



Journal home page: <http://www.journalijar.com>

INTERNATIONAL JOURNAL
OF INNOVATIVE AND APPLIED RESEARCH

RESEARCH ARTICLE

Article DOI: 10.58538/IJAR/2147

DOI URL: <http://dx.doi.org/10.58538/IJAR/2147>

RATIONAL PATHYA PLANNING IN AMLAPITTA- INTEGRATING PATHOGENESIS, AGNI PROFILE AND DRAVYA FEATURES: A CRITICAL ANALYSIS

Janani D. Rao¹ and Venkatakrishna K.V.²

1. Final year PG Scholar, Department of *Swasthavritta* and *Yoga*, Government Ayurveda Medical College, Mysuru-575001, Karnataka, India.
2. Professor and Head, Department of *Swasthavritta* and *Yoga*, Government Ayurveda Medical College, Mysuru-575001, Karnataka, India.

Manuscript Info

Manuscript History

Received: 27 October 2025

Final Accepted: 29 November 2025

Published: November 2025

Keywords:

Ayurveda, Amlapitta, Pathya-Apathya, Dosha, Agni, Samprapti, Guna-Karma

Abstract

Amlapitta is a commonly encountered Ayurvedic clinical condition arising from impaired *Agni* and the vitiation of *Pitta* and *Kapha*, often accompanied by *Vata* involvement. Therapeutic dietetics (*Pathya-Apathya*) play a foundational role in its management, yet their application requires precise interpretation based on *doṣa* dominance, *Agni* status, and presenting symptoms. This study presents a critical analysis of *Pathya dravyas* described for *Amlapitta*, examining their *guṇa*, *vīrya* and *karma* with respect to the observed patterns of *samprāpti*. This study critically analyses classical *Pathya dravyas* by correlating their *guṇa*, *vīrya* and *karma* with the four major presentations of *Amlapitta*—*tiktāmlodgāra/dāha-pradhāna*, *avipāka-pradhāna*, *śūla-pradhāna*, and *sarvalakṣaṇa* types. The findings highlight that most *Pathya* substances exhibit *laghu-rukṣa-śīta* or *kapha-pittahara* properties, supporting *Agni* restoration and *doṣa* balance. *Apathyadravyas*, being *ati-guru*, *ati-uṣṇa* or *kapha-pitta-prakopaka*, facilitates the *samprāpti* and require strict avoidance. However, the analysis also reveals that a *dravya* beneficial in one subtype may act as *Apathya* in another; for example, *śīta-vīrya* items suitable for *dāha-pradhāna Amlapitta* can worsen *avipāka-pradhāna* conditions dominated by *mandāgni* and *kleda*. This analysis concludes that Ayurvedic therapeutic dietetics for *Amlapitta* must be tailored to the stage, *doṣa* involvement and *Agni* status, ensuring that *Pathya* acts not only as symptomatic relief but as a corrective tool for digestive physiology and long-term disease prevention.

*Corresponding Author:- Janani D. Rao, Final year PG Scholar, Department of *Swasthavritta* and *Yoga*, Government Ayurveda Medical College, Mysuru-575001, Karnataka, India

Introduction:-

Amlapitta is a prevalent *Pitta*-dominant disorder in *Ayurveda*, characterized by acid eructation, nausea, anorexia, and a burning sensation in the epigastric region.^[1] Its pathogenesis is closely linked to impaired *Agni* (digestive fire) and the improper utilization or selection of food, making dietary regulation the cornerstone of its management. *Ayurveda*

places strong emphasis on *Pathya* (wholesome diet) and *Apathya* (unwholesome diet) as fundamental components of disease prevention and treatment, especially in conditions precipitated by faulty dietary habits. Classical texts such as *Kashyapa Samhita*, *Bhaishajya Ratnavali* and *Yogaratanakara* offer well-defined dietary guidelines for *Amlapitta*. This article critically examines these *Pathya*–*Apathya* recommendations, integrating classical dietary principles with the pathogenesis of *Amlapitta* to establish a therapeutic dietetic approach for rational, evidence-informed decision making.

Objectives:-

1. Exploring *pathya* mentioned for *amlapitta* in ayurvedic classics.
2. Analysis of *nidana*(causative factors), *lakshana*(symptoms) and *samprāpti*(pathogenesis) of *amlapitta* for the customized selection of suitable *pathya-dravya*

Materials and Methods:-

Classical Ayurvedic texts were systematically reviewed to extract references related to *Pathya* and *Apathya* for *Amlapitta*. A detailed interpretative analysis of *Nidāna*, *Lakṣaṇa* and *Samprāpti* was undertaken to correlate disease mechanisms with appropriate dietary recommendations. The collected data were categorized, critically analysed and organised into a simplified format to facilitate therapeutic dietetic interpretation.

Observations:-

Amlapitta is a disorder of the *Annavaha Srotas*, wherein improper dietary habits and inappropriate methods of food intake play a major contributory role.^[1] Consequently, the management of *Amlapitta* must necessarily include the correction of food choices and eating behaviours. Therapeutic dietetics focuses on the use of diet as a means of treatment, emphasizing food as a key component in restoring health. In *Ayurveda*, the therapeutic dietetics of *Amlapitta* is elaborated through the concepts of *Pathya* and *Apathya*. *Pathya* refers to foods and activities that support bodily functions, remain unobstructive to the *srotas*(body channels), and are acceptable to the individual.^[2] The *Pathya*^[3,4,5] for *Amlapitta* are summarised in Table 01.

