

Effect of *Vamanadhauti* Along with Diet and Lifestyle Modification as per *Ayurveda* in *Ajeerna* w.s.r. Dyspepsia—A Case Study

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Abstract

In the present era, Ajeerna is a very common health issue and has resemblance with dyspepsia. Ajeerna denotes improper functioning of Agni leading to a lot of other diseases. Unhealthy and sedentary lifestyle, increasing intake of fast food and faulty eating habits play important role in pathogenesis of Ajeerna. In the context of Ajeerna, Sadyovamana Chikitsa is described which can be correlated with a Yogic cleansing procedure—Vamanadhauti. Vamanadhauti mainly acts on Amashaya, removes impurities from it and improves digestion power. The aim of the present study was to evaluate the effect of Vamanadhauti along with diet and lifestyle modification in the management of Ajeerna. In the present case study, a 24-year-old female reported at the outpatient department of Swasthavritta with symptoms such as pain in epigastric region, discomfort, bloating and heaviness in abdomen; associated with early satiety, feeling of stickiness in oral cavity, headache, nausea and occasionally 1–2 times vomiting/week over the period of last three years. The patient had habits such as late night sleeping, day-sleep, lack of physical activities etc. since four years before the onset of symptoms. After clinical evaluation, the patient under study was subjected to Vamanadhauti (twice a week for three weeks) along with diet and lifestyle modification as per the guidelines of Ayurveda. Conventionally, therapies such as antacids, antiemetics, acid suppression therapy, prokinetic drugs etc. are available for dyspepsia, but they can provide only temporary relief and are not so much cost effective. Hence, drugless management was planned in the present case. It was found to be promising and showed a marked improvement in the condition of patient through reduction in symptom score and betterment in the score of WHOQOL-BRIEF from 68.27 to 81.4.

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INTRODUCTION

The science of *Ayurveda* believes that one should first think about the status of digestion before waking up, which shows the importance of proper digestion [1]. Digestive abnormalities are the most commonly occurring problems which may lead to serious health issues and even fatal, if not taken care properly. Almost all the classics of *Ayurveda* have discussed about the *Ajeerna* with all its detail. It is referred as '*Ghora Vyadhi*', *Ghora* means which is difficult to cure and may cause untimely death, also [2].

Ahara has been given prime importance since Vedic period. It is considered as '*Brahma*' in '*Taittireeya Upanishat*' and '*Mahabhaishhya*' in

Kashyapa Samhita. Acharya Kashyapa said that no medicine is equivalent to food and it is possible to make a person disease free just by giving proper diet [3]. Diet and lifestyle are the key factors in health, as well as causation and management of any disease. *Ahara* can nurture *Deha*, *Dhatus*, *Ojas* etc. only when it has been properly processed by *Agni* [4]. Digestion of food (*Aahaara-Pachana*) is a complex phenomenon that requires exact and accurate conglomeration of so many factors, which according to *Ayurvedic* ideology include the quality of food, codes and conducts of food consumption, *Ahara Parinamakara Bhava*, etc. It is stated that one should first think about the status of digestion as soon as one wakes up, which shows the importance of proper digestion. The life of human beings depends on the proper functioning of *Agni* [5]. Alleviation and aggravation of all *Doshas* are dependent upon *Agni*. Therefore, it is always necessary to maintain *Agni* and to avoid factors responsible for the vitiation of *Agni* [6]. If at any stage, the functioning of *Agni* is adversely affected, then it will lead to improper digestion and metabolism which will ultimately result in production of *Ama* and genesis of various disorders. Thus, right from the type of the food to the condition of consumer, *Agni* is predominant for proper digestion and metabolism of food. Incomplete digestion and metabolism due to disturbed digestive fire leads to formation of under processed state of food called *Ajeerna*. As per *Madhava Nidana*, it is the condition of incomplete state of digestion of ingested food due to *Mandagni* [7]. It is evidenced that change in diet pattern and lifestyle, can influence the condition of *Agni* in persons and health levels are decreasing in recent years.

