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Ayurvedic Management Of Duodenal Ulcer: A Clinical Case Study

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ABSTRACT

Duodenal ulcer, a type of peptic ulcer disease, is characterized by an open sore in the lining of the duodenum—the first part of the small intestine—primarily caused by excessive gastric acid secretion, *Helicobacter pylori* infection, or prolonged use of NSAIDs, leading to symptoms such as epigastric pain, acidity, and indigestion. This case study evaluates the integrative management of a 31-year-old male patient diagnosed with a duodenal ulcer, who presented to Jeena Sikho Lifecare Limited Hospital, Ambala, Haryana, India with chief complaints of gastritis and hyperacidity persisting for over five years. The patient had a history of alcohol consumption and exhibited elevated bilirubin levels upon initial evaluation. A holistic *Ayurvedic* treatment protocol was initiated, which included classical *Ayurvedic* formulations for their cooling and demulcent effects. A strict *Pitta-shamana* diet was also advised. After *Ayurvedic* intervention, the patient reported significant symptomatic relief, including the resolution of gastritis and hyperacidity. Objective findings supported clinical improvement, with total bilirubin decreasing from 1.58 mg/dL to 0.98 mg/dL and corresponding improvements in direct and conjugated bilirubin levels, indicating better hepatic function. USG findings also demonstrated abdominal improvement. This case highlights the potential of *Ayurvedic* therapies in managing duodenal ulcers effectively. While results are promising, further large-scale and controlled studies are necessary to validate these outcomes and standardize treatment protocols.

Introduction

Duodenal ulcers are a subtype of peptic ulcer disease (PUD), characterized by mucosal erosion in the lining of the duodenum. They are primarily caused by *Helicobacter pylori* infection and are often aggravated by nonsteroidal anti-inflammatory drugs (NSAIDs), smoking, stress, and poor dietary habits^[1,2]. Clinical symptoms include epigastric pain relieved by food, bloating, nausea, and, in severe cases,

gastrointestinal bleeding.^[3] Diagnosis typically involves upper gastrointestinal endoscopy and detection of *H. pylori*.^[4]

Several studies have explored both modern and *Ayurvedic* management of duodenal ulcers. Classical *Ayurvedic* formulations such as *Taramanduram* and *Samudradya Churna* have demonstrated anti-ulcer and gut-protective effects in animal models.^[5,6] Clinical and experimental research has also shown that *Ayurvedic* medicines like

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Asparagus racemosus and *Aloe barbadensis* promote mucosal healing and reduce inflammation (Roy et al., 2012).

[7] Polyherbal preparations such as *Gunma Kudori Mezugu* and *Eladi Churna* were found to enhance the mucosal barrier and reduce ulceration. [8]

Contemporary treatment strategies for duodenal ulcers focus on the eradication of *H. pylori* using antibiotics, along with proton pump inhibitors (PPIs) to suppress gastric acid secretion. Dietary and lifestyle modifications are also key components. Despite the efficacy of these treatments, recurrence and side effects are common, prompting interest in complementary therapies. Recent advancements highlight the role of gut microbiota, immune response modulation, and mucosal protection as important factors in comprehensive ulcer management. [3,4]

In *Ayurveda*, duodenal ulcers are closely linked to *Amlapitta*, a condition caused by *Pitta dosha* aggravation, often alongside *Vata* and *Kapha*. According to the *Tridosha* theory, ulceration is the result of an imbalance in digestive fire (*Agni*) and dysfunction of the *Pittadhara Kala*, which corresponds anatomically to the duodenal mucosa. [6,9,10] Management involves restoring *doshic* balance, protecting the mucosal lining, and normalizing acid secretion. The *samprapti ghatak* [11] of this case is mentioned in Fig 1.

