

COMPARATIVE STUDY TO EVALUATE THE EFFICACY OF DRAKSHADI
GRANULES AND PATOLADI SYRUP IN AMALPITTA W.S.R TO NON ULCER
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Article Received on 14/08/2020

Article Revised on 04/09/2020

Article Accepted on 24/09/2020

ABSTRACT

Ayurveda considers disturbance of *Agni* system as the root cause of all the diseases, particularly related to Gastro-intestinal tract diseases. *Amalpitta* is one of such diseases which occur due to the *Agni Vaikritya* leading to production of *Amma*. *Hurry*, *Worry* and *Curry* are the main attributes of *Amalpitta*. The present study was conducted to explore the potential of an *Ayurvedic* formulations *Drakshadi Granaules* and *Patoladi Syrup* in the management of *Amalpitta* w.s.r. to Non-Ulcer Dyspepsia. The study was conducted on 30 patients. Investigations were done to rule out any pathology. The subjective criteria included the symptoms: *Hrita Kantha Daha* (Retro-sternal burning), *Amlodgara* (Sour eructations), *Utklesha* (Nausea), *Avipaka* (Indigestion) *Chhardi* (Vomiting), *Aruchi* (Loss of appetite), *Kukshi Daha* (Epigastric burning), *Udaradhamana* (Flatulence) and *Klama* (Mental fatigue). Assessment of the patients revealed that therapies given in Group 1 and Group 2 were equally effective. No untoward effect was reported.

KEYWORDS: *Amalpitta*, Non Ulcer Dyspepsia, *Agni*, *Drakshadi Granules*, *Patoladi Syrup*.

INTRODUCTION

Dietary habits in present day, changing life style, stress and strain related to job or domestic worries has shown an adverse impact on the normal process of digestion. *Amalpitta* can be linked to wide spectrum of diseases like Non-ulcer dyspepsia, Acid peptic disorder, Gastro-esophageal reflux disease, Acute gastritis, Chronic gastritis, Hyperchlorhydria, Menetrier's disease etc. Functional dyspepsia is defined as a dyspepsia of more than 3 months without an organic cause, It is the cause of symptoms in 60% of patients with dyspeptic symptoms.¹ Dyspepsia is one of the most common gastro-intestinal complaint. Approx. prevalence is: Non Ulcer Dyspepsia- Up to 60%, Dyspepsia caused by structural or biochemical disease-Up to 40%, Gastritis-3.7 million people(1996), Non Ulcer Dyspepsia -6.4 million people(1996)². In India it is approximately 10 million. The change in life style has led to an unprecedented rise in the disorders of gastro-intestinal system. The dietary habits of present day, stress and strain related to job or domestic worries has adverse impact on the normal functioning of *Agni*. Such individuals are prone to suffer from *Amalpitta*. Non Ulcer Dyspepsia is a heterogeneous syndrome. No single abnormality accounts for all the

symptoms. There are multiple factors which lead to dyspeptic symptoms mainly.

- a) **Impaired motor and sensory functions-**
 - Delayed gastric emptying.
 - Intestinal dysmotility.
- b) **Mucosal inflammation due to-**
 - *Helicobacter pylori* infection.
 - Drugs -NSAIDS.
- c) **Psycho-social factors-**
 - Stress
 - Anxiety
- d) **Dietary habits and Environmental factors**

MATERIAL AND METHODS

- **Clinical Study** - The present study was carried out to evaluate the clinical profile of patient suffering from *Amalpitta* and to assess the effect of an *Ayurvedic* formulations in its management.
- **Selection of Study Subjects** - Study subjects were selected from OPD/IPD of R.G.G.P.G. *Ayurvedic* College and Hospital, Paprola, Distt. Kangra (H.P.) 176115. A detailed history was obtained and relevant investigations were carried out before the enrolment of individuals in the study.

- **Diagnostic Criteria For *Amalpitta*** - A diagnostic criterion was mainly based on the signs and symptoms of *Amalpitta* described in *Ayurvedic* classics such as:
- *Avipaka* (Indigestion)
- *Aruchi* (Loss of appetite)
- *Hritkanthadah* (Retrosternal burning)
- *Tiktaamlodgara* (Sour Eructations)
- *Utklesha* (Nausea)
- *Kukshi daha* (Epigastric Burning)
- *Udaradhmna* (Flatulence)
- *Klama* (Mental Fatigue)
- *Chardi* (Vomiting)

Inclusion Criteria

- Patient who were willing to undergo trial and ready to give written consent.
- Individuals of either gender aged between 20-60 years.
- Patients who were presented with classical features of *Amalpitta*.

