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NIDAN PANCHAKA OF AMLAPITTA AND ITS MODERN CORRELATION : A LITERATURE REVIEW

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ABSTRACT **Background:** Amlapitta, a frequently encountered disorder of the Annavaha Srotas, has been elaborated upon in classical Ayurvedic literature since the Samhita period and closely parallels modern acid peptic disorders including Gastroesophageal Reflux Disease (GERD), gastritis, and functional dyspepsia. **Aim:** To critically analyse the Nidana Panchaka of Amlapitta — comprising Nidana, Purvaroopa, Roopa, Upashaya, and Samprapti — and correlate each component with contemporary biomedical understanding. Methods: A comprehensive review of classical Ayurvedic texts and peer-reviewed open-access journals was conducted. Results & **Conclusion:** Each limb of Nidana Panchaka corresponds meaningfully to modern diagnostic parameters. The causative factors mirror established triggers of acid hypersecretion; prodromal features align with early dyspeptic symptoms; clinical features overlap with GERD symptomatology; and Samprapti reflects the pathophysiology of gastric acid dysregulation. This synthesis validates Ayurvedic diagnostic methodology and underlines its contemporary relevance.

KEYWORDS : Amlapitta, Nidan panchak, GERD, Hyperacidity

INTRODUCTION:

Ayurveda discribes a systematic framework known as *Nidana Panchaka* to comprehensively understand any disease. This framework encompasses *Nidana*, *Purvaroopa*, *Roopa*, *Upashaya* and *Samprapti*. A thorough understanding of these five limbs not only aids in precise diagnosis but also guides the formulation of individualised treatment strategies.[1]

Amlapitta, literally meaning an increase in the sourness (*Amlata*) of *Pitta*, is among the most prevalent gastrointestinal conditions in clinical Ayurvedic practice. Although it lacks explicit mention as a distinct deisease in the *Brihatrayi*, its first detailed description appears in the *Kashyapa Samhita* and is subsequently elaborated in *Madhava Nidana*, *Bhavaprakasha*, *Yogaratnakara*, and *Bhaishajya Ratnavali*.[2,3]

In contemporary clinical medicine, acid peptic disorders include GERD, gastritis, peptic ulcer disease, and functional dyspepsia. These constitute a significant public health burden, with a reported prevalence ranging from 7.6% to 30% in India. This review aims to systematically analyse the *Nidana Panchaka* of *Amlapitta* and establish its correspondence with modern pathophysiological concepts, thereby reinforcing the scientific basis of Ayurvedic diagnostics.[4]

LITERATURE REVIEW

Nidana (Aetiology)

Classical texts classify the causative factors of *Amlapitta* into four categories: *Aharaja* (dietary), *Viharaja* (lifestyle), *Manasika* (psychological), and *Agantuja* (exogenous) *Hetus*.[2,5]

Aharaja Nidana: Foods classified as *Viruddha* (incompatible), *Vidahi* (acrid/burning), *Guru* (heavy), *Abhishyandi*, excessively sour or pungent; alcohol (*Madhya*), flour-based foods (*Pishtanna*), sugarcane derivatives, and horse gram (*Kulattha*) are principal dietary triggers. Faulty dietary practices such as *Adhyashana* (eating before complete digestion of previous meal), *Vishamashana* (irregular meals), and *Ajeernashana* (eating during indigestion) are consistently identified across texts.[2,5,6]

Viharaja Nidana: Bathing immediately after meals (*Bhukte Bhukte Snana*), daytime sleep post-meals (*Divaswapna*), suppression of natural urges (*Vegadharana*), and excessive physical exertion lead to *Kapha-Pitta* vitiation and consequent *Agnimandya*.[5]

Manasika Nidana: Psychological stressors — *Krodha* (anger), *Chinta* (anxiety), *Bhaya* (fear), and *Shoka* (grief) — are explicitly listed as causative, reflecting the psychosomatic dimension of *Amlapitta*.[3]

Agantuja Nidana: External factors such as residence in *Anupa Desha* (marshy regions), seasonal influence (*Sharad* and *Varsha Ritu*), *Pitta Prakriti*, use of NSAIDs, and *Helicobacter pylori* infection fall under this category.[4,5]

Purvaroopa (Prodromal Features)

