

A CRITICAL REVIEW OF DISEASE AMLAPITTA (NON ULCER DYSPEPSIA)

Dr. Rajni Sharma*

Assistant Professor, Department of Panchakarma, SGT University, Gurugram.

Article Received on
26 June 2023,

Revised on 16 July 2023,
Accepted on 06 August 2023

DOI: 10.20959/wjpr202314-29347

*Corresponding Author

Dr. Rajni Sharma

Assistant Professor,
Department of Panchakarma,
SGT University, Gurugram.

INTRODUCTION

Amlapitta is one of the commonest disorders encountered most frequently in today's practice. Due to modernization in life style people are facing two big challenges in their day to day life one is bad food habits such as eating junk food, preserved food, spicy food, skipping meals or taking meals at irregular timings and other is psychological imbalance like long working hours, interrupted sleep, anxiety and stress due to heavy work load and busy schedules. Such factors are contributing in developing many life style disorders like Amlapitta. It is a disease of Annavaha srotas and is considered as

Āmaśaya gata Vyādhi. It is characterized by Amlodgāra (Sour eructation), Utkleśa (Nausea), Kaṇṭha dāha (Burning in Throat), Hruda dāha (Heart burn), Avipāka (Indigestion), Chardi (Vomiting).^[1] Ācārya Mādhavkara has subcategorized Amlapitta into Urdhvaga Amlapitta and Ahoga Amlapitta.^[2] In the present study Urdhvaga Amlapitta has been studied. Ancient scholars have given importance to Vamana therapy for Aśaya Duṣṭi while mentioning the Cikitsā Sutrā (principle treatment) of Urdhvaga Amlapitta. As Amlapitta is Āmaśaya gata vyādhi so the main concern is to expel the Doṣa from the nearest way i.e. either by Vamana or Virecana. Ācārya Bhāvamiśra while mentioning Cikitsā of Amlapitta has coined that the principle is to do Vamana in Urdhvaga Amlapitta and Virecana in Adhoga Amlapitta.^[3]

Due to similarities in the Symptoms of Urdhvaga Amlapitta it can be correlated with modern Gastrointestinal disease Non-Ulcer Dyspepsia. Non-Ulcer Dyspepsia is defined as pain or discomfort centred in the upper abdomen with symptoms such as epigastric pain, postprandial fullness, anorexia, belching, nausea and vomiting, upper abdominal bloating, and even heartburn and regurgitation.

Review of Disease

Historical review

To have a complete knowledge of subject, it is necessary to trace out its historical background. For the disease Amlapitta an attempt has been made to trace the references present in classical texts which are as follows.

Vedic Period

Vedic literature shows no reference regarding Amlapitta Vyādhi.

Samhitā Kāla- (2000 B.C. to 800 A.D.)

▪ Caraka Samhitā

Āchārya Caraka has not described Amlapitta as a separate disease but many scattered references are available which are as follows.

1. Amlapitta is mentioned in the Upyogita(utility) of milk, it is beneficial in Amlapitta.^[4]
2. In Grahaṇī Adhyāya, Amlapitta is mentioned under the symptoms of Pittaj Grahaṇī. It indicates towards the similarities that Ajīrṇa & Grahaṇī share with the disease Amlapitta in terms of Nidāna, Samprāpti, Cikitsā and Pathya.^[5]
3. In Agrya Prakarṇa Kulath is considered as a chief etiological factor of Amlapitta.^[6]
4. It is mentioned that if Lavaṇa Rasa is used in excess quantity then it causes Amlapitta.^[7]
5. Amlapitta is considered among the diseases caused by practicing Viruddh Āhāra.^[8]
6. Rājamāṣa is said to be beneficial in providing relief from Amlapitta.^[9]
7. Mahātikta Ghrit as well as Kansa Harītaki have been mentioned for the management of Amlapitta.^[10]
8. Paitika Nānātmaja diseases include Dhumaka, Āmlaka, Vidāha, which are the symptoms seen in Amlapitta.^[11]

▪ Suśruta Samhitā: (600-400BC)

Unlike Ācārya Caraka, Ācārya Suśruta has not used the term Amlapitta but says that excess use of Lavaṇa Rasa causes Amlika which seems to be similar to Amlapitta.^[12]

▪ Aṣṭāṅga Saṃgraha & Aṣṭāṅga Hridaya(5th Century)

Mentioned Kulatha as a causative factor of Amlapitta.^[13]

▪ Kaśayapa Saṃhitā (7th Century)

Ācārya Kaśayapa is one amongst the ancient scholars who for the first time described Amlapitta as a separate disease in Khilla Sthāna along with Nidāna, Samprāpti, Bheda and Cikitsā.^[14] Ācārya has advised for changing the place in such case of Amlapitta where medicine does not work.

