

Ayurvedic Approach towards Management of Acid Reflux Disorder

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ABSTRACT

Background: Gastroesophageal Reflux Disease (GERD) involves abnormal reflux of gastric contents into the oesophagus. It occurs due to dysfunction of the lower esophageal sphincter (LES), delayed gastric emptying, or increased intra-abdominal pressure. *Urdhwaga amlapitta*, linked to *Pitta dosha* imbalance, manifests as symptoms like *Chardi* (vomiting), *Hrit daha* (burning sensation in the precordial/cardiac region), *Kantha daha* (burning sensation in throat), *Amlasyata* (sour taste), *Aruchi* (tastelessness) and *Avipaka* (Indigestion). **Methodology:** A 21-year-old female with epigastric pain, chest pain, vomiting, nausea, and indigestion for a year, unrelieved by allopathic treatment, was diagnosed with *Urdhwaga amlapitta* after presenting to the Ayurveda hospital in June 2024. Endoscopy revealed severe hemorrhagic gastritis and lower reflux oesophagitis. **Intervention:** *Pitta Shamaka Chikitsa* such as *Avipattikara Churna* and *Guduchyadi Kashaya* were used in treatment, as well as herbomineral drugs and dietary/lifestyle changes aimed at *Pitta* pacification. **Result:** Over three weeks, the patient experienced marked symptom relief, including reduced vomiting, heartburn, and sour taste, with no side effects. **Conclusion:** This case highlights the potential of Ayurveda's holistic approach in effectively managing GERD by addressing both physical and mental health.

Keywords: GERD, *Amlapitta*, *Avipattikara churna*, oesophagitis, Ayurveda.

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INTRODUCTION

Amlapitta, or acid peptic disorder, is a common condition encountered in modern clinical practice. Its Ayurvedic counterpart, "*Urdhwaga Amlapitta*," refers to the upper gastrointestinal manifestation of this disorder. This condition is manifested primarily in the upper part of the digestive system, and its symptoms resemble with acid reflux, GERD (Gastroesophageal Reflux Disease) in contemporary medicine.^[1] Conventional therapy advises the use of diverse range of PPIs to actively reduce the gastric secretion. Prolonged PPI therapy also significantly impacts gut flora, contributing to gut microbiota dysbiosis and associated digestive and metabolic disorders.^[2] *Amla* (sour) and *Drava Guna* (A property of substances that refers to their fluidity) of the *Pachaka Pitta* (digestive fire) get vitiated in *Amlapitta*, while *Kledaka Kapha* (is one of the five types of *Kapha*) is present in *Amashaya* (stomach), providing protection from the destructive activity of the *Pachaka Pitta* (digestive fire). *Amlapitta* is the result of *Pitta* and *Kapha* being out of balance. *Amlapitta* indicates a condition characterized by pathological abnormalities

in *Pitta*, one of the major *Doshas*, including *Samana Vayu*, *Pachaka Pitta*, and *Kledaka Kapha*. These alterations exacerbate *Tridosha* and cause symptoms like *Aruchi*, *Tiktamlodgara*, *Klama*, *Utklesha*, *Gaurava*, *Hritkantha Daha*, and *Avipaka*, among others. Approximately 0.34% of Indians suffer from gastritis, which is more common in women (53.33%) than in men (46.66%). The level peaks between the ages of 20 and 40 (41.66%) and then declines beyond 40 (11.66%).^[3] Even though the conventional therapy manages to provide symptomatic relief to gastritis, but treating the root cause by *Ayurvedic* perspective helps in complete recovery from the symptoms without recurrence. Hence the present case study reports the success story of managing severe haemorrhagic gastritis with lower reflux esophagitis, standalone Ayurvedic treatments that lead to complete recovery.

