



**Research Article**

**EFFECTIVENESS OF *HARITAKI KASHAYAM* IN THE TREATMENT OF *ERI GUNMAM* (ACID PEPTIC DISEASE)**

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**ABSTRACT**

Acid peptic disorders develop through diverse yet interrelated pathogenic processes that lead to increased gastric acid production or impairment of mucosal protective mechanisms. Such conditions, which are commonly observed in clinical settings, contribute significantly to healthcare costs due to their persistent and chronic nature. My study aims to evaluate how effective *Haritaki Kashayam* is in treating Acid peptic disease (*Eri Gunmam*). **METHOD:** A descriptive case series study was undertaken among 20 patients with acid peptic disease, having a mean age of 45.65±10.19 years, at the Government Siddha Medical College and Hospital, Palayamkottai. Patients received *Haritaki Kashayam* (50ml twice daily) for 30 days. Clinical assessment using the Gastrointestinal Symptom Rating Scale (GSRs) was performed pre and post treatment. **RESULTS:** Significant improvement in GI symptoms was observed by 2<sup>nd</sup> week and sustained through one month. Gas related discomfort markedly decreased, complemented by milder yet significant normalization of bowel habits. By day 30 (55%) of patients reported complete symptom relief, highlighting both statistical and clinical relevance. **CONCLUSION:** Patients with high initial GSRs scores exhibited a consistent decrease at 15- and 30-day follow-up assessments, signifying substantial symptom relief. The case series suggests that *Haritaki Kashayam* suspension is effective in managing acid peptic disease.

**INTRODUCTION**

Peptic ulcer disease represents a global health concern affecting populations across all geographic regions. Acid Peptic Disease (APD) is a set of conditions characterized by an imbalance between acid secretion and gastric mucosal defenses, which can manifest as peptic ulcer disease, gastroesophageal reflux disease (GERD) and stress related mucosal injury. Individuals who use tobacco have nearly double the risk of ulcer formation compared to those who do not smoke. In persons experiencing intense physiological stress, alterations in the body acid-base balance can contribute to ulcer development. Additionally, a lower socioeconomic background is recognized as an important predisposing factor for peptic ulcer disease.

The siddha concept of *Eri Gunmam* is found to be equal to acid peptic disease as per observation and comparison. In siddha literature, *Eri Gunmam* is mentioned in *Yugi Vaithiya Chinthamani-800*. The signs and symptoms of this disease is correlated with acid peptic disease in modern science. There are many exclusive and specific treatments for different types of *Gunmam* as mentioned in the siddha literature. As per the study, the drug of choice for clinical trial is *Haritaki Kashayam*. Approximately 4 million individuals worldwide are affected by this condition each year<sup>[1]</sup>.

In 2019, the global prevalence of PUD was approximately 8.09 million representing a 25.82% increase from 1990. The age standardized prevalence rate was 99.40 per 100,000 population in 2019. Regionally, South Asia had the highest age standardized prevalence rate 156.62 per 100,000 in 2019. Given that the Indian population is widely exposed to one or more of the aforementioned risk factors, there is a pressing need to explore and establish evidence-based alternative therapeutic strategies for long-term management.

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**Haritaki Kashayam**

Book Reference: Agathiyar 2000

Year of Publication: 2014

Page No: 230

**Literature Review**

**Table 1: Detailed description of the ingredients of trial drug**

<b>Tamil Name</b>	<i>Kadukaai Thool</i>	<i>Surai Thandu</i>	<i>Chukku</i>	<i>Kurunthotti ver</i>
<b>Botanical Name</b>	<i>Terminalia chebula</i>	<i>Lagenaria siceraria</i>	<i>Zingiber officinale</i>	<i>Sida rhombifolia</i>
<b>Family</b>	Combretaceae	Cucurbitaceae	Zingiberaceae	Malvaceae
<b>Part Used</b>	Dried fruit	Stem	Rhizome	Root
<b>Phyto Chemicals</b>	Tannins phenolic compounds, flavonoids, terpenoids, alkaloids, steroids and carbohydrates	flavonoids, triterpenoids (including cucurbitacins), sterols ( $\beta$ -sitosterol, campesterol), tannins, saponins, phenolic acids and carbohydrates	pungent phenolic compounds like gingerols, shogaols, and paradols	alkaloids, flavonoids, tannins, sterols (like sitosterol, stigmasterol), phenolic compounds, glycosides, saponins, and lipids
<b>Pharmacological Actions in Journals</b>	Antioxidant Hepato protective Anti ulcerogenic Gastrointestinal motility improving <sup>[2]</sup>	Analgesic Anti-inflammatory <sup>[3]</sup>	Anti-inflammatory Anti emetic Antioxidant <sup>[4]</sup>	Antiseptic Wound healing Anti-inflammatory <sup>[5]</sup>

