

IMPACT OF MODERN LIFESTYLE ON THE RISING INCIDENCE OF AMLAPITTA: A LITERATURE REVIEW

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ABSTRACT

Background: *Amlapitta* is a *Pitta*-predominant disorder of *Annava* and *Purishava* Srotas that develops due to *Mandagni* and *Ama* formation and clinically overlaps with hyperacidity, gastritis, functional dyspepsia and gastro-oesophageal reflux disease. In recent years it has been increasingly recognised as a lifestyle disorder because acid-peptic symptoms are common among adults with irregular dietary habits, disturbed sleep, sedentary routines and chronic stress. **Objective:** To review and correlate classical Ayurvedic literature with contemporary scientific literature in order to understand why *Amlapitta* is increasingly seen among adults and to identify the modern lifestyle and dietary factors most consistently associated with it. **Methodology:** A narrative review was conducted using classical Ayurvedic texts (*Charaka Samhita*, *Kashyapa Samhita*, *Madhava Nidana*,

Bhaishajya Ratnavali) and peer-reviewed literature from PubMed, Google Scholar, ResearchGate and indexed Ayurveda journals. Articles on *Amlapitta*, hyperacidity, gastro-oesophageal reflux disease or dyspepsia in relation to lifestyle and dietary causation in adults were included. **Results:** Classical and modern literature point to a common set of causative factors: irregular meal timing, *Adhyashana*, *Viruddhahara*, excessive intake of spicy, fried and fermented food, disturbed sleep, sedentary behaviour and psychological stress. Indian studies report a prevalence of gastro-oesophageal reflux disease of about 7.6% to 30% in general populations and up to 38% among professional college students. **Conclusion:** The

consistent overlap between the classical *Nidana* of *Amlapitta* and modern lifestyle risk factors supports viewing *Amlapitta* as a lifestyle disorder rather than an isolated digestive complaint and reinforces the relevance of *Nidana Parivarjana* and *Dinacharya* in its prevention and management.

KEYWORDS: *Amlapitta*, *Agni*, *Ama*, *Pitta*, lifestyle disorder, hyperacidity.

INTRODUCTION

Ayurveda considers *Agni* to be the root of health. Among the disorders of *Annavaha Srotas* and *Purishavaha Srotas*, *Amlapitta* occupies a very important place because it is seen so frequently in day-to-day clinical practice. *Amlapitta* is basically a *Pitta*-predominant disorder that develops when *Mandagni* leads to the formation of *Ama*; this *Ama*, when it further vitiates *Pitta*, increases the *Amla guna* of *Pitta*. This vitiated, *Amla*-dominant *Pitta* is responsible for the classical features of *Amlapitta* such as *Avipaka*, *Amlodgara*, *Hridkantha Daha*, *Utklesha*, *Aruchi* and *Gaurava*.^[1,2]

Although *Amlapitta* has been described since the *Samhita* period, with detailed references available in *Kashyapa Samhita*, *Madhava Nidana* and later texts such as *Bhaishajya Ratnavali*, it is being increasingly recognised today as a disorder directly linked to lifestyle.^[3,4] Not every classical text treats *Amlapitta* as an entirely independent disease, and its *Samprapti* has often been discussed within the *Grahani Roga Adhyaya*; yet its clinical presentation, causative factors and management are described distinctly enough for *Amlapitta* to be studied as a separate clinical entity in contemporary Ayurvedic practice.

In modern correlation, the symptoms of *Amlapitta* closely overlap with hyperacidity, acid-peptic disease, functional dyspepsia and gastro-oesophageal reflux disease (GERD), although none of these single conditions covers the full spectrum described under *Amlapitta*.

What makes *Amlapitta* particularly relevant to the present generation of adults is the way modern living has altered almost every *Nidana* described for it in the classics. Irregular meal timing, *Adhyashana*, *Vishamashana*, excessive intake of *Amla*, *Lavana*, *Katu* and *Ushna dravyas*, fast food and fried food consumption, tea/coffee overuse, disturbed sleep patterns, prolonged *Ratrijagarana*, *Vegadharana* of natural urges due to work pressure, sedentary routines and continuous *Manasika* stress are now everyday features of adult life, especially in urban and working populations.^[5] Ayurveda had already anticipated that a mismatch between

Ahara-Vihara and *Kala, Desha* and individual *Prakriti* would eventually manifest as disease, and *Amlapitta* is one of the present-day examples of this principle.

