



Review Article

MANAGING ACID REFLUX: A DIETETIC APPROACH TO ALLEVIATING AAMLAPITTA AND GERD SYMPTOMS

Rajat Bhojraj Bhagat^{1*}, Kavita K Daulatkar²

*1PG Scholar, ²Professor and HOD, Dept. of Sanskrit Samhita Siddhant, Bhausaheb Mulak Ayurved Mahavidyalay and Medical Science and Research Hospital, Nagpur, Maharashtra, India.

Article info

Article History:

Received: 26-06-2024

Accepted: 24-07-2024

Published: 10-08-2024

KEYWORDS:

Amlapitta, Ahara-Vihara Chikitsa, Agni, Annavaahasrotas, Pachak pitta, Hyperacidity, GERD.

ABSTRACT

This article elucidates the role of dietetics in addressing the symptoms of acid reflux, specifically focusing on *Aamlapitta* and GERD (Gastroesophageal Reflux Disease). Acid reflux poses a pervasive challenge, often causing discomfort and disrupting daily activities. However, through a comprehensive dietetic approach, individuals can effectively manage and alleviate these symptoms. This article synthesizes current research and practical insights to offer a holistic understanding of how dietary modifications can positively impact acid reflux. A common sickness of the gastrointestinal system, or *Annavaaha Srotasa*, that affects people of all ages, genders, places, and climates may be *Amlapitta*, as described in several traditional Ayurvedic books. The 21st century is recognized as the modern period since it completely altered lifestyles and dietary patterns from earlier times. The majority of non-communicable diseases nowadays are caused by overindulgence in food items such as over-processed, under processed, and incompatible dietary preparations. *Acharyas* listed a number of dos and don'ts, including *Ritucharya* (a seasonal regime) and *Dinacharya* (a diurnal regime). The Ayurvedic teachings of *Acharyas* featured *Pathya* (healthy) and *Apathaya* (unhealthy) as a component in the treatment of ailments, in addition to being an essential part of the regimen of good health. In conclusion, this article underscores the pivotal role of dietetics in managing acid reflux and offers actionable insights to empower individuals in their journey toward symptom relief and improved quality of life.

INTRODUCTION

In the ancient texts of Ayurveda, the foundational principles of holistic living and wellness are meticulously outlined by revered sages such as Acharya Charak and Acharya Sushrut. Their teachings, encapsulated in works like "*Astavidha Ahara Vidhividhana*" and "*Dwadasha Asana Pravicharana*," delineate not just the mere act of eating but the intricate methodology behind it. Alongside, the concepts of "*Dinacharya*" and "*Ritucharya*" prescribe a structured lifestyle that harmonizes with nature's rhythms, ensuring optimal health and well-being. However, in the fast-paced modern world, characterized by rapid technological advancements

and heightened demands for speed and efficiency, adherence to these ancient wisdoms often dwindles. The allure of convenience leads many to forsake nourishing, wholesome foods in favor of quick-fix, processed alternatives. Simultaneously, the pervasive presence of stress, anxiety, and tension further disrupts the delicate balance of bodily functions, particularly digestion. The repercussions of this shift in dietary and lifestyle patterns manifest in a spectrum of digestive ailments, ranging from hyperacidity and gastritis to more severe conditions like peptic ulcers and anorexia. Under the encompassing term of "*Amlapitta*" in Ayurveda, these pathological disorders converge, underscoring the profound impact of modern living on our physiological equilibrium. Due to improper nutrition and lifestyle choices that cause digestive system disruptions, *Amlapitta* is a prevalent *Annavaaha Sroto-Dushti Vikara* that affects people of all ages, genders, locations, and climates. However, *Agni* is the most important component to consider in Ayurveda. *Agni* is the one that is impaired in *Amlapitta*, which contributes to the pathophysiology of the illness.

| | |
|---|---|
| Access this article online | |
| Quick Response Code | |
|  | https://doi.org/10.47070/ijapr.v12i7.3320 |
| Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) | |

