Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in
A Critical Review of Disease Amlapitta (Gastritis)

Pramod C. Baragi,¹ Umapati C. Baragi.²
¹Professor & HOD, Dept. of Rasashastra & Bhaishajya Kalpana, ²Reader, Dept. of Post Graduate Studies in Basic Principles, B.L.D.E.A’S, AVS, Ayurveda Mahavidyalaya, Vijayapur, Karnataka, India.

ABSTRACT

Survival of an organism on the earth is always challenged by the nature. Hunger, adverse climatic conditions, protection against wild animals and diseases are important amongst survival. Today due to modern life style and food habits most of the population are suffering from a common disease called as Gastritis. According to recent survey Gastritis is a common medical problem. Up to 10% of people, who come to a hospital emergency department with an abdominal pain, have gastritis. The incidence of gastritis in India is approximately 3 in 869 that is about 12,25,614 people suffering from gastritis out of the total 1,06,50,70,607 population. The seroprevalence studies from Delhi, Hyderabad and Mumbai have shown that by ten years of age more than 50% and by 20 years more than 80% of population is infected with gastritis. In Ayurveda this disease Gastritis is coined as Amlapitta. Here in this present paper Amlapitta disease is reviewed in detail according to Ayurvedic view and Modern view.

Key words: Modern lifestyle, Gastritis, Hyperacidity, Amlapitta.

INTRODUCTION

The word ‘disease’ literally means lack of ease. According to Taber’s encyclopaedic medical dictionary, disease means “A pathological condition of the body that presents a group of symptoms peculiar to it and that sets the condition apart as an abnormal entity differing from other normal or pathological body states”. Amlapitta is a disease which is commonly found in almost all parts of the world. Peculiarities of this disease are, increased prevalence, vast field of manifestation of symptoms, requires prolonged dietetic control, if not treated in proper time, it may create major problems, relapses are very common.

Historical Review

To have a complete knowledge of subject, it is necessary to trace out its historical background. For the disease Amlapitta one has to trace out its original concepts, various developments at present stage and the work done on the subject by various research workers.

A. Vedic Kala

No references are found about Amlapitta in any of the four Vedas.

B. Samhita Kala

Charak Samhita

In Charaka Samhita, Amlapitta is not mentioned as a separate entity but the word is discussed at several places like;

- Pandurogo Amlapitta Cha --| (Ca.Su. 1/110)

While describing the indication of Asthavidha Dugda, Amlapitta has been listed.

- Kulathaha Amlapitta Janakanam | (Ca. Su. 25/40)

Address for correspondence:
Dr. Pramod C. Baragi
Professor & HOD, Dept. of Rasashastra & Bhaishajya Kalpana, B.L.D.E.A’S, AVS, Ayurveda Mahavidyalaya, Vijayapur, Karnataka, India.
E-mail: ayupramod@yahoo.co.in
Submission Date : 14/01/2017 Accepted Date: 28/02/2017

Access this article online

Quick Response Code
Website: www.jaims.in
DOI: 10.21760/jaims.v2i1.7507
Kulattha has been considered as chief etiological factor of Amlapitta.

- Lavana Rasatiyogajanya Vikara (Ca. Su. 26/43)
  The excessive use of Lavana Rasa causes Amlapitta.
- Viruddha Aharajanya Vikara (Ca. Su. 26/103)
  Amlapitta has been included in the listed of diseases caused by Viruddhahara.
- Rajamaashaha ----Amlapittanut (Ca. Su. 26/43)
  Rajamasha has the property of relieving the Amlapitta.
- Visarpamamlapittam ----- Jitanmahavikara (Ca. Chi. 7/147)
  Mahatikta Ghrita has been indicated in Amlapitta.
- Janayantyamlapittam Cha (Ca. Chi. 15/47)
  While describing Grahan Dosha pathogenesis of Amlapitta has been clearly mentioned.
- Asrug Amlapittavaivarnya---- (Ca. Chi. 12/52)
  Indication of Kansaharitaki also includes Amlapitta.

