RESEARCH PAPER

"Role of Pathya Ahara (Mudga Yusha) as an Adjuvant to Hingvashtaka Churna in the Management of Amajirna: A Comparative Clinical Study"

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ABSTRACT

Background

Amajirna is a common gastrointestinal disorder described in Ayurveda, resulting from Agnimandya and Ama formation. Hingvashtaka Churna is a classical Deepana-Pachana formulation widely used in digestive disorders. Mudga Yusha is considered Laghu, Pathya and supportive of Agni.

Aim

To evaluate the effect of supportive Pathya Ahara (Mudga Yusha) on the therapeutic efficacy of Hingvashtaka Churna in the management of Amajirna.

Materials and Methods

A comparative case series was conducted on 10 patients diagnosed with Amajirna. Five patients received Hingvashtaka Churna and five patients received Hingvashtaka Churna with Mudga Yusha. Clinical assessment was based on symptoms including Aruchi, Gaurava, Avipaka, Alasya, Utklesha and Agnimandya. Patients were assessed before and after treatment.

Results

Both treatment groups demonstrated improvement in symptoms. The group receiving Hingvashtaka Churna with Mudga Yusha showed comparatively greater relief in symptoms and earlier restoration of digestive function. The observed findings support the therapeutic utility of combining dietary intervention with medicinal management.

Conclusion

Hingvashtaka Churna is effective in the management of Amajirna. Administration with Mudga Yusha appears to enhance clinical outcomes through improved Deepana, Pachana, and Agni restoration.

Keywords: Amajirna, Hingvashtaka Churna, Mudga Yusha, Agnimandya, Ama, Functional Dyspepsia.

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INTRODUCTION

Amajirna is one of the four principal types of *Ajirna* described in Ayurveda and develops due to *Mandagni* leading to incomplete digestion and formation of *Ama*.[1,2] Classical symptoms include *Gaurava, Aruchi, Avipaka, Utklesha, Alasya, and Adhmana*.[1,3] Acharya Charaka emphasized the central role of Agni in maintaining health and described *Agnimandya* as the root cause of many diseases.[1]

Modern correlation of *Amajirna* may be considered with functional dyspepsia and non-ulcer indigestion characterized by postprandial fullness, bloating, nausea, and impaired digestion.[4,5]

Hingvashtaka Churna is a classical formulation possessing *Deepana, Pachana, Vatanulomana,* and *Amapachana* properties.[6,7] *Mudga Yusha* is described as *Laghu, Pathya*, and easily digestible, making it beneficial in restoring digestive function while minimizing gastrointestinal burden.[3,8]

Ahariya Pathya is regarded as an essential component of Ayurvedic treatment, as the effectiveness of medicine is greatly influenced by appropriate dietary measures. Classical texts state that diseases may be alleviated by *Pathya* alone, whereas even numerous medicines may fail in the absence of *Pathya*[19]. Among *Pathya Aharas, Mudga Yusha* possesses independent therapeutic value due to its properties, making it beneficial in disorders associated with *Agnimandya* and *Ama.*

AIM

To evaluate the effect of supportive *Pathya Ahara (Mudga Yusha)* on the therapeutic efficacy of *Hingvashtaka Churna* in the management of *Amajirna*.

OBJECTIVES

1. To evaluate the efficacy of *Hingvashtaka Churna* in the management of *Amajirna*.
2. To evaluate the efficacy of *Hingvashtaka Churna* administered along with *Mudga Yusha* in the management of *Amajirna*.
3. To compare the therapeutic outcomes of *Hingvashtaka Churna* administered alone and in combination with *Mudga Yusha*.
4. To assess the role of *Mudga Yusha* as a supportive *Pathya Ahara* in enhancing the efficacy of *Hingvashtaka Churna* in *Amajirna*.

HYPOTHESIS

Null Hypothesis (H_0): There is no significant difference in symptom relief between Group A (*Hingvashtaka Churna* with warm water) and Group B (*Hingvashtaka Churna* with *Mudga Yusha*).

