



AMLAPITTA (HYPER ACIDITY): A REVIEW ON PREVENTIVE TOOLS

Dr. Vivek. M

PG Scholar, Department of Swasthavritta, SDM college of Ayurveda and Hospital, Hassan, Karnataka, India

Dr. Gurubasavaraj Yalagachin

Assistant Professor, Department of Swasthavritta, SDM college of Ayurveda and Hospital, Hassan, Karnataka, India

ABSTRACT

The clinical presentation of Amlapitta can be correlated to Hyper Acidity¹. The complications, economic burden of expenses, adverse effect of drugs and alarming increase in incidence and prevalence of acid peptic disorders among population create a need of prevention of etiology of this disorder. By having the knowledge regarding Aharaja (food related causes), Viharaja (regimen related causes), Manasika (psychological causes) and Upashaya (relieving factors)/ Anupashaya (aggravating factors) factors of Amlapitta, one can prevent and as well manage the clinical conditions. Hence in the current article an effort is done to review the concept of Amlapitta with respect to symptoms and etiology which act as the tools for Nidana parivarjana (Circumvent the causative aspects) in Amlapitta.

INTRODUCTION

Amlapitta is a disease mainly affecting *Annavaha Srotas* (gastrointestinal system)². Improper food habits, busy stressful lifestyle are the main factors which have led to the increased prevalence. The disease *Amlapitta* can be compared to a number of diseases according to modern science such as hyper acidity, Gastritis, GERD and in general acid peptic disorder. These diseases are commonly employed for any clinical conditions with upper abdominal discomfort like indigestion or dyspepsia in which the specific clinical signs and radiological abnormalities are absent.

For the treatment of this disease, antacids are usually used which are having certain adverse effects on long term usage. The most common adverse effect of aluminum containing antacids is constipation. Formation of insoluble aluminum salts appear to produce the constipating effect. This may progress into intestinal obstruction, fecal impaction, development of

hemorrhoids and anal fissures. In the patients with impaired renal function, aluminum can be retained in the brain and other tissues leading to Hyperaluminiumaemia³.

INCIDENCE & PREVALENCE

The survey studies of Acid peptic disorders conducted in India validated increasing incidence and prevalence of the disorder among various age groups.^{4,5,6,7} These studies emphasize that the prevalence of GERD in India is likely to be between 8% and 19%, which is comparable to GERD prevalence rates published in western countries.

CLASSICAL REFERENCE AND SYMPTOMS

Amlapitta is one of the diseases which is mentioned by many authors in the classics. *Kashyapa samhitha*⁸ and *Madhava Nidana*⁹ texts have emphasized



the *Amlapitta* disease in detail. *Haritha samhitha* entitles *Amlapitta* as *Amlahikka*¹⁰. *Pathya kalpanas* (therapeutic diet recipes) for *Amlapitta* are found in *Sharangadhara samhitha*^{11,12}. *Bhavaprakasha*^{13,14}, *Yogaratanakara* and *Vangasena* have also explained about *Amlapitta* similar to *Madhava Nidana*.

The symptoms¹⁵ of *Amlapitta* are *Avipaka* (indigestion), *Klama* (exhaustion without exercise), *Utklesha* (nausea), *Tiktha Amla Udgara* (bitter and sour belching), *Gaurava* (heaviness), *Hritdaha* (burning sensation in the chest), *Kantadaha* (burning sensation in the throat), *Aruchi* (anorexia). On the other hand, gastritis or hyperacidity are having symptoms such as bloating of abdomen, bloody/ black stools/ bloody vomiting, dysphagia, hiccups, nausea, weight loss, burning sensation in the chest usually after eating which might go worse at the night, Regurgitation of food/ sour liquid etc¹⁶.

NIDANA OF AMLAPITTA

Amlapitta is a disease caused by various *Nidanas* (causative factors), which can be divided as *Aharaja* (food related causes), *Viharaja* (regimen related causes) and *Manasika Nidanas* (psychological causes)

1. Aharaja Nidanas (food related causes)¹⁷

Aharaja nidanas of *Amlapitta* include *Adhyashana* (Eating before digestion of previously taken food), *Abhishyandi Bhojana* (Sliminess producing foods), *Ajirna* (Indigestion), *Ama* (Undigested food), *Apakvanna* (Uncooked), *Amla Sevana* (Sour foods), *Antharodaka Pana* (Taking water in between food), *Athi Ushna Ahara* (Excessive hot foods), *Athi Snigdha Ahara* (excessive unctuous foods), *Athi Ruksha Ahara* (excessive dry foods), *Athi Drava Ahara* (excessive liquid articles), *Bhuktwa Bhuktwa* (Repeated eating), *Bhrishta Dhanya* (Fried cereals), *Dushtanna* (Spoiled food), *Gorasa* (Milk products), *Guru Bhojana* (Heavy foods), *Ikshu Varika* (Preparations of Sugar-Cane), *Kulattha Sevana* (Excessive use of horse gram), *Madya* (Wines), *Parushithanna* (stale food), *Pittaprapopi Annapana* (Food and drinks which stimulates Pitta Dosh), *Pruthuka Sevana* (Consumption of Flattened rice obtained from boiled paddy), *Pulaka Sevana* (Consumption of Wildly growing rice), *Viruddha Ashana* (Eating incompatible foods)

