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## Overview On Ayurvedic Gastroprotective Management Of Annadravashoola W.S.R. To Pangastritis

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#### **ABSTRACT**

Annadrava shoola is one of the diseases of the Digestive tract in which there is Burning / Painful sensation occurs in Epigastric / Retrosternal region occurs after digestion, during digestion or at any time. It can be co-relate with Pangastritis on the basis of its signs and symptoms. Ayurveda promote lifestyle interference and natural therapies to retrieve a balance between the body, mind and the environment. In this paper a case study of Annadrava Shoola has been explained. A 52 yrs old male patient having complaint of pain in epigastric region after having meals radiating to back since 12-14 months. The nature of pain is of gradual onset with burning type & exaggerated after having meals, On the ground of history of the patient and endoscopy report, he was diagnosed as pan gastritis. With H.Pylori Infection ( Patient consumed H.Pylori KIT) We have done Deepana Pachana Chikitsa with Tab.Raspachak Vati, Tab.Laghusutashekhara Rasa, Tab. Kamdudha Vati, Avipattikar churna + Yashtimadhu choorna, Syp.Acivin, Yashtimadhu ghrita for 1month then Planned for Shodhan chikitsa(Virechan Karma with Prior Yashtimadhu Ghrita pana). After the treatment, symptoms relieved. So, there is prospect in Ayurveda for treatment of Annadrava Shoola.

KEYWORDS: Pangastritis, Annadrava shoola, H.Pylori

#### INTRODUCTION

Indian people used to have too much spicy food. As a result, they need to face many health problems. Among these health problems, the problems related to the alimentary canal is more common. *Annadrava shoola* is one of them. The pathogenesis of Pangastritis is mainly explained on the basis of impaired gastric mucosal defence against acid-pepsin secretions. The colic which occurs after digestion, during digestion or on indigestion and which does not lenify either by wholesome or unwholesome food and by eating or fasting, is named *as Annadrava shoola*. There is continuous pain in the abdomen (epigastric and Retrosternal Region). [1]

As in all kind of Shoola there is vitiation of Vata Dosha. This override is mostly caused by Virudhasevan, Asatmyabhojana, Abhojana, Atibhojana & Ahara. The diet which is having Rukshyatikshna, Ushnaguna, Lavana, Katu, Amla-Rasa-Sevana, Vegadharan, Ratrijagarana, Krodha, Chinta etc. Nidanasevana also aggravates Vatadosha.

*Annadravshoola* can be correlated Pangastritison the basis of similarities of symptoms. It comes under peptic ulcer disease.<sup>[2]</sup>

In modern science the main cause of Pangastritis is H. pylori infection and use of NSAIDs. In modern science, treatment for pangastritis focused on H. Pylori irradiation therapy and reduction of NSAIDs and aspirin.<sup>[6]</sup>

#### CASE REPORTS

A male of 52 years of age came to the hospital complaining of moderate abdominal pain for 2 years. The pain was gradual on onset. Patients used to feel continuous Epigastric pain which was burning type in nature and of no radiating type. It was associated with belching, sour eructation, and burning sensation on the chest region, irregular bowel evacuation. Pain was relieved by vomiting and aggravated by eating spicy foods. There was no complaint of fever, bloating. He had no history of DM, HTN, Thyroid disorder and any surgical intervention. He had a normal bowel and bladder habit but he used to Irregular Food habits, and Habitual for Tobacco consumption On examination, there was epigastric tenderness of grade II on deep palpation. Then he was advised for esophago-gastro duodenoscopy. Report showed with Pangastritis H.Pylori Infection. On the basis of investigation and history of patient he is diagnosed with Pangastritis. The case was treated with Oral medicine as mention.

#### DEEPAN PACHAN CHIKITSA

- 1. Tab. Raspachak Vati 2 BD (Before meal)
- 2.Tab.sutashekhara Rasa 2BD (After meal)
- 3.Tab. Kamdudha Vati 2 TDS (Before meal)
- 4.Avipattikar churna +Yashtim<mark>adhu c</mark>hoorna (<mark>ltsf... BD</mark>
- 5. Syp.Acivin (10 ml TDS)
- 6. Yashtimadhu ghrita (15 Ml Morning empty stomach)

#### SHODHANA CHIKITSA (VIRECHAN KARMA)

Vardhman Matra Ghritpana - Yashtimadhu Ghita

Day 1- 30ml, Day 2- 60 ml, Day 3- 90 ml, Day 4-120ml, Day 5-150ml

Virechan Purva Vishranti- Day 6, Day 7 with Sarvang snehan svedana

Virechan Karma Kalpa- Erand Sneha 70 ml Pittakala (10 am to 12 pm) Day 8-

Madhyam veg 15-20 vega

#### RESULT AND DISCUSSION

Agreeing to the principle of Ayurveda, the purpose of *Shaman chikitsa*. It is explained *in Pitodara chikitsa in Charak Samhita. Yashtimadhu* has ulcer-protective effect of the methanolic extract from the fresh roots of it. It protects mucosal lining of the stomach, by increasing mucus secretion and keeping the acid and pepsin stable. Research said it also act on Helicobacter pylori and *Kapha dosha*.<sup>[4]</sup>