Alternative Hypothesis (H_1): Group B (with *Mudga Yusha* as an *Anupana*) provides a higher and more effective rate of clinical symptom relief compared to Group A.MATERIALS AND METHODS MATERIAL

Table 1: Drug - Hingwashtaka Churna + Mugdha Yusha [10-18]

S. No.	Sanskrit Name	Latin / Botanical Name	*Rasa*	*Virya*	*Vipaka*	*Guna*
1	*Hingu*	*Ferula foetida*	*Katu, Tikta*	*Ushna*	*Katu*	*Laghu, Tikshna*
2	*Ajamoda*	*Trachyspermum roxburghianum*	*Katu, Tikta*	*Ushna*	*Katu*	*Laghu, Tikshna*
3	*Shunthi*	*Zingiber officinale*	*Katu*	*Ushna*	*Madhura*	*Laghu, Snigdha*
4	*Marichа*	*Piper nigrum*	*Katu*	*Ushna*	*Katu*	*Laghu, Tikshna*
5	*Pippali*	*Piper longum*	*Katu*	*Anushna - Ushna*	*Madhura*	*Laghu, Snigdha, Ti*

						kshna
6	*Dhanyaka*	*Coriandrum sativum*	*Madhura, Tikta, Kashaya*	*Sheeta*	*Madhura*	*Laghu, Snigdha*
7	*Jeeraka*	*Cuminum cyminum*	*Katu, Tikta*	*Ushna*	*Madhura*	*Laghu, Ruksha*
8	*Saindhava Lavana*	Rock Salt	*Lavana*	*Ushna*	*Madhura*	*Snigdha, Sukshma*
9	*Mudga Yusha*	*Vigna* (Green gram soup)	*Madhura,Kashaya*	*Sheeta*	*Madhura*	*Laghu, Snigdha*

Study Design: Comparative clinical case series.

Sample Size: 10 patients.

Inclusion Criteria:
-Patients presenting with classical symptoms of *Amajirna* ie *Yathabhukta Vidagdha Udgar, Gaurav, Aruchi, Klama, Utklesha, Praseka*
- Age between 18 and 60 years.
- Willingness to participate.

Exclusion Criteria:
-Peptic ulcer disease.
- Severe systemic illness.
-Pregnancy and lactation.
- Chronic gastrointestinal disorders requiring emergency care.

Table 2: Treatment protocol

Grouping:
Group A: *Hingvashtaka Churna* (n=5)
Group B: *Hingvashtaka Churna + Mudga Yusha* (n=5)

Intervention	**Group A**	**Group B**
Drug	*Hingvashtaka Churna*	*Hingvashtaka Mudga Yusha* as *Anupana*
Dose	2gm	2gm
Frequency	Twice daily before meals	Twice daily before meals
Anupan	Warm Water	*Mudga Yusha*
Duration	5 Days	5 Days

RESULT

Table 3: Parameter-wise Statistical % Relief of patients

The subjective parameters were graded on a scale

from 0 to 3 (2 for *Praseka*). Below is the comparison of mean scores from Day 0 (Before Treatment) to Day 5 (After Treatment).

Parameter (Subjective)	**Group Water) Day 0 Mean**	**Group A Day 5 Mean**	**Group A % Relief**	**Group**	**Group B Day 5 Mean**	**Group B % Relief**
Yathabhukta Vidagdha Udgar	3.0	0.6	80.00 %	3.0	0.4	86.67%
Gaurav (SAT-D.158 heaviness in the body)	3.0	0.6	80.00 %	3.0	0.4	86.67%
Aruchi	3.0	0.8	73.33 %	3.0	0.4	86.67%
Klama (SAT-D.2521 exhaustion without exertion)	3.0	1.0	66.67 %	3.0	0.8	73.33%
Utklesha	3.0	0.4	86.67 %	3.0	0.2	93.33%
Praseka	2.0	0.6	70.00 %	2.0	0.4	80.00%

