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INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI:10.21474/IJAR01/18745
DOI URL: <http://dx.doi.org/10.21474/IJAR01/18745>



RESEARCH ARTICLE

MANAGEMENT OF GASTROESOPHAGEAL REFLUX DISEASE THROUGH AYURVEDA: A CASE STUDY

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Manuscript Info

Manuscript History

Received: 19 March 2024
Final Accepted: 25 April 2024
Published: May 2024

Key words:-

Amlapitta, Ayurveda, GERD, Tab. Gulkacid

Abstract

Gastroesophageal reflux disease (GERD) is the most common gastrointestinal ailment. Its symptoms include heartburn and regurgitation, epigastric pain, dysphagia, belching, nausea, bloating, etc. General line of treatment includes antacids, histamine-receptor antagonists (H2RAs), and proton-pump inhibitors (PPIs). If medication treatment fails, patients may require surgical intervention, such as anti-reflux surgery, with varying outcomes for long-term care. This condition can be co-related with 'Amlapitta' described in Ayurveda text. In present case study a 48-year-old patient having chief complaints as acid eructation, burning sensation in the chest (retrosternal burning), episodes of pain in the chest and nausea were clinically diagnosed as case of amlapitta (corelated with GERD). The patient was treated with specific regimen - Tab Pittashamak, Tab Gulkacid, Tab Vruddhihar and mahatiktaghrita in prescribed dose. Therapeutic evaluation of treatment was done based on improvement in sign & symptoms. Patient was cured completely with no reoccurrence of symptom seven after 3 months. A chronic case of GERD was successfully treated with ayurvedic medicine along with diet and lifestyle modification.

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Introduction:-

The symptoms or mucosal damage caused by the abnormal reflux of stomach contents into the esophagus or beyond, into the oral cavity (including the larynx) or lung, are known as GERD. As a chronic condition, GERD usually requires long-term management, including medication, lifestyle changes, and, in certain cases, surgery. GERD symptoms include heartburn and regurgitation, epigastric pain, dysphagia, belching, nausea, and bloating. The prevalence of GERD in India ranges from 7.6% to 30%.¹ Antacids, proton-pump inhibitors (PPIs), and histamine-receptor antagonists (H2RAs) are commonly adopted medical treatments. But if patient's medical condition doesn't improve, long-term care may require surgery, such as an anti-reflux procedure, which has an uncertain prognosis. Looking to the symptom cluster, GERD can be correlated to Amlapitta according to ayurvedic classics. Amlapitta manifests as a symptom of other diseases caused due to agnimandhya (digestive impairment) by increased dravaguna (dilution of acid) of vidagdhapachaka pitta (liquid quality of burned digestive Pitta) affecting the Annavaha Strotas (channels that carry the ingested food) and characterized by primary symptoms such as Avipaka (indigestion), Klama (exhaustion without any exertion). Ayurvedic treatment include purifying (Shodhanakarma) and pacifying (Shamana) therapies, along with lifestyle and food modifications.

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Case Report

A 48-year-old patient came to Ayushakti Ayurveda Pvt Ltd, Thane, Navi Mumbai branch clinic with following complaints:

Acid eructation, burning sensation in the chest (retrosternal burning), episodes of pain in the chest and nausea.

Patient had undergone all investigations and had no deviations found. Endoscopy was done which suggested small hiatus hernia with moderate reflux and mild duodenitis. Patient tried several treatment modalities but none were long-term effective. There was no specific history of any major illness like diabetes, hypertension etc.

Vitals of patient were blood pressure 120/80 mm Hg, pulse-82/min. Systemic examination of patient revealed no abnormalities, absence of pallor, icterus, cyanosis. No palpable lymph node was noted.

Physical examination

Temp. = 98R/R=20/min Pulse = 80 BP = 130/80 Weight = 70 kg Height = 168 cm Cardiac = Normal S1 and S2 Chest = AE BE

Abdomen – Soft, with mild pain and tenderness (4 on 1-10 scale, with 10 being worst) to upper quadrant below sternum

Diagnosis-

Based on patient's history, assessment of clinical features and physical examination the final clinical diagnosis made was 'Amlapitta' with special reference to Gastroesophageal reflux disease (GERD).

Table 1:- Treatment protocol.

SN	Name of medicine	Dose	Duration	Before/After food	Anupana
1.	Tab. Pittashamak	2-0-2	1 month	After food	Water
2.	Tab. Gulkacid	2-0-2	1 month	Before food	Water
3.	Tab Vruddhihara	2-0-2	1 month	After food	Water
4.	Mahatikta Ghrita	5 ml empty stomach in the morning	1 month		Warm water

Assessment criteria

For the therapeutic evaluation, all set parameters were assessed before, during and after completion of treatment using appropriate 0-3 score gradation. (Table 2)

Table 2:- Assessment Criteria.