Fig 1 The *samprapti ghatak* of this case



Table 2 The *Ashta-vidh pariksha* during the visits

Parameter	09-07-2024	14-08-2024	25-09-2024	03-02-2025
Naadi	<i>Vataj Pittaj</i>	<i>Vataj Pittaj</i>	<i>Vataj Kaphaj</i>	<i>Vataj Kaphaj</i>
Mala	<i>Avikrit</i>	<i>Avikrit</i>	<i>Avikrit</i>	<i>Avikrit</i>
Mutra	<i>Ushna</i>	<i>Ushna</i>	<i>Prakrita</i>	<i>Prakrita</i>
Jiwha	<i>Aamlipt</i>	<i>Aamlipt</i>	<i>Aamlipt</i>	<i>Avikrit</i>
Shabda	<i>Spashta</i>	<i>Spashta</i>	<i>Spashta</i>	<i>Spashta</i>
Sparsha	<i>Anushma sheeta</i>	<i>Anushma sheeta</i>	<i>Anushma sheeta</i>	<i>Anushma sheeta</i>
Drika	<i>Avikrit</i>	<i>Avikrit</i>	<i>Avikrit</i>	<i>Avikrit</i>
Akriti	<i>Madhyam</i>	<i>Madhyam</i>	<i>Madhyam</i>	<i>Madhyam</i>

Ayurvedic herbs like *Asparagus racemosus* (*Shatavari*), *Glycyrrhiza glabra* (*Yashtimadhu*), *Aloe barbadensis* (*Kumari*), and *Embllica officinalis* (*Amalaki*) are used for their cooling and demulcent properties. [12] Additionally, *Panchakarma* therapies like *Virechana* and *Shirodhara* are employed to eliminate excess *Pitta* and manage stress-related components of the disease. A *Pitta*-pacifying diet—featuring cooling, sweet, and unctuous foods—is advised while avoiding spicy, sour, and fried items. This study explores the combined impact of *Ayurvedic* interventions and conventional treatments in a 31-year-old Duodenum ulcer.

CASE REPORT

A 31-year-old male visited Jeena Sikho Lifecare Limited Hospital, Ambala, Haryana, India, on July 09,2024 was diagnosed with Duodenum ulcer. He came with the chief complaints of gastritis and hyperacidity for about 5 years. His evaluation included a thorough medical history, physical examination, and diagnostics. The patient had a history of alcohol consumption. A detailed assessment of his vital signs during the visits, is outlined in **Table 1**. The *Ashta-vidh pariksha* during the visits are mentioned in **Table 2**. The laboratory investigations during the treatment period is mentioned in **Table 3**.

Table 1 Vitals during the initial examination on the visits

Date	Blood Pressure	Weight
09-07-2024	130/70 mm of Hg	91 Kg
14-08-2024	120/60 mm of Hg	87.9 Kg
25-09-2024	110/60 mm of Hg	86.5 Kg
03-02-2025	130/70 mm of Hg	88.6 Kg

Table 3 The laboratory investigations during the treatment period

Parameter	Findings			
Date	02-07-2024	31-07-2024	10-08-2024	16-12-2025
Haemoglobin	14.5 gm/dL	-	14.5 gm/dL	14.8 gm/dL
HbA1c	5.1%	-	5.20%	4.7%
Average Blood Glucose	99.67 mg/dL	-	102.54 mg/dL	88.19 mg/dL
Total Bilirubin	1.58 mg/dl	1.25 mg/dl	0.88 mg/dl	0.65 mg/dl
Bilirubin Direct	0.88 mg/dL	0.39 mg/dL	0.34 mg/dL	0.29 mg/dL
Bilirubin Conjugated	0.70 mg/dL	0.86 mg/dL	0.54 mg/dL	0.36 mg/dL
Total Protein	7.47 gm/dL	7.49 gm/dL	6.72 gm/dL	7.31 gm/dL
Serum Albumin	4.41 mg/dL	4.98 mg/dL	4.29 mg/dL	4.70 mg/dL
SGOT	52.88 U/L	22.60 U/L	29.68 U/L	25.07 U/L
SGPT	44.91 U/L	22.75 U/L	23.61 U/L	24.05 U/L
Alkaline Phosphatase	88.59 IU/L	68.6 IU/L	83.37 U/L	71.10 U/L
Total Cholesterol	161.4 mg/dL	-	136.47 mg/dL	118.2 mg/dL
Triglyceride	111.2 mg/dl	-	125.42 mg/dl	53.5 mg/dl
TC/HDL	3.09	-	-	2.38
LDL/HDL	1.66	-	1.05	1.17
Total Lipid	347.08 mg/dl	-	-	232 mg/dl
25-OH Vitamin D	24.60 ng/ml	-	19.81 ng/ml	24.30 ng/ml
FBS	117.5 mg/dl	-	105.70 mg/dl	-
Vitamin B12	452.30 pg/ml	-	256.00 pg/ml	305.40 pg/ml