Trial Drugs

1. ***Drakshadi Granules***- The ingredients of drugs *Drakshadi Granules* in is as follows.

| S.NO | Ingridient | Botanical name | Family | Part used |
|------|-----------------|---------------------------|---------------------|-------------------------|
| 1 | <i>Draksha</i> | <i>Vitis Vinefera</i> | <i>Vitiaceae</i> | <i>Phala</i> |
| 2 | <i>Haritaki</i> | <i>Terminalia Chebula</i> | <i>Combretaceae</i> | <i>Percarp of fruit</i> |
| 3 | <i>Sharkara</i> | | | |

Properties of *Drakshadi Granules*.

| S. NO | Ingrident | Rasa | Guna | Veerya | Vipaka | Dosha karma |
|-------|-----------------|------------------|----------------------------|---------------|----------------|---------------------------|
| 1 | <i>Draksha</i> | <i>Madhura</i> | <i>Guru, Sara, Snigdha</i> | <i>Sheeta</i> | <i>Madhura</i> | <i>Vata Pitta Shamaka</i> |
| 2 | <i>Haritaki</i> | <i>Panchrasa</i> | <i>Laghu, Ruksha</i> | <i>Ushna</i> | <i>Madhura</i> | <i>Tridosahara</i> |

2. ***Patoladi Syrup*** - The ingredients and proportion of drugs in *Patoladi Syrup* is as follows.

| S.NO | Ingrident | Botanical name | Family | Part used |
|------|----------------|-----------------------------|----------------------|-----------------|
| 1 | <i>Patola</i> | <i>Trichosanthes diocea</i> | <i>Cucurbitaceae</i> | <i>Panchang</i> |
| 2 | <i>Pippali</i> | <i>Piper longum</i> | <i>Piperaceae</i> | <i>Phala</i> |
| 3 | <i>Yava</i> | <i>Hordeum vulgare</i> | <i>Poaceae</i> | <i>Phala</i> |
| 4 | <i>Sita</i> | | | |

Properties of *Patoladi Syrup*.

| S. NO | Ingrident | Rasa | Guna | Veerya | Vipaka | Dosha karma |
|-------|----------------|------------------------|--------------------------------------|-----------------------|----------------|----------------------------------------------|
| 1 | <i>Patola</i> | <i>Tikta</i> | <i>Laghu, Snigdha</i> | <i>Ushna</i> | <i>Katu</i> | <i>Tridosh Shamaka (Mainly Pitta Shamak)</i> |
| 2 | <i>Pippali</i> | <i>Katu</i> | <i>Laghu, Snigdha, Tikshna</i> | <i>Anushna Sheeta</i> | <i>Madhura</i> | <i>Vata Kapha Shamaka</i> |
| 3 | <i>Yava</i> | <i>Kashaya Madhura</i> | <i>Ruksha, Guru, Picchila, Mridu</i> | <i>Sheeta</i> | <i>Katu</i> | <i>Kapha Pitta Shamaka</i> |

Drug Dosage

- *Drakshadi Granules* - 5 gms twice a day
- *Patoladi Syrup* - 20 ml twice a day
- **Route of Administration** - Oral
- **Duration of treatment** - 30 days
- **Anupana** - Water

Exclusion Criteria

- Patients who were not willing to undergo the treatment.
- Patients below the age of 20 years and above 60 years
- History of Gastric Ulcer/Surgery.
- Those who were using Aspirin or other NSAIDs.
- Patients who were suffering from Malignancy, Cardiac problems, Tuberculosis, CRF, Diabetes Mellitus
- Alarming symptoms like Weight Loss, GI bleeding and any other serious ailment.

Grouping Of Patients-

For the present clinical study 30 patients were enrolled and they were randomly divided into following two groups.

Group I: 15 patients were registered in this group and were given *Drakshadi Granules*.

Group II: 15 patients were registered in this group and were given *Patoladi Syrup*.

Follow up – First follow up was done on 15 day and second at the completion of trial. After starting the therapy, the patients were examined in every visit for pulse, blood pressure, temperature, signs and symptoms, appetite, bowel habits, and general condition. After 30 days, when the trial was completed, thorough examination of the patient was carried out. The patients

who were failed to continue the therapy for whole duration were considered drop out.