**MATERIALS AND METHODS**

**Ingredients**

*Kadukaai Thol (Terminalia chebula) - 2 ½ Varaagan*

*Surai Thandu (Lagenaria siceraria)- 2 ½ Varaagan*

*Chukku (Zingiber officinale)- 2 ½ Varaagan*

*Kurunthotti ver (Sida rhombifolia)- 2 ½ Varaagan*

**Standard Operative Procedures**

The necessary raw materials will be procured from a reputed indigenous drug supplier. Each

ingredient will be purified in accordance with the procedures described in accordance with the procedures in the classical siddha text *Marundhu Sei Iyalum Kalaiyum*. Following purification, all components will be coarsely powdered to prepare the *Kudineer chooranam* formulation. The final product will be preserved in an airtight container to maintain its quality.

**Table 2: Detailed description of Haritaki Kashayam as per the siddha literature and detailed study design**

<b>Drug Profile</b>	
Dose	50ml
Indication	Kai Kaal Vali, Eri Gunmam, Kudal Vaayu
Medicine	<i>Haritaki Kashayam</i>
Time	Twice a day
Course	30 days
<b>Study Design</b>	
Study type	Descriptive study
Study design	Case series
Study place	OPD, Govt. Siddha Medical College & Hospital, Palayamkottai.
Study period	4 months
Sample size	20 patients

**Methodology**

A case series study was conducted at GSMC, Palayamkottai, after obtaining approval from the Institutional Ethics Committee (GSMC-XIII IEC Br 1/3/24.05.2024). All participants were adequately briefed on the study objectives and procedures in the local language and written informed consent was secured prior to enrolment. The clinical trial was registered with Clinical Trials Registry of India (CTRI/2024/06/087313). Clinical symptom evaluation was carried out by analyzing assessment data collected at three consecutive times points, covering both pre-intervention and post-intervention periods.

**Table 3: Criteria for inclusion, exclusion and withdrawal in the case series**

Inclusion Criteria	Exclusion Criteria	Withdrawal Criteria
Age limit: 20 – 60 years. Sex: Both The patients with symptoms of epigastric burning, heart burn, bleching, abdominal pain, abdominal bloating H/O NSAID administration	Pregnancy and lactation CA stomach appendicitis acute pancreatitis cholelithiasis	Intolerance to the drug and development of any serious adverse effect during trial poor compliance leading to any illness. Any other acute illness which needs a rescue medication patients turn unwell to continue during course of trail.

**Method of Approach**

**Clinical Assessment**

Assessment was done by documenting the signs and symptoms before and after intervention using **GSRs (Gastrointestinal Symptoms Rating Scale) Score**<sup>[6]</sup>

**Table 4: Clinical assessment using disease criteria (GSRs score)**

Gastrointestinal Scale Score	0 <sup>th</sup> Day	15 <sup>th</sup> Day	30 <sup>th</sup> Day
Pain or abdominal discomfort in upper abdomen			
Heart burn			
Acid reflux			
Hunger pain			
Rumbling			
Bloated			
Burping			
Passing gas or flatulence			
Diarrhoea			
Constipation			
Loose stools			
Hard stools			
Urgent need to have bowel movement			
Sensation of not completely emptying the bowl			

(1 - No discomfort at all, 2 - Minor discomfort, 3 - Mild discomfort, 4 - Moderate discomfort, 5 - Moderately severe discomfort, 6 - Severe discomfort, 7 - Very severe discomfort)

**RESULT**

**Demographic Characteristics**

A total of 20 participants were enrolled in the study. The majority belonged to the 40-49 year ago group (35%) followed by 50-60 years (30%), 30-39 years (25%) and 20-29 years (10%). The gender distribution was equal with 10 males (50%) and 10 females (50%) indicating good demographic balance.

