

A systematic review and analysis of research dissertation on Amlapitta

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DOI:10.21760/jaims.10.7.36

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Background: Amlapitta, one of the most prevalent disorders of the Annavaha Strotas, is primarily caused by impaired Agni and vitiated Pachaka Pitta, leading to symptoms like Avipaka (indigestion), Amlodgara (sour/bitter belching), Hrid-Kantha Daha (burning sensation in chest and throat), and Aruchi (anorexia). Factors like improper diet, lifestyle habits, stress, and incompatible food combinations contribute significantly to its pathogenesis.

Objective: To systematically review various clinical studies and research dissertations exploring the effectiveness of Shodhana and Shamana Chikitsa in the management of Amlapitta.

Methods: This review analyzed 19 dissertations from the Ayurvedic Research Database (ARD, 7th Edition, 2001–2018) sourced from various departments like Kayachikitsa, Panchakarma, and Dravyaguna. Studies included both conceptual and clinical approaches, with interventions ranging from classical Ayurvedic formulations to Panchakarma therapies like Virechana.

Results: Most studies showed that integrative approaches combining Shodhana and Shamana Chikitsa yielded more significant symptomatic relief than standalone treatments. However, there was a lack of standardized modern diagnostic tools and uniform methodologies. Several formulations such as Dashanga Vati, Guduchyadi Ghana Vati, and Avipattikara Churna showed promising results in reducing cardinal symptoms of Amlapitta. Some trials also emphasized the role of Dosha predominance in treatment selection.

Keywords: Amlapitta, hyperacidity, Acid peptic disorder, gastritis, hyperchlorhydria, dyspepsia, gastroesophageal reflux disease (GERD), Ayurveda research database

Corresponding Author	How to Cite this Article	To Browse
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Manuscript Received
2025-05-21

Review Round 1
2025-05-29

Review Round 2
2025-06-09

Review Round 3
2025-06-19

Accepted
2025-06-29

Conflict of Interest
None

Funding
Nil

Ethical Approval
Not required

Plagiarism X-checker
10.35

Note



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Introduction

Amlapitta is the commonest *Vyadhi* of *Annavaha Strotas*, caused by vitiated *Agni* where *Amlaguna* of *Pachak Pitta* increases due to *Samata* manifesting symptoms such as *Avipaka* (indigestion), *Amlotkalesh* or *Tikta Amlodgara* (sour or bitter belching), *Hridkantha Daha* (heart throat burning sensation) and *Aruchi* (anorexia) affecting more people in India. Main causes for the disease are improper diet, habits, stress, not following *Ahara Vidhi Visheshayatana*, *Viruddhahara*, *Asatmya Ahara*, stale food, spicy irritant food, oily foods, bakery products, some fast foods, excess consumption of tea and coffee, excess food intake, drinking excess water after meals, freeze products, wine, cigarette smoking during meal etc.[1]

Numerous clinical studies and classical references supporting *Ayurvedic* interventions in *Amlapitta*, there is a lack of standardized methodologies and diagnostic correlations with modern gastrointestinal disorders. Hence, a systematic review of existing *Ayurvedic* research is essential to critically evaluate the role of *Shodhana* and *Shamana Chikitsa* in the effective management of *Amlapitta*. This review aims to bridge the gap by analyzing 19 dissertations from the *Ayurvedic* Research Database (ARD, 7th Edition, 2001–2018) and highlight the strengths and limitations of existing evidence, paving the way for better clinical practices and future research.

Aim and Objectives

To conduct a comprehensive review of research studies conducted on *Amlapitta* from various *Ayurvedic* perspective.

Materials and Methods

A systematic review was conducted using the *Ayurvedic* Research Database (ARD), 7th Edition (2001–2018) published by IPGT & RA, Gujarat *Ayurved* University, Jamnagar. The studies were sourced specifically from various departments like *Kayachikitsa*, *Panchakarma*, *Dravyaguna*, *Roga Nidan* evam *Vikriti Vigyan*, *Basic Principles*, and *Rasashastra* & *Bhaishajya Kalpana*. Clinical and conceptual research studies related to *Amlapitta* were identified. Studies were selected using keywords like "*Amlapitta*," "*Hyperacidity*," "*Gastritis*," & "*Acid Peptic Disorder*" from database.