Epidemiological data from modern medicine also support this trend. Acid-peptic disorders and GERD, which correlate closely with *Amlapitta*, are being reported with increasing frequency in Indian population-based and institution-based studies and several of these studies point towards dietary indiscretion, stress, disturbed sleep and sedentary behaviour as significant risk factors.^[6] This convergence between classical Ayurvedic reasoning and modern epidemiological observation strengthens the case for studying *Amlapitta* as a lifestyle disorder of the present era rather than as an isolated digestive complaint.

Against this background, the present review has three objectives: (1) to compile and correlate the classical Ayurvedic understanding of *Amlapitta*, its *Nidana*, *Samprapti* and *Lakshana* with contemporary literature. (2) to review the available epidemiological and clinical literature describing the rising prevalence of *Amlapitta*-like conditions among adults. (3) to identify the specific modern lifestyle and dietary factors that are most consistently implicated as causative in the recent literature.

MATERIALS AND METHODS

The methodology followed is based on compilation, analysis and synthesis of both classical Ayurvedic literature and contemporary scientific literature related to *Amlapitta* and its correlation with modern lifestyle disorders.

Type of study

The present work is a narrative review, combining classical concepts with a structured search of modern published literature.

Sources of classical literature

Classical references related to *Amlapitta*, *Agni*, *Ama*, *Pitta Dosha*, *Grahani Roga* and *Annavaaha Srotas Vyadhi* were collected from the *Brihatrayi* and *Laghutrayi* texts including *Charaka Samhita*, *Kashyapa Samhita*, *Madhava Nidana*, *Bhaishajya Ratnavali* and the available commentaries (*Tika*) on these texts. The relevant chapters dealing with *Nidana*, *Samprapti*, *Purvarupa*, *Rupa*, *Upadrava* and *Chikitsa* of *Amlapitta* and *Grahani* were specifically studied.

Sources of contemporary literature

For modern scientific literature, electronic databases such as PubMed, Google Scholar, ResearchGate, the AYUSH Research Portal and other indexed Ayurveda journals were searched. Peer-reviewed articles, review articles, case studies, clinical studies and epidemiological/cross-sectional studies published in the last two decades were considered with special focus on articles published within the last 10 years to capture recent trends.

Inclusion criteria

Articles discussing *Amlapitta*, hyperacidity, GERD or dyspepsia in relation to lifestyle and dietary causation in adult populations were included.

RESULTS

Literature relevant to *Amlapitta* and its correlation with modern lifestyle-related gastrointestinal disorders was compiled from the classical *Samhitas* and from peer-reviewed contemporary sources including review articles, clinical studies, systematic reviews and population-based epidemiological studies.

Classical concept of *Amlapitta*

Classically, *Amlapitta* has been explained through the pathway of *Ajirna*. When food is not digested properly due to *Mandagni*, it forms *Ama*, which mixes with *Pittadi Dosha* and gets lodged in the *Amashaya*. If this *Ama-Pitta* undergoes further vitiation and its *Amla guna* increases, it manifests as *Amlapitta*. Various *Acharyas* have described the *Hetu* of *Amlapitta* as *Viruddhahara*, excessive intake of *Amla-Lavana-Katu Rasa dravyas*, *Divaswapna*, exposure to heat and mental factors such as *Krodha* and *Chinta*.

Dosha-Dushya-Srotas involvement

A clinical study evaluating *Doshic* predominance in *Amlapitta* found that *Pitta* was vitiated in a large majority of patients along with variable involvement of *Vata* and *Kapha* and that the *Purishavaha*, *Rasavaha*, *Annavaha*, *Raktavaha* and *Swedavaha Srotas* were also affected in different proportions. This study reinforces that *Amashaya* (*Sthana* of *Samana Vayu*, *Pachaka Pitta* and *Kledaka Kapha*) and *Grahani* (*Sthana* of *Agni*) are the two principal *Sthana Samshraya* sites where *Khavaigunya* develops in *Amlapitta* explaining why the disease so often overlaps with *Grahani*-related complaints.

Correlation with modern gastrointestinal disorders

Several reviewers have pointed out that the clinical picture of *Amlapitta* corresponds closely to gastritis, hyperacidity, GERD and peptic and duodenal ulcer disease as understood in conventional medicine even though these are separate diagnostic categories in modern gastroenterology. One review specifically notes that, in contrast to modern medicine's need to study each of these entities separately, Ayurveda is able to manage all of them under the single concept of *Amlapitta*, which is presented as a practical clinical advantage. A case-study based review on the Ayurvedic management of hyperacidity similarly concludes that busy modern schedules push people towards instant, oily and fermented foods and away from a disciplined *Dinacharya* and *Ritucharya* resulting in a rising burden of hyperacidity that is best framed as *Amlapitta*.