In contemporary science, dyspepsia can be correlated with *Ajeerna* described in *Ayurvedic* science, as the symptoms of both are having similarity. The worldwide prevalence of dyspepsia is around 20–30% [8]. A study from India reported prevalence of dyspepsia to be 30.4% [9]. As per modern medical science, dyspepsia is a condition characterized by upper abdominal symptoms that may include pain or discomfort, bloating, feeling of unusual fullness after a meal, nausea, loss of appetite, heartburn, regurgitation of food or acid and belching.

Unhealthy and sedentary lifestyle, increasing intake of fast food and faulty eating habits play crucial role in pathogenesis of *Ajeerna*. According to *Madhava Nidana*, persons who consume food in improper quantity and/or in reckless manner like a '*Pashu*' (cattle) become prone for the development of *Ajeerna*. If *Ajeerna* is not treated initially, it can cause many other diseases which are difficult to cure. Some studies across the world suggest that dyspepsia is associated with a reduction in overall quality of life (QOL). It also causes considerable distress to the patient in terms of pain, anxiety, depression, and impairment of usual activity [10]. Dyspepsia is also associated with a substantial economic impact, absenteeism, and impaired work productivity, more in the urban regions than rural regions [11].

The classics of *Ayurveda*, describe brief treatment modality for every disease as *Nidana Parivarjana* (avoidance of etiological factors). Hence, for *Ajeerna* also, it would be the first principle of management. *Pathyapalana* (following wholesome diet and lifestyle) is the important aspect in planning treatment for any disease. *Vaidya Lolimbraj* in his book "*Vaidya-jeevanam*" has given a very important principal '*Pathya*' and stated that, there is no need of any medicine who duly follows the wholesome diet and habits (*Pathya-Palana*) [12]. Healthy lifestyle pattern and wholesome dietary habits are keys in the prevention and management of *Ajeerna*. In the context of *Ajeerna Chikitsa*, Acharya Sushruta has explained the *Sadyovamana* (instant induced vomiting) with *Kvoshna Lavanodaka* (lukewarm salted water), which can be correlated with the *Vamanadhauti* procedure.

Yoga practices are believed to be purifying the subtle channels of the body where *Shatkarmas* (six yogic cleansing/purificatory procedures) has been emphasised to do so in majority. Yoga is the science and art of healthy lifestyle with the purpose of purification and inner transformation. For this purpose, practice of *Shatkarmas* has been prescribed in *Hatha Yoga. Hathapradipika* [13] and *Gherandasamhita* [14] mentioned the *Shatkarmas* that consist of *Dhauti*, *Basti*, *Neti*, *Trataka*, *Lauliki*, *Kapalabhati* as the first limb of the *Ghatastha-Yoga* and described the purification (*Shodhana*) as the characteristic of *Shatkarma* [15].

The word 'Shat' means 'six' and 'Karma' means 'procedure' or 'action'. The *Shatkarmas* are also called *Shodhana Kriya*. The aim of *Hatha Yoga*, and therefore, of the *Shatkarmas* is to create harmony between the moon (*Ida*) and the Sun (*Pingala*), thereby attaining physical and mental purification and balance. According to *Hathapradipika*, *Shatkarmas* are prescribed for the purpose of purification specially when the body is marred by excess of *Meda* and *Shleshma Dosha*. They cannot be performed in the balanced state of the *Doshas* [16]. The *Shatkarmas* are also used to balance the three *Doshas* in the body—*Kapha*, *Pitta*, and *Vata*.

Dhauti is the first purificatory process mentioned in almost all Yogic classics and classified into four categories as per *Gheranda Samhita*—*Antardhauti*, *Dantadhauti*, *Hrididhauti*, and *Moolashodhana*. *Hrid Dhauti* is predominant one and further classified into three methods namely, *Danda* (stem), *Vamana* (water vomiting), and *Vastra* (cloth). It helps in the management of diseases of upper gastrointestinal tract and respiratory system [17]. *Vamandhauti* resorts to the process of vomiting to get rid of vitiated *Kapha* and *Pitta Doshas*. At the end of meal (*Bhojanante*), water is drunk upto the brim (*Aakantham*) and after looking upwards for a moment, water is expelled by vomiting [18]. It is described as *Gajakarni* in *Hathapradipika* [19] and also as *Kunjali Kriya* by some authors.