Criteria of Assessment

Scoring system was adopted for assessment of various subjective features and grades from zero to four were recorded to various features according to the severity.

Grading

1. *Hritkantha Daha* (Retrosternal burning)

- No *Daha* 0
- *Daha* of mild degree 1
- *Daha* of moderate degree relieved by cold milk, drinks, antacids, food and vomiting. 2
- *Daha* of severe degree involving *Hrith Kantha Daha* etc. and relieved after digestion of food or vomiting 3
- *Daha* of severe degree not relieved by any measure mentioned above 4

2. *Amla-Udgara* (Sour eructations)

- No *Amla-Udgara* at all 0
- Occasional *Amla-Udgara* during day 1
- *Amla-Udgara* of moderate severity 2
- Severe *Amla-Udgara* disturbing the patients daily routine 3
- Small amount of fluid regurgitates 4

3. *Utklesha* (Nausea)

- Absent 0
- Occasional desire to vomit 1
- Frequent desire to vomit 2
- Continuous desire to vomit 3
- Continuous desire to vomit with profuse water brash 4

4. *Avipaka* (Indigestion)

- Normal digestion 0
- Indigestion 2-3 times a week 1
- Occurs daily but not severe 2
- More than 2-3 times *Ajirna Ahara Lakshans* like *Guruta Glani* etc 3
- Severe indigestion which does not subside without medicine and *Langhana* 4

5. *Chhardi* (Vomiting)

- No vomiting 0
- Feels sense of nausea and vomits occasionally 1
- Frequency is not more than 2-3 per week 2
- Frequency of vomiting between four to six per week- and increases when pain is aggravated 3
- Frequency of vomiting daily after every meal- 4

6. *Aruchi* (Loss of appetite)

- Normal desire for food 0
- Eating timely without much desire 1
- Unable to take even desired food 2
- Smell and presence of food causes aversion 3
- No desire for food at all 4

7. Udar Adhman (Flatulence)

- Absent 0
- Occasional feeling of distension or gaseousness in abdomen 1
- Moderate complaint or discomfort 2
- Frequently distended abdomen 3
- Continuous flatulence in abdomen 4

8. Klama (Mental fatigue)

- No complaint 0
- Mild stress with occasional headache 1
- Moderate stress 2
- Severe stress with heaviness in head , relieved by vomiting 3
- Continuous heaviness in head , not relived by vomiting 4

9. Kuksi Daha (Epigastric Burning)

- Absent 0
- Occasional burning sensation in abdomen 1
- Burning sensation 3-4 times a day relieved by water and food 2
- Continuous complaint relieved by Antacids 3
- Continuous complaint not relieved by Antacids 4

Statistical Evaluation And Result Analysis- Analysis of data was done after entering into excel sheets. To draw conclusion statistical derivations were constructed. Tables and charts were made to signify the important findings. Paired 't' test was used for the statistical assessment. And it was also used for the intergroup statistical analysis. The results were expressed in terms of Mean, Standard Deviation (S.D) and Standard Error (S.E). The results were considered significant or insignificant depending upon the value of 'p':-

- Highly significant - p<0.001
- Significant - p<0.05-0.01
- Insignificant - p >0.05

| Status | Study subjects |
|-------------------------|----------------|
| Completed the treatment | 27 |
| Dropped out | 3 |
| Total | 30 |

Demographic Data

| Observations | No. of Patients / Percentage/ Maximum incidence |
|----------------------------|-------------------------------------------------|
| Age | 11 patients / 36.66% / 41-50 years |
| Sex | 20 patients / 66.66% / Female |
| Marital status | 27 patients / 90% / Married |
| Religion | All patient / 100% / Hindu |
| Habitat | 20 patients / 66.66% / Rural |
| Education | 10 patients / 33.33% / Illiterate |
| Occupation | 21 patients / 70% / Housewife |
| Socio economic Status | 17 patients / 56.66% / Middle class |
| Dietary Habits | 18 patients / 60% / Mixed diet |
| Use of Spices and chillies | 17 patients / 56.66% |
| Addiction | 17 patients / 56.66% / Tea |
| Bowel Habits | 19 patients / 63.33% / Irregular |
| Appetite | 18 patients / 60% / Reduced |
| Timing of Food Intake | 22 patients / 73.33% / Not Fixed and Irregular |

