



NATIONAL JOURNAL OF RESEARCH IN AYURVED SCIENCE

Article Received Date: 26 /11/2025

Reviewed on Date: 26 /01/2026

Accepted on: 12/02/2026

Amlapitta (Hyperacidity): An Evidence-Based Review of Ayurvedic Etiopathogenesis and Holistic Management

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Abstract:

Background: *Amlapitta* is a frequently encountered gastrointestinal disorder described in *Ayurvedic* literature and is clinically comparable to hyperacidity and gastroesophageal reflux disease. Rapid lifestyle changes, faulty dietary practices, psychological stress, and sedentary habits have contributed to its increasing prevalence.

Objective: To review classical *Ayurvedic* literature on *Amlapitta* with reference to its etiological factors, pathogenesis, clinical features, classification, complications, prognosis, and principles of holistic management.

Materials and Methods: A narrative review of classical *Ayurvedic* texts, including *Kashyapa Samhita*, *Madhava Nidana*, *Bhavaprakasha*, *Yoga Ratnakara*, and *Chakradatta*, was undertaken. Relevant references were systematically compiled and analysed using the *Ayurvedic* framework of *Nidana Panchaka* and *Chikitsa Siddhanta*.

Results: *Amlapitta* originates primarily from *Agnimandya* and *Pitta Dosha* vitiation due to improper diet, lifestyle errors, mental stress, and seasonal influences. Classical symptoms include *Avipaka*, *Amlodgara*, *Hrid-Kantha Daha*, *Aruchi*,

Klama, and *Chhardi*. Management emphasises *Nidana Parivarjana*, *Shamana* therapy using *Pitta*-pacifying drugs, *Shodhana* procedures such as *Vamana* and *Virechana*, and strict adherence to *Pathya-Apathya*.

Conclusion: *Amlapitta* is a preventable and manageable disorder when diagnosed early and treated according to *Ayurvedic* principles. Lifestyle modification, dietary regulation, and individualised therapy play a pivotal role in preventing chronicity and recurrence.

Keywords: *Amlapitta*, *Hyperacidity*, *Agnimandya*, *Pitta Dosha*, *Ayurveda*

Introduction:

Ayurveda emphasises the preservation of health through the maintenance of equilibrium among *Dosha*, *Dhatu*, *Mala*, and *Agni*. With progressive changes in dietary habits from simple, natural foods to processed and preserved diets, digestive disorders have become increasingly prevalent. Improper dietary intake and lifestyle errors disturb the normal functioning of *Annavaha Srotas*, leading to impairment of *Agni* and subsequent disease manifestation.

Amlapitta is one such disorder arising from *Pitta Dushti* and *Agnimandya*. Although not elaborately described in the *Brihatrayi*, its

earliest mention is found in *Kashyapa Samhita*¹. Later, *Madhava Nidana*², *Bhavaprakasha*³, *Yoga Ratnakara*⁴, and *Chakradatta*⁵ provided detailed descriptions of its etiopathogenesis and management. *Acharya Vagbhata* states that *Mandagni* is the root cause of most diseases⁶. Excessive intake of *Amla*, *Katu*, *Ushna*, *Vidahi*, and *Viruddha Ahara* alters the normal *Katu* nature of *Pitta* into *Amla Guna*, resulting in *Amlapitta*.

Definition of Amlapitta

Amlapitta is a clinical condition characterised by *Avipaka* (indigestion), *Klama* (fatigue), *Utklesha* (nausea), *Tikta-Amla Udgara* (bitter or sour eructation), *Gaurava* (heaviness), *Hrid-Kantha Daha* (burning in chest and throat), *Aruchi* (loss of appetite), and *Chhardi* (vomiting)⁸.

Nidana (Etiological Factors):

Classical texts describe dietary, lifestyle, psychological, seasonal, and regional factors as the main causes of *Amlapitta*⁹⁻¹².

