

Ayurvedic Management of *Vidagdhajeerna* - A Case Report

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ABSTRACT:

Vidagdhajeerna, a type of digestive disorder, is a condition characterized by burning sensation and discomfort in the upper abdomen, nausea, and belching. It is commonly caused by an imbalance in the *Pittadosha* as per Ayurveda. Here we present a case report of a 50-year-old female patient who presented with symptoms of *Vidagdhajeerna*. The patient was treated with a combination of both internal and external Ayurveda treatment, including 6days *Snehapanam* with *Aragwada mahathikthakam ghritam*, *Virechana* with *Hrdya virechanam*, followed by *Takradhara* and internally *Patolakaturohinyadi kashayam*, *Avipathy churnam* and *Haridrakhandam* for 7 days along with dietary modifications and lifestyle changes. After two weeks of treatment, the patient reported a significant reduction in her symptoms and an improvement in her overall health. The case highlights the effectiveness of Ayurveda treatment for *Vidagdhajeerna* and the importance of individualized care in Ayurveda medicine.

KEYWORDS: Aragwadha mahathiktakam ghrita, Hrdya virechana, Vidagdhajeerna.

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INTRODUCTION:

Ajeerna (indigestion) is a commonly digestive encountered disorder in Ayurveda. The etiology of *Ajeerna* includes fasting, over eating, irregular eating, intake of unwholesome food. improper administration of purgation, emesis, oleation therapy and suppression of natural urges. ^[1] Abdominal distension, head ache, fainting, giddiness, fever, anorexia etc are the general symptoms of indigestion.^[1] Indigestion caused by Pitta dosha (Dosa responsible for regulating body temperature and metabolic activities) is called Vidagdha ajeerna.^[2] The disorder is characterized by Kinchit vipakvam (partly

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> digested), Amlabhavagatam (turns into acid), Trit (thirst), Moha (confusion/delirium), Bhrama (giddiness or Amlodgara dizziness), (sour belching/eructation), Daha (burning sensations), Murchcha (syncope/attacks of swooning), Vividha ruja (various other disorders), Sadhumamlodgara (smoky and acidic eructations), Sweda (perspiration) [3], *Amlapitta* (hyper acidity) and other diseases due to Pitta. [2] Vamana (emesis) is the basic line of treatment advised in Vidagdhajeerna [2] In Vidagdhajeerna Langhana, Swedana then Vamana or Virechana can be done based on the condition.^[4]



The disorder can significantly affect the quality of life of patients and often requires long-term treatment. Ayurveda medicine offers а holistic approach to the management of Vidagdhajeerna, focusing on lifestyle modifications, dietary changes, along with usage of herbal medicines. In this case report, we present the successful treatment of a patient with *Vidagdhajeerna* combination of Ayurvedic using а medicines, highlighting the importance of personalized care in Ayurveda. The case report aims to provide insights into the Ayurvedic management of Vidagdhajeerna, emphasizing the need for individualized treatment plans for effective management of the disorder.

CASE HISTORY:

A 50-year-old female patient, presented to our Ayurvedic hospital with complaints of decreased appetite, burning sensation and discomfort in the upper abdomen, nausea, and belching. She had been experiencing these symptoms for the past 2 weeks, and they were significantly affecting her quality of life.

On July 2020 the patient had visited our OPD with low back ache having a 3year history. It was associated with burning sensation all over the body, left shoulder pain and ankle joint pain in the past 1 year and hot flushes for 2 months. She was Pithaadhika diagnosed as Vatarakta/Rheumatism due to Rakta associated with Pitta). At that time, her appetite and sleep were also reduced. After 2 months of OPD level management her joint pain, hot flushes and burning sensation of body got relieved. Due to some personal issues she became unable to continue her medication and also, she couldn't follow the *Pathya(wholesome diet)*. On June 2021 she had developed burning sensation in the abdomen and sour belching for which she had consulted an Allopathic