CASE HISTORY

A 21-year-old female was brought by her parents to our OPD with complaints of severe pain in epigastric region of abdomen from last one year. Chest pain or burning sensation in the precordial/cardiac region (*Hrittha Daha*) burning sensation in throat (*Kantha Daha*) with vomiting (*Chardi*) after taking food, nausea (*Hrillas*), indigestion (*Avipaka*), heaviness of abdomen (*Gouravata*), General weakness and mild tremors (*Kampa*) in hand also were noted in the past one year. The patient was



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apparently healthy one year ago, and the above-mentioned complaints gradually developed. Vomiting after taking food and epigastric pain, burning in chest appeared initially and gradually got increased. After getting contemporary treatment initially for about six months, no significant relief was observed. As there was no improvement seen in the complaints, the parents of the patient opted for ayurvedic management in June 2024. There was no similar family history found in the family among her siblings and parents.

Personal history revealed she were conscious and oriented, bowels were clear and regular, and bladder was also regular. The Blood pressure of patient was 110/90 mmHg, *Nadi* (pulse rate) was 76/min, respiratory rate was 20/min, Tongue (*Jivha*) was Coated (*Saam*), body temperature was 98.6 F and weight was 48.5 kg. Detailed history of diet and lifestyle revealed the She used to take spicy, salty, deep-fried, and baked food items like-*Panipuri*, chinese noodles, *Dosa*, *Dhokla* frequently. She had a habit of sleeping in day time with no physical activities and mild stress was present due to economically. Patient was sleeping late at night, due to excessive use of mobile phone.

Patient Examination

On abdominal examination, mild pain and tenderness were felt in the epigastric region. Respiratory, cardiovascular, and central nervous system functioning were normal. The laboratory tests performed at admission showed that the haemoglobin level was 12.9%g/dl, and the erythrocyte sedimentation rate was 17 mm/h. The stool examination revealed a reddish colour, with 8-10 pus cells per high power field (hpf) and 6-9 red blood cells per hpf. On examination, no pallor, icterus, cyanosis, or lymphadenopathy were present. No other specific findings were found on physical examination. She was examined as per Ayurveda principles to ascertain the intensity of the disease and to specifically plan the treatment. The patient's *Prakriti* (physical constitution) was found to be *Vata-Pitta* predominant. The *Vikriti* (morbidly)

reveals a *Tridoshaja* imbalance involving *Vata*, *Pitta*, and *Rakta*, with *Dushya* predominantly affecting *Pitta*, *Vata*, and *Rakta*. The *Adhishthana* (position) of the imbalance was identified as *Amashaya*, and the *Srotodushti* (a structural or functional defect in the channels of circulation) is characterized by *Vimarga-Gamana* ((Retrograde movement). The *Sara* (excellence of tissue elements) of patient was *Asthisara*. The *Samhanana* (compactness of the body) is *Madhyama*, while the *Pramana* (body proportions) is *Avara*. The *Satmya* (homologation) is *Madhyama*. However, the *Satva* (mental strength) is *Avara*. In terms of physiological capacity, the *Aharashakti* (digestive power) is *Madhyama*, and *Vyayam Shakti* (physical endurance) is *Avara*. The individual is in the *Vaya* (age group) of *Tarunavastha*, indicating a stage of growth and development. On inspection, the abdomen was noted to be distended, primarily due to fat deposition. Palpation reveals a soft abdomen with tenderness localized to the epigastric region. There was no evidence of organomegaly upon examination. Peristalsis was invisible, suggesting no significant obstruction or hyperactivity of the intestinal tract. Percussion findings were normal, with no abnormal resonances detected. Auscultation revealed bowel sounds occurring at a rate of 10 per minute, which is within normal limits and indicative of regular gastrointestinal activity.

