



## Indigestion (Ajirna) - Induced Hyperacidity (Vishatabhdhajirna) Treated with Ayurveda Therapy : A Single Case Study

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Ayurved the Indian traditional system of medicine, believes that the a majority of the diseases in humans arises due to hypofunctioning of Agni. Disturbed function of Agni causing indigestion of food is termed as Ajirna in Ayurveda. Vishatabhdhajirna are the types of Ajirna having vatadoshain its manifestation. Vishatabhdhajirnas can be compared with indigestion induced hyperacidity because of the resemblance in signs & symptoms observed in these conditions. In this report, we are presenting a case of 35 year old male patient diagnosed with Vishatabhajirna. With complaints of pricking pain in abdomen, abnormal movement of Vata, obstruction to stool and flatus and other symptoms of Vata Vridhhi. This case was treated with Ayurved Shaman therapy prescribed at a specific drug administration time along with cessation of known etiological factors. Therapeutic assessment was done by using Reflux Disease Questionnaire (RDQ) scale. Significant improvement was noted in clinical parameters as well as on the standard RDQ scale without reported relapse of previous symptoms on follow-up visit. Also, there were no adverse events recorded during the treatment & follow-up period.

**Keywords:** Ajirna, Vishatabhdhajirna, Agni dysfunction, Vata Dosha, Ayurvedic Shaman therapy, Hyperacidity, Reflux Disease Questionnaire (RDQ), Indigestion, Vata Vridhhi symptoms, Case report

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## Introduction

*Ayurveda*, traditional medical science, is based on its own fundamental principles. In *Ayurved*, *Agni* has considered as prime factor in general metabolism of body leading to its growth & development. Maintenance of health & manifestation of disease have also been attributed to normal & abnormal functioning of *Agni*, respectively. The term *Agni* here includes factors those are responsible for digestion & metabolism having predominance of *Agnimahabhuta* in them. *Agni* may get vitiated because of unwholesome & irregular diet as well as lifestyle. Disturbed functions of *Agni* causing incomplete digestion of food are termed as *Ajirna* in *Ayurved*. *Vishtabhadaajirna* is one of type of *Ajirna*, which is mainly characterized by sings & symptoms of pricking type of pain in epigastric region & chest with burning sensation, long stasis tympanitis, abnormal movement of *Vata*, obstruction to stool & flatus, delusion, general malaise & other symptoms of *Vata-Vridhhi*. The vitiation of *Vata Dosha* is an essential stage in manifestation of *Vishatabhadhajirna*. Irregularity of *Saman Vata* is also important elements in its pathology. In modern system of medicine, *Vishatabhadhajirna* can be correlated with indigestion induced hyperacidity (IIH), which is a very common medical condition in day-to-day life. Heartburn is typical & commonly occurring symptom of hyperacidity, which is characterized by burning sensation in chest radiating toward the mouth. Because of acid reflux into esophagus, heartburn is also accompanied by sour taste in the back of mouth with or without regurgitation of the refluxate. Hyperacidity is diagnosed when the frequency of acid reflux is more than two times a week. Diseases resulting from acid reflux are most common gastrointestinal condition that physicians come across in their daily practice.

Different system of medicine offer a number of modalities for the clinical management of hyperacidity modification. In modern system of medicine, treatment for hyperacidity generally includes proton pump inhibitors (PPIs) such as rabeprazole, omeprazole & esomeprazole & selective histamine type 2 receptor antagonists (H2 blockers) such as famotidine & cimetidine. Some over the-counter medicines such as antacids like Digene, Ome MPS & Digeplex are also available in the market for this condition.

Though generally considered as safe & effective, these medications like any prescription drug are not suitable for all people suffering from hyperacidity. They do have adverse effects such as headache, rash, dizziness & GI-symptoms including nausea, abdominal pain, flatulence, constipation & diarrhea. In some cases, they can cause trouble in absorbing nutrients, which can lead to malnutrition. Considering wide magnitude of hyperacidity in Indian subcontinent & absences of its promising management with safety, suffering population is turning toward certain other systems for safe & effective remedies. *Ayurveda* is a good choice for patients suffering from IIH as this disease condition is well elaborated in different *Ayurveda* classics under disease entity *Vishatabhadhajirna*. Different herbal, herbo-mineral formulations along with strict diet & lifestyle modifications have been in common treatment regimen, which *Ayurveda* physicians are prescribing for *Vishatabhadhajirna* was successfully treated with *Shaman* therapy with special reference to specific drug administration time. Avoidance of known etiological factors was also an important aspect of treatment.