Table No. 01:- *Pathya* for *Amlapitta*^[3,4,5]

<i>Pathya</i>	<i>Kashyapa Samhita</i> ³	<i>Bhaishajya Ratnavali</i> ⁴	<i>Yogaratanakara</i> ⁵
1. <i>Purana Shali</i>	+	+	+
2. <i>Purana Yava</i>	-	+	+
3. <i>Purana Godhuma</i>	-	+	+
4. <i>Purana Mudga</i>	+	+	+
5. <i>Masura, Harenu</i>	+	-	-
6. <i>Go Sarpi, Go Paya</i>	+	-	-
7. <i>Jangalapashu-pakshimamsa</i>	+	-	-
8. <i>Jangala Rasa</i>	-	+	-
9. <i>Kalaya Shaka, Poitika (karanja)</i>	+	-	-
10. <i>Vasa Pushpa</i>	+	-	-
11. <i>Vastuka</i>	+	+	+
12. <i>Tikta Shaka/ Tikta Dravya</i>	+	+	-
13. <i>Laghu Bhojana</i>	+	-	-
14. <i>Satmya Ahara</i>	+	-	-
15. <i>Tapta-sheeta Jala</i>	-	+	+
16. <i>Saktu+Madhu+Sarkara</i>	-	+	+
17. <i>Karkotaka, Karavellaka, Patola</i>	-	+	+
18. <i>Heela mochika</i>	-	+	
19. <i>Vetagra, VruddhaKushmanda, Ramba Pushpa</i>	-	+	+
20. <i>Kapittha</i>	-	+	
21. <i>Dadima</i>	-	+	+
22. <i>Dhatri</i>	-	+	
23. <i>Kaphapittaharapana-anna</i>	-		+

Apathya refers to food items or activities that exert a harmful effect on the body, either due to their inherent properties or their unsuitability to an individual's condition.^[2] Such factors contribute to the aggravation of *Amlapitta* and hinder the restoration of digestive balance. The *Apathya*^[4,5] for *Amlapitta* are listed in Table 02.

Table No. 02: -*Apathya* for *Amlapitta*^[4,5]

<i>Apathya</i>	<i>Bhaishajya Ratnavali</i> ^[4]	<i>Yogaratanakara</i> ^[5]
1. <i>Navanna</i>	+	-
2. <i>Viruddha anna</i>	+	-
3. <i>Kaphapittakarani</i>	+	-
4. <i>Avidugdha</i>	+	+
5. <i>Dhanyamla</i>	+	+
6. <i>Lavana-amla-katu ahara</i>	+	+
7. <i>Guru anna</i>	+	+
8. <i>Dadhi</i>	+	+
9. <i>Madya</i>	+	+
10. <i>Tila and ahara prepared from tila</i>	-	+
11. <i>Masha</i>	-	+
12. <i>Kulattha</i>	-	+

The *Pathya*^[6,7,8,9,10,11,12,13,14] and *Apathya*^[15] mentioned in the classical texts must be critically analysed as mentioned in Table No.03 and Table No.04 for their suitability in each specific clinical condition of *Amlapitta*.

Table No. 03: - Analysis of *Pathya Dravyas* in *Amlapitta*^{5,6}

<i>Pathya Dravya</i>	<i>Rasa-Vipāka</i>	<i>Guṇa-Karma</i>	<i>Vīrya</i>
1. <i>Purāṇa Śātī</i> ^[6] (<i>Oryza sativa</i> L., Poaceae)	<i>Rasa: Madhura</i>	<i>Karma: Trṣṇāpaha, Sarvadoṣahara, Viṣāpaha</i>	<i>Śīta</i>
2. <i>Purāṇa Yava</i> ^[7] (<i>Hordeum vulgare</i> Linn., Poaceae)	<i>Rasa: Madhura</i> <i>Vipāka: Kaṭu</i>	<i>Guṇa: Rūkṣa, Śīta, Aguru, Mṛdu;</i> <i>Karma: Kaphapittahara</i>	<i>Śīta</i>
3. <i>Purāṇa Godhuma</i> ^[6] (<i>Triticum aestivum</i> L., Poaceae)	<i>Rasa: Madhura</i>	<i>Guṇa: Śīta, Guru, Snigdha;</i> <i>Karma: Vātapittahara, Sāra</i>	<i>Śīta</i>
4. <i>Purāṇa Mudga</i> ^[8] (<i>Phaseolus radiatus</i> Linn., Fabaceae)	<i>Rasa: Madhura, Kaṣāya;</i> <i>Vipāka: Madhura</i>	<i>Guṇa: Laghu, Rūkṣa;</i> <i>Karma: Pittahara, Kaphahara, Grāhī, Balaprada</i>	<i>Śīta</i>
5. <i>Masūra</i> ^[8] (<i>Lens culinaris</i> Medik., Fabaceae)	<i>Rasa: Madhura, Kaṣāya;</i> <i>Vipāka: Madhura</i>	<i>Guṇa: Laghu, Rūkṣa;</i> <i>Karma: Kaphapittaśāmaka, Saṅgāhī, Vātamāyakara</i>	<i>Śīta</i>
6. <i>Harenu</i> ^[9] (<i>Pisum sativum</i> L., Fabaceae)	<i>Rasa: Madhura, Kaṣāya;</i> <i>Vipāka: Swādu</i>	<i>Guṇa: Laghu, Rūkṣa;</i> <i>Karma: Pittakaphahara, Grāhī</i>	<i>Śīta</i>
7. <i>Go-sarpī</i> ^[6] (Cow's ghee)	<i>Rasa: Madhura; Vipāka: Madhura</i>	<i>Guṇa: Śīta;</i> <i>Karma: Vātapittahara,</i>	<i>Śīta</i>
8. <i>Go-payā</i> ^[6] (Cow's milk)	<i>Rasa: Madhura</i>	<i>Guṇa: Śīta, Mṛdu, Snigdha, Picchila, Guru, Manda;</i> <i>Karma: Śleṣmakara</i>	<i>Śīta</i>
9. <i>Jāṅgala Paśu-Pakṣi Māṃsa</i> ^[6] (Meat of animals and birds of arid region)	<i>Rasa: Madhura-Kaṣāya</i>	<i>Guṇa: Laghu, Śīta; Karma: Useful in Pittottha-Vātānubandha-Sannipāta-Kaphānubandha states</i>	<i>Śīta</i>
10. <i>Jāṅgala Rasa</i> ^[6] (Arid meat soup)			
11. <i>Kālayā Śāka</i> ^[10] (<i>Lathyrus sativus</i> L., Fabaceae)	<i>Rasa: Madhura, Tikta, Kaṣāya;</i> <i>Vipāka: Madhura</i>	<i>Guṇa: Laghu, Rūkṣa; Karma: Kaphapittahara, Saṅgrāhī</i>	<i>Śīta</i>

