# LITERATURE REVIEW ON AMLAPITTA

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# **Abstract:**

Amlapitta is a relatively prevalent disease that affects the population today, with varying degrees of severity. Eighty percent of the ten most serious diseases in the world are a result of poor eating habits. Acid reflux, nausea, and heartburn are its defining features, which point to Pachaka Pitta, Kledaka kapha, and Samana Vayu as its Vikruthi. In this article a light has been thrown over Amlapitta hystorical review, definition, cause, symptoms and treatment according to ayurveda. This is a problematic illness that can interfere with a person's day-to-day activities. This review article provides an in-depth analysis of Amlapitta illness based on Ayurveda.

Key words: Amlapitta, GERD.

### **INTRODUCTION: -**

The name Amlapitta is made up of two words, Pitta plus Amla makes Amlapitta.

The term "Amla" describes a certain flavour that is comparable to the sour taste that triggers excessive salivation. Pitta, a body chemical, is primarily in charge of maintaining the processes of digestion, transformation, and transmutation.

Combining these two elements creates the term "Amlapitta," which refers to a sickness or disease in which the sourness of *Pitta* is heightened.

Amlapitta results from the vitiation of Agni in the Amashaya (stomach) region due to variety of reasons. Some of the typical Pitta-vitiating elements are taking incompatible combination of food (Viruddh Ahar), spoiled food (Dusht), extremely sour (Amla), food producing burning sensation (Vidagdh).

Amlapitta is a very common disease characterised by initial symptoms like Avipaka (indigestion), Klama (exhaustion without exertion), Utklesh (nausea), Tiktamlaudgar (vomiting tendency with bitter sour taste), Gourav (feeling of heaviness in body) and Hritkanthdah (burning sensation in chest and throat) Aruchi (lose of appitite)caused by Agnimandhya (digestive impairment) by increased Drava Guna of Vidagdha Pachaka Pitta (liquid quality of burned digestive Pitta) affecting the Annavaha Strotas (channels that carry the ingested food). ii

Dyspepsia is a prevalent condition, with the majority of cases going undiagnosed. Endoscopy should be recommended only in the presence of alarm features, according to the American Society of Gastrointestinal Surgery. The "test and treat" method is encouraged when evaluating a patient for Helicobacter pylori, followed by an empirical trial of acid suppression if the test is positive. The "test and treat" method and empirical proton pump inhibitors (PPI) had no difference in symptom relief or treatment cost., according to a systematic study from 2008. Someone is said to have uninvestigated dyspepsia if they experience dyspeptic symptoms that are either new or recurrent and no previous investigations have been done. Antacid and acid-suppressing medication side

effects include hypersensitivity, alkalosis, calculi, constipation etc, when used over an extended period of time. Dyspepsia. vivii

# Historical review-

Studying the historical background of a subject is essential to having a complete understanding of it. It is necessary to track the origins of the Amlapitta sickness, its current developments, and the research conducted on the problem by numerous experts.

A. *Vedic kaal-* Amlapitta is not mentioned in any of the Vedas.

# B. Samhita kaal-

*Charak Samhita*- Amlapitta is not mentioned as distinct entity, although it is mentioned in various places, including;

- In Charak sutra 1/110 -Amalpitta has been mentioned in description of Ashtvidha Dugda
- In Charak Sutra 25/40 -Amlapitta's primary etiological factor is thought to be kulattha.
- In Charak Sutra 26/43 –

Amlapitta can caused by using Lavana Rasa excessively.

- In Charak Sutra 26/103
- -Amlapitta is one of the diseases that Viruddhahara is known to cause...
- In Charak Sutra 27/25
- -The Amlapitta can be relieved with Rajamasha.
- In Charak Sutra 7/14
- In Amlapitta, Mahatiktak Ghrit has been mentioned.
- In Charak Chikitsa 15/47
- -There has been specific reference of the Amlapitta pathology related to Grahani Dosha.
- In Charak Chikitsa 12/52
- -Amlapitta is also a Kansaharitaki indication.
- In Charak Sutra 20/1 The Amlapitta symptoms of Paittika Natmaja Vyadhi are Vidaha, Dhumaka, and Amlaka.

The occurrence of *Amlapitta* is suggested by the references above. This ailment has a well-defined *Samprapti*, with *Lavana Rasa*, *Kulattha*, *and Virudhahara* (unwholesome combination of food) identified as its causes., *Kansaharitaki* and *Mahatikta Ghrita* can also be used. Thus, It may be assumed that all aspects of the Amlapitta illness were considered during Charaka's rule.

