



A case series study of *Chatusama Churna* in the management of *Agnimandya* w.s.r to non-ulcer dyspepsia.

*Patel Kajalben Rajeshbhai¹, Jayaprakash A N², Atul L. Chaudhari³

¹P.G Scholar, Department of Rasashastra and Bhaishajya Kalpana, Parul Institute of Ayurved, Parul University, Vadodara, India. Email Id- dr.kajalpatel23@gmail.com

²Associate Professor, Department of Rasashastra and Bhaishajya Kalpana, Parul Institute of Ayurved, Parul University, Vadodara, India. Email Id- drjayaprakashan@gmail.com

³Assistant Professor, Department of Kayachikitsa, KDMG Ayurved Medical college, Chalisgav, Maharashtra. Email Id- Atul11chaudhari@gmail.com

*Corresponding Author

Email: dr.kajalpatel23@gmail.com

ABSTRACT

The Gastrointestinal tract is responsible for breaking down food and supplying the body with fluids, nutritive substances, vitamins, minerals, and electrolytes needed to sustain life. This is brought through Ingestion, Digestion, Absorption, and Egestion processes. In modern science, Indigestion is a term that means lack of adequate digestion and includes a wide variety of symptoms. The phrase that can be used interchangeably with indigestion, is dyspepsia. In Ayurvedic science, Agni (Digestive fire) is responsible for the digestion process. The power of Agni determines the quantity of food consumed. Agnimandya i.e, the reduced digestive fire which causes indigestion and further may lead to many GIT diseases. Agnimandya can be compared with Dyspepsia (Indigestion). In this case series study, 3 patients were treated with *Chatusama Churna*. Significant results were found in all symptoms of the patients.

Keywords: Agnimandya, *Chatusama churna*, Dyspepsia, Indigestion.

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INTRODUCTION

The verbal meaning of *Agni* is fire (i.e., digestive power) and *Mandya* is decreases or reduction (1). The reduced digestive power gives rise to undigested harmful toxic waste product (*Aam*) which is one of the basic contributory factors of the disease (2). According to *Ayurveda*, the energy which converts food materials into body elements is called *Agni*. The balanced state of *Agni* helps in digestion, absorption, assimilation, and metabolism of food material (3). The food when fully digested by the digestive power (*Agni*) acts like nectar. When it remains undigested acts like a poison (*Visha*). (4) When the *Agni* stops functioning, the persona dies; if the *agni* functions normally, the persona can lead a healthful and prolonged life. Similarly, if the *agni* become abnormal the individual suffers from various diseases and hence, the *agni* is said to be the root cause of health and longevity (5). Due to improper diet and there are many diseases developed because of *Agnimandya* mentioned in different *Samhitas* like *Ajirna*, *Aamadosha*, *Alasaka*, *Visuchika*, *Grahani*, *Aruchi*, etc. (6)

Dyspepsia (dys = bad, peptos =to digest). Indigestion, an Old English word for lack of (adequate) digestion, is used commonly. Dyspepsia does not have a chronic peptic ulcer (defined as a break in the mucosa that extends through the muscularis mucosae) or any recognized anatomicopathological entity; thus, they are classified as having non-ulcer dyspepsia. It's also called functional dyspepsia (7). In the present era everyone suffering from indigestion (dyspepsia) because of unhealthy eating habits, consumption of junk foods, sedentary lifestyle, and irregular sleep patterns. *Agnimandya* i.e, the reduced digestive fire which causes indigestion. So, therefore, *Agnimandya* can be compared with Dyspepsia (Indigestion).

MATERIAL AND METHODS

Case study report 1.

A 40-year male patient visited OPD of Parul Ayurved Hospital, Vadodara on 12th February 2022 with complaints of *Udarashoola* (Pain in Abdomen), *Udaraguruta* (Heaviness of Abdomen), Loss of appetite, Nausea sensation sometimes.