| | |
|-------------------------|---------------------------------------------------|
| Life style | 14 patients / 46.66% / Active |
| Sleep | 22 patients / 73.33% / Normal sleep |
| Chronicity | 16 patients / 53.33% / 2 months to 2 years |
| <i>Prakriti</i> | 13 patients / 43.33% / <i>Vatapitaja</i> |
| <i>Satva</i> | 18 patients / 60% / <i>Madhyama</i> |
| <i>Abhyarana Shakti</i> | 17 patients / 56.66% / <i>Madhyama</i> |
| <i>Jarana Shakti</i> | 18 patients / 60% / <i>Heena Jarana Shakti</i> |
| <i>Satmya</i> | 18 patients / 60% / <i>Vyamishra Satmya</i> |
| <i>Koshtha</i> | 17 patients / 56.66% / <i>Krura koshtha</i> |
| <i>Vyayma</i> | 17 patients / 56.66% / <i>Heena Vyayma Shakti</i> |

Effect of therapy on *Hrita Kantha Daha* in the patients of *Amalpitta*.

| Groups | N | Mean score | | % age change | SD \pm | SE \pm | 't' value | 'p' value | Intergroup comparison |
|--------|----|------------|------|--------------|----------|----------|-----------|-----------|-----------------------|
| | | BT | AT | | | | | | |
| I | 12 | 2.58 | 0.42 | 83.7 | 0.72 | 0.207 | 10.45 | <0.001 | t = 0.094 |
| II | 13 | 2.62 | 0.54 | 79.31 | 0.49 | 0.136 | 15.17 | <0.001 | p > 0.05 |

Effect of therapy on *Amlodgara* in the patients of *Amalpitta*.

| Groups | N | Mean score | | % age change | SD \pm | SE \pm | 't' value | 'p' value | Intergroup comparison |
|--------|----|------------|------|--------------|----------|----------|-----------|-----------|-----------------------|
| | | BT | AT | | | | | | |
| I | 13 | 2.69 | 0.46 | 82.8 | 0.59 | 0.166 | 13.42 | <0.001 | t = 0.277 |
| II | 13 | 2.46 | 0.46 | 81.3 | 0.41 | 0.113 | 17.66 | <0.001 | p > 0.05 |

Effect of therapy on *Utklesha* in the patients of *Amalpitta*.

| Groups | N | Mean score | | % age change | SD \pm | SE \pm | 't' value | 'p' value | Intergroup comparison |
|--------|----|------------|------|--------------|----------|----------|-----------|-----------|-----------------------|
| | | BT | AT | | | | | | |
| I | 10 | 2.10 | 1.0 | 52.3 | 0.74 | 0.233 | 4.71 | <0.01 | t = 0.278 |
| II | 09 | 2.5 | 1.25 | 50.1 | 0.71 | 0.25 | 5.00 | <0.01 | p > 0.05 |

Effect of therapy on *Avipaka* in the patients of *Amalpitta*.

| Groups | N | Mean score | | % age change | SD \pm | SE \pm | 't' value | 'p' value | Intergroup comparison |
|--------|----|------------|------|--------------|----------|----------|-----------|-----------|-----------------------|
| | | BT | AT | | | | | | |
| I | 10 | 2.7 | 0.60 | 77.7 | 0.74 | 0.233 | 9.00 | <0.001 | t = 0.421 |
| II | 13 | 2.38 | 0.62 | 73.94 | 0.59 | 0.166 | 10.64 | <0.001 | p > 0.05 |

Effect of therapy on *Chhardi* in the patients of *Amalpitta*.

| Groups | N | Mean score | | % age change | SD \pm | SE \pm | 't' value | 'p' value | Intergroup comparison |
|--------|----|------------|----|--------------|----------|----------|-----------|-----------|-----------------------|
| | | BT | AT | | | | | | |
| I | 07 | 2.0 | 0 | 100 | 0.57 | 0.218 | 9.16 | <0.001 | t = 0 |
| II | 13 | 2.0 | 0 | 100 | 0.82 | 0.258 | 7.74 | <0.001 | p > 0.05 |

Effect of therapy on *Aruchi* in the patients of *Amalpitta*.