▪ Bhela Saṃhitā(7th Century)

No references regarding Amlapitta found.

▪ Hārīta Saṃhitā(12th Century)

Amlapitta is described in a separate Chapter along with its Nidāna, Lakśana, & Cikitsā.^[15]

▪ Mādhav Nidāna(13th Century)

Mādhavkara describes Amlapitta in a separate chapter which includes Samprāpti and Lakśana & Bheda of Amlapitta.^[16]

▪ Cakradatta (11th Century)

Cakrapāṇi has mentioned symptomatology of Amlapitta. Further he has also discussed Śodhana and Śamana Cikitsā for the management of Amlapitta.^[17]

▪ Śhārangdhara Saṃhitā(13th Century)

Śhārangdhara has mentioned three types of Amlapitta i.e. Vātaja, Kaphaja and Vāta-Kaphaja. He has mentioned some recepies like Lājā, Maṇḍa which are beneficial in the management of Amlapitta.^[18]

▪ Yogratnākara (17th Century)

In Amlapitta Nidāna chapter description about Nidāna, Lakśana, Samprāpti and Cikitsā of Amlapitta has been given.^[19]

▪ Bhāva Prakāśa(16th Century)

Bhāva Prakāśa in the the 10th chapter has discussed about Nidāna, Lakśana, Samprāpti and Cikitsā of Amlapitta.^[20]

▪ Bhaiṣajya Ratnāvali

In Chapter Amlapitt Adhikāra the Nidāna, Lakśana and Cikitsā have been discussed in detail.^[21]

Nirukti and Paribhāṣa

Nirukti (Etymology)

Amlapitta is composed of two words 'Amla' and 'Pitta'. Amla is one of the six tastes mentioned in classical texts and Pitta is one of the three Doṣas responsible for digestion and metabolism. Amla Rasa along with Kaṭu rasa are mentioned as natural property of Pitta by Ācārya Caraka^[22] but Ācārya Suśhruta considers Kaṭu Rasa of Pitta as natural property and mentions that Pitta attains Amla rasa when it becomes Vidagdha^[23] (Su.Sū.21/11).^[28] Commentary of Dalhaṇa on Suśhruta Saṃhita states that there are two clinical stages of Amlapitta i.e. Sāma Pitta and Nirāma Pitta. He says that Sāma Pitta has Amla rasa whereas Nirāma Pitta has Kaṭu rasa.

Hence etymologically it can be said that the disease in which Pitta (Sāma) along with its Amla Guṇa secretes in excess quantity is termed as Amlapitta.

Hence from above descriptions it can be said that Amlapitta is a condition in which Pitta gets vitiated in terms of Vruddhi along with its Amla Guṇa.

Paryaya (Synonyms)

- **Prameelaka & Pitta Visuchika** (A.S. Su. 5/27 Indu. Commentary) are the synonyms of Amlapitta mentioned by Indu in his commentary on Ashtanga Samgraha.
- Yogratnakar and Kashyapa have used **Pittamla** and **Shuktata** terms respectively which can be considered as the synonyms of Amlapitta though exact reference is not available.
- **Amlika & Amalaka** can be considered as the synonyms of Amlapitta as most of their clinical features mimic those of Amlapitta.

Nidāna

Nidāna refers to the causative factors of a disease to which Ācārya Cakrapāni adds that Nidāna is the beginning point for any disease. Knowledge of Nidāna helps in knowing the details of the disease which in turn forms the foundation for planning a comprehensive treatment protocol. Ācārya Suśhruta has mentioned “**Sankshepatha Kriyayogo Nidāna Parivarjanam**”^[23] which states that the foremost treatment for any disease is to refrain from its Nidāna (causative factors) hence it is necessary to have complete knowledge about Nidāna of a disease.

