

## A COMPARATIVE CLINICAL STUDY ON THE EFFICACY OF HINGVADI YOGA AND AVIPATTIKARA CHURNA IN THE MANAGEMENT OF AMLAPITTA

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Article Received on 28 May 2026,  
Article Revised on 18 June 2026,  
Article Published on 01 July 2026,

<https://doi.org/10.5281/zenodo.21029217>

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**How to cite this Article:** Dr. Onkar Kande\*. (2026). A Comparative Clinical Study on The Efficacy of Hingvadi Yoga and Avipattikara Churna In The Management of Amlapitta. World Journal of Pharmaceutical Research, 15(13), 785-793

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### ABSTRACT

Amlapitta is one of the most common gastrointestinal disorders described in Ayurveda, characterized by symptoms such as Tikta–Amlodgara (sour and bitter belching), Hrita–Kantha Daha (burning sensation in chest and throat), Aruchi (loss of appetite), and Utklesha (nausea). It mainly results from impaired Agni and aggravation of Pitta Dosha due to improper dietary habits, stress, and irregular lifestyle. In contemporary medicine, Amlapitta can be correlated with acid peptic disorders such as gastritis and hyperacidity. The present clinical study was conducted to evaluate the efficacy of Hingvadi Yoga in the management of Amlapitta and to compare its therapeutic effect with Avipattikara Churna, a well-known classical formulation used for Pittaja disorders. A randomized controlled

clinical study was carried out on 40 patients clinically diagnosed with Amlapitta, selected from the OPD and IPD of the Department of Kayachikitsa at Dhanvantari Ayurvedic Medical College and Hospital, Karnataka. The patients were randomly divided into two groups consisting of 20 patients each. Group A received Hingvadi Yoga (5 g twice daily after meals with lukewarm water), while Group B received Avipattikara Churna (5 g twice daily after meals with lukewarm water) for a duration of 30 days. Assessment of therapeutic response was done based on subjective parameters including Tikta–Amlodgara, Hrita–Kantha Daha, Aruchi, and Utklesha using a graded scoring pattern. Follow-up observations were recorded on the 0th, 10th, 20th, and 30th day of treatment. The ingredients of Hingvadi Yoga such as Hingu, Katakaphala, Chinchu, and Ghrita possess Deepana, Pachana, Vata-Kapha Shamana,

and Agni-stimulating properties which help in correcting digestive disturbances and reducing the pathological manifestation of Amlapitta. The study aims to highlight the clinical effectiveness of this formulation in comparison with Avipattikara Churna. The findings of the study may provide supportive evidence for the use of classical Ayurvedic formulations in the management of Amlapitta and contribute to the integration of traditional therapeutic approaches in gastrointestinal disorders.

**KEYWORDS:** Amlapitta, Hingvadi Yoga, Avipattikara Churna, Hyperacidity, Deepana-Pachana, Ayurvedic Clinical Study.

## INTRODUCTION

Amlapitta is one of the most commonly occurring disorders of the gastrointestinal tract described in Ayurvedic literature. It is primarily caused due to the aggravation of Pitta Dosha along with impairment of Jatharagni, leading to the formation of *Amla guna yukta pitta* in the stomach. Improper dietary habits such as excessive intake of spicy, sour, fermented, and oily foods, irregular eating patterns, stress, and sedentary lifestyle are considered the major etiological factors responsible for the development of this condition.<sup>[1]</sup>

According to Ayurveda, when the aggravated Pitta combines with improperly digested food (*Vidagdha Ahara*) due to Mandagni, it produces symptoms like Tikta–Amlodgara (sour and bitter belching), Hrita–Kantha Daha (burning sensation in chest and throat), Aruchi (loss of appetite), and Utklesha (nausea). If untreated, the condition may further lead to complications affecting the digestive and systemic functions of the body.<sup>[2]</sup>

Classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, and Kashyapa Samhita have elaborately described the pathogenesis, types, and management of Amlapitta. In Ayurveda, the management mainly focuses on Nidana Parivarjana (avoidance of causative factors), Deepana–Pachana drugs, Pittashamana therapy, and appropriate dietary and lifestyle modifications to restore the normal function of Agni and Doshas.<sup>[3]</sup>