**Primary Outcome**

Repeated-measures analysis demonstrated a statistically significant reduction in abdominal pain and discomfort scores across the three points (baseline, 15<sup>th</sup> day and 30<sup>th</sup> day).

Multivariate analysis showed a significant within subject effect (Pillai’s Trace = 0.704, F=21.419, p < 0.001).

Univariate repeated measures ANOVA confirmed a highly significant improvement over time (F=36.301, p < 0.001).

Polynomial contrast analysis revealed a significant linear trend (F=45.194, p<0.001), indicating progressive and sustained symptom reduction, while the quadratic trend was not significant (p=0.825).

Clinically the proportion of participants reporting no abdominal discomfort increased from 15% at baseline

to 45% by day 30, demonstrating meaningful symptomatic relief.

**Gastrointestinal Symptom Rating Scale (GSRs) Domains**

A comprehensive repeated measures GLM analysis across GSRs domains showed significant improvement in all gastrointestinal symptoms over the study period.

**Table 5: Significant within subject effects were observed**

Acid reflux	F=32.514, p < 0.001
Hunger pain	F=29.511, p < 0.001
Rumbling	F=31.396, p < 0.001
Bloating	F=66.621, p < 0.001
Burping	F=66.083, p < 0.001
Flatulence	F=23.628, p < 0.001
Diarrhoea	F=10.979, p = 0.002
Constipation	F=6.928, p = 0.014
Loose stools	F=6.618, p = 0.016
Hard stools	F=9.026, p = 0.005
Urgent need for bowel movements	F=6.234, p = 0.018
Sensation of incomplete evacuation	F=8.941, p = 0.005

Greenhouse-Geisser corrected values were applied where sphericity was violated, ensuring statistical robustness.

**Table 6: Results of ANOVA (HS- Highly significant, S-Significant)**

Variable		GLM – repeated measures P value (within & between subjects)	Significance
Abdominal pain	0 <sup>th</sup> day	.000	HS*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Heart burn	0 <sup>th</sup> day	.000	HS*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Acid reflux	0 <sup>th</sup> day	.000	HS*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Hunger pain	0 <sup>th</sup> day	.000	HS*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Rumbling	0 <sup>th</sup> day	.000	HS*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Bloated	0 <sup>th</sup> day	.000	HS*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		

Burping	0 <sup>th</sup> day	.000	HS*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Flatulence	0 <sup>th</sup> day	.000	HS*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Diarrhoea	0 <sup>th</sup> day	.003	S*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Constipation	0 <sup>th</sup> day	.003	S*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Loose stools	0 <sup>th</sup> day	.003	S*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Hard stools	0 <sup>th</sup> day	.001	S*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Urgent need to have bowel movement	0 <sup>th</sup> day	.005	S*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		
Sensation of not completely emptying the bowl	0 <sup>th</sup> day	.001	S*
	15 <sup>th</sup> day		
	30 <sup>th</sup> day		

### Clinical Improvement Pattern

Frequency analysis showed a progressive shift from moderate – severe symptoms at baseline to no or minor discomfort by day 30 across most GSRs domains.

No acid reflux increased from 10% at baseline to 35% at day 30.

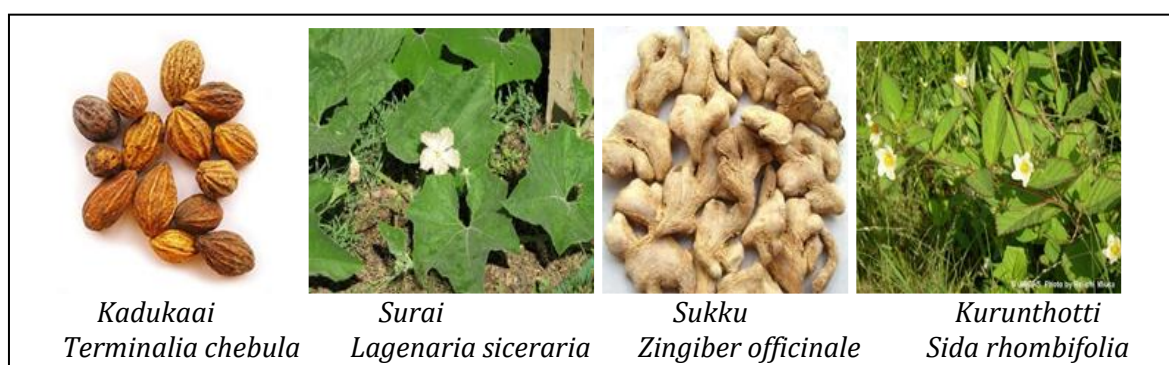
No bloating increased from 5% at baseline to 70% at day 30.