## Case Report

A 41 year old male patient approached the OPD of *Kayachikitsa* Dept. of our *Ekanath Ayurved Rugnalaya, Shewgaon* with chief complaints of burning sensation in chest, abdomen & at throat region along with sour eructation and obstruction to bowel & gases. The patient was asymptomatic before 4-5 months & gradually he developed above mentioned symptoms. Patient's case history revealed that there was no any family history in the first degree relation suggestive of similar or any other major disorder. No personal history of any autoimmune disorders such as psoriasis, vitiligo, atopic dermatitis & Rh-arthritis was found. There is no history of any physical & psychological disorder for which patient had to take any prolonged treatment. The patient noticed an intake of citrus fruits, tomato products & pepper as a triggering factor while the intake of milk (cold) was a relieving factor for his present disease condition. The patient had taken allopathic treatment for 15-20 days in the form of antacids & PPI tablets but did not find any significant relief in his condition. The patient then presented to the *Kayachikitsa* OPD of *Ekanath Ayurved Rugnalaya, Shewgaon*, to take *Ayurved* treatment & management for the illness.

## Clinical Findings

On examination, it was found that patient was having complaints of burning sensation in chest, abdomen & at throat region with sour eructation and obstruction to stool & gases, since past 3 months. The severity of symptoms was assessed using Reflux Disease Questionnaire (RDQ), which is a standard scale used for clinical severity assessment in reflux diseases. On physical examination, general condition of patient appeared to be normal with BMI=21.3kg/m (wt.=56kg, ht.=162cm), BP=110/80mmHg, Pulse=72/min. The patient stated that he is having normal appetite but irregular & obstructed motions. The patient had *Vata-Pradhan-Pitta-Prakruti*. Routine hematological, biochemical & urine examination were also carried out, all parameters were found within normal limits. The patients diet history revealed habits such as intake of milk, buttermilk, curd regularly & outside food comprising sour, oily, salty, spicy & fermented food products once or twice a week & consumption of food at inappropriate time.

## Timeline

The patient was treated with prescribed treatment regimen for 15 days followed by 15 days period of follow-up. The detailed timeline of the treatment is given as following-

## Prescribed Treatment Protocol

Duration	Drug & advice given	Dose & Time of drug administration
January 1, 2025 - January 15, 2025	Sutshakar rasa 1g Abhyadi Gutika 1g & lifestyle medication	2 tablets of 1g each on empty stomach orally twice a days 2 tablets of 1g after meal orally twice a day
January 1, 2025 - January 15, 2025	Advice on diet & lifestyle modification	

## The Reflux Disease Questionnaire Scale

Subscales	Parameters	Frequency Severity Score	N.P.	1 day	2 days	3-4 day	5-6 day	Daily
			N.P.	Very mild	Mild	Mode.	Mod.seve	Severe
			0	1	2	3	4	5
Regurgitation	Frequency of acid taste in the mouth							
	Severity of acid taste in the mouth							
	Frequency of movement of materials upwards from the stomach							
Heartburns	Frequency of pain behind breastbone							
	Severity of movement of pain behind breastbone							
	Frequency of burning behind breastbone							
	Severity of burning behind breastbone							

## Diagnostic Assessment

Diagnosis was made based on the clinical observations, history & findings obtained from the RDQ. DD in the present case included peptic ulcer disease (involving epigastric pain, nausea & vomiting), biliary tract disease (involving abdominal pain & jaundice), eosinophilic esophagitis (involving swallowing difficulties with hooking & reflux symptoms) & achalasia or other upper gastrointestinal motility disorders (involving swallowing difficulties, vomiting of undigested food). Criteria for assessment of therapy were improvement in the symptoms of *Vishtabdhajirna* on the RDQ scale.

## Reflux Disease Questionnaire

The RDQ scale is a self-administration questionnaire in which a patient is asked to report the frequency & severity of his/her upper gastrointestinal symptoms. Three sub scales evaluating regurgitation, heartburns & dyspepsia are used in RDQ scale.

The time referent in the scale is symptoms that have occurred over the last 4 weeks. In this study, at the post-treatment visit & 2 weeks for the follow-up visit. Items content in RDQ includes the following-

1. Frequency & severity of acid taste in the mouth & movement of materials upward from the stomach (regurgitation scale) - four items.
2. Frequency & severity of burning behind the breastbone (heartburn scale) - four items &
3. Frequency & severity of burning in the upper stomach (dyspepsia scale) - four items. Likert scale was used for response options having scores ranging from 0 to 5 for frequency (not present to daily) & severity (not present to daily).

