



eISSN - 2348-0173

Vol.1, Issue No. 1, Dec. 2013

www.ijaam.org



INTERNATIONAL JOURNAL OF AYURVEDA & ALTERNATIVE MEDICINE

**MANAGEMENT OF GERD WITH REFLUX ESOPHAGITIS (VATA -
PITTAJ CHARDI) BY BASTI KARMA AND GHRITPANA**

Abhijit Ahire¹, Sampada Sant², S.V.Bhosle³, Rajesh Sawai⁴, Shilpa.K.Ingale⁵,
Bhargav G .Tappe⁶

1. Asst. Professor, Dept of Panchakarma, Govt. Ayu. College, Nanded
2. Professor, Department of Sharikriya Govt. Ayu. College, Nanded
3. Asso. Professor Dept of Panchakarma. Govt. Ayu. College, Nanded
4. Asso. Professor Dept of Samhita, Govt. Ayu. College, Nanded
5. Asst. Professor, Department of Sharikriya, Govt. Ayu. College, Nanded
6. PG Scholar, Department of Sharikriya, Govt. Ayu. College, Nanded

Article Received on	-	27 th November 2013
Article Revised on	-	28 th November 2013
Article Accepted on	-	14 th December 2013

All articles published in IJAAM are peer-reviewed and can be downloaded, printed and distributed freely for non commercial purpose (see copyright notice below).

© 2013 IJAAM

This is an Open Access article distributed under the terms of the Creative Commons Attribution License (http://creativecommons.org/licenses/by-nc-nd/3.0/deed.en_US), which permits unrestricted non commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

CASE REPORT

eISSN 2348- 0173

MANAGEMENT OF GERD WITH REFLUX ESOPHAGITIS (VATA - PITTJ CHARDI) BY BASTI KARMA AND GHRIHPANA**ABSTRACT**

GERD (Gastro esophageal reflux disease) with esophagitis is a condition which produces symptoms like heartburn, vomiting and requires long term treatment. Till date only symptomatic treatment is available like use of H₂ – receptors antagonist and proton pump inhibitors. Sometimes it requires reflux surgery by open method or by laparoscope. According to *Ayurveda*, GERD with esophagitis can be correlated with *Vata-Pittaj Chardi* symptomatically. *Acharya Charaka* has advised *Bastikarma*, *Anulomana*, *Ghritapana*, *Bruhana* and *Stambhan* treatment for *Vata-Pittaj Chardi*. Hence, in this study case of GERD with esophagitis (*Vata-Pittaj Chardi*) was treated by *Bastikarma*, *Ghritpana*, *Kamdudha Rasa*, *Bhunimbadi Kwatha* for period of 20 days. This combination therapy provided relief in heartburn, abdominal pain and continuous vomiting after taking meal.

KEY WORDS – GERD, Reflux Esophagitis, Basti

INTRODUCTION:

In healthy person, occasionally reflux can occur, but alkaline saliva and esophageal peristalsis neutralizes the gastric acid. GERD with esophagitis develops when the esophageal mucosa is exposed to gastric contents for prolonged duration. This produces symptoms i.e. heartburn, abdominal pain, and vomiting. These symptoms along with regurgitation of gastric content help to make the clinical diagnosis of GERD with reflux esophagitis. But diagnosis is confirmed with the help of endoscopic reports. It affects approximately 30% of the population. It mostly affects young adults having age 25-45 yrs. Drivers, policemen, watchmen and those who work under stress mostly develop GERD with reflux esophagitis. The general causes are 1) Abnormalities of the esophageal sphincter 2) Hiatus hernia 3) Delayed esophageal contents 4) Gastric contents 5) Defective gastric emptying 6) Increased abdominal pressure 7) Dietary factors such as chocolates, coffee, smoking and use of NSAID.

On the basis of sign and symptoms GERD with reflux esophagitis can be correlated with *Vata-Pittaj Chardi*. *Chardi* develops due to ingestion of *Virudha Ahara* which is responsible for the vitiation of *Kapha*, *Pitta* and *Vata Dosha*. This vitiation is mostly quantitative in case of *Kapha* and *Pitta Dosha*. *Ushna* and *Tikshna* properties of *Pitta* cause irritation to *Amashaya*. *Vikrit Apan Vayu* is responsible for the *Urdvagati* of *Vyan* and *Udan Vayu*.

esophagus. Expulsion of these contents leads to manifestation of *Chardi Vyadhi*.

Wide range of treatment is available in terms of avoidance of dietary items, weight loss, lifestyle modification, H₂-blockers, proton-pump inhibitors. Reflux surgery is needed in some cases, where conservative management fails to cover the major symptoms i.e. regurgitation, heartburn and vomiting. Till date no satisfactory treatment is available for GERD with reflux esophagitis. In *Ayurveda* *Acharya Charaka* has advocated various treatment modalities such as *Langhana*, *Vamana*, *Virechana*, *Bastikarma*, *Ghritapana*, *Stambhan* and *Brihana Chikitsa*. Among these *Bastikarma* and *Ghritapana* seems to be more effective in providing distinct and instant relief.

A single case study of GERD with reflux esophagitis (*Vata-Pittaj Chardi*) is reported here. In which vitiated *Doshas* were specified with the use of *Kala Bastikarma*, *Ghritapana*, *Kamdudha Rasa* and *Bhunimbadi Kwatha* internally.