Normal bowel movements related symptoms exceeded 85-90% by day 30 in most parameters.

### Overall Interpretation

The results indicate that the intervention produced a statistically significant and clinically meaningful reduction in abdominal pain and multiple gastrointestinal symptoms with improvement evident by the 15<sup>th</sup> day and sustained or enhanced by the 30<sup>th</sup> day.

Figure 1: Raw drugs of the trial drug



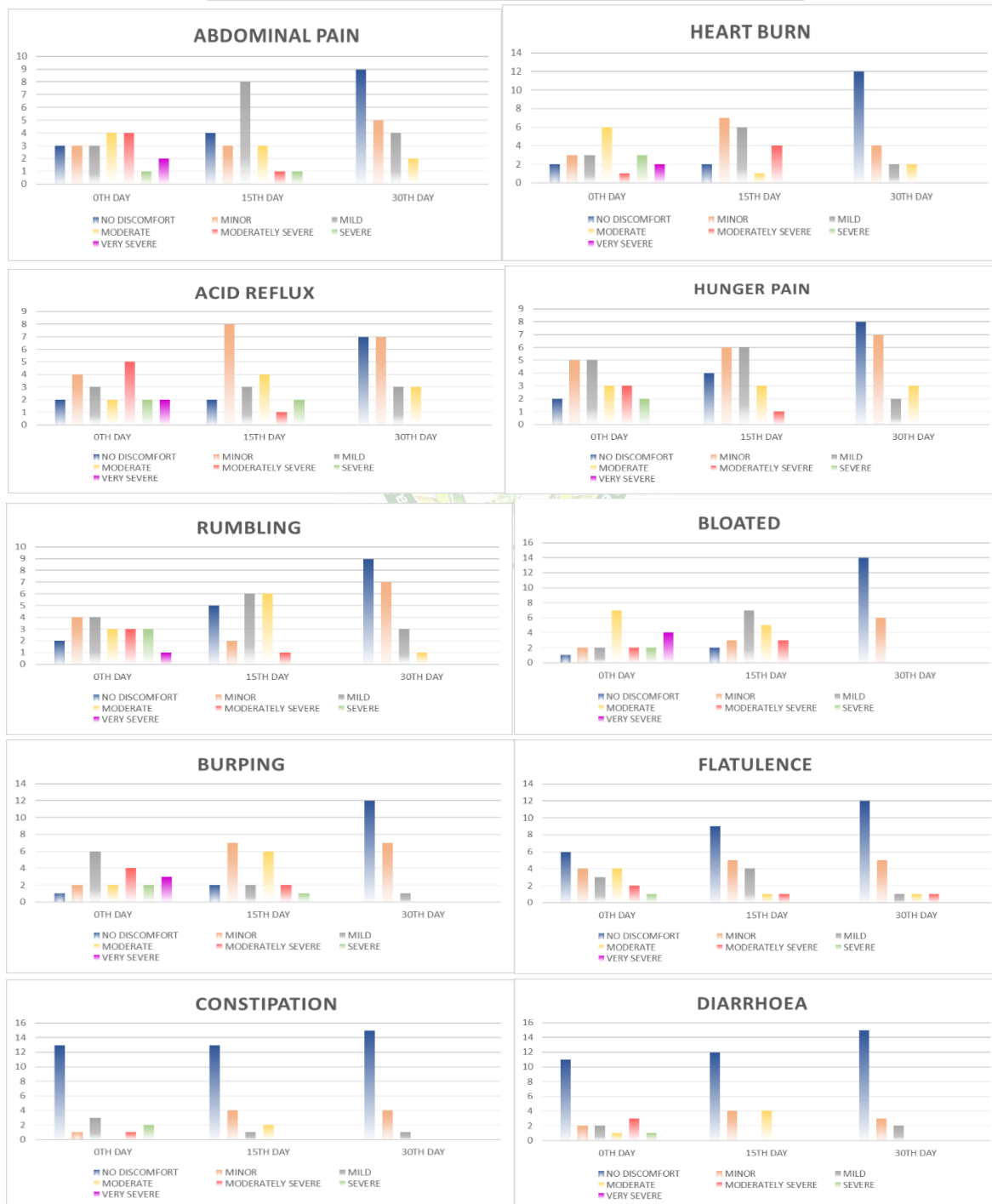
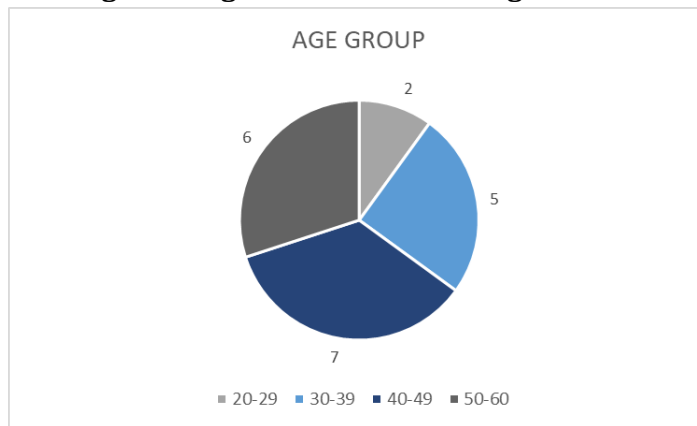
Kadukaai  
*Terminalia chebula*