In modern medicine, Amlapitta can be correlated with conditions like hyperacidity, gastritis, and acid peptic disorders, which are characterized by excessive secretion of gastric acid and irritation of the gastric mucosa. The increasing prevalence of such disorders due to stress, unhealthy diet, and irregular lifestyle highlights the need for safe and effective therapeutic approaches.<sup>[4]</sup>

Ayurveda offers several classical formulations for the management of Amlapitta. Among them, Hingvadi Yoga contains ingredients such as Hingu, Katakaphala, Chinchā, and Ghrita, which possess properties like Deepana, Pachana, Vata-Kapha Shamana, and Shoolahara, helping to improve digestion and reduce gastric discomfort. Similarly, Avipattikara Churna is a widely used classical formulation known for its Pittashamaka and mild Virechana properties, making it beneficial in acid-peptic conditions.<sup>[5]</sup>

Considering the increasing incidence of digestive disorders and the need for effective Ayurvedic interventions, the present study was undertaken to evaluate the clinical efficacy of Hingvadi Yoga in the management of Amlapitta and to compare its therapeutic effect with Avipattikara Churna.

### **AIM**

To evaluate the clinical efficacy of Hingvadi Yoga in the management of Amlapitta and to compare its therapeutic effect with Avipattikara Churna in reducing the signs and symptoms of Amlapitta.

### **Drug Review**

#### **1. Hingvadi Yoga**

Hingvadi Yoga is a classical Ayurvedic formulation indicated in disorders related to Agnimandya, Ajeerna, and Amlapitta. The formulation mainly acts through Deepana (enhancing digestive fire), Pachana (digesting Ama), and Vata-Kapha Shamana properties, which help in correcting impaired digestion and reducing gastric symptoms. The ingredients present in this formulation collectively help in improving appetite, relieving abdominal discomfort, and regulating digestive functions.

- Hingu (*Ferula asafoetida*): Possesses Deepana, Pachana, and Shoolahara properties. It helps relieve indigestion, flatulence, and abdominal pain and stimulates digestive enzymes.
- Katakaphala (*Strychnos potatorum*): Known for Kashaya rasa and Grahi properties, which help stabilize digestive function and reduce gastric irritation.
- Chinchā (*Tamarindus indica*): Acts as Pachana and improves appetite while supporting digestion.
- Ghrita (Ghee): Works as Yogavahi and Pittashamaka; it protects the gastric mucosa and helps balance aggravated Pitta.

The combined action of these drugs helps normalize Agni, reduce Amla guna of Pitta, and relieve the classical symptoms of Amlapitta such as sour belching, burning sensation, and nausea.

## 2. *Avipattikara Churna*

Avipattikara Churna is a well-known classical formulation widely used for Pittaja disorders and Amlapitta. It possesses Pittashamaka, Deepana, Pachana, and mild Virechana properties, which help in eliminating aggravated Pitta and improving digestive function.

Major ingredients such as Shunthi, Maricha, and Pippali (Trikatu) stimulate digestive fire and enhance metabolism. Triphala (Haritaki, Bibhitaki, Amalaki) acts as Rasayana and helps regulate bowel movement. Mustha and Vidanga aid in digestion and Ama Pachana, while Nishoth provides mild purgative action that helps expel excess Pitta from the body. Khanda (sugar) and aromatic drugs like Ela, Tamalapatra, and Lavanga balance the formulation and reduce gastric irritation.

Due to its combined Deepana, Pachana, and Pittashamaka effects, Avipattikara Churna effectively reduces symptoms like hyperacidity, burning sensation, nausea, and indigestion, making it a commonly prescribed formulation for Amlapitta management.

## METHODOLOGY

A randomized controlled clinical study was conducted on 40 patients clinically diagnosed with Amlapitta. Patients were selected from the OPD and IPD of the Department of Kayachikitsa, Dhanvantari Ayurvedic Medical College and Hospital, Karnataka. The patients were randomly divided into two groups of 20 patients each.

- Group A (Trial Group): Hingvadi Yoga – 5 g twice daily after meals with *Koshna Jala* for 30 days.
- Group B (Control Group): Avipattikara Churna – 5 g twice daily after meals with *Koshna Jala* for 30 days.