3. Overall Group Performance

By pooling the total symptom scores for all patients across all parameters, the following clinical improvement was observed:

Group A (Warm Water)

- Mean Total Score on Day 0: 17.0
- Mean Total Score on Day 3: 9.4
- Mean Total Score on Day 5: 4.0
- Overall Percentage Relief: 76.47%

Group B (*Mudga Yusha*)

- Mean Total Score on Day 0: 17.0
- Mean Total Score on Day 3: 8.4
- Mean Total Score on Day 5: 2.6
- Overall Percentage Relief: 84.71%

Statistical Significance Tests

Within-Group Progress (Day 0 vs Day 5)

Wilcoxon Signed-Rank Test:

- Group A: p-value = 0.0625
- Group B: p-value = 0.0625

Pooled Wilcoxon Analysis Across All Parameters:

- Group A: p-value = $1.862645149230957 \times 10^{-9}$
- Group B: p-value = $1.862645149230957 \times 10^{-9}$

Interpretation:
Both groups demonstrated highly significant improvement when all parameter observations were pooled, indicating that *Hingvashtaka Churna* was effective in reducing symptom severity.

Between-Group Progress (Group A vs Group B)

Mann–Whitney U Test on Reduction Scores:value = 0.2873 Pooled Mann–Whitney U Test:

- p-value = 0.1266

Interpretation:
Although Group B achieved greater symptom reduction than Group A, the difference did not reach statistical significance ($p < 0.05$), likely because of the small sample size (n = 5 per group).

1. **Both treatment approaches were effective.**

   All ten patients experienced noticeable improvement in symptoms such as sour belching, heaviness, nausea, loss of appetite, and excessive salivation within five days of treatment.
2. ***Mudga Yusha* appears to enhance treatment outcomes.**
   patients who received *Hingvashtaka Churna* with *Mudga Yusha* (Group B) showed greater overall relief (84.71%) compared with those who received the medicine with warm water (76.47%).
3. **Symptom-wise observations.**

   Utklesha (nausea) showed the highest

improvement, reaching 93.33% relief in Group B.

Aruchi (loss of appetite) improved more prominently in Group B (86.67%) than in Group A (73.33%).
All six subjective parameters demonstrated better percentage relief in Group B.

4. **Clinical significance versus statistical significance.**

Although the statistical tests did not show a significant difference between the two groups, the consistently higher percentage improvements observed in Group B suggest a favorable clinical trend toward the use of *Mudga Yusha* as an *Anupana*.

Table 4 : MODE OF ACTION OF DRUG (10-18)

S. No.	Sanskrit Name	Karma
1	*Hingu*	*Deepana, Pachana, Vata Anulomana, Shoolahara*
2	*Ajamoda*	*Deepana, Pachana, Shoolahara, Vatahara*
3	*Shunthi*	*Deepana, Pachana, Ama-nashaka, Vata-Kapha Shamaka*
4	*Maricha*	*Deepana, Pachana, Lekhana, Kapha-Vata Shamaka*
5	*Pippali*	*Deepana, Rasayana, Shwasa-Kasa Nashaka*
6	*Dhanyaka*	*Deepana, Pachana, Tridosha Shamaka*
7	*Jeeraka*	*Deepana, Pachana, Grahi, Vata Anulomana*
8	*Saindhava Lavana*	*Deepana, Pachana, Anulomana, Rochana*
9	*Mudga Yusha*	*Deepana, Pachana, Balya, Tridosha Shamaka, Agni Deepana*

DISCUSSION

The present study was undertaken to evaluate the efficacy-enhancing potential of *Mudga Yusha* as an *Anupana* when administered with *Hingvashtaka Churna* in the management of *Amajirna*. For this purpose, the therapeutic outcomes of *Hingvashtaka Churna* administered with *Mudga Yusha* were compared with those of *Hingvashtaka Churna* administered with warm water. Assessment was carried out using six subjective parameters—*Yathayukta Vidagdha Udgar, Gaurava, Aruchi, Klama, Utklesha, and Praseka*. Although significant improvement was observed in both groups over the five-day treatment period, comparatively greater relief was achieved in the *Mudga Yusha* group, indicating that *Mudga Yusha* enhanced the therapeutic efficacy of *Hingvashtaka Churna* and served as a beneficial Pathya *Anupana* in the management of *Ajirna*."

