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AN AUTHENTIC *AYURVEDIC* APPROACH IN MANAGEMENT OF *AMAJEERNA*

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ABSTRACT

In this modern, technologically modified advanced World, the human population is in challenging situation to survive in this dreadful era of lifestyle disorders. The unhealthy and improper lifestyle is the root cause of that situation and it affects the digestion and metabolic functions. Formerly it starts with indigestion and leads to various alarming condition like hypertension, hyperglycemia and others. In *Ayurveda*, this condition is explained through words *Ajeerna*. *Ajeerna* itself a life threatening *Vikara* and also the progenitrix of others various types of atrocious diseases. This morbid pathological condition can be cured through proper imposition of *Chikitsa Siddhanta* of our ethics. Here we are going to discuss about a patient of our clinic, who came with a complaint of Indigestion, general weakness. He was diagnosed with *Ajeerna* (Specifically *Amajeerna*) and treated through the principles of *Langhanadi Upakramas* for 1month. After 1-month, significant improvements were included that through the treatment. Thus, we can manage the indigestion and can prevent the metabolic disorders like HTN, hyperglycemia and others.

Keywords: Indigestion, Metabolic disorders, *Ajeerna*, *Langhanadi upakrama*, HTN, Hyperglycaemia

1. INTRODUCTION

Amajeerna is one of the most important treatable diseases [1]. In this present situation the improper administration of the diet and erratic lifestyle are the main causes of imbalance of *agni* [2] and that disturbed *agni* is the primary cause of the various diseases [3, 4, 5] and it also causes *ama* formation [6]. The analysis of *ama* is one of the most important factors in *Ayurveda*. The *ama* is partially or fully indigested food material which affects the *dosha*, *dushya* and *srota* and form the challenging situations [7]. The *ajeerna* itself is a dangerous disease and its complication can be life threatening. It should be treated carefully.

Ajeerna is broadly classified into three, these are *kapha dosha* predominant *amajeerna*, *pitta dosha* predominant *vidagdhaajeerna* and *vata dosha* predominant *vistabdhaajeerna*. Other types are *rasaseshajeerna dinapaki ajeerna*, *prativasara ajeerna* or *dinapaki ajeerna*. As per the complain of the patient, the *ajeerna (amajeerna)* with manifestation of *ama* was diagnosed. The *chikitsa Siddhanta* were incorporated from our classics. In *Astanga Hriday sutrasthana*, the *lakshan* (sign and symptoms) of *amajeerna* includes *guruta* (heaviness of the body), *utkleda* (excessive salivation) *akshisopha* (swelling of the orbit of eye), *gandasopha* (facial

puffiness), *yathabhukta udgara* (foul belching). The treatment principle described in the same chapter and it is mainly *langhan* (mainly diet which is easily digestible) [8].

The aims and objective of that study was authentic ayurvedic diagnosis and treatment in the indigestion and prevent many metabolic diseases.

2. MATERIAL AND METHODES

2.1 Patients information

A 35 years old male patient came to our clinic. This patient complaints of severe indigestion, anorexia, and general weakness from last 5-6 months associated with Heaviness of the body, nausea, foul belching, excessive salivation during whole day, lethargy in work, Swelling over Cheeks and eyes, occasional pain in abdomen.

2.2 History of past illness

No significant and co morbidities were found.

2.3 Personal history

Occupation – Officer at IT sector.

Appetite- Decreased.

Addiction – Smoking, occasionally alcohol intake.

Allergy – No such history.

Gait- Normal.

Marital status – Married.

2.4 On examination

Pulse Rate: 89 BPM

Body Wt: 89kg

Blood pressure: 130/ 90 mm of Hg.

Height: 178cm

Respiration Rate: 22/min

BMI: 28.1 kg/ m²

Temperature: Afebrile

Respiratory System: NAD

GIT System: Liver was palpable, no other abnormality was detected.

Cardiovascular System: NAD

CNS: NAD

Motor System: NAD

Sensory System: NAD

2.5 Astavidha pariksha

NADI- Dwandaja Prakriti (Pitta-Sleshmanwita)

MUTRA – 8-12 times/day, mild dark yellowish in nature.

MALA-Irregular

JIHWHA- Picchila.

SHABDA- Guru and Hoarseness of Voice.

DRIK- Akshi sophia.

AKRITI- Madhyam.

2.5 Dashavidha Pariksha

• Prakriti: Pitta-Kapha

• Vikriti:

□ Hetu:

- ❖ Aharaja Hetu: Atyambu pana, Vishamasana, Asatmya Bhojana,

Guru-Vishtambhi- Shita adi Ati Sevana.