physician. After 2-weeks of internal medication she started developing reddish rashes all over the body for which also she had Allopathic medication. Though symptoms were relieved on medication, withdrawal resulted in recurrence. As this repeated 2-3 times, on march 2022 she came to our OPD with presenting complaints of burning sensation in the abdomen, bloating and reddish rashes all over the body. She was advised to avoid spicy and sour food and advised internal medications. After 2weeks of medication all her rashes relieved and gastric issues improved. She was advised to follow Pathya. But she occasionally exposed to Apathya (unwholesome) and on mild flare, she starts Pathyaseva and short course of Avurveda medicines. Due to regularly irregular food habits she had the same issues often. On June 2022 she revisited our OPD with *Amla* (sour) with *Katu* (pungent) *Udgara* (eructation) on afternoon, right heel pain up to knee occasionally and reddish rashes all over the body with itching more prominent on forehead and hands. So, we advised to take an IPD treatment.

On further *enquiry*, we found that she had a history of irregular meal timings, consuming spicy and oily foods, and reduced sleep at night. Based on her symptoms and medical history, we diagnosed her with Vidagdhajeerna, a type of digestive disorder caused by an imbalance in the *Pitta dosha*. We admitted the patient on June 20th and given 6gm Vaiswanara choorna ^[5] with hot water morning and night after food for Agni deepana (digestion and metabolism enhancing) as a *Poorvakarma* (preparatory procedures) before Snehapana (internal oleation) with Aragwadha mahathikthaka *ghrita* ^[6,7]. But her appetite again reduced. Still we decided to start Snehapana from next day onwards and surprisingly her appetite started improving from the fourth



day of *Snehapana*. From 21/6/2022 started *Snehapana* with *Aragwadha mahathikthaka ghrita* for six days in the increasing dose of 30ml, 50ml, 75ml, 75ml, 100ml, 125ml at 6am. From the fourth day appetite was improved. On sixth day she had presence of ghee in motion and feeling of smell of ghee from the body. Also, she had good sleep on that night.

On 27/6/22 full body *Nadi swedam* (sudation using pipe like instrument) was done and on 28/6/22 for *Virechana* (Purgation therapy), 15gm of Hrdya virachanam^[8] (*Virechanaushadha*) was given at 6am. We had observed the patient throughout the day. She had motion 16 times. She had lightness of stomach. She was tired slightly. By evening she had appetite and had kanji. Next day she was

very comfortable with good appetite and reduced itching. From 29th we had started 15 ml of Patolakaturohinyadi Kashaya [9] with 60ml lukewarm water and 6gm *Avipathy choornam* ^[10] at 6am internally and full body Takradhara (therapeutic butter milk -streaming over body) externally for 7 days. We added Haridrakhandam [11] 6gm morning and night 30minutes after food a day from July 4th. On July 5th patient is advised for discharge. After two weeks of treatment, she reported a significant improvement in her symptoms. She no longer experienced the burning sensation and discomfort in her upper abdomen. Her appetite and sleep improved. She reported feeling more energetic and overall better health.

2022-06-20	Admitted at IP with c/o rashes over body and reduced appetite associated
	with Amla katu udgara. Given Vaiswanara churna 1tsp with warm water
	twice a day after food. There was no improvement in appetite.
2022-06-21	Snehapana started with 30ml Aragwada mahathikthakam ghrita. Ghrita was
	given at 6am. Appetite felt at 12.40pm. Had headache
2022-06-22	50ml Ghrita given at 6am. Head ache was reduced. Rashes still persisted.
	Appetite felt at 2.40pm.
2022-06-23	75 ml Ghrita given at 6am. c/o general weakness and disturbed sleep. Had
	kanji at 8.30pm
2022-06-24	75 ml <i>Ghrita</i> given at 6am. c/o itching all over the body. Head ache relieved.
	Appetite improved. Had <i>kanji</i> at 1.20pm. Sleep improved
2022-06-25	100ml <i>Ghrita</i> given. No fatigue reported. Had <i>kanji</i> at 1.40pm. Patient slept
	well.
2022-06-26	125ml <i>Ghrita</i> given. Patient felt smell of <i>Ghrita</i> from the body. Passed stools
	mixed with <i>Ghrita</i> . She was comfortable. Patient had appetite at 1.35pm.
	Patient slept well. Since we had observed Samyak snigdha lakshana in the
	patient, we decided to stop <i>Snehapana</i> .
2022-06-27	Abhyanga with Pinda thila and Nadi sweda was given.
2022-06-28	Hridya virechana 15gm was given at 6.30am. Advised to take hot water if
	needed in a little quantity and wait for Vega. Observed the patient
	throughout the day. Had 16 times motion. Patient was slightly tired. Had
	appetite at 5pm. Advised to follow the Samsarjana karma
2022-06-29	Takradhara was started. Patient felt better. Rashes and itching reduced.
2022-07-05	After 7 days <i>Takradhara</i> and internal medications including
	Patolakaturohinyadi kashaya with Avipathy churna and Haridrakhanda all
	her skin rashes disappeared.
	At the time of discharge, she was relieved of gastric issues as well.