Synonyms of Nidāna mentioned in the Classical texts are Hetu, Nimita, Āyatana, Kāraka, Karaṇa, Kartha, Pratyaya, Samuthanam, Mulam, Yoni.^[24]

On the basis of careful observations and analysis the Nidāna (etiological factors) of Amlapitta may be categorized under the following groups such as.

- Āharaja Hetu
- Vihāraja Hetu
- Mānsika Hetu
- Āgantuja Hetu

Āharaja Hetu^[25]

Āharaja Hetu (Dietary factors) play important role in the development of Amlapitta. Under this group intake of food against Vidhi Vidhana and Āharavidhi Visesayatana is included. Various incompatible substances which aggravate Pitta Doṣa such as Kaṭu, Amla, Uṣṇa etc disturb the equilibrium of Pitta and develops Amlapitta.

Following are the Āharaja Hetu mentioned in classics.

a. According to the type of Āhara.

Kulatha, Pruthaka, Pulāka

b. According to the quality of Āhara

Abhiṣyandi, Atisnigdha, AtiRukṣa, Gurubhojana, Vidāhi Anna, Vidāhi Pana.

c. According to the Saṃskāra of Āhara

Apkwanna Sevana, Bhristadhanya Sevana, Pistanna Sevana

d. According to Dusitanna

Dusta Anna Sevana, Paryusita Anna sevana Sevana

e. According to the Pitta provocative potency of diet

Adhyasana, Ajirnasana, Amapurnata, Ati Usna, Ati Amla, Ati Drava, Ati Tīkṣaṇa, Ati Panam, Kaṭu Anna Pana, Virruddhasana.

d. According to the capacity of weakening the digestive power.

Ati Snigdha Sevana, Ati Rukṣa Sevana

g. Faulty dietary habits

AKāla Bhojana, Antarodaka Pana, KālaAanasana, Visamasana

h. Miscellaneous

Annahina Madya, Madya Sevana, Gorasa Sevana.

Viharaja Hetu^[26]

In order to maintain good health one has to follow the healthy code of habits such as regular habit of defecation, have meal and sleep at proper time. If such factors get neglected and not followed it disturbs the normal functioning of body which in turn disturb the equilibrium of Doṣas especially of Pitta and it will ultimately lead to Amlapitta. Viharaja Hetu mentioned in classical texts are Atisnat, Ati Avagahanat, Bhuktwa Diwasvapnat, Vega Dhararam, Shayya Prajagarae.

Mansika Hetu

Normal physiology of digestion gets disturbed by abnormal psychology in terms of anger, anxiety, fear, greed etc. It has been accepted that in such circumstances either there will be lesser secretion of digestive juice or it will be secreted at improper times and mostly secretes in excessive quantity.

Agantuja Hetu

Amlapittacan be developed from various other factors also such as intake of faulty drugs, long term intake of Non-steroidal anti inflammatory drugs. Moreover if Uṣna, Teekshna drugs used excessively can develop Amlapitta. Amlapitta can also be observed associated with other diseases like Arśa, Pandu, Ajirna etc.

Samprāpti

Samprāpti refers to the proper knowledge about the pathway of disease manifestation. It helps in knowing the disease progression, the Doṣa involved and the location where Aggravated Doṣa are accumulated which in turn helps in planning the treatment for the disease.

According to Kaśyapa Samhitā^[27]

Due to Nidāna sevana, aggrevation of Vātādi Doṣa takes place which in turn causes Agnimāndya. In such condition if the person consumes food then the due to Agnimāndya the food turns into Vidagdha avastha and forms Āma rasa. The Vidagdha Āma rasa combines

with vitiated Pitta and leads to Śukta Avastha in Āmaśya. Due to excessive intake of food due to his greed the Pitta gets more vitiated and this disease is called as Amlapitta.

Ācārya Kaśhyapa has given a simile that just as milk is poured into curd pot immediately attains sourness and gets into an inspissated form. In the same way, repeatedly eaten food gets improperly digested and causes acidity of Āhāra Rasa.

According To Mādhava Nidāna^[28]

Mādhavakara states that due to Nidāna sevana the already vitiated Pitta due to Varṣa ritu attains Vidagdha awasthā and such condition is known as Amlapitta Vyādhi.