Sr No	Parameters for Assessment	Symptoms	Gradation Score	Severity
1.	Retrosternal burning (Hritkanthadaha)	No daha	Grade 0	Normal
		Awareness of heart burn but easily tolerated	Grade 1	Mild
		Daha relieved by cold milk, antacids, food and vomiting	Grade 2	Moderate
		Daha not relieved by cold milk, antacids, food and vomiting	Grade 3	Severe
2.	Acidic Eructation (Tikta-Amla Udgara)	Usually after food udgar will be there	Grade 0	Normal
		Amlaudgarafter every meal with foul smell	Grade 1	Mild
		Symptom relieved by antacids	Grade 2	Moderate
		Moderate Symptom not relieved by antacids	Grade 3	Severe
3.	Nausea (Hrullasa)	Absent	Grade 0	Normal
		Related to food or not	Grade 1	Mild
		Accompanied by vomiting	Grade 2	Moderate
		Symptom relieved by medicine only	Grade 3	Severe

Result:-

Acid reflux, burning sensation in the chest, and episodes of pain in the chest improved from severe to moderate; whereas, nausea pacified from moderate to mild after 7 days of treatment. After 15 days of therapy acid reflux, burning sensation in the chest and episodes of pain in the chest markedly improved to mild and symptom like nausea was completely relieved. Further, same line of treatment was continued and after one month patient got complete relief from all above symptoms of Amlapitta. (Table 3) Moreover, the present case study revealed that Tablet Pittashamak, Tab Gulkacid, Tab Vruddhihar and mahatiktaghritaalong with lifestyle and dietary modification proved effective in the management of 'Amlapitta' with special reference to Gastroesophageal reflux disease (GERD).

Table 3:- Result assessment.

Sr No	Parameters	Symptoms gradation score			
		Day 1	Day 7	Day 15	Day 30
1.	Retrosternal burning (Hritkanthadaha)	+++ Grade3	++ Grade 2	+ Grade 1	0 Grade 0
2.	Acidic Eructations (Tikta-Amla Udgara)	+++ Grade 3	++ Grade 2	+ Grade 1	0 Grade 0
3.	Nausea (Utklesha)	++ Grade 2	+ Grade 1	+ Grade 1	0 Grade 0
4.	Flatulence (Adhmana)	+++ Grade 3	+ Grade 1	+ Grade 1	0 Grade 0

Discussion:-

Amlapitta is a common disorder mainly caused due to indulgence in faulty, irregular, stale diet and lifestyle. Diet and lifestyle play an important role in the and management of disease.

In this case study, the patient was clinically diagnosed as case of Amlapitta (Gastroesophageal reflux disease) and was treated with Tablet Pittashamak, Tablet Gulkacid, Tablet Vruddhihara and MahatikaGhrita in prescribed dose for 30 days. (Table no 1) The observed parameters were acid eructation, burning sensation in the chest (retrosternal burning), episodes of pain in the chest and nausea.

Tablet Pittashamak contains Mukta pishti, Guduchi Satva, Gairika, Ushira, Kapardikabhasma, Shankha bhasma and Shukti Bhasma. These drugs have Tikta, Madhura and Kashaya Rasa, and Madhur Vipaka have Ruksha, Sheeta and Laghu properties, hence, they are Srotoroshodhak(Clansing channels), Deepan (Apetiser)- Aamapachana(Digestive), Vata anulomna and Pittakaphashamaka.Guduchi, due to its Tikta, Kashaya Rasa and Madhura Vipaka which helps in alleviating the Pitta dosha, whereas Mukta pishti, Shankha Bhasma, Shukti Bhasma helps in reducing the amlatvaguna of vitiated Pitta which in turn reduces the related symptoms. ⁱⁱGairika has Kashay-Madhur Ras, Sheet Virya, Madhur Vipakaproperty and it is snighdha in nature. Thus, it acts as Dravashoshaka and Pittashamaka. ⁱⁱⁱ