DISCUSSION:

In this case, Vaiswanara churna was given on first day prior to Snehapana as Deepana pachana. As a Poorva karma Snehapana with Aragwadha mahathikthaka ghrita for 7 days and 1-day Nadisweda was given. Here Pachana karma of Vaiswanara churna had done the Paaka of Leena dosha in Dhatu and Deepana separated this Pakwa dosha from Dhatu and the following Snehapana made the Utkleshana of this separated Dosha and Swedana made liquification of this Dosha which in turn helped to drain to Koshta to get eliminated by Shodhana procedures. ^[12] Then on the next day Virechana was done with 15gm Hrdya virechana.

Virechana (therapeutic purgation) is the most effective in eliminating the increased Pitta dosha. [13] Due to its properties the Virechana dravya reaches Hrudaya circulates all over the body and penetrates in to the Srotas bring the Dosha to Koshta easily due to prior Sneha sweda karma. Then *Vata* expel it out through *Guda marga*. From modern point of view, we can say that the inflammation induced by these Shodhana drugs increase the permeability of intestinal mucosa which helps to bring those unwanted substances from other parts of body to intestine. ^[14] Thus, it helps to eliminate vitiated dosha especially in this case the vitiated pitta from the body and thus the symptoms got subsided.

Takradhara ^[15] with Amalaki kashaya and Takra full body may helped to relieve the Shesha dosha and also to normalise the Agni. Takradhara also helped to balance Pittadosha by reducing the mental stress and cooling the body. Patolakaturohinyadi Kashaya along with Avipathichurna may normalised the Kapha and Pitta dosha. Haridrakhanda is also having Pittashamana property which helped to normalise Agni and also may helped in relieving the itching all over the body.

Vidagdhajeerna is *pittaja ajeerna*. So *Ghrita snehapana* followed by *Virechana* itself helped to correct the *Pitta dushti* and there by improved the symptoms of the patient. *Patolakaturohinyadi kashaya* with *Avipathy churna* and *Haridrakhanda* may helped to normalise *Shesha dosha*. All this corrected the sustain *Pittakopa* and cleansed the *Raktha dhatu* there by relieved the rashes in the body. The combination of these therapies aims to restore balance in the digestive system, pacify the aggravated *Pitta dosha*, improve digestion, and alleviate the symptoms of *Vidagdhajeerna*.

In this case the patient had vitiated Pitta which undergone Shakha gati and presented as *Pittadhika vatarakta*. But since the patient didn't follow proper medication, it showed symptoms in Koshta as well as and Shakha mainly presented as Vidagdhajeerna. When the patient discontinued the medication and indulged in Apathya, it again spread to Shakha and made rashes all over the body. So, by proper medication we brought back the Shakhagata pitta to Koshta and by expelled it out through Shodhana. Snehapana and Virechana can be considered as a best treatment in *Vidagdhajeernam* if the patient is suitable for *Shodhana*. It will give sudden and sustainable result in patient and help to improve their quality of life. Kaphapitta hara Samanaushadha helps to treat Shesha *dosha* there by prevent the recurrence as well as regains the health of Annavaha srotas.