2. Viharaja Nidanas (regimen related causes)¹⁸

Viharaja Nidanas of *Amlapitta* includes *Akala Bhojana* (Untimely food), *Athi Snana* (Excessive bath), *Avagaha* (Tub bath), *Diwaswapna* (Day sleep), *Vegadharana* (Suppression of natural urges)

3. Manasika Nidanas (psychological factors)¹⁹

Manasika Nidanas of *Amlapitta* includes *Chinta* (Anxiety), *Shoka* (Grief), *Bhaya* (Fear), *Krodha* (Anger) and *Dukh-Shayya Prajagare* (Sleeps on an Uncomfortable Bed)

Certain studies proved that *Aharaja* (food related causes), *Viharaja* (regimen related causes), *Manasika* (psychological causes) related to *Amlapitta* have strong association in manifesting and aggravating/ relieving the condition of *Amlapitta*^{20,21}.

UPASHAYA (Relieving Factors) OF AMLAPITTA

Upashaya (relieving factors)²² of *Amlapitta* is explained in *Kashyapa Samhitha* while describing *Doshaja* types of *Amlapitta*.

In *Vataja* type of *Amlapitta Snigdha Dravyas* such as ghrta (ghee) will act as *Upashaya* and in *Pittaja* type of *Amlapitta Swadu* and *Sheeta dravyas* such as godhuma(wheat), mudga (green gram) will act as *Upashaya*. In *Kaphaja* type *Ruksha* and *Ushna dravyas* such as takra (buttermilk) will be acting as *Upashaya* will be acting as *Anupashaya*.

DISCUSSION

“*Prakshalanat hi Pankhasya, Doorat Aasparshnat Pram*” As per this reference, it is better to stay away from *Nidanas* (causative factors) rather than putting efforts to cure disease after its manifestation. *Amlapitta* has majority of *Nidanas* (causative factors) as *Aharaja* (food related causes), *Viharaja* (regimen related causes) & *Manasika Bhavas* (psychological causes). Hence one can adopt life style modification in order to control and prevent this disorder. The failure in this attempt will definitely lead to complications of the gut leading to plethora of problems. Hence ideal life style adoption becomes the cheaper and most ideal tool to overcome this disorder.

CONCLUSION

Preventive tools of *Amlapitta* are *Ashta Ahara Vidhi Vishesha Ayatana* (Eight rules regarding ideal method of food consumption), *Dwadasha Ashana Pravicharana* (Twelve rules of food consumption), *Viruddha Ahara Nishedha* (Avoiding Noncompatible foods), adoption of ideal *Dinacharya* (Adopting ideal daily regimen) and *Rutucharya* (Adopting ideal seasonal regimen), *Yoga & Rutu Anusara Shodhana* (Seasonal specific purificatory therapies). More emphasis should be laid to educate community at large about these most essential health etiquettes of *Ayurveda*. The following of these concepts not only help to prevent only *Amlapitta* but also other lifestyle disorders too. As per the quotation, ‘*Sarvam Anya*



Parityajya Shareeram Anupalayet²³, one should give prime importance to protect body from disease and to maintain good health status.

