

**Efficacy of Ayurveda in the management of *Pittaja Grahani* with special reference to Gastro-duodenitis - Case report**

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**ABSTRACT**

Gastro-duodenitis is a common gastro enteral disorder characterized by hyperacidity, dyspepsia and vomiting. In Ayurveda, they can be correlated with *Parinamaja Shoola*, *Amlapitta* and *Pittaja Grahani*. In this case study I have considered the Ayurveda diagnosis as *Pittaja Grahani*. This case study evaluates the therapeutic efficacy of *Pittarechana* and *Pittashamaka Chikitsa*, in the symptomatic as well as comprehensive management of gastro-duodenitis in a single patient over twelve weeks. *Pachana*, *Samshamana* and *Mrudu Virechana chikitsa* is at core of the management of this treatment. In this case study *Chandrakala Rasa*, *Kamdudha Rasa* was used in first line of treatment for *Pitta* and *Daha Prashamana*. *Laghumalini Vasanta Rasa* was administered in second phase for *Dhatuvruddhikara* and *Rasayana*. While *Hingwashtaka churna* was administered for long term relief and prevention of relapse.

**Key Words:** *Chandrakala Rasa*, Gastro-duodenitis, *Kamdudha Rasa*, *Pittaja Grahani*.

**1. INTRODUCTION**

In 2021, approximately 27.20 million individuals globally had gastritis and duodenitis, with an age-standardized rate of 323.24 per 100,000. The prevalence was higher in females and increased with age, peaking in the fifth decade of life <sup>[1]</sup> and can significantly impair quality of life due to pain, vomiting, dyspepsia, and malnutrition. Modern management includes antacids, proton pump inhibitors, and surgical procedures for advanced stages. Ayurveda *Grahani Chikitsa* is focused on *Pachana* and *Samshamana* of *Sama Pitta* and *Mrudu Virechana* <sup>[2]</sup>

**2. PATIENT INFORMATION:**

A 50-year female patient weighing complaining of pain at epigastric region after 2-3 hours of taking food, burning sensation in abdomen, constipation and loose motion intermittently, loss of appetite and weight loss. She was suffering with this for 22 years. No any reflux or regurgitation experienced. The symptoms aggravate after eating spices so patient avoided consuming it but still the symptoms persist. She started consuming curd daily by assuming it is cold for 2-3 years daily twice a day. She consulted many gastro-enterologists. Upper GI endoscopy revealed it as Gastro-duodenitis. She took allopathic medicines for long period but due to symptomatic relief she

consulted another expert and the second Gastroscopy report shows presence of moderate gastritis. She again took medications for some days but due to less improvement she sidestepped all the medicines for some years. In 2025 she received my reference from her family friend and she contacted me via telecommunication.

On brief history taking about the disease and treatment taken, the symptoms resemble with *Pittaja Grahani*.<sup>[3,4]</sup>

### 3. CLINICAL FINDINGS:

The patient was alert and oriented. Vital signs were stable: BP 120/70 mmHg, pulse 82/min, respiration 20/min. Cardiac and respiratory examinations were normal.

Abdomen was soft, tenderness in epigastric region, with no organomegaly. Mild muscular atrophy was noted in the thighs and shoulders. Tone and reflexes were normal, with slight reduces muscle strength in the extremities.

### 4. DIAGNOSTIC ASSESSMENT:

**4a.** USG: USG andomen and pelvis: Changes of Gastritis with degenerated antral cells?

**4b.** Upper GI endoscopy revealed it as Gastro-duodenitis

**4c. Laboratory Investigations:** CRP increased slightly (16 mg/dl) on May 6, 2024, and 15 mg/L on September 18, 2024, and HRCT abdomen scan on June 6, 2024, revealed early gastritis.

**Table 1: Symptoms were assessed on Day 0, Day 14, and Day 28 using a simple scoring scale:**

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
Per abdominal Burning	None	Occasional	Frequent	Continuous
Per abdominal Pain	None	Mild	Moderate	Severe
Appetite	None	Mild	Moderate	Severe
Weakness	None	After doing extra work	After mild exertion	On day to day activity

### 5. TIMELINE:

**Table No. 2 - Timeline of events**

Health event	Timeline
Occurrence of the first symptom	March 9, 2003 (hyperacidity with vomitting)
Diagnosis of Gastro duodenal ulcer	February 8, 2009 (endoscopy)
First Ayurveda consultation	May 15, 2025
Follow-up 1 after 2 weeks	June 2, 2025
Follow-up 2 after 2 weeks	June 20, 2025
Follow-up 3 after 8 weeks	August 21, 2025