According To Caraka Samhitā^[29]

Although Caraka has not mentioned Amlapitta as separate disease but the Samprāpti of Grahanī Roga mentioned by Ācārya Caraka is able to explain the pathogenesis of Āmlapitta, Caraka said that the Viruddha, Vidāhi & Duṣṭa Bhojana and Kāmadi Mānasika Bhāvas lead to Agni Mandya. Agnimāndhya develops Ajīrna. Due to Ajīrna, Annaviṣa is produced. This Annaviṣa gets mixed with Pitta Doṣa and creates Pittaja disease like Āmlapitta.

Samprāpti Bheda of Amlapitta

- **Samkhyā Samprāpti** : Doṣanusāra Trividha - Vātaja, Pittaja and Kaphaja.
- **Vidhi Samprāpti** : Dvididha - Urdhvaga and Adhoga.
- **Pradhānya Samprāpti** : Pitta Pradhāna Doṣa and Kapha Anubandha Doṣa.
- **Vikalpa Samprāpti** : Urdwaga – Pitta Kapha Pradhāna Adhoga – Pitta Vāta Pradhāna.

Samprāpti Ghataka

The different components producing Amlapitta are as follows.

- Doṣa : Pitta Prādhana TriDoṣa.

Vāta – Samāna Vāta.

Pitta – Pācaka Pitta.

Kapha – Kledaka Kapha.

- Duṣya : Rasa Dhatu.
- Agni : Jatarāgni.
- Āma : Jatarāgnijanya Āma.

- Srotas : Annavaha and Rasavaha Srotas and Puriṣavaha srotas in Adhoga Amlapitta
- Srotoduṣṭi Prakāra : Sanga, Vimārga Gamana.
- Udbhava sthāna : Āmaśaya.
- Adhisṭāna : Āmaśaya.
- Samṛcara sthāna : Mahāsrotas.
- Vyakta sthāna : Āmaśaya.
- Rogamārga : Ābhyantara.
- Sadhya-Asādhyata : Sādhyā Vyāsdi.

POORVARUPA

The symptoms that arise before the manifestation of forthcoming disease are known as Purvarupa. The knowledge of Purvarupa helps to make early diagnosis and hence helps in providing appropriate treatment.

Purvarupa of Amlapitta are not mentioned in any classical text. But as we have already discussed that patogenesis of Amlapitta has two prominent factors involved that are Agnimāndya and Pittavridhi hence the symptoms manifested by these two factors can be considered as the Poorvarupa of Amlapitta which are Aruci, Avipāka, Chardi, Utkleṣa and Hrillasa produced due to Agnimāndya and Karadāha, Charana dāha, Angadāha, Uṣaṇata etc. produced due to Pitta Prakopa.

ROOPA

Rupa are the signs and symptoms of a disease, which is considered as one of the important Vyādhi-Bodhaka Hetu(disease suggesting methods) among Nidāna-Pancaka(five methods of diagnosis) for the understanding and interpreting the disease. Roopa gives the knowledge about the involved Doṣa, Duṣya and their severity. According to the manifestation of the different Roopa, one can assess the degree of Vitiation of different Doṣa and Duṣya, its site, characteristics (like Eka-Doṣaja, Saṃsargaja or Sannipātaja Vyādhi's) and thus helps in planning the proper line of treatment.

Ācārya Kaśyapa and Mādhavakara have described the Roopa of Amlapitta which have been followed by late scholars of Saṃgraha kāla like Bhāvamisra, Yogratnākara and Vaṃgasena. The Roopa of Amlapitta according to Ācārya Mādhavakara are Avipāka, Kanṭha dāha, Klama, Tikta-Amlaudgāra, Gaurava, Aruci, Utkleṣa, Hrud dāha.^[30] To this Ācārya Kaśyapa

added more symptoms like Antrakujana, Amlotklesā, Aṅgasada, Gurukoṣṭhata, Hrud śula, Kara carana dāha, Romharṣa, Śīroruka, Udara ādhamāna, Uraha vidāha and Viḍabheda.^[31]

