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Review Article

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AYURVEDIC MEDICINE AND LIFESTYLE MODIFICATION FOR MANAGEMENT OF AMLAPITTA W.S.R TO GASTRITIS

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ABSTRACT

Objective: Amlapitta (gastritis) is defined as a condition in which there is Vidagdha Avastha of Pitta Dosha. Amlapitta develops due to Ajirna Avastha because of improper digestion of food due to Agni Mandya. India being a country of spices and spicy food and faulty sleeping patterns is the major cause for this disease. 80% of the top ten killing diseases of the world are due to wrong food habits. Improper diet habits, stress, not following Ahara Vidhi Visheshayatan are main causes for the disease. Hence, it is quite essential to control and prevent the disease to avoid further complications. Material and Methods: This is a case of a 39 years female presenting with the complaint Sour Belching (Amlodgara), Burning Sensation In Throat

And Chest (*Hritkanthadaha*), Indigestion (*Avipaka*), Abdominal Distension (*Adhmana*), Weight Gain, Headache and other symptoms associated with *Ajeerna* were present. For this an intervention of *Sutshekhar Rasa* 2 bd before me*Aamalki Churna* (50gms) + *Guduchi Churna* (30gms)+ *Sudha Gairik Churna* (16gms)+*Sariva Churna* (30gms)= 3gms bd after meal, *Go Ghrita* 1tsf bd before meal was given. For 21 days. For stress patient was adviced *Bhramari Pranayam*. After 21 days patient was adviced to take soaked fennel seed, coriander seed, cumins water 1cup early morning for 2 month. **Results:** Results were interpreted on the basis of the data analyzed, and conclusion was drawn. Subjective parameters showed significant reduction symptoms and complaints present before the treatment. Overall, a considerable effect of the formulation was observed after the treatment. **Conclusion**: This case study was a genuine attempt to observe the effect of the classical ayurvedic formulation, in the case of *Amlapitta*. In this study multiple approach treatment benefitted the patient.

KEYWORDS: *Amlapitta*, lifestyle modification.

INTRODUCTION

Amlapitta (gastritis) a leading GIT disorder in current era due to changing lifestyle, eating pattern and stress conditions. 80% of the top ten killing diseases of the world are due to wrong food habits. [1] Improper diet habits, stress, not following Ahara Vidhi Visheshayatan are main causes for the disease are Amapitta was not described in any text of the Brihatrayi but a condition named as "Vidagdha Jirnna" can be compared with Amlapitta. The Amlapitta is an established entity from the time of Madhav the famous writer of the book "Madhav Nidan" (Rogavinischaya). [2] Pitta dosha plays a key role for the genesis of Amlapitta. Improper digestion of Amla rasa gives rise to Amlapitta. If we can treat Agni we can do a great favour to society. [3] Jirna Amlapitta is a condition in which patient suffers from gastritis and digestion problem form a long time. Amlapitta develops due to Ajirna Avastha because of improper digestion of food due to Agni Mandya. India being a country of spices and spicy food and faulty sleeping patterns is the major cause for this disease.

CASE HISTORY

A 39yrs. old female patient complains of Sour Belching (*Amlodgara*), Burning Sensation In Throat And Chest (*Hritkanthadaha*), Indigestion (*Avipaka*), Abdominal Distension (*Adhmana*), Weight Gain, Headache and other symptoms associated with *Ajeerna* were present. On taking detailed history patient was administered with injection Diclo 75mg IV on empty stomach during severe menstrual cramps. Since then patient is suffering from hyperacidity. Patient was on antacid since 5 years on regular basis. History related to faulty food habits, stress level, sleep exercise was present. For the above complaints patient approached the research institute.

Diagnostic Criteria

Avipaka, Klama, Utklesha, Vamana, Tiktoamlodgara, Hritkanthadaha, Aruchi, Udarashoola. As per the statement of the patients, the symptoms were recorded in terms of clinical grades.

Avipaka

G₀ - natural appetite for food after 5-6 hrs of ingestion of mixed Indian food

G₁ -appetite for food after 7-8 hrs of taking food

 G_2 - appetite for food after 9 - 10 hrs of taking food

 G_3 - appetite for food after 10 - 12 hrs of taking food

2. Klama

- G₀ no tiredness on routine physical work
- G₁ feeling tiredness on routine physical work
- G₂ feeling tiredness to do normal routine work
- G₃ feeling of tiredness to do any work or no interest in work

3. Utklesha

- G₀ no sensation of vomiting
- G_1 nausea 1 3 times a wk
- G_2 nausea 4-7 times a wk
- G₃ frequent feeling of nausea with or without food

4. Vamana

- G₀ no vomiting
- G₁ occasional
- G₂- 2-3 times a wk
- G₃ every day

5. Tiktaamlodgara

- G₀ no regurgitation of gastric content in to the mouth
- G₁ rare regurgitation of gastric content in to the mouth
- G₂ often regurgitation of undigested food in to the mouth
- G₃ frequent regurgitation of gastric content in to the mouth

6. Aruchi

- G₀ having good appetite
- G₁ loss of appetite for breakfast and snacks
- G₂- loss of appetite for breakfast, lunch, dinner
- G₃ aversion of any food

7. Hritkantha daha

- G₀ no pyrosis
- G₁ pyrosis in empty stomach
- G₂ pyrosis in empty stomach as well as after 3-4 hrs of taking meal
- G₃ constant or frequent pyrosis

8. Udarashoola

 G_0 - no pain in the abdomen

G₁ - mild pain in the abdomen of low intensity

G₂ -moderate pain causing partial interruption in the work

G₃ - severe pain complete interruption of work. ^[4]

MATERIALS AND METHODS

This was a single case study. Written consent of the patient was taken in the best understandable language before conducting the study. The study duration was of 21 days and was carried out in the OPD of Swasthyarakshan & Yoga, Government Ayurved College. Assessment was done according to pre and post test after the treatment.