## 6. THERAPEUTIC INTERVENTIONS:

**Table No. 3 - Ayurveda Medicines: Therapeutic Interventions**

Sr. No	Follow-up/ visits (Duration)	Medicine/ Treatment	Dosage/ Frequency and <i>Anupana</i> (Adjuvant)	Observations
1	15/05/2025 - Baseline Visit	Tablet <i>Chandrakala Rasa</i> (CKR) <sup>[5]</sup> (200mg)	1-tab Twice a day Orally after food with warm water	There was pain in epigastric region, loss of appetite, weakness, burning sensation in abdomen after food
		Tablet <i>Kamdudha Rasa</i> (KMD) <sup>[6]</sup> 350mg	1-tab Twice a day Orally after food with Ghee ( <i>Goghrita</i> )	
		<i>Avipattikara Churna</i> (AVP)	2 g Orally with warm water at bed time	
2	02/06/2025	Tablet <i>Chandrakala Rasa</i> (CKR) (200mg)	1-tab Twice a day Orally after food with warm water	Complete cure burning sensation in abdomen after food, loss of appetite, weakness still persist, slight reduction in pain in epigastric region,
		Tablet <i>Kamdudha Rasa</i> (KMD) 350mg	1-tab Twice a day Orally after food with Ghee ( <i>Goghrita</i> )	
		<i>Avipattikara Churna</i> (AVP) <sup>[7,8]</sup>	2 g Orally with warm water at bed time	
		T. <i>Laghuvasant Malati Rasa</i> (LMV) 150 mg	1 tab twice a day orally after food with Ghee ( <i>Goghrita</i> ) and <i>Khandasita</i>	
3	20/06/2025	T. <i>Laghuvasant Malati Rasa</i> (LMV) 150 mg	1 tab twice a day orally after food with Ghee ( <i>Goghrita</i> ) and <i>Khandasita</i>	No pain or burning in abdomen, weakness reduced, appetite moderate
		<i>Hingwashtaka Churna</i> 2 gm <sup>[9]</sup> (HWS)	Twice a day before food with freshly prepared buttermilk.	
4	21/08/2025	<i>Pathya Ahara</i> - Curd avoided		Complete Relief

## 7. RESULTS: FOLLOW-UP AND OUTCOME

**Table 4: Symptom Score Progression**

Symptom	Day 0	Day 14	Day 28
Per abdominal Burning	2	1	0
Per abdominal Pain	2	1	0
Appetite	2	1	0
Weakness	1	0	0

**8. OVERALL OUTCOME:** Marked symptomatic relief by the end of improvement with complete treatment

**9. DISCUSSION:** *Pittaja Grahani* is one of the primary disease occurred due to increased consumption of spicy food stuffs and *Ushna Virya Dravya* like Curd. In this case spicy diet, *Ajeernashana* (consuming diet even having indigestion), and persistent use of curd is primary etiological factors causing symptoms. Treatment focuses on the *Pachana* (metabolic corrections) of *Sama Pitta Dosha* (increased and highly acidic gastric juices), followed by *Pitta Rechana*

(removal of bile and other gastrointestinal (GI) secretions through laxation) and *Pitta Shamana* (reducing the increased secretions from GI tract. Therefore treatment was planned in 3 phases of *Pachana*, *Samshamana* and *Rechana* followed by *Dhatupushtikara* and *Rasayana* therapy followed by *Agnivriddhikara* (carminatives) *Dravya* for long term metabolic corrections and prevention of relapse (*Apunarbhava Chikitsa*).

**Table 5: Ayurveda medicines mode of action and rationale**

Phase of treatment	Treatment	Rationale
1	<b>CKR</b>	<i>Pittashamana</i> ( <i>Gunatah</i> - Qualitatively) and <i>Pitta Rechana</i> - removes aggravated <i>Pitta</i> through urine and stool
1	<b>KMD</b>	<i>Pittashamana</i> ( <i>Dravyatah</i> -Quantitatively) and <i>Sangrahana</i> (absorption of excess <i>Pitta</i> in <i>Mahasrotasa</i> )
1	<b>AVP</b>	<i>Pitta Rechana</i> - removes aggravated <i>Pitta</i> through urine and stool
2	<b>LMV</b>	<i>Dhatupushtikara</i> and <i>Rasayana</i> - antioxidant and rejuvenation
3	<b>HWS</b>	<i>Anagnivriddhikara</i> , <i>Vata Shamaka</i> - helps to corrects the metabolism

## 5. CONCLUSION

This single case study demonstrates that Ayurveda management can be effective in reducing symptoms of Gastro-duodenitis without causing adverse effects. The formulation may be considered as a supportive therapeutic option in Ayurvedic management of *Pittaja Grahani*.

**6. INFORMED CONSENT:** Written permission for the intervention and publication of this study was obtained from patient.

## 7. CONFLICT OF INTEREST:

The authors declare that they have no conflict of interest.

**8. DECLARATION OF USAGE OF AI:** AI is used only to improve grammar and readability

**9. SOURCE OF FUNDING:** Nil

## 10. REFERENCES:

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