REFERENCES

1. Vikas S, Jajbir S. A review on ayurvedic medicines for amlapitta (hyperacidity). *AAMJ*. 2015;1:40-2.
2. Gouri C, Kumar MA, Alka BK, Abhimanyu K. *Journal of Pharmaceutical and Scientific Innovation. population.*;7:8.
3. Maton PN, Burton ME. Antacids revisited. *Drugs*. 1999 Jun;57(6):855-70.
4. Bhatia SJ, Reddy DN, Ghoshal UC, Jayanthi V, Abraham P, Choudhuri G, Broor SL, Ahuja V, Augustine P, Balakrishnan V, Bhasin DK. Epidemiology and symptom profile of gastroesophageal reflux in the Indian population: report of the Indian Society of Gastroenterology Task Force. *Indian Journal of Gastroenterology*. 2011 May;30(3):118-27.
5. Sharma PK, Ahuja V, Madan K, Gupta S, Raizada A, Sharma MP. Prevalence, severity, and risk factors of symptomatic gastroesophageal reflux disease among employees of a large hospital in northern India. *Indian Journal of gastroenterology*. 2011 May;30(3):128-34.
6. Kumar S, Sharma S, Norboo T, Dolma D, Norboo A, Stobdan T, Rohatgi S, Munot K, Ahuja V, Saraya A. Population based study to assess prevalence and risk factors of gastroesophageal reflux disease in a high-altitude area. *Indian journal of gastroenterology*. 2011 May;30(3):135-43.
7. Ramu B, Mohan P, Rajasekaran MS, Jayanthi V. Prevalence and risk factors for gastroesophageal reflux in pregnancy. *Indian Journal of Gastroenterology*. 2011 May;30(3):144-7.
8. Vriddha Jivaka: *Kasyapa Samhita*, revised by Vatsya, with "Vidyotini" Hindi Commentary by Ayurvedalankar Srisatyapala Bhisagacharya Reprint (2010), Varanasi, Published by Chaukhambha Sanskrit Sansthan, Khila sthana, Ch 16
9. Madhavakara, *Madhava Nidana*, Part 2nd, with *Madhukosha Sanskrit commentary* by Sri Sudarshan Sastri, 13th edition, Chaukhamba Sanskrit Sansthan, Varanasi, 2001, 51/3-4.
10. Vidya Yadhavji Trikamjied. *Harita Samhita of Harita, Trutiasthana*, 24/3, 1st ed. 2010, Chaukhambha Vishwabharathi, Varanasi, pp 384
11. Sharangadhara *Samhita*, *Madyama Khanda*, with the commentary of Adhamalla's *Dipika* and Kasiram's *Gudhartha Dipika*, edited by Parasuram Shastri, 6th edition, Chaukhamba Orientalia, Varanasi, 2005, 8/44.
12. Sharangadhara *Samhita*, *Madyama Khanda*, with the commentary of Adhamalla's *Dipika* and Kasiram's *Gudhartha Dipika*, edited by Parasuram Shastri, 6th edition, Chaukhamba Orientalia, Varanasi, 2005, 12/147
13. Bhavamishra, *Bhavaprakasha*, Part 2, Edited with Hindi commentary by Pandit Brahma Sankar Misra, 11th edition, Chaukhamba Sanskrit Bhavan, Varanasi, 2007,10/1-3.
14. Bhavamishra, *Bhavaprakasha*, Part 2, Edited with Hindi commentary by Pandit Brahma Sankar Misra, 11th edition, Chaukhamba Sanskrit Bhavan, Varanasi, 2007,10/20-22.
15. Shri Madhavakara: *Madhava Nidanam (Uttarardha)* with the *Madhukosha Sanskrit commentary* by Shrivijayarakshita and Shrikanthadatta & the *Vidyotini hindi commentary* by Shri Sudarshana Shastri, revised & edited by Prof. Yadunandana Upadhyaya, reprint ed. Varanasi: Chaukhamba Prakashan; 2008. Chapter 51, verse 2, pp. 203.
16. Myers MS. *Symptoms of Diseases*. Xlibris Corporation; 2014.
17. Madhavakara, *Madhava Nidana*, Part 2nd, with *Madhukosha Sanskrit commentary* by Sri Sudarshan Sastri, 13th edition, Chaukhamba Sanskrit Sansthan, Varanasi, 2001, 51/1-2.
18. Vriddha Jivaka, *Kashyapa Samhita*, with Sanskrit introduction by Pandit Hemraj Sharma, Chaukhamba Sanskrit Sansthan, Varanasi, 2006, 16/6.
19. Agnivesha, *Charaka Samhita*, *Vimanasthana*, Hindi commentary by Brahmanand Tripathy, Chaukhamba Sanskrit Sansthan, Varanasi, 2001, 2/9.
20. Shubhasri. B, Negalur Vijay, Acharya Yogeesh. An Observational Study on Urdwaga Amlapitta Nidana w.s.r. to Diet and Lifestyle. *J Ayurveda Integr Med Sci* 2016;1(1):29-35. <http://dx.doi.org/10.21760/jaims.v1i1.3633>
21. Umapati C. Baragi, Mahesh Kumar Vyas. Evaluation of diet and life style in the etiopathogenesis of Urdhwaga Amlapitta (non-ulcer dyspepsia). *Ayu*. 2013 Oct-Dec; 34(4): 352–355. doi: 10.4103/0974-8520.127705
22. Vriddha Jivaka, *Kashyapa Samhita*, with Sanskrit introduction by Pandit Hemraj Sharma, Chaukhamba Sanskrit Sansthan, Varanasi, 2006, 16/16-17.
23. Agnivesha, *Charaka Samhita*, *Nidhanasthana*, Hindi commentary by Brahmanand Tripathy, Chaukhamba Sanskrit Sansthan, Varanasi, 2001, 6/7.