He was suffering from these complaints for the last 18 days. The earlier patient visited the modern hospital and received medications for the same complaints but no improvements were found hence patient came to our hospital. USG of the Abdomen was advised and no significant abnormality was noted in the USG report. Diet of the patient is mixed diet, Bowel habit normal once a day, no history of Constipation, Micturition 3-4times/day & 1time/night, Sleep is disturbed, Appetite is poor. On general examinations, the Vitals of the patient were BP- 110/72 mmHg, Pulse 74/min, Tongue- Coated, absent of pallor, clubbing, and cyanosis. Systemic examination of the patient revealed no abnormalities on CNS, CVS, or RS Examinations. On P/A Examination – Mild tenderness of abdomen on palpation, Rest of all within normal limit.

Treatment Intervention: -

Sr no	Formulation	Dose	Anupana	Duration
1	<i>Chatusama Churna</i>	6 gm BD/ After food	Warm water	7 days

Course of treatment and result: -

The patient received treatment on OPD basis for 7 days. The patient symptoms improvement was observed gradually. After completion of the treatment course, total improvement was observed in the complaints of patients.

Case study report 2.

A 39-year-old female patient came to OPD of Parul Ayurved hospital, Vadodara, Gujarat on the date 5th march 2022. Who was healthy before 1 month. Since then, she gradually developed symptoms they are following: *Aruchi* (Anorexia), *Vibandha* (Constipation), Intermittent *Udarshoola* (Abdomen pain), *Dourbalya* (Weakness), *Klama* (Tiredness without exertion).

She took treatment twice from a family physician and was advised to undergo USG Abdomen. The report was suggested mild gaseous distention otherwise no significant abnormality detected. also got temporary relief with medications but after a few days she again suffered from the same complaints then, later on, she came here for better treatment. No history of any past illness. The patient diet comprises a vegetable diet only, she has a history of constipation, Appetite- loss of appetite, Normal micturition history and has no addictions. Menstrual history- regular periodic cycle with normal flow. On examination vitals of patients were stable, Tongue- *Ruksha-Samalipta* (dry, coated). On systemic examination, the patient revealed no such abnormalities, and absence of pallor, cyanosis, icterus, edema, also normal lymph nodes were noted.

Treatment Intervention: -

Before starting medication *Kosthashodhana* was advised to the patient with *Eranda taila* 30ml with half a glass of milk at the night for 1 day.

Sr no	Formulation	Dose	Anupana	Duration
1	<i>Chatusama Churna</i>	6 gm BD/ After food	Warm water	10 days

Course of treatment and result: -

The patient was treated for 10 days. The improvement in the symptoms of the patient was started on the 4th day. After completion of treatment, all symptoms improved and she is feeling better & cheerful.

Case study report 3.

A 43-year-old male patient registered at Deepak Medical foundation, hospital, Nandesari, Vadodara on 28th march 2022 having complaints of *Aruchi* (Loss of appetite), *Aamloudgara* (sour belching), *Aadhmana* (Abdomen heaviness), *Aalasya* (Lassitude), *Shariragauravta* (Heaviness of the body) for last 10 days.

The patient was normal before 10 days, as the incidence of history noted he taken nonveg spicy food from outside in night as the time passed, he noticed mild abdomen pain with loose stool for 2 times in the night but he ignored it. Later on, gradually developed above said symptoms. For these complaints, he had consulted a general practitioner and taken medications Tab-Pan DSR (Pantoprazole + Domperidone) once a day/on an empty stomach, Tab O2 (Ofloxacin + Ornidazole) twice a day/after food for 3 days. He felt somewhat relieved by taking medicines but not got total relief. Due to that, he came here for better treatment. The patient was K/C/O Diabetes 2 in the past 2 years and is on regular medication. The patient has mixed diet habits, appetite poor, bowel history normal, micturition 4-5times/day, 2 times/night. On physical examination- BP-124/80 mmHg, Pulse-80/min, Temp- Afebrile, Tongue- whitish-Coated and pallor, icterus, and cyanosis was absent. On systemic examination P/A- soft, no tenderness, Slight sluggish peristalsis, no organomegaly noted, other systemic examinations of patients revealed no abnormalities.