Both clinical trials and pharmaceutical-clinical studies were included. 19 dissertations were shortlisted for this review.

Observations and Results

Details of the trials included in the study were discussed descriptively as follows:

1. Hemal C. Patel et al.

In this study population was equally divided in to two groups. In which group A underwent *Shodhan purvaka Shaman Chikitsa* (*Shodhan* with *Haritakyadi Yoga + Sabhag Katuki*) 5-10 gm at night. After *Shodhan*, *Dashang Vati* 4 tab tds was given for 5 week with milk. In group B only *Shaman Chikitsa* with *Dashang Yoga Vati* 4 tab tds was given for 6 week with milk. In this study group A (*Shodhan Purvak Shaman Chikitsa*) offered better result than group B.

2. Rina S. Purani et al.

Total 30 patient recruited in this clinical trial were equally divided in to three groups in which Group 1 (Treated group) with "*Lavanardraka*" 5gm twice daily was given before diet for *Dipana-Pachana Karma*. After that *Guduchyadi* compound 4 tab each (500mg) thrice daily for 3 weeks. Group 2 with (Trial drug after *Kostha Shuddhi*) "*Lavanardraka*" 5 gm twice daily was given before diet for *Dipana-Pachana Karma*. Then 5-10 gm of "*Trivrutadi Yoga*" was given (according to *Kostha*) for 3-5 days. After *Kostha-Shuddhi*, trial drug discussed in group I was administered orally for 6 weeks. Group 3 with "*Lavanardraka*" 5 gm twice daily was given before diet for *Dipana-Pachana Karma*. Thereafter "*Placebo*" 1 tab [250 mg each] twice daily (500mg/day) was administered for 6 weeks. The Study also shows that group 1&2 both have significant results in *Amlapitta*. Group 1 showed better results due to its *Pittashamak*, *Mrudu Rechak* & *Dipana Pachana* properties but in group 2 result was obtained very quickly due to purification of *Doshas* by *Shodhan* therapy.

3. Jitendra Kumar et al.

Total 41 patients of *Amlapitta* were registered 23 in group A and 18 in group B. Out of which 35 patients completed the treatment, 20 in group A and 15 in group B. Total 6 patients discontinued course of treatment 3 in each group.

Group A was treated with *Shatpatrayadi Churna* Tab. Group B was treated with *Patoladi Yoga. Shatpatrayadi Tab.* shows better result in symptoms like *Kukshi Daha, Hrida Daha* and *Kantha Daha*. In *Amla & Tikta Udgara* also shows better result. Quality of sleep is more improved in group A. Feeling of wellbeing improved more in Group A and *Deha Bala* is also improved more in Group A. While *Patoladi Yoga* shows better result in *Gaurava, Avipaka, Shirashula*.

4. Mahesh B. Parmar et al.

Total 20 patients of *Amlapitta* were equally divided in to two group. Group-I (Treated Group) with "*Chhinnodbhavadi Ghanvati*" 4 tablets, thrice daily was administered orally for 6 weeks. Group-II (Control Group) with "*Bhoonimbadi Ghanvati*" 4 tablets, thrice daily was administered orally for 6 weeks. Overall effect showed that in group 1, 80% Patients had marked relief, 10% patients achieved mild relief. In group 2 40% patients had complete relief while 60% patients showed marked relief. The study shows that *Aushadha Yoga* of Group 2 yields more result than that of Group 1.

5. Aboli B. Patil et al.

Total 50 patients of *Amlapitta* were equally divided in to two groups. Group A were treated with *Yavadi Ghana Vati* 1-tab 500mg twice a day with 5 ml honey before meal for 4 weeks. Group B with *Guduchyadi Ghana Vati* 1-tab 500mg twice a day with 5 ml honey before meal for 4 weeks. On comparison by chi square significant results were observed in Group B than Group A on *Amlodgara, Katu Udgara, Kukshidaha, Avipaka, Balavridhhi, Swara Varna Yoga, Jirna Ahara lakshanas*.