INVESTIGATIONS

Before coming for Ayurvedic treatment, the patient had undergone upper GI endoscopy on 31/03/2023 in a private hospital (Figure 1), which revealed lower oesophageal ulcer. After taking allopathic treatment also, symptoms were not relieved, so they repeated endoscopy in a government hospital on 03/05/2023 which showed severe haemorrhagic gastritis with lower reflux esophagitis (Figure 2). The result was assessed before and after treatment, based upon subjective parameters of classical symptoms. Changes in the symptoms were noted on full

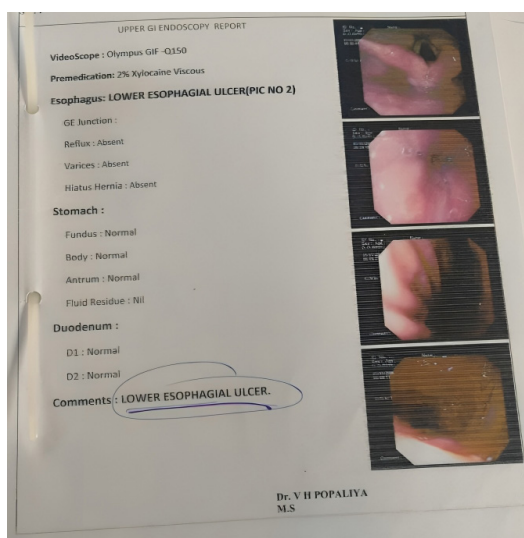


Figure 1: 1st Upper GI Endoscopy.

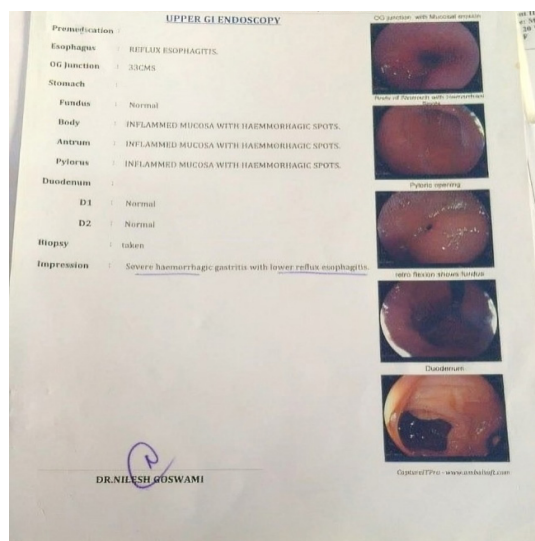


Figure 2: 2nd Upper GI Endoscopy.

gradation of subjective parameters were given severity scores that has grades I to V corresponding to absent, occasional, once in a week, once in 2-3 days and everyday respectively.^[4]

Timeline of the study: Detailed about of the timeline of treatment are provided in Table 1.

Follow- Up and Outcomes: Detailed about the Results of scores of symptoms recorded before and after treatment provided in Table 2.

The before and after scores of subjective parameters monitored from day 1 till day 45 of the treatment are given in Table 2. Before treatment gradation of *Hrith-Kanth Daha* was 4 (everyday) which reduced to 3 (once in 2-3 days) during first follow up on 15th day and it was absent on day 30th and 45th day that is after completion of treatment. Before treatment *Hrillas* (nausea) was present at 3 grade (once in a week) it was absent on day 16th, 21th i.e. 2nd and 3rd follow up. Before treatment gradation of *Chardi* was 5(everyday) which is reduced to grade 4(once in 2-3 days) in First follow up that is 15th day and in 2nd, 3rd follow up it reduced to grade

2 (occasionally) that is 30th day and was absent on day 45th and 60th day that is after completion of treatment. Before treatment gradation of *Gouravata* was 4 (everyday) which reduced to 3(once in a 2-3 days) and it was 1 (occasional) during second and third follow up 16th day and 20th day that is after completion of treatment. Before treatment score general weakness and tremors in hand of was 5(everyday) which reduced to 3 (once in 2-3 days) during first follow up 15th day and it was absent on day 30th and 45th day that is after completion of treatment. Thus, complete improvement was observed in all subjective symptoms.

DISCUSSION

Detailed intervention of medicines given at various time points of the treatment are provided in Table 3. The patient has adhered to the interventional protocol and compliance was confirmed by regular interaction with the patient. All the drugs used were procured from institute's pharmacy.

This case study gives a clear insight to manage such conditions through classical Ayurvedic approaches in terms of diagnosis and

Table 1: Timeline of the Study.

