



IN APPLIED SCIENCE & ENGINEERING TECHNOLOGY

Volume: 11 Issue: XI Month of publication: November 2023 DOI: https://doi.org/10.22214/ijraset.2023.56674

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Amlapitta in Ayurveda: A Critical Analysis through the Lens of Guna Siddhanta

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Abstract: This scientific paper presentation offers a meticulous examination of Amlapitta, a prevalent digestive disorder in Ayurveda, employing the lens of Guna Siddhanta (the theory of qualities) to gain deeper insights into its pathophysiology and therapeutic approaches. Amlapitta, is a very common annavaha srotas vyadhi characterized by symptoms such as katu-amla udgara (hyperacidity), urodaha (heartburn), and avipaka (indigestion). It is a primarily Pitta Dosha Pradhan vyadhi but later on it is associated with other doshas also.

The paper delves into the core principles of Guna Siddhanta, elucidating how the interplay of Gunas (qualities) - such as Guru (heavy), Snigdha (unctuous), Tikshna (sharp), and Ushna (hot) - contributes to the manifestation and exacerbation of Amlapitta. It explores the relationship between Amlapitta and dietary factors, emphasizing the role of Guna in aggravating or pacifying the condition.

Furthermore, the presentation critically assesses the Samprapti formation, Samprapti vighatana (Ayurvedic pathophysiology) and chikitsa siddhanta (therapeutic approaches) for Amlapitta in the context of Guna Siddhanta. It discusses the selection of appropriate Ahara (diet), Vihaara (lifestyle), and Aushadha (medicinal interventions) based on the concept of Gunas, ensuring a holistic and individualized treatment strategy.

In conclusion, this paper offers a unique perspective on Amlapitta by analyzing it through the framework of Guna Siddhanta, providing valuable insights for Ayurvedic practitioners and researchers. It underscores the significance of understanding the subtle qualities of substances and their impact on health, paving the way for more refined and effective Ayurvedic interventions for Amlapitta management.

Keywords: Amlapitta, Guna siddhanta, Samprapti vighatana, Annavaha srotas vyadhi.

I. INTRODUCTION

Ayurveda is the science of living a holistic life. It mainly focuses on the dietary habits and daily regimen followed with consistency. The basic principles of Ayurveda circles around digestive capacity entitled as "Agni". The healthy state of person or the condition of disease depends upon the strength of Agni. In Ayurveda it is told that every disease is caused only by mandagni, i.e. the diminished digestive capacity. ^[11] As the time is passing the food habits and life style of society is getting harmful. Indian culture taught us the principle of yoga, pranayama, daily exercise, waking up early in brahma muhurta, sleeping in night time and working in day time etc. But nowadays we are adopting the western culture with blind imitation. As a result of that adoption, we are ignoring this good habits which makes as strong physically, mentally and emotionally. Excessive use of junk food, night shift work, sleeping in day time, eating irrespective of time etc. are causing so much of life threatening conditions and sometimes death as well.

Ayurvedic principles not only teach us therapeutic principles but the way of living also. The dietary habits, properties and action of food articles, rules for consuming the food, even the rules of drinking water are nicely explained in ayurvedic texts. Amlapitta is one of the common metabolic disorder encountered by doctors in daily clinical practice. It is not described separately in bruhatreayee, but we can find scattered reference in all the samhitas. Vidagdhajirna can be considered as the primary condition of the amlapitta. Amlapitta was described separately by madhava nidana, yog ratnakara and kashyapa acharya. Kashyapa Acharya first described amlapitta as a separate adhyaya and explained it beautifully. The Asian countries reported prevalence rates in the lowest quartile. It is reported that 7.8% of Indian subjects have significant GERD symptoms. Rapid socioeconomic development and the westernization of Asian lifestyles, including changes in diet and an increase in average body mass index are likely to be the key factors in change in epidemiology.