| Groups | N | Mean score | | % age change | SD \pm | SE \pm | 't' value | 'p' value | Intergroup comparison |
|--------|----|------------|------|--------------|----------|----------|-----------|-----------|-----------------------|
| | | BT | AT | | | | | | |
| I | 12 | 2.08 | 0.25 | 87.98 | 1.11 | 0.321 | 5.69 | <0.001 | t = 0.094 |
| II | 12 | 2.25 | 0.50 | 77.77 | 0.62 | 0.179 | 9.75 | <0.001 | p > 0.05 |

Effect of therapy on *kukshi Daha* in the patients of *Amalpitta*.

| Groups | N | Mean score | | % age change | SD \pm | SE \pm | 't' value | 'p' value | Intergroup comparison |
|--------|----|------------|------|--------------|----------|----------|-----------|-----------|-----------------------|
| | | BT | AT | | | | | | |
| I | 14 | 2.71 | 0.43 | 84.13 | 0.61 | 0.163 | 13.9 | <0.001 | t = 0.154 |
| II | 13 | 2.53 | 0.38 | 84.88 | 0.55 | 0.153 | 14 | <0.001 | p > 0.05 |

Effect of therapy on *Udardhamana* in the patients of *Amalpitta*.

| Groups | N | Mean score | | % age change | SD \pm | SE \pm | 't' value | 'p' value | Intergroup comparison |
|--------|----|------------|------|--------------|----------|----------|-----------|-----------|-----------------------|
| | | BT | AT | | | | | | |
| I | 10 | 2.30 | 0.60 | 82.6 | 0.82 | 0.260 | 6.53 | <0.001 | t = 0.172 |
| II | 12 | 2.16 | 0.58 | 73.14 | 0.51 | 0.148 | 10.65 | <0.001 | p > 0.05 |

Effect of therapy on *Klama* in the patients of *Amalpitta*.

| Groups | N | Mean score | | % age change | SD \pm | SE \pm | 't' value | 'p' value | Intergroup comparison |
|--------|----|------------|------|--------------|----------|----------|-----------|-----------|-----------------------|
| | | BT | AT | | | | | | |
| I | 12 | 2.16 | 1.66 | 38.14 | 0.95 | 0.275 | 3.63 | <0.01 | t = 0.388 |
| II | 13 | 2.07 | 1.21 | 41.5 | 0.86 | 0.231 | 3.70 | <0.01 | p > 0.05 |

DISCUSSION

Amalpitta is the most common problem of society due to changing in life style, diet habits and behavioural pattern. Non Ulcer Dyspepsia is associated with a reduced sense of physical and mental well-being and is exacerbated by stress, suggesting an important role for psychological factors.³ The irresistible stress and strain of this present era are related with the pathogenesis of this disease. If we see the pathophysiology of the *Amalpitta* states it is more caused due to functional disturbance rather than organic lesion. *Amalpitta* is a condition where excessive secretion of Amla Guna of *Pitta* takes place. It is the disease of *Annavaha Srotas* caused due to *Mandagini* and *Annavaha Srotodushti*. Some patients with functional dyspepsia complain of specific food intolerance. Coffee acts as a direct irritant, stimulates acid secretion and precipitates gastro esophageal reflex.⁴ According to a study conducted at institute of Mental health, women are twice as likely as men to have depression and stress disorders. They are sensitive, anxious, emotional and overthink leading to continuous production of HCl.⁵ Commonly overlooked as a cause of dyspepsia is lactose malabsorption, which may cause bloating, cramps, flatulence and diarrhoea.⁶ Grade Score method was adopted to evaluate the effect of therapy in both the groups. After completion of 1 month, it was observed that statistically highly significant ($p < 0.001$) results were obtained in *Hrita-Kantha Daha*, *Amlodgara*, *Avipaka*, *Chhardi*, *Aruchi*, *Kukshi-Daha*, *Udaradhmana*, *Klama* in both groups. In *Utklesha* and *Klama*, effect of therapy was statistically significant in both groups. ($p < 0.01$). Inter group comparison showed statistically insignificant difference between the therapies given in trial. ($p > 0.05$).

1. ***Hrit Kantha Daha*** :- After 1 month, the clinical study showed 83.7% relief in group I and 79.31% relief in group II in *Hrita-Kantha Daha*. Results were statistically highly significant ($p < 0.001$) in both groups. This may be due to the *Sheeta Veerya* of *Draksha* and *Yava* and *Madhura Vipaka* of

Draksha, *Haritaki* and *Pippala* which are responsible for *Pitta Shamana*..

