

## **EFFICACY OF DASHASARA CHURNA AND PANCHANIMBADI CHURNA IN THE MANAGEMENT OF URDHVAGA AMLAPITTA WITH SPECIAL REFERENCE TO GASTROESOPHAGEAL REFLUX DISEASE (GORD)**

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### **ABSTRACT**

This study evaluates the efficacy of two Ayurvedic formulations, Dashasara Churna and Panchanimbadi Churna, in managing Urdhvaga Amlapitta, a condition closely related to Gastroesophageal Reflux Disease (GORD). Urdhvaga Amlapitta is characterized by symptoms such as heartburn, acid regurgitation, nausea, and belching, which align with GORD's clinical presentation. Modern lifestyle factors and dietary habits, including excessive consumption of sour and spicy foods and stress, contribute to these digestive disturbances. In Ayurveda, Amlapitta is linked to the vitiation of Pitta Dosha and impaired Jatharagni, disrupting digestion and causing symptoms that are worsened by emotional factors like anxiety and anger. This comparative clinical study involved 10 patients diagnosed with Urdhvaga Amlapitta, randomly divided into two groups of five each. Group A received Dashasara Churna, while Group B was administered Panchanimbadi Churna, with both groups taking 15 grams thrice daily before meals for 21 days. Patients were monitored weekly to assess symptom severity and any adverse effects.

**KEYWORDS:** Urdhvaga Amlapitta, Gastroesophageal Reflux Disease (GORD), Dashasara Churna, Panchanimbadi Churna.

## INTRODUCTION

Ayurveda emphasizes a balanced diet aligned with seasonal changes, Agni, and Prakruti, with deviations from these principles leading to doshic imbalances and disease. Modern lifestyle factors, including frequent travel and environmental changes, disrupt healthy eating habits, contributing to digestive disorders. Amlapitta, an Ayurvedic condition affecting the Annavaha srotas, shares characteristics with GORD. Excessive intake of sour, salty, pungent, and hot foods, along with habits like alcohol, smoking, and NSAID overuse, further contribute to GORD.

Madhukosha explained Amlapitta as “Amlavidagdham cha tat pittam amlapittam.”<sup>[1]</sup> Over indulgence in the intake of Viruddha Aahara leads to vitiation of Pitta Dosha which disturbs the function of Jatharagni and leads to Jatharagnimandhya. During this stage, the food consumed becomes Vidagdha and then Sukta which states the manifestation of Vidagdhajirna that is purvarupa of the disease.<sup>[2]</sup> Further vitiated Pitta gets mixed with Sukta and causes Pitta Amavisha Sammurchhana then the cardinal symptom of Amlapitta is seen and if not treated properly then it leads to Bhed-avastha where the typical lakshanas of Urdhvaga Amlapitta can be seen.<sup>[3]</sup> The cardinal features of Amlapitta are Avipaka, Hrudkantha Daha, Klama, Tikta Amlaudaghara. Manasika Bhavas also play a great role in maintaining a proper gut brain axis in individuals. Bhaya, Krodha and other mano-vikaras are acting as aid in the manifestation of Amlapitta.

Gastroesophageal Reflux Disease (GORD) is a digestive disorder that occurs when acidic stomach juices, or food and fluids back up from the stomach into the esophagus. In GORD symptoms like heartburn and acid regurgitation occur at least once a week in an individual regardless of severity of the symptoms. This results in irritation of lining of oesophagus.<sup>[4]</sup>

On scrutinizing the literature to counteract the samprapti of amlapitta, Dashasara churna which is mentioned in Rasa Ratna Samuchhaya, having the properties like Madhura rasa, sheeta virya, and can be easily taken with water, which helps to produce soothing effect on the inner layer of the stomach, reverses inflammatory changes and controls the digestive secretions by which Amlapitta can be managed.<sup>[5]</sup> Panchanimbadi churna has properties like sheeta virya, tikta, kashaya rasa, has been proved as quite effective in amlapitta.

## NEED OF STUDY

This study is needed to evaluate the effectiveness of Ayurvedic formulations, Dashasara

Churna and Panchanimbadi Churna, in managing Urdhvaga Amlapitta, specifically addressing symptoms and underlying factors of GORD.

