

A REVIEW ARTICLE ON AMLAPITTA W.S.R. TO HYPERACIDITY

Dr. Chandan Jamre^{1*}, Dr. Shuchi Dubey² and Dr. Rupali Patidar³¹PG Scholar, Department of Kriya Sharir, Pt. Khushilal Sharma Govt. (Autonomous)

Ayurveda College & Institute, Bhopal(M.P.).

²Reader, Department of Kriya Sharir, Pt. Khushilal Sharma Govt. (Autonomous) Ayurveda

College & Institute, Bhopal(M.P.).

³PG Scholar, Department of Kriya Sharir, Pt. Khushilal Sharma Govt. (Autonomous)

Ayurveda College & Institute, Bhopal(M.P.).

Article Received on
15 June 2025,Revised on 07 July 2025,
Accepted on 26 July 2025

DOI: 10.20959/wjpr202515-37802



*Corresponding Author

Dr. Chandan Jamre

PG Scholar, Department of
Kriya Sharir, Pt. Khushilal
Sharma Govt.(Autonomous) Ayurveda
College & Institute, Bhopal
(M.P.).

ABSTRACT

Currently, *Amlapitta* is widely observed across all age groups, socioeconomic strata, and communities.^[1] *Amlapitta* is a *Pitta*-predominant disease related to the *Annavaha Srotas*, caused by *Mandagni* and *Ama*. When the *Amla Guna* (sour quality) of *Pachaka Pitta* increases, it leads to *Amlapitta*.^[2] *Amlapitta* presents primarily with increased acidity due to the dominance of *Pachaka Pitta*, manifesting as sour reflux and digestive discomfort. The main causes of its prevalence include *Pitta*-aggravating diet and lifestyle (*Ahar-Vihar*), irregular and improper eating habits, a busy and stressful lifestyle, and emotional factors such as hurry, worry, and anxiety. Common Symptoms of *Amlapitta* include *Avipaka* (indigestion), *Klama* (tiredness), *Utklesha* (nausea), *Tikta-Amlodgara* (sour and bitter belching with burning sensation in the throat), and *Aruchi* (loss of appetite). Hyperacidity refers to a group of symptoms caused by an imbalance between the acid-secreting mechanisms of the stomach and proximal intestine and the protective mechanisms that safeguard them.

Under normal physiological conditions, the gastric glands secrete hydrochloric acid, a crucial component in the digestion and breakdown of nutrients. However, when there is excessive production of acid, it leads to a condition known as hyperacidity.^[1]

KEYWORDS: *Amlapitta*, *Pitta*, *Agni*, *Agnimandhya*, *Annavahasrotas*, Hyperacidity.

INTRODUCTION

Amlapitta is widely recognized as a lifestyle-induced gastrointestinal disorder affecting populations worldwide. Most people do not follow the regimens mentioned in *Ayurveda* due to their fast-paced lifestyle. They consume fast food, cold beverages, fried foods, coffee, late-night snacks, and excessive amounts of chillis and masala in their meals, among other unhealthy eating habits. The imbalance of *Pitta*, particularly due to the frequent intake of unsuitable or overly sour food items, is a major contributing factor in the onset of *Amlapitta*, which intensifies its inherent *Dravya* and *Amala* properties. The earliest mention of *Amlapitta* is found in the *Kasyapa Samhita*. Subsequent detailed descriptions are available in classical texts such as *Madhava Nidana*, *Bhavaprakasha*, and *Yogaratanakara*. *Acharya Charaka* has also made references related to this condition.^[3] In *Ayurveda*, it is believed that *Agnimandya* (indigestion) is the root cause of all diseases. Improper dietary practices are a major contributing factor to the development of *Agnimandya*. Modern lifestyle factors, coupled with a limited understanding of individual *Prakriti*, have led to a growing prevalence of digestive disorders in all age groups.^[4] According to *Ayurveda*, *Amlapitta* is categorized into two forms—*Urdhwaga* and *Adhoga Amlapitta*—based on the direction of aggravated *Pitta*. The upward movement of vitiated *Pitta dosha* results in clinical features like nausea, vomiting, cephalgia, burning sensation, and diminished appetite, a condition classified as *Urdhwaga Amlapitta* in *Ayurveda*. This condition commonly presents with signs such as lack of interest in food (*Aruchi*), general heaviness (*Gaurav*), abdominal fullness (*Gurukoshthatva*), headache (*Shiroruja*), nausea (*Utklesha*), and sour or bitter belching (*Tiktamlodgara*). The primary cause is the consumption of foods unsuitable for an individual's *Prakriti* (bodily constitution), including excessively sour items (*Amla*), pungent (*Katu*), salty (*Lavana*), heavy (*Guru*), oily (*Snigdha*), and mucus-forming (*Abhishandhi*).^[5] When *Pitta dosha* moves downward in the body, it leads to a condition known as *Adhoga Amlapitta*, which is characterized by symptoms such as skin eruptions, impaired digestion, goosebumps, excessive sweating, yellowish discoloration of the skin, burning sensation, dizziness, fainting, confusion, and various forms of diarrhea—indicating a downward disturbance of *Pitta*.^[6]