2. ***Amlodgara*** :- After one month, the clinical study showed that 82.8% relief was observed in group I and 81.3% relief was observed in group II. This data suggests statistically highly significant results in both the groups.
3. ***Utklesha***:- After one month, the clinical study showed that 52.3% relief was observed in group I and 50.1% relief was observed in group II. This data suggests statistically significant results in both the groups. Due to the *Katu Rasa* of the *Pippali* and *Haritaki*, it may absorb the increased *Drava Guna* of vitiated *Pachak Pitta*.
4. ***Avipaka*** - After completion of treatment 77.7% relief was observed in group I and 73.94% relief for group II. Result shows statistically highly significant results in both groups. *Tikta Rasa* of *Patola* and *Haritaki* having *Laghu Guna* is *Pitta kapha Shamka* and helps in *Amapachana* and *Deepana*. Whereas *Katu Vipaka* of *Patola* and *Yava* causes *Agni Deepna* and *Amapachana* and relieves the symptom *Avipaka*.
5. ***Chhardi*** - In this symptom 100% relief was observed in both group I and group II. Data shows statistically highly significant results in both groups. Due to the *katu rasa* of the *Pippali* and *Haritaki*, it may absorb the increased *Drava Guna* of vitiated *Pachak Pitta*.
6. ***Aruchi*** - 87.98% relief was recorded in group I after completion of treatment. In group II percentage of relief was 77.77%. The data shows statistically highly significant results in both the groups. It may be due to the *Tikta Rasa* of *Patola* and *Haritaki* having properties like *Deepana*, *Pachana* and *Rochana* and is said to be *Aruchighana*.
7. ***Kukshi Daha*** - After completion of treatment 84.13% relief was observed in group I and 84.88% relief in group II. Result shows statistically highly significant results in both groups. Relief in *Kukshi*

Daha may be due to the *Sheeta Veerya* of the *Draksha* and *Yava*. *Madhura Vipaka* of *Draksha*, *Haritaki* and *Pippali* which are having *Pitta Shamaka* effect.

8. **Udaradhmana** - 82.6% relief was recorded in group 1 after completion of treatment. In group II percentage of relief was 73.14%. The data shows statistically highly significant results in both the groups. *Udaradhmana* symptom occurs due to the increased *Amla* and *Drava Guna* of vitiated *Pachaka Pitta*, which may be treated by the *Deepana* and *Pachana* properties of *Patola* and *Haritaki*. Also *Madhura Viapka* of *Draksha*, *Hritaki* and *Pippali* is having *Srishta Vidmootra* property which leads to *Vatanulomna*.
9. **Klama**:- 38.14% relief was recorded in group 1 after completion of treatment. In group II percentage of relief was 41.5%. The data shows statistically significant results in both the groups. It is due to the vitiation of *Vata*, hence *Madhura Rasa* of *Draksha*, *Haritaki* and *Yava*. *Ushana Veerya* of *Haritaki* and *Patola* are responsible for *Vata Shamana*.

CONCLUSION

Assessment of the patients revealed that therapies given in Group 1 and Group 2 were equally effective over symptoms like *Hrita Kantha Daha*, *Amlodgara*, *Utklesha*, *Chhardi*, *Kukshi Daha*, *Avipaka*, *Aruchi* And *Udardhamana*. Intergroup comparison showed statistically insignificant difference between the therapies given. Trial drugs *Drakshadi Granules* and *Patoladi Syrup* are well tolerated by the patients and no untoward effect was reported.

ACKNOWLEDGEMENT

The authors are thankful to the authorities of Rajiv Gandhi Govt. Post Graduate Ayurvedic College And Hospital, Paprola (H.P.) for providing necessary assistance for completion of this research work. We are also thankful to all the individuals who participate in this study.

REFERENCES

1. Harrison's Manual OF Medicine, Edition 19th, 2016; 161.
2. Estimates from National Health Interview Survey, National Centre for Health Statistics, Vital Health Stat., 1999.
3. Harrison's Principles of Internal Medicine 17th Edition, 243.
4. Cecil Textbook of Medicine, volume 1, 2001, Edition 22nd, 810.
5. Sleisenger and Fordtran's - Gastroenterology and Liver Diseases 8TH Edition, 2000. (Section II Pg. 122)
6. Sleisenger and Fordtran's - Gastroenterology and Liver Diseases, 2000. 8TH Edition.