As Yashtimadhu is having Madhura Vipaka which subsides the aggravated Pitta & Vata Dosha. It is having the properties like Anti-microbial, Anti-inflammatory, Anti-ulcer, Anti-oxidant. It acts by inhibiting growth of Helicobacter pylori. Flavonoids present in Yashtimadhu helps in healing the ulcer & has good acid neutralizing capacity. Yashtimadhu acts as H2 receptor antagonist. We have used it is in Yashtimadhu Ghrita form.<sup>[10]</sup>

Sutashekhar rasa contain Parada, Gandhak, Dhatura, Pippali, Sankh Bhasma, Bhringraj, is a medicine that acts on Pitta dosha, having Agnishamaka property and reduces symptoms like heartburn, nausea, vomiting, abdominal pain, epigastria tenderness etc

Syp Acivin also has anti-ulcer effect and good acid neutralizing capacity

*Avipattikar churna* which plays the main role not only in irregular bowl evacuation but also ulcer protective effect. We prescribed all medications that are potent to heal ulcers<sup>[3]</sup>.

Erand Sneha act as a Purgative and hence excessive pitta and vata dosha are removed

Other formulations ( Kamdudha vati, Raspachak vati sre potent acidity regulator and having antiinflammatory properties so it is also used in gastric ulcer. It is *Sheetala*, Amlapitta nashak, Parinama shoolahara it has the properties of healing the gastric ulcer.[11] Methanolic extract of it reduces the offence factors (acid, pepsin), and increases the defensive factors (mucin secretion, cellular mucous).<sup>[9]</sup>

We prescribed all medications that are effective to heal ulcers. Thus, treatment given to the patient healed the gastric ulcer within 1 month.

#### **CONCLUSION**

Annadrava shoola is the disease of the alimentary canal where there is colic which is not relief either by any health-giving or unpleasant food. 52 years male patient with gastric ulcer cured with oral medication which is very operational to heal gastric ulcer. Thus, with *Ayurvedic* treatment and lifestyle management, *Annadrava shoola* can be managed. Since it is a single study, it may be the clue point for the researcher for the further studies.

#### **REFERENCES**

- 1. Harsh mohan, 7th edition, new delhi JP brothers medical publishers, the text book of pathology, chapter:18,pg no:535.
- 2. P. Himasagar Chandramurthy, 3rd edition, chaukhambha Sanskrit series office, Varanasi 2013, Madhava Nidhana of shri Madhavakara Sanskrit Text & Madhukosha commentary with English translation and glossary. Nidhana sthana 26/21, pp-280-281.
- 3. Vaidya Shri Laxmipati shastri, Bhisagrantha shreebramha Shankar Shastri, 7th edition 2002, Chaukhambha Sanskrit samsthana, Varanasi, Yogaratnakara Uttarardha, Parinama Shoola nidhanam:pp-13.
- 4. USE OF SHATAVARI (ASPARAGUS RACEMOSUS WILLD.) AND YASHTIMADHU (GLYCYRRHIZA GLABRA LINN.) IN TREATMENT OF PEPTIC ULCER-pooja sharma WJPR 08/2015 VOL 4
- 6. H Raulston Staurt. D Penman Ian, WJ Strachan Mark, P Hobson Richards, Elseiver 23rd edition 2018, Elsevier Davidson's Principles and Practice of Medicine, Gastroenetrology 21.pp-798.
- 7. Ansari S, Gautam R, Nepal HP, Subedi SN, Shrehsta S. Mandal F. et al. Helicobactor pylori colonization in Nepal; assessment of prevalence and potential risk factors in a hospital-based patient cohort. BMC Res Notes; 9:59.
- 8. H Raulston Staurt. D Penman Ian, WJ Strachan Mark, P Hobson Richards, *Elseiver 23rd edition 2018, Elsevier*.
- 9. Shiv Mangal Prasad. Bijendra Shah, Bishun Dayal Prasad Patel, A review on Krimi Roga [intestinal worms] in Children, European Journal of Biomedical and Pharmaceutical Sciences, ejbps 2020.7[5]:267-270.
- 10. Prakash L. Hegde, Harini A, 2017 Reprint Edition, Chaukhambha Sanskrit Sansthana, Varanasi, Yashtimadhu, pp-906.