II. NIRUKTI

The word amlapitta is composed of 2 words; Amla and Pitta. It means the condition in which pitta becomes vidagdha and amla is termed as amlapitta.^[2]





ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538 Volume 11 Issue XI Nov 2023- Available at www.ijraset.com

III. NIDANA OF AMLAPITTA

Nidana (Causative factors) are very important for diagnosing the disease and selecting the line of treatment. Nidana of amlapitta are as follows:

Acco. to Kashyapa acharya, Due to eating of contrary articles, eating before digestion of previously taken food, indigestion (presence of) ama, accumulation of ama in all over the body (un-metabolized rasa and undigested food), use of ground cereals (masa), uncooked (improperly fermented) wines and milk, eating of heavy and moisture producing foods, suppression of natural urges, excessive use of very hot, unctuous, dry, sour and liquid articles, consumption of molasses, preparations of sugar-cane and kulattha and also of parched cereals, wildly growing rice and pruthuka (flattened rice obtained from boiled paddy); repeatedly day-sleeping after eating again and again, over bathing, tub-bath, taking water in between the food, and eating stale food. ^[3]

Acco. to Madhava nidana, contrary articles, excessive spicy food, and other materials which aggravate pitta are the responsible factors for amlapitta. ^[4]

IV. SAMPRAPTI

Different nidanas have different gunas. Based on the dominant guna of nidana, different samprapti are formed. We must understand the vitiated guna and based on that guna, opposite treatment should be selected.

Consumption of contrary articles, eating before digestion of previously taken food, indigestion (presence of) ama cause tridosha prakopa. It will lead to mandagni. If a person consumes food in mandagni avastha, then the food becomes vidagdha. It will cause pitta prakopa in amashaya and as a result this can manifest in Amlapitta.

Excessive use of ground cereals (pishtanna), uncooked (improperly fermented) wines and milk causes kapha dosha prakopa due to guru and sthira guna. This aggravated kapha dosha which resides in amashay. There it will cause mandagni. If a person consumes food in this condition, it becomes vidagdha. This will lead to aggravation of pitta dosha and finally manifests in Amlapitta.

Excessive consumption of moisture producing foods (kleda increasing dravyaa), liquid articles, consumption of molasses, preparations of sugarcane have drava guna pradhanya (liquid property). It will increase liquid portion in body which is termed as 'kleda' in Ayurveda. The most important factor causing mandagni is drava guna because it is completely opposite to ushna, tikshna guna of agni. It increases drava guna of pitta particularly and results in amlapitta.

Amlapitta is agnimandyajanya vyadhi. The important gunas for manifestation of amlapitta are sheeta (cold), snigdha (unctuous), drava (liquid), guru (heavy) and manda (slow). Because they all are opposite to the gunas of agni i.e. ushna (hot), ruksha (dry), khara (rough), laghu (light), tikshna (sharp). If consumption of the nidanas are in excessive quantity than it will lead to amlapitta.

There are different types of samprapti which can be helpful to understand the condition of the disease. One among those is Dravyatah, gunataha and karmataha. Dravyataha means materials or substances which directly aggrevates pitta. Agni mahabhuta pradhana dravya, Atapa sevana (Exposure to sun), Vahni sevana (flames of fire), etc. are responsible for aggravation of pitta directly. Gunataha means based on similar guna pitta gets aggrevated. Ushna, Tikshna, Laghu, Ruksha are the gunas responsible for aggrevation of Pitta. Karmataha means any karma(action) which is responsible for aggravating pitta like krodha (anger), irshya (jealousy), swedana (perspiration).

Acharya sushruta explained shad vidha kriyakala for diagnosis of the stages of pathology. ^[5] As per his explaination we can find mandoshmata (diminished digestive fire) in sanchaya avastha. Amlika (sour belching), Trushna (excessive thirst) and Daha (burning sensation) in prakopa avastha. Dhumayana (Feeling like smoke coming out from body), Paridaha (burning sensation) and Osha-Chosha (sucking like pain) in prasara avastha.

V. LAKSHANA

Based on the predominant guna of causative factor, particular guna of pitta dosha is aggravated. And based on that guna particular lakshana are manifested. By observation and history taking we can understand the involved dosha and its guna. So we can plan a treatment protocol according to that condition. Lakshana in amlapitta are as follows:

If Ushna guna is aggravated predominantly, it will cause burning sensation in chest and throat region. It may cause fever, giddiness and hyperthermia also.