Classical texts including *Kashyapa Samhita* and *Madhava Nidana* do not enumerate explicit *Purvaroopas* for *Amlapitta*, attributing this to the subtle and indistinct nature of early *Dosha* fluctuations. However, *Ajirna* (indigestion) and *Vidagdhajirna* (acidified indigestion) are clinically recognised as precursor states. Symptoms of *Annavaha* and *Purishavaha Srotodusti*, along with mild *Avipaka* may be regarded as functional prodromal indicators.[6]

Roopa (Clinical Features)

The principal symptoms described across *Kashyapa Samhita*, *Madhava Nidana*, and *Bhavaprakasha* include *Avipaka* (indigestion), *Amlodgara* (sour belching), *Tiktodgara* (bitter belching), *Hritkanthadaha* (heartburn), *Gaurava* (heaviness), *Utklesha* (nausea), *Aruchi* (anorexia), and *Klama* (fatigue).

Based on *Gati Amlapitta* is divided into:
(a) *Urdhvaga Amlapitta* : vomiting of sour/bitter matter, heartburn, headache
(b) *Adhoga Amlapitta* : loose stools, generalised burning, giddiness, and weakness.[2,5,6]

Upashaya (Therapeutic Trials)

Upashaya and *Anupashaya* serve as diagnostic tools when the disease is otherwise difficult to confirm. In *Vatika Amlapitta*, *Snigdha Dravyas* provide relief; *Paittika* form responds to *Sheeta* and *Madhura Dravyas*; and the *Kaphaja* variant is ameliorated by *Ruksha* and *Ushna Dravyas*. Therapeutic approaches of *Vamana* (for *Urdhvaga*) and *Virechana* (for *Adhoga Amlapitta*) serve as diagnostic confirmations in addition to being curative procedures.[6]

Samprapti (Pathogenesis)

As described by *Acharya Kashyapa*, repeated indulgence in causative factors leads to vitiation of *Pitta Dosha*, particularly augmenting its *Amla* and *Drava Guna*. This results in *Jatharagnimandya*. Food consumed in this state undergoes *Vidagdhapaka*, abnormal acidic

fermentation (*Shuktata*) instead of normal digestion. The resulting *Ama* combines with vitiated *Pitta* to form *Amavisha*, accumulating in the *Amashaya* and producing the characteristic signs of *Amlapitta*.[2,5]

Table No.: 1 *Samprapti Ghataka*

Dosha	Pachaka Pitta, Samana Vata, Kledaka Kapha
Dushya	Ahararasa
Agni	Jatharagnimandya
Srotas	Annavaha and Rasavaha
Udbhava Sthana	Amashaya
Rogamarga	Abhyantara
Sadhyasadhyata	Navottita Sadhya, Purana Yapya

CORRELATION OF AMLAPITTA WITH MODERN MEDICAL CONCEPTS

Urdhvaga Amlapitta and Gastroesophageal Reflux Disease (GERD)

Urdhvaga Amlapitta is characterised by the upward movement of vitiated *Pitta* leading to symptoms such as *Hritkanthadaha* (retrosternal burning), *Amlodgara* (sour belching), *Tiktodgara* (bitter belching), *Chhardi* (vomiting), and *Shiroruja* (headache). These features correspond directly to the classical presentation of GERD in modern medicine, where incompetence of the lower oesophageal sphincter allows retrograde flow of gastric acid into the oesophagus, producing heartburn, acid regurgitation, bile reflux, and referred headache mediated through vagal pathways. The *Vimargagamana* of *Annavaha Srotas* described in *Samprapti* precisely reflects this retrograde movement of gastric contents.

Adhoga Amlapitta and Peptic Ulcer Disease / Functional Dyspepsia

Adhoga Amlapitta is characterised by downward movement of vitiated *Pitta* manifesting as *Vidbheda* (loose stools), *Daha* in palms and soles, *Bhrama* (giddiness), *Murchha* (fainting), *Agnimandya*, and generalised weakness. This clinical picture closely mirrors peptic ulcer disease and functional dyspepsia in modern gastroenterology, where downward spread of mucosal inflammation involves the gastric antrum, duodenum, and small intestine. *Vidbheda* corresponds to diarrhoea seen in duodenal ulcer disease or secretory dysfunction of the small intestine

Vataja Amlapitta and Stress-Induced Gastritis

Vataja Amlapitta presents with *Shoola* (colicky pain), *Kampa* (tremors), *Chimchimayana* (tingling), *Gatraavasada* (body weakness), and *Tamodarshana* (seeing darkness). These features correlate with stress-induced or neurogenic gastritis in modern medicine, where heightened sympathetic activity and visceral hypersensitivity lead to episodic spasmodic pain, bloating, and neurological manifestations. The predominant role of *Samana Vata* in driving irregular gastric contractility in this variant corresponds to impaired gastric peristalsis and dysmotility seen in stress gastritis.[5,6]