An accurately designed *Ayurvedic* Diet was provided to the patient to complement the *Ayurvedic* treatments administered for Duodenal ulcer ^[13]:

Treatment Plan

I. Diet Plan:

Dietary Guidelines from Jeena Sikho Lifecare Limited Hospital:

Pathya:

When eating solid foods, take small bites and chew each bite 32 times.

Use steaming to make food light yet digestible.

Incorporate herbal tea including coriander, cumin, and fennel (CCF tea) to support digestion.

Apathya:

Avoid *Ushna* (hot/spicy), *Tikshna* (sharp), *Amla* (sour), and *Katu* (pungent) *Rasas*

Wheat, refined foods, dairy, coffee, tea, and packaged foods. Eating after 8 PM.

Hydration:

Sip Lukewarm Water throughout the day infused with fennel, coriander, cumin seeds

Drink Coconut Water moderately and lukewarm herbal tea. The daily routine includes sipping 2 liters of hot water throughout the day and consuming DAP tea twice. To prepare 750 ml of DAP tea, combine 2 cloves, 5 cardamom pods, 25 black pepper seeds, 2 small cinnamon sticks, and a

spoon of fennel seeds, with continuous hot water.

Meal Timing and Structure:

Early Morning (5:45 AM): Intake Lukewarm water.

Breakfast (9:00 AM): Have steamed fruits (Weight x 5 grams) and a fermented millet shake.

Lunch (12:30 PM - 2:00 PM): Plate 1: steamed vegetables (Weight x 10 grams) and Plate 2: parboiled millets with coconut water and Living water.

Evening Snacks: Thin barley water with a few fennel seeds boiled in

Dinner (6:00 PM): Plate 1: steamed vegetables salad (Weight x 10 grams); Plate 2: fermented millets with five different leaves (*Dhania*, *Pudina*, *Peepal*, *Kari Patta*, and *Tulsi*), which can be prepared in chutney form

Fasting:

It is recommended to fast once a week with coconut water.

Special Instructions:

Sit in sunlight for 1-hour morning and evening with foot soaked in lukewarm water as chanting *LUM*, *VUM*, *RUM*, *YUM*, *HUM*, *OM* and *AUM* with fingers in *gyan mudra* position.

Offer thanks to the divine before eating or drinking.

II. Lifestyle Recommendations

1. Include meditation as a method for relieving stress.
2. Practice Yoga (*Sukhasana* and *Sukshma Pranayama*) 40 minutes daily.
3. Aim for 6-8 hours of restful sleep each night.
4. Follow a structured daily routine to maintain balance and organization in your life.

Medicinal Interventions

The *Ayurvedic* treatment employed in this case included Dr. Shuddhi Powder, Sama vati, GIT Stimulator, Amal Pitt Har Powder, Yakrit Shoth Har Vati, Liver Tonic,

Mahashankh Vati and Pachan Vardhak Syrup. The medications prescribed for the patient during the treatment period is outlined in **Table 4**. The details of the medicines are described in **Table 5**.