Vamanadhauti cleans the *Amashaya*, which is the prime seat of *Kapha* and *Ajeerna* is the disease caused due to vitiation of *Kapha-pradhana Tridoshas*. It can be correlated with *Sadyovamana Chikitsa* described in *Sushruta Samhita* in the context of *Ajeerna Chikitsa*.

Nidana (Etiological Factors) of Ajeerna [20]

1. *Atyambupana* (drinking large quantity of water);
2. *Vishamashana* (taking food either in large or small in quantity and at unusual times);
3. *Sandharana* (suppression of natural urges);
4. *Swapnaviparyaya* (loss of sleep at nights or sleeping during day);
5. *Irshya* (envy/jealousy);
6. *Bhaya* (fear);
7. *Krodha* (anger);
8. *Lubdhena* (covetousness/greediness);
9. *Shuka-Dainya* (sorrow/grief and misery);
10. *Pradweshayuktena Cha Sevyamanamannam* (taking food with jealousy).

Samprapti (Pathogenesis) of Ajeerna [21]

Indulgence in etiological factors vitiates *Agni*, resulting in failure of sequencive digestive processes, generating *Ama* (improperly digested *Rasa*) causing sourness, giving rise to endotoxins, producing pathological conditions in the gastrointestinal tract and giving rise to various diseases.

Lakshana (Symptoms) of Ajeerna [22]

The general signs and symptoms of *Ajeerna* described in *Charaka Samhita* are:

1. *Vishtambha* (statis of food/constipation);
2. *Sadanam* (langour);
3. *Shirsoruk* (headache);
4. *Murchha* (fainting);
5. *Bhrama* (giddiness);
6. *Prushtha-Kati Graha* (stiffness in upper and lower back region);
7. *Jrimbha* (yawning);
8. *Angamarda* (body ache);
9. *Trishna* (polydipsia);
10. *Jwara* (fever);
11. *Chhardi* (vomiting);
12. *Pravahanam* (tenesmus, diarrhoea);

13. *Arochaka* (dislike for food);
14. *Avipaka* (indigestion);
15. *Ghoram-Annavishama* (severe food poisoning).

Types of *Ajeerna*

In classics, *Ajeerna* is described as an individual disease or as a symptom of many diseases. According to involvement of *Dosha*, *Ajeerna* is divided into different types which are described in Table 1.

Table 1. Types of *Ajeerna* in different classics.

No.	Types	Su.S.	A.S.	A.H.	M.N.
1	<i>Amajeerna</i>	+	+	+	+
2	<i>Vidgdhajeerna</i>	+	+	+	+
3	<i>Vishtabhajeerna</i>	+	+	+	+
4	<i>Rasasheshajeerna</i>	+	-	+	+
5	<i>Dinapakijeerna</i>	-	-	-	+
6	<i>Prakrita Ajeerna</i>	-	-	-	+

AIM

To evaluate the effect of *Vamanadhauti* along with diet and lifestyle modification in the management of *Ajeerna*.

OBJECTIVES

1. To assess the role of *Pathyapalana* in the patient of *Ajeerna*.
2. To improve the QOL in the disease *Ajeerna*.

CASE HISTORY

A 24-year-old female patient reported to the outpatient department (OPD) of *Swasthavritta* Department, Institute of Teaching and Research in Ayurveda (ITRA), Jamnagar, India on 10th July, 2023 complaining of pain in epigastric region, abdominal discomfort, bloating and heaviness in abdomen; associated with early satiety, feeling of stickiness in oral cavity, headache, nausea and occasionally 1–2 times vomiting per week over the period of last three years.

The history of the patient disclosed:

1. Consumption of hot and spicy fast-food 4–5 times a week;
2. Untimely consumption of food;
3. Consumption of food at midnight;
4. Consumption of cold water-frozen foods such as ice cream, soda etc.;
5. Irregular and untimely sleep–wake cycle;
6. Day-sleep after meals;
7. Lack of any kind of exercise or physical activity.