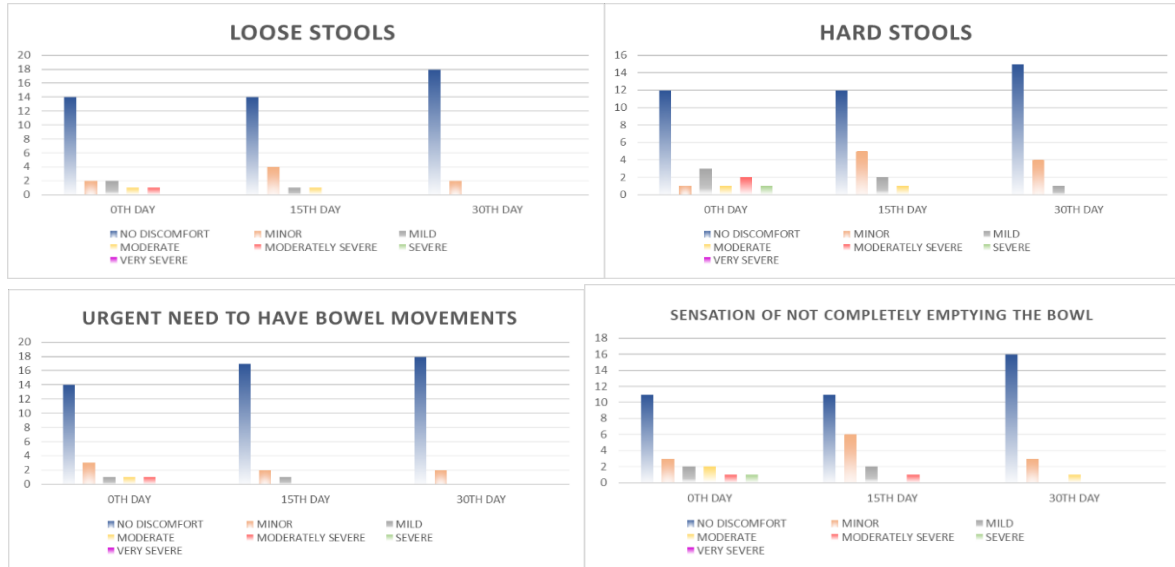
Surai  
*Lagenaria siceraria*

Sukku  
*Zingiber officinale*

Kurunthotti  
*Sida rhombifolia*

**Figure 2: Age Distribution among 20 cases**





Overall Compare Mean of Haritaki Kashayam Intervention

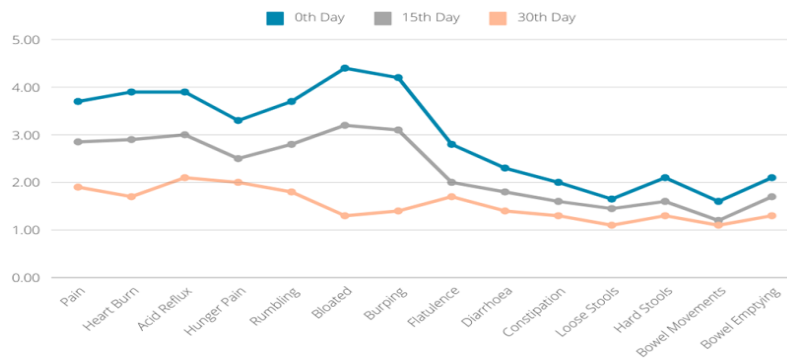


Figure 3: Overall grading of clinical assessment criteria before and after intervention for 30 days with *Haritaki Kashayam*

DISCUSSION

The present study demonstrates that *Haritaki Kashayam* is associated with statistically significant and clinically meaningful improvement in acid peptic disease-related symptoms, as evidenced by serial Gastrointestinal Symptom Rating Scale (GSRs) assessments over a 30-day period. The repeated measures analyses demonstrated a robust within subject effect on abdominal pain and discomfort, with a clear linear trend indicating progressive and sustained symptoms reduction from baseline through day 30. The increase in the proportion of participants reporting no abdominal discomfort from 15% at baseline to 45% by day 30 underscores the clinical relevance of these changes, beyond mere statistical significance.

Consistent with the primary outcome, the GSRs domain analysis revealed significant improvement across multiple upper and lower gastrointestinal symptoms including acid reflux, bloating, burping, flatulence and bowel habit related complaints such as diarrhoea, constipation and stool consistency. The

marked reduction in bloating and reflux and the normalization of bowel related symptoms in 85-90% of participants by day 30, point towards a global enhancement in gastrointestinal function rather than isolated symptom relief. These outcomes align with traditional descriptions and emerging experimental evidence highlighting the antioxidant, anti-inflammatory, and mucosal protective properties of *Haritaki*, supporting its potential gastroprotective role. The observed GSRs score reductions provide preliminary clinical support for such mechanisms, indicating improved symptom burden and enhanced patient-reported quality of life. The use of Greenhouse-Geisser corrections where necessary strengthens the validity of these findings by appropriately addressing violations of sphericity.