MATERIALS AND METHODS

This study systematically compiled information on *Amlapitta* and hyperacidity from classical *Ayurvedic* texts (*Bruhatrayi* and *Laghutrayi*), along with standard modern medical literature and indexed journals.

Lakshana^[1]

- **Tikta Amla Udgar** – Normally, *Pitta* exhibits a pungent (*Katu*) taste, but when it undergoes vitiation (*Vidagdha*), this taste transforms into a sour (*Amla*) one. This transformation enhances the acidic qualities and attributes (*Guna* and *Dravyaguna*) of *Pitta*, which in turn disturbs digestion. As a result, it impairs the digestive fire (*Agnimandya*), leading to indigestion (*Ajirna*) and the occurrence of bitter-sour eructation (*Tikta Amla Udgar*).
- **Avipak** - indigestion of food
- **Klama, Angasaada, and Gaurav** - Due to the increase of *Ama Dosha* (undigested toxic substances) in the body.
- **Utklesha** – This symptom arises due to the accumulation of *Ama* (undigested toxins) and the imbalance of *Kapha dosha*.
- **Aruchi** – It refers to both the loss of taste and a lack of desire or interest in consuming food.
- **Hrid-Kantha Daha** – A burning sensation in the chest and throat occurs due to the *Ushna* (hot) and *Tikshna* (sharp/penetrating) qualities of aggravated *Pitta*. In some cases, a generalized burning sensation (*Sarvanga Daha*) or burning in the palms and soles (*Hasta-Padatala Daha*) may also be present.

Types of Amlapitta According to Different Acharyas**According to Gati^[7]**

1. *Urdwaga Amlapitta*
2. *Adhoga Amlapitta*

According to Kashyapa^[7]

1. *Vataja Amlapitta*
2. *Pittaja Amlapitta*
3. *Kaphaja Amlapitta*

According to Madhava Nidana^[8]

1. *Vatadhikya Amlapitta*
2. *Kaphadhikya Amlapitta*
3. *Vata -Kaphadhikya Amlapitta*
4. *Shleshma -Pittaja Amlapitta*

Nidana

The etiological factors of *Amlapitta* can be classified as

- *Aharaja*^[7]
- *Viharaja*^[9]
- *Manasika*^[10]
- *Agantuja*^[11]

Aharaja, Viharaja, Manasika & Agantuja Nidana for Amlapitta

S. No.	<i>Aharaja Nidana</i>	<i>Viharaja Nidana</i>	<i>Mansika Nidana</i>	<i>Agantuja Nidana</i>
1.	<i>Viruddhahara</i>	<i>Bhukte Bhukte Atisnana</i>	<i>Laulya</i>	<i>Desha</i>
2.	<i>Dushtahara</i>	<i>Bhukte Bhukte Avagaha</i>	<i>Chinta</i>	<i>Kala</i>
3.	<i>Vidahi Ahara</i>	<i>Bhukte Bhukte Divaswapna</i>	<i>Bhaya</i>	<i>Ritu</i>
4.	<i>Pitta Prakopi Ahara</i>	<i>Vegadharana</i>	<i>Shoka</i>	<i>Prakriti</i>
5.	<i>Vidagdha Ahara</i>	<i>Ratrijagrana</i>	<i>Krodha</i>	
6.	<i>Adhyashana</i>			
7.	<i>Ajeerna Ahara</i>			
8.	<i>Pishtanna</i>			
9.	<i>Madya Sevana</i>			
10.	<i>Guru Abhishyandhi Bhojana</i>			