CONCLUSION:

In conclusion, the case highlights the effectiveness of Ayurvedic treatment for *Vidagdhajeerna*, emphasizing the importance of detailed assessment of the patient and focusing *Chikitsa* in *Samprapti vighatana* along with *Nidana parivarjana* in Ayurvedic medicine. Hence *Pachana, Deepana, Snehana, Swedana, Virechana* and *Shamana* is the treatment protocol for management of *Vidagdhajeerna.*

Patient Perspective:

As a patient I experienced very much discomfort due to my gastric issues and burning sensation in my body. I was restricted myself from going to public or family function since I couldn't take any food properly. I was mentally stressed which even affected my routine. When I started taking Ayurveda internal medication my conditions improved which gave me hope. After cleansing therapy, I felt



like my body got free from many wastes and I got a new life.

Patient consent:

Patient consent was obtained for IP treatment including consent for each procedure

Limitation of study:

The case was diagnosed only on the basis of subjective symptoms as per classics. No objective criteria like blood reports are available to standardize the diagnosis of *Vidagdhajeerna*

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REFERENCES:

- R.K. Sharma and Bhagawan Dash. Charaka Samhita Vol IV Chikitsasthana Ch. 15/ 45-49 Chaukhamba Sanskrit Series Office, Varanasi, 2014 P-24 – 26.
- 2. T. Sreekumar. Ashtanga Hridayam Sutrasthana Vol I Chapter 8 ; ver 26-27; Harisree Hospital; 2013 edition. P- 214
- 3. <u>www.namasteportal.com</u> [Last accessed on 24.10.2023].
- Kunte AM et.al. Ashtanga Hridayam, Sutrasthana Ch 8. Ver 27., Chaukambha Sanskrit Krishnadas Academy, Varanasi. 2006. P-153.
- 5. Kunte AM et.al. Ashtanga Hridayam, Chikitsa sthana chapter 14. Ver 34. Chaukambha Sanskrit Krishnadas Academy, Varanasi; 2006. P- 687.
- 6. Kunte AM et.al. Ashtanga Hridayam, Sutra sthana chapter 15. Ver 17. Chaukambha Sanskrit Krishnadas Academy, Varanasi. 2006 P- 235
- Kunte AM et.al. Ashtanga Hridayam, Chikitsa sthana chapter 19. Ver 8. Chaukambha Sanskrit Krishnadas Academy, Varanasi. 2006 P. 711.

- 8. Kunte AM et.al. Ashtanga Hridayam, Kalpasidhisthana Chapter.2 Ver.9 Chaukambha Sanskrit Krishnadas Academy, Varanasi. 2007 p.743.
- 9. Kunte AM et.al. Ashtanga Hridayam, Sutra sthana chapter 15. Ver 15. Chaukambha Sanskrit Krishnadas Academy, Varanasi. 2006. P. 235.
- 10. Kunte AM et.al. Ashtanga Hridayam, Kalpasidhisthana Chapter.2 Ver.21 Chaukambha Sanskrit Krishnadas Academy, Varanasi. 2007 p-743.
- 11. Gyanendra Pandey Bhaishajya Ratnavali, Shitapitta udarda adhikara verse 17. Chaukambha Sanskrit Series 2007 P-776.
- 12. Kunte AM et.al. Ashtanga Hridayam, Sutrasthana Ch.13 Ver.29 Chaukambha Sanskrit Krishnadas Academy, Varanasi. 2007 p.217.
- Vyas et.al. Critical Review on Virechana Karma: A specific treatment for elimination of tridosha. IJIPSR. 2019; 7 (12):39 -49.
- 14. <u>http://iamj.in/panchkarma_setup/imag</u> <u>es/upload/Virechana_Karma.pdf</u> [Last accessed on 23.09.2023].
- K.V. Krishnan. Chikitsa sara sarvaswam or Sahasrayogam with sujanapriya vyakhyanamy Vaidyarambham publishers 2004 p-475-476.

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