Table 4. The Ayurvedic medications prescribed for the patient during the treatment

Date	Medicines	Dosage with <i>Anupana</i>
09-07-2024	Dr. Shuddhi Powder	Half a teaspoon HS (<i>Nishikala with koszna jala</i>)
	Sama Vati	1 TAB BD (<i>Adhobhakta with koszna jala</i>)
	G.I.T Stimulator Syrup	10 ml BD (<i>Adhobhakta with sama matra koszna jala</i>)
14-08-2024	Amal Pitt Har Powder	Half a teaspoon BD (<i>Adhobhakta with koszna jala</i>)
	Sama Vati	1 TAB BD (<i>Adhobhakta with koszna jala</i>)
	Yakrit Shoth Har Vati	2 TAB BD (<i>Adhobhakta with koszna jala</i>)
	Liver Tonic	10 ml BD (<i>Adhobhakta with sama matra koszna jala</i>)
25-09-2024	Mahashankh Vati	2 TAB BD (<i>Adhobhakta with koszna jala</i>)
	Sama Vati	1 TAB BD (<i>Adhobhakta with koszna jala</i>)
	Yakrit Shoth Har Vati	2 TAB BD (<i>Adhobhakta with koszna jala</i>)
	Pachan Vardhak Tonic	10 ml BD (<i>Adhobhakta with sama matra koszna jala</i>)
03-02-2025	Mahashankh Vati	2 TAB BD (<i>Adhobhakta with koszna jala</i>)
	Sama Vati	1 TAB BD (<i>Adhobhakta with koszna jala</i>)
	Yakrit Shoth Har Vati	2 TAB BD (<i>Adhobhakta with koszna jala</i>)
	Pachan Vardhak Tonic	10 ml BD (<i>Adhobhakta with sama matra koszna jala</i>)

RESULT

Effectiveness of Ayurvedic Treatments: After 8 months of the treatment, the patient experienced noteworthy development in symptoms, which denotes the interventions used in the study are effective against Duodenum ulcer. The conditions of the patient before and after the treatment is mentioned in **Table 6**.

Table 6. The conditions of the patient before and after the treatment

Conditions during First visit	Condition after Treatment
Gastritis	Mild relief
Hyperacidity	Relief
UTI	Relief

The whole abdomen USG reports during the treatment period is tabulated in **Table 7**. The figures of the USG scan reports are attached as **Fig 2**.

Table 7 The whole abdomen USG reports during the treatment period

Date	Report	Impression
18-08-2020	The liver measured 135mm, normal size and increased echotexture, gall bladder patially distended with normal wall thickness	Grade 1 fatty liver
08-08-2024	the liver showed minimal fatty change and gall bladder well visualized and normal	No significant abnormality seen except minimal fatty change

Implications for Future Research

This study focused on a Duodenum ulcer, yielding promising results. However, due to the small sample size,

further research with randomized controlled trials and larger cohorts is needed to confirm the safety, efficacy, and reliability of integrated *Ayurvedic* treatments, helping to establish standardized therapeutic guidelines.