Date	Observations	Treatment	Outcome
March 31 2023	1 st Endoscopy done Diagnosed as Lower oesophageal ulcer.	Took standard conventional medicines.	Severe vomiting after taking meal, Nausea, Burning sensation in chest, generalised weakness.
May 23 2023	2 nd Endoscopy done Diagnosed as Severe haemorrhagic gastritis with lower reflux oesophagitis.	Took allopathic treatment including gastroprokinetic, PPIs and anti-emetic medications.	Symptoms were decreased gradually, but vomiting not stopped.
June 20 2024	The patient visited Ayurveda OPD.	Treatment was initiated.	
July 04 2024	1 st follow up	Guduchyadi Kwatha, Avipattikara Churna, Yashtimadhu Churna, Lodhra Churna, Godanti Bhasma, Shatavari Churana, Erandbhrishta Haritaki Churna.	Vomiting+++Nausea++ Burning in chest+++ Chest pain++ Mandagni++ Tremors in hand+++ General weakness++
July 11 2024	2 nd follow up	Along with diet and lifestyle modification was advised.	Vomiting++ Nausea+ Burning in chest+ Chest pain (completely decreased) Mandagni+ Tremors in hand++ General weakness+
August 08 2024	Last Follow up	All Symptoms and GERD scoring Significantly reduced, no adverse effect was noted. Patient become Symptoms free.	Completely all symptoms cured.

treatment. Today's fast-paced lifestyle and unhealthy diet alter the human digestive system and cause the *Dosha* that contributes to the development of disease. Eating non-vegetarian foods, baked foods, sour, bitter, salty, *Snigdha Ahara*, and other foods that are not suitable for one's *Prakriti* Which increase the *Pitta dosha* and also interferes with the other doshas that produce *Amlapitta*. Present case is also not an exception to escape from the trap of unhealthy lifestyle that led to GERD.

Disturbances in fluidity and heat' quality of *Pachak Pitta* and *Snighdhata* of *Kledak Kapha* are the cause of *Urdhvaga Amlapitta's* symptoms. The symptoms include indigestion, *Amla Udgar/Tikta Udgara*, *Utklesh*, *Gourvata*, and *Aruchi* include *Pitta* dominance and digestive difficulties.

Medicines for *Shamana Chikitsa* were chosen based on the severity of the disease and the patient's age. The patient's *Prakriti* and the nature of the disease were identified as *Pitta Kapha*, and interventions were selected accordingly. Following a thorough examination of the patient's condition, the recommended treatment plan was created. The therapeutic approach began with *Pitta Kaphahara* and *Chardighna* (antiemetic). The medications given in this case have different indications, as explained below.

Guduchyathi Kwatha /Guduchi Panaka is helpful in lowering inflammation and stopping the growth of microorganisms since it possesses anti-inflammatory and anti-microbial qualities.^[5] It mostly eliminates burning sensations, sour mouth tastes, and acidity-related nausea and vomiting. Ayurveda claims that it primarily treats illnesses caused by *Pitta* and *Kapha Doshas*.

Avipattikar Churna is formulation of Herbo mineral compounds called *Avipattikara Churna* has clinical value in the management of *Amlapitta*, which includes dyspepsia and hyperacidity.^[6] *Avipattikara Churna* predominantly consists of substances with *Katu* (pungent), *Tikta* (bitter), *Madhura* (sweet) *rasa*, along with *Laghu* (light), *Ruksha* (dry), *Tikshna* (sharp), *Snigdha* (unctuous) *guna* and *Ushna* (hot) or *Sheeta* (cold) *virya* (potency). It also exhibits *Madhura* (sweet) and *Katu* (pungent) *vipaka* (post-digestive effect), which contribute to its overall function in regulating *Agni* (digestive fire). Among its ingredients, *Trivrut* (*Operculina turpethum* Linn) plays a key role in the

