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A Conceptual Review of *Amlapitta* w.s.r to Gastro-Esophageal Reflux Disease

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ABSTRACT:

Today due to modern life style and food habits most of the population is suffering from a common disease called as *Amlapitta*. *Amlapitta* is a result of inappropriate dietary regimen or stress. *Amlapitta* is one of the commonest diseases of *Annavaha srotas* (Gastrointestinal tract) caused by vitiated Agni. Here in this present paper *Amlapitta* disease is reviewed in detail according to Ayurvedic view and Modern view. *Amlapitta* is a condition where *Amlaguna* (Sour Taste) of *Pachak pitta* (gastric Juice) increases due to *Samata*. *Amlapitta* has been considered as *Pitta pradhana Tridoshaja Vyadhi* (compound disease caused by multiple factors). Acharya Kashyapa has mentioned as the involvement of three Doshas in *Amlapitta* while *Madhavkara* has mentioned that the pitta is dominant in this disease.

Keywords: Agni, *Amlapitta*, *Annavahasrotas*, *Pachaka pitta*

INTRODUCTION

Acharya Charak has described “*Astavidha ahara Vidhividhana*”¹ and Acharya Sushrut has described “*Dwadasha asana pravicharana*” which conveys the method of consumption of food. Also Acharyas are described about ‘*Dinacharya*’ and ‘*Ritucharya*’ which conveys the method of lifestyle. If one does not follow these methods he will develop the problem of digestion of food properly. Thus undigested food disturbs the physiology of *Annavaha Srotas*. In this rapidly growing civilization and multimedia technology life become full with stress having more speed and accuracy are the prime

demands. So people neglect healthy food and are attracted towards the junk food, they are changing their diet pattern, lifestyle and behavioural pattern like worry, tension and anxiety causing so many psychological disorders which hampers the digestion and is causing Hyperacidity, Gastritis, Dyspepsia, GERD, Peptic ulcer disorders and Anorexia. All these pathological disorders cover under the broad umbrella of *Amlapitta* in Ayurveda.

AIMS & OBJECTIVES

1. To take review of comparative study “Gastro-



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esophageal reflux disease(GERD) and *Amlapitta*” as given below.

2. To undergo study of GERD and *Amlapitta* from ancient classical text with modern aspects.
3. To observe and present the applied aspects of pathogenesis of *Amlapitta* and Hyperacidity.
4. Attempt to represent the pathogenesis of *Amlapitta* / GERD in view of different causative factors on today for prevention of *Amlapitta*.

MATERIALS AND METHODS

The article material is collected from Ancient books/Teeka like *Charak samhita*, *sushruta samhita*, *Astanga hridaya*, *Kashyapa samhita*, *Madhav nidan* and various articles, web, authentic books, inquire about papers and courses are the essential sources.

Conceptual Study

Amlapitta is “*Amlam Vidagdham Cha Pittam Amlapittam*”. The *Vidagdha Pitta* which attains *Amlata* is called as *Amlapitta*.²

Nidana

The etiological factors of *Amlapitta* can be broadly classified as *Aharaja*, *Viharaja*, *Manasika* and *Aagantuja Hetus*. The brief explanation of these factors may be presented as under.

Aharaja Hetu [Dietary factors]:

Aharaja hetus are said to be the first and foremost group of etiological factors of *Amlapitta*. Under this group *Ahara Vidhi Vidhana* and *Ahara Vidhi Visheshayatana* is included. Various type of *viruddha ahara*, excess of *Pitta prakopaka* factors like *Katu*, *Amla*, *Vidahi*, etc. and irregular time of consumption of food are the factors against the dietetic code and they are directly responsible for the annoyance of *Pitta*. According to *Acharya Kashyapa* faulty dietary habits leads to *agnimandya* which further leads to *Amlapitta*. Whereas *Madhavakara* mentioned *pitta* aggravating factors are responsible for *Amlapitta*.

Viharaja Hetu

Proper viharas are to be followed to maintain the good health. The regular habits of eating, sleeping and excretion must be followed. *Vega dharana* should be avoided. If this is not followed regularly, the whole functioning of the body will be disturbed and in long run, they will cause the disturbances of the equilibrium of *Pitta* and digestion, will lead to *Amlapitta*.

Manasika Hetu [Psychological factors]

Abnormal mental factors such as anger, anxiety, greed etc would affect the physiology of digestion. Either there

would be a lesser secretion of the digestive juice or secreted at improper times and sometimes it may be secreted in excessive quantity. All these conditions lead to *Agnimandya*, which further produces *Amlapitta*.

Agantuja Hetu

Amlapitta is definitely caused by over use of certain drugs. Over use of NSAIDs and anticoagulants cure one disease but it can produce gastritis. Ayurvedic drugs, especially *ashodhita* and faulty *Rasa Aushadhi* may cause *Amlapitta*. Even *Ushna*, *Tikshna* drug if used excessively, without proper assessment of disease for a long period may produce *Amlapitta*. Similarly *Panchakarmas* with *Heena Yoga* or *Mithya Yoga* or *Atiyoga* lead towards many diseases by attacking on *Agni*, hence *Amlapitta* also can be seen as an *Upadrava* of some other diseases like chronic *Vibandha*, *Arsha*, *Ajirna* and *Pandu*.

Other causes

Also *Desha*, *Kala*, *Ritu* takes a great extent in the causation of *Amlapitta* i.e. -

Deshaprabhava: According to *Acharya Kashyap* the disease is more predominant in *Anupa desha* comparing to other *desha* because of *Kapha* provoking nature. In the line of treatment he gives its importance to change the place in untreated cases.

Kalaprabhava [Influence of Time]: *Amlapitta* is a *chirakalina vyadhi*. The disease is more prevalent in middle age due to dominancy of *Pitta*.

Genetic Factors : Acidity is seen mostly in persons with blood group ‘O’ and families with such blood group prove relations of genetic factor, probably the blood group modifies the oxyntic cell population. In *Ayurveda Pitta prakruti* persons are also more susceptible for the process of aggravation of the diseases.

Trauma: Certain things in diet can damage the gastric mucosa. The intake of spicy food, solid matter, alcohol and other irritating things may damage the pyloric antrum and lesser curvature of stomach.

- **Drugs:** Drugs like corticosteroids, xanthine, aspirin, alkaloids, NSAIDS, reserpine are reported to be causing or predisposing the occurrence of peptic ulcers.
- **Nicotine and Alcohol:** Alcohol can damage the gastric mucosa and produces ulcer. Smoking (Nicotine) has been responsible to produce the amount of prostaglandin E2 in gastric mucosa. *Madhya sevana* is explained as the causative factor for *Amlapitta*.
- **Infection:** *Helicobacter pylori* plays a significant role in the pathogenesis of peptic ulcer disease. Indeed, infection with H-pylori is associated with a greatly increased risk of

duodenal and gastric ulceration, from 95 to 100% of patients.

Samprapti

Over indulgence in mentioned *nidanas* cause Vitiating of Vata and Pitta doshas. One among these doshas causes the *mandagni* and hence what so ever the food is consumed it is not digested well leading to *vidagdha paka*. Such food gets stagnated itself in the stomach and under goes fermentation (*shukta paka*). Any food, which is taken, becomes *Vidagdha*. So now the *Vidagdhajirna* manifests which is the *Purvarupa* of the disease *Amlapitta*.

Further *prakupita Pitta* combines with *shukta anna* (fermented food) and causes *Samapitta*. The disease *Amlapitta* with its cardinal symptoms thus gets manifested. If untreated, the disease passes on to *Bheda avastha* where its typical types- *Urdhvagata* and *Adhogata* are produced. Further complications like *Jwara*, *Atisaara*, *Shula*, *Shotha*, *Aruchi*, *Bhrama*, *Pandu* gets differentiated.

Types-

According to the *Gati* of *Pitta*, *Acharya Madhav* has described 2 types of *Amlapitta*. i.e.

- (i) *Urdhvaga Amlapitta*
- (ii) *Adhoga Amlapitta*

According to the involvement of *Dosha*, *Acharya Kashyapa*³ and *Madhav*⁴ both have divided *Amlapitta* as Table 1

Purvarupa

Purvarupas or premonitory symptoms of this disease are not narrated in any classics. But in practice it is observed that in the patients suffering from the disease *Amlapitta*, there are certain symptoms, which are present for a quit long period before manifestation of the disease. They are *Ajirna*, *Utklesha*, etc.^{5,6}

Rupa

The symptoms of *Amlapitta* according to *Acharya Madhav* *Nidana* are-

- *Avipaka* - *Klama* - *Hrididaha* - *Kantadaha*
- *Amlodgara* - *Tiktodgara* - *Utklesha* - *Gaurava*
- *Aruchi*

Acharya Kashyapa added extra symptoms like *Vibheda*, *Aantrakunjana*, *Udaradhamana* and *Hridishula* etc.

Upashaya – anupashaya⁷

When a patient comes with the complaints *Amlodgara*, *Udaradaha*, *Trushna* etc., symptoms it is difficult to diagnose whether it is *Amlapitta* or *Vidagdhajirna*. At that time *Sunthi Churna* can be administered as *Upasaya* for *Vidagdhajirna* and *Anupashaya* for the *Amlapitta*.

Vatika : *Snigdhopasaya* drugs

Paittika : *Swadu* and *Sheeta Dravya* relieve the symptoms.

Kaphaja : *Ruksha* and *Ushna Dravya* provide *Upashaya*.

Upadrava

Acharya Kashyapa has described these *Upadaravas* - *Jwara*, *Panduta*, *Shotha*, *Bhrama*, *Atisara*, *Shoola*, *Aruchi*, & *Grahani Roga*.

Sadhyasadhya⁸

When the disease is *Yapya*, when chronicity occurs, it became *Kricchasadhya*, when the duration of the disease is long and cured with great difficulty, and *Asadhya* when the patient will have different *upadaravas* and symptoms of *Dhatu Kshaya*.

Treatment

The line of treatment of *Amlapitta* may be considered in 2 ways viz. general principles of management and also management according to particular condition.

According to *Charaka* also almost all diseases can be treated in 3 steps⁹.

(1) Nidana Parivarjana :

It refers to avoiding those factors from the diet which are dosha aggravating and disease producing. Naturally only those dietetic articles are advisable to be used which are wholesome and beneficial.

(2) Prakritivighata:

Prakritivighata refers to the use of drugs which suppress the doshas. In *Amlapitta* also the *Shamana* therapy advised and various *Pitta Shamaka* recipes have been prescribed. The *Shamana* drug should be of *Madhura* and *Tikta Rasa*, *Snigdha guna* and *Sheeta Veerya* which are opposite to *Pitta*.

(3) Apakarshana (Shodana):

So far *Amlapitta* is concerned, it is originated in *Amashaya* and mostly the doshas are localized there. For this condition *Vamana* is the best treatment. If the doshas are localised in *Pachyamanashaya*, then *Virechana* is the ideal therapy. If the doshas are localised in *Pakwashaya* then *Basti* is the suitable therapy. In *Shodhana* therapy *Vamana* is advocated in *Urdhwaga Amlapitta* and *Virechana* in case of *Adhoga Amlapitta*.¹⁰

According to Kashyapa :

1. Since the disease is *Amasayaja* and *Kapha* and *Pitta* are the dominating *Doshas*, *Vamana* should be administered at first.
2. After the *Vamana*, *Shamana* drug (anti-Pitta, *Kapha* drugs) should be used. At the same time *Pachana* drugs should be given.
3. When the *Samsarga* doshas are eliminated and stomach becomes clear, *Deepana* drug should be administered.
4. If the *Doshas* have shifted into *Pakwashaya*, *Virechana*

or *Sransana* drugs should be used to eliminate the doshas.

Pathyapathya

(A) Pathya:

Ahara :

(1) *Annavarga* : *Godhuma, Yava, Puranasali, Mudgayusa*

(2) *Sakavarga* : *Karvellaka, Patola, Kusamanda,.*

(3) *Phalavarga* : *Dadima, Amalaki, Kapittha, Kadaliphala*

(4) *Dugdhavarga* : *Godugha*

(5) *Mamsavarga* : *Jangala Mamsa*

(6) Miscellaneous : *Narikelodaka, Sritasitajala Sarkara, Madhu*

Vihara - Sitopacarya, Visrama

B) Apathya :

(1) *Ahara* : *Guru, Vidahi, Viruddha, Amla, Lavana, Katubhojana, Kulattha, Rasona, Udada, Navanna, Tila,* fermentable foods like bread(diets rich in acidic food).

(2) *Vihara* : *Vegavidharana, Atapasevana, Cinta, Krodha,*

Gastro-esophageal reflux disease

It is a chronic conditions in which stomach contents rise up into the esophagus, resulting in symptoms and/ or complications.

Epidemiology: ¹¹

In Western populations, GERD affects approximately 10% to 20% of the population and 0.4% newly develop the condition.

Sign & Symptoms:

- Regurgitation
- Increased salivation
- Heartburn
- Nausea
- Pain with swallowing/sore throat
- Chest pain
- Coughing

GERD sometimes causes injury to the oesophagus. These injuries may include one or more of the following;

-Reflux oesophagitis- Inflammation of esophageal epithelium which can cause ulcers near the junction of the stomach and esophagus.

-Esophageal strictures- The persistent narrowing of the esophagus caused by reflux induces inflammation.

-Barrett’s esophagus- intestinal metaplasia (changes of the epithelial cells from squamous to intestinal columnar epithelium) of the distal esophagus.

-Esophageal adenocarcinoma

Causes: ¹²

Acid reflux is due to poor closure of the lower sphincter, which is at the junction between the stomach and the esophagus. Factors that can contribute to GERD:

- **Hiatal hernia:** which increases the likelihood of GERD due to mechanical and motility factors.

- **Obesity:** increasing body mass index is associated with more severe GERD.

- **Obstructive sleepapnea**

- **Gall stones,** which can neutralize gastric acid.

Diagnosis:^{13,14}

The diagnosis of GERD is usually made when typical symptoms are present. Reflux can be present in people without symptoms and the diagnosis requires both symptoms or complications and reflux of stomach content. Other Investigations are:

- **Esophagogastroduodenoscopy(EGD)**

- **Esophageal pH monitoring** – 24 hour pH monitoring is indicated if the the diagnosis is unclear poor surgical intervention is under consideration. The current Gold standard for diagnosis of GERD is esophageal pH monitoring.

- **Endoscopy-** It is the investigation of choice. This is performed to exclude other upper gastrointestinal diseases that can mimic gastro-esophageal reflux and to identify complications.

Treatment¹⁵

The treatment for GERD may include:

1. Food choices & Lifestyle changes;

- Reduced sugar intake and increased fiber intake
- Avoid the Food that may precipitate GERD include coffee, alcohol, chocolate, fatty foods, acidic foods, and spicy foods.
- Weight loss may be effective in reducing the severity and frequency of symptoms
- Elevating the head of the entire bed with blocks, or using wedge pillow
- Moderate exercise may improve symptoms in people with GERD
- Breathing exercise may relieve GERD symptoms
- Avoid smoking and alcohol

2. Medications :

- Proton pump inhibitors
- H₂ receptor blockers
- Antacids

3. Surgery:

- Nissen fundoplication
- Esophagogastric dissociation
- Transoral incisionless fundoplication

DISSCUSSION

Amlapitta is a broad spectrum disease entity which comprises most of the G.I disorders. In modern science it has been observed that some research scholars compared *Amlapitta* with Gastritis, some compared it with Acid-Peptic Disorders, other fellows compared it with Hyperacidity.¹⁶ But no one has compared with Gastroesophageal Reflux Disease(GERD). Though Gastroesophageal reflux disease has the symptoms like heart burn, abdominal pain, sour belching, refluxes of food taken, nausea, loss of appetite etc which can be correlate with *Amlapitta*. So one attention is given to compare *Amlapitta* with GERD in modern science.

CONCLUSION

As review has been taken through classical Ayurvedic Text. Different *Samhitas*, as well as modern aspects, We know that “**the prevention is better than cure**”, so everybody should obey the rules of intake of food and behaviour for avoid the *Amlapitta* or GERD. Mainly excess salty, sours, spicy, pungent food should be avoided as well GIT [gastrointestinal tract]. *Jatharangi* should be maintained naturally as season, *prakruti* etc as prescribed by text. Excess of irregular intake of food, alcohol as well as NSAID, steroids, night jobs schedule, angry nature, irritate bowl nature and suppression of natural urges are most commonest causative factor of *Amlapitta* or GERD. Practically GERD and *Amlapitta* both are most resemble diagnosis.

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REFERENCES

1. Shastri SN, Charak Samhita of Agnivesha. Edited with the Vidyotini Hindi Commentary, Viman sthana 5 Published by Chaukhamba Bharti Academy, Varanasi, Reprint 2018.
2. Shastri SN, Charak Samhita of Agnivesha. Edited with the Vidyotini Hindi Commentary, Chikitsa sthana chapter 15,

sloka no 65 Published by Chaukhamba Bharti Academy, Varanasi, Reprint 2018.pp.561.

3. Acharya YT, Kashyap Samhita (or Vridhhajivaka Tantra) , By Nepal Rajguru Pandit Hemraj Sharma, Khilva Sthana chapter 16. Chaukhamba Orientalia, Delhi, .2009.
4. Murthy KRS, Madhavanidanam, Rogaviniscaya of madhavakara, ,Publisher-Chaukhambha Orientalia, Varanasi, Fourth Edition-2001
5. Shastri SN, Charak Samhita of Agnivesha. Edited with the Vidyotini Hindi Commentary, Viman sthana 1/21 Published by Chaukhamba Bharti Academy, Varanasi, Reprint 2018.pp.680.
6. Shastri AD, Sushruta Samhita of Maharshi Sushruta. Edited with Ayurveda Tatva sandipika Hindi commentary, Uttar tantra chapter 64 sloka no 56, Published by Chaukhamba Sanskrit Sansthan, Varanasi , Reprint year 2017.pp.618.
7. Tripathi B, Madhav Nidan, ‘Roga Vinischaya’Vol-2 Chapter 51 Chaukhamba Surbharati Academy. 2012.pp.225.
8. Mishra SN. Bhavaprakash of shri Bhava Mishra, Edited with the Vidyotini Hindi commentary, vol 2, Chikitsa prakarana, Published by Chaukhamba Sanskrit bhaban, Varanasi. 2013
9. Bydagi PS, A Text book of Kayachikitsa, Publication-Chaukhambha –New Delhi, First Edition-2201
10. Shastri SN, Charak Samhita of Agnivesha. Edited with the Vidyotini Hindi Commentary, Viman sthana 7 Published by Chaukhamba Bharti Academy, Varanasi, Reprint 2018.
11. Text book of Harrison’s Principles of internal medicine, 19th ed. Vol.II Newyork.
12. Ralson SH, Davidson’s Principles and Practice of Medicine, 23rd Edition. 2009.pp.791.
13. Nadkar MY, Golwalla’s Medicine for students. 25th Edition.2015.pp.11.
14. . www.webmd.com
15. www.healthline.com
16. www.wikipedia.org

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Table 1 Shows involvement of *Dosha*, *Acharya Kashyapa* and *Madhav* both have divided *Amlapitta* as :

Kashyapa	Madhava
<i>1.Vatika Amlapitta</i>	<i>1.Sanila Amlapitta</i>
<i>2.Paittika Amlapitta</i>	<i>2.Sanila Kapha Amlapitta</i>
<i>3.Slesmika Amlapitta</i>	<i>3.Sakapha Amlapitta</i>
	<i>4.Sleshmapitta Amlapitta</i>