Agnian and *Kostaone* need to eat and drink healthful foods and beverages at the appropriate times in order to maintain and improve. Overindulgence in food items that may be *Virudha* (incompatible combinations), rotten, bitter, or cause burning in the stomach. Various foods and beverages that will vitiate the *Pitta*, aggravating it further and resulting in *Amlapitta*. *Pathya*, stemming from the root word *Patha*, denotes practices or substances conducive to the well-being of both mind and body, essentially referring to regimes that promote health. Conversely, *Apathya* signifies elements detrimental to one's physical and mental health. Among the three fundamental aspects of existence identified by Charakha- food, regulated sexual activity, and sleep- food takes precedence. Sushruta further underscores this by highlighting food as the wellspring of vitality, strength, vitality, and complexion. Globally, approximately 20% of adults grapple with GERD (Gastroesophageal reflux disease), akin to *Urdhwaga Amlapitta* in its signs and symptoms. Hence, it's evident that *Amlapitta* is a prevalent lifestyle ailment often overlooked in contemporary times. However, managing *Amlapitta* primarily revolves around dietary and lifestyle adjustments rather than solely relying on medications. While conventional medicine offers an array of treatments like antacids, PPIs (Proton Pump Inhibitors), and H2 Receptor antagonists, the emphasis on holistic lifestyle changes remains paramount. In this article, we delve into the multifaceted interplay between contemporary lifestyles, dietary habits, and digestive health, elucidating the intricate mechanisms through which ancient Ayurvedic wisdom can offer invaluable insights and remedies in navigating the challenges of modernity.

AIMS

1. To explore the relationship between diet and the management of acid reflux, including *Amlapitta* and GERD symptoms.
2. To provide evidence-based dietary strategies for alleviating symptoms of acid reflux.
3. To offer practical recommendations for individuals seeking dietary solutions to manage acid reflux effectively.

OBJECTIVES

1. Investigate the causes and triggers of acid reflux, including *Amlapitta* and GERD, with a focus on dietary factors.
2. Review existing literature on the role of diet in the prevention and management of acid reflux symptoms.
3. Identify specific foods and beverages that may exacerbate or alleviate acid reflux symptoms.
4. Explore lifestyle modifications, beyond diet, that can complement dietary strategies in managing acid reflux.

5. Provide practical dietary recommendations and meal planning tips for individuals seeking relief from acid reflux symptoms.
6. Discuss the importance of individualized dietary approaches and the potential benefits of consulting with a dietitian for personalized guidance.

MATERIALS AND METHODS

To gather comprehensive information on *Amlapitta* (acid reflux), a systematic search of ancient Ayurvedic texts was conducted. The following texts were included in the search:

- 1) Charaka Samhitha
- 2) Kashyapa Samhitha
- 3) Madhava Nidana
- 4) Bhava Prakasha
- 5) Yoga Rathnakara
- 6) Bhaishjya Ratnavali