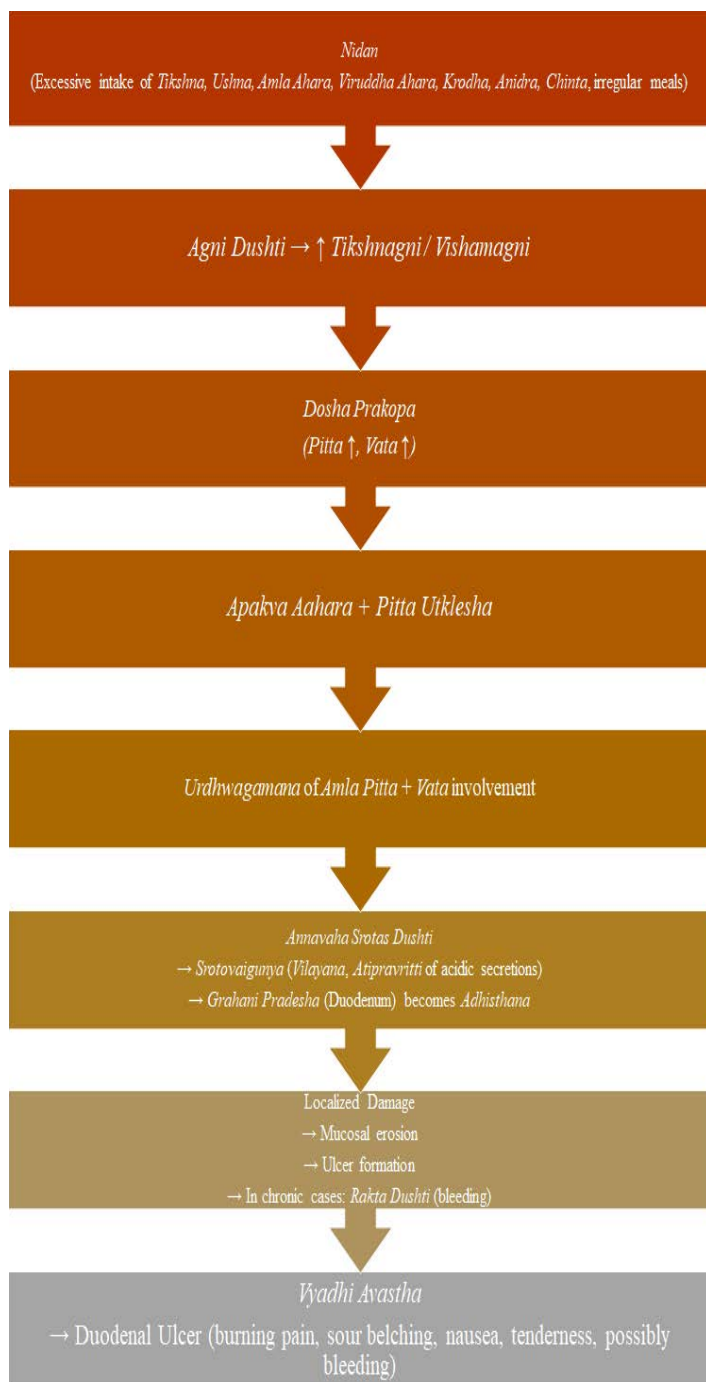
Table 5. The details of the Ayurvedic medicines