### Sushruta Samhita-

Sushruta referenced a sickness called Amlika, which is comparable to Amlapitta, when explaining the illness brought on by using Lavana excessively. Viii

# Kashyapa Samhita-

Chapter 16 of *Khilasthana* contains the first mention of *Amlapitta* as a distinct entity in the *Kashyapa Samhita*. It provides a clear description of *Amlapitta* and its treatment, as well as advice on how to reduce anxiety in the unlikely event that the medication is ineffective. ix

### Harita Samhita-

The cure for this condition is mentioned in the 24th chapter of the third *Sthana*. It has also caused peculiar symptoms such as *Amla Hikka* (sour cough).<sup>x</sup>

# Sangraha Kala-

# Astanga Sangraha-

Many ailments, including *Pramilika*, develop if *Shodhana* is not completed on time. *Pramilika* is also a name of Amlapitta.<sup>xi</sup>

# Astanga Hrudaya-

Pittaja Hrudroga is described as "Amlapitta" by Vagbhata. xii

#### Madhava Nidana-

The second text following *Kashyapa*, *Madhava Nidana* highlights *Amlapitta* and discusses its aetiopathogenesis, symptomatology, and two clinical subtypes, *Adhoga Amlapitta* and *Urdhvaga*. xiii

# C. Madhya Kala

#### Chakradutta

Along with the Chikitsa Sutra, treatments for Amlapitta are recommended in this traditional shodhan karma as Vamana, Virechana, Basti, etc. xiv

# Basavarajeya

Amlapitta is listed among the 24 Pitta's Nanatmaja Vikaras, in the chapter on Nanatmaja disease. Among the additional symptoms attributed to Amlapitta are Svarahinala Jivana and Vaka Paridaha, which are not mentioned in any other scriptures.

# Sharangadhara Samhita

*Sharangdhara* has described medications and their preparation procedures in relation to the ailment, but he has not explained the cause of Amlapitta. xvxvi

# Bhavaprakasha-

This treatise addresses the causes in an approach to that of Madhava Nidana, and many medications are prescribed for therapy. There are two chapters in this book devoted to Amlapitta. In this chapter, Upadrava and Arista are described.xvii

# Yogaratnakara

The list of Amlapitta's Upadravas contains four additional additions as a result of this book.

### Bhaisajya Ratnavali

In this study, the etiopathological aspects are treated in a way reminiscent to Madhava Nidana, and several medications are suggested for treatment. The original recipe has been supplemented with seven additional mineral compositions, ranging from Sitamanduram to Bhaskaramrutabhrakam. xviii

### **Definition**

• Acc to Vachaspati; 'Amlaya Pittam Amlapittam'

In other words, Amlapitta denotes Pitta, which gives food a sour taste.

•Acc to Vijayraksita, Vidahyamlagunodriktam Pittam Amlapittam

According to a Madhava Nidana analyst, the expressions indicate that Pitta with Vidahi quality yields amla, or sour flavour.

• Acc. to Chakrapani, Amlapittam Chaiti Amlagunodriktam Pittam

This suggests that heightened Pitta attributes, including sourness, result in Amlapitta.

• Acc. to Gananatha Sen, Amlam Amladhikam Pittam Yatra Tadamlapittam

A similar argument is provided by Shri Gananath Sen in his work Sidhanta Nidana, whereby Amlapitta is the outcome of the rising qualities of Pitta, namely sourness.

The conventional explanation of Amlapitta described earlier emphasises that it is a patho-physiological condition characterised by vitiation of the Pitta in terms of Vruddhi (excessiveness) and increased Pitta sourness.

# **Synonyms**

- Pramilaka
- Pitta Visuchika
- Pittamlaka
- Amlika

# Nidaan:

The etiological components of *Amlapitta* may be categorised into four groups based on thorough screening and analysis:

- 1. Aharaja Hetu (dietary components)
- 2. Manasika Hetu (psychogenic variables),
- 3. Viharaja Hetu (habit factors)
- 4. Agantuka Hetu (more variables))

### 1. Aharaja Hetu (Dietary factors):

One might consider dietary variables to be the primary and most significant group of *Amlapitta* etiological factors. This group includes foods like Ahara Vidhividhana and *Aharavidhi Visesayatana* that are consumed in violation of dietetics guidelines. Pitta disruptions are directly caused by many types of incompatible meals, an excess of substances like *Katu* (Astringent), *Amla*(sour) and *Vidahi* (food cause burning sensation) and poor time of food consumption. These variables violate the dietetic code. xix