12. Poitika (Karañja) ^[11] (<i>Pongamia pinnata</i> Linn., Fabaceae)	Rasa: Tikta, Kaṭu, Kaṣāya; Vipāka: Kaṭu	Guṇa: Tīkṣṇa, Laghu; Karma: Kaphavātahara	Uṣṇa
13. VāsāPuṣpa ^[11] (<i>Adhatoda vasica</i> Nees., Acanthaceae)	Rasa: Tikta, Kaṣāya; Vipāka: Kaṭu	Guṇa: Laghu, Rūkṣa; Karma: Kaphapittahara	Śīta
14. Vāstukā ^[10] (<i>Chenopodium murale</i> L., Chenopodiaceae)	Rasa: Madhura, Kaṣāya; Vipāka: Madhura	Guṇa: Laghu; Karma: Tridoṣahara	Śīta
15. Tapta-ŚītaJala ^[6] (Boiled and cooled water)		Guṇa: Anabhisyaṇḍi, Laghu, Karma: Pittaghna	
16. Saktu + Madhu + Śarkarā ^[12]		Guṇa: Laghu; Karma: Sādhya- balaprada, Santarpaka	Śīta
17. Karkoṭaka ^[13] (<i>Momordica dioica</i> Roxb. Ex Wild., Cucurbitaceae)	Rasa: Tikta, Kaṭu	Guṇa: Laghu; Karma: Vātapittahara, Dīpana, Rucikara	Uṣṇa
18. Karavellaka ^[6] (<i>Momordica charantia</i> Linn., Cucurbitaceae)	Rasa: Tikta, Kaṭu; Vipāka: Kaṭu	Guṇa: Laghu, Rūkṣa; Karma: Dīpana, Kaphapittahara	Śīta
19. Paṭola ^[11] (<i>Trichosanthes dioica</i> Roxb., Cucurbitaceae)	Rasa: Tikta, Kaṭu; Vipāka: Kaṭu	Guṇa: Laghu, Rūkṣa; Karma: Kaphapittahara, Dīpana	Uṣṇa
20. VṛddhaKuṣmāṇḍa ^[11] (<i>Benincasa hispida</i> (Thunb.) Cogn., Cucurbitaceae)	Rasa: Madhura; Vipāka: Madhura	Karma: Pittavātahara, Bṛṃhaṇa	Śīta
21. Ramba Puṣpa ^[14] (<i>Banana flower</i>) (<i>Musa paradisiaca</i> Linn., Musaceae)	Rasa: Tikta, Kaṣāya; Vipāka: Madhura	Guṇa: Mṛdu; Karma: Kaphaghna, Grāhī, Dīpana	Uṣṇa
22. Dāḍima ^[11] (<i>Punica granatum</i> Linn., Punicaceae)	Rasa: Kaṣāya, Madhura, Amla; Vipāka: Madhura/Amla	Guṇa: Laghu, Snigdha; Karma: Udriktapitta-jayin, Tridoṣahara, Grāhī, Rōcana, Dīpana; Amla variety is Pittā- avirodhi	Uṣṇa
23. Dhātrī ^[11] (<i>Phyllanthus emblica</i> L., Phyllanthaceae)	Rasa: Pañcarasa (Amla- prādhāna, Lavana- varjita) Vipāka: Madhura	Karma: Tridoṣahara, Rasāyana	Śīta

Table No. 04:- Analysis of *Apathya Dravyas* in *Amlapitta* ^[15]

Apathya	Guna-karma
1. Navanna	Kapha Prakopa
2. Viruddha anna	TridoshaPrakopa
3. Kaphapittakarani	KaphapittaPrakopa
4. Avidugdha	Pitta Kapha Prakopa
5. Dhanyamla	Pitta Prakopa
6. Lavana-amla-katuahara	Pitta Prakopa
7. Guru anna	Kapha Prakopa
8. Dadhi	Kapha-pitta Prakopa
9. Madya	Pitta Prakopa
10. Tila and ahara prepared from tila	Pitta Prakopa
11. Masha	Pitta Prakopa
12. Kulattha	Pitta Prakopa
13. Avidugda	Pitta Prakopa

Although a wide range of *Pathya* and *Apathya* measures are described for *Amlapitta* in Ayurvedic classics, suitability of them to particular condition of *amlapitta* must be analysed. The clinical presentations of *Amlapitta* vary considerably, with each form exhibiting distinct features. The involvement and dominance of specific *doṣas* in its *samprāpti* not only modify the symptomatology but also guide the selection of appropriate therapeutic interventions. Therefore, a meticulous understanding of the *nidāna*, *lakṣaṇa*, and *samprāpti* of *Amlapitta*, followed by the classification of *Pathya* based on their *guṇa* and *karma*, becomes essential to enhance clinical relevance and ensure greater therapeutic precision.