The above references are suggestive about the occurrence of Amlapitta. A clear cut Samprapti of this disease is available, Kulattha, Lavana Rasa and Virudhahara were listed as the causes of Amlapitta where as Mahatikta Ghrita and Kansaharitaki are prescribed for its treatment. Hence, it can be concluded that during the period of Caraka all aspects of Amlapitta disease were considered.

**Sushruta Samhita**

Sushruta while describing the disease caused due to excessive use of Lavana has mentioned a disease Amlika which is similar to Amlapitta.

**Kashyapa Samhita**

Kashyapa Samhita is the first available text where Amlapitta has been mentioned as a separate entity in chapter 16th of Khilasthana. Not only vivid description of Amlapitta with its treatment has been mentioned in it, but suggestion to change the lack of peace of mind in case where medicine does not work out has also given.

**Harita Samhita**

In 24th chapter of 3rd Sthana has described as a separate disease and given the treatment. It has also given special symptoms Amla Hikka (Hicough with sour taste).

**Sangraha Kala**

**Astanga Sangraha**

If Shodhana is not done in time, many diseases occur, one of which is Pramilika. Indu says Pramilika is a synonym of Amlapitta.

**Astanga Hrudaya**

While describing Pittaja Hrudroga, Vagbhata has used the term Amlapitta.

**Madhava Nidana**

After Kashyapa, Madhava Nidana is the second text which gives importance to Amlapitta and describes its aetiopathogenesis and symptomatology in detail along with two clinical subtypes i.e. Urdhva and Adhoga Amlapitta.

**Vrinda Madhava**

Vrinda Madhava has described Amlapitta as an independent disease and also its therapy.

**C. Madhya Kala**

**Chakradutta**

In this classic Vamana, Virechana, Basti etc. treatments are advised for Amlapitta along with its Chikitsa Sutra.

**Basavarajeyam**

In text in the chapter of Nanatmaja disease has included Amlapitta in the 24 Nanatmaja Vikaras of Pitta.

Among the other symptoms Svarahinala Jivana and Vaka Paridaha has been attributed to Amlapitta which has not been mentioned by any other texts.
Sharangadhara Samhita

Even though Sharangadhara has not explained about the etiopathogenesis of the Amlapitta, he has given the drugs and their preparatory methods and indicated it in the disease Amlapitta.\[8]\[9] He has also explained the therapy Niruha Basti for Amlapitta.

Bhavaprakasha

The etiopathological factors have been explained similar to that of Madhava Nidana and many medicaments are given for the treatment in this text.\[10] Two separate chapters on Amlapitta have been devoted in this text. Upadraha and Arista are explained in this text.\[11]

Yogaratnakara

This text has added four more Upadras to the list of Upadras of Amlapitta.

Bhaisajya Ratnavali

The etiopathological factors have been explained similar to that of Madhava Nidana and many medicaments are given for the treatment in this text.\[12] Seven new mineral formulations have been added to the existing formulation starting from Bhaskaramrutabhram to Sitamanduram. Many palatable formulations have been mentioned which includes Amlapittantaka Modaka,\[13] Saubhagya Shunti Modaka,\[14] Avipattikara Churna\[15] one of the Taila is Sribilva Taila.\[16] In this book Norikela Khanda has been indicated for Amlapitta.\[17]

Etymology

Amlapitta is composed of two words.

Amla + Pitta = Amlapitta.

The term Amla refers to a particular type of taste equated with the sour taste which causes excessive salivary secretion. Pitta is a bodily chemical substance which is mainly responsible for the maintenance of the process of digestion, transformation and transmutation.

On combining both these words the term Amlapitta implies to a disease or condition in which the sourness of Pitta gets increased.

Definition

- **Amlaya Pittam Amlapittam | (Vachaspatyam)**
  According to Vachaspatyam, Amlapitta means Pitta leading to sour taste.

- **Vidahyamlagunodriktam Pittam Amlapittam | (Vijayaraksita)**
  Vijayarakshita, commentator of Madhava Nidana defines the words as that the Pitta having Vidahi quality give rise to Amla or sour taste.