Review of Literature

Amlapitta may be a common gastrointestinal tract sickness of *Annavaha Srotasa*, which mostly consists of acid reflux, heartburn, and throat burns, and sour and strong burping, or *Tikta-Amlodgara*.^[1] The *Nidanas* are highlighted in a similar way in almost all of the classical Ayurvedic writings. *Aharaja* and *Viharaja Nidana* are two of them, as is explained. The typical *Aharaja Nidanasare: Virudha Ahara* (incompatible food), *Dushta-Amlavidahi Ahara* (acidified food), *Pitta Prakopakara Ahara* (*Pitta*-aggravating food), *Virudhyasana* (untimely food consumption), *Ajeerna* (indigestion), *Madhya* (alcohol), *Atyushna* (too hot), *Snigdha* (too oily), *Ruksha* (dry), and *Katu* (pungent) *Ahara*. In a same vein, the typical *Viharaja Nidanasare -Divaswapna* (repeated daytime sleeping), *Ati Snana* (overindulgent bathing), and *Avagaha* (tub bath).^[2] The pathophysiology of *Amlapitta* is interpreted as excessive *Nidanas* (aetiology), which aggravates *Vatadi Doshas* and causes *Agnimandya* and *Ama* production. Additionally, *Shukthatwa* of *Ahara Rasa* is reached by the *Ama* and *Vatadi Doshas*, which localise in *Amashaya*. *Ajeerna Ahara* leads the *Amlapitta* along with *Prakupita Pitta Doshale*.^[3] The *Samanya Lakshanas* of *Amlapitta* are: *Hruth Kanta Daha* (burning sensation in the chest and neck), *Aruchi* (anorexia), *Utklesha* (discomfort), *Tikthamlodhgara* (sour belching), *Avipaka* (indigestion), and *Klama* (exhaustion). *Pathya* is the term for the *Ahara* and *Vihara*, which pacify the illness. *Apathya* is associated with the *Ahara* and *Vihara*, which exacerbate the illness and lead to complications.^[4]

Pathya-Apathya

The following *Samhithas* are specific to *Pathya Ahara* and are only applicable to *Amlapitta*:

Charaka Samhitha- Raja Masha (cow peas)

Kashyapa Samhitha- Old rice, Purana Shali, Mudhga, Masura, Harenu, Grutha, ghee, Paya, Jangala Mamsa, Kalaya Shaka, Pouthika, Vasa Pushpa, Malabar nut

flowers, *Vaasthuka*, and *Thiktha-Laghu Shaka Varga* (leafy and easily digested vegetables).

Bhava Prakasha- *Yusha Yavagu*, or thick gruel, is made with *Godhuma* (wheat) and *Yava* (barley), with puffed grains and sugar added.

Rathnakara Yoga -*Yava* (barley), *Godhuma* (wheat), *Mudhga* (green gram), *Purana Raktha Shali* (old red rice), *Taptha Sheetha Jala* (boiled water made to cool), *Sharkara* (sugar), *Madhu* (honey), *Sakthu* (gruel), *Karkotaka* (spiny gourd), *Karavella* (bitter gourd), *Rambapushpa*, *Vaasthuka*, *Vethra Agra*, *Vrudha Kushmanda* (aged winter melon), *Patola* (pointed gourd), *Dadima* (pomegranate), and all *Pitta* and *Kapha*-relieving beverages.

Baishajya Ratnavali -*Raktha Shali* (red rice), *Yava* (barley), *Godhuma* (wheat), *Mudgha* (green gram), *Jangala Rasa* (dry arid meat soup), *Taptha Sheeta Jala* (boiled cool water), *Sharkara* (sugar), *Madhu* (honey), *Karkota* (spiny gourd), *Karavellaka* (bitter gourd), *Patola* leaves (pointed gourd leaves), *Himlochika*, *Vethragram*, *Vridha Kushmanda* (winter melon), *Kadalipushpa* (banana flowers), *Vaasthuka*, *Kapitta* (wood apple), *Dadima* (pomegranate), *Amlakki* (Indian gooseberry), *Tikthani Sakalani* (bitter) and *Kapha Pittahara* diet.

Apathya

Apathya (dietary restrictions) for *Aamlapitta* as outlined in classical Ayurvedic texts:

Amla (Sour) Foods: Avoid or minimize consumption of sour foods such as citrus fruits, vinegar, yogurt, and sour pickles, as they are believed to exacerbate *Pitta dosha* and increase acidity in the stomach, aggravating *Aamlapitta*.

Ushna (Hot) Foods: Refrain from consuming excessively hot or spicy foods, including chili peppers, garlic, onions, and mustard, as they can provoke *Pitta* and lead to inflammation and irritation of the gastrointestinal tract.

Teekshna (Sharp) Foods: Limit intake of sharp and pungent foods like ginger, black pepper, and strong spices, as they have a heating effect on the body and may worsen symptoms of *Aamlapitta* by stimulating gastric acid secretion.