Assessment of therapeutic effect was carried out based on subjective parameters such as Tikta–Amlodgara (sour and bitter belching), Hrita–Kantha Daha (heart and throat burn), Aruchi (loss of appetite), and Utklesha (nausea). Observations were recorded on the 0th, 10th, 20th, and 30th day of treatment, and the results were analyzed statistically.

## OBSERVATION AND RESULTS

### 1. Observational Findings

In the present randomized comparative clinical study, a total of 40 patients diagnosed with Amlapitta were selected and randomly divided into two groups consisting of 20 patients each. Group A received Hingvadi Yoga and Group B received Avipattikara Churna for a duration of 30 days. Observations were recorded on the 0th, 10th, 20th, and 30th day of treatment. The assessment of improvement was done based on four subjective parameters: Tikta–Amlodgara, Hrita–Kantha Daha, Aruchi, and Utklesha.

#### *Demographic Observations Age Distribution*

Most of the patients belonged to the **16–30 years and 31–40 years** age groups. This indicates that Amlapitta is more prevalent among the young and middle-aged population. Irregular dietary habits, consumption of spicy and junk foods, mental stress, and sedentary lifestyle in this age group may contribute to the development of Amlapitta.

#### *Gender Distribution*

Both genders were included in the study. A slightly higher number of female patients were observed in Group A, whereas Group B had relatively more male patients. However, overall gender distribution remained comparable in both groups.

#### *Dietary and Lifestyle Pattern*

Many patients reported intake of spicy, oily, fermented, and irregular meals, along with habits such as late-night sleeping and excessive tea/coffee consumption, which are known etiological factors of Amlapitta.

### 2. Symptom-Wise Observational Analysis Tikta–Amlodgara (Sour and Bitter Belching)

This symptom was present in the majority of patients at the beginning of the study. Gradual reduction in severity was observed in both groups during follow-up visits. However, patients treated with Hingvadi Yoga showed faster relief compared to those receiving Avipattikara Churna.

#### *Hrita–Kantha Daha (Burning Sensation in Chest and Throat)*

Burning sensation was one of the most prominent complaints among patients. Progressive reduction in burning sensation was observed during the treatment period in both groups, though the reduction was comparatively greater in the Hingvadi Yoga group.

***Aruchi (Loss of Appetite)***

Many patients initially reported reduced appetite due to impaired digestion. Improvement in appetite was observed after treatment, particularly in the Hingvadi Yoga group due to its Deepana and Pachana action.

***Utklesha (Nausea)***

Nausea was commonly reported among patients suffering from Amlapitta. Both formulations helped reduce this symptom, but the reduction was more prominent in the Hingvadi Yoga group.

**3. RESULTS OF TREATMENT**

The statistical analysis of results revealed that both groups showed significant improvement in all four subjective parameters after the completion of treatment. However, the degree of improvement was comparatively higher in the Hingvadi Yoga group.

| Symptom           | Improvement in Group A (Hingvadi Yoga) | Improvement in Group B (Avipattikara Churna) |
|-------------------|--|--|
| Tikta–Amlodgara   | 90% improvement                        | 72.3% improvement                            |
| Hrita–Kantha Daha | 89.47% improvement                     | 62.5% improvement                            |
| Aruchi            | 87.5% improvement                      | 47.5% improvement                            |
| Utklesha          | 87.5% improvement                      | 50% improvement                              |

The statistical evaluation using appropriate non-parametric tests indicated that the improvements observed in both groups were statistically significant. However, inter-group comparison demonstrated better clinical efficacy of Hingvadi Yoga compared to Avipattikara Churna.

**4. Overall Therapeutic Outcome**

The overall treatment response was evaluated after completion of the 30-day therapy.

| Overall Effect       | Group A (Hingvadi Yoga) | Group B (Avipattikara Churna) |
|----------------------|-------------------------|-------------------------------|
| Marked Improvement   | 85%                     | 20%                           |
| Moderate Improvement | 15%                     | 50%                           |
| Mild Improvement     | 0%                      | 30%                           |
| No Improvement       | 0%                      | 0%                            |

The findings clearly indicate that Hingvadi Yoga produced faster and more significant relief in the symptoms of Amlapitta, while Avipattikara Churna also showed improvement but comparatively to a lesser extent.