Ahara Hetu (Dietary Factors)

Consumption of *Viruddha Ahara*, *Dushta Bhojana*, *Vidagdha Ahara*, *Adhyashana*, *Ajirnashana*, and excessive intake of sour, salty,

pungent, hot, oily, fermented, and stale foods aggravate *Pitta*. Alcohol (*Madya*), refined flour preparations (*Pishta Anna*), sugarcane products (*Ikshu Vikara*), *Kulattha*, black gram, sesame, and fried foods increase *Amla* and *Drava Guna* of *Pitta*, predisposing to *Amlapitta*.

Vihara Hetu (Lifestyle Factors)

Daytime sleep (*Divaswapna*), excessive exposure to heat (*Atapa Sevana*), suppression of natural urges (*Vega Dharana*), irregular routines, and sedentary habits contribute to *Pitta* aggravation and *Agnimandya*.

Manasika Hetu (Psychological Factors)

Mental stress, anger (*Krodha*), grief (*Shoka*), fear (*Bhaya*), and anxiety (*Chinta*) disturb *Manovaha Srotas* and weaken digestive fire, facilitating *Amlapitta* manifestation.

Kalaja and Desha Hetu

During *Varsha* and *Sharad Ritu*, *Pitta* naturally aggravates, while weakened *Agni* in *Varsha Ritu* predisposes to disease. Individuals residing in *Anupa Desha* are more susceptible due to *Kapha* dominance and moisture¹⁰.

Table 1: Etiological Factors (Nidana) of Amlapitta Described in Classical Texts

Sr. no.	Nidana	Kashyap Samhita	Madhav nidana	Bhav prakasha	Yog Ratnakar
1	Atiamla Bhojan	+	+	+	-
2	Atiruksha Bhojan	+	-	-	-
3	Atisnigdha Bhojan	+	-	-	-
4	Atiushna Bhojan	+	-	-	-
5	Abhishyandi Aahara	+	-	-	-
6	Guru Bhojan	+	-	-	-
7	Pishthanna sewan	+	-	-	-
8	Kulattha sewan	+	-	-	-
9	Vidahi annapaan	-	+	+	+
10	Phanit Sewan	+	-	-	-
11	Madya Sewan	+	-	-	-
12	Viruddhashana	+	+	+	-

13	<i>Adhyashana</i>	+	-	-	-
14	<i>Ajirnashana</i>	+	-	-	-
15	<i>Dusht Bhojan</i>	-	+	+	+
16	<i>Paryushitashana</i>	+	-	-	-
17	<i>Atisewan</i>	+	-	-	-
18	<i>Vishamashana</i>	-	-	-	-
19	<i>Vegdharan</i>	+	-	-	-
20	<i>Bhuktwadivaswap</i>	+	-	-	-

Purvarupa:

Specific prodromal features of *Amlapitta* are not clearly described. As per *Acharya Charaka*, indistinct or unmanifest symptoms preceding disease manifestation are considered *Purvarupa*¹³.

Rupa (Clinical Features):

Classical texts describe a wide range of symptoms such as *Amlodgara*, *Avipaka*, *Hrid-Kantha Daha*, *Utklesha*, *Tikta-Amla Udgara*, *Gaurava*, *Klama*, *Chhardi*, and *Aruchi*¹⁴⁻¹⁷.

Table 2: Clinical Features (Rupa) of Amlapitta According to Classical Texts

Sr no.	LAKSHANA	<i>Kashyap Samhita</i>	<i>Madhav nidana</i>	<i>Bhav prakasha</i>	<i>Yog Ratnakar</i>
1	<i>Adhman</i>	+	-	-	-
2	<i>Amlodgara</i>	+	+	+	+
3	<i>Amlotklesh</i>	+	-	-	-
4	<i>Angasada</i>	+	-	-	-
5	<i>Antrakoojan</i>	+	-	-	-
6	<i>Aruchi</i>	-	+	+	+
7	<i>Atisara</i>	-	+	+	+
8	<i>Avipaka</i>	-	+	+	+
9	<i>Chhardi</i>	-	+	+	+
10	<i>Gaurava</i>	-	-	+	+
11	<i>Hikka</i>	-	-	-	-
12	<i>Hritdaha</i>	+	+	+	+
13	<i>Hritshoola</i>	-	+	-	-
14	<i>Kanthavidaha</i>	+	+	+	+
15	<i>Klama</i>	-	+	+	+
16	<i>Romaharsha</i>	+	-	-	-
17	<i>Shiroruk</i>	+	-	-	-
18	<i>Tiktodgara</i>	-	+	+	+