formulation apart from *Khandasharkara* (sugar candy). *Trivrut* is characterized by *Ruksha guna*, *Ushna virya*, *Katu* and *Tikta rasa*, *Laghu* and *Tikshna* properties, and *Katu vipaka*. Its actions include *Bhedana* (breaking up blockages), *Rechana* (purgative), and *Shothahara* (anti-inflammatory) qualities, making it effective for *Pitta Vivechana* (balancing excess *Pitta*), which addresses the pathogenesis (*Samprapti Vighatana*) of *Amlapitta*. The primary ingredient in *Avipattikara Churna* is *Khandasharkara* (suger candy), which makes up 50% of the formulation. *Khandasharkara* is characterized by *Madhura rasa*, *Snigdha guna*, *Sheeta virya*, and *Madhura Vipaka*. It is particularly effective in alleviating conditions caused by *Vidagdha Pittajanya* (excessive heat from aggravated *Pitta*), such as *Hrutdaha* and *kantha Daha*, *Tiktaamlodgara*, *Hrillasa*, *Praseka* (excessive salivation), and *Chhardi*. *Bhavaprakasha* describes it as a highly effective remedy for vomiting with the term "*Vantiharamparam*" (the ultimate anti-emetic).

Yashtimadhu Churna is well-known for its soothing and coating properties. The powder acts as a demulcent, which helps to calm inflammation and irritation in the mucous membranes, especially in the ulcers. With combination of *Avipattikara Churna* it reduces the *Pitta* and Improve digestive power.^[7]

Lodhra Churna is used to support digestive health. It helps reduce excess *Pitta* and *Kapha* in the digestive system, which can lead to conditions like indigestion, acid reflux, or bloating. It also has mild laxative properties that help alleviate constipation. The properties of *Lodhra* are *Grahi* (Absorptive), *Vranaropaka* (healing of ulcers), and *Balya*, which are used for *Chardi* and internal ulcers in the oesophagus. They help with healing the ulcers and stopping the vomiting.^[8]

Godanti Bhasma's antacid and digestive-soothing qualities are well-known. It aids in balancing *pitta* in the digestive system by counteracting the stomach's overabundance of acid. It is frequently used to treat illnesses that are usually brought on by an exacerbated *pitta*, including ulcers, hyperacidity, acid reflux, and gastritis. It is said that *Godanti Bhasma* possesses the ability to mend tissue, which is particularly helpful when *Pitta* has damaged tissues, as in the case of wounds or ulcers. It facilitates

Table 2: Results of scores of symptoms recorded before and after treatment.

Symptoms	Before treatment	After treatment (follow up)			
	Day 1 (20/06/2024)	Day16 (04/07/2024)	Day23 (11/07/2024)	Day 30 (22/07/2024)	Day 45 (06/08/2024)
Hrith-Kantha Daha	4	3	3	0	0
<i>Utklesh</i> (Nausea)	3	3	0	0	0
<i>Chardi</i> (Vomiting)	5	4	2	0	0
Gouravata	4	3	0	0	0
General weakness and tremors in hand	5	4	3	0	0

Table 3: Details of intervention at different time points of the treatment.

