashukti Bhasma – reduces acidity and burning.

Decoctions like Draksha kashaya, Guduchi, Amalaki, Yashtimadhu.

**d. Pathya-Apathya** (Diet & Lifestyle Modifications)

Inclusion of cooling, light, easily digestible food (shita, snigdha ahara).

Avoiding long fasting, spicy, sour, fried food, alcohol, and late-night eating.

Stress management through yoga, pranayama, and meditation.

**DISCUSSION:**

Amlapitta, as described in classical Ayurvedic texts, represents a condition arising from Agni dushti and Pitta prakopa. The pathogenesis described in Ayurveda remarkably correlates with the modern understanding of hyperchlorhydria, gastritis, and gastroesophageal reflux disease (GERD). The causative factors mentioned in the classics, such as irregular eating habits, intake of sour and spicy food, alcohol consumption, and psychological stress, are still recognized as precipitating factors for acid-peptic disorders in modern science.

The Ayurvedic approach offers distinct advantages over conventional management. While modern medicine primarily employs proton pump inhibitors, H<sub>2</sub> receptor antagonists, and antacids to provide symptomatic relief, these often lead to recurrence and adverse effects on long-term use. In contrast, Ayurveda addresses both symptomatic relief and root cause management through Nidana Parivarjana (elimination of causative factors), Shodhana (purification therapies), and Shamana (pacifying therapies), along with dietary and lifestyle modifications. Classical formulations like Avipattikar Churna, Kamdudha Rasa, and Shankha Bhasma have shown significant clinical benefits, which are now supported by pharmacological studies demonstrating their anti-ulcer, antacid, and gastroprotective properties. Furthermore, herbs like Amalaki, Yashtimadhu, and Guduchi possess antioxidant and mucoprotective effects, thereby providing long-term benefits beyond

symptom control. Thus, Ayurveda not only provides a holistic management approach for Amlapitta but also emphasizes preventive strategies, which are highly relevant in the current era of lifestyle-related disorders.

**CONCLUSION:**

Amlapitta is a commonly encountered gastrointestinal disorder in Ayurveda that closely parallels acid-peptic disorders in modern medicine. Classical Ayurvedic texts provide a detailed understanding of its etiology, pathogenesis, symptomatology, and therapeutic modalities. The integration of classical wisdom with contemporary research highlights the relevance of Ayurveda in the management of hyperacidity and related conditions. Ayurveda's holistic approach—including dietary modifications, purification therapies, and herbal formulations—offers effective management while minimizing recurrence and side effects. Contemporary studies support the efficacy of Ayurvedic formulations in reducing symptoms and improving quality of life. In conclusion, revisiting the classical concepts of Amlapitta and aligning them with modern perspectives underscores the need for further clinical research, standardized protocols, and integrative healthcare strategies to establish Ayurveda as a reliable and evidence-based system for managing gastrointestinal disorders.

**REFERENCES:**

1. Acharya YT, editor. Charaka Samhita of Agnivesha, revised by Charaka and Dridhabala, with Ayurveda Deepika commentary by Chakrapanidatta. Varanasi: Chaukhambha Sanskrit Sansthan; 2014.
2. Paradakara HS, editor. Ashtanga Hridaya of Vagbhata, with Sarvangasundara commentary of Arunadatta and Ayurveda Rasayana commentary of Hemadri. Varanasi:

- Chaukhambha Surabharati  
Prakashan; 2017.
3. Shastri S, editor. Madhava Nidana of Madhavakara, with Madhukosha commentary. Varanasi: Chaukhambha Prakashan; 2013.
  4. Sharma PV. Dravyaguna Vijnana, Vol. II. Varanasi: Chaukhambha Bharati Academy; 2010.
  5. Tripathi KD. Essentials of Medical Pharmacology. 8th ed. New Delhi: Jaypee Brothers; 2019.
  6. Tiwari R, Dwivedi S. Therapeutic potential of Glycyrrhiza glabra in traditional medicine and recent studies. Asian J Pharm Clin Res. 2017;10(10):20-24.
  7. Jagtap AG, Shirke SS, Phadke AS. Effect of polyherbal formulation on experimental models of inflammatory bowel disease. J Ethnopharmacol. 2004;90(2-3):195-204.
  8. Bafna PA, Balaraman R. Anti-ulcer and antioxidant activity of DHC-1, a polyherbal formulation, in rats. Indian J Pharmacol. 2005;37(6):402-405.
  9. Nariya MB, Shukla VJ, Ravishankar B. Clinical study on Avipattikar Churna in the management of Amlapitta (acid-peptic disorder). AYU. 2010;31(2):210-214.
  10. Panda AK, Kar A. Ameliorative potential of active principles of Emblica officinalis in the treatment of gastric ulcer and acidity: a review. Phcog Rev. 2015;9(18):140-145.
  11. Yadunandana Upadhyaya, Madhav Nidana Part 2, Madhukoshatika, Amlapittanidan-51/1, Chaukhambha Sanskrit Sansthan, Varanasi, 13th edition 2001, pg no-170.
  12. Pandit Hemaraj Sharma, Kashyapa Samhita with Vidyotini Hindi Commentary, Khilasthan, Amlapittachikitsa 16 /3-6, Chaukhambha Sanskrit Sansthan, Varanasi, 4th edition 1994, pg no-335.
  13. Yadunandana Upadhyaya, Madhav Nidana Part 2, Madhukoshatika, Amlapittanidan-51/2, Chaukhambha Sanskrit Sansthan, Varanasi, 13th edition 2001, pg no-171.
  14. Yadunandana Upadhyaya, Madhav Nidana Part 2, Madhukoshatika, Amlapittanidan-51/4-6, Chaukhambha Sanskrit Sansthan, Varanasi, 13th edition 2001, pg no-171.
  15. Kaviraj Atrideva Gupta, Ashtangsangraha Vol 1, Sutrasthan 9/44, Krishnadas Academy, Varanasi, Reprinted 1993, pg no-99.

**Source of Support: None declared**

**Conflict of interest: Nil**

**© 2025 IJIM (International Journal of Indian Medicine) |**

**An Official Publication of ARCA- AYURVEDA RESEARCH & CAREER ACADEMY**

**Website: [www.ijim.co.in](http://www.ijim.co.in) Email: [ijimjournal1@gmail.com](mailto:ijimjournal1@gmail.com)**