Bheda

Types of Amlapitta

Ācārya	Bheda
Kāśyapa on the basis of Doṣa	1. Vātaja 2. Pittaja 3. Kaphaja
Mādhavakara & Bhāvamisra and others on the basis of Doṣa Ulavaṅṭa & Samsarga	1. Sanila 2. Sakapha 3. Sanilakapha 4. Śleṣma pittaja
Mādhavakara on the basis of gati of Doṣa	1. Urdhavaga Amlapitta 2. Adhoga Amlapitta

Vishishta Lakshana of Ek Doṣaja Amlapitta^[32]

➤ Vātika Amlapitta

Aṅgasāda, Jrimbha, Shula

➤ Paittika Amlapitta

Paittika, Bharma, Sitaupasaya, Svadupasaya, Vidaha

➤ Kaphaj Amlapitta

Chhardi, Guruta, Rukṣa Upasaya, Usma Upasaya

Viśiṣṭa Lakṣṇa of Samsarga Doṣaja Amlapitta^[33]

Sanila Amlapitta

Vāta and Paitta which are already aggravated get lodged in Āmāśya and develop Mandāgni which in turn develops Śukta pāka avastha.

Vāta contributes in the manifestations of lakshanas which develop due to such pathology.

Lakshanas of Sanila Amlapitta

Shīta, Kampa, Pralapa, Murcha, Chimichimitva, Gatrasasada, Śula, TamodArśana, Vibhrama, Vimoha, HARśa.

Sakapha Amlapitta

Kapha and Paitta which are already aggravated get lodged in Amashya and develop Mandagni which in turn develops Shukta paka avastha.

Vāta contributes in the manifestation of lakshanas which develop due to such pathology.

Lakshanas of Sakapha Amlapitta

Kaphashteevana, Gourava, Jadata, Aruchi, Shītasada, Vamana, Sleshmaliptasya, Dahnasada, Balasada, Angasada, Kandu, Nidra.

Sanilakapha Amlapitta

Aggrevated Kapha and Paitta get lodged with aggrevated Pitta in Amashya and develop Mandagni which in turn develops Shukta paka avastha.

Along with Pitta, Vāta & Kapha also contributes in the manifestation of lakshanas which develop due to such pathology.

Lakshanas of Sanilakapha Amlapitta

Tiktaudgara, Amlodgara, Kaṭu udgara, Hrut daha, Kanta daha, Kukshi daha.

Shleshma pittaja Amlapitta

This subtype of Amlapitta is mentioned in Madhava nidana. Manifestation of symptoms are due to Vaikrit Kapha and Pitta.

Lakshanas of Shleshma pittaja Amlapitta

Bhrama, Murcha, Aruchi, Chardi, Alasya, Shiroruk, Praseka, Mukamadhurya.

Urdhvaga Amlapitta^[34]

In Urdwaga Amlapitta the Vitiated Doṣa have Urdhwa gati hence it is termed as Urdwaga Amlapitta.

Vishishta lakshana of Urdhvaga Amlapitta

Vantam-Haritam, Vantam-Peetma, Vantam-Neelam, Vantam-Krishnam, Vantam-Arunam, Vantam-Raktam, Vantam-Ateevamlam, Vantam-Mamasodakabham, Vantam-Atipichilam, Vantam-Shleshmanugatam, Vantam Rsenā Vividham, Vantam-Bhuktavidagdha Tiktavami, Vantam-Bhuktavidagdha Amlavami, Tiktoudgara, Amloudgara, Hritdaha, Kantadaha, Kukshidaha, Karadaha, Charanadaha, Uṣnata, Aruchi, Jvara, Kandu, Mandala, Pidaka.

Adhoga Amlapitta^[35]

In Adhoga Amlapitta the vitiated Doṣa have Adhogati hence it is termed as Adhoga Amlapitta.

Vishishta Lakshanas of Adhoga Amlapitta

Trit, Daha, Moorcha, Bhrama, Moha, Vividha Prakara Malapravrutti, Hrillasa, Kota, Analsada, HArśa, Sweda, Angapitatva.

Sadhyata-Asadhyata

Madhavakara says that Amlapitta is curable in its early stage. If it is not treated it attains chronicity and becomes Yapya. At such stage if person keeps on practicing Ahitkar Aahar and Vihar the disease Amlapitta becomes Krischrasadhya (curable with difficulty).

