



Case Study

## AN OBSERVATIONAL INVASIVE OF EXPLORE EFFECT OF AYURVEDA DRUGS IN THE MANAGEMENT OF INDIGESTION WSR TO AMAJEERNA AND UDAVARTA

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### ABSTRACT

Due to secondary lifestyle and diet junk food may be the leading etiology for Ghrelin hypofunction. It leads to indigestion. Pioneer Ayurveda classics like Charaka Samhita, Susruta Samhita, Madhav Nidan, Astanga Hridaya etc explained aforesaid disease condition as *Agnimandya*, *Amajeerna* and *Udavarta* is the result of suppression of some natural urges like the desire to micturition, defecation, vomiting, hunger etc. Common symptom of *Amajeerna* are felling of heaviness in abdomen, nausea, belching similar just after meals. Based on classical and contemporary science a single case study was taken out in the West Bengal with an Ayurveda Interventions to rule out the clinical significant of it. In this study biochemical as well as radiological parameter were consider before and after treatment. However in this study we were found Ayurvedic treatment protocol shown a significant clinical improvement on *Amajeerna* and *Udavarta* along with patient weight reduction and management of alcoholic fatty liver may be due to drugs combined role on hepatoprotective, Ghrelin polypeptide and action on other digestive enzymes.

### INTRODUCTION

In modern era of civilization, due to growing use of technologies and increasing competition, changing lifestyle, diet pattern has become a leading cause for manifestation of many diseases like-indigestion, hyperacidity, diabetes, fatty liver disease. In ancient times, people were following ideal lifestyle guided by ancient Ayurveda classics. Therefore people were not much get affected by various types of diseases. Addendum, it has been turned into sedentary diet and lifestyle. Ayurveda classics always explained about the proper healthy diet which is beneficial for Health. Unwholesome diet and faulty lifestyle leads to disease condition. Ayurveda has preventive and curative treatment aspect. Ayurveda Preventive aspect includes proper *Ahara-Vihara-Achara* while curative

aspect includes *Nidanaparivarjana*, *Shodhana*, *Shamana* etc.

समदोषःसमाग्निश्चसमधातुमलग्नियः। प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यग्निधीयते।

The equal stages of *Dosaagni-dhatu-mala* can be defined as health or स्वस्थ. "*Agnimandya*" is a disease of the *Abhyantara Roga Marga* marked by inhibited activity of the *Pachakagni* resulting in partial digestion or indigestion or delayed digestion, even food taken in small measures at proper intervals. The *Upadrava* of *Agnimandya* are mainly *Ajirna* and *Ama*. The vitiated *Dosha* which are involved in the development of *Agnimandya* leads to the manifestation of *Ajirna*. *Ama-Ajirna* being almost an inevitable sequence of *Agnimandya*, the *Ama* could also be regarded as a complication of *Agnimandya* as it is an immediate resultant of *Ajirna*. The sign and symptoms of *Ajirna* are general malaise, headache, fainting, giddiness, stiffness in back and waist, yawning, body ache, thirst, fever, vomiting, tenesmus, anorexia, indigestion<sup>[1]</sup>. When *Kapha* and *Ama* etiologically leads to *Ajirna* then defined as *Amajeerna*. Food which has attained sweetness is known as *Amajirna*. It is characterized by

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heaviness in abdomen, nausea, swelling of cheeks and eyes, and belching similar to those occurring just after meals.<sup>[2]</sup> *Udavarta* is the result of suppression of some natural urges like the desire to micturition, defecation, vomiting, hunger, thirst, sleep<sup>[3]</sup> etc. *Udavarta* details description found in Charaka Samhita Sutrasthana 15 number chapter “*Na Vegan Dharaneeya Adhyaya*”, and Chikitsasthana 26 number chapter “*Trimarmeeya Chikitsa Adhyaya*”, Susruta Samhita Uttaratantra, 55 number chapter “*Udavarta Pratishtedam Adhyayam*”. The sign and symptoms of *Udavarta* are flatulence, colic pain, headache, rhinitis, difficulty in breathing, hiccup, cough, choking pain in throat, dysphasia etc<sup>[4]</sup>.