Intervention

- 1. Sutshekhar Rasa 2 bd before meal
- 2. Aamalki Churna (50gms) + Guduchi Churna (30gms)+ Sudha Gairik Churna (16gms)+Sariva Churna (30gms)= 3gms bd after meal.
- 3. Go Ghrita 1tsf bd before meal

The patient was guided regarding the timing for breakfast lunch and dinner;

Breakfast before 8.30 a.m Lunch between 11.30a.m to 12.30p.m, especially patient was advised to take dinner early before 8pm.

Patient experienced increased symptoms of amlapitta during stress condition so was advised *Bhramari Pranayama*. After completion of treatment for 21days, medicines were stopped and patient was advised to take one small cup of water of soaked fennel, cumin and coriander seeds. For 2 months.

Assessment

Assessment was done based on the symptoms gradation.

Sr.No.	Symptoms	BT (Grade)	AT (Grade)
1.	Avipaka	2	0
2.	Klama	3	0
3.	Utklesha	1	0
4.	Vamana	1	0
5.	Tiktaamlodgara	2	1
6.	Aruchi	2	0
7.	Hritkantha daha	3	1
8.	Udarashoola	1	0

DISCUSSION

This study was analyzed before and after treatment based on the symptoms gradation and the obtained result are - the *Avipaka* before treatment it was 2 and after treatment reduced 0. *Klama* BT was 3 and reduced to 0 AT. *Utklesha* BT was 1 and reduced to 0 AT. *Vamana* BT was 1 and reduced to 0 AT. *Tiktaamlodgara* BT was 2 and reduced to 1 AT. *Aruchi* BT was 2 and reduced to 0 AT. *Hritkanthdaha* BT was 3 and AT reduced to 1. *Udarashoola* BT it was 1 and AT minimized to 0 and the above result shows the significant reduction in the symptoms.

Effect of 1. Sutshekhar Rasa 2 bd, 2. Aamalki Churna (50gms) + Guduchi Churna (30gms) + Shudha Gairik Churna (10gms) + Sariva Churna (20gms) = 5gms bd, 3. Go Ghrita Itsf bd before meal, Lifestyle modification regarding Ahara, Vihara and Achara which was advised during the course of treatment will be discussed.

In this study the effect obtained by the *Sutshekhar Rasa* might be due to its properties to reduce *Amla* and *Tikshna Guna* of *Pitta*.

Amalaki Churna has Deepana, Pachana properties. Amalaki is said to be antagonist to the properties of Pitta. The Free of Amalki radicals are natural by - products of our own metabolism. Apart from supplementing nutrition, Amalaki gets rid of these free radicals which enhance cell aging due to high amount of vitamin-c and flavonoids in it. The presence of tannic principles also keeps away the stress induced brain damage.^[5]

Dravya	Rasa	Virya	Vipaka
Aamalki Churna	Pancha Rasa	Sheeta	Madhura
Guduchi Churna	Tikta, Kashaya	Ushna	Madhura
Shudha Gairik Churna	Kashaya	Sheeta	Madhura
Sariva Churna	Tikta, Madhura	Sheeta	Madhura

Lifestyle modification regarding eating habits, *Vihara* like regular exercise and avoiding the day sleep was adviced. Lack of exercise causes *Ajeerna*, *Agnimandya* etc. The *Achara* like *Sadvrita* (do's and don'ts and prayer) was advised and it results into decreasing the stress and strain. This multi approach treatment was helped in reducing the symptoms and maintaining the healthy life.

CONCLUSION

Amlpitta (gastritis) is a condition which develops due to Agni Mandya. In this condition, most important is to prevent overeating and overlapping of food. In ancient India early dinner practice was the best practice to prevent lifestyle. Ahara, Vihara and Achara helps in reducing the symptoms and maintaining the healthy lifestyle. Sutshekhar, Amalki Churna, Gairik Churn, Sariva Churna, Go Ghrut has been proved in the balancing of Pitta Dosha and correction of Agni. After 21 days treatment as a pathya fennel seeds, cumin, coriander seed soaked water helped to balance the Dosha. In this study multiple approach treatment benefitted the patient.

REFERENCES

- 1. Baragi UC. Karnataka: R.G.U.H.S. Bangalore; A study on Trividha Upasthambha w.s.r. to Ahara in Bruhatrayee, 2008; 158. [Google Scholar]
- 2. Thripathi Brahmanand, madhav Nidaan of Sri Madhav kara with the sankrit commentary Madhukosha, edited by Vijayrakshit and Srikanthadatta, Part 2, Reprint edition, Choukhambha Surabharati Prakashan, Varanasi; Chapter, 2002; 51: 225.
- 3. Nibedita, M., Debasis, B., Seema Krishna, M., Vishnu Dutt, S., & Siddaram, A. a Clinical Study on Amlapitta and Its Management With Chhinnodbhavadi Ghanavati. *International Journal of Ayurveda*, 2015; *3*(12): 43. Retrieved from http://ijapr.in
- 4. Nibedita, M., Debasis, B., Seema Krishna, M., Vishnu Dutt, S., & Siddaram, A. a Clinical Study on Amlapitta and Its Management With Chhinnodbhavadi Ghanavati. *International Journal of Ayurveda*, 2015; *3*(12): 43. Retrieved from http://ijapr.in
- 5. Criteria, D. (n.d.). GASTRITIS (AMLAPITTA) A CASE STUDY. (Ix), 3–4.