6. Neha Joshi et al.

Total 30 patients of *Amlapitta* were registered 15 in Group 1 and 15 in Group 2. In Group 1, 5 gm *Eladi Churna* were given orally twice a day with water for 6 weeks. In Group 2, "*Avipattikara Churna*" 3 gram, twice daily (6 gm/day) was administered orally, with the *Anupana* of water for 6 weeks. Overall Effect of *Eladi Churna* 60% patients had marked improvement, 40% patients had moderate improvement. Overall effect of the *Avipattikara Churna* 20% patients had complete remission, 53.33% patients had marked improvement and 26.66% patients had moderate improvement. The study shows that *Aushadha Yoga* of Group-B yields more result than that of Group-A.

7. Mahesh Patel et al.

Total 30 patients were equally divided in to two groups. In Group-I (Treated Group), "*Vasadi Ghanvati*" (500 mg of 1-tab), 3tab 3 time a day was administered orally, with the *Anupana* of *Madhu* for 6 weeks. In Group-II (control group) "*Chhinnodbhavadi Yoga Ghanvati*" (500 mg of 1 tab), 3-tab 3 time a day was administered orally, with the *Anupana* of *Madhu* for 6 weeks. In Group A, highly significant results were found in cardinal signs like *Amlodgara, Aruchi*. In Group B, highly significant results were not found in any cardinal signs. In Group A reduction was - *Amlodgara* (68.6%), *Tiktodgara* (57.1%), *Hriddaha* (84.6%), *Udaradaha* (81.8%) and in Group B *Amlodgara* (63.9%), *Tiktodgara* (66.7%), *Hriddaha* (77.3%), *Shirahshoola* (100%).

8. Mohit P. Paghdar et al.

In this study total 15 in Group A and 15 in Group B. In Group-I (Treated Group) "*Guduchyadi Churna*" 5 gram, twice daily (10 gm/day) was administered orally, with the *Anupana* of water for 4 weeks. In Group-II (Control Group) "*Eladi Churna*" 5 gram, twice daily (10gm/day) was administered orally, with the *Anupana* of water for 4 weeks. In Group A the reduction was, *Amlodgara* (67.78%), *Tiktodgara* (77.78%), *Kanthadaha* (91.03%), *Utklesha* (86.11%), *Udaradaha* (87.50%). In Group B the reduction was - *Amlodgara* (76.92%), *Tiktodgara* (87.88%), *Hriddaha* (88.89%), *Kanthadaha* (85.56%), *Utklesha* (95%), *Udaradaha* (88.10%). The study shows that *Aushadha Yoga* of Group-B yields more result than that of Group A.

9. Jogad Gautam S et al.

40 patients of *Amlapitta* were registered. All the patients were randomly divided into two groups. In *Shamana* Group 25 selected patients of *Amlapitta* were studied. These patients were given *Bhunimbadi Vati* in the dose of 6gm/day into three divided doses with water for 1 month. In *Virechana* Group 15 selected patients of *Amlapitta* were studied. These patients were given *Virechana* and after that *Bhunimbadi Vati* in the dose of 6gm/day into three divided doses. The duration of the treatment was 1 month. *Virechana* group provided better relief in pacifying almost all cardinal symptoms of *Amlapitta*. In this Group, highly significant relief ($P < 0.001$) in chief complaint was recorded.

Shaman Group also showed better result in cardinal symptom and it was in *Daha* (61.24%), *Amlodgara* (67.36%), *Shula* (67.35%), *Chhardi* (70.25%) and *Avipaka* (80.30%) at $P < 0.001$. Comparison of the results of the two Groups showed that *Virechana* Group provided better relief in all the cardinal symptoms, associated symptoms and on *Agnidushti* symptoms. *Virechana* Group showed better relief in overall improvement in comparison to *Shamana* Group.

10. Aanal K. Handa et al.

Total 20 patients of *Amlapitta* were registered. All the patients were given *Snehapana* with *Goghrita*. After proper *Snehana*, *Sarvanga Abhyanga* with *Tila Taila* and *Sarvanga Baspa Swedana* was done for next two days. After that *Trivrut Churna* [5-10 gm (Depending on *Koshta* and *Bala* of the patient)] and honey [As required] was given with *Triphala Kwath* [40 ml] as *Virecana Yoga*. After *Virecana Avipaka* was reduced by 82.3%, *Klama* reduced by 58.2 % and *Utkleṣa* was reduced by 75%. *Tikta-Amla Udgara*, *Gaurava* and *Hrt-Kantha Daha* were relieved by 76.8%, 92.1% and 82.5% respectively, whereas *Aruchi* was reduced by 51.21%.

