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Case Study

CLINICAL EVALUATION OF AYURVEDIC MANAGEMENT IN HELICOBACTER PYLORI INDUCED *AMLAPITTA*: A CASE SERIES OF THE *PITTA-KAPHA PRAKRITI* INDIVIDUALS IN THE SUB- HIMALAYAN REGION

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ABSTRACT

In West Kameng chronic gastritis associated with Helicobacter pylori is significant and common health problem often linked to local food habits which are fermented items like Aara, white Churpi and black Churpi. In Ayurveda, this condition correlates with *Amlapitta* which cause due to *Agni - mandya* (indigestion). **Methods**: A case series of three patients with H.Pylori test Positive via Rapid Diagnostic Test (RDT) was done. The treatment and management is focused on *Jatharagni* (digestive fire) correction by *Deepana-Pachana* and *Shaman chikitsa*. Medicines used are *Sutshekar ras*, *Avipattikar churna, Jaharmohara*, *Kamdudha ras* and *Dadimavleha* for period of 45 days and along with strict *Pathya-apathya palan* for 90 days. **Result**: Post - treatment, all the three patients got complete relieved from all the symptoms like *Hrita- Kantha Haha, Utklesh, Amlodgara, Avipaka* and *Shula* they presented with in OPD in their first visit. Repeat RDT confirmed negative results and *Jiwha Pareeksha* (tongue examination) also showed a change from *Saama* to *Niraama*. **Conclusion**: Ayurvedic management focusing on the correction of *Jatharagni* is effective alternative without using any antibiotic for H. pylori associated with *Amlapitta* in Sub-Himalayan region with dietary challenges.

INTRODUCTION

In modern medicine, Helicobacter pylori is not described just as a simple infection, it is a spiral-shaped, resilient bacterium that lives in the stomach's acidic condition and in 70% cases it colonizes in gastric antrum. The bacterium protects itself by creating an "alkaline millieu" by producing enzyme urease[1]. This allows it to penetrate deep and proliferate within the stomach's mucus layers[1]. Once established, this bacteria triggers inflammation that disrupts the gastric epithelial, serving as a first steps in the pathogenesis of chronic peptic ulcers and associated gastric disorders[1].

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In Ayurveda this disease is best understood as *Amlapitta*. In Briht triya (Charak Samhita, Sushruta Samhita and Ashtang hridaya) there is no independent mention of this disease, but in Charak Samhita Chikitsa sthana in *Grahni Adhyaya Saampitta* or *Amlapitta* is described in *Purvaroop* (pre-dominant symptoms) of *Grahni*[2]. But Kashyapa Samhita, Yogaratnakar, Bhavaprakash Nigantu and Madhava Nidana described *Amlapitta* as independent *Chirkari vyadhi* (chronic disease)[3,4,5,6]. This disease arises when *Prakrita Pitta*; *Katu rasatmak* (alkaline and bitter) vitiated into *Vidagda Pitta; Amlarastmak* (acidic and sour)[6].

This case series is unique as it focusses on the West Kameng, Arunachal Pradesh of sub -Himalayan region. In this region, local dietary habits include Ara (local fermented drink), white Churpi (fermented yak cheese) and black Churpi (fermented beans) in their daily diet. From Ayurvedic perspective, these food items are major causes of *Vidahi* (burning), *Ushna* (hot), and *Abhisyanti* (obstructive)[7]. Specifically, when *Pitta- Kapha prakiti* individuals consumes these foods

items regularly and for long time *Pitta* becomes *Vidagdha* and increases the heavy obstructive nature of *Kapha*[3,6]. This *Kledak guna* of *Kapha* helps the colonisation of H. Pylori bacteria. The objective of this study is to evaluate the efficacy of Ayurvedic *Deepana-pachan* and *Shaman* treatment along with strict *Pathya- Apathy palan* in managing H. Pylori- positive *Amlapitta* cases in this specific region.

MATERIALS AND METHODS

Patient selection and Study Design

In this case series we have three patients (2 females and 1 male) age range from 30 to 55 years with mean age of 44 years who came to Ayurveda OPD from December 2025 to January 2026 at Zonal General Hospital, Bomdila, West Kameng, Arunachal Pradesh. All the patients came to OPD with chronic history of *Amlapitta* (1-2 years) and they are *Pitta-Kapha Prakriti* individuals.

And written informed consent was taken from all the three patients in presence of one witness.