## MATERIALS AND METHODS

### Study Design

- A comparative clinical study with a sample size of 10 patients, divided into two groups of 5 each.

### Sample Size

- 10 patients diagnosed with Urdhvaga Amlapitta (Gastroesophageal Reflux Disease - GORD) were selected and randomly allocated to Group A and Group B, with 5 patients in each group.

### Inclusion Criteria

- Patients aged 18–60 years.
- Clinical diagnosis of Urdhvaga Amlapitta with symptoms of GORD.
- Both male and female patients.

### Exclusion Criteria

- Patients with a history of uncontrolled diabetes, hypertension, or severe systemic diseases.
- Pregnant and lactating women.
- Patients with peptic ulcer disease or any ongoing treatment with proton pump inhibitors (PPIs) or H2 blockers.

### Treatment Protocol

Group	Drug	Dosage	Timing	Anupana	Duration
Group A	Dashasara Churna	15 grams TID	Before food	Sukosna Jala	21 days
Group B	Panchanimbadi Churna	15 grams TID	Before food	Sukosna Jala	21 days

- **TID:** Thrice daily.
- **Anupana:** Sukosna Jala (lukewarm water) administered with each dose.

### Duration of Treatment

- The treatment period lasted for 21 days, with both groups receiving the respective interventions as per the above table.

**Follow-up**

- Patients were evaluated weekly during the 21-day treatment period for symptom improvement and adverse effects. i.e 0<sup>th</sup>, 7th, 14th, and 21st day.

**Assessment Criteria**

- Subjective symptoms: Heartburn, acid regurgitation, nausea, and belching.
- Objective parameters: Improvement in frequency and intensity of symptoms recorded at baseline 0<sup>th</sup>, 7th, 14th, and 21st day.

### Patient Master Chart

Patient ID	Group	Age	Gender	Heartburn (0th Day)	Heartburn (21st Day)	Acid Regurgitation (0th Day)	Acid Regurgitation (21st Day)	Nausea (0th Day)	Nausea (21st Day)	Belching (0th Day)	Belching (21st Day)
P1	A	34	M	3	1	3	1	2	1	3	1
P2	A	45	F	4	2	3	1	3	1	4	2
P3	A	50	M	3	1	4	1	2	1	3	1
P4	A	29	F	4	2	4	2	3	1	4	2
P5	A	41	M	3	1	3	1	2	1	3	1
P6	B	37	F	3	1	4	1	2	1	3	1
P7	B	43	M	4	2	4	1	3	1	4	2
P8	B	52	F	3	1	4	2	3	1	3	1
P9	B	30	M	4	2	3	1	2	1	4	2
P10	B	48	F	3	1	4	1	3	1	3	1

### Demographic Profile

The demographic profile of patients across both groups provides a balanced representation of gender and age. Both **Group A** (treated with Dashasara Churna) and **Group B** (treated with Panchanimbadi Churna) consisted of 5 patients each, with an age range of 29 to 52 years. The average age for Group A was 39.8 years, while Group B had an average age of 42 years. This study included both male and female participants, with Group A having 3 males and 2 females, and Group B having 2 males and 3 females.

### Pre-Treatment and Post-Treatment Grading and Scoring

The effectiveness of the treatments was assessed based on the severity scores of the primary symptoms of Urdhvaga Amlapitta, such as heartburn, acid regurgitation, nausea, and belching. Scores were recorded at baseline (0th day) and post-treatment (21st day). The following table summarizes the average symptom scores for both groups.