If Tikshna guna is more aggravated, it can cause severe burning in GI tract irrespective of consuming food. In classical texts it is told that in amlapitta, person cannot even digest the drinking water. It is because of the tikshna guna. It absorbs the water from body very fast. If this condition persists for longer period, it will lead to chronic hyperchlorhydria or GERD. Sometimes in pitta prakruti patient ulcers can be formed because of tikshna guna.



International Journal for Research in Applied Science & Engineering Technology (IJRASET)

ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538 Volume 11 Issue XI Nov 2023- Available at www.ijraset.com

If Drava guna is aggravated predominantly, it will cause nausea or vomiting. Vomitus mainly contains undigested food because of diminished agni. It can be considered as aama sanchaya avastha. Because once the person vomits, he feels better.

If Sara guna of pitta is more aggravated than pitta will circulate all over the body showing its lakshna. There may be burning sensation all over the body, itching, red discoloration, pimples, red patches, urticarial etc. this can be considered as prasara asvastha of pitta.

All these laskhana can be manifested as separate symptom and all together also. One should diagnose the condition and plan treatment accordingly

VI. TYPES OF AMLAPITTA

Acharya Madhava explained 2 types based on the route: 1) Urdhvaga 2) Adhoga.^[6]

Urdhvaga amlapitta includes symptoms like vomiting of different color like greenish, yellowish, bluish, blackish, reddish or along with blood. Sometimes vomiting with the feeling of different tastes in mouth like sour, pungent and bitter, vomiting with pungent and sour taste irrespective of food, belching, burning in chest, throat and heart region, headache, burning sensation in soles and palm, fever, indigestion, red patches etc. ¹⁷¹

Adhoga amlapitta include symptoms like thirst, burning, unconsciousness, giddiness, passing the stool of different consistency and color, nausea, diminished digestive capacity, horripilation, sweating etc.^[8]

According to Kashyapa Acharya, it is of 3 types based on dosha dominance: 1) Vataja 2) Pittaja 3) Kaphaja.^[9]

Vataja amlapitta shows symptoms like colicky pain, twisting pain in all over the body and yawning. Pittaja amlapitta symptoms like giddiness and burning sensation. Kaphaja amlapitta presents symptoms like heaviness and vomiting.

According to Madhava nidana, it is of 3 types: 1) Vataja 2) Vata-kaphaja 3) Kaphaja.^[10]

Vataja amlapitta shows symptoms like tremors, irrelevant talk, unconsciousness, weakness, feeling like ants are moving all around, pain, darkness before the eyes, confusion, horripilation, delusion.

Kaphaja amlapitta presents symptoms like excessive spitting, heaviness, stiffness, loss of desire to eat food, cold, coating in mouth, burning sensation, weakness, itching, excessive sleep.

Vata-kaphaja amlapitta presents symptoms of both the doshas.

This dosha dominancy in amlapitta can be ruled out by using the Upshaya-Anupshaya. If it is vataja amlapitta, there will be upshaya by snigdha guna. Yeshtimadhu, shatavari ksheera etc. can be used for assessing the upshaya-anupshaya. If it is pittaja amlapitta, there will be upshaya with madhura and sheeta guna like shakra, yeshtimadhu, draksha etc. If it is kaphaja amlapitta there will be upshaya by ruksh and ushna guna like pippali, sunthi, patola etc.

VII. CHIKITSA SIDDHANTA OF AMLAPITTA

According to Acharya Kashyapa the line of treatment in amlapitta is as follows: [11]

Since it is an amashayottha vyadhi including kapha and pitta predominance, first treatment is vamana. Then after the person should be subjected for langhana. After that pachana should be given followed by deepana and pitta shaman chikitsa.

There is one special treatment explained by Acharya Kashyapa especially for amlapitta. If amlapitta is reoccurring to the person, he should leave the place and stay in different healthy place. ^[12]

VIII. UNDERSTANDING THE PRINCIPLE OF TREATMENT PROTOCOL

In amashaya there is predominance of kapha. According to Chakrapani, urdhva amashaya is the site of kapha and adho amashaya is site of pita. ^[13] In amlapitta there will be diminished agni. So digestion of food material will not occur properly. So there will be formation of ama. If ama stays, there for longer period it can vitiate other dosha and causes dangerous diseases. So it should be removed first as soon as possible by vamana. Here vamana is in the term of sadhyo vamana. One should drink hot salt water for sadhyo vamana, it will eliminate ama formation.