Inclusion Criteria

Following were the inclusion criteria for this case study:

1. Clinical Presentation: Chronic symptoms of *Amlapitta* like *Hrit- Kantha Daha* (heartburn), *Amlodgara* (sour belching), *Avipaak* (indigestion), *Utklesh* (nausea) and *Shula* (epigastric pain) since 12 months.
2. Laboratory Diagnosis: Confirmed H. pylori test kit using Rapid Diagnostic Test (RDT) from venous blood.
3. Physical signs: Presence of *Saama Jiwha* (coated tongue) indicating the accumulation of *Aama*.
4. Patient compliance: patients willing to strictly follow the 45 days oral medication and 3 months strict *Pathya-apathya palan* (dietary restriction protocol).

Exclusion Criteria

Following are the criteria to maintain safety and integrity in this case study;

1. Patients presently taking modern "Triple Therapy"[1] for H. pylori.
2. Pregnant and lactating women.
3. Patients with systemic comorbidities (uncontrolled Diabetes, hypertension, renal failure).
4. Patients diagnosed with gastric ca. Or active GI bleeds.

Diagnostic Methods

Diagnosis was confirmed by both Ayurveda and Modern objective tools.

1. Clinical Assessment: Symptoms were graded on the standard 0-3 severity scale as described in *Madhav Nidaana*[6].
2. Laboratory Test: detection of H.pylori antibodies was done by Rapid Diagnostic Test (RDT) kit from venous blood. Strictly following the standardised guidelines of manufacturer.
3. Physical Marker: palpation of epigastric tenderness and visual inspection of surface of the tongue for *Aama* or *Niraama*[3,6].

Treatment and Management

The treatment is mainly focused on correction of *Jatharagni* by *Deepana- Pachana* and *Shaman chikitsa*[3] for 45 days followed by 3 months strict *Pathya palan*[3].

Table 1: Detail of treatment for *Amlapitta*

Category	*Aushadha*	Dosage and route	
Deepana-Pachan	*Sutshekhar rasa*[8]	125mg twice daily with lukewarm water orally.	*Ama Pachan* and *Pittashaman*
Pachana-Anulomana	*Avipattikara churn*[8,11]	3-4gm twice daily before food.	*Shodhana* and *Anulomana*
Pitta Shaman	*Kamdudha rasa*[8]	250mg twice daily with lukewarm water after food.	*Daha Prashamana*
Ruchya	*Dadimavaleha*[9,10]	10gm twice daily after food.	*Agni Deepti* and *Hridya*

Nidaana Parivarjana (Dietary Management)

Pathya- *Apathya* was formulated based on the *Annapanavidhi* of Kashyap Samhita, focusing specifically on the *Kledahara* and *Pitta Shaman* foods to counteract the *Abhisyandi guna* (property) of local diet[3]. And it particularly focused on the complete avoidance of local food items regularly consumes in West Kameng region.

Patients were strictly instructed to avoid

1. Fermented Foods: *Ara* (fermented local drink), white Churpi (fermented Yak cheese) and black Churpi (fermented beans).
2. General *Pathya* (wholesome): Barley, wheat, rice, moong daala, karela, parser, pomegranate and kokum.

3. General *Apathya*: Urad dal, kulthi, curd, vinegar, fast foods, hot-spicy and oily foods.

Case report in details

Case 1

On 18 December 2025 A 36 years old female working in police department as a lady constable came to OPD with sever heart burn, epigastric pain, nausea and indigestion with history of frequent consumption of Ara and regular intake white churpi and black churpi with hot and spicy food items.

Baseline - H. Pylori Test - Positive and *Saama Jihwa* (coated tongue).

Post-treatment- Relieved from earlier *Amlapitta* symptoms, H. Pylori Test- Negative and *Jiwha-Niraama*.

Case 2

On 23 December 2025 A 47 years old male farmer by occupation came to OPD with all the typical *Amlapitta* like epigastric pain, nausea, sour belching, burning sensation in chest and indigestion with personal history smoking, frequent consumption of *Ara* and white and black *Churpi* with irregular eating habit.

Baseline - H. Pylori Test - Positive with same *Jihwa*.

Post treatment: H.pylori Test- Negative with *Niraama* jihwa and relieved from symptoms.

Case 3

On 10 January 2026 a 49 yrs old female patient who is a business-women by profession came to OPD with morning nausea, indigestion, epigastric pain and heart burn with personal history of regular intake of white and black Churpi and Ara every night with hot and spicy foods.

Baseline- H.pylori -Positive and *Saama Jihwa*

Post- treatment- H.Pylori- Negative and symptoms relieved with *Niaama Jihwa*.

RESULTS AND OBSERVATION

The result of all the typical clinical symptoms were recorded following 45 days of oral medication and 3 months *Pathya palan*[3,4] and compared it to first day symptoms of all the three patients respectively.