Aharaja Nidana

Various *Acharyas* have highlighted several causative factors (*Nidanas*) that significantly contribute to the onset of *Amlapitta*. Chief among these are dietary habits that aggravate all three *Doshas*, especially *Pitta*, leading to impaired digestive function (*Agnimandya*). This impaired digestion results in incomplete processing of food (*Ajeerna*), which gradually manifests as *Amlapitta*. The accumulation of metabolic toxins (*Ama*) produced in this process may infiltrate bodily tissues (*Dhatus*), giving rise to a wide range of systemic symptoms.

Viharaja Nidana

Lifestyle-related factors (*Viharas*) predominantly disturb *Kapha Dosha*, along with *Pitta*, thereby weakening digestive strength (*Agnimandya*) and promoting the development of metabolic toxins (*Ama*). When food remains undigested for an extended period, this *Ama* undergoes fermentation, acquiring a sour quality (*Shuktatwa*), which plays a crucial role in the progression of *Amlapitta*.

Manasika Nidana

Acharya Charaka highlights the significant role of psychological factors (*Manasika Bhavas*) in the pathogenesis of *Ama*. These mental disturbances contribute to the dysregulation of both

somatic (*Sharirika*) and psychological (*Manasika*) *doshas*, thereby adversely affecting autonomic nervous system function—particularly the sympathetic division—and impairing gastrointestinal activity. Consequently, improper assimilation of food occurs, resulting in indigestion (*Ajeerna*) and giving rise to the clinical features of *Amlapitta*.

Anya Nidana

Desha

Different geographical regions (*Deshas*) exhibit *Dosha* predominance—*Kapha* in *Anupa*, *Tridosha* in *Sadharana*, and *Vata* in *Jangala*. However, their impact on health is also influenced by an individual's habitual dietary patterns. In the management of *Amlapitta*, relocating to a region with a different *Dosha* profile is considered therapeutic. In cases where *Amlapitta* persists in individuals living in a *Vata*-dominant *Jangala Desha*, relocation to a *Kapha*-predominant *Anupa Desha* is advised, as the contrasting environmental attributes may aid in *doshic* balance and symptom relief.

Kala

Pitta Dosha naturally dominates during the middle phase of life (*Madhyama Avastha*), as well as at midday and midnight. Intake of *Pitta*-provoking foods and indulgence in unsuitable lifestyle practices during these *Pitta*-dominant periods can intensify *Dosha* imbalance, thereby triggering the onset of *Amlapitta*.

Ritu

Engaging in *Pitta*-aggravating factors (*Pittaja Nidana*) during seasons such as *Grishma* (summer), *Sharad* (autumn), or periods marked by *Pitta* accumulation intensifies *Pitta Dosha* (*Pitta Prakopa*), thereby playing a significant role in the development of *Amlapitta*. *Prakriti*: Individuals with a *Pitta*-dominant constitution (*Pitta Prakriti*) are more susceptible to developing *Amlapitta*.

Causes, Signs, and Symptoms of Hyperacidity^[1]

Causes

Factors such as chronic stress, fast-paced routines, and consumption of excessively spicy or incompatible foods contribute significantly to hyperacidity.