UPADRAVA OF AMLAPITTA

Upadrava are the complications which manifest after the manifestation of diseases. When the disease is not treated properly and indulging in the same Nidana, in the Vyakta stage of the disease, Upadrava manifests.

Ācārya kashyapa has mentioned the Upadrava of Amlapitta such as Jvara, Atisāra, Pandu, Shula, Shotha, Aruchi, Bhrama.^[36]

UPASHAYA

Upashaya means which gives Sukh (pleasure) to the person as well as combat the disease. It can be in the form of Aahara, Vihara & Aushada.

Ācārya Kashyapa has mentioned Upashaya of Vātaja, Pittaja and Kaphaja Amlapitta. In Vātaja Amlapitta Snigdha, in Pittaja Amlapitta Swadu and Shīta and in case of Kaphaja Amlapitta Rooksha and Uṣna are considered as Upashaya.

ANUPASHAYA

Anupshaya is considered to be just opposite of Upashaya i.e. Aushada, Ahara and the Vihara which are Viprita (opposite) and develops the displeasure to the body is called Anupashaya. It is also called as Asatmya. In classical texts there is no description about Anupshaya of Amlapitta is available. However its own Nidan (causative factor) may be considered as Anupashaya of Amlapitta.

Pathya-Apathya

The Ahara-Vihara which is beneficial and nutritional to the body and also gives the happiness to the mind is known as Pathya and contrary to this is known as Apathya. Complete knowledge of Pathya-Apathya has a major role both in preventive & curative aspect of disease.

PATHYA**Ahara**

- Anna Varga – Yava, godhuma, Purāṇa sali, mudgayusha,
- lajasaktu.
- Saka Varga – Karavellaka, patola, kusmanda etc.
- Phala Varga – Dadima, amalaki, kapittha etc.
- Dugdha Varga – Godugdha
- Mamsa Varga – Jangala, mamsarasa
- Miscellaneous – Sarkara, madhu, narikelodaka.

Vihara

Seetopachara, Vishrama etc.

APATHYA**Ahara**

Guru, Vidahi, Viruddha, Uṣṇa, Kaṭu bhojana, Kulatha, Rasona, Navanna, Tila, Lavaṇa, Amla, Kaṭurasa, Madya, Arishta, Adhyasana, Samashana, Vishamashana, Virudhashana.

Vihara

Vegadharana, Atapasevana, Ayasa after meal, Divaswapna.

Mansika

Chinta, Krodha, Shoka, Bhaya.

Moreover Ācārya Kashyapa has said about the Deshanthargamana that, the disease Amlapitta develops more oftenly in Aanupa Desha hence it should be treated with the medicines grown in Jangala Pradesha. If it does not get pacified with this one should go to the other place that is Deshanthargamana Vriddha Jivaka, Kashyapa Saṃhita, with Sanskrit introduction by Pandit Hemraj Sharma, Chaukhamba Sanskrit Sansthan, Varanasi, 2006, 16/38-40.

Chikitsa**Nidana Parivarjana**

Nidana Parivarjana means to leave the practices of etiological factors responsible for the manifestation of disease. Hence the patients should be advised to refrain from such etiological factors which are responsible for the manifestation of Amlapitta such as Amla-Kaṭu Rasatmaka Anna Pana, Viruddha and Dushta Ahara sevan, Vegavidharana, Vishamasana etc.

Śodhana Chikitsa

Vamana

All Ācāryas have mentioned Vamana as one of the prominent treatments of Amlapitta.

- Ācārya Kashyapa opines that Amlapitta Vyādhi has its origin from Amashaya which is a place of Kapha and Pitta hence the patients who have enough strength should be administered Vamana. Kashyapa enlightens the importance of Vamana in Amlapitta by a simile that it is just like destroying the tree by cutting its roots. After the Vamana Karma the remaining Doṣas should be pacified by Langhana and Laghu Bhojana.
- Bhavamishra has advised Vamana in Urdhvaga Amlapitta
- Indu mentions to administer Vamana followed by Virechana, because if Virechana is performed without vamana then it may vomit out through the mouth because of Shleshma and proper Virechana will not take place. Even if it takes place the shleshma does achachdana of Grahaṇi and produces Anga Gourava and Pravahika.