Symptom	Group	Pre-Treatment Score (0th Day)	Post-Treatment Score (21st Day)
Heartburn	Group A	3.4	1.4
	Group B	3.4	1.4
Acid Regurgitation	Group A	3.4	1.2
	Group B	3.8	1.2
Nausea	Group A	2.4	1.0
	Group B	2.6	1.0
Belching	Group A	3.4	1.4
	Group B	3.4	1.4

## OBSERVATIONS AND RESULTS

- **Heartburn:** Both groups demonstrated a notable reduction in heartburn symptoms, decreasing from an average score of 3.4 to 1.4 after 21 days. This suggests that both Dashasara Churna and Panchanimbadi Churna were effective in alleviating heartburn associated with Urdhvaga Amlapitta.
- **Acid Regurgitation:** Group A's acid regurgitation scores dropped from 3.4 to 1.2, while Group B's scores declined from 3.8 to 1.2. This shows a significant improvement in acid regurgitation symptoms for both groups, with Panchanimbadi Churna showing slightly higher baseline scores, indicating more severe initial symptoms in Group B.
- **Nausea:** Both groups exhibited a similar decrease in nausea scores, with Group A dropping from 2.4 to 1.0 and Group B from 2.6 to 1.0. This indicates effective reduction in nausea for both treatments.
- **Belching:** Average belching scores in both groups fell from 3.4 to 1.4, highlighting the effectiveness of both formulations in reducing belching.

## Interpretation of Results

The comparative clinical study indicates that both **Dashasara Churna** (Group A) and **Panchanimbadi Churna** (Group B) are effective in managing the symptoms of Urdhvaga Amlapitta (correlated with GORD). Both treatments showed a significant reduction in symptom scores across all parameters, including heartburn, acid regurgitation, nausea, and belching.

- **Symptom Relief:** The reduction in symptom severity over the 21-day treatment period was nearly identical in both groups, suggesting that both Dashasara Churna and Panchanimbadi Churna are viable options for alleviating symptoms of Urdhvaga Amlapitta.

- **Clinical Effectiveness:** The outcomes suggest that both Ayurvedic formulations can be beneficial for managing GORD-like symptoms, providing a holistic approach that aligns with Ayurvedic principles and offers an alternative to conventional medications for patients experiencing these digestive issues.

## DRUG MODE OF ACTION

### Ayurvedic Drug Mode of Action<sup>[06,07,08]</sup>

In Ayurveda, Urdhvaga Amlapitta (akin to GORD) is primarily associated with Pitta Dosha vitiation, which disrupts the function of Jatharagni (digestive fire). Ayurvedic treatments like Dashasara Churna and Panchanimbadi Churna target this root cause by balancing Pitta and enhancing Agni.

- **Dashasara Churna** has Madhura Rasa (sweet taste) and Sheeta Virya (cool potency), which soothes the stomach lining, reducing inflammation and acidity. It stabilizes digestive secretions and strengthens Agni, helping to digest food properly and preventing the formation of sour, undigested food (Vidagdha).
- **Panchanimbadi Churna** possesses Tikta (bitter) and Kashaya (astringent) Rasa with Sheeta Virya. These properties help reduce Pitta by their cooling effect, promoting balance in the digestive tract and reducing symptoms like burning and acid reflux.

### Modern Drug Mode of Action<sup>[09,10,11]</sup>

In conventional medicine, GORD is treated using drugs like proton pump inhibitors (PPIs), H<sub>2</sub> receptor antagonists, and antacids.

- **Proton Pump Inhibitors (PPIs)** (e.g., omeprazole) work by blocking the enzyme system in the stomach lining responsible for acid production, effectively reducing gastric acidity and providing relief from heartburn and acid reflux.
- **H<sub>2</sub> Receptor Antagonists** (e.g., ranitidine) reduce acid production by blocking histamine receptors on the stomach lining, helping to prevent acid buildup.
- **Antacids** neutralize existing stomach acid and provide rapid symptomatic relief, though they do not address the underlying acid production like PPIs and H<sub>2</sub> blockers.

## CONCLUSION

This comparative clinical study indicates that both Dashasara Churna and Panchanimbadi Churna are effective in managing symptoms of Urdhvaga Amlapitta (Gastroesophageal Reflux Disease - GORD). Both groups showed a significant reduction in symptom severity for heartburn, acid regurgitation, nausea, and belching after 21 days of treatment. The nearly

identical improvement in symptom scores suggests that both formulations offer comparable efficacy in providing symptomatic relief. These findings support the potential of Dashasara Churna and Panchanimbadi Churna as effective Ayurvedic interventions for managing GORD-like symptoms. Further research with larger sample sizes and longer follow-up periods is recommended to confirm and expand on these results.

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