Demographic Data

Patient's Name: X

Gender: Female

OPD No.: UG23****11

Occupation: Homemaker

Socioeconomic status: Upper-middle class

(As per Kuppaswamy's Socioeconomic Status Scale 2020)

Marital status: Married

Residential area: Urban (Jamnagar)

History of Present Illness (*Vartaman Vyadhi Vruttanta*)

According to the patient, she was all right before three years. Later, she started having complaints as described earlier. She opted for conventional medical treatment for the same and had symptomatic relief. But the complaints re-emerged as soon as the duration of the prescribed medication was over. Hence, she came to the ITRA hospital to have a solution for her problem through *Ayurvedic* management.

History of Past Illness (*Purva Vyadhi Vruttanta*)

No history of any past illness related to this disease was reported.

Treatment History (*Purva Chikitsa Vruttanta*)

The patient tried conventional medical treatment before presenting at the ITRA hospital, Jamnagar, India. The treatment received is tabulated in Table 2.

Table 2. Conventional medical treatment given to the patient prior to presentation.

S.No.	Name	Content	Dose and duration
1	Tab. Pepcid AC (20 mg)	Mainly Famotidine	1 OD for 15 days
2	Syrup. Gaviscon	Sodium alginate, Sodium bicarbonate, Calcium carbonate	2 tsp SOS

Family History (Kulavrutta): Not present.

Personal History (*Vaiyaktika Vruttanta*)

- *Mala:* One time in a day, hard stool, constipation occasionally
- *Mutra:* 5–6 times in a day
- *Kshudha:* Irregular
- *Nidra:* 5–6 h per night and 1–3 h per day. Bed time: 1.00–2.00 am, Wake-up time: 8.30 – 9.00 am
- *Vyasana:* Coffee (4–5 cups/day)

Anthropometric Measurements

- Height: 161 cm
- Weight: 55.5 kg
- Body mass index (BMI): 21.41
- Built: Moderate built and nourished

Vitals

- Blood pressure (BP): 134/82 mmHg
- Pulse: 72/min
- Temperature: 98.4 °F
- Respiratory rate: 18/min

General Examination

- Pallor: Absent
- Icterus: Absent
- Cyanosis: Absent
- Clubbing: Absent
- Lymph node: Non-palpable
- Oedema: Absent
- Conjunctiva: Normal
- Oral mucosa: Normal
- Tongue: Coated
- Mental disposition: *Kshobha* (irritation), *Krodha* (anger)

Systemic Examination

- Respiratory system (RS): Bilaterally Equal, Clear, No abnormality.
- Cardiovascular system (CVS): S1 S2 Normal, No abnormality.
- Central nervous system (CNS): Conscious and well oriented.

Per Abdomen Examination

- Inspection: Slightly distended, Bilaterally equal shaped.
- Umbilicus: Central and Inverted, Absence of visible pulsation, scars and striae.
- Auscultation-Bowel sound: Heard normally.
- Palpation: Non-tender in all quadrants, No palpable mass, No organomegaly.
- Percussion: Tympanic sound.

Laboratory Investigation

Table 3 shows the laboratory investigations of the present case before and after treatment. Details of *Dashavidha Pariksha* are given in Table 4.

Dashavidha Pariksha

Details of Dashavisha Pariksha (before and after treatment) is mentioned in Table 4.

Table 3. Laboratory investigations of the present case conducted before and after treatment.