If ama has already formed or the person had undergone vamana but still, there is lakshna of ama than this remaining ama should be digested by langhana. Here langhna means upvasa or laghu bhojana. One should use dry and light food for digestion of ama.

After langhana, there will be some amount of ama remaining in the koshtha. That ama dosha should be digested by giving pachana medicine like sunthi, ativisha etc. along with that deepana medicines can also be given for stimulating digestive fire.

This all process will result in niramikarana of pitta dosha. After nirama avastha, pitta shaman treatment should be given like sheeta, manda, snigdha etc.



International Journal for Research in Applied Science & Engineering Technology (IJRASET) ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538

Volume 11 Issue XI Nov 2023- Available at www.ijraset.com

Acaharya Kashyapa had told that the persons who are living in the anupa region are more prone to get amlapitta disease. And anupa region is not good for health. So if amlapitta is recurring continuously, then one should leave the place and stay in jangala region which is beneficial and best for health.

IX. DRAVYA USED FOR AMLAPITTA

If ushna guna is predominant than sheeta guna dravya like yeshtimadhu ksheerapaka, yeshtimadhu ghrita, shatavari churna etc can be used.

If tikshna guna is predominant than there may be the possibility of ulcer formation in mucosa of stomach. So dravyas having manda gunas should be used. Dravyas like ghrita, aamlaki, guduchi etc. can be used.

If drava guna is predominant than ruksha, sthira dravya like laja, shankha bhasma, pravala pishti can be used. They will absorb the excessive kleda from the body and subside the aggravated pitta also.

If amla guna is predominant than alkanizer dravyas like shankha bhasma, praval pishti, kushmand, draksha, tikta dravya, madhu and sharkara etc. can be used.

X. DISCUSSION

There are 6 types of samprapti described by Acharya charaka.^[14] Among those one of the type is vikalpa samprapti. It is also called as 'Anshansha kalpana'. In that all the gunas of involving entities like dosha, dhatu, mala, srotas, anga pratyanga etc should be noticed. Here we discussed samprapti of amlapitta the same way as vikalpa samprapti.

Amlapitta is pitta pradhana amashayottha vyadhi. In amlapitta ushna, tikshna, drava, amla, ruksha etc. pitta gunas are vitiated. The all show different symptoms in the body. That is the reason why the same disease has different presentation in different individuals. In some persons ushna-tikshna guna may be predominantly vitiated. In some persons ushna-amla guna may be vitiated and so on.

Selection of dravyas also depends on the samanya vishesha siddhanta. One should select dravyas which have exactly opposite guna to the aggrevated dosha. It should neither aggrevate the other dosha nor subside the normal dosha. After complete treatment one should also follow pathya and do nidana parivarjana for prevent reoccurring of the condition.

XI. CONCLUSION

There are 3 types of chikitsa i.e. hetu viparita, vyadhi vipartita and ubhaya viparita. The first treatment is hetu viparita. It means using opposite guna dravya to the causative factors. Another treatment is vyadhi viparita. It means using exctly opposite to the disease. The last one is including both type of chikitsa. Here acharyas gave prime importance to hetu viparita chikitsa by placing it in first place. These treatments are based on the samaya vishesha siddhanta which is a fundamental principle of Ayurveda.

Amlapitta is one of the most common metabolic disorder. But because of the different nidana it shows different types of samprapti and presents various symptoms. One should diagnose the condition by proper examination and history taking.

This method should be followed in diagnosing and treatment of every disease. By this we can understand any disease in ayurvedic point of view and we can treat it with the same.

XII. ACKNOWLEDGEMENT

I would like to express my sincere appreciation to HOD & professor Dept. of PG studies in Dravyaguna Dr. Rajashekhar S. Ganiger for their invaluable guidance and support throughout the course of this research. Their expertise and insights have significantly enriched the quality of this work. I am also grateful to associate professor Dept. of PG studies in Dravyaguna Dr. Samptkumar Bellamma and assistant professor Dept. of PG studies in Dravyaguna Dr. Shivananda B. Karigar for their assistance and encouragement. This research would not have been possible without their unwavering support.