Medicine Name	Ingredients	Therapeutic Effects
Dr. Shuddhi Powder	Trikatu , Triphala , Nagarmotha (<i>Cyperus rotundus</i>), Vayavidang (<i>Embelia ribes</i>), Chhoti Elaichi (<i>Elettaria cardamomum</i>), Tej Patta (<i>Cinnamomum tamala</i>), Laung (<i>Syzygium aromaticum</i>), Nisoeth (<i>Operculina turpethum</i>), Sendha Namak , Dhaniya (<i>Coriandrum sativum</i>), Pipla Mool (<i>Piper longum</i> root), Jeera (<i>Cuminum cyminum</i>), Nagkesar (<i>Mesua ferrea</i>), Amarvati (<i>Achyranthes aspera</i>), Anardana (<i>Punica granatum</i>), Badi Elaichi (<i>Amomum subulatum</i>), Hing (<i>Ferula assafoetida</i>), Kachnar (<i>Bauhinia variegata</i>), Ajmod (<i>Trachyspermum ammi</i>), Sajjikshar , Pushkarmool (<i>Inula racemosa</i>), Mishri (<i>Saccharum officinarum</i>)	Used for detoxification
Sama vati	Gokshur (<i>Tribulus terrestris</i>), Kaunch (<i>Mucuna pruriens</i>), Shatawar (<i>Asparagus racemosus</i>), Ashwagandha (<i>Withania somnifera</i>), Vidarikand (<i>Pueraria tuberosa</i>), Beej Band Lal (<i>Sida cordifolia</i>), Akarkara (<i>Anacyclus pyrethrum</i>), Talmakhana (<i>Hygrophila auriculata</i>), Musli (<i>Chlorophytum borivilianum</i>), Aawla (<i>Embllica officinalis</i>), Sonth (<i>Zingiber officinale</i>), Jaiphal (<i>Myristica fragrans</i>), Swarn Makshik (<i>Chalcopryrite</i>), Shilajeet Shuddh (<i>Asphaltum punjabianum</i>).	Assist the regular function of the cardiovascular system, enhance digestion and improves immunity
GIT Stimulator	Usirasava , kutjarishtha , pipalyasava and abhayarishta	Improves Metabolism and Appetite and improves immunity
Amal Pitt Har Powder	Shunti (<i>Zingiber officinale</i>), Maricha (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Amalki (<i>Phyllanthus emblica</i>), Bibhitak (<i>Terminalia belerica</i>), Haritaki (<i>Terminalia chebula</i>), Musta (<i>Cyperus rotundus</i>), Sulshmaila (<i>Sida cordifolia</i>), Tvak patra (<i>Cinnamomum verum</i>), Vidanga (<i>Embelia ribes</i>), Bid lavana (<i>Sodium chloride</i>), Lavanga (<i>Syzygium aromaticum</i>), Trivita (<i>Tribulus terrestris</i>), Sharkara (<i>Saccharum officinarum</i>).	Relieves gastric issues
Yakrit Shoth Har Vati	Punarnava (<i>Boerhavia diffusa</i>), Kalimirsch (<i>Piper nigrum</i>), Pippali (<i>Piper longum</i>), Vayavidanga (<i>Embelia ribes</i>), Devdaru (<i>Cedrus deodara</i>), Kutha Haldi (<i>Picrorhiza kurroa</i>), Chitrak (<i>Plumbago zeylanica</i>), Harad (<i>Terminalia chebula</i>), Bahera (<i>Terminalia chebula</i> , <i>Terminalia bellirica</i>), Amla (<i>Embllica officinalis</i>), Danti (<i>Baliospermum montanum</i>), Chavya (<i>Piper chaba</i>), Indra Jon (<i>Taraxacum officinale</i>), Pippala Mool (<i>Piper longum</i>), Motha Kalajira (<i>Nigella sativa</i>), Kayphal (<i>Myrica esculenta</i>), Kutaki (<i>Picrorhiza kurroa</i>), Nisoeth (<i>Operculina turpethum</i>), Saunth (<i>Zingiber officinale</i>), Kakd Singhi (<i>Cucumis sativus</i>), Ajwain (<i>Trachyspermum ammi</i>), Mandoor Bhasm (<i>Ferrum</i>).	Helps in better liver function ,Strengthen digestion process and Helps in Detoxification, Deepan and pachan
Liver Tonic	Drakshasava , Jirkadhyarishta , Punarnavarishta , Rohitakarishtha and Mustakarishtha	Deepan and pachan
Mahashankh Vati	Pippali (<i>Piper longum</i>), Chitrak (<i>Plumbago zeylanica</i>), Danti (<i>Baliospermum montanum</i>), Shuddh Parad (<i>Hydrargyrum</i>), Shuddh Gandhak (<i>Sulphur purificatum</i>), Peepal (<i>Ficus religiosa</i>), Swarjika (<i>Potassium carbonate</i>), Tankan (<i>Sodium biborate</i>), Sendha Namak (<i>Halite</i>), Kala Namak (<i>Black salt – contains sulfur compounds</i>), Manihari Namak , Samunder Namak (<i>Sea salt</i>), Sambhar Namak (<i>Mixture of various salts</i>), Kali Mirch (<i>Piper nigrum</i>), Saunth (<i>Zingiber officinale</i>), Vatsanabha (<i>Aconitum ferox</i>), Ajwain (<i>Trachyspermum ammi</i>), Harar Chooti (<i>Terminalia chebula</i>), Hing (<i>Ferula assa-foetida</i>), Imli (<i>Tamarindus indica</i>), Yavk (<i>Hordeum vulgare</i>), Shankh (<i>Conch shell – mainly calcium carbonate</i>).	Helps in digestion and increase gut health
Pachan Vardhak Syrup	Suta , Chaal (<i>Holarrhena antidysenterica</i>), Jshir (<i>Vetiveria zizanioides</i>), Manaka Mlis Veriler , Malus , Madhura longa , Kali Mirch (<i>Piper nigrum</i>), Haldi (<i>Curcuma longa</i>), Chitrak (<i>Plumbago indica</i>), Nagarmotha (<i>Cyperus rotundus</i>), Vidang , Lal Superi , Isthes , Sempitens Nicemoss , Patte (<i>Desampelos paniculata</i>), Amis (<i>Thylamhus embliaceae</i>), Kuth (<i>Saussurea lappa</i>), Laung (<i>Syzygium aromaticum</i>), Tagar (<i>Valeriana wallichii</i>), Jatamansi (<i>Nardostachys jatamansi</i>), Dalchini (<i>Cinnamomum verum</i>), Badi Elachi (<i>Amomum subulatum</i>), Tejpatra (<i>Cinnamomum tamala</i>), Priyangu (<i>Callicarpa macrophylla</i>), Nagkesar (<i>Mesua ferrea</i>), Sugandha Bula (<i>Valeriana wallichii</i>), Kamal (<i>Nelumbo nucifera</i>), Gambhar (<i>Gmelina arborea</i>), Nisot (<i>Operculina turpethum</i>), Marjistha (<i>Rubia cordifolia</i>), Chiraita (<i>Swertia chirata</i>), Badi Chaal (<i>Berghausts</i>), Kachu (<i>Satizima</i>), Patolpatra (<i>Trichosanthes dioica</i>), Pithaca (<i>Umaria indica</i>), Kachar Barua (<i>Vangara</i>), and Matka (<i>Madhuca indica</i>).	Improve digestion and maintain a healthy gut.