	Before treatment (11.07.23)	After treatment (04.08.23)
Hb	12.5 g%	13 g%
RBC	4.3 mill/cumm	4.5 mill/cumm
TLC	4990/cumm	4990/cumm
PLT	379000/cumm	379000/cumm
Neutrophils	60.5%	56.2%
Lymphocytes	32.3%	31.4%
Eosinophiles	3%	2.6%
Monocytes	5.2%	4.9%
Basophils	0.8%	0.8%
AEC	432/ μ l	430/ μ l
ESR	08 mm	05 mm
PCV	39%	39.5%
MCV	82.7 fl	84 fl
MCH	28 pg	28.3 pg
MCHC	34.2%	34.2%
RDW	13.2%	14%
ESR	03 mm	03 mm
RBS	87 mg/dl	87 mg/dl
CHOL	176 mg/dl	138 mg/dl
TRIG	66 mg/dl	59 mg/dl
HDL	56.7 mg/dl	52.2 mg/dl
LDL	106.1 mg/dl	89 mg/dl
VLDL	13.6 mg/dl	11.2 mg/dl

Hb: haemoglobin; *RBC*: red blood cell; *TLC*: total leucocyte count; *PLT*: platelet count; *AEC*: absolute eosinophil count; *ESR*: erythrocyte sedimentation rate; *PCV*: packed cell volume; *MCV*: mean corpuscular volume; *MCH*: mean corpuscular haemoglobin; *MCHC*: mean corpuscular haemoglobin concentration; *RDW*: red cell distribution width; *RBS*: random blood sugar; *CHOL*: total cholesterol; *TRIG*: triglyceride; *HDL*: high-density lipoprotein; *LDL*: low-density lipoprotein; *VLDL*: very-low density lipoprotein.

Table 4. Details of *Dashavidha Pariksha*.

	Before treatment	After treatment
<i>Prakruti</i>	<i>Pittakapha Pradhana</i>	<i>Pittakapha Pradhana</i>
<i>Sara</i>	<i>Madhyama</i>	<i>Madhyama</i>
<i>Samhanana</i>	<i>Madhyama</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Madhyama</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Avara</i>	<i>Pravara</i>
<i>Satva</i>	<i>Avara</i>	<i>Madhyama</i>
<i>Ahara-shakti</i>	<i>Abhyavaharana Shakti-Avara</i> <i>Jarana Shakti-Avara</i>	<i>Abhyavaharana Shakti-Madhyama</i> <i>Jarana Shakti-Pravara</i>
<i>Vyayama-shakti</i>	<i>Madhyama</i>	<i>Pravara</i>
<i>Vaya</i>	<i>Madhyama</i>	<i>Madhyama</i>

MANAGEMENT

The patient in the present study was assessed by *Dashavidha Pariksha* before planning the management. No conventional medicines were administered during that period, only *Pathya-palana* was advised. Patient's consent was collected before starting the treatment. *Nidana Parivarjana* (avoidance of etiological factors) is the first principle of management. The patient was informed and advised about the importance of *Pathya* (wholesome diet and regimen).

Pathya Ahara-Vihara was explained to the patient and the *Pathyaapathya* sheet (Table 5) for *Ajeerna* was provided. She was instructed to take only homemade, light, non-spicy, non-oily and wholesome diet, avoid excess eating, avoid eating too cold or too hot food and strictly advised to take food and sleep at the regular time. The patient was advised to avoid the consumption of fast-food such as pizza, burger, sandwich, ghughara, vadapau, etc and also the food articles excess in *Katu-Amla Rasa* (pungent-sour taste), *Abhishyandi*, spicy, salty, cheesy, too hot or too cold food.

Total 8 *Vamanadhauti* (twice a week) with lukewarm saline water were carried out in four weeks. Water intake and output were noted. After management, the change in the lipid profile was noted.

VAMANADHAUTI PROCEDURE

Time: 7.00 am (empty stomach, after evacuation of natural urges).

Frequency: Twice a week for four weeks.

Requirements: Lukewarm water, Rock salt (*Saindhava Lavana*), Jar, Glass.

Pre-procedure

Warm up practice for 5 min.

Preparation of Lukewarm Saline Water: Approximately 1.5–2.5 L lukewarm water is added to 3–5 g/L *Saindhava Lavana*. It was filtered with clean cotton cloth, if needed.

Precautions

Avoid the use of very cold water for any purpose till 1 hour following procedure and avoid drinking or eating anything till 1 hour after procedure (except water).