Diet (*Ahara*)

- The frequent intake of high-fat, spicy, and processed foods—such as fried snacks, fast food, and heavily seasoned dishes—combined with the excessive use of pungent spices like *Capsicum* (chili), *Cinnamomum zeylanicum* (cinnamon), *Syzygium aromaticum* (clove), *Brassica nigra* (mustard), *Allium sativum* (garlic), and mixed spice blends, is associated with the aggravation of *Pitta Dosha* and may contribute to gastrointestinal disturbances.
- Regular consumption of salty and sour foods, such as chips and other processed snacks, can lead to the aggravation of *Pitta Dosha*.
- The consumption of fermented foods—such as dosa, idli, uttapam, and various bakery items—can weaken digestive fire (*Agni*), leading to impaired digestion and the formation of *Ama*.
- Excessive consumption of fast food adversely affects digestive function, leading to *Agnimandya* and the accumulation of *Ama*.
- A diet high in oily and fermented foods, such as pickles, contributes to the vitiation of *Pitta* and *Kapha Doshas*, suppresses digestive efficiency (*Agni*), and facilitates the pathogenesis of *Ama* due to incomplete digestion
- Consumption of high-temperature meals and liquids enhances the thermal attributes of *Pitta Dosha*, potentially leading to dysregulation of digestive functions and contributing to inflammatory gastrointestinal conditions.
- Excessive intake of central nervous system stimulants such as caffeine-containing beverages (e.g., tea and coffee) may potentiate the thermogenic and excitatory properties of *Pitta Dosha*, thereby impairing gastrointestinal homeostasis and contributing to functional digestive disorders.
- Inadequate water intake, combined with the frequent consumption of dry foods, can cause dryness within the gastrointestinal tract, leading to *Vata Dosha* aggravation and impaired digestion.
- Irregular eating habits, such as inconsistent meal timings, disrupt the natural rhythm of digestion (*Agni*), leading to indigestion (*Ajeerna*).
- Frequent eating without giving adequate time for the previous meal to digest (*Adhyashana*) weakens the digestive fire (*Agni*), resulting in the accumulation of *Ama*.
- Eating incompatible food combinations—like meat or pizza followed by milkshakes—and irregular habits such as skipping meals can upset digestion and lead to the buildup of toxins

(*Ama*). Similarly, eating late at night disturbs the body's natural digestive rhythm, weakens the digestive fire (*Agni*), and affects proper nutrient absorption.

- Eating late at night disrupts the body's natural circadian rhythm of digestion, weakening the digestive fire (*Agni*) and impairing proper assimilation of food.

Mental factors

- Prolonged mental stress and insufficient relaxation can lead to imbalances in both psychological and physiological doshas, thereby impairing normal digestive processes.
- Excessive emotions like anxiety, worry, jealousy, anger, and fear can disturb *Dosha* balance and impair digestion, contributing to *Amlapitta*.
- Job dissatisfaction can lead to psychological stress, disturbing *Dosha* balance, and weakening digestion.

Other Causes

- Residing in regions classified as *Anupa Desha*—including areas like Assam, Bengal, and other coastal zones—where *Kapha Dosha* naturally dominates, may alter *Dosha* equilibrium.
- *Sharad Ritu* (autumn season), being naturally *Pitta*-dominant, can provoke *Pitta Dosha* and contribute to conditions like *Amlapitta* when combined with improper diet and lifestyle.
- Chronic exposure to addictive substances like alcohol, tobacco, and smoking can disrupt *doshic* equilibrium, impair gastrointestinal metabolic functions, and promote conditions associated with *Amlapitta*.
- Chronic administration of NSAIDs is associated with gastric mucosal damage, impaired gastrointestinal function, and provocation of *Pitta Dosha*, potentially contributing to acid-peptic disorders.
- Colonization of the gastric mucosa by *Helicobacter pylori* leads to increased hydrochloric acid production, epithelial injury, and sustained inflammatory responses, contributing to the development of gastritis and peptic ulcer disease.

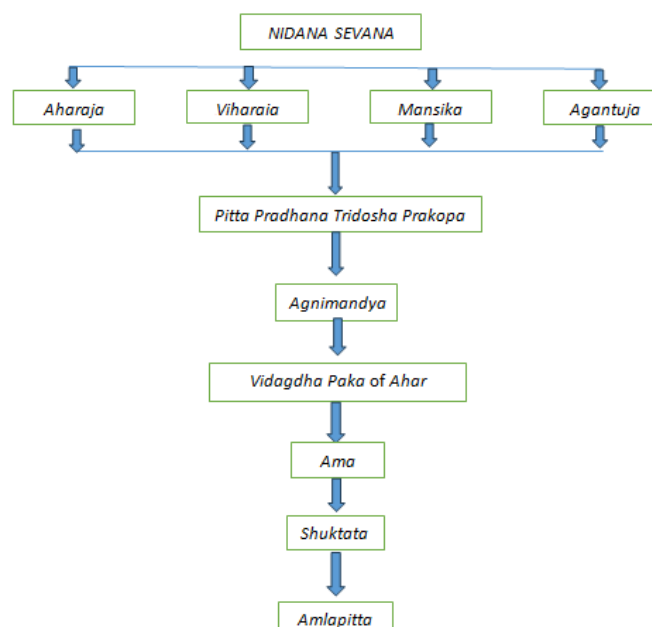
These contributing factors synergistically enhance gastric acid output, resulting in clinical features characteristic of hyperacidity and acid-peptic disease.