DISCUSSION

Ayurvedic treatment for **Duodenum ulcer** offers a viable substitute for conventional medical methods. This case study describes the application of several Ayurvedic treatments to a 31-year-old man who has been diagnosed with **Duodenum ulcer**. During his 8 months of Ayurvedic medications the patient become well oriented and symptomatically relieved. The *samprapti* ^[14,15] of this case study is illustrated in **Fig 3**.

Fig 3 The *samprapti* of this case study



Duodenal ulcer, from an Ayurvedic perspective, primarily involves the vitiation of *Pitta dosha*, with secondary aggravation of *Vata dosha*, particularly in chronic cases. The

Tikshnagni (intensely sharp digestive fire) caused by factors such as *Ushna* (hot), *Tikshna* (sharp), *Amla* (sour) foods, and mental stress, leads to excessive acid secretion. This hyperactive *Agni* disturbs the *Annavaha Srotas* (digestive tract), particularly at the *Grahani Pradesh* (region around the duodenum), resulting in *srotovaigunya* like *Atipravritti* (excess flow), *Vilayana* (mucosal erosion), and in chronic stages, *Sanga* (blockage). The affected *Dushyas* include *Rasa*, *Rakta*, *Mamsa*, and *Annarasa*. In some chronic or complicated cases, *Ama* (toxic undigested material) is also involved. The *Roga Marga* is *Abhyantara*, and the condition is *Chirakari* in nature—meaning relapsing and slow to heal.

In this context, the selected formulations aim to disrupt the disease process (*Samprapti Vighatana*). Dr. Shuddhi Powder plays a vital role by promoting *Mridu Virechana* (mild purgation), helping in *Ama Nirharana* and *Agni shuddhi*, and clearing the *Srotas*. Sama Vati stabilizes the *Grahani* and pacifies both *Pitta* and *Vata*, helping to restore normal digestive function. GIT Stimulator acts as a mild *Deepana* (digestive fire enhancer) without further aggravating *Pitta*, thus improving metabolism while balancing *Samana Vata*. Amal Pitt Har Powder is specifically designed to counter *Tikshnagni* and *Pitta utklesha*, reducing acidity and burning sensation. Yakrit Shoth Har Vati and Liver Tonic support *Pittanulomana* and *Raktaprasadana* through liver detoxification and improved hepatic function, indirectly stabilizing *Agni*. *Mahashankh Vati*, being *Shoolahara* and *Grahani balya*, neutralizes excess acid and alleviates symptoms like abdominal pain, bloating, and sour belching. Pachan Vardhak Syrup acts as a general *Agnideepaka* and *Srotoshodhaka*, promoting healthy digestion and restoring normal *Annavaha srotas* functioning.

This case study highlights the potential benefits of combining traditional medical methods with Ayurvedic therapy for managing Duodenal ulcer. Ayurvedic treatments, offer a more accessible, cost-effective approach, addressing underlying imbalances that contribute to Duodenal ulcer. These therapies also help manage conditions like gastritis and hyperacidity. While promising, further research is needed to confirm the effectiveness, safety, and reliability of Ayurvedic treatments in Duodenal ulcer management.