11. Srikrishna et al.

Total 42 patients of *Amlapitta* were registered in this study. Out of which 36 patients completed the treatment. Group A was treated with *Chinnodbhavadi Yoga Ghana Vati* 2 Tablets of 500 mg t.i.d. with water for 30 days (*Guduchi*, *Nimba Twak*, *Patola Patra*, and *Triphala*). Group B was treated with *Medhya Rasayana* Compound. (*Yastimadhu* and *Shankhapushpi*) 2 Tablets of 500 mg t.i.d with water for 30 days. The effect of *Chinnodbhavadi Yoga Ghana Vati* is quite significant statistically which can be used in all the cases of *Amlapitta*. However with slight better results in all the categories of the patients the *Medhya Rasayana* compound proved to be more efficacious in this study, confirming the need to be taken care of both the psycho and somatic factors in this study.

12. Vrinda Kaka et al.

Present study had done to evaluate the practical approach of *Amapitta* and *Samapitta*. Study was designed on due of pathological condition of *Amlapitta*, and effect of the basic principle of treatment of *Agnideepaniya* & *Ama Pachaniya* was assessed. Clinical study was carried out on 39 patients.

In Group-A *Guduchi Churna* 3gm divided dose twice / day *Bhojanottara* with plain water for 30 days. In Group-B *Sunthi Churna* 3gm divided dose twice day *Pragbhakta* Plain Water for 30 days. In Group-C [Standard Control] patients having either symptoms of *Amapitta*, or *Samapitta* (*Amlapitta*) were included in this group and treated with *Avipatikara Churna* 3gm divided dose twice day *Pragbhakta* Plain Water for 30days. Overall assessment of the drug effect reveals that there is good & significant effect found in Group-A, in which patients were not having *Samavyadhi Lakshana* but only *Amapitta* (premature *Pitta*) symptoms were present. Hence, *Amapitta* symptoms have been subsided by drug *Guduchi* which acts through *Agni Dipaneeya Karma*.

13. Bhatt Apoorva M et al.

In this study Selected patients were randomly divided into two groups. In this Study total 15 patients of hyper acidity i.e., *Amlapitta* were recorded. Out of total 15 patients, 7 patients were in-Group 1 treated with *Praval Pishti* in dose of 500 mg. t.d.s. with milk, as a carrier and 8 patients in Group 2 treated with *Praval Bhasma* in dose of 500 mg. t.d.s. with milk, as a carrier. In both the Groups duration of treatment was fixed for 21 days. Data shows complete remission of the disease was seen 28.57% in Group 1 and 14.29% in Group 2. Clinical data reveals that *Praval Bhasma* is giving better results than *Praval Pishti* in management of disease Hyperacidity.

14. Iyer Srividya H et al.

To Evaluate the role of *Bhaisajya Kala* and its applicability in relation to *Agni*, the clinical study was done in 33 patients of *Amlapitta*. Patients were randomly divided into three groups viz. *Niranna Kala* Group, *Madhyabhakta Kala* Group and *Adhobhaktakala* group respectively. 11 patients have been studied in each group. Group 1 was treated *Patola Pancanga Churna* 2gm twice a day with lukewarm water in *Nirrankal*. Group 2 was treated *Patola Pancanga Churna* 2gm twice a day with lukewarm water in *Madhyabhakta Kala*. In Group 3 was treated *Patola Pancanga Churna* 2gm twice a day with lukewarm water in *Adhobhakta Kala*. Duration of treatment was same for each group that is of one month. Effect on signs and symptoms of *Amlapitta* when calculated revealed 62.23% relief in *Nirannakala* Group 63% relief in the *Madhyabhakta Kala* Group and 56.18% relief in *Adhobhakta Kala* Group respectively.