Tablet Gulkacid contains Amalaki (Emblia officinalis) fruit ghana, Shatavari (Asperagusracemosus) rootghana, Yashtimadhu (Glycyrrhiza glabra) rootghana, Shalmali (Bombax malabaricum) gum resin, Suvarna Gaikrikpowder (FerrumHaematite), Guduchi (Tinospora cordifolia) stemghana, Bilva Garbha (Aegle marmelos) fruit, Mukta shuktipishti, Gulab petalpowder (Rosa centifolia) petals, Shankha Bhasma (Turbinellarapa), Kapardik Bhasma (Cypraeamontea), Khas powder (Andropogon muricatus), Nishottar (Operculinaturpentum)rootghan, Chitrak (Plumbago zeylanica) root, Dalchini (Cinnamomum zeylanicum) bark, Ela (Elettaria cardamomum) seed, Karchura(Curcuma zedoaria) root, Sunthi (Zingiber officinale) rhizome, Tejpatra (Cinnamomum tamala) leaves, Yashad Bhasma (Zincum), Triphala (Emblia officinalis, Terminalia chebula and Terminalia belerica) ghana, Marich (Piper nigrum) fruit, Pippali (Piper longum)fruit, Sajjikhhar (Caroxylongriffithii).Generally, for pitta management primely these drugs are used.These ingredients are mainly tikta-madhur-kashayainrasawhich help in pacifyingpitta dosha. A randomized double-blind, placebo-controlled clinical trial carried on 68 patient having symptoms of GERD showed that intake of amalaki reduces frequency of heartburn and regurgitation. ^{iv}Rose petals possess anti-inflammatory, anti-microbial, tissue repairing, antioxidant and various other therapeutic activities. ^v A randomized double blind placebo controlled study carried on 24 healthy individuals with ginger capsules (1200mg) supplementation showed acceleration of gastric emptying and stimulation of antral contractions. ^{vi}

In hiatus hernia, the stomach pushes through the gastro esophageal junction opening into the chest and compromises the lower esophageal sphincter (LES). The laxity of LES allows gastric content and acid to back up into the

esophagus and is the leading cause of GERD.^{vii} Small hiatus hernia is generally asymptomatic and can be managed medically. Tablet Vruddhihar contains Trikatu (Zingiber officinale, Piper longum, Piper nigrum), haridra (Curcuma longa), kanchanar (Bahuniavariegata), varuna (Crataevanurvala), rasna (Pluchea lanceolata), gokshur (Tribulus terrestris), triphala, loha, Tamra, godantibhasma, pippalimula, devadaru (Cedrus deodara), vidari (pureria tuberosa) and ela (Elletaria cardamomum). The drugs mentioned in this combination are tridoshahara (pacify all the three doshas) specifically pitta and vata pacifying. According to ayurveda vata vitiation is the main cause of herniation. Hence hernia is generally managed with drugs that are vata pacifying. Tablet Vruddhihara contains drugs that help in regulation of vata.

Mahatiktaghrita contains Saptaparna (Alstoniascholaris), Ativisha (Aconitum heterophyllum), Shampaka (Cassia fistula), Tiktirohini (Picrorhizakurroa), Patha (Cyclea peltate), Musta (Cyperus rotundus), Ushira (Vetiveriazanioides), Triphala (Embllica officinalis, Terminalia chebula and Terminalia belerica), Patol (Trichosanthes dioica), Neem (Azadirachta indica), Parpatkaindica, Parpatka (Fumaria indica), Dhanvayasa (Alhagi pseudalhagi), Chandana (Santalinus album), Pippali (Piper longum), Gajapippali (Piper chaba), Padmaka (Prunus poddum), Haridra (Curcuma longa), Daruharidra (Berberis aristate), Uragandha (Acorus calamus), Vishaka (Citruscholocynthis), Shatavari (asperagusracemosus), Sariva (Hemidesmus indicus), Vatsakabija (Holarrhena anti dysentrica), Vasa (Adhatodavasica), Murva (Marsedeniatinescsima), Amruta (Tinospora cordifolia), Kirattikta (Swertia chirata), Yashtimadhu (Glycyrrhiza glabra), Trayamana (Gentiana kurroa), amalakiphala rasa (juice of Emblica officinalis), Ghee. Most ingredients present in this formulation have good wound healing and anti-inflammatory activity which help in reduction of oesophageal inflammation and healing of ulcers formed due to frequent mucosal irritation. These ingredients are madhura, tikta, kashaya in rasa, sheeta in veerya and thereby help in reduction of pitta and kapha. They have deepana, pachana property which help in digestion of ama.

Diet and lifestyle modification like intake of home cooked meals at fixed timings, avoiding excess spicy-oily food items, junk food and regular exercise helped in fastening the recovery time of the disease.

Conclusion:-

In this case study, patient significant relief was found in all the symptoms of GERD at the completion of treatment and no untoward effect of medicine was observed. The observation states the given treatment of Tab Pittashamak, Tab Gulkacid, Tab Vruddhihar and mahatiktaghrita have provided significant relief in management of symptoms.

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