The pattern of early improvement by day 15 followed by further gains by day 30 suggests that the therapeutic effect of the intervention may accumulate over time. The balance gender distribution and inclusion of adults across a wide age range support the

generalizability of the results within this small sample. Despite these encouraging findings, the study is limited by a relatively small sample size, short follow-up duration, and absence of a comparator group receiving standard pharmacological therapy. These limitations warrant cautious interpretation and highlight the need for larger, randomized controlled trials with extended follow-up and objective outcome measures. Future studies should also explore the mechanistic interaction of *Haritaki* constituents with gastric acid regulatory pathways and *Helicobacter pylori* modulation.

## CONCLUSION

Based on the above findings, the intervention led to a clear and sustained reduction in abdominal pain and a wide range of gastrointestinal symptoms over the 30-day period. Statistically significant improvement was observed in the primary outcome as well as across all GRS domains, with a strong linear trend indicating progressive benefit over time. Clinically, the marked increase in participants reporting no or minimal discomfort, normalization of bowel habits in most cases and substantial reductions in bloating and reflux suggest that the intervention may provide meaningful relief for patients with functional gastrointestinal complaints. GRS-based statistical evaluation indicates that *Haritaki Kashayam* provides significant symptomatic relief in acid peptic disease, with outcomes consistent with both traditional medical knowledge and contemporary pharmacological evidence. These findings support the rationale for integrative therapeutic approaches combining herbal formulations with conventional management to optimize clinical outcomes in acid peptic disease. However, given the small sample size and relatively short follow-up these results should be interpreted with caution and large, controlled studies are needed to confirm efficacy and assess long term outcomes.

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