15. Hemant S. Pol et al.

42 *Amlapitta* patients divided in two groups i.e., *Bhringaraja* (treatment) & Placebo Group. *Bhringaraja* tablets & placebo tablets were given for 4 weeks with *Jala* as *Anupana* and in *Pragbhakta Kala*. Out of 42 patients 22 patients completed the treatment process in two groups. In Group A 100% relief was observed in *Chhardi* symptom. Next to *Chhardi*, maximum 85.71% relief was observed in *Kandu/Kotha* followed by 83.33% in *Angasada* and 80.56% in *Amlodgara*. In Group B placebo drug showed maximum 52.94% improvement in *Amlodgara* and 50% improvement in *Chhardi*. Clinically *Bhringaraja* shows better result in comparison to placebo in *Drava Bahula Amlapitta*. Hence *Bhringaraja* having *Drava* opposite properties like *Ruksha-Ushna* properties can be choice of remedy for physician in diseases of *Pitta Drava Guna Vriddhi* like *Amlapitta*.

16. Poorvi R. Trivedi et al.

Total 30 patients with signs and symptoms of *Amlapitta* were registered and randomly divided into two groups for this study. It was an open clinical control trial (study). In Group A *Pippali* tablet was provided with *Madhu* & in Group B placebo Tablet was provided with *Madhu* along with special diet & life style plan. Duration of the study was 28 days in both groups. In the present study Group A showed maximum 67.57% relief in *Tikta Amla Udgara*. *Udarashula* was reduced in 66.67% & *Avipaka* in 61.29%. Statistically all the parameters of chief complaints in Group A showed highly significant result. In Group B maximum 62.5% relief was observed in *Tikta Amla Udagara*, *Chhardi* was reduced in 57.14% and *Hrit Kantha Daha* was reduced in 56.62%. Both the groups were found to be equally effective in curing *Amlapitta* suggests that only medicine or only *Pathya* is not able to cure the disease as well as produce *Dhatusamya* & when they are given in combination, gives better result.

17. Subash Sahu et al.

In present study 31 patients of *Amlapitta* were registered 15 in Group – I (Trial group) & 16 in Group – II (Control group). Group I treated with *Patola Patra Churna* 2 gm TDS with *Anupana* of water. Group II treated with placebo capsule with *Anupana* of water. In both groups duration of treatment was fixed for 1 month. *Amlodgara* was relieved 29.07% in trial group & 30.77% in control group.

Avipaka was relieved 50% trial group and 38.66% in control group. *Chhardi* was relieved 53.33% trial group and 41.67% control group. Improvement in all the above-mentioned cardinal signs & symptoms of *Amlapitta* were found to be statistically highly significant at $P < 0.001$ in Group. In Group B all the symptoms showed highly significant result at different level except *Chhardi* which showed significant relief at $P < 0.05$. On the basis of above study it can be concluded that *Patola (Trichosanthes dioica Roxb)* is a good medicine for *Amlapitta*. But it may give better result when it is prescribed in a compound formulation because it is found as an ingredient in several formulation for the treatment of *Amlapitta* in our classical text books.

18. Prajapati Shashikant Manharlal et al.

Total 40 patients were registered in the study of which 18 completed the treatment in group A (*G.glabra*) and while 18 completed the treatment in group B (*T.nummularia*) & 4 were dropped out of the study without any specific reasons. Group 1 treated with Root powder of *G.glabra (Yashtimadhu)* 2gm TDS with water at morning and before meal for 2 weeks and Group 2 treated with Root powder of *T.nummularia (Jethimala)* 2gm TDS with water at morning and before meal. In the present study Group A showed maximum 69% and 67.64% relief in *Hrit-Kantha Daha* and *Tikta-Amlodgara*. *Utklesha* was reduced in 65.35%. In the present study Group B showed maximum 78% relief in *Aruchi* 66.06% and 60% relief was observed in *Hrit-Kantha Daha* and *Tiktaamlodgara*. *Utklesha* was reduced in 61.70%. Significant improvement observed in almost all the symptoms in both the groups, but group A (*G.glabra*) showed better effect than group B (*T.nummularia*) but in *Aruchi*, *T.nummularia* showed better effect than *G.glabra*.

19. Utkalini Naik et al.

Total patients included in present study were diagnosed on the basis of *Doshik* predominance divided into two groups. In Gr. A (*Pittaja Amlapitta* group) 20 patients were registered. Out of which 17 patients completed the course. In this group "*Shatavaryadi Vati*" was given in the dose of 3 gm twice daily with water as *Anupana* for one month. In Gr.B (*Kaphaja Amlapitta* group) 22 patients were registered out of which 13 patients completed the course. In this group "*Shunthi Khanda*" was given in the dose of 5 gm Twice daily with same *Anupana* and duration.