A recent systematic review analysing *Amlapitta* from the Ayurvedic Research Database also confirms that improper diet, disturbed lifestyle habits, mental stress and incompatible food combinations (*Viruddhahara*) are consistently identified across independent studies as major contributing factors in the pathogenesis of the disease. Another recent review article echoes this observation, adding that, across all adult age groups, digestive complaints are frequently neglected because they are wrongly attributed only to contemporary lifestyle patterns rather than being recognised as an evolving disease burden requiring attention.

An earlier, widely cited review described *Amlapitta* as affecting a large proportion of the population in India and characterised it as a psychosomatic disorder resulting jointly from dietetic indiscrimination and mental stress and strain, linking it directly to changing lifestyle patterns.^[7]

Epidemiological evidence from modern studies

Modern epidemiological literature on GERD, the condition most often correlated with *Amlapitta*, provides useful quantitative support for the idea that these disorders are increasing among adults, particularly in urban and stressed populations. Individual Indian studies report GERD prevalence figures ranging from about 7.6% to 30%, depending on the population studied and the diagnostic criteria used.^[8]

Studies conducted on young adult and student populations, who are especially exposed to disturbed routines, are particularly informative. A study among professional college students in Kerala reported a GERD prevalence as high as 38%.^[8] A study among medical students in

Chennai reported a GERD prevalence of 14.4%, with the majority of participants skipping meals, eating outside frequently and preferring spicy food.^[9] The prevalence data extracted from the reviewed studies are summarised in Table 1.

Table 1: Reported prevalence of GERD/Amlapitta-correlated conditions across reviewed studies.

Study population	Reported prevalence	Key associated factors
General Indian population (individual studies, range)	7.6–30%	Spicy food, non-vegetarian diet, dietary indiscretion
Professional college students, Kerala	38%	Stress, irregular and unhealthy dietary habits
Medical students, Chennai	14.4%	Skipping meals, eating outside, spicy food

Lifestyle factors identified as a cause

Taken together, the modern studies reviewed above consistently identify a cluster of lifestyle-related risk factors for GERD/dyspepsia-type presentations: irregular meal timing and skipped meals, high intake of fried, spicy, fermented or restaurant-style food, frequent consumption of aerated drinks, disturbed sleep, sedentary behaviour and psychological stress or anxiety. It is striking how closely this modern list mirrors the classical *Nidana* of *Amlapitta* described in Ayurvedic texts, such as *Adhyashana*, *Vishamashana*, *Viruddhahara*, *Ratrijagarana*, *Avyayama* and *Manasika Nidana* such as *Chinta* and *Krodha*. This convergence forms the central rationale of the present review: that the rising incidence of *Amlapitta* in today's adult population can be logically linked to the specific dietary and behavioural changes brought about by modern lifestyles.

Contemporary lifestyle triggers of *Amlapitta*

A recent systematic review of the causes and triggers of *Amlapitta* in the contemporary era classifies modern causative factors into *Aharaja* (dietary) and *Viharaja* (behavioural) categories. *Aharaja* triggers identified include excess tea and caffeine intake, eating late at night, habitual reliance on processed and fast foods, high sugar consumption, mindless and emotional eating, frequent energy drink use, cyclical dieting, inconsistent meal timing, regular alcohol use, smoking, non-steroidal anti-inflammatory drug (NSAID) use, excessive chocolate intake, fermented foods and spicy food. *Viharaja* triggers include a sedentary lifestyle, psychological stress, sleeping late at night and an inconsistent sleeping schedule. This classification closely mirrors the classical division of *Amlapitta Nidana* into *Aharaja*,

Viharaja and *Manasika Hetu*, reinforcing that contemporary lifestyle patterns are in effect a modern restatement of causative factors already recognised in the classical texts.

Correlation between classical *Nidana* and modern risk factors

The causative factors identified across classical and modern sources are tabulated in Table 2.

Table 2: Correlation between classical *Nidana* of *Amlapitta* and modern lifestyle risk factors.