Understanding *Amlapitta* in relation to *doṣa-agni* status across its various presentations aids in selecting the most appropriate dietary interventions. The analytical approach includes:

1. Analysis of *Nidāna*
2. Analysis of *Lakṣaṇa*
3. Analysis of *Samprāpti* – the probable mechanism of disease development

Analysis of *Nidāna*

The *nidānas* of *Amlapitta*^[1, 16] described in classical Ayurvedic texts are systematically reviewed and categorised based on their specific effects on the *doṣas*.^[15] These causative factors are organized into *Vātaprakopaka Nidāna*, *Pittaprakopaka Nidāna*, *Kaphaprakopaka Nidāna*, *Tridoṣaprakopaka Nidāna* and presented in Table No.05. This classification provides clarity on the role of each *nidāna* in initiating or aggravating the pathogenic process of *Amlapitta*.

Table No. 05: Categorization of *Nidānas* of *Amlapitta* with Reference to Their Action on *Doṣa*^[1,16,15]

<i>Vātaprakopaka Nidāna</i>	<i>Pittaprakopaka Nidāna</i>	<i>Kaphaprakopaka Nidāna</i>	<i>Tridoṣaprakopaka Nidāna</i>
<ul style="list-style-type: none"> • <i>Vega dhāraṇa</i> • <i>Ati-rūkṣaāhāra</i> • <i>Ati-snānā-avagāhana</i> • <i>Br̥ṣṭadhānya-pulakasevana</i> 	<ul style="list-style-type: none"> • <i>Amla sevana</i> • <i>Ati-uṣṇaāhāra</i> • <i>Kulattasevana</i> • <i>Vidhāhi anna</i> • <i>Pitta-prakopaannapāna</i> 	<ul style="list-style-type: none"> • <i>Piṣṭānna</i> • <i>Amla sevana</i> • <i>Gorasasevana</i> • <i>Guru āhārasevana</i> • <i>Abhiṣyandīhāra</i> • <i>Ati-snigdhaāhāra</i> • <i>Ati-dravaāhāra</i> • <i>Antar-udakapāna</i> • <i>Phāṇita-ikṣuvikāra</i> • <i>Pr̥thukasevana</i> • <i>Bhuktvābhuktvādivāsvapn</i> 	<ul style="list-style-type: none"> • <i>Viruddhāhāra</i> • <i>Adhyāśana</i> • <i>Ajīrṇabhojana</i> • <i>Āme-āme ca pūraṇa</i> • <i>Apakwa-anna sevana</i> • <i>Madya sevana</i> • <i>Paryuṣitaāhāra</i> • <i>Dusta anna</i>

Caraka Saṃhitā, also lists *Amlapitta* among the disorders caused by *viruddhāśana*.^[17]

Analysis of *Lakṣaṇa* (Symptoms)

Just as the causative factors (*nidānas*) of *Amlapitta* are diverse, their effects are reflected in the wide variation seen in its clinical presentation^[1,16]. The interplay of *Vāta*, *Pitta*, and *Kapha*—individually or in combination—modifies the character and severity of symptoms. Understanding the *doṣa*-specific influence^[15,18,19,20] on each *lakṣaṇa* provides deeper insight into disease expression and aids in formulating precise therapeutic and dietary strategies. The detailed analysis of *lakṣaṇas* with corresponding *doṣa* involvement such as *Vāta Vṛddhi*, *Pitta Vṛddhi*, *Kapha Vṛddhi*, *SāmaLakṣaṇa* is presented in Table No.06.

Table No. 06:- Categorisation of Symptoms of *Amlapitta* with respect to *Dosha* Involvement^[1,16,15,18,19,20]

<i>VātaVṛddhi</i>	<i>Pitta Vṛddhi</i>	<i>Kapha Vṛddhi</i>	<i>SāmaLakṣaṇa</i>
<ul style="list-style-type: none"> • <i>Aruci</i> • <i>Śirośūla</i> • <i>Antarakuñcana</i> • <i>Vidbheda</i> • <i>Romaharṣa</i> • <i>Hṛt-śūla</i> 	<ul style="list-style-type: none"> • <i>Tiktodgāra</i> • <i>Amlodgāra</i> • <i>Hṛd-dāha</i> • <i>Kanṭha-dāha</i> • <i>Uro-vidāha</i> 	<ul style="list-style-type: none"> • <i>Avipāka</i> • <i>Utkleśa</i> • <i>Aṅgasāda</i> • <i>Guru-koṣṭhatā</i> • <i>Gaurava</i> 	<ul style="list-style-type: none"> • <i>Klamā</i>

Analysis of *Samprāpti* – Probable Process of Disease Occurrence

According to *KāśyapaSamhitā*, *nidāna-sevana* leads to aggravation of *Vātādidōṣas*, which subsequently diminishes *kāyāgni*. If this condition is neglected and the individual continues consuming *nidāna* during *mandāgni-avasthā*, the ingested food undergoes improper digestion, resulting in *vidāha*, which later transforms into *śuktatā*. This *śukta-āhāra*, remaining in the *āmāśaya* for a prolonged duration, initiates the manifestation of *Āmlapitta*. It further highlights that the *lauḍya* caused by *aniyatātmā* is a major factor contributing to *pitta-doṣa duṣṭi*, thereby playing a pivotal role in the disease.^[21]