- **Amlapittam Chaiti Amlagunodriktam Pittam | (Chakrapani)**
  Which means the qualities of Pitta i.e. sourness is increased leading to Amlapitta.

- **Amlam Amladhikam Pittam Yatra Tadamlapittam | (Gananatha Sen)**
  Shri Gananath Sen in his book Sidhanta Nidana has given similar definition, as the qualities of Pitta i.e. sourness is increased which leads to Amlapitta.

The above classical description of Amlapitta emphasizes that Amlapitta is a patho-physiological condition in which the Pitta gets vitiated in terms of Vruddhi (excessiveness) and sourness of Pitta is increased.

Synonyms

- **Pramilaka** - As.Sa.Su.5/27 Indu. Commentary
- **Pitta Visuchika** - As.Sa.Su.5/27 Indu. Commentary
- **Pittamlaka** - Harita
- **Amlika** - Su. Su. 42/9

Nidana

After careful screening and analysis of the etiological factors of Amlapitta, they may be discussed under four groups viz. the Aharaja Hetu (dietary factors), Viharaja Hetu (habit factors), Manasika Hetu (psychogenic factors) and Agantuka Hetu (miscellaneous factors).

1. **Aharaja Hetu (Dietary factors).**\[18]
   The first and the foremost group of etiological factors of Amlapitta may be considered as the dietary factors...
factors. Under this group intake of food against the code of dietetics i.e. *Ahara Vidhivdhana* and *Aharavidhi Visesayatana* is included. Various types of incompatible substances, excess of *Pitta* aggravating factors like *Katu, Amla, Vidahi* etc. *Bharjitanna* and untimely consumption of food are the factors against the dietetic code and they are directly responsible for the disturbances of *Pitta*.

a. According to the type of *Ahara*\(^{[21]}\)

i. *Kulattha* ii. *Pruthuka* iii. *Pulaka* (Husky food)

b. According to the quality of *Ahara*

i. *Abhisyandi*, iv. *Gurubhojya* (heavy diet)
ii. *Atisnigdha* (Unctuous) v. *Vidahi Anna*
iii. *Ati Ruksha* (Very coarse) vi. *Vidahi Pana*

c. According to the *Samskara* of the *Ahara*

i. *Apakwanna Sevana* (uncooked food),
ii. *Bhristadhanya Sevana* (fried paddy),
iii. *Iksuvikara sevana* (Sugar-cane products),
iv. *Pistanna Sevana*.

d. According to *Dusitanna*

i. *Dusta Anna Sevana*, ii. *Paryusita Anna Sevana*

e. According to the *Pitta* provocative potency of diet

i. *Adhyasana*
ii. *Ajirnasana*
iii. *Amapurnata*
iv. *Ati Usna* (Very hot)
v. *Ati Amla* (intake of excessive acidic diet)
vi. *Ati Drava* (intake of excessive liquid)

vii. *Ati Tikshna* (intake of very sharp substance)

viii. *Ati Panam* (Over drinking)
ix. *Katu Anna Pana* (Pungent diet and drinks)
x. *Viruddhasana* (incompatible diet)

f. According to the capacity of weakening the digestive power

i. *Ati Snigdha Sevana* (excessive fatty diet),
ii. *Ati Ruksha Sevana* (excessive coarse)

g. Faulty dietary habits

i. *Akala Bhojana* (untimely eating)
ii. *Antarodaka Pana* (drinking of excess water during meal)
iii. *KalaAanasana* (avoiding the diet in proper time)
iv. *Visamasana*

h. Miscellaneous

i. *Annahina Madya* (Alcohol without eating), ii. *Madya Sevana* (alcohol drinking)

2. *Viharaja Hetu* (Habit factors):\(^{[19]}\)