Visit no.	Date	Medicine	Matra	Aushdha Sevan Kala	Drug vehicle	Duration
1 st	20/06/2024	Guduchyadi Kwatha (freshly prepared)	60 mL BD	Before food twice in a day	-	7 days
		Avipattikara Churna Yashtimadhu Churna Lodhra Churna Godanti Bhasma	3 g 1 g 1 g 250 mg	Before food twice in a day	Honey	
		Shatavari Churna	5 g BD	At bedtime (HS)	milk	
		Erandbhrishta Haritaki	5 g OD	2 hr After meal (HS)	Warm water	
2 nd visit	04/07/2024	<i>Guduchyadi kwatha</i> (freshly prepared)	60 mL BD	Before food twice in a day	-	15days
		Avipattikara Churna Yashtimadhu Churna Lodhra Churna Godanti Bhasma	3 g+ 1 g+ 1 g+ 250 mg	Before food twice in a day	honey	
		Shatavari Churna	5 g BD	At bedtime (HS)	milk	
		Erandbhrishta Haritaki	5 g OD	2 hr After meal	Warm water	
		Guduchi Churna+ Nimba Tvak Churna	3 g+ 2 g	Muhurmuhu Panam	Toyapaak	
3 rd visit	11/07/2024	Guduchyadi Kwatha	10 g BD	Twice in a day before food (BD)	-	10 days
		Avipattikara Churna+ Yashtimadhu Churna+ Lodhra Churna+ Godanti Bhasma	3 g+ 1 g+ 1 g+ 250 mg	Twice in a day before food (BD)	Honey	
		Shatavari Churna	5 g BD	At bed time (HS)	Milk	
		Erandbhrishta Haritaki	5 g OD		Warm water	
		Laghu Sutshekhar Rasa	500 mg		Honey	
4 th visit		<i>Guduchyadi kwatha</i> (freshly prepared)	10 g	Twice in a day before food (BD)		
	22/07/2024	Avipattikara Churna+ Yashtimadhu Churna+ Lodhra Churna+ Godanti Bhasma	3 g+ 1 g+ 1 g+ 250 mg	Twice in a day before food (BD)	Honey	15 days
		Shatavari Churna	5 g	At bed time (HS)	Milk	
		Rasayan Churna	5 g	Twice in a day After food BD	Milk	
		Ashwagandha Churna	5 g	At night after food OD	Milk	

BD= Twice a Day, HS= At bedtime, OD= Once a day, g= gram, mg=milligram, mLmillilitre.

the recovery of tissues damaged by excessive heat or acidity, which is a frequent side effect of elevated *Pitta*.^[9]

Shatavari Churna's Shita Guna and *Shita Virya* can improve overall tissue health and rejuvenate the body, promoting longevity and vitality.^[10]

Erandbhrishtha Haritaki is the combination of *Eranda* (*Ricinus communis* Linn) and *Haritaki* (*Terminalia chebulic*) which enhances digestive functions. *Eranda's* laxative properties stimulate bowel movements, relieving constipation and promoting the elimination of waste products from the body. *Haritaki* helps to regulate digestion, reduce bloating, and improve nutrient absorption. It also works as an antioxidant, protecting the digestive system from oxidative damage.^[11]

Laghu Sutashekhara Rasa acts as detoxifier and anti-toxin, which helps to reduce *Ama* in the body and prevents its further formation through its digestive action. This action is contributed by presence of ginger root powder in formulation. Its effects appear on all three *Dosha*, but specifically, it helps to reduce aggravated *Pitta*. Similar to *Sutshekhara Rasa*, it also eliminates *Ama* (toxins) and balances *Tikshna* (intensity of Agni) qualities of *Pitta Dosha*.^[12]

Ashwagandha is a rejuvenate herb that boosts overall vitality and energy levels. It enhances the body's ability to endure physical and mental stress, which makes it beneficial for improving strength. It has immune-boosting properties that help in increasing the body's natural defence against infections and diseases. It enhances the activity of white blood cells and supports the overall functioning of the immune system.^[13]

CONCLUSION

The most prevalent illness in the current era is *Amlapitta*, which can be managed and cured entirely with *Ayurvedic* medications that contain dietary regimen and lifestyle modification. Without the use of any contemporary medications and with *Shaman Chikitsa* and *Rasaushadhi* comes in a variety of forms and formulations that can assist preserve the body's *Doshas*, and severe forms of GERD should be healed. The case demonstrates how *Ayurvedic* treatment can manage severe forms of GERD, such as *Urdhwaga Amlapitta*, without recurrence of symptoms.

LIMITATIONS

Even though there was significant improvement clinically, but post-treatment endoscopy advised to the patient was not done by the patient as she was not willing to go for an invasive diagnostic procedure again which poses the limitation for objective assessment and evaluation.

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DECLARATION OF THE PATIENT CONSENT

Authors certify that they have obtained patient consent form, where the patient has given her consent for reporting the case along with the images and other clinical information in the journal. The patient understands that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

ABBREVIATIONS

GERD: Gastroesophageal Reflux Disease; **LES:** Lower Oesophageal Sphincter; **PPI:** Proton Pump Inhibitors; **hpf:** High Power Field; **OPD:** Outpatient Department; **GI:** Gastro intestinal; **BD:** Twice a Day; **HS:** At bedtime; **OD:** Once a day; **g:** Gram, **mg:** Milligram; **mL:** Millilitre.