According to *Caraka Samhitā*, *nidāna-sevana* impairs *agni*, leading to *ajīrṇa* of the consumed food. The undigested food material subsequently acquires *śuktatā*, producing *annaviṣa*. When this *annaviṣa* interacts with *pitta*, it results in the pathological state recognized as *Āmlapitta*.^[22]

Interpretation of Doshic involvement in the *Samprāpti* of *Āmlapitta*^[23]

- *Vāta*: The subtypes of *vāta* directly involved in digestion are:
 - *SamānaVāta* – Regulates *pācaka pitta*, thus playing a primary role in *agni-vṛddhi* or *agni-kṣaya*.
 - *ApānaVāta* – When impaired, it hampers the elimination of *śakṛt* (faeces), *mūtra* (urine), etc., predisposing to *udāvarta*, which in turn disturbs *agni*.
 Disturbances in these *vāta* subtypes produce improper digestion, predisposing the individual to *Amlapitta*.
- *Pitta*: The primary subtype involved is *Pācaka Pitta*, which governs digestive transformation and holds a crucial role in the pathogenesis of *Āmlapitta*. The centrality of *pitta* in this disease is reflected in its very nomenclature. Aggravated *pitta-guṇas* contribute to different manifestations of *Āmlapitta*. *Sneha*, in specific quantity has property to increase *agni* whereas the excess *Sneha* can aggravate *agni* or destroy it completely. *Teekshna* and *ushna guna* of *pitta*. Irritates the *agni-adhistana* and increases *agni* causing symptoms like *hrutkantadaha*. *Sara* and *drava guna* in excess hampers digestion just like excess water affecting cooking process. They decrease the *agni* and produce symptoms like *amla-udgara*, *tikta-udgara*, *utklesha*, *vamana* etc
- *Kapha*: The subtype involved is *Kledaka Kapha*, which supports digestion in normalcy, but when aggravated, it suppresses *agni*, obstructs digestive processes, and fosters conditions favourable for *Amlapitta* development.

Interpretation of *Samprāpti* of *Amlapitta* in Various *Agni-Conditions*^[24]

- a. *Viṣamāgni*: *Vāta-prakopa* in the *annavaha-srotas* manifests as *viṣamāgni*, where digestion becomes unpredictable—sometimes digesting even heavy food properly, and at other times failing to digest even light food. *Vāta* can either enhance or diminish *agni*.
- b. *Tikṣṇāgni*: *Pitta-prakopa* results in *tikṣṇāgni*, in which food is digested rapidly, sometimes leading to *dhātu-kṣaya* if timely and adequate nourishment is not provided.
- c. *Mandāgni*: *Kapha-prakopa* leads to *mandāgni*, creating a heavy, slow digestive environment that diminishes digestive strength.

Based on the state of *Agni*, the underlying causative factors, and the clinical presentation, *Amlapitta* can be understood under four distinct categories.

1. *Amlodgara / Dadha-pradhāna Amlapitta*

In *Amlodgara* or *Dadha-pradhāna Amlapitta*, the main disturbance usually involves increased *pitta*, which create a state of *tikṣṇāgni* (too sharp or intense digestive fire). When *Agni* becomes very strong, food gets digested too quickly or unevenly, producing excess acidity that comes up as *āmlodgāra* or sour, curd-like belching. If the person does not eat properly or on time, the body does not get enough nourishment, and gradually the tissues become weak. To relieve the irritation caused by *tikṣṇāgni*, people often start wrong habits such as eating again before the previous meal is digested (*adhyāśana*), choosing heavy foods or drinking excess water. These habits further damage the digestion and irritation in the stomach increases. Over time, this repeated cycle leads to the full development of *Amlapitta*.

2. *Avipāka-pradhāna Amlapitta*

Avipāka-pradhāna Amlapitta mainly occurs when there is *kapha* aggravation, causing *mandāgni*. Because the digestive fire is low, food is not properly processed, resulting in *avipāka*—a feeling of heaviness, incomplete digestion and discomfort after meals. This weak digestion disturbs the normal functioning of the stomach and leads to *śuktatā*, a sour, semi-fermented state of food mixed with excess *kapha*. This makes the digestion even slower and creates a

feeling of blockage in the stomach. If the person continues with wrong dietary habits such as heavy, oily, incompatible foods or kapha-increasing lifestyle, the problem worsens. Over time, the combination of *mandāgni*, *avipāka* and *śuktatā* gradually establishes the condition of *Amlapitta*.

3. *Śūla-pradhāna Amlapitta*

Śūla-pradhāna Amlapitta is mainly related to *vāta* aggravation, which disturbs the regular working of digestion and causes *viśamāgni*. Here, *Agni* behaves irregularly—sometimes very active and sometimes completely dull. Because of this, food may get digested well at one time and remain undigested at another. This inconsistency creates gas, bloating, and pain, and makes the stomach environment unstable. As this pattern continues, the disturbed *vāta* combined with faulty digestion results in *Amlapitta*, with abdominal pain (*śūla*) becoming the main symptom.