- a) Kulattha, Pruthuka, and Pulaka are examples of the types of Ahara.
- b) Some of Ahara's attributes are Abhisyandi, Atisnigdha (unctuous), Ati Ruksha (very coarse), Gurubhojya (heavy diet), Vidahi Anna, and Vidahi Pana.
- c) Apakwanna Sevana, Bhristadhanya Sevana, Iksuvikara Sevana, and Pistanna Sevana are all considered to be uncooked food in the Samskara of the Ahara.
- d) Ajirnasana, Amapurnata, Ati Usna (extremely hot), Ati Amla (intake of excessively acidic food), Ati Tikshna (intake of exceedingly sharp material), and Ati Tikshna (intake of very sharp substance) are among the foods that have Pitta provocative potential.

- e) According to their ability to weaken the digestive system, overly fatty foods (*Ati Snigdha Sevana*) and coarse foods (*Ati Ruksha Sevana*) are both classified as *Ati Ruksha Sevana*.
- f) Poor eating habits: Akala Bhojana (eating when not hungry), KalaAanasana (avoiding the diet at the appropriate time), Antarodaka Pana (drinking too much water between meals), and Visamasana.

# 2. Viharaja Hetu (Habit factors):xx

This involves actions that are contrary to accepted hygienic standards. It comes in two forms: Overuse of exercise and no more or less effort, either. Indulging in excessive physical activity, such as Ratrijagarana, Dhatukshaya, Upavasa, etc., results in Vata Pitta Prakopa. After consuming Bojana, Snana, Kashyapa notes that the root reason might be Vegadharana, Divaswapa. As a result, the aforementioned factor produces Jatharagnimandya, which causes the illness Amlapitta.

### 3. Agantuja Hetu:

This category includes beverages, cigarettes, alcohol, and other dangerous substances. These substances produce localised stomach irritation, which ultimately results in the secretion of the stomach juice that causes amlapitta. xxi

#### 4. Mansik Hetu:

It is a psychological component that is essential to maintaining well-being. Additional variables include smoking, chewing tobacco, living in anoopadeshai, Sharadritu (autumn), being intoxicated, having long-term NSAIDS (painkillers), and having Helicobacter pylori infections. All of the above stated lead to an excessive increase in the body's "Pitta dosha" and produce Amlapitta symptoms. \*\*xxii\*

# Purvroopa:

Although no specific *Purvaroopas* of *Amlapitta* are stated in Ayurvedic texts, certain crucial inferences can be formed using *Tarka* and practical knowledge.

Agnimandya and Ajirna are the subsequent phases leading to Amlapitta's manifestation. Additionally, they are actually seen in the patients. The symptoms of Annavaha and Purishavaha Srotodusti might also be regarded as Amlapitta's Purvarupa.

# Roopa:

# According to *Dosh Dushti*:

The Kashyap Samhita contains references to three different forms of amlapitta:

- a) Vataja amlapitta<mark>, wh</mark>ich includes Angasada, Snigdhaguna, Jr<mark>umb</mark>ha, Upa<mark>saya</mark>, and Shoola
- b) Pittaja amlapitta, which includes Bhrama, Svadupasaya, Vidaha, and Sitaupasaya; and
- c) Kaphaja amlapitta, which includes Gaurava, Chhardi, Usmaguna, Rukshaguna, and Upasaya. xxiii
- 1. Madhav Nidaan: Four different kinds of amlapitta have been highlighted.
- a) Vatadhikya Amlapitta: Kampa, Vibhrama, Murchha, Gaatraavasada, Shoola, Tamodarshana, Moha, Harsha, Pralapa, and Chimchimitva.
- b) Kaphadhikya Amlapitta-Kpha, Agnimandya, Kandu, Vami Lepa, Nindra, Nishthivana, Aruchi, Gaurava, Jadata, Shita, Saada,
- c) The Lakshanas of Vataja Amlapitta and Kaphaja Amlapitta are merged with Vata-Kapphadhikya Amlapitta.
- d) Bhrama, Shiroruja, Praseka, Mukha Madhurya, Kanthadaha, Katu Udgara, Hriddaha, Kukshidaha, Murchha, Aruchi, Chhardi, Alasya, Amlodgara, Ashoka, and Pittaja Amlapitta- Tiktodgara, xxiv

# According to Sthana Dushti:

The first is Urdhwaga Amlapitta-Vamana Harita, Pitta, Neela, Krushna, Rakta, Raktabha, Atiamla, Atipichhila, Vividha Rasa, Amlodgara, Mansodakabha, Achha, Shleshmanujata, VarnaTiktodgara, Kantha-, ShirahShoola, Kapha-Pittaja Jwara Kandu, Mandala, Pidaka, Hrid Kukshi Daha.