Pittaja Amlapitta and Acid Peptic Disease with Mucosal Erosion

Pittaja Amlapitta is dominated by *Vidaha* (intense burning), *Bhrama* (giddiness), *Sitaupashaya* (relief with cold substances), and *Svadupashaya* (relief with sweet substances). This presentation maps onto classical acid peptic disease with active mucosal erosion or ulceration, where hyperchlorhydria produces intense epigastric burning and giddiness from vagal stimulation, with symptomatic relief with antacids or cold fluids directly analogous to *Sitaupashaya* and *Svadupashaya*.

Kaphaja Amlapitta and Functional Dyspepsia with Delayed Gastric Emptying

Kaphaja Amlapitta presents with *Gaurava* (heaviness), *Chhardi* (nausea and vomiting), *Agnimandya*, *Aruchi* (anorexia), *Nidra* (excessive sleepiness), and *Mukha Madhurya* (sweet taste in mouth). These symptoms correspond to functional dyspepsia with gastroparesis or delayed gastric emptying in modern medicine, where food stasis in the stomach leads to postprandial fullness, nausea, bloating, and loss of appetite. The increase in *Kledaka Kapha* leading to hypersecretion of mucus and stasis of food in *Amashaya* directly parallels the pathophysiology of gastroparesis with secondary bacterial overgrowth.[2,5,6]

Upadravas and Complications of Acid Peptic Disease

The *Upadravas* (complications) of *Amlapitta* described in classical texts show a striking correlation with the complications of acid peptic disease recognised in modern gastroenterology. *Pandu* (anaemia) corresponds to iron deficiency anaemia secondary to chronic gastric blood loss from erosions or ulcers. *Parinamshoola* (pain during the course of digestion) reflects duodenal ulcer pain, which characteristically occurs two to three hours after meals when gastric acid reaches the duodenum. *Annadravakshoola* (pain with food intake) corresponds to gastric ulcer pain, which is typically precipitated by eating. *Shotha* (oedema) as a complication may be correlated with hypoproteinaemia secondary to protein-losing gastropathy in severe chronic gastritis.[2,6]

Table 2: Pathophysiological correlation

Ayurvedic concept	Modern Equivalent
Amlodgara	sour belching - Acid regurgitation
Tiktodgara	Bile reflux - duodenogastric or gastro-oesophageal bile reflux
Utklesha	Nausea - feature of gastritis and functional dyspepsia
Avipaka	Functional dyspepsia / impaired gastric digestion
Parinamshoola (pain during digestion)	Duodenal ulcer pain - occurs 2-3 hours after meals
Annadravakshoola (pain with food)	Gastric ulcer pain - precipitated by food intake
Vidbheda - loose stools in Adhoga Amlapitta	Diarrhoea in peptic ulcer disease / functional dyspepsia

DISCUSSION

The *Nidana Panchaka* of *Amlapitta* constitutes a remarkably comprehensive diagnostic framework that anticipates modern understanding of acid peptic disorders. The absence of explicit *Purvaroopa* in classical texts is consistent with the modern observation that early GERD and gastritis are often asymptomatic or present with non-specific symptoms. The two-*Gati* classification: *Urdhvaga* and *Adhoga Amlapitta*, represents a clinically elegant topographical approach to symptom localisation that modern gastroenterology achieves through endoscopy and pH-metric studies. Future clinical validation studies mapping *Nidana Panchaka* parameters to endoscopic or pH-metric findings would strengthen this correlation.[5,6]

CONCLUSION

The five components of *Nidana Panchaka*: *Nidana*, *Purvaroopa*, *Roopa*, *Upashaya*, and *Samprapti*, demonstrate a high degree of correspondence with the aetiopathogenesis and symptomatology of acid peptic disorders in modern medicine. The type-wise correlation are *Urdhvaga Amlapitta* with GERD, *Adhoga Amlapitta* with peptic ulcer disease, *Vataja* with stress gastritis, *Pittaja* with erosive acid peptic disease, and *Kaphaja* with functional dyspepsia, this further validates the precision of Ayurvedic clinical classification. Translational research exploring molecular and physiological correlates of *Agnimandya*, *Shuktata*, and *Amavisha* is strongly recommended to further consolidate this bridge between classical and contemporary medicine.

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