Procedure

Drinking approximately 1.5–2.5 L lukewarm saline water in *Kagasana* position (Figure 1) and expulsion of it in standing up straight and leaning upper body and trunk position (Figure 2). This facilitates the free flow of water from the stomach.

Post-Procedure

Cleaning of oral and nasal cavity and face with lukewarm water followed by relaxation in sitting or supine position.

Table 5. *Pathyapathya* sheet for *Ajeerna* [23].

S.N.	Ahara Varga	Pathya (Do's/Choose more often)	Apathya (Dont's/Avoid)
1.	<i>Shuka Dhanya</i> (Cereals)	<i>Rakta Shali</i> (Red variety of rice), <i>Yava</i> (Barley), <i>Godhooma</i> (Wheat), <i>Purana Dhanya</i> (Old cereals), <i>Daliya</i> (Oats)	<i>Navina Dhanya</i> (Freshly harvested cereals), <i>Maida</i> (Refined flour)
2.	<i>Shami Dhanya</i> (Pulses)	<i>Mudga</i> (Green gram), <i>Masoor</i> (Lentil), <i>Adhaki</i> (Red gram)	<i>Masha</i> (Black gram), <i>Kullattha</i> (Horse gram), <i>Chanaka</i> (Chick pea), <i>Kalaya</i> (Peas), Dried and frozen pulses
3.	<i>Phala</i> (Fruits)	<i>Dadima</i> (Pomegranate), <i>Amalaki</i> (Gooseberry)	<i>Kadali</i> (Banana), Pineapple, <i>Ati-amla</i> <i>evam Apakwa Phala</i> (very sour and unripe fruits)
4.	<i>Shaka</i> (Vegetables)	<i>Patola</i> (Pointed gourd), <i>Alabu</i> (Bottle gourd), <i>Dhanyaka</i> (Coriander), <i>Karavellaka</i> (Bitter-gourd), <i>Harita Shaka</i> (Green vegetables)	<i>Pindalu</i> (Sweet Potato), <i>Moolaka</i> (Raddish), <i>Alooka</i> (Potato)
5.	<i>Jala</i> (Water)	<i>Sukhoshna Jala</i> (Lukewarm water)	<i>Atisheeta Jala</i> (Cold water, Fridge water), <i>Ati-jalapana</i> (Excessive intake of water)
6.	Other	<i>Jeeraka</i> (Cumin seeds), <i>Yavani</i> (Carom seeds), <i>Hingu</i> (Asafoetida), <i>Ardraka</i> (Ginger), <i>Godugdha</i> (Cow's milk), <i>Goghrita</i> (Cow's ghee)	<i>Dadhi</i> (Curd), <i>Navina Guda</i> (freshly prepared jaggery), oily and spicy food, Meat-fish, Paneer, Cheese, Bread
7.	<i>Viahara</i> (Lifestyle)	<i>Uchita Vyayama</i> (proper exercise, walking etc.), <i>Yogasana-Tadasana</i> , <i>Vajrasana</i> , <i>Shashakasana</i> , <i>Pavanamuktasana</i> , <i>Makarasana</i> , <i>Bhujangasana</i> , <i>Kapalabhati</i> , <i>Nadi-shodhana Pranayama</i>	<i>Diwaswapna</i> (day time sleep), <i>Ratri-jagarana</i> (night vigil), Irregularity in sleeping and eating-time and duration, <i>Atyambupana</i> (excessive intake of water), <i>Adhyashana</i> (Over-eating) <i>Vega-sandharana</i> (Suppression of natural urges), lack of physical activities

**Figure 1.** *Kagasana* position.**Figure 2.** Upper body and trunk position.**Table 6.** Details of *Vamanadhauti* procedure.

<i>Vamanadhauti</i> S.No.	Date	Water intake	Water output
1 st	12.07.23	1.5 L	700 ml
2 nd	15.07.23	1.8 L	850 ml
3 rd	17.07.23	1.9 L	1.2 L
4 th	20.07.23	2.0 L	1.4 L
Gap due to menstrual cycle			
5 th	26.07.23	2.2 L	1.5 L
6 th	28.07.23	2.5 L	1.8 L
7 th	31.07.23	2.6 L	1.7 L
8 th	03.08.23	2.7 L	2.1 L

Vamanadhauti was practiced eight times by the patient, details of which are described in Table 6.