#### Patient information

- Name- BM
- Age: 30 years
- Gender: Male
- Marital Status: Married
- Occupation: Pvt. Corporate Service
- Education: MBA
- Consultancy Type: OPD basis
- Date of Consultancy: 18/06/2022
- Economical status: Middle class

**Chief Complaint with Duration:** This patient complaint of severe indigestion, anorexia, and general weakness from last 5-6 months.

**Associated Complaints:** Patient had heaviness of the body, nausea, foul belching, excessive salivation during whole day, lethargy in work, and swelling over cheeks and eyes, occasional pain in abdomen.

**History of Present Illness:** Duration of illness almost last one year. The patient was suffering from diminished appetite, feverish, lethargy, body ache and occasionally pain in abdomen. For that he was consulted in local hospital and took allopathic medicine. During the hospital treatment he was also diagnosed with hypertension, hyperlipidemia, Grade II Fatty Liver. As that treatment continued, fever was gone, but he did not get any relief from other symptoms, therefore his problems were increasing day by day; specially the indigestion issues. So he made contact with Sanjeevani Nursing Home; Kolkata, West Bengal and took the consultancy on 18/06/2022.

**History of Past Illness:** No significant history or Co-morbidities found.

#### Family History

- Father has no significant co-morbidities.
- Mother is suffering from Type II Diabetes Mellitus from last 3 years.

**History Addiction:** Occasionally tobacco smoking and alcohol intake.

**Table 1: On Examination**

Pulse Rate	89 BPM
B.P.	160/90 mm of Hg
Respiration Rate	22/min
Height	178cm
Body Wt	89kg
BMI	28.1 kg/m <sup>2</sup>
SPO2	98% RA
Temperature	Afebrile

**Table 2: General Clinical Examinations**

Consciousness	Alert, Conscious, Co-operative
General appearance	Disturbed
Built	Endomorphic
Pallor	Absent
Cyanosis	Absent
Clubbing	Absent
Clubbing oedema	Absent
Gait	Altered

#### Systemic Clinical Examination

- Respiratory System: NAD
- GIT System: Liver was palpable, no other abnormality was detected.
- Cardiovascular System: NAD
- CNS: NAD
- Motor System: NAD
- Sensory System: NAD

#### Ashtavidha pariksha

1. *Nadi*: *Gati*- 89/min; *Dwandaja Prakriti (Pitta-Sleshmanwita)*.
2. *Mutra*: 8-12 times/day, mild dark yellowish and frothy in nature and *Taila Vindu Pariksha* was not done.
3. *Mala*: 1 time/day, irregular, small round shaped, whitish yellow-slitery-viscous mainly, sometimes becomes dry and hard, not cleared properly, alternative bowel pattern is being noted.
4. *Jihwa*: Whitish coated, *Picchil*
5. *Shabda*: *Guru* and hoarseness of voice
6. *Sparsha*: Some Times *Ushna*, sometimes *Sheetal* and *Ardra*.
7. *Drik*: Watery eyes, difficulty in day light, *Akshi Ganda Sopha*
8. *Akriti*: *Madhyam*