Treatment Intervention: -

Sr no	Formulation	Dose	Anupana	Duration
1	<i>Chatusama Churna</i>	6 gm BD/ After food	Warm water	7 days

Course of treatment and result: -

There was significant improvement observed within 7 days of treatment in all symptoms of patients.

DISCUSSION AND CONCLUSION

The presented case study reports were diagnosed as a case of *Agnimandya* (Non-ulcer dyspepsia) disease based on the clinical presentation of symptoms. In Ayurveda, various treatments protocol has been mentioned like *Deepana*, *Pachana*, *Shodhana* therapy, *Churna*, *Ghrta*, *Aasava-arista* *proyoga*, etc.

Chatusama churna is a combination of four drugs which contain *Ajamoda*, *Saindhava Lavana*, *Haritaki*, and *Shunthi*; all these drugs are taken in equal quantity. This powder is taken twice daily in 1 kola (6gms) quantity along with warm water to cure *Agnimandya* (Non-ulcer dyspepsia), *Aamjashula* (Colic pain due to *Aam*), etc., and other GIT disorders. (8)

✚ **Ajamoda** (*Apium graveolens* Linn): - the drug has the properties like *Rasa-Katu*; *Guna- Laghu*, *Ruksha*, *Tikshna*; *Virya- Ushna*; *Vipaka- Katu* (9). The actions of a drug as per ayurveda are *Deepana*, *Pachana*, *Kaphagna*, *Vatanuloman*, *Krumighna*, and *Shulagna*. Beneficial in the diseases like *Agnimandya*, *Aadhmana*, *Udarashula*, and *Chardi* (10). It has Carminative, Appetizer, and Anthelmintic activity (11). It is also used in flatulence, vomiting, spasmodic pain, and colic pain. (12)

✚ **Saindhava Lavana** (Rock salt): - It has properties of *Rasa- Lavana*, *Guna- Laghu*, *Snigdha*, *Virya-Sheeta*, *Vipaka- Madhura*. It has actions like *Tridoshashamaka*, *Rochana*, *Deepana*, and *Vibandhahara* (13). *Agnivardhana* property help to treat *Agnimandya* (14). *Saindhava lavana* improves appetite and digestion therefore it's used in Anorexia, Stomach pain, constipation, and other digestive problems. (15)

✚ **Haritaki** (*Terminalia chebula* Retz.): - *Haritaki* has properties of *Rasa-Lavanarashita pancharasa*, *Guna- Ruksha*, *Laghu*, *Virya- Ushna*, *Vipaka- Madhura*, *Prabhav-Tridosahara*. The act as *Deepana*, *Pachana*, *Anulomana*, *Mriduvirechana*, *Krumighna* and *Rasayana*. *Haritaki* used in *Agnimandya*, *Shula*, *Aanaha*, *Vibandha*, *Amlapitta*, *Grahani*, *Udararoga*, etc. diseases (16). Useful in loss of appetite, pain in the abdomen, constipation and also helps in digestion of 'Aama', improves in digestion. (17)

✚ **Shunthi** (*Zingiber officinale* Roxb): - The properties of *Shunthi* are *Rasa- Katu*; *Guna- Laghu*, *Snigdha*; *Virya-Ushna*; *Vipaka- Madhura* (18). It has the actions of *Kapha-Vataghna*, *Pachana* *Deepana*, *Vatanulomana*, and *Shulaprasamana*. It is indicated in *Agnimandya*, *Aanaha*, *Shula*, *Ajirna*, *Gulma*, and *Dourbalya* (19). It has a proven medicine to treat digestive disorders and acts as a digestive stimulant and carminative effect. It provokes the action of digestive enzymes. These properties improve digestion and absorption processes. (20)

CONCLUSION

In the present case series study, *Chatusama Churna* was used in the management of *Agnimandya* patients and has shown good improvement. *Chatusama churna* possesses properties like *Deepana*, *Pachana*, *Anulomana*, *Krimighna*, *Shulagna*, *Vibandhahara*, and *Mriduvirechaka*. All these properties of the drug improve *agni* as well as digestion process which help in the correction of *Agnimandya*.