Typical symptoms were assessed and grade on the scale of 0-3 as per the severity at three intervals of time day 0, day 45 and day 90 days.

Table 2: Mean of clinical symptoms progress and its Grading (n=3)

Symptoms	Day 0	Day 45	Day 90
Hri- kantha Daha	2.83	0.8	0.07
Amlodgara	2	0.1	0.0
Utklesh	2	0.17	0.0
Avipaka	2.57	0.5	0.0
Shula	2.5	0.7	0.23

Laboratory and Objective Results

The actual eradication of H. Pylori bacteria was the main endpoint objective of this study.

- At day 0: All the patients were tested H.pylori Positive by using Rapid Diagnostic Test (RDT) kit from venous blood.
- At day 90: Repeat RDT kit testing done after 3 months' time period post treatment came negative for all the three cases.
- Clinical Marker: The tongue of all the three patients became clear that is changed from *Sama* to *Niraama*.

Observations on *Pathya- Apathya palan*

In this study it is observed that high level of patient compliance with *Nidaana parivarjana* (avoidance of causative factors) Completely avoiding local causative factors like Ara, white Churpi and black Churpi (fermented foods) leads to relieved from symptoms like *Shula* (epigastric pain) and *Vidaha* (burning sensation)[3,6].

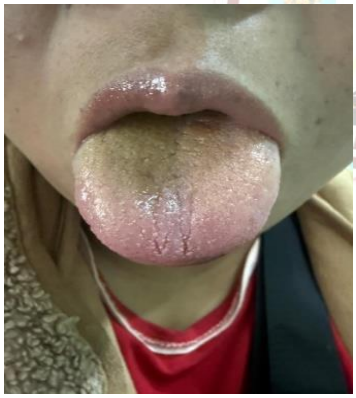
FIGURES

Black *Churpi* (fermented beans)

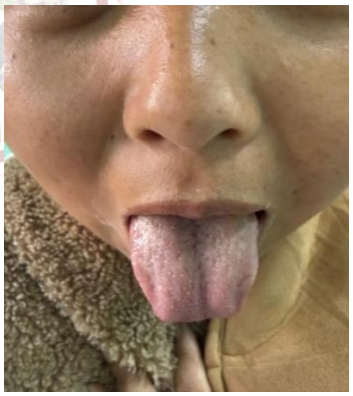
White *Churpi* (fermented Yak cheese)