And second Adhoga Amlapitta-Moha, AngaPittata, Daha, Harsha, Sveda, Hrillasa, Murchha, Kotha, Agnimandya

# Samparapti:xxvi

Amlapitta Samprapti given below has been mentioned by Kashyapa, Madhava, and Gananatha Sen. The Vata and Pitta Doshas get vitiated when the aetiological factors mentioned above are overindulged in. When the Jatharagni is lowered (below the usual level) by any of the involved Doshas, Jatharagnimandya is the outcome. Any meal eaten while under this situation becomes Vidagdha(undigested food). It subsequently turns into Sukta and stays in the stomach after that. Any food consumed turns into Vidagdha, or undigested food. This is when the disease's Purvarupa, Vidagdhajirna, starts to manifest. Amayisa Pitta Sammurchhana results from further vitiation Combining Pitta with Sukta. \*\*xxviii\*\* Then, the Amlapitta is born with its distinctive signals. If therapy is not started at this point and the condition progresses to Bhedavasta, common types that may be distinguished from one another are discovered, such as Urdhwaga and Adhoga. Other issues like Sitapitta, Udara, Annadrava, and Parinama Shula, among others, may arise in the latter stages of the disease. In the latter phases of the illness, additional problems including Sitapitta, Udara, Annadrava, and Parinama Shula, among others, may occur.

# Chikitsa of Amlapitta: xxviii

It is possible to think about the *Amlapitta* treatment plan in terms of both basic management concepts and management tailored to a specific illness.

Almost all ailments, according to *Charaka*, can be treated in three ways:

- 1. Apakarshana
- 2. Prakritivighata
- 3. Nidana Parivarj<mark>a</mark>na

# Apakarshana:

Amlapitta is currently concerned about Amashaya and the neighbourhood Dosha in particular. The recommended course of action in this circumstance is Vamana. Virechana is the proper course of action if the Doshas were created in Pachyamanasaya. If the Doshas originated in Pakwashaya, the optimum line of action is Basti. Stated differently, the remedy for Shodhana is Apakarsana. Vamana advances to Urdhwaga Amlapitta in Shodhana therapy and to Virechana in Adhoga Amlapitta treatment While Yoga Ratnakara cites the usage of Raktamokshana, Chakrapani, Vrinda Madhay, and Govind Das describe the use of Niruhabasti.

### Prakritivighata:

Refers to the use of medications that inhibit the *Dosha*. *Shamana* therapy is the term used to describe this kind of care. It is also recommended to use *Amlapitta Shana* treatment, and many *Pitta Shamaka* recipes have been included. *Snigdha Guna*, *Sheeta Veerya*, *Madhura*, and *Tikta Rasa are the appropriate remedies for Shamana*.

### Nidana Parivarjana:

The focus is on abstaining from meals that increase *Dosha* and induce illness. Of course, the only helpful and beneficial articles are those that discuss eating nutritious meals.

### Shaman Chikitsa:

Some oral drugs are:

- Panchnimb Churna
- Avipatikar Churna
- Lilavilas Ras
- Sarvatobhadra Lauh
- Panchanan Gutika and Shudhavati Gutika
- Pipali khand and Shunthi Khand
- Shatavari Ghrit and Narayan Ghrit

# Pathya Apathya:

That has to follow by Amlapitta patient are:

- Light meals, coconut water, and items that has cooling effect.
- veggies include ripe ash, spicy lumps, white pumpkin, and mat-free leafy vegetables.
- Cucumber, sugar cane, wheat, aged rice, barley, and raw grammes.
- Fruits like juice, pomegranate, dried fig, delicious lime, black grapes, and dried grapes.
- Drink adequate liquid, such as warm water treated with ushir (wala) or coriander seeds, pomegranate juice, lemon juice, amla juice, sweet-lime juice, or powdered rice.
- Delicious pomegranate preparation known as dadimpak Gulkand, or rose petal jam, and moramla, or amla jam, with milk
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That has not to follow by Amlapitta Patient:

- Steer clear of too many spicy, sour, or salty foods.
- Steer clear of fried and junk food.
- Do not go hungry. Fast should be avoided.
- Avoid foods high in garlic, salt, oil, chilies, and other seasonings.
- Avoid lying down in a supine position immediately after eating. The optimum advised position is left lateral.
- Smoking, alcohol, tea, coffee, and aspirin-type medicines should all be avoided.
- Stay away from stress.