4. *Sarvalakṣaṇa Amlapitta*

Sarvalakṣaṇa Amlapitta can occur in all types of *agni* and even in people who normally have *samāgni* (balanced digestion). This happens when daily habits and food choices repeatedly disturb the digestive system. Eating very spicy, hot, sour, salty or pungent food, or following lifestyle habits such as irregular meals, sleeping during the day, staying awake at night, or experiencing strong emotions like anger, sadness or worry, all contribute to disturbing the balance of the doshas. Even though *Agni* may be normal initially, these continuous wrong practices irritate *Pācaka pitta*, reduce protective *kapha* and disturb *vāta*. As a result, the stomach becomes more sensitive, acid levels increase, and digestion becomes irregular. Gradually, all three doshas get involved, and the person develops *Amlapitta*, even without having an initial digestive weakness.

Discussion:-

Integrating the pathological features of *Amlapitta* including the *nidāna*, *agni* variations and symptomatic patterns with the *guṇa-vīrya-karma* profile of *Pathya dravyas* forecasts that- *Pathya-Apathya* analysis in *Amlapitta* is fundamentally rooted in understanding the *Dravya* as well as disease. The *Dravya* is analysed based on *guṇa*, *vīrya* and *karma*, whereas the diseases is analysed based on underlying *doṣic* involvement and the state of *Agni*. *Amlapitta* can manifest through multiple pathways like *pitta-prakopa*, *kapha-āvaraṇa*, *vāta-anulomana* defects, or combinations thereof—the dietary recommendations require an advanced interpretation.

A. Discussion on *Guna-Vīrya-Karma* of *Dravya*

1. *Veerya-based Categorization and its Physiological Relevance*

The classification of *Pathya dravyas* into *uṣṇavīrya* and *śītavīrya* serves as the primary foundation for matching food with the state of *Agni*. *Dravyas* such as *karkoṭaka*, *paṭola*, *rāmbā-puṣpa*, and *dāḍima* possess *uṣṇavīrya*, which makes them beneficial in *mandāgni* and *kapha-āvaraṇa* conditions. In these situations, the digestive process is slow or obstructed, leading to *avipāka* or *śuktatā* of the *āmāśaya*. *Uṣṇa vīrya* facilitates the reduction of *kleda*, supports *Agni*, and removes *āvaraṇa*, thereby preventing the accumulation of improperly digested food which is central to the progression of *Amlapitta*.

Conversely, in presentations dominated by *pitta*—characterized by *dāha*, *hṛt-kanṭha-dāha*, *tiktāmlodgāra*, or early-stage gastritis-like burning—the use of *śītavīryadravyas* becomes essential. Items such as *pūrṇa-śāli*, *yava*, *godhuma*, *mudga*, *māśura* and *saktu* stabilize and pacify the aggravated *Pitta*. Their cooling potency ensures that *Pācaka pitta* is brought back to equilibrium, thereby reducing irritation to the gastric mucosa and arresting the further formation of *āmlata*.

2. *Guṇa-Vīrya Analysis of Pathya Dravyas*

A prominent observation across classical sources is that a majority of *Amlapittahara* dietary items possess *laghu-rukṣa-śīta* attributes. These qualities are specifically useful in clearing *kapha* and *pitta*, the predominant *doṣas* implicated in *Amlapitta*. *Dravyas* such as *yava*, *mudga*, *māśura*, *hareṇu*, *kalāya-śāka*, *vāsa-puṣpa*, *saktu* and *karavellaka* help to manage with aggravated *kapha* and *pitta*.

A second category includes *laghu-rukṣa-uṣṇadravyas* like *karañja*, *karkoṭaka* and *paṭola*. These are especially beneficial in *kapha*-dominant *Amlapitta*, where *uṣṇavīrya* enhances *Agni* while *rukṣa guṇa* absorbs excess *kleda* and reduces *āvaraṇa*.

On the other hand, certain items are *guru*, *snigdha* and *śīta*, such as *godhuma*, *sarpi* and *payas*. These may appear contradictory to typical *Amlapitta* prescriptions but are highly valuable in presentations involving *tīkṣṇāgni* or *pitta-vṛddhi*, where damage to the gastric tissues leads to irritation, ulceration or depletion of *dhātus*. *Guru-snigdha-śītadravyas* provide nourishment, promote tissue repair, and support *vāta* balance, while pacifying *Pitta* without burdening digestion when taken appropriately.

Thus, diet can be carefully matched as:

- *Laghu-rukṣa-śīta* → *Pittaja Amlapitta*
- *Laghu-rukṣa-uṣṇa* → *Kaphaja Amlapitta*
- *Guru-snigdha-śīta* → *Vātajā* features, *tīkṣṇāgni* or post-acute restoration phases

3. *Karma*-Based Analysis: Broader Therapeutic Impact

The *karma* of *Pathya dravyas* offers deeper insight into their systemic influence. The presence of *tridoṣahara* items such as *śālī*, *māṃsa-rasa*, *dāḍima* and *dhātṛī* supports their universal applicability across varied presentations of *Amlapitta*. These substances stabilize the system while simultaneously supporting *Agni* without provoking any specific *doṣa*, making them safe baseline dietary recommendations.

The predominance of *kapha-pittahara dravyas* further confirms that *Amlapitta* chiefly arises from the combined vitiation of these two *doṣas*. Items such as *yava*, *mudga*, *māṣura*, *hareṇu*, *vāsa-puṣpa*, *karavellaka* and *paṭola* help to normalize *pitta*, reduce *kleda* and restore the digestive environment. However, classical caution is necessary. For instance, *hareṇu* may aggravate *Vāta*; hence it should be avoided in *Vāta-pradhāna* patients or those with *udāvarta*-like symptoms.