19	<i>Udgara</i>	+	-	-	-
20	<i>Urovidaha</i>	+	-	-	-
21	<i>Utklesha</i>	-	+	-	+

Classification

Based on *Dosha* Predominance (*Kashyapa Samhita*)

- *Vataja Amlapitta*
- *Pittaja Amlapitta*
- *Kaphaja Amlapitta*

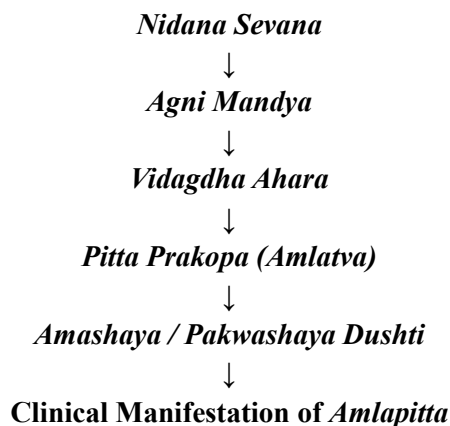
Based on *Gati* of *Dosha* (*Madhava Nidana*)

- *Urdhwaga Amlapitta*
- *Adhoga Amlapitta*

Samprapti (Pathogenesis)

Continuous indulgence in *Nidana* leads to *Pitta Sanchaya* and *Agnimandya*. Improperly digested food becomes *Vidagdha Ahara*, later transforming into *Shukta*. The vitiated *Pitta* produces classical symptoms of *Amlapitta*, primarily affecting *Amashaya* and *Pakwashaya*^{7, 18}.

Flowchart 1: Samprapti of Amlapitta



Upadrava (Complications)

Untreated or chronic *Amlapitta* may lead to *Grahani Roga*, *Shoola*, *Shotha*, *Panduta*, *Jvara*, *Atisara*, *Udara Roga*, and dermatological manifestations such as *Kandu* and *Mandala*¹⁸.

Sadhyasadyata (Prognosis)

Recent-onset *Amlapitta* is *Sadhya*. Chronic or recurrent cases associated with complications are *Krichchha-Sadhya* or *Asadhya*¹⁹.

Chikitsa (Management)

Ayurvedic management is based on three fundamental principles²⁰:

Flowchart 2: Ayurvedic Management Protocol for Amlapitta



Nidana Parivarjana

This refers to avoiding the causative factors responsible for the onset of the disease. *Sushruta* was the first to emphasise its significance in pacifying the *doshas*. Therefore, it is essential to avoid improper dietary habits and unhealthy lifestyle practices. Foods and activities that are *ushna* (hot), *teekshna* (sharp), *vidahi* (producing burning), *vishtambhi* (causing indigestion), and *pittavardhaka* (pitta-aggravating) should be strictly avoided in *Amlapitta*.

Shamana Chikitsa

This involves using medications that possess properties opposite to those of the causative factors, thereby helping to pacify the aggravated *doshas*. Such drugs, known as *dosha-shamaka*, are used in *shamana chikitsa* (palliative treatment). *Ayurvedic* texts mention a variety of *pitta-shamaka* drugs for managing *Amlapitta*. Additionally, dietary guidelines recommending

foods with *tikta* (bitter taste), *sheeta virya* (cooling potency), *madhura rasa* (sweet taste), and *snigdha guna* (unctuous quality) play an important role.