❖ Viharaja Hetu: Vega Dharana, Swapna Viparyay, Ratri Jagaran

❖ Manashika Hetu: Chinta, Bhay, Adhyashan

□ Dosh:

❖ Kapha Pradhan Tridosha

□ Dushya:

□ Prakriti: Vikara Prakriti:

❖ Agni: Jatharagni Avruta

❖ Aam: Ahara Rasa Gata and Rasagata Saam Dosh

□ Desha (Adhisthan):

❖ Amashay, Pakwashay

❖ Srotadushti: Annavaha Srotas (Nidan: Atimatra Bhojan, Ahit Bhojan, Akal Bhojan), Pranvaha Srotas (Adharaniya Vega Dharan)

❖ Srotadushti Prakriti: Sangatmak, vimarga Gaman

□ Kaal: Kapha Kale Prakupitah

□ Bala: Madhyam

2.6 Chikitsa Upaya

1. Nidan parivarjan.

2. Langhan chikitsa Siddhanta for amajeerna.

3.OBSERVATION AND RESULT

The assessment was done according to the **Table 1 and 2.**

The result is shown in **Table 3.**

Table 1

PRESENCE OF <i>JEERNA AHARA LAKSHAN</i>
<i>UDGARA SUDDHI</i> (PURE BELCHING)
<i>UTSAHA</i> (ENTHUSIASM)
<i>YATHACHITA VEGA UTSARGA</i> (ADEQUATE EXPULSION OF NATURAL URGES)
<i>LAGHUTA</i> (LIGHTNESS OF THE BODY)
<i>KSHUT</i> (ADEQUATE HUNGER)
<i>PIPASA</i> (ADEQUATE THRUST)

Table 2

ABSENCE OF THESE <i>SAMA MALA LAKSHAN</i>
<i>SROTARODHA</i> (OCCLUSION OF THE <i>SROTA</i>)
<i>BALABHRAMSA</i> (WEAKNESS)
<i>GOURAVA</i> (HEAVINESS)
<i>ANILA MUDATA</i> (DISTURBED FUNCTIONS OF <i>VAYU</i>)
<i>ALASYA</i> (LATHERGY)
<i>APAKTI</i> (INDIGESTION)
<i>NISTHIVA</i> (EXCESSIVE SALIVATION)
<i>MALASANGA</i> (PROBLEMATIC EXPULSION OF <i>MALA</i>)
<i>ARUCHI</i> (ANOREXIA)
<i>KLAMA</i> (MENTAL FATIGUE)

Table 3

Visit	<i>Jeernahara lakshan</i>	<i>Sama mala lakshan</i>
1 st	(-) (-) (-)	(+) (+)
2 nd	(+) (+)	(-)
3 rd	(+) (+)	(-) (-)

4. DISCUSSION

Langhan chikitsa includes [9]

a) *chatusprakar samsuddhi* (four types of purification therapy). But here it was not applied as the condition was not in *bahu dosa avastha* (not severely manifested *dosa*).

b) *Pipasa vega nigraha* (suppression of the thirst). Here only *arogyambu* [10] was directed during thirst.

c) *Nivata sevana* – The patient was asked to stay far from direct air.

d) *Atapa sevana* – The patient was directed to get exposed to the Sunlight at early morning.

e) *Pachan karma* by *Chaturashan churna*. Here *chaturashan* was selected purposefully

because ingredients are the drugs of *ahara varga*. In *ama* manifested condition, as the *agni* remains in disturbed condition so it is contraindicated to use the medicine. But being the member of *ahara varga* and with *agni dipaniya* property *chaturashan* was administered.

f) *Upavasa* – Mainly light diet was directed.

g) *Vyama -Chankraman* (morning walk).

In this *ajeerna* condition associated with *ama*, *Langhan chikitsa* works beautifully. It includes light diet so mainly *aharaja nidana* cannot get more vitiated and further *ama* production got arrested. The *Pachan karma* acts as *ampachan* and *agnidipak* drugs along

with *vyama*¹¹ can reestablish the *agni*. *Vyama* also causes *dosha kshay* [11]. As soon as *agni* become robust and aggravated *dosha* remains in homeostatic condition, all the complain about indigestion were subsided and all the physiological functions become smooth.

5. CONCLUSION

From this case, it can be concluded that the indigestion and its complications can be treated successfully with authentic *Ayurveda* and by this we can prevent various types of metabolic disorders. However, it is a single case study; hence to prove its efficacy, there is a definite need to apply this treatment protocol in a large scale.

6. ACKNOWLEDGEMENT

None

7. AUTHORS' CONTRIBUTION

All the authors contributed equally in designing and execution of the article.

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9. ETHICAL APPROVAL

This study does not require ethical clearance as it is a case study.

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