Hingvashtaka Churna contains Hingu, Shunthi, Maricha, Pippali, Ajamoda, Jeeraka, Krishna Jeeraka, and Saindhava Lavana, which exhibit Deepana-Pachana properties and help normalize digestive function.the ingredients such as Hingu and Trikatu may enhance digestive enzyme activity and gastrointestinal motility.[7,9]

Mudga Yusha is considered Laghu and Pathya in Ayurvedic classics and supports digestion without aggravating Ama.[3] Its easy digestibility may contribute to the superior outcomes observed in combination therapy.[3,8]

The present study was conducted to evaluate the efficacy of Hingvashtaka Churna administered with two different Anupanas, namely warm water and Mudga Yusha, in the management of Ajirna. The assessment was based on six subjective parameters: Yathayukta Vidagdha Udgar, Gaurav, Aruchi, Klama, Utklesha, and Praseka. The results demonstrated marked improvement in all symptoms in both treatment groups over the five-day treatment period.

In Group A, where Hingvashtaka Churna was administered with warm water, the overall symptom relief was 76.47%. Significant reductions were observed in all subjective parameters, with the highest improvement noted in Utklesha (86.67%) and the lowest in Klama (66.67%). Similarly, Group B, which received Hingvashtaka Churna with Mudga Yusha, showed an overall relief of 84.71%. The maximum improvement was observed in Utklesha (93.33%), while the minimum improvement was seen in Klama (73.33%).

Comparison of the two groups revealed that Group B consistently demonstrated greater percentage relief across all assessed parameters. The superior improvement observed in Group B may be attributed to the therapeutic properties of Mudga Yusha, which is described in Ayurvedic classics as Laghu, Deepana, and Pachana in nature. These qualities may enhance Agni, facilitate digestion, and support the action of Hingvashtaka Churna, thereby contributing to better clinical outcomes.

Statistical analysis using the Wilcoxon Signed-Rank Test indicated significant improvement within both groups from baseline to the end of treatment. However, the Mann–Whitney U test comparing the reductions between groups did not demonstrate statistical significance. This finding

may be explained by the small sample size of the study, which limits the power to detect intergroup differences. Nevertheless, the consistently higher percentage relief observed in Group B suggests a positive clinical trend favoring the use of Mudga Yusha as an Anupana.Thus, the study supports the Ayurvedic concept that the therapeutic efficacy of a medicine can be influenced by the choice of Anupana. Although both treatment modalities were effective in alleviating the symptoms of Ajirna, the combination of Hingvashtaka Churna with Mudga Yusha appeared to provide comparatively better clinical benefits.

CONCLUSION

The present study findings suggest that *Mudga Yusha*, when used as a *Pathya Anupana*, potentiates the therapeutic action of *Hingvashtaka Churna* in *Amajirna*. The superior clinical improvement observed in the *Mudga Yusha* group compared to the warm water group supports the role of appropriate *Anupana* and *Pathya Ahara* in enhancing the efficacy of Ayurvedic interventions. Both treatment groups showed significant clinical improvement; however, the group receiving *Hingvashtaka Churna* with *Mudga Yusha* achieved greater overall relief (84.71%) compared to the group receiving the drug with warm water (76.47%). Although the intergroup difference was not statistically significant due to the limited sample size, the results indicate that *Mudga Yusha* may serve as a more effective *Anupana* in enhancing the therapeutic action of *Hingvashtaka Churna* in *Amajirna*. Further studies with larger sample sizes are recommended to substantiate these findings.

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