CONCLUSION

This case study evaluating the treatment of Duodenal ulcer through Ayurvedic interventions yields the following findings:

Symptoms: Upon the first visit, the patient presented with gastritis and hyperacidity. After Ayurvedic treatment, significant improvements were observed. The patient reported relief from gastritis, with no new symptoms emerging, suggesting a marked improvement in Duodenal ulcer and overall health.

Vitals and Investigations: There was a notable reduction in gastritis and hyperacidity, reflecting positive changes in both lifestyle and diet. The total bilirubin rate fluctuated decreased from 1.58 mg/dL to 0.98 mg/dL, likewise direct and conjugated bilirubin were also decreased indicating enhanced liver function. The whole abdominal USG reports also showed improvement.

In summary, *Ayurvedic* therapies for Duodenal ulcer showed promising results, including improvements in laboratory test results, vital signs, and symptoms. The *Ayurvedic* treatments with prescription medications appears to reduce Duodenal ulcer, and improve overall health. However, further research through extensive, well-monitored clinical trials is needed to confirm these findings, establish standardized treatment protocols, and provide scientific evidence for *Ayurvedic* practices.

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Fig 2 The figures of the USG scan reports

PATIENT : [REDACTED]	BILL NO : 435693
AGE/SEX : 27 Years /Male	UHID : 94245
MOBILE NO : 9050086619	IP NO. :
ADDRESS : KAITHAL	Report Date : 12/08/2020 02:18:02 pm
Patient Type : OPD	

ULTRASOUND WHOLE ABDOMEN

LIVER—Measures 135mm,normal in size and increase echotexture(Grade I fatty liver)
No e/o of any focal lesion seen. IHR seen normal.
FV(8mm) and IVC seen normal.

Gall Bladder— seen partially distended with normal wall thickness.
No e/o of any cholelithiasis seen. **CBD** is seen normal.

PANCREAS—seen normal in size and echotexture. Pancreatic duct measures normal.

SPLEEN—measures 85mm normal in size and shape and echopattern.No focal lesion seen.
Splenic vessels seen normal.

RIGHT KIDNEY — 87 x 34mm
Normal in size ,shape and position.
Normal echogeneity with maintained corticomedullary differentiation.
No e/o of any calculi seen

LEFT KIDNEY — 98 x 47mm
Normal in size ,shape and position.
Normal-echoenecity with maintained corticomedullary differentiation.
No e/o of any calculi seen.

URINARY BLADDER—partially filled.

PROSTATE —24 gm normal size and shape.

Bowel loops are seen grossly normal.
No e/o of any free fluid collection seen in peritoneal or pleural cavity.

IMPRESSION:-
Grade I fatty liver

Dr. RAJESH RAWAL, MBBS, MD
CONSULTANT RADIOLOGIST

NOT VALID MEDICOLEGAL PURPOSES

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Page 1 of 2

Patient's Name: [REDACTED]

No. Of Prints Enclosed-3

Self ref

Date 08.08.2024

ULTRASOUND FOR WHOLE ABDOMEN

Liver shows minimal fatty change. No focal lesion is seen.

CBD and biliary radicals are not dilated.

GB is well visualised. Wall thickness is normal.

NO calculus or mass is seen.

Spleen and pancreas are sonographically normal.

No peritoneal collection seen. No inflamed appendix localised.

Both the kidneys are normal in size, shape and outlines.

Occasional concretion seen in right kidney. Cortical echogenicity normal on

both the sides. No calculus or hydronephrosis seen on either side.

No calculus seen in visible portions of ureters.

Urinary bladder is normal in capacity and wall thickness.

NO calculus or mass is seen.

Prostate is normal in weight and echopattern. No focal lesion is seen.

IMP: No Significant Abnormality Seen except Minimal Fatty Change -Liver.

DR. CHETNA SHARMA (Sonologist)

Report prepared by:- Mohit

DR. NALIN SHARMA (Radiologist)