To maintain sound and good health, one has to follow the code of habits. He is required to have regular habits of defecation, to have food in time and to sleep in time. He has not to suppress natural urges forcefully. If one follows all these codes regularly, one would certainly maintain the equilibrium of the body constituents and by that, obviously, he would maintain good health and proper functioning of the body. If this is not followed regularly, the whole functioning of the body will be disturbed and in the long run, they will cause the disturbance of the equilibrium of *Pitta* and digestion which ultimately will lead to *Amlapitta*.

a. *Atisnat* (Taking excessive bath),
b. *Ati Avagahanat* (Excessive swimming)
c. *Bhuktwa Diwasvaapnat* (Sleeping in day time after meals)
d. *Vega Dhararam* (Suppression of natural urges)
e. *Shayya Prajagarae* (Improper sleeping schedule)
3. **Manasika Hetu (Psychogenic factor):**[20]

Psychology also plays a great role in maintaining the health and psychological activities. On the other hand, an abnormal psychology, in terms of 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 aggravates Pitta, which ultimately gives rise to Amlapitta.

The modern investigators have established that acid gastritis is nothing else but is the syndrome resulting from stress and strain which shows the important role played by psychogenic factors in the production of Amlapitta.

4. **Agantuka Hetu:**

Now a days, iatrogenic diseases are common. Amlapitta could be a sequel of faulty drug or drug abuse habits. Over the counter intake of non steroidal anti-inflammatory drugs and anticoagulant cure one disease but it can produce Amlapitta. Ayurvedic drugs, specially unpurified 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.

**Samprapti**[21],[22],[23]

The word Samprapti is the process of disease formation beginning right from the contact of the causative factor with the body to complete manifestation of the symptoms. It is a course followed by a disease in which the Dosha gets vitiated and the path it follows for the manifestation of the disease. The same idea is reflected by the word pathogenesis used in modern medical science.

Kashyapa, Madhava and Gananatha Sen have mentioned specific Samprapti of Amlapitta as follows. Over indulgence in above mentioned aetiological factors cause vitiation of Vata and Pitta Dosha. Anyone of the involved Dosha decreases the Jatharagni (to below the normal level) i.e. Jatharagnimanayana. During this state, whatsoever food consumed, becomes Vidagda. Then it becomes Sukta and it lies in the stomach stagnant. Any food which is taken becomes Vidagda. At this stage Vidagdhajirna manifests which is the Purvarupa of the disease. Further vitiated Pitta gets mixed with Sukta and causes Pitta Amavisa Sannmurchhana. The Amlapitta with its cardinal symptoms is then born. If not treated properly in this stage, the disease leads to Bhedavasta where the typical characteristic types like Urdhwaga, Adhoga etc. are differentiated. Further complications like Sitaipitta, Udara, Annadraava and Parinama Shula etc. may occur in the advanced course of the disease.

Gananath Sen in Siddhanta Nidana has mentioned that when food is dominant with Amlarasana, then in Amashaya also Amlarasana is produced and when it is taken in more quantity it irritates the Amashaya. If food is not consumed at proper time, then the secretion of Amlarasana increase and it then irritates the Amosayakala resulting in various incurable disorders like Shula etc.

**Purvaroopa**

In Ayurvedic classics, no specific Purvarupas of Amlapitta are mentioned, but by applying Tarka and practical knowledge, some important inferences can be drawn.

As already explained in the Samprapti, Agnimanayana and Ajirna are the successive stages towards the manifestation of Amlapitta. Also they are practically observed in the patients. Annavaha and Purishavaha Srotodusti symptoms can also be considered as Purvarupa of Amlapitta.

**Roopa**[21]

Symptoms of Amlapitta have been described by Kashyapa, Madhava Kara and Harita. Later workers of Sangrahakala like Bhavamisha, Vangasen and Yogaratnakara have followed Madhavkar. In this regard Basavaraja has included Amlapitta in Nanatmaja diseases of Pitta and Vakshva Paridosha.
(Saptam Prakarana) to Amlapitta. The symptoms of Amlapitta according to Madhava are, Avipaka, Kanthadaha, Klama, Tikta Amla Udgar, Gaurava, Aruchi, Utklesha, Hritdaha.