Signs and Symptoms

- A burning sensation in the chest.
- Sour or bitter belching.

- Throat irritation.
- Acidic regurgitation.
- Nausea, vomiting.
- Gaseous distention of the abdomen.
- Heaviness in the abdomen.
- Indigestion.
- Aversion towards food.
- Pain in the abdomen.
- Chest pain.
- Headache.
- Bad breath.
- Foul-smelling loose motions.
- Severe burning sensation over the feet, hands.
- Thirst.
- Mouth ulcer.
- Fatigue (especially in legs).
- Tiredness.
- Fainting.
- Giddiness. Itching all over the body.

SAMPRAPTI^[11]



- ***Sampraptighatakas***

Dosha - Pachaka Pitta, Samana Vata, Kledaka Kapha

Dushya - Rasa

Agni – Jatharagni

Udbhava Sthana - Amashaya

Sanchara Sthana - Rasa

Adhishtana – Amashaya

Vyakta Sthana - Mukha, Kantha, Uraha

Srotas - Rasavaha, Annavaha

Srotodushti Prakara - Sanga, Vimargagamana

Rogamarga - Abhyantara

Sadhyasadhyata - Navottita - Sadhya

Purana – Yapya

Purvarupa

In classical *Ayurvedic* texts, no specific *Purvarupa* (prodromal symptoms) have been distinctly described for *Amlapitta*.

Investigations^[1]

- Gastroscopy (Upper Gastrointestinal Endoscopy)
- Oesophageal PH monitoring
- Gastrin levels in blood
- Ba Meal x-ray
- Serology + histology for H. Pylori
- Stool routine examination.

Complications^[1]

If not treated timely or if an unwholesome diet, regimen, and habits are continued, it may lead to

- Gastric Ulcer
- Chronic Gastritis
- Duodenitis Irritable Bowel Syndrome
- Mal-absorption
- Anemia

- Peptic Stenosis

Prevention^[1]

As the well-known proverb states, “Prevention is better than cure,” it is wise to steer clear of the factors that lead to acid-peptic disorders (*Amlapitta*). Some preventive measures include:

1. Limiting the intake of excessively salty, oily, sour, and spicy foods.
2. Eating meals on time and avoiding heavy, irregular eating habits.
3. Refraining from habits like smoking and alcohol consumption.
4. Incorporating naturally bitter foods such as bitter melon and bitter melon into the diet.
5. Including wholesome grains like barley, wheat, aged rice, and green gram.
6. Staying away from food that is stale, overcooked, or contaminated.
7. Ensuring that all meals are properly cooked and hygienically prepared.
8. Practicing techniques that promote mental calmness and stress relief.

Domestic Remedies^[1]

- A decoction made from coriander seeds (*Dhanyaka*) can be consumed with sugar twice daily for relief.
- Drinking 100–500 ml of tender coconut water twice a day helps soothe the digestive system.
- Taking 3–6 grams of *Amla* (Indian gooseberry) powder with water twice a day offers cooling and digestive benefits.
- A mixture of *Shatapushpa* (fennel seed) powder and sugar, dissolved in a glass of water (approximately 20 ml), can be taken twice daily for a week or until symptoms are alleviated.
- Chewing half a teaspoon of fennel seeds after meals aids digestion and provides symptomatic relief.