Shodhana Chikitsa

This approach focuses on eliminating the vitiated *doshas* through detoxification therapies. In *Amlapitta*, when the aggravated *doshas* are located in the *amashaya* (stomach), *Vamana* (therapeutic emesis) is considered the most effective treatment. If the *doshas* have moved to the *pachyamanashaya* (small intestine), *Virechana* (therapeutic purgation) is recommended. When the *doshas* are situated in the *pakwashaya* (colon), *basti* (therapeutic enema) becomes the ideal therapy.

Samshodhan therapies aim not only to relieve the current symptoms but also to prevent recurrence by correcting the underlying *doshic* imbalance and strengthening digestive capacity.

The selection of specific procedures depends on:

- The predominant *dosha* (*Vata*, *Pitta*, or *Kapha*)
- The severity and chronicity of the disease
- Patient tolerance and digestive capacity

Pathya-Apathya

Dietary and lifestyle regulations are crucial in managing gastrointestinal disorders. In particular, conditions like *Amlapitta* require careful attention to foods and habits that may worsen symptoms. The significance of proper diet is emphasised in classical texts such as *Kashyap Samhita*, which outlines the management of *Amlapitta* through appropriate *Pathya* and avoidance of *Apathya* practices. Based on ancient Ayurvedic recommendations, the following can be observed [21]

Pathya Ahara:

- Grains: *Yava*, *Godhum*, *Purana Shali*.
- Vegetables: Bitter gourd, Patola, Pumpkin.

- Fruits: Pomegranate, *Amla*.
- Milk (cow's milk), light meat soups (*Jangala mamsa rasa*), *goghrita*

Pathya Vihara: Adequate rest, following daily and seasonal routines.

Apathya Ahara:

- *Lavana*, *Amla*, *Katu Rasa dravya* should be avoided in *amlapitta*.
- Heavy, spicy, sour, salty, fermented, or incompatible foods.
- Very hot or pungent foods,
- Black gram, sesame, alcohol.
- Wrong eating habits: overeating, irregular meals, mixing incompatible foods.

Apathya Vihara:

1. *Veg dharan* (suppression of natural urges) should be avoided in *amlapitta*.
2. *Atap sevan* (exposure to heat) should be minimized in *amlapitta*.
3. *Diwaswapn* (daytime sleep) should be avoided in *amlapitta*.

Discussion

Amlapitta is mainly caused by poor eating habits, weak digestion, and aggravated *Pitta dosha*. Texts like *Kashyapa Samhita* and *Madhava Nidana* clearly link the disease to consumption of sour, spicy, heavy, stale, or incompatible foods, along with lifestyle errors such as daytime sleep, exposure to heat, and mental stress. When *Agni* becomes weak, food remains improperly digested and turns into *Vidagdha Ahara*, which later produces typical symptoms like sour belching, heartburn, nausea, heaviness, and vomiting. Different *Acharyas* describe its types based on *dosha* dominance and *gati* of *Pitta*. If not treated early, *Amlapitta* may lead to complications such as *Shoola*, *Grahani*, *Shotha*, and *Udara*, making the disease difficult to cure. *Ayurvedic* management focuses on avoiding causative

factors, using *Pitta*-pacifying medicines, and performing *Shodhana* therapies when necessary.

Conclusion

Amlapitta is a *Pitta*-related digestive disorder caused by faulty diet, lifestyle mistakes, and emotional stress. Weak *Agni* plays a central role in its development. Early recognition and timely treatment help prevent complications. Following *Pathya-Apathya*, adopting healthy eating habits, and choosing *Shamana* or *Shodhana* therapies according to *dosha* involvement are essential for effective management. With proper care and lifestyle correction, *Amlapitta* can be successfully treated and its recurrence can be avoided.

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Conflict of Interest: None

Source of funding: Nil

Cite this article:

Vaishali Deshmukh, Hemant Paradkar, Anaya Pathrikar, Suman Kawade.

"Amlapitta (Hyperacidity): An Evidence-Based Review of Ayurvedic Etiopathogenesis and Holistic Management".(2026) *Ayurlog: National Journal of Research in Ayurved Science*, 13(01)

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