Kashyapa added extra symptoms like, [23] Antrakujana, Vidbheda, Udara Admana, Hritshula etc.

On analysing the classical references pertaining to Amlapitta, it is revealed that quite a big list of symptoms may be prepared. Below a comparative table 1. of the symptoms of Amlapitta has been presented as per different authorities.

Table 1: Showing Samanya Lakshana of Amlapitta according to various authorities.

<table>
<thead>
<tr>
<th>No.</th>
<th>Symptoms</th>
<th>K.</th>
<th>S.</th>
<th>B.</th>
<th>S.</th>
<th>B.</th>
<th>G.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Amlodgara</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.</td>
<td>Antrakujana</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3.</td>
<td>Amlotklesha</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4.</td>
<td>Angasada</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5.</td>
<td>Avipaka</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>6.</td>
<td>Aruchi</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7.</td>
<td>Gaurava</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>8.</td>
<td>Gurukostata</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>9.</td>
<td>Hriddaha</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>10.</td>
<td>Hritsula</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>11.</td>
<td>Kanthadaha</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>12.</td>
<td>Klama</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>13.</td>
<td>Karacharanadaha</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>14.</td>
<td>Romaharsha</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Types of Amlapitta [6]

According to the Gati of Pitta, Madhava has described 2 types of Amlapitta. i.e.

1. Urdhvaga Amlapitta
2. Adhoga Amlapitta

According to the involvement of Dosha, Kashyapa and Madhava both have divided Amlapitta as;

<table>
<thead>
<tr>
<th>Kashyapa</th>
<th>Madhava</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vatika Amlapitta</td>
<td>Sanila Amlapitta</td>
</tr>
<tr>
<td>Paittika Amlapitta</td>
<td>Sanila Kapha Amlapitta</td>
</tr>
<tr>
<td>Slesmika Amlapitta</td>
<td>Sakapha Amlapitta</td>
</tr>
<tr>
<td>Slesmapitta Amlapitta</td>
<td></td>
</tr>
</tbody>
</table>

The symptoms described in different classics of the above mentioned types of Amlapitta are shown in table 2, 3 and 4.

Table 2: Showing symptoms of Urdhwa Amlapitta

<table>
<thead>
<tr>
<th>No</th>
<th>Symptoms</th>
<th>M.N</th>
<th>B.P</th>
<th>S.N.</th>
<th>Y.R.</th>
<th>G.N.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Abhukt Tiktavami</td>
<td>Va</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>2.</td>
<td>Abhukte Amlavami</td>
<td>Va</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
</tbody>
</table>
### Table 3: Showing symptoms of Adhoga Amlapitta

<table>
<thead>
<tr>
<th>No</th>
<th>Symptoms</th>
<th>M.N</th>
<th>B.P.</th>
<th>S.N.</th>
<th>Y.R.</th>
<th>G.N.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Analasada (Dyspepsia)</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>Angapitata (yellowish ness of body)</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>3</td>
<td>Bhrama (Giddiness)</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>4</td>
<td>Daha ( Burning)</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>5</td>
<td>Hrullasa (Eructation)</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>6</td>
<td>Harsha</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