Pathya^[1]

- Maintain regular meal timings to support digestive health.
- Opt for light, easily digestible foods and beverages with natural cooling properties, such as tender coconut water.
- Include vegetables like white pumpkin, bitter melon, bitter melon, and various leafy greens—excluding fenugreek (*Methi*).

- Prefer grains such as wheat, aged rice, barley, and pulses like green gram. Natural sweeteners such as sugar and sweets, along with cooling foods like cucumber, may have a soothing effect on the gastrointestinal tract and help pacify aggravated Pitta Dosha.
- Consume fruits with digestive and cooling effects, such as Indian gooseberry (*Amla*), dry grapes, black grapes, sweet lime, pomegranate, figs (both fresh and dried).
- Ensure adequate hydration with fluids like pomegranate juice, lemon juice, amla juice, sweet lime juice, and medicated water prepared with *Ushira*, coriander seeds, or *Laja* (puffed rice). Warm water is also recommended.
- Include *Ayurvedic* preparations like *Dadimapaka* (pomegranate-based sweet), *Moravala* (amla preserve), and *Gulkand* (rose petal jam) with milk to enhance digestion and reduce *pitta*.
- Drinking a cup of lukewarm milk every 2–3 hours may help balance excess heat in the system.
- A teaspoon of ghee with warm milk supports lubrication and calming of the gastrointestinal tract.
- Adequate sleep and rest are essential for recovery and prevention.
- Regular practice of *Yoga*, *Pranayama*, meditation, and physical exercise promotes overall health and mental tranquility.

Apathya^[1]

- Avoid excessively spicy, sour, and salty foods.
- Refrain from consuming fried and junk food items.
- Do not stay hungry or observe prolonged fasting. Avoid overeating; instead, take small and frequent meals.
- Maintain regular meal timings and avoid untimely or irregular eating habits.
- Limit the intake of foods containing high amounts of garlic, salt, oil, and chilies.
- Avoid rice curd and sour fruits.
- Do not lie down immediately after meals, especially in the supine position. The left lateral position is considered most beneficial.
- Avoid smoking, alcohol, tea, coffee, and aspirin-like medications.
- Minimize stress through relaxation techniques.

DISCUSSION

Amlapitta, often correlated with hyperacidity in modern medicine, is classified as a functional gastrointestinal disorder with an increasing global prevalence. This upward trend is primarily attributed to contemporary lifestyle-related factors, including irregular dietary schedules, chronic psychological stress, and frequent consumption of ultra-processed and incompatible food combinations, all of which contribute to altered gastric physiology and impaired digestive function. In *Ayurveda*, *Amlapitta* is described as a condition involving the vitiation (*Vruddhi*) of *Pitta dosha*, specifically marked by an increase in its sour (*Amla*) quality.

The etymological derivation of the term "*Amlapitta*" (*Amla* = sour, *Pitta* = the digestive fire or bile) highlights its underlying pathophysiology—an aggravation of *Pitta* leading to excessive acidity. Classical *Ayurvedic* texts identify *Pitta* as a bioenergetic force responsible for digestion, metabolism, and transformation within the body. Improper dietary and lifestyle habits may disrupt the homeostasis of *Pitta Dosha*, impairing digestive function (*Agni*) and giving rise to symptoms such as upper abdominal and chest burning, nausea, sour belching, and acid regurgitation, which are characteristic of acid-peptic disorders.

In clinical practice, such symptomatology is commonly associated with hyperacidity, a condition frequently categorized under acid-peptic disorders in modern medicine. The condition reflects the failure of the protective mechanisms of the gastric mucosa to balance acid secretion, often worsened by factors like stress, fast food, irregular meals, and lack of adequate rest.

This understanding underscores the importance of adopting preventive strategies rooted in *Ayurvedic* principles—such as regular meal timings, consumption of light and easily digestible foods, stress management techniques, and use of herbs with *Pitta-shamana* (*Pitta*-pacifying) properties. Further research integrating classical *Ayurvedic* concepts with modern clinical approaches may provide more comprehensive strategies for the management and prevention of *Amlapitta*.

CONCLUSION

Amlapitta is a functional disorder of the *Annavaha Srotas* (digestive tract). The condition is primarily associated with chronic psychological stress and inconsistent or unhealthy dietary patterns. The phrase “Hurry, Worry, and Curry” explains the common causes—stress, anxiety, and eating spicy or unhealthy food.