For *kapha-vāta* presentations, *kalāya-śāka* and *karaṇja* offer stability by supporting *Agni* and reducing *kleda*. *Vāta-pittaja* presentations require nourishing yet *pitta*-pacifying items such as *godhūma*, *go-sarpi*, *karkoṭaka* and *kuṣmāṇḍa*, provided *Agni* is not severely compromised.

3. *Apathya Ahāra*: Reasons to avoid certain food articles

Apathya includes foods that are *ati-guru*, *ati-uṣṇa* or strong *kapha-pitta-prakopaka* in nature. These foods encourage *āma* formation, increase *kleda*, irritate *Pācaka pitta* or overload the digestive capacity. Their chronic use perpetuates the *samprāpti* by worsening *mandāgni*, or promoting excess acid production, causing mucosal irritation and facilitating the transition from functional indigestion to established *Amlapitta*.

B. Discussion on *dosha* and *agni* status of *Amlapitta*

1. Selection of *pathya* based on *Agni*

Since *agni-dushti* is the core of *Amlapitta samprāpti*, dietary prescriptions must directly modulate *Agni*:

- In *tīkṣṇāgni*: *Guru*, *śītavīryadravya* like *payas* or *godhūma* protect tissues and stabilize *Pitta*.
- In *mandāgni*: *Laghu-rukṣa-uṣṇadravyas* such as *paṭola*, *karkoṭaka* and *karavellaka* rekindle digestive fire and reduce *āvaraṇa*.
- In *samāgni*: Mildly *pitta*-pacifying and *agni*-maintaining items prevent recurrence and address residual symptoms.

The role of *taptā-śītajala-pāna* (boiled and cooled water) is to reduce *Pitta* and improves digestion.

2. *Pathya–Apathya* considerations depending on clinical presentations of *Amlapitta*

A more condition-specific understanding of *Pathya–Apathya* becomes essential when examining the clinical variations of *Amlapitta*—*tiktāmlodgāra/dāha-pradhāna*, *avipāka-pradhāna*, *śūla-pradhāna* and *sarvalakṣaṇa Amlapitta* types.

In *tiktāmlodgāra* or *dāha-pradhāna Amlapitta*, the primary pathology lies in *pitta-prakopa* with *tīkṣṇāgni*; hence, *śītavīrya*, *madhura-kaṣāya rasa* and *pitta*-pacifying foods such as *śālī*, *mudga*, *saktu*, *godhūma* preparations, *dhātṛī* become ideal. *Apathya* here includes all *uṣṇa-tīkṣṇa* substances, sour and salty foods and stimulants that intensify the burning and sour regurgitation.

In *avipāka-pradhāna Amlapitta*, where *mandāgni*, *kapha-āvaraṇa* and *śuktatā* formation dominate, foods that are *laghu*, *rukṣa* and *uṣṇa*—such as *paṭola*, *karavellaka*, *karkoṭaka* or *karañja*—help rekindle *Agni*, reduce *āvaraṇa* and clear up undigested residues. Heavy, oily, cold and *kapha*-promoting items act as *Apathya* as they perpetuate *avipāka*.

In *śūla-pradhāna Amlapitta*, *vāta*-aggravation with *viṣamagni* necessitates *vāta-anulomana* and mild *uṣṇa pathya*, including *godhūma*, *go-sarpi*, *kuṣmāṇḍa*, *rāmbā-puṣpa* and easily digestible warm foods that stabilize the irregular digestive pattern. Extremely *rukṣa* or *kaphavardhaka* items may aggravate pain and should be avoided.

Lastly, in *Sarvalakṣaṇa Amlapitta*, the picture becomes a bit more mixed. Here, it's not just the food choices causing trouble—factors like emotional stress (especially anger), erratic eating patterns, wrong seasonal habits, and even overexertion all start piling up. Even people who normally have stable *samāgni* can slide into *Amlapitta* when these triggers keep repeating. Over time, these behaviours dull the *Agni* and allow *doṣas* to flare up in different combinations. So, the management in this type of *Amlapitta* isn't only about pacifying the *doṣas*—it starts with cutting off the *nidānas* completely. Once that's done, treatment can be tailored according to whichever *doṣas* and symptoms are currently dominant, while gently bringing back rhythm in digestion, lifestyle, and mental balance. Thus, *Pathya* and *Apathya* need to be chosen not only based on generalized *doṣic* involvement but also by carefully assessing the dominant symptom complex and the functional condition of *Agni* in each clinical subtype.

Conclusion:-

The analysis of *Pathya–Apathya* in *Amlapitta* reflects the necessity of aligning dietary recommendations with the underlying *doṣa* predominance, *Agni* status and specific clinical presentation. When selected on the basis of their *guṇa*, *vīrya* and *karma*, *Pathya dravyas* help normalize *mandāgni*, pacify aggravated *pitta* and *kapha*, and stabilize *vāta* with respect to the presenting conditions. Classifying *Amlapitta* into four functional types—*tiktāmlodgāra/dāha-pradhāna*, *avipāka-pradhāna*, *śūla-pradhāna* and *sarvalakṣaṇa amlapitta*, further refines dietary decision-making by addressing the exact mode of *samprāpti* operating in each presentation.

An important observation from this analysis is that a *dravya* that acts as *Pathya* in one type of *Amlapitta* may behave as *Apathya* in another. This dynamic interplay highlights the significance of understanding *samprāpti* and individual presentation of disease. For example, *śīta-vīryadravyas*, beneficial in *dāha-* or *tiktāmlodgāra-pradhāna Amlapitta*, may worsen *avipāka-pradhāna Amlapitta*, where *mandāgni* and *āma* formation predominate. Similarly, *uṣṇa-tīkṣṇadravyas*, useful in *kapha-āvaraṇa* or *mandāgni* states, may aggravate *pitta*-dominant conditions. These clinical contrasts illustrate that blindly prescribing *Pathya* without analysing *doṣa-agni-avasthā* can lead to undesirable outcomes.