Dyspepsia	<ul style="list-style-type: none"> <li>Frequency of upper stomach pain</li> <li>Severity of upper stomach pain</li> <li>Frequency of upper stomach burning</li> <li>Severity of upper stomach burning</li> </ul>							
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### Therapeutic Interventions

The prescribed treatment protocol had two important aspects; the first was disease-specific use of drug & the second was specific drug administration time with regard to involved dominant *Doshas* in the disease. The drug included a polyherbal compound formulation *Sutshekar Rasa* (*Kajjali, Tankan Bhasma, Suddha Vatsanabh, Suddha Dhaddutr Beeja, Shankh Bhasma, Trikatu, Ela, Nagkeshar*) & *Abhayadi Gutika* (s). This is the drug of choice indicated for the management of *Vishtabdhajirna* in the *Ayurved* text of *Chakradatta*. The administration of drug was planned to be given on empty stomach & after food twice a day. In *Ayurveda* classics, this specific drug administration time is indicated in disease of *Koshtha* involving the vitiation of *Pachak Pitta* & *Saman Vata* (responsible for digestion & propulsion of food). The vitiation of both *Pachak Pitta* & *Saman Vata* is an essential element in the manifestation of *Vishtabdhajirna*. Along with the internal medicament, the patient was also advised to know etiological factors, which involved unwholesome dietary & living habits such as intake of milk & its product, junk food, sour, oily, salty, spicy & fermented food products; consumption of food at inappropriate time; *Ratrijagaran* & *Divaswapa*.

### Follow-Up & Outcome

Observation on consecutive visits of patients to the OPD were noted. Subsequent observational of disease condition are depicted in table no. 3. No adverse events were reported during the study. The treatment was given for the duration of 15 days. Then all the medications were stopped & the patient was advised to just follow diet & life-style related advice to visit the OPD after 15 days for follow-up. The recurrence of symptoms was not found during the follow-up period of 15 days, i.e., after 30 days of starting the treatment. The severity of disease & outcome treatment protocol were measured based on symptomatic relief in signs & symptoms and scoring on the RDQ scale. In the present case study, before treatment score was 40, after treatment score was 13 & the score on follow-up visit was 2 on RDQ scale.

Complete recovery was observed in the symptoms like acid taste in mouth, movement of materials upward from the stomach, pain & burning behind breastbone, pain upper abdomen was seen markedly improved (table no.4)

**Table 3: Observational data on subsequent OPD visits**

Date & day	Stage	Observation
July 1, 2024	Before t/t	Assessment done & medication started
July 15, 2024	After t/t	Frequency of movement of materials upward from the stomach & severity of symptoms were diminished completely. Marked improvement in frequency & severity of symptoms were observed.
July 30, 2024	Follow up	Complete recovery in symptoms were observed.

**Table 4: Therapeutic effect of treatment protocol on clinical signs & symptoms.**

Parameters	Before T/T	After T/T	On Follow-Up
Frequency of acid taste in mouth	5	2	0
Severity of acid taste in mouth	4	2	0
Frequency of upward movements of material from stomach	2	0	0
Severity of upward movements of material from stomach	4	1	0
Frequency of pain behind breastbone	3	1	0
Severity of pain behind breastbone	2	0	0
Frequency of burning behind breastbone	5	2	0
Severity of burning behind breastbone	4	1	0
Frequency of upper stomach pain	3	1	0
Severity of upper stomach pain	2	0	0
Frequency of upper stomach burning	3	1	1
Severity of upper stomach burning	3	2	1
Total	40	13	2

## Discussion

The disease condition *Vishtabdhajirna* can be compared with IIH because of the resemblance in signs & symptoms observed in both the conditions. *Vishtabdhajirna* is a common medical condition that physicians come across in their daily practice. In the present study, a case of IIH has been treated with *Sutshekar Rasa* & *Abhayadi Ghutika* prescribed at a specific drug administration time along with the cessation of known etiological factors.

As described earlier, the of dosha plays a vital role in the manifestation of *Vishtabhajirna*. In Ayurved system of medicine, it is belived that the avoidance of the etiological factors is the primary key to success in the treatment; hence, the patient was advised not to indulge in unwholesome dietary & living habits. Initially the patient was of the option that the intake of milk is beneficial for his disease condition as it was reliving his symptoms temporarily. The patient was adviced to stop this practice & also to stop taking meals at inappropriate times, late night sleep & day sleep as these are the aggravating factors.

The clinical assessment of therapy showed in table no.4. The data denote that therapeutic effect is increased during follow-up period too without the recurrence of disease. Thus, multimodel approach therapy, i.e., *Ayurved Shaman* therapy prescribed at a specific *Aushadha Kaala* along with *Nidan Parivarjana*. Significant improvement was observed in clinical parameters as well as on the standard RDQ score scale adopted for the study.

## Conclusion

*Vishatbhadhajirna* is a common clinical condition encountered by a physicians now-a-days. Though various treatment modalities are available for this, a promising therapy with safety is still lacking. Ayurveda with its unique principles of treatment has tremendous potential in disorder like this where other systems of medicine have limited scope. In the present study, a significant improvement in clinical signs & symptoms was observed through *Shaman* therapy prescribed at a specific drug administration of time. The patient showed high compliance to the treatment prescribed as there were no adverse events recorded throughout the treatment & during the follow-up period.

### Declaration of the patient consent

The patient has given his consent for reporting the case along with required clinical information in the journal.

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