ETHICAL APPROVAL

The case report was ethically approved, with patient consent obtained.

SUMMARY

A 21-year-old female with chronic GERD symptoms unresponsive to allopathic treatment was diagnosed with *Urdhwaga Amlapitta* in Ayurveda. She presented with severe vomiting, chest pain, nausea, and indigestion, worsened by poor dietary habits and a sedentary lifestyle. Ayurvedic treatment focused on pacifying *Pitta dosha* using formulations like *Avipattikara Churna*, *Guduchyadi Kashaya*, and herbo-mineral drugs, along with lifestyle modifications. Significant symptomatic relief was achieved within three weeks, and the patient became symptom-free by 45 days without side effects. However, post-treatment endoscopy was not conducted to confirm mucosal healing.

REFERENCES

- Sipponen, P., and Maaros, H. Chronic gastritis. *Scandinavian Journal of Gastroenterology*, 2015;50(6):657-67. <https://doi.org/10.3109/00365521.2015.1019918>
- Ashtosh Gupta, Shiran Shetty, et al. Treatment of H. pylori infection and gastric ulcer: Need for novel pharmaceutical formulation - ScienceDirect <https://doi.org/10.1016/j.heliyon.2023.e20406>

3. Murthy KR, editor. Madhava Nidana, Amlapitta Nidana 51/3, 4. Varanasi, India Chaukhambha Orientalia; 1986;166-8.
4. Shubhangini S. Kolar, S. S. Kalyani, Sunilkumar M. Chabanur, Ayurvedic management of Urdhwaga Amlapitta (Dyspepsia): A Case Report. J Ayu Int Med Sci. 2023;8(7): 199-203.<https://jaims.in/jaims/article/view/2621>
5. Ashtanga Hridaya of Vagbhatta, Edited with the Vidyotini Hindi commentary by Kaviraj Atridev Gupta, edited by Vaidya Yadunandana Upadhyay, Sutrasthana Shodhanadiganasamgraha adhyaya chapter- 15, Chowkhambha Prakashana, Varanasi, Edition: Reprint;2009.
6. Govindadasa, Bhaishajya Ratnavali, Vidyotini Hindi Teeka by Kaviraj Ambikadutta Shastri, 16th edition, Chaukhambha Sanskrit Sansthan, Varanasi, 56/25-29.
7. Dr Gangdas pandey edited, Bhavprkasha Nighantu of Haritakyadi Varga Cha. No.1 verse no 143 Reprint Edition. Varanasi: Chaukhambha Orientelia; 2020;62.
8. Dr Gangdas pandey edited, Bhavprkasha Nighantu of Haritakyadi Varga Cha. No.1 verse no 216 Reprint Edition. Varanasi: Chaukhambha Orientelia; 2020;124
9. N. Dubey, N. Dubey, R.S. Mehta, A.K. Saluja and D.K. Jain, Res. J. Pharm. Technol., 3, 148 (2008).BH. PRA
10. Dr Gangdas pandey edited, Bhavprkasha Nighantu of Guducyadi Varga Cha. No.3 verse no 183 Reprint Edition. Varanasi: Chaukhambha Orientelia; 2020;378
11. Gandhi AJ. Industrial approach of process validation of Bharjana (frying) process WSR to Eranda Bhrishtha Haritaki: An experimental observation. International Journal of Green Pharmacy • 2016 (Suppl) • 10 (4) | S172
12. Scientific explanation of mode of action of Laghu Sutshekhar Rasa in Amlapitta World Journal of Pharmaceutical Research Volume 10, Issue 12;130-5. Review Article ISSN 2277- 7105
13. Dr Gangdas pandey edited, Bhavprkasha Nighantu Guducyadi Varga Cha. No.3 verse no 190 Reprint Edition. Varanasi: Chaukhambha Orientelia; 2020;379

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