CASE REPORT

A 25 years old young male patient of *Vata-Pitta Prakriti* visited *Panchakarma OPD* of Government *Ayurved College, Nanded, Maharashtra* on 27/9/2013 with complaints of continuous vomiting after taking meal, severe heartburn, nausea, abdominal pain in epigastric region and burning sensation over esophageal region since one year. Patient was treated symptomatically with help of proton pump inhibitors, antacid and antiemetic by allopath practitioners. But no satisfactory relief was found in patient. After examination no significant history was found except ingestion of *Virudha*, excessive *Amla Rastmaka*, and *Amla Vipaki Ahara*. On further examination mild tenderness is elicited over epigastric region on per abdominal examination. Routine investigation was done along with that

Corresponding Author:**Abhijit Ahire**

Asst. Professor, Dept of Panchakarma, Govt. Ayurved College, Nanded -431601,
Email- abhijitahire@gmail.com
Mobile-+91 7774048512

patient was investigated for liver and GI malignancy. Endoscopic reports conformed the diagnosis GERD with esophagitis due to laxity of GE junction. As per *Ayurveda*, diagnosis was done as *Vata Pittaj Chardi* as vomiting is the main symptom along with heartburn. Patient was allowed to take diet in form of *Mudga Yusha*. Patient was treated with oral medication of *Kamdudha Rasa* 500mg BID, *Bhunimbadi Kwatha* 20 ml BID after meal in *Vyanodana Kala* and *Ghrutpana* 10 ml before and after meal. Along with that *Shodhan Karma* was done by *Kala Bastikrama*. Treatment was continued for 20 day. In first 3 days patient did not get any kind of relief except abdominal pain. Symptoms in terms of continuous vomiting and heartburn were still there. But on fourth day heartburn was relieved and occasional vomiting was there. From 10th day onwards patient got relief from all the symptoms. *Kala Basti Karma* was continued up to 15th day along with oral medicines and *Ghrutpana*. Then oral medicines and *Ghrutpana* was continued up to 20th day so to avoid the reoccurrence of the symptoms.

PROCEDURE OF BASTI AND GRITPANA

Kala Basti Karma was planned for the patient. *Anuvasan basti* was given by *Til* oil in 120 ml quantity. *Niruha basti* contains *Dashmoolkwatha* 600 ml, 5gm *Saindhav*, 50gms honey and 100 ml *til* oil. *Niruha basti* was prepared by the textual references. First *Saindhav* and honey was mixed, *Til* oil was added to the mixture. And finally *Dashmul Kwatha* was added and it was again mixed. Alternate *Anuvasan* and *Niruhabasti* was given. Cow ghee was used for the *Ghrutpana*. 10 ml cow ghee was given before and after meal.

PROBABLE MODE OF ACTION

Predominantly *Vata* and *Pitta Dosha Vikruti* were present. *Apanavayu* maintains *Prakrit gati* of other types of *Vayu*. So *Vikruti* of *Apan Vayu* is responsible for *Urdhvagati* of both *Vyna* and *Udana Vayu*. *Udana Vayu* maintains the proper *Bala* of the organ, so vitiated *Udan Vayu* causes the laxity of GE

junction and regurgitation occurs. *Basti* was the best treatment suggested by *Acharya Charaka*. *Basti* causes *shodhana* of the vitiated *Doshas* and bring them into *Prakrit* condition. It causes *Anulomana* of *Apan Vayu* which ultimately leads to other types of *Vayu* (*Udana* and *Saman*) to get their *Prakrit Sthana, Gati* and *Avastha*. *Basti* also relieves the intra abdominal pressure which one of the reason for manifestation of GERD. *Ghrutpana* was given to patient before and after taking meal i.e. in *vyanodana kala*. *Grita* has *Snehana, Shaman, Stambhana* properties. It causes *Shaman* of *Vayu* by its *Snigdha* and *Pitta* by *Shita* property. It relieves the symptoms of esophagitis by its *Ropan Karma* over esophageal mucosa. It reduces the irritation to gastric mucosa caused by the *Tikshna* and *Ushna* properties of *Pitta Guna* with help of *Manda* and *Shita* properties. *Acharya Charaka* suggested *Stambhan* and *Bruhan Chikitsa* in *Dirghakalin Chardi Vyadhi*. It was done by *Grita* by its *Snigdha, Guru, Shita* properties.

Kamdudha rasa reduces excessive *Pitta* and *Kapha Dosha* quantitatively by reducing its *Drava Guna*, it also causes shaman of *pitta dosha* by its *shita* properties. *Bhunimbadi kwatha* causes shaman of the *Pitta* and *Kapha Dosha* and keeps them into their *Prakrit Avastha*.

CONCLUSION

Hence the treatment modalities can be prescribed as a worth full procedure considering the effective and safe therapy regimen for GERD with reflux esophagitis i.e. *Vata-Pittaj Chardi*.

REFERENCES

1. Charaka samhita- chikitsasthana by Dr. Bramhanand Tripathi Varanasi. Chaukhamba publication: shlok;20/24,20/46;p.694-705.
2. Charak samhita- Sutrasthana by Dr. Bramhanand Tripathi Varanasi Chaukhamba publication, shlok; 27/23,27/232;p.528,13/14,13/38-39;p.264-88,13/41-43;p.292.
3. Davidson's principles and practice of medicine. 19th edition. P. 775-778.

CITE THIS ARTICLE AS –

Abhijit Ahire *et.al.* - Management of GERD with Reflux Esophagitis (Vata-Pittaj Chardi) by Basti Karma and Ghrutpana - Int. J. Ayu. Alt. Med., 2013; 1(1):50-52

Source of Support – Nil

Conflict of Interest – None Declared



INTERNATIONAL JOURNAL OF AYURVEDA & ALTERNATIVE MEDICINE

#401/8-A, 4th Floor, Shiv Shrishti Apt.

Nardas Nagar, TP Rd., Bhandup (W), Mumbai – 400078

E:mail-editorijaam@gmail.com, Web- www.ijaam.org