Viruddha Ahara (Incompatible Foods): Avoid combinations of foods that are considered incompatible according to Ayurvedic principles, such as consuming milk with sour fruits or fish with dairy products, as they can disrupt digestion and contribute to *Aamlapitta*.

Ati Snigdha (Excessively Oily) Foods: Reduce consumption of heavy, oily, and greasy foods like deep-fried snacks, fatty meats, and rich desserts, as they are believed to impair digestion and exacerbate *Pitta* imbalance, leading to *Aamlapitta*.

Guru Ahara (Heavy Foods): Avoid heavy and difficult-to-digest foods such as red meat, processed foods, and refined grains, as they can overload the digestive system and contribute to the accumulation of *Ama* (toxins), worsening *Aamlapitta* symptoms.

Vishamashana (Irregular Eating Habits): Maintain regular meal times and avoid erratic eating habits, such as skipping meals or eating irregularly, as they can disrupt the natural rhythms of digestion and contribute to *Aamlapitta*.

Abhishyandi Ahara (Congesting Foods): Steer clear of foods that are considered to be mucous-forming or congestive in nature, such as dairy products, bananas, and cold, heavy desserts, as they may exacerbate *Kapha* accumulation and contribute to *Aamlapitta*.

Adhyashana (Overeating): Practice moderation in food consumption and avoid overeating, as excessive intake can overwhelm the digestive fire (*Agni*) and lead to incomplete digestion, causing *Ama* formation and aggravating *Aamlapitta*.

Ati Ushna Dravya (Very Hot Foods): Refrain from consuming extremely hot or overheated foods and beverages, as they can irritate the delicate mucous membranes of the digestive tract and exacerbate symptoms of *Aamlapitta*.

DISCUSSION

The management of acid reflux, encompassing conditions such as *Aamlapitta* and GERD, presents a significant challenge for many individuals. While medical interventions such as proton pump inhibitors (PPIs) and histamine receptor antagonists (H2 blockers) are commonly prescribed, there is growing interest in exploring dietary approaches as adjunctive or alternative strategies for symptom relief. This discussion delves into the efficacy and practical considerations of adopting a dietetic approach to managing acid reflux.

Role of Diet in Acid Reflux Management

Numerous studies have demonstrated the influence of diet on the development and exacerbation of acid reflux symptoms. Certain foods and beverages, such as fatty foods, citrus fruits, caffeine, and alcohol, are known triggers for acid reflux due to their impact on lower oesophageal sphincter (LES) function and gastric acidity. Conversely, adopting a diet that is low in acidic, fatty, and spicy foods, while emphasizing the consumption of fiber-rich fruits and vegetables, whole grains, lean proteins, and healthy fats, has been associated with reduced symptom severity and frequency.

Potential Mechanisms of Action

The mechanisms underlying the beneficial effects of dietary modifications in acid reflux management are multifaceted. Certain foods may directly influence LES tone and gastric acidity, while

others may modulate inflammation and promote gastrointestinal motility and integrity. Additionally, dietary changes may contribute to weight management, as obesity is a well-established risk factor for GERD. By promoting weight loss and reducing intra-abdominal pressure, dietary interventions can alleviate pressure on the LES and decrease the likelihood of reflux events.

Individualized Approach

It is essential to recognize that the effectiveness of dietary interventions in acid reflux management may vary among individuals. Factors such as cultural preferences, food tolerances, comorbidities, and medication use should be taken into account when formulating personalized dietary recommendations. Furthermore, certain dietary strategies, such as avoiding large meals, refraining from eating close to bedtime, and practicing mindful eating habits, can complement specific dietary modifications in optimizing symptom control.