# **Discussion:**

It is evident that the primary cause of amlapitta is Pitta aggravation. Excessive use of alcoholic beverages, salt, hot and sharp objects that cause burning sensations, and pungent and sour foods are some of the things that aggravate Pitta Dosha. Avoid as much as possible anger, fear, too much sun and fire exposure, eating irregularly, and consuming dry vegetables and alkalis. A milk diet is generally suitable for all individuals. If at all possible, the milk diet should be followed for a few weeks. Additionally, sip a lot of warm water. Ayurveda emphasises this because it believes that "hot destroys hot" (Ushnamushnenahanti). Moreover, it has been found that consuming

cold water causes the stomach to release more acid. It's important to consume three light meals a day and avoid overindulging. Steer clear of artificial stimulants as they all increase pitta. Any kind of alcohol is like fuel applied to a fire. Coffee and tea contain caffeine, which has the disadvantage of raising the production of stomach acid when consumed in excess.

# **Conclusion:**

One must abide by the dietetics code of conduct in order to be healthier. Eating the correct kinds and amounts of meals can help prevent and treat hyperacidity. When eating, one should also take into account their own digestive system. By generating a soothing effect on the inner layer of the stomach, reversing inflammatory changes, and managing the digestive secretions, which may be utilised to treat hyperacidity, adhering to the dietary dos and don'ts can assist with amlapitta difficulties.

# **References:**

<sup>&</sup>lt;sup>1</sup> Dr. Tripathi Brahmanand, Dr. Lochan Kanjiv, Madhava Nidana of Madhavakara with commentary Madhukosha, Amlapitta Nidanam, Chaukhamba Surbharti Prakashan, 2018 edition, pg 747.

ii Dr. Tripathi Brahmanand, Dr. Lochan Kanjiv, Madhava Nidana of Madhavakara with commentary Madhukosha, Amlapitta Nidanam , Chaukhamba Surbharti Prakashan, 2018 edition, pg 748.

Moayyedi P.M., Lacy B.E., Andrews C.N., Enns R.A., Howden C.W., Vakil N. ACG and CAG clinical guideline: management of dyspepsia. *Am J Gastroenterol.* July 2017;112(7):988–1013. doi: 10.1038/ajg.2017.154.

haukat A., Wang A., Acosta R.D., Bruining D.H., Chandrasekhara V., Chathadi K.V. The role of endoscopy in dyspepsia. *Gastrointest Endosc.* 2015;82(2):227–232. doi: 10.1016/j.gie.2015.04.003.

V Jones R.H. Approaches to uninvestigated dyspepsia. *Gut.* 2002 May;50(Suppl 4):iv42–iv46. doi: 10.1136/gut.50.suppl\_4.iv42. PMID: 11953347.

vi Wilhelm S.M., Rjater R.G., Kale-Pradhan P.B. Perils and pitfalls of long-term effects of proton pump inhibitors. *Expet Rev Clin Pharmacol.* 2013 Jul;6(4):443–451. doi: 10.1586/17512433.2013.811206. PMID: 23927671.

vii Kinoshita Y., Ishimura N., Ishihara S. Advantages and disadvantages of long-term proton pump inhibitor use. *J Neurogastroenterol Motil.* 2018;24(2):182–196. doi: 10.5056/jnm18001

Sanskrit Sansthan, 42/9. Sushruta Samhita, Sutrasthana, edited with Ayurveda Tatva Sandipika by Ambikadutta Shastri, 13th edition, 2002, Chaukhamba

ix Vruddha Jivaka, Kashyapa S<mark>amh</mark>ita, with Sanskrit introduction by Pandit Hemraj Sharma, Chaukhamba Sanskrit Sansthan, Varanasi, 2006, Lehadhyaya, Pg. 4-5.

x Harita Sam-24 Chap/3rd section

xi Vagbhata, Astanga Sangraha, Sutrasthana, Saroj Hindi commentary by Indradev Tripathi, Chaukhamba Sanskrit Pratisthan, Varanasi, 2005, 5/27.

vii Vagbhata, Astanga Hrudaya, Nidanasthana, collated by Anna Moreshwar Kunte, ninth edition, Chaukhamba Orientalia, Varanasi, 2005, 5/41.