REFERANCES

^[1] Ashtanga hridaya. (sarvangasundara commentary of arundatta acharya & ayurvedarasyana commentary of hemadri). Acharya vagbhatta. Edited by pandit hari sadashiva shastri.1st ed. Varanasi: Chaukamba surbharati prakashan; 2002. nidansthan, 1st Chapter, verse no 1, page no. 513.

^[2] Madhava nidana (madhukosha commentary). Proff. Dayal parmar. Ahmedabad: Saraswati pustak bhandar; 2012-13. 51st Chapter, page no. 222.

^[3] Kashyapa Samhita or vriddhajivakiya tantra. P.V.Tewari. Editeded by P.V.Tewari. : Chaukamba surbharati prakashan; reprint : 2020. Khilasthan, 16th chapter, verse no 1-6, page no. 630.

^[4] Madhava nidana (madhukosha commentary). Proff. Dayal parmar. Ahmedabad: Saraswati pustak bhandar; 2012-13. 51st Chapter, verse no. 1, page no. 222.

^[5] Acharya Sushruta.Sushruta samhita.(Nibhanda sangraha commentary of Dalhana acharya & Nyayapanjika commentary of Gayadasa).Edited by Yadavji Trikamji.1st ed. Varanasi: Chaukamba Sanskrit Samsthana; 2003. sutrasthan, 21th Chapter, verse no.36, page no. XXX.



International Journal for Research in Applied Science & Engineering Technology (IJRASET)

ISSN: 2321-9653; IC Value: 45.98; SJ Impact Factor: 7.538

Volume 11 Issue XI Nov 2023- Available at www.ijraset.com

- [6] Madhava nidana (madhukosha commentary). Proff. Dayal parmar. Ahmedabad: Saraswati pustak bhandar; 2012-13. 51st Chapter, page no. 224-225.
- [7] Madhava nidana (madhukosha commentary). Proff. Dayal parmar. Ahmedabad: Saraswati pustak bhandar; 2012-13. 51st Chapter, verse no. 4-6, page no. 225.
- [8] Madhava nidana (madhukosha commentary). Proff. Dayal parmar. Ahmedabad: Saraswati pustak bhandar; 2012-13. 51st Chapter, verse no. 3, page no. 224.
- [9] Kashyapa Samhita or vriddhajivakiya tantra. P.V.Tewari. Editeded by P.V.Tewari. : Chaukamba surbharati prakashan; reprint : 2020. Khilasthan, 16th chapter, verse no 17, page no. 631.
- [10] Madhava nidana (madhukosha commentary). Proff. Dayal parmar. Ahmedabad: Saraswati pustak bhandar; 2012-13. 51st Chapter, verse no. 8, page no. 226.
- [11] Kashyapa Samhita or vriddhajivakiya tantra. P.V.Tewari. Editeded by P.V.Tewari. : Chaukamba surbharati prakashan; reprint : 2020. Khilasthan, 16th chapter, verse no 18-23, page no. 631-632.
- [12] Kashyapa Samhita or vriddhajivakiya tantra. P.V.Tewari. Editeded by P.V.Tewari. : Chaukamba surbharati prakashan; reprint : 2020. Khilasthan, 16th chapter, verse no 45, page no. 634.
- [13] Acharya Agnivesha. Caraka Samhita annoted by Caraka and redacted by Dridhabala with the Ayurveda dipika commentary of chakrapani data. Edited by vaidya yadavjitrikamji acharya. Varanasi: Chaukhamba surbharati prakashan; 2019. Sutrasthan 20th chapter, verse 8, page no-113.
- [14] Acharya Agnivesha. Caraka Samhita annoted by Caraka and redacted by Dridhabala with the Ayurveda dipika commentary of chakrapani data. Edited by vaidya yadavjitrikamji acharya. Varanasi: Chaukhamba surbharati prakashan; 2019. Nidanasthan 1st chapter, verse 11/1 page no-196.











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