Classical <i>Nidana</i> (Ayurveda)	Corresponding modern risk factor identified in studies
<i>Adhyashana</i> , <i>Vishamashana</i>	Irregular meal timing, skipping meals, quick eating
<i>Viruddhahara</i> , excess <i>Amla-Lavana-Katu Rasa</i>	High intake of spicy, fried, fermented, restaurant-style food
<i>Divaswapna</i> / disturbed <i>Ratricharya</i>	Disturbed sleep
<i>Avyayama</i> (lack of physical activity)	Sedentary behaviour, low physical activity
<i>Manasika Nidana</i> (<i>Chinta</i> , <i>Krodha</i>)	Psychological stress, anxiety, restlessness

Pathya-Apathya in the management of *Amlapitta*

Beyond identification of *Nidana*, the classical texts place equal emphasis on *Pathya-Apathya* (recommended and contraindicated diet and regimen) in the prevention and management of *Amlapitta*. The *Acharyas* describe specific food articles, along with their *Rasa* (taste), *Virya* (potency), *Vipaka* (post-digestive effect) and *Guna* (qualities), as either *Pathya* or *Apathya* for the disease, alongside the daily (*Dinacharya*) and seasonal (*Ritucharya*) regimens required to maintain *Agni* and prevent *Doshaprakopa*. *Acharya Charaka's* three-fold approach to disease management, comprising *Nidana Parivarjana* (avoidance of causative factors), *Prakritivighata* and *Apakarshana*, is described as directly applicable to *Amlapitta*, with *Nidana Parivarjana* regarded as the first line of treatment. This reinforces that dietary and lifestyle correction is not merely adjunctive but central to the Ayurvedic management of the disease.

DISCUSSION

Taken together, the reviewed literature shows a consistent classical *Samprapti* for *Amlapitta* centred on *Mandagni*, *Ama* formation and *Pitta* vitiation, localised predominantly to the *Amashaya* and *Grahani*. Modern prevalence data indicate a substantial burden of *Amlapitta*-correlated conditions such as GERD among Indian adults, with figures as high as 38% in lifestyle-stressed subgroups such as professional college students. Importantly, a near-identical set of causative factors is described independently by the classical Ayurvedic texts

and by modern epidemiological studies, linking the reported burden of *Amlapitta* to specific, identifiable lifestyle and dietary changes seen in present-day adult life.

Prevalence figures among students exposed to disturbed routines (up to 38%) lie at the upper end of, or above, the general population range of 7.6–30%, although the 14.4% reported among medical students in Chennai falls within that range. This pattern is compatible with the hypothesis that lifestyle factors, rather than age or organic pathology alone, contribute to the burden of *Amlapitta*-correlated presentations. The same set of risk factors was reported repeatedly across independent studies in different Indian populations (student and general), which strengthens the reliability of the pattern rather than making it a coincidental finding of any single study. It is further supported by a systematic review of contemporary triggers, which classifies modern causative factors into the same *Aharaja* and *Viharaja* categories long recognised in the classics, and by the literature on *Pathya-Apathya*, which shows that correcting *Ahara-Vihara* through *Nidana Parivarjana* remains the first line of management. However, the prevalence studies reviewed are largely cross-sectional and use differing diagnostic criteria; they therefore indicate burden and association rather than a temporal rise, and longitudinal data are needed to confirm the latter.

This has direct clinical significance. Management of *Amlapitta* cannot be limited to *Shamana* or *Shodhana* therapy alone but must be anchored in *Nidana Parivarjana* and the restoration of a disciplined *Dinacharya* and *Ritucharya*, since these measures address the disorder at the level of its root cause rather than only its symptoms. From a public health perspective, preventive counselling on meal timing, food choices, sleep hygiene, physical activity and stress management could meaningfully reduce the growing burden of *Amlapitta* among adults.

CONCLUSION

Amlapitta, though described in Ayurveda since the *Samhita* period, has become increasingly relevant today because the causative factors outlined in the classics (*Adhyashana*, *Vishamashana*, *Viruddhahara*, disturbed *Ratricharya*, *Avyayama* and *Manasika Nidana* such as *Chinta* and *Krodha*) are now everyday features of adult life rather than occasional deviations. The consistent overlap between classical *Nidana* and modern lifestyle risk factors supports the view that the rising incidence of *Amlapitta* is closely linked to lifestyle rather than to ageing or organic pathology alone, reinforcing the continued relevance of *Nidana Parivarjana* and *Dinacharya* in its prevention and management. Future well-designed clinical

and cross-sectional studies using Ayurvedic diagnostic parameters alongside standardised modern criteria would help further quantify this relationship and strengthen evidence-based Ayurvedic intervention strategies for *Amlapitta*.

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Conflict of Interest

None.

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