The patient was advised to follow the *Pathyapathya* as per the Central Council for Research in Ayurvedic Sciences (CCRAS) and guidelines of classics of *Ayurveda*. It is described in Table 5.

DISCUSSION

In the present era, the lifestyle of urban society is becoming very fast and stressful. The fast paced and improper lifestyle is the prime cause of so many disease conditions. *Mandagni* is one of such condition. Alleviation and aggravation of all *Dosha* are dependent upon *Agni*. Therefore, it is always necessary to maintain *Agni* and to avoid factors responsible for the vitiation of *Agni* [24].

Ayurvedic classics believe that the *Mandagni* is the root of many diseases [25]. It is not able to digest the food properly and leads to *Ajeerna*.

Persons in the mode of goodness prefer foods that promote life span and increase virtue, strength, health, happiness, and satisfaction. Such foods are juicy, succulent, nourishing, and naturally tasteful. In the above verse, these foods are described with the words *Ayuh Sattva*, meaning “which promote longevity”. They bestow good health, virtue, happiness, and satisfaction. Such foods are juicy, naturally tasteful, mild, and beneficial. These include grains, pulses, beans, fruits, vegetables, milk and other vegetarian foods. Hence, a vegetarian diet is beneficial for cultivating the qualities of the mode of goodness that are conducive for spiritual life.

After taking a history of the patient and doing a physical examination, it was observed that the *Prakriti* of the patient was *Kapha-Pitta Pradhana*; the age of the patient was *Madhyam* and the patient was not punctual to her diet habits. So, here is one cause of *Ajeerna* is aggravated *Kapha-Pitta Dosha* due to patient’s unwholesome diet and bad habits of diet and also the sedentary lifestyle, irregularity in time and duration of sleep.

Ahara (food/diet) is first and foremost among the *Trayopstambha* (three subpillars) supporting life. The wholesome food taken even in proper quantity do not get properly digested when the individual is afflicted with *Chinta*, *Shoka*, *Bhaya*, *Krodha*, *Dukha*, excessive sleep and excessive vigil [26]. In *Charaka Samhita* and *Ashtanga Hridaya* the word ‘*Ghora*’ is used while describing *Ajeerna*, which indicates the serious nature of disease, difficulties in its management and also the possibilities of damage at deeper level [27].

Regular practice of *Vamanadhauti* cleanses *Amashaya*, improves the digestion power and pacifies the aggravated *Kapha* and *Pitta* and also the diseases caused by them. According to the patient, it gave too much relief in abdominal discomfort, heaviness and headache within a week of starting management as *Ajeerna* is the disease caused due to vitiation of *Kaphapradhana Tridoshas*.

Some findings suggested that people with functional dyspepsia have a significantly reduced QOL when compared to the general population [28]. It was found to be promising, showing a marked improvement in the condition of patient through reduction in symptom score and betterment in the score of WHO QOL-BRIEF from 68.27 to 81.4.

CONCLUSION

From the present case study, it was found that *Vamanadhauti* and *Pathya Ahara-Vihara* are effective in the management of *Ajeerna* and gives significant relief to the patient with improvement in the QOL score. It is cost-effective compared to contemporary medicine. The main key to good health is wholesome dietetics and obedience of wholesome regimen without which nothing can be obtained.

REFERENCES

1. Mahadeva S, Wee HL, Goh KL, Thumboo J. The EQ-5D (Euroqol) is a valid generic instrument for measuring quality of life in patients with dyspepsia. *BMC Gastroenterol.* 2009;9:20. doi: 10.1186/1471-230X-9-20.

2. Acharya YT, Editor. Charaka Samhita of Charak Sutra Sthana chapter 15 verse 45-49, Reprint Edition. Varanasi: Chaukhamba Orientalia; 2021. 517p.
3. Sharma PH, Editor. Kashyapa Samhita of Khil Sthana chapter 4 verse 6, Reprint Edