INTRODUCTION

Ayurveda is an ancient system of medicine known to mankind for more than 5000 years. "Ayu" means Life and "Veda" means Science. Thus Ayurveda is an immortal science of life that deals with all the aspects of life. It covers all the spheres of human life. It is not merely a materialistic science, but a philosophical and faithful truth which our great ancestral sages, through their experience, logic and power of wisdom. Ayurveda has been responsible for "Svasthasya Svasthya Rakshanam" and "Aaturasya VikaraPrashamanam ch" which means to maintain the positive health of a person, the next objective being the cure of manifested disease. According to Ayurveda, one should not be only free from physical ailment, but also should be mentally happy and spiritually elevated1,2.

The period of 21st century is regarded as the era of fast technology and of high competition, due to which man is subjected to major events of stress and strain. Stress and busy schedule has become their favourite excuse for engulfing fast food, Mcdonald, Pizza hut or road side food. No wonder there
are thousands who suffer from nutritional deficiency diseases but there are other food related diseases among this high class population also. People who do not eat healthy will have dozens of health problems especially related to GIT which are much more bothering than the infective diseases. The altered life style activities like fried food, spicy food, heavy food, alcohol, Night shifts, mental stress, addiction etc, are the major risk factors for Amlapitta. Today’s life style has completely changed it is not suitable for the normal physiology of digestion in body. 25 ~ 30 % peoples are suffering from GERD, dyspepsia which often results into peptic ulcer. Excessive consumption of Pitta prakopaka Ahara, Vihara leads to Amlata, Dravata, Vriddhi of Pitta causing Shuktata of Pitta suggesting manifestation of the disease Amlapitta.

The word Amlapitta is made up of two words Amla + Pitta i.e. Amlapitta. Amla literally means sour, citrus or acidic. “Amlam vidagdham cha tatt Pittam Amlapatam.” Pitta when gets Vidagdha becomes sour in taste leads to Amlapitta. “Amlapatam ceti amla gunodriktam pittam.” means when Amlata (sourness) of pitta is increased it leads to Amlapitta. In the pathogenesis of Amlapitta, there is an increase in the Amla Guna of Pachak Pitta and this Amlibhoot Pitta does not perform its digestive function. All digestion is dependent on the proper functioning of Agni and vitiation of Agni is the main pathophysiological derangement in this disease. Due to derangement of functions of Agni, a metabolic disequilibrium is produced leading to production of Ama. Therefore what so ever food is taken remains undigested and gets fermented to Shukta form and is manifested in the form of Amlapitta.

The person with pre-existing tendency of excessive Pitta secretion when habitually takes incompatible food like Virudha Aahara, excessive intake of Kulatha & Madya, living in Aanopoo desha, Sharad and Varsha Ritu, having unhygienic, excessively sour food, produces heartburn leading to vitiation of Pitta & its mal - secretion. This condition is called Amlapitta. According to Ayurveda, Mandagni (reduced digestive fire) is the mother of all diseases including Amlapitta. The excessive use of analgesics esp. NSAID’s, smoking, alcoholism, hot drinks, spicy food and tobacco lead to the gastric complaints like heartburn, nausea and vomiting. These gastric complaints mimic the symptoms of Amlapitta. The disease entity described under the heading of Amlapitta, has constellation of symptoms like heart burn, abdominal pain, sour belching, reflexes of food taken, nausea and loss of appetite etc.

The term "Amlapitta” can be co - related with "Gastro Esophageal Reflux disease", "Gastro Esophageal Reflux Disease" is define as Reflux of gastric contents into the esophagus resulting in inflammation of esophagus (reflux esophagitis) caused by H+ ions, Pepsin and bile salt.". Fatty meal, Hiatus hernia, prolonged gastric tube intubation; Ascitis, Obesity, Alcohol and Smoking are considered as the causative factors of GERD.

**Sign and Symptoms of GERD are:**

Typical symptoms:-Heart and Acid Regurgitation.
Atypical symptoms:-Dysphagia, Non-Cardiac chest pain & dyspepsia.
Extra esophageal:-Hoarseness ,Sorethroat & Dental erosions symptoms. GERD commonly
occurs as a chronic digestive disorder affecting 30-40% of general population. GERD is a very common condition with a high prevalence throughout the world, adversely affecting the quality of life of patients. The conventional remedies being used by the modern science have many adverse effects. A good number of research works have been carried out on Amlapitta and many of the clinical trials have proved effective to some extent but failed to provide satisfactory answers to all associated problems. Keeping all these factors into effective consideration, a clinical study was planned. In Ayurveda, several herbs and formulations have been tried on various aspects of Amlapitta as the herbal drugs have been known to provide a new therapeutic approach in the management of Amlapitta. For this research study, "Eladi Churna" has been selected the management of Amlapitta. The present study is purely clinical and was under taken in the OPD of 30 patients. The present study entitled "Clinical Evaluation of Eladi Churna in the Management of Amlapitta Roga w.s.r to Gastro Esophageal Reflux Disease (GERD). The study highlights both conceptual and clinical aspects related to the disease Amlapitta.

AIM: 1 Conceptual and Clinical study of Amlapitta vis-a-vis GERD
2. To evaluate the effect of Eladi Churna in the management of Amlapitta.

OBJECTIVE: 1. to study the concept of Amlapitta as per as Ayurvedic text and their discussion with current medical prospective.
2. To evaluate clinically the effect of Eladi Churna in the management of Amlapitta.

MATERIALS AND METHODS:
Aushadhi Yoga: Eladi Churna (Bharat Bhashajya Rattnakar Part 1/41)

TABLE NO-1: Showing the ingredient of Eladi churna:

<table>
<thead>
<tr>
<th>Name (botanical name)</th>
<th>Rasa</th>
<th>Guna</th>
<th>Virya</th>
<th>Vipaka</th>
<th>Doshaghnata</th>
<th>Karmukata</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ela (Elettaria Cardamomum)</td>
<td>Katu, Madhura</td>
<td>Laghu, Ruksha</td>
<td>Sheeta</td>
<td>Madhura</td>
<td>Tridosha hara</td>
<td>-</td>
</tr>
<tr>
<td>Vamshalochana (Bambusa arundioaceae)</td>
<td>Madhura, Kashaya</td>
<td>Ruksha, Laghu, Tikshana</td>
<td>Sheeta Except Patra &amp; Phala</td>
<td>Madhura</td>
<td>Vata-pittamahaka</td>
<td>Trishna nigraaha, balya, brimhana</td>
</tr>
<tr>
<td>Dalchini (cinnamonum Zeylanicum)</td>
<td>Katu, tikta, madhura</td>
<td>Ruksha, Laghu, Tikshana</td>
<td>Ushna</td>
<td>Katu</td>
<td>Va-takaphan ashka</td>
<td>-</td>
</tr>
<tr>
<td>Haritaki (Terminalia chebula)</td>
<td>Panchrasa except lavana</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Tridosha hara, Ra-sayana</td>
<td>Shothahara, Raktastambaka, Vedanasthana</td>
</tr>
<tr>
<td>Amalaki (Embellica Officinalis)</td>
<td>Panchrasa except Lavana</td>
<td>Guru, Ruksha, Sheeta</td>
<td>Sheeta</td>
<td>Madhura</td>
<td>Tridosha hara esp pit-tashamaka</td>
<td>Deepana, Pachana, Dahaprashamana, Anulomana</td>
</tr>
</tbody>
</table>
### Clinical Evaluation Of Eladi Churna In The Management Of "Amlapitta Roga" W.S.R To "Gastro Esophageal Reflux Disease (GERD)"

**Pippali** (Piper Longum) | **Katu** | **Laghu Snigdha,Tikshna** | **Anushna Sheeta** | **Madhura** | **Vata-Takaphahaara** | **Rasayana, Vrishya, Shoolaprashamana**
---|---|---|---|---|---|---
Chandana (Santalum Alba) | Tikta, Madhura | Laghu, Ruksa | Sheeta | Katu | Pit-tashamak a, Kaphash amaka | -
Tejpatra (cinnamomum Tamarala) | Madhura, katu | Laghu, Tikshna | Ushna | Katu | Kaphagha na | -
Dhaniya (Coriander Sativum) | Kas saysa, Tikta, Katu, Madhura | Laghu, Sheeta | Ushna | Madhura | Tridosha maka | Agnimandhya, Ajeerna, Shothahara, Shoolahara, Deepana, Pachana, Rochana
Mishri (Saccharam Officinarum) | Madhura | Laghu, Sheeta | Ushna | Madhura | Vata-Pit-tashamak | Ruchikara, Dahahara, Shukrala

**Dose**: 3 gm, Twice a day  
**Ausadhi Sevana kaal**: Purvabhakta  
**Route of Administration**: Orally  
**Anupana**: Luke warm water  
**Duration**: 60 Days  
**Follow Up**: After every week  

**METHOD:**
- **Centre of study**: Jammu institute of Ayurveda Rugnalaya, Jammu.  
- **Method of Sampling**: Simple Randomised.  
- **Study design**: Prospective Open Non comparative.  
- **Source of Data**: The study was conducted in single group clinically and pathologically diagnosed selected from the O.P.D and I.P.D of J.I.A.R.  

**INCLUSION CRITERIA:**
- The Patients having classical sign and symptoms of Amlapitta as mentioned in Ayurvedic texts like: Hritkantha daha, Amlodgar, Trishna, Aruchi, Klama, and Avipaka.  
- Patients belonging to both sexes.  
- The patients of Amlapitta irrespective of caste and socio-economic status will be included under the study.  

**EXCLUSION CRITERIA:**
- Patients who have undergone Gastric surgeries.  
- Known cases of Gastric and duodenal ulcers.  
- Patients with Gastric Malignancies.  
- Gastritis with others systemic disorders.  

**CRITERIA FOR ASSESSMENT**

**a) SUBJECTIVE PARAMETERS:** Patient was diagnosed on the basis of Amlapitta lakshanas as described in Ayurveda Classics  
1. Tikta Amlodgara  
2. Aruchi  
3. Avipaka  
4. Adhmana  
5. Utklesha  
6. Gaurava  
7. Klama
b) OBJECTIVE PARAMETERS: Blood - Hb%, T.L.C., D.L.C., E.S.R.

CRITERIA FOR ASSESSMENT OF RESULT: The efficacy of therapy was assessed on the basis of

- Subjective Parameters before and after treatment.
- Objective Parameters before and after treatment.

**TABLE NO 2:** Score will be given as follow:

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tikta Amlodgara</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
<td>Once in 2-3 days</td>
<td>Every day</td>
</tr>
<tr>
<td>2. Aruchi</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
<td>Once in 2-3 days</td>
<td>Every day</td>
</tr>
<tr>
<td>3. Avipaka</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
<td>Once in 2-3 days</td>
<td>Every day</td>
</tr>
<tr>
<td>4. Adhmana</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
<td>Once in 2-3 days</td>
<td>Every day</td>
</tr>
<tr>
<td>5. Utklesha</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
<td>Once in 2-3 days</td>
<td>Every day</td>
</tr>
<tr>
<td>6. Gaurava</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
<td>Once in 2-3 days</td>
<td>Every day</td>
</tr>
<tr>
<td>7. Klama</td>
<td>Absent</td>
<td>Occasional</td>
<td>Once in a week</td>
<td>Once in 2-3 days</td>
<td>Every day</td>
</tr>
</tbody>
</table>

Grading Of Assessment
Subjective And Objective Parameters Of Baseline Data To Pre And Post Medication Were Compared For The Assessment Of Results. All The Results Were Analysed Statistically By Student Paired - T Test.

Observations And Result:
Distribution Of 30 Patients According To Their Sex
Maximum No. Of Patients Were Males I.E. 56.66% And 43.33% Of Patients Were Females.

Distribution Of 30 Patients According To Their Addiction
76.66% Patients Were Taking Tea, Maximum Patients I.E. 77% Patients Were Addicted To Tea. 10%Were Addicted To Tobacco While 7% Were Addicted To Alcohol And 3% Had No Addiction At All.

Distribution Of 30 Patients According To Their Time Of Meal
In The Present Clinical Study 53.33% Patients Time Of Meal Was Regular While, 46.66% Patients Were Taking Irregular Diet.

Distribution Of 30 Patients According To Their Agni
Maximum I.E. 73.33% Patients Were Having Mandagni, While 26.66% Patients Were Having Vishamagni.

Distribution Of 30 Patients According To Their Koshtha
Maximum I.E. 53% Patients Had Krura Koshtha, While 37% Patients Had Madhyama Koshtha And 10% Patients Had Mridu Koshtha.

Distribution Of 30 Patients According To The Chronicity
Out Of 30 Patients 33.33% Were Having The Chronicity Of 0 - 6 Months And 26.66% Patients Had Chronicity Of 6m-Lyr; 16.66% Were Suffering From Lyr - 18 Months, 10% Were Suffering From 18 Months To 2 Year And 6.66% Were Suffering From 2years - 30 Months And 6.66% Patients Were 30m - 3years.

Distribution Of 30 Patients According To Their Vyayama Shakti
Majority Of Patients I.E. 63% Were Bearing Avara Vyayama Shakti, While 30% Patients
Were Bearing Madhyama Vyayama Shakti And 7% Were Bearingpravara Vyayama Shakti.

**Distribution Of 30 Patients According To Their Jarana Shakti**

Majority I.E. 60% Patients Were Having Madhyama Jarana Shakti, While 36.66% Were Having Avara Jarana Shakti And 3.33% Were Pravara Jarana Shakti.

**Distribution Of 30 Patients According To Their Abhyavaharana Shakti**

83.33% Patients Were Having Madhyama Abhyavarana Shakti And 10% Patients Were Having Avara And 6.66% Pravara Abhyavarana Shakti.

**Distribution Of 30 Patients According To Lakshanas**

Maximum I.E. 83.33% Patients Had Tikta Amlodgara; 80% Patients Were Suffering From Hrit Kantha Daha And Aruchi; 70% Patients Were Suffering From Gaurava And; 66.66% Patients Had Utklesha; 63.33% Patients Had Avipaka; 60%Patients Had Adhmana; While 33.33% Patients Were Suffering From Klama.

**Result:**

**TABLE NO 3: Effect of therapy on symptoms**

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>Mean BT</th>
<th>Mean AT</th>
<th>Mean Difference</th>
<th>% Relief</th>
<th>SD</th>
<th>SE</th>
<th>t-Value</th>
<th>P Value</th>
<th>Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tikta Amlodgara</td>
<td>3.0</td>
<td>.28</td>
<td>2.78</td>
<td>90.66</td>
<td>0.89</td>
<td>0.18</td>
<td>15.27</td>
<td>&lt;0.001</td>
<td>Highly significant</td>
</tr>
<tr>
<td>Hrit Kantha-daha</td>
<td>2.4</td>
<td>1.1</td>
<td>1.3</td>
<td>54.16</td>
<td>0.75</td>
<td>0.15</td>
<td>8.43</td>
<td>&lt;0.001</td>
<td>Highly significant</td>
</tr>
<tr>
<td>Aruchi</td>
<td>2.86</td>
<td>0.238</td>
<td>2.62</td>
<td>91.67</td>
<td>0.80</td>
<td>0.17</td>
<td>14.914</td>
<td>&lt;0.001</td>
<td>Highly significant</td>
</tr>
<tr>
<td>Avipaka</td>
<td>2.75</td>
<td>0.33</td>
<td>2.42</td>
<td>88</td>
<td>0.93</td>
<td>0.19</td>
<td>12.75</td>
<td>&lt;0.001</td>
<td>Highly significant</td>
</tr>
<tr>
<td>Utklesha</td>
<td>2.53</td>
<td>0.31</td>
<td>2.2</td>
<td>87.74</td>
<td>1.03</td>
<td>0.24</td>
<td>9.34</td>
<td>&lt;0.001</td>
<td>Highly significant</td>
</tr>
<tr>
<td>Klama</td>
<td>2.4</td>
<td>1.4</td>
<td>1.0</td>
<td>41.66</td>
<td>0.47</td>
<td>0.15</td>
<td>6.71</td>
<td>&lt;0.001</td>
<td>Highly significant</td>
</tr>
<tr>
<td>Adhmana</td>
<td>2.95</td>
<td>1.3</td>
<td>1.65</td>
<td>55.93</td>
<td>0.49</td>
<td>0.11</td>
<td>15.08</td>
<td>&lt;0.001</td>
<td>Highly significant</td>
</tr>
<tr>
<td>Gaurava</td>
<td>2.39</td>
<td>0.83</td>
<td>1.55</td>
<td>64.85</td>
<td>0.70</td>
<td>0.17</td>
<td>9.369</td>
<td>&lt;0.001</td>
<td>Highly significant</td>
</tr>
</tbody>
</table>

**TABLE NO 4 : EFFECT OF THERAPY ON OBJECTIVE PARAMETERS**

<table>
<thead>
<tr>
<th>Sr. No</th>
<th>Observations</th>
<th>No of Patients</th>
<th>Mean B.T</th>
<th>Mean A.T</th>
<th>Mean Diff</th>
<th>Relief %</th>
<th>SD</th>
<th>SE</th>
<th>‘T’ Value</th>
<th>‘P’ Value</th>
<th>Sig</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hbgm%</td>
<td>30</td>
<td>12.59</td>
<td>13.05</td>
<td>0.46</td>
<td>-3.65</td>
<td>0.60</td>
<td>0.19</td>
<td>-2.42</td>
<td>&lt;0.02</td>
<td>S</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>ESR</td>
<td>30</td>
<td>25.9</td>
<td>21.4</td>
<td>4.5</td>
<td>17.35</td>
<td>19.19</td>
<td>6.07</td>
<td>0.74</td>
<td>&lt;0.10</td>
<td>N.S</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>TLC</td>
<td>30</td>
<td>69.70</td>
<td>66.00</td>
<td>3.70</td>
<td>5.31</td>
<td>4778.07</td>
<td>1512.04</td>
<td>0.24</td>
<td>&lt;0.10</td>
<td>N.S</td>
<td></td>
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<tr>
<td>4</td>
<td>P</td>
<td>30</td>
<td>65.50</td>
<td>62.60</td>
<td>2.90</td>
<td>4.43</td>
<td>7.6</td>
<td>2.4</td>
<td>1.2</td>
<td>&lt;0.10</td>
<td>N.S</td>
<td></td>
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</table>
Eladi Churna is Effective.

DISCUSSION
Amlapitta a gastrointestinal disorder caused due to suppression of Jatharagni (gastric fire) by increased drava guna (liquidity) and amla guna (sourness) of vidagdha pachaka pitta affects the Annavaha-Rasavaha-Raktavaha-Purishvaha srotas, Samana-Prana Apana Vayu, mainly Kledaka and partially Bodhaka kapha. The increasing rate of Amlapitta presents a constant challenge to research workers of Ayurveda. Several drugs were analysed for its treatment in clinical and experimental study. This includes both single and. Regarding the clinical definition, both the Diseases have similar symptoms like Tikta -amlo-udgara i.e. (Eructations with bitter and sour taste), Hrid-Kantha-daha can be correlated with (Burning sensation in the chest and throat), Avipaka (Indigestion), Utklesha (Nausea), Aruchi (Loss of appetite), Klama (Exhaustion), gaurava (feeling of heaviness in the body), Adhmana (Fullness in the abdomen). The first line of treatment is the same in Allopathic and Ayurveda i.e. Life style modification and avoidance of food stuff which aggravates the condition. In Allopathic system of medicine, Pharmacological treatments are often disappointing. Most experts advocate a trial of proton pump inhibitor and/or Helicobacter if present. The Ayurvedic scientists have claimed that natural drug materials or approaches used according to Ayurvedic system of medicine are not found to produce any resistance and can be used for longer duration without any side effects. This has encouraged the present scholars to assess the effect of the Ayurvedic approaches i.e. both Shodhana and Shamana treatment in Amlapitta. The present clinical study was conducted among 30 patients. The patients were assessed on various parameters for obtaining the effect of the therapy. All the clinical signs and symptoms were assessed on the basis of scoring given to them before treatment (B.T.) and after treatment (A.T.). "Eladi Churna" was given for duration of 8 weeks. Treatment therapy observed a significant relief in the symptoms of GERD like heartburn, abdominal bloating, abdominal belching, and fullness of stomach after meals, nausea and vomiting after 60 days of treatment with "Eladi Churna".

PROBABLE MODE OF ACTION OF DRUGS
Action of a medicine mainly depends upon its subtle constituents like Rasa, Guna, Vriya, Vipaka, Prabhava. When the Rasa and Vipaka are in equal strength then Vipaka

<table>
<thead>
<tr>
<th>NO</th>
<th>L</th>
<th>30</th>
<th>30.10</th>
<th>32.9</th>
<th>-2.8</th>
<th>-9.30</th>
<th>6.30</th>
<th>1.99</th>
<th>1.40</th>
<th>&lt;0.10</th>
<th>N.S</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>L</td>
<td>30</td>
<td>30.10</td>
<td>32.9</td>
<td>-2.8</td>
<td>-9.30</td>
<td>6.30</td>
<td>1.99</td>
<td>1.40</td>
<td>&lt;0.10</td>
<td>N.S</td>
</tr>
<tr>
<td>6</td>
<td>F</td>
<td>30</td>
<td>2.10</td>
<td>2.40</td>
<td>-0.30</td>
<td>-4.28</td>
<td>1.56</td>
<td>0.50</td>
<td>-0.6</td>
<td>&lt;0.10</td>
<td>N.S</td>
</tr>
<tr>
<td>7</td>
<td>M</td>
<td>30</td>
<td>2.3</td>
<td>2.0</td>
<td>0.3</td>
<td>13.01</td>
<td>3.02</td>
<td>0.96</td>
<td>0.312</td>
<td>&lt;0.10</td>
<td>N.S</td>
</tr>
</tbody>
</table>

TABLE NO 5: OVERALL EFFECT OF THERAPY ON 30 PATIENTS

RESULT | NO OF PATIENTS | PERCENTAGE
---|---|---
Complete Remission | 0 | 0%
Markedly Improved | 17 | 56.67%
Moderately Improved | 09 | 30%
Mildly Improved | 03 | 10%
Unchanged | 01 | 3.33%
dominates over Rasa and both Rasa and Vipaka are superseded by Veerya while Prabhava overcomes all of them. In "Eladi Churna" maximum ingredients have been well indicated in Pitta predominant pathologies, Due to this property, it breaks the Samprapti of Amlapitta and normalizes the state of Agni. Doing the function of Strotovibandhanasana and action against Pitta, it is effective on Pitta and Mandagni, and provides good results in all signs and symptoms. Thus regulates Jatharagni, checks the excessive growth and accumulation of Pitta agni and thereby causing results into disease Pitta.

Mode of Action according to modern concept

Ela :Ela works as Anti - spasmodic and soothes coli. Its volatile oil is laxative and used in wind, dyspepsia and nausea. Its anti - spasmodic activity is through muscarini receptor blockage. Cardamom helps in cleansing of body. It is considered to be a refinement spice against caffeine.

Vamshlochana: Vamshlochana is having Anti- ulcer activity. It works as cross - linking agent providing strength, flexibility and resilience to collagen and elastic connective tissue.

Twak (Dalchini): Dalchini is Anti-oxidant in nature. Its volatile oil i.e.(E) -cinnamyl acetate and (E) -oxyophyllene is also Anti-microbial in nature, against E -coli, salmonella typhi,candida and shigella dysentriae.

Haritaki :Haritaki is having Anti-ulcer property. It also works as Anti-secretory agent by lowering activity of H.phlori and decreasing Hcl secretion, hence inc. gastric pH. Amalaki: Amalaki is having Anti -ulcer, cyto- protective and Anti secretory properties and causes decrease in pyloric -ligation induced basal gastric secretion. Pippali :Pippali having an Alkaloid named 'P' penne me. appetite and stimulates enzyme that promotes amino-acid uptake from GIT and inc. heat in GI tract. Chandana: Chandana works as Anti -ulcer agent especially in stress induced ulcers due to its Anti - histaminic activity. It is also Anti secretory in nature.

Tejpatra :Tejpatra lower blood AST and ALT levels and improves liver activity, hence improving digestion. It also inc. activity of Anti - oxidant enzymes in the body.

Dhanyak (Dhaniya): Dhanyak mainly protects gastric mucosa from damage, due to free radical screening property of different Anti - oxidant constituents, it also protects gastric mucosa from pylorus ligated accumulation of gastric acid secretion. Sita: Sita is a refined product of sugarcane. It is highly purified. It has cooling properties and due to this property it helps decreasing acidity, and heartburns etc.

CONCLUSION

On the basis of study of review of literature, observations noted during study, findings collected after clinical trial and the results obtained after statistical analysis, the following conclusions are drawn.

1. Amlapitta (Gastro Esophageal Reflux Disease) is a commonly occurring disease.

2. Clinical manifestations of Amlapitta are very close to that of Gastro Esophageal Reflux Disease.

3. Eladi churna has shown highly significant results in Amlapitta (Gastro Esophageal Reflux Disease)

4. Eladi Chuma is an effective remedy in uncomplicated and new cases of Amlapitta. Therefore it can concluded that
Eladi Churna is very potent drug and can be used effectively in management of Amlapitta w.s.r Gastro Esophageal Reflux Disease.

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CORRESPONDING AUTHOR
Dr. Trivedi Atal Bihari
Associate Prof. P.G. Deptt Of Kayachikitsa J.I.A.R Jammu, India
Email: abdratal8@gmail.com

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