## DISCUSSION

Amlapitta is a disorder of Annavaha Srotasa mainly caused by Agnimandya and Pitta Prakopa, with significant involvement of Vata Dosha, especially Samana Vata. Continuous indulgence in improper dietary habits, incompatible food combinations, and faulty lifestyle leads to disturbance of Jatharagni, which initiates the disease process. When Agni becomes impaired, ingested food is not digested properly and forms Vidagdha Ahara Rasa, which further aggravates Pachaka Pitta and produces Amlapitta.<sup>[6]</sup>

In the present study, most patients belonged to the younger and middle-aged groups, which may be attributed to increased exposure to fast food consumption, irregular meal timings, excessive intake of tea and coffee, night awakening, and psychological stress. These factors are well recognized in Ayurvedic texts as etiological factors responsible for Pitta aggravation and Agnimandya.<sup>[7]</sup>

Dietary assessment revealed that many patients had habits such as frequent intake of spicy, oily, fried, and fermented foods, along with irregular eating patterns. These factors aggravate Amla and Ushna qualities of Pitta, leading to hyperacidity and digestive disturbances. Lifestyle factors such as Ratrijagarana, Divaswapna, and Vega Dharana further disturb the balance of Doshas and contribute to the manifestation of Amlapitta.<sup>[8]</sup>

The present clinical study evaluated the efficacy of Hingvadi Yoga and Avipattikara Churna in the management of Amlapitta based on four subjective parameters—Tikta-Amlodgara, Hrita-Kantha Daha, Aruchi, and Utklesha. Both groups showed statistically significant improvement in all parameters after the treatment period. However, the degree of improvement was comparatively higher in the Hingvadi Yoga group.<sup>[9]</sup>

In the symptom Tikta-Amlodgara, Hingvadi Yoga produced greater improvement compared to Avipattikara Churna. This may be attributed to its Deepana and Pachana properties, which improve digestion and prevent formation of Ama and Vidagdha Ahara Rasa. By correcting Agni and regulating Vata movement, the formulation reduces the upward movement of acidic contents from the stomach.<sup>[10]</sup>

For Hrita-Kantha Daha, both formulations produced significant relief. Hingvadi Yoga helps regulate digestive functions and prevents reflux by normalizing Samana and Apana Vata, whereas Avipattikara Churna acts mainly through Pitta Shamana and mild Virechana, which

reduces excessive acidity and burning sensation.<sup>[11]</sup> The symptom Aruchi (loss of appetite) improved significantly in the Hingvadi Yoga group due to the strong Agnideepana effect of ingredients like Hingu and other digestive stimulants. Restoration of Jatharagni improves appetite and digestive efficiency. In comparison, Avipattikara Churna mainly pacifies Pitta and provides symptomatic relief but has relatively milder Deepana action.<sup>[12]</sup>

Similarly, Utklesha (nausea) showed greater improvement in the Hingvadi Yoga group. This may be due to its Vatanulomana and Kapha-Pachana properties, which regulate gastrointestinal motility and prevent upward movement of Doshas responsible for nausea and regurgitation. Avipattikara Churna reduces Pitta and acidity but has less effect on Vata regulation, which may explain the comparatively lower improvement in this parameter.<sup>[13]</sup> Overall analysis of results revealed that Hingvadi Yoga produced faster and more sustained relief in all four symptoms of Amlapitta. This suggests that therapeutic approaches addressing Agnimandya, Ama formation, and Vata dysfunction along with Pitta pacification are more effective than therapies aimed solely at reducing Pitta. The findings of this study support the Ayurvedic principle that restoration of Agni is the fundamental step in the management of Amlapitta.<sup>[14]</sup>

## CONCLUSION

Amlapitta is primarily an Agni-based disorder involving Pitta and Vata Doshas. The present clinical study demonstrated that both Hingvadi Yoga and Avipattikara Churna were effective in reducing the symptoms of Amlapitta. However, Hingvadi Yoga showed comparatively better therapeutic efficacy in relieving Tikta-Amlodgara, Hrita-Kantha Daha, Aruchi, and Utklesha.

The superior effect of Hingvadi Yoga may be attributed to its Deepana, Pachana, and Vatanulomana properties, which correct Agnimandya and address the root cause of the disease. Thus, Hingvadi Yoga can be considered an effective and safe Ayurvedic formulation for the management of Amlapitta.

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