In Gr. A highly significant results were obtained in cardinal symptoms of *Rogabala* with *Daha* 83.72%, *Amlodgara* 90.61%, *Shula* 87.72%, *Chhardi* 83.30% and *Avipaka* 84.68% In Group B overall improvement was 73.86%, improvement in *Rogabala* was 85.09%, on *Agnibala* 72.92%, and on *Deha* + *Chetasabala* it was 68.58%. In this study both the Groups showed better result.

Table 1: Showing 19 dissertations related to Amlapitta

SN	Total No.	19
1.	Department	Kayachikitsa - 09, Panchakarma - 02, Roga Nidana - 01, Basic Principles -04, Dravya Guna - 02, Rasa Shastra - 01,
2.	Only Shaman	06
3.	Only Shodhana	01
4.	Shodhana + Shaman	03
5.	Conceptual + Clinical	06
6.	Pharmaceutico + Clinical	03

Discussion

In this analysis, a total of 19 dissertations related to *Amlapitta* were reviewed from the *Ayurveda* Research Database (ARD), 7th edition, covering the time span from 2001 to 2018. These dissertations belonged to both clinical and non-clinical departments. Among them, nine were from *Kayachikitsa*, two from *Panchakarma*, one from *Roga Nidan evam Vikriti Vigyan*, four from *Basic Principles*, two from *Dravyaguna*, and one from *Rasashastra* and *Bhaishajya Kalpana*. In one dissertation, patients underwent only Panchakarma procedures, while six focused solely on *Shamana Chikitsa*. Three studies involved a combination of *Shodhana* and *Shamana Chikitsa*. Six dissertations incorporated both conceptual and clinical studies, and three combined pharmaceutical and clinical investigations.

All the studies were titled simply as *Amlapitta*, without directly comparing it with any modern disease. However, in the literature review sections, most of them correlated *Amlapitta* with contemporary conditions such as hyperacidity, gastritis, acid peptic disorders, hyperchlorhydria, dyspepsia, gastroesophageal reflux disease (GERD), duodenitis, and even Menetrier's disease. Most studies included basic diagnostic investigations like blood, urine, stool analysis, and when necessary, barium meal studies, gastric juice analysis, gastroscopy, and histopathological biopsy.

Despite this, no standardized modern subjective or objective assessment methods were used in any of the dissertations. The methodologies employed in these studies varied significantly. Some used comparative clinical trials, while others used single-arm designs. Various *Ayurvedic* formulations were tested for their efficacy in managing *Amlapitta*, with some studies evaluating the role of *Panchakarma*, particularly *Virechana*, and comparing it with *Shamana* therapy. Several dissertations emphasized the importance of *Ayurvedic* fundamentals in understanding *Amlapitta*, focusing more on conceptual frameworks rather than treatment outcomes yet still included clinical trials. One study examined *Doshik* variations and etiopathogenesis, offering a classification of *Amlapitta* based on *Dosha* involvement. Overall, while all the dissertations centered on *Amlapitta*, the approaches, focus areas, and methodologies differed widely.

Conclusion

Major limitation observed across the studies was the lack of standardized, validated *Ayurvedic* assessment tools for diagnosis, symptom grading, and outcome evaluation. Most clinical studies relied on classical *Ayurvedic* parameters, subjective symptom reporting, and basic investigations, without integrating modern standardized diagnostic protocols or creating objective, reproducible *Ayurvedic* scales.

Scope for Future Research

Development and validation of *Ayurvedic* diagnostic and assessment tools specific to *Amlapitta*.

Establishing clear diagnostic criteria that correlate both *Ayurvedic* concepts and modern gastrointestinal disorders like hyperacidity, gastritis, and GERD. Conducting large-scale, randomized controlled trials with standardized methodologies and uniform assessment parameters. Integrating *Ayurvedic* interventions with modern research protocols to enhance global acceptance and scientific credibility.

Acknowledgement

The authors acknowledge creator and editor of *Ayurveda* Research Database, I.P.G.T.R.A., Jamnagar as the main source of data in this article. We are also thankful for the support by G.J.P.I.A.S.R., CVM University.

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