Vmana Yogas

- Lavaṇa jala, warm milk, Ikshu rasa, water prepared with Madhu or Tikta Dravyas are beneficial for the purpose of Vamana in Amlapitta.
- According to Bhavaprakasha, the decoction of Patola, Nimba, and Madanaphala with Saindhava Lavaṇa should be used for Vamana in Amlapitta.

Virechana

All Ācāryas have mentioned Virechana as second line of treatment. Virechana is needed in Amlapitta as the main Doṣa involved in Amlapitta is Pitta and Virechana is considered to be the best treatment for elimination of Pitta.

- Chakradatta and Yogaratnakara have mentioned to administer Mridu Virechana in Amlapitta.
- Bhavamishra has advised to administer Virechana in Adhoga Amlapitta.

Virechana Yogas

- Decoction made out of Triphala Kwath mixed with Trivrit Churna and Madhu.
- Decoction prepared from Triphala, Trayamana, Kaṭuka Rohini & Trivrit in a quantity of Ardhaphala and Trivrit half the quantity of all can be used for the purpose of Virechana in Amlapitta.

Shamana Chikitsa

Ācārya Kahyapa mentions that if Doṣas left even after Vamana then such Doṣas should be treated by Laghu Bhojana, Samana and Pācana Chikitsa.

Tikta Rasa, Laghu, Snigdha Guṇa, Kaṭu or Madhura Vipāka and Seeta Veerya drugs should be used for the treatment of Amlapitta.

NON-ULCER DYSPEPSIA

Dyspepsia is a collection of symptoms that arise from problems in Oesophagus, Stomach or Duodenum. It is sometimes also called indigestion. Non Ulcer Dyspepsia is a diagnosis given to a patient who has symptoms of Dyspepsia when no cause can be found. It is also sometimes referred to as Functional Dyspepsia.

Causes

There is no single known cause of Dyspepsia. It is diagnosed once other causes of Indigestion such as Ulcers, Inflammation, Reflux, Hiatus Hernia or Bacterial Infection has been excluded. There are certain factors that can make Non ulcer dyspepsia symptoms worse.

- Food: caffeine, Spicy food, Fatty food, Acidic food.
- Habits: Smoking, Alcohol.
- Lifestyle: Overweight, High level of anxiety or stress.
- Medications: Anti-inflammatory medicines.

Pathogenesis

- Gastric Acid: There are a few data which suggests that gastric acid secretion is a primary cause of Non Ulcer Dyspepsia.
- Gastro Duodenal and Small Intestinal motility: Disordered motility of upper GIT has been implicated in the symptoms of Non Ulcer Dyspepsia. Hence the term “Functional Dyspepsia”. Symptoms such as abdominal distension, flatulence and fullness after meals are compatible with an underlying disorder of motility.
- Chronic Gastritis: Several observations suggest that 30-50% of patients with Non Ulcer Dyspepsia have chronic gastritis histologically even if the mucosa is macroscopically normal at endoscopy.
- Psychological Factors and Stress: Emotional factors are presumed to influence the functional disorders of the gut because stress alters secretion, motility and vascularity.

- Environmental factors and diet: Patients with Non Ulcer Dyspepsia are usually advised to avoid exposure to cigarette smoke, alcohol, analgesics and coffee, substances that may aggravate dyspepsia.
- Genetic Factors: Among patients who present for medical care, Non Ulcer Dyspepsia had been reported to be commener in women. This finding could be related to genetic or hormonal differences.

Symptoms

- Mild to Severe abdominal discomfort(upper abdomen)
- Nausea
- Vomiting
- Belching
- Bloating

Symptoms often come and go rather than constant and particularly worse after eating large meals, eating too quickly and if food is eaten soon before going to bed.

Treatment

The main treatment of Non ulcer dyspepsia includes.

A. Life style changes

- Weight loss
- Reduction in alcohol intake
- Smoking cessation
- Eating small meals and regularly
- Avoiding eating within 3 hours of going to bed
- Changes in diet (reducing the amount of Caffine, spicy foos, fatty food, acidic food etc.)

B. Addressing Pshycological factors

- Emotional support to reduce anxiety and stress.

C. Medications

- Antacids
- Proton pump inhibitors
- Stomach emptying medications
- Anti depressants

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