Therefore, a methodical approach that integrates *samprāpti-vighatana* with the *guṇa-karma-vīrya* of each *āhāradravya* becomes essential for therapeutic precision. Such an analytical framework is not only valuable for *Amlapitta* but should also be extended across various dietary substances and disease conditions to ensure rational and individualized therapeutic dietetics. Ultimately, this refined understanding of classical *Pathya*, coupled with strict avoidance of *Apathya*, offers a sustainable and *samprāpti*-oriented strategy for managing *Amlapitta* effectively.

References:-

1. Sri Sudarshanashastri et. al. Chowkamba Samskruta Series Office, Varanasi, Madhava Nidana Vol.2, 51st Chapter- amlapittanidana Pg. 170- 172
2. R.K.Sharma et. al. Charaka Samhita Volume1 Chowkhamba Sanskrit series office Varanasi (India) Cha.Su.26
3. Sri Satyapala Bhisagacharya, Kashyapa Samhita, Chaukhambha Sanskrita Sansthan Varanasi, Edition: Reprint 2022, Khilasthana. 16, Pg.514-519
4. Sri Venkateshwara, Khemaraja Srikrishna dasa bhashagvara Sri Govinda dasa sena kruta Bhaisajya Ratnavali Bhashateekasahita, Stem press Mumbai 2009, Amlapittaki Chikitsa
5. Dr. IndradevaTripathi et. al. Yogaratnakara, Chowkamba Krishnadasa Achademy, Varanasi, Amlapitta Nidana-Chikitsa Prakaranam, Pg.664-679
6. T.Sreekumar, Astanga Hrudaya, Harishree publications 7th edition, Ayurveda rasayanavyakyasutrasthana 5th and 6th chapter
7. Government of India, Ministry of AYUSH. The Ayurvedic Pharmacopoeia of India, Part I, Vol. IV. 1st ed. New Delhi: Ministry of Health and Family Welfare, Department of Indian Systems of Medicine & Homoeopathy; 2001 Pg. 225

8. Government of India, Ministry of AYUSH. The Ayurvedic Pharmacopoeia of India, Part I, Vol. III. 1st ed. New Delhi: Ministry of Health and Family Welfare, Department of Indian Systems of Medicine & Homoeopathy; 2001 Pg 121-123
9. Dr. Bulusu Sitaram, Bhavaprakasha, Chaukhambha Ayurveda Pratishthan Reprint Edition:2017, Poorvakhandadhanyavarga 9/49
10. Dr.J.L.N.Sastry, Illustrated DravyagunaVijnana Volume 5, Chaukamba Orientalia Varanasi, Reprint 2017 ISBN: 978-81-7637-093-6 (Vol.V)
11. Dr.J.L.N.Sastry, Illustrated DravyagunaVijnana Volume 2, Chaukamba Orientalia Varanasi, Reprint 2017 ISBN: 978-81-7637-093-6 (Vol.II)
12. R.K.Sharma, Bhagwan Das, Charaka Samhita Volume1 Chaowkhamba Sanskrit series office Varanasi (India) Chakrapani Commentry On Charaka Samhita Sutrasthana 27th
13. Patil VC, Rajeshwari NM, editors. Varanasi: Chaukhamba Orientalia; 2018. Sushruta. Sushruta Samhita, Sutrasthana, 46th chapter shloka 269
14. Kaiyadevanigantu Oshadhi varga 1/286
15. Prof.K.R.Srikantha Murthy,AstangaSamgraha of VagbhataChaukhambha Orientalia Varanasi Volume 2, Nidanasthana 1/ 24- 28
16. Sri Satyapala Bhisagacharya, Kashyapa Samhita, ChaukhambhaSanskrita Sansthan Varanasi, Edition: Reprint 2022 Khilasthana. 16, Pg.514-519
17. R.K.Sharma et. al., Charaka Samhita Volume1 Chaowkhamba Sanskrit series office Varanasi (India) Chakrapani Commentry On Charaka Samhita Sutrasthana 26/102-103
18. R.K.Sharmaet. al., Charaka Samhita Volume1 Chaowkhamba Sanskrit series office Varanasi (India) Chakrapani Commentry On Charaka Samhita Sutrasthana 20th Chapter Verse 11-17
19. Prof.K.R.Srikantha Murthy,AstangaSamgraha of VagbhataChaukhambha Orientalia Varanasi Volume 1, Sutrasthana19/5
20. T.Sreekumar, Astanga Hrudaya, Harishree publications 7th edition, Ayurveda rasayanavyakyasutrasthana 13/24
21. Sri Satyapala Bhisagacharya, Kashyapa Samhita, ChaukhambhaSanskrita Sansthan Varanasi, Edition: Reprint 2022, Khilasthana. 16th chapter, Pg.514
22. R.K.Sharmaet. al., Charaka Samhita Volume 3 Chaowkhamba Sanskrit series office Varanasi (India) Chakrapani Commentry On Charaka Samhita Chikitsasthana 15/42-49
23. T.Sreekumar, Astanga Hrudaya, Harishree publications 7th edition, Ayurveda rasayanavyakyasutrasthana 12th chapter
24. R.K.Sharmaet. al., Charaka Samhita Volume 2 Chaowkhamba Sanskrit series office Varanasi (India) Chakrapani Commentry On Charaka Samhita Vimanasthana 6/12.