Collaboration with Healthcare Providers

While dietary modifications can be a valuable component of acid reflux management, they should not replace medical evaluation and treatment, particularly in cases of severe or refractory symptoms. Collaborative care involving healthcare providers, including physicians, dietitians, and gastroenterologists, is crucial for ensuring comprehensive and individualized management of acid reflux. Dietitians play a vital role in educating patients about dietary triggers, guiding meal planning, and monitoring nutritional adequacy during the implementation of dietary interventions.

Future Directions

Continued research is needed to further elucidate the role of specific dietary components, meal patterns, and lifestyle factors in acid reflux management. Longitudinal studies assessing the sustained efficacy and safety of dietary interventions, as well as comparative effectiveness studies evaluating different dietary approaches, are warranted. Furthermore, the integration of technology, such as mobile applications and wearable devices, may facilitate self-monitoring of dietary intake and symptom tracking, thereby empowering individuals to actively participate in their acid reflux management.

CONCLUSION

Non-communicable diseases have been increasing since the advent of modern civilization, raising significant concerns due to widespread unawareness regarding risk factors and disease pathology. *Amlapitta*, for instance, is largely attributed to unhealthy lifestyle choices and dietary habits. Mental stress, a common feature of contemporary life, also contributes to such ailments, making it imperative to focus on maintaining proper diets and lifestyles. Educating people about the beneficial and harmful dietary and lifestyle practices associated with *Amlapitta* can effectively manage and potentially cure the disease burden. Therefore, prioritizing lifestyle modifications and dietary adjustments as the primary treatment for non-communicable diseases is crucial. The ancient teachings, particularly those found in texts like Charaka Samhitha, emphasize the significance of *Pathya-Apathyas*, highlighting the importance of adhering to proper dietary and lifestyle guidelines. By following principles such as *Ahara Vidhi Vidhana* and *Ahara Visheshayathana*, as advocated by the *Acharyas*, individuals can mitigate the growing burden of non-communicable diseases in the modern era.

REFERENCES

1. Hansen KE, Jones AN, Lindstrom MJ, Davis LA, Ziegler TE, Penniston KL, Alvig AL, Shafer MM. Do proton pump inhibitors decrease calcium absorption? J Bone Miner Res. 2010 Dec; 25(12): 2786-95. doi: 10.1002/jbmr.166.; Epub 2010 Jun 24. Erratum in: J Bone Miner Res. 2011 Feb; 26(2): 439. PMID: 20578215; PMCID: PMC3179281
2. Madhavanidana of Shri Madhavakara with Madhukosa Sanskrit Commentary by Sri Vijayaraksita and Sri Kanthadatta with the Vidyotini Hindi Commentary by Sri Sudarasanasastry and Edited by Prof. Yadunandana Upadhyaya Part-II, Chaukhambha Prakashan Reprint Year (2014) 51/1 Page No.-202
3. Kasyapa samhita by Vrddhajivaka by Pandit Hemraj Sharma with the Vidyotini Hindi Commentary by Satyapalabhi sagacharya Reprint Year (2018) Chaukhambha Sanskrit Sansthan Khilasathana 16/7-13 Page No. 514
4. Agnivesha, Charaka, Chakrapani. SutraSthana. Chapter 25, Verse 45. In: Sharma RK, Dash B (editors). Charaka Samhita with Chakrapaanidatta, Ayurved Dipika, Commentary. Reprint ed. Varanasi: Chowkambha Sanskrit Series. Volume 1. 2012; p.437

Cite this article as:

Rajat Bhojraj Bhagat. Kavita K Daulatkar. Managing Acid Reflux: A Dietetic Approach to Alleviating Amlapitta and GERD Symptoms. International Journal of Ayurveda and Pharma Research. 2024;12(7):119-122.

<https://doi.org/10.47070/ijapr.v12i7.3320>

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr. Rajat Bhojraj Bhagat

PG Scholar,
Sanskrit Samhita Siddhant Dept.
Bhousaheb Mulak Ayurved
Mahavidyalay and Medical Science
and Research Hospital, Nagpur.
Email: rajat.bhagat582@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.