Madhavakara, Madhava Nidana, Par<mark>t 2n</mark>d, with Madhukosha Sanskri<mark>t commentary</mark> by Sri Sudarshan Sastri, 13th edition, Chaukhamba Sanskrit Sansthan, Varanasi, 2001, 51/3-4

xiv Chakrapanidutta, Chakradutta, Savimarsha Vaidyaprabha Hindi commentary by Dr. Indradev Tripathi, Reprint edition, Chaukhamba Sanskrit Bhavan, Varanasi, 2005, 52/1-3

xw Sharangadhara Samh<mark>ita, Madyam</mark>a Kha<mark>nda,</mark> with the commentary of Adha<mark>malla's Dipika and Kasiram's Gudhartha Dipika, edited by Parasuram Shastri, 6th edition, Chaukhamba Orientalia, Varanasi, 2005, 8/44.</mark>

xvi Sharangadhara Sam<mark>hita,</mark> Mad<mark>yama Khanda</mark>, with the commentary of Adha<mark>mal</mark>la's Dipika and Kasiram's Gudhartha Dipika, edited by Parasuram Shastri, 6th edition, Chaukhamba Orientalia, Varanasi, 2005, 12/147.

<sup>&</sup>lt;sup>xv/ii</sup> Bhavamishra, Bhavaprakasha, Part 2, Edited with Hindi commentary by Pandit Brahma Sankar Misra, 11th edition, Chaukhamba Sanskrit Bhavan, Varanasi, 2007, 10/1-3 and 20-22.

xviii Govindadasa, Bhaishajya Ratnavali, Vidyotini Hindi Teeka by Kaviraj Ambikadutta Shastri, 16th edition, Chaukhamba Sanskrit Sansthan, Varanasi, 2002, 56/1-3,103-112,113-119.

xix Vruddha Jivaka, Kashyapa Samhita, with Sanskrit introduction by Pandit Hemraj Sharma, Chaukhamba Sanskrit Sansthan, Varanasi, 2006, 16/3-5.

vruddha Jivaka, Kashyapa Samhita, with Sanskrit introduction by Pandit Hemraj Sharma, Chaukhamba Sanskrit Sansthan, Varanasi, 2006, 16/6.

xxi Siddharth Shah, API text book of Medicine (Volume 1) 8th Edition Page. 631.

xxii Vaidyaraj Datto B Borakar, Sarth Madhavnidan, 4th edition Ganesh D Dixit Pune 1952;51/2.

xxiii P.V.Tewari, Kasyapasamhita/Vrddhajivakiya Tantra 2nd Edition Chaukhambha Visvabharati 2002;16/3-4,15,16.

xxiv Vaidyaraj Datto B Borakar, SarthMadhavnidan, 4th edition Ganesh D Dixit Pune. 1952;51/3,4-6,9,10,11.

xxv Vaidyaraj Datto B Borakar, Sarth Madhavnidan, 4th edition Ganesh D Dixit Pune. 1952;51/3,4-6.

a) Madhavakara, Madhava Nidana, Part 2nd, with Madhukosha Sanskrit commentary by Sri Sudarshan Sastri, 13th edition, Chaukhamba Sanskrit Sansthan, Varanasi, 2001, 51/1-2. 22.

b) Vruddha Jivaka, Kashyapa Samhita, with Sanskrit introduction by Pandit Hemraj Sharma, Chaukhamba Sanskrit Sansthan, Varanasi, 2006, 16/7-10. 23.

c)Agnivesha, Charaka Samhita, Part 2nd, Chikitsasthana, Hindi commentary by Brahmanand Tripathy, Chaukhamba Sanskrit Sansthan, Varanasi, 2001, 15/42 45.

Amlapitta (Gastro Esophageal Reflux Disease): A Critical Review. ayush [Internet]. 2023May10 [cited 2023Oct.29];10(Suppl2):30-7 Covinidadasa, Bhaishajya Ratnavali, Vidyotini Hindi Teeka by Kaviraj Ambikadutta Shastri, 16th edition, Chaukhamba Sanskrit Sansthan, Varanasi, 56/25-29.