### Table 4: Showing symptoms of Doshaja Amlapitta

<table>
<thead>
<tr>
<th>No</th>
<th>Symptoms</th>
<th>M.N</th>
<th>B.P</th>
<th>S.N</th>
<th>Y.R.</th>
<th>G.N</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Vataja Amlapitta</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>Angaosada</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>Gatraswada</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Jrmbha</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>4</td>
<td>Klama</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Kampa</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>6</td>
<td>Murccha</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Pralapa</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Romaharsa</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>Sula</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>10</td>
<td>Snigdhopasaya</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>11</td>
<td>Tamodarsana</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>12</td>
<td>Vibhroma</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>B</td>
<td>Pittaja Amlapitta</td>
<td>M.N</td>
<td>B.P</td>
<td>S.N</td>
<td>G.N</td>
<td>K.S</td>
</tr>
<tr>
<td>1</td>
<td>Bhrama</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>Swadu Upasaya</td>
<td>-</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>3</td>
<td>Sit Upasaya</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>4</td>
<td>Vidaha</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>C</td>
<td>Kaphaja Amlapitta</td>
<td>M.N</td>
<td>B.P</td>
<td>S.N</td>
<td>G.N</td>
<td>K.S</td>
</tr>
<tr>
<td>1</td>
<td>Agnimandya</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>2</td>
<td>Aruci</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>Atisara</td>
<td>-</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Chardi</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>5</td>
<td>Gaurava</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>6</td>
<td>Jadata</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>7</td>
<td>Kandu</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>8</td>
<td>Nidra</td>
<td>+</td>
<td>-</td>
<td>+</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>9</td>
<td>Ruksopasaya</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>10</td>
<td>Usnopasays</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>11</td>
<td>Kapha Nistivana</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>12</td>
<td>Shitya</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>13</td>
<td>Sada</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>14</td>
<td>Upalapa</td>
<td>+</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

In other two types of Amlapitta i.e. Vatakaphaja and Pitta Kaphaja, mixed symptoms of three Doshas are seen. This symptomatic trend indicate that Amlapitta is such a disease which has got its impact on almost all the Srotas of the body.
**Shleshmapittaja Amlapitta** - Described by only Madhava

**Upasaya Anupasaya**

Specific mentioning about Upasaya and Anupasaya is given only by Kashyapa while describing Dosaja types of Amlapitta.

- Vataja Amlapitta - Snigdha Upasaya
- Pittaja Amlapitta - Swadu and Sita Upasaya
- Kaphaja Amlapitta - Ruksha and Ushna Upasaya

**Upadrava**

Complication of Amlapitta have been not described by ancient Acharyas except Kashyapa. The author has mentioned eight Upadravas and stated that the disease is incurable in their presence. The Upadravas are; Jvara, Atisara, Panduta, Shula, Shotha, Aruchi, Bhrama, Grahani Roga.

Though Madhavakara has not mentioned the complication of Amlapitta but included Shoola in its Vatika predominant variety. Hence, Parinama and Annadrava Shoola can be taken as complications of Amlapitta.

According to Acharya Gananath Sen, Upadravas of Amlapitta are Amasayakala Shopha, Grahani Kala Shopha, Kandu, Mandala, Pidaka, Shitapitta, Udara, Vicharkha, Vispota.

**Sadhyasadhyata**

Madhava has described the Sadhyasadhya of this disease. If the disease is of recent origin, it can be cured with proper efforts. In chronic condition, recurrence occurs when treatment is stopped. In some patients it becomes more difficult to cure, even with proper treatment. If accompanied by other Upadravas, Chronic Amlapitta may be Asadhya.

**Sapeksha Nidana of Amlapitta**

The disease Amlapitta should be diagnosed differentially from Pittaja Atisara, Pittaja Grahani, Vidagdha jirna.
Urdhwaga Amlapitta and Virechana in case of Adhoga Amlapitta\textsuperscript{[12]} Use of Niruhabasti is stated by Chakrapani,\textsuperscript{[7]} Vrinda Madhav and Govind Das whereas Yoga Ratnakara has mentioned the use of Raktamokshana.

2. Prakritivighata

Prakritivighata refers to the use of drugs which suppress the Doshas. Such treatment is termed as Shamana therapy. In Amlapitta also the Shamana therapy is 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. Nidana Parivarjana

Nidana Parivarjana 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.

According to Kashyapa\textsuperscript{[28]}

1. Since the disease is Amashaya oriented 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.

Drugs used in Amlapitta

(a) Single drug

Ativisha, Patola
Bhringaraja, Satavari
Guduchi, Sukti Bhasma and Pisti
Kaparda Bhasma, Shankha Bhasma

(b) Famous formulations:

Mukta Pisti, Pravala Bhasma
Drakshavaleha, Sootasekhar Rasa
Kamadudha Rasa, Satavari Mandura
Avipattikara Churna, Satavari Ghrita

Pathyapathya\textsuperscript{[29]}

Various references of Pathya Apathya can be found in various classics. Here some are quoted in table 6.