REFERENCES

1. Jain RN, Thite NY. A Text Book of Rogavijnan & Vikritvijnan. Vol 2. Delhi; Chowkhamba Sanskrit Pratishthan; 2007. 81p.
2. Jain RN, Thite NY. A Text Book of Rogavijnan & Vikritvijnan. Vol 1. Delhi; Chowkhamba Sanskrit Pratishthan; 2007. 50p.
3. Jain RN, Thite NY. A Text Book of Rogavijnan & Vikritvijnan. Vol 2. Delhi; Chowkhamba Sanskrit Pratishthan; 2007. 80-81p.
4. Mitra Jyotir, editor. Astangsamgraha of Vahata or Vrddha Vagbhata, Sasilekha Sanskrit Commentary by Indu. Sharira Sthana. Ch.6, Ver.57. Varanasi; Chowkhamba Sanskrit series office; 2006. 319p.
5. Shukl Vidyadhar, Tripathi RD, editors. Charaka Samhita of Agnivesha. Chikitsa Sthana. Ch.15, Ver.4. 2nd ed. Varanasi; Chowkhamba Sanskrit Pratishthan; Reprinted: 2015. 358p.
6. Kashyap Lavleen, Tripathi RN. (2017). Concept Of Agni And Its Clinical Relevance: A Review. Wjpr. 6(12):372-382.
7. Talley NS, Phillips SF. Non-ulcer Dyspepsia: Potential causes and Pathophysiology. Annals of internal medicine. 1988; 108(6):865-879.
8. Mishra Siddhi Nandan, editor. Bhaishajya Ratnavali of Kaviraj Govind das Sen. Shularogadhikara, Ch.30, Ver.39. Varanasi; Chaukhamba Surbharati Prakashan; 2019. 619p.
9. Ojha JK. A Hand-Book of DRAVYA GUNA. 1st ed. Delhi; Chowkhamba Sanskrit Pratishthan; 2004. 6p.
10. Deshpande AP, Javalgekar RR, Ranade S. (2005). Dravyaguna Vijanan. Vol 1&2. 5th ed. Pune 2; Aanmol Prakashan; Reprint. 500p.
11. Hussain MT, Ahmed G, et al. (2013). Unani description of Tukhme Karafs (Seeds of *Apium graveolens* Linn) and its Scientific reports. Research journal of biological sciences: 2(11): 88-93.

12. Munawwar Gauri, S Javed Ali, Mohd Shahid Khan. (2015). A Review of *Apium graveolens* (Karafs) with special reference to Unani Medicine. *IAIM*, 2(1): 131-136.
13. Gupta RK, Jain JK, et al. (2018). Pharmacological review of *brihat saindhavadi taila*. *International journal of information research and review*: 5(3): 5314-5316.
14. Pandey Jaimeeni, (2010). Editor. *Astangahrdayam of Vagbhata. Sutra sthanam. Ch.6, Ver.144. 1st ed. Varanasi; Chowkhamba Sanskrit Bhavan; 129p.*
15. Bagde Ashvin, Ramteke A, et al. (2019). *Nitya Sevaniya Aahara (Wholesome Daily Food) In Ayurveda- Review Article. WJPPS: 2019: 8(3): 362-372.*
16. Deshpande AP, Javalgekar RR, Ranade S. (2005). *Dravyaguna Vijanan. Vol 1&2. 5th ed. Pune 2; Aanmol Prakashan; Reprint. 452-454p.*
17. Kokate C K. (2012). *Pharmacognosy. Volume I & II, 47th ed. Pune; Nirali prakashan; 515-517p.*
18. Ojha JK. (2004). *A Hand-Book of DRAVYA GUNA. 1st ed. Delhi; Chowkhamba Sanskrit Pratishtan; 24p.*
19. Deshpande AP, Javalgekar RR, Ranade S. (2005). *Dravyaguna Vijanan. Vol 1&2. 5th ed. Pune 2; Aanmol Prakashan; Reprint. 676-677p.*
20. Byadgi PS, Kanashetti DS, Tiwari R et al. (2021). *Shunthi (Zingiber officinale Rosc.): A Miraculous Medicinal Plant. Int J Adv Res Med Chem; 3(1): 8-13.*

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