In modern medicine, *Amlapitta* is similar to hyperacidity or acid-peptic disorder. While modern treatment focuses on reducing symptoms, *Ayurveda* places greater emphasis on prevention. According to *Ayurvedic* principles, dietary habits and lifestyle practices play a central role in both the pathogenesis and management of *Amlapitta*.

Following a proper diet, regular meal timings, stress management, and avoiding unhealthy foods can help prevent and manage *Amlapitta*. *Ayurvedic* management focuses on pacifying the aggravated *Pitta Dosha*, restoring digestive function (*Agni*), and addressing the underlying etiological factors responsible for the disease.

REFERENCES

1. http://namayush.gov.in/sites/all/themes/webcms/images/org_str/HYPERACIDITY_article_FAQ_final.pdf
2. Vd. Patil Shubham P. and Vd. Kulkarni S. B. Effect Of *Pathaydi Choorna* In The Management Of *Urdhwag Amlapitta*: A Case Study. *European Journal Of Pharmaceutical And Medical Research*, 2023; 10(4): 332–335.
3. Harpreet Singh, Sanjna Sharma, Gareema Panwar, Nitesh Anand, Sanjay Gupta, Gyanendra Datta Shukla. A review article on the *Ayurvedic* approach for *Chikitsa Krama* of *Amlapitta*. *Journal of Ayurveda and Integrated Medical Sciences*, 2024 Mar; 9(3): 132–135. doi:10.21760/jaims.9.3.18.
4. Sachinkumar Sahebrao Patil and Mrunal Chandrakant Khilare. *Ayurvedic* management of *amlapitta* with special reference to hyperacidity: A case study. *World Journal of Advanced Research and Reviews*, 2022; 16(2): 1022–1027. doi:10.30574/wjarr.2022.16.2.1238.
5. Khapre Meenakshi, Nautiyal Vinteshwari, Jagzape Minaxi, Saxena Vartika. Effectiveness of *Ayurveda* treatment in *Urdhwaga Amlapitta*: A clinical evaluation. *Journal of Ayurveda and Integrative Medicine.*, 2021; 12(1): 87–92. doi:10.1016/j.jaim.2020.12.004.
6. Dr. Sabhakant Pandey, Dr. Amir Maqsood, Dr. Rajeev Kumar. A review study on *Amlapitta* W.S.R. to Hyperacidity. *International Journal of AYUSH.*, 2025 Jan; 14(1): 32–38.
7. *Vruddha Jivaka. Kashyapa Samhita* with *Vidyotini* Hindi Commentary. Edited by: Sri Satyapala Bhisagacharya. Fourth edition (Reprint). Varanasi: Chaukhambha Sanskrit Sansthan; 1994. *Khila Sthana*, Chapter 16 – *Amlapitta Chikitsadhyaya*. Page 335.

8. *Madhavakara. Madhava Nidana with Madhukosha Commentary*. Edited by Yadunandana Upadhyaya. Varanasi: Chaukhambha Sanskrit Sansthan; 1993 (Reprint). *Amlapitta Nidana*, Chapter 51, Verses 3–4. Page 171.
9. *Madhavakara. Madhava Nidana with Madhukosha Commentary*. Edited by Yadunandana Upadhyaya. Varanasi: Chaukhambha Sanskrit Sansthan; 1993 (Reprint). *Amlapitta Nidana*, Chapter 51, Verse 1. Page 170.
10. *Yogaratanakara. Yogaratanakara with Vaidyaprabha Hindi Commentary*. Edited by Indradeva Tripathi and Daya Shankara Tripathi. First edition (Reprint). Varanasi: Chaukhamba Krishnadas Academy; 1998. *Amlapitta Nidana Chikitsa Prakaranam*, Section 1. Page 664.
11. Basavarajeshwari B, Gopikrishna S, Vani Nayak, Saranya K. Pathophysiological Appraisal of *Amlapitta Samprapti* – A Contemporary Outlook. *AYUSHDHARA*. 2023 January-February; 10(1): 68–72.