Table 6: Showing Pathya Apathya in Amlapitta.

<table>
<thead>
<tr>
<th>Pathya</th>
<th>Apathya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ahara Purana, Shali, Mudga, Goghrtra, Godudha, Jangala, Mamsa, Patola, Vastuka, Dadima, Amalaki etc.</td>
<td></td>
</tr>
<tr>
<td>Amla, Lavana, Katu, Vidah, Guru, Tila, Kukattha, Madya etc.</td>
<td></td>
</tr>
<tr>
<td>Vihara Sitopachara, Visrama</td>
<td>Atapasevana, Vega Vidharana, Krodha, Soka, Chinta etc.</td>
</tr>
</tbody>
</table>

Modern View

It is very much essential to co-relate the diseases which are mentioned in the classics with the recent disease of Modern medicine for a better comprehension of the pathogenesis. In modern medical literature, some technical terms have been used to indicate an abnormal condition resembling to Amlapitta. These terms either explain the pathological condition of the disease or explain the characteristics of the disease.

It is very difficult to correlate Amlapitta with a single disease of modern science. Following is the opinion of scholars till date mentioned in table 7.

Table 7: Showing different opinions of various scholars regarding correlation of Amlapitta.

<table>
<thead>
<tr>
<th>Year</th>
<th>Scholar</th>
<th>Disease correlated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Gastritis syndrome

Gastritis means inflammation of gastric mucosa, whereas syndrome means a condition which is associated with different types of symptoms. The term refers to the nature of the disease as an assembly of symptoms resulting out of pathophysiological condition of the stomach.

Table 8: Showing correlation between Hyperacidity and Amlapitta

<table>
<thead>
<tr>
<th>Hyperacidity</th>
<th>Amlapitta</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Heart burn</td>
<td>Hritdaha</td>
</tr>
<tr>
<td>2. Chest pain</td>
<td>Hritshoola</td>
</tr>
<tr>
<td>3. Abdominal distension</td>
<td>Udaradhmana</td>
</tr>
<tr>
<td>4. Sour belching</td>
<td>Amlodgara</td>
</tr>
<tr>
<td>5. Acid refluxes of the food taken</td>
<td>Amlot klesha</td>
</tr>
<tr>
<td>6. Loss of appetite</td>
<td>Aruchi</td>
</tr>
</tbody>
</table>

Gastritis

It refers to the inflammatory condition of the gastric mucosa. There are many clinical types of gastritis, but they are divided into,

1. Acute Gastritis
2. Chronic Gastritis

Acute Gastritis

Acute gastritis is characterized by - epigastric pain, nausea, vomiting, anorexia and massive haematemesis

Chronic gastritis

Chronic gastritis is characterised by the absence of grossly visible mucosal erosion. But chronic inflammatory changes may lead to mucosal atrophy. Although, usually it is asymptomatic, but it may be associated with Pernicious Anaemia, Gastric ulcer, Duodenal ulcer and Gastric carcinoma.

Treatment principles

1. Acute gastritis
   - Prevention of erosive gastritis
   - Treatment of associated disease
   - Withdrawal of offending agents
   - General supporting measures as required

2. Chronic gastritis
   - No specific treatment is required for type A or type B Chronic gastritis with or without mucosal atrophy
   - Pernicious anaemia form of manifestation demands the parenteral vitamin-B_{12} administration on indefinite and regular basis.

As explained earlier, any disease does not perfectly correlate with the aetiology, signs and symptomatology of Amlapitta. Some diseases show similarity in the causes, some in the signs and some share common symptoms with Amlapitta.

References

2. Vruddha Jivaka, Kashyapa Samhita, with Sanskrit introduction by Pandit Hemraj Sharma, Chaukhamba Sanskrit Sansthan, Varanasi, 2006, Lehadhyaya, Pg. 4-5.
3. Harita Sam-24 Chap/3rd section