**Dashavidha Pariksha**1. *Prakriti: Pitta-Kapha II**Vikriti:**Hetu:**Aharaja Hetu: Atyambu pana, Vishamasana, Asatmya Bhojana, Guru-Vishtambhi- Shita adi Ati Sevana.**Viharaja Hetu: Vega Dharana, Swapna Viparyay, Ratri Jagaran**Manashika Hetu: Chinta, Bhay, Adhyashan**Dosha: Kapha Pradhan Tridosha**Dushya: Rasa Dhatu**Prakriti: Vikara Prakriti**Agni: Jatharagni Avruta**Aam: Ahara Rasa Gata and Rasagata Saam Dosha**Desha (Adhistan): Amashay, Pakwashay**Srotadushti: Annava Srotas (Nidan: Atimatra Bhojan, Ahit Bhojan, Akal Bhojan), Pranava Srotas (Adharaniya Veg Dharan)**Srotadushti Prakriti: Sangatmak, Bimarga Gaman**Kaal: Kapha Kale Prakupitah**Bala: Madhyam*2. *Sara: Mamsa Sara IV**Samhanana: Madhyam Pramana: Sadharan*3. *Satmya: Madhyam Satmya*4. *Satva: Avara*5. *Ahara Shakti:**Abhyavaharan Shakti: Madhyam**Jarana Shakti: Heena, Samyak Jeerna Ahara Lakshana was absent.*4. *Vyama Shakti: Avara*5. *Vaya: Madhyavastha***Investigation-** USG whole abdomen, LFT, lipid profile. These invasive procedure were done before and after study for clinical assessmentDiagnosis: *Amajeerna with Udavarta (Vikara Rupa)***Treatment Protocol**1. *Langhan Chikitsa*2. *Chatush Prakar Samshuddhi-* Not applied, because this is not a *Bahu Doshavastha*.3. *Pipasa Vega Nigraha* - Only *Arogyambu Pana* during thirst.4. *Nivata Sevana*5. *Atapa Sevana*6. *Pachana Karma-* With Tab. Chaturushan (500mg); 2 tab thrice daily in empty stomach with lukewarm water and *Shunthi Dhanyak Peya* - 1.5litre/day7. *Upavas: Pravara Langhana (7 days)- Madhyam Langhana (30 days)- Avara (53+ days)*8. *Vyama: Chankramana (1 hour/day)*9. *Vatanulomak Chikitsa* for *Vikara Rup Udavarta* with Tab. *Haritaki*<sup>[5]</sup> (seedless, 500mg); 3 tab thrice daily in empty stomach with lukewarm water.**Intervention:** The patient was given Ayurvedic medication for 90 days.**OBSERVATION AND RESULT****Table 3: Date wise result as bellow**

Review Date	Jeerna Ahara Lakshana	Ama and Ajeerna Lakshanas	Mala Pravritti
26/06/2022	(-)	+++++	4-10 times /day, blackish liquid
24/07/2022	(-)	+++	3-5 times/day, blackish, semisolid
28/08/2022	(-/ +)	++	3 times/ day, yellowish, semisolid
25/09/2022		(-)	2 times/day, yellowish, normal
15/01/2023		(-)	2 times/day, normal

**Table 4: Effects on Biochemical Parameter**

Review Date	BP (mm of Hg)	Weight (kg)	ALT	AST	Triglyceride	HDL	LDL	VLDL	Total cholesterol
26/06/2022	150/90	88	136.0	98	171.0	29.0	173.0	52.0	254.0
24/07/2022	150/80	79	-	-	-	-	-	-	-
28/08/2022	130/80	72	-	-	-	-	-	-	-
25/09/2022	110/70	68	33.0	25	85.0	47.0	86.0	17	150.0

**Table 5: Effects on USG**

Before treatment (12/06/2022)	After treatment (01/09/2022)
Fatty liver (Grade II)	Mild diffuse fatty changes in liver

**DISCUSSION**

*Agni* is responsible for all the metabolic functions in the body<sup>[6]</sup> and the irregular function of *Agni* leads to *Amajeerna* and *Udavarta* like diseases. Adopting unhealthy food habits and lifestyle dependency can be leads to indigestion. Indigestion and fatty liver are the common diseases encountered in regular clinical practice. Fatty liver is the common cause of the liver dysfunction.

The majority of the cases convert to steatohepatitis, fibrosis, steatosis, and some of patient may develop hepatocellular carcinoma<sup>[7]</sup>. In this study we have treated an alcoholic, obese patient who had grade II fatty liver with indigestion. Ghrelin is a 28-amino acid polypeptide secreted from the fundus of stomach. Desire serum ghrelin level is peak in the middle of the day and during night. Also, it is high before each meal time and decreases 60 minute after meal. It stimulates growth hormone secretion, increases appetite and regulates human body temperature<sup>[8]</sup>. The Ayurvedic drugs we used in this study may have chemical property which increases the secretion and expansion the function of Ghrelin and hepatoprotective activity.

**CONCLUSION**

A physician should first of all diagnose the disease and then he should select proper medicine. Thereafter, he should administer the therapy applying the knowledge of the science of medicine. On the basis of the results found in this study, we can conclude that Ayurvedic treatment protocol used in the present case have shown a significant clinical effect on *Amajeerna* and *Udavarta* along with patient weight reduction and management of alcoholic fatty liver. The results observed in this case are encouraging, and further well designed large sample size clinical trials may be

carried out to test the efficacy of the mentioned drugs and Ayurveda interventions in similar cases.

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