***Ara* (fermented local drink)**

Case 1

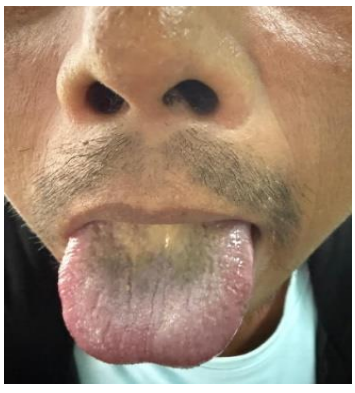


Before Treatment

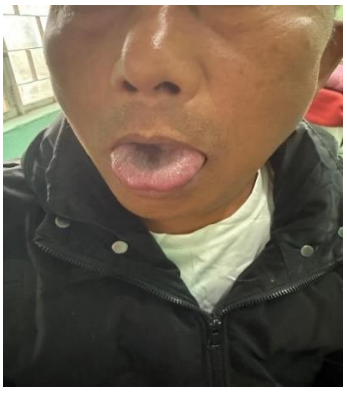


After Treatment

Case 2

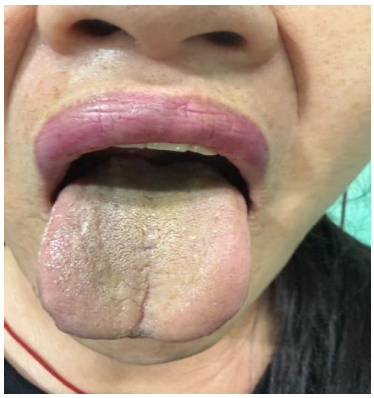


Before Treatment

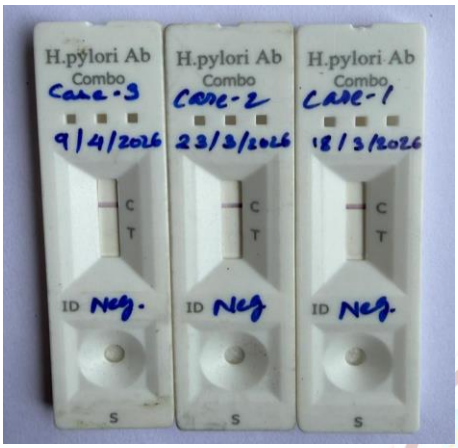


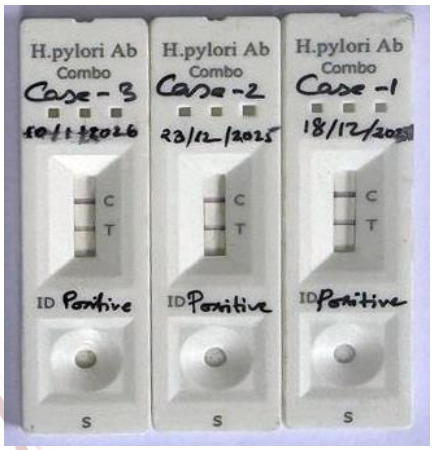
After Treatment

Case 3



Before Treatment **After Treatment**





The H. pylori antibody rapid diagnostic test (RDT) showed negative results in all three patients using venous blood, 90 days after the treatment started.

The H. pylori antibody rapid diagnostic test (RDT) kits were strong positive in all the three patients on Day 0 (baseline) of treatment

DISCUSSION

The final observation in this case series shows that H. Pylori and *Amlapitta* are both related to the environment created in the stomach. According to the modern medicine H. Pylori bacteria survive in stomach by creating an "Alkaline Millieu" deep inside the mucus layers[1] and as per Ayurveda these *Abhisyant* and *Amla* (obstructive and sour) condition is described as *Vidhagdha Pitta* or *Saama Pitta* or *Amlapitta*[6]. In our study which was based on Bomdila, West Kameng we observed that local foods like *Ara* (fermented alcohol drink), white *Churpi* (fermented Yak cheese) and black *Churpi* (fermented beans) were the major *Nidana* (cause). These foods are *Abhisyandi* and *Amla* in *Guna* which create heavy and sticky mucus which leads to suitable environment for proliferation of H. Pylori bacterium.

The primary aim of this study was to evaluate the efficacy of Ayurvedic treatment in managing H.pylori associated *Amlapitta*. The result shows that by correcting *Jatharagni* (digestive fire) and *Aama pachan* through *Deepana- Pachana* and *Shaman Chikitsa*[3,4] with strict *Pathya-Apathya palan* along with *Nidana parivarjana*[3,4] was an effective low cost treatment in rural area as there was relieved in all the symptoms and physical signs with laboratory result become Negative in all the three patients which confirmed the eradication of helicobacter pylori bacteria and cure from *Amlapitta*.

Limitation of this case study

While the clinical and laboratory results observed in this study are significant but there are still some shortcoming and limitation are:

- **Sample size:** If sample size were higher the result observed would been more accurate so, larger Randomized Controlled Trial (RCT) to generalise the findings to the bigger population would be better.
- **Diagnostic:** While the rapid antibody kits confirmed the H.pylori status but other tests like Urea Breath Test (UBT) or endoscopic biopsies would have been more definite data on reduction of number of bacteria[1].
- ***Shodhan Chikitsa*:** In treatment portion if *Shodhana karya* like *Vaman* and *Virechan* were added the result would been more effective[4].

CONCLUSION

Thus, case study shows that H.pylori-positive *Amlapitta* can be treated through basic Ayurvedic management by correcting *Jathatagni* and struct *Nidana Parivarjana*.

The dietary habits of peoples of West Kameng, Arunachal Pradesh consist of daily or frequent intake of *Ara*, white *Churpi* and black *Churpi* act as significant etiological factor for H.pylori bacteria colonisation by creating a *Vidagdha* (acidic) and *Abhisyandi* (obstructive) environment in the *Amashya*.

The clinical findings of this study shows that that by using *Deepana-Pachana* and *Shaman Ausadha*, such as *Sutshekhara rasa, Jaharmohora rasa*, *Avipattikar Churn, Kamdudha rasa*, and *Dadimavaleha*, give relieves from clinical symptoms like *Hrit- Kantha Daha, Utklesh, Amlodgara, Avipaka* and *Shula* along with eradication of H.pylori, as rapid test kit becoming-negative. This suggest that the Ayurvedic management is effective and potent alternative to modern "Triple Therapy".[1]

Author Contributions

Both the authors have reviewed full article before submitting for publication and agreed to be accountable for all the information furnished in this case study.

Disclosures: Human subjects: informed written consent was taken from all the three patients for treatment and for publication in the journal.

Conflict of Interest: Both authors declares that there is no any conflict of interest. No funding was received for this case study and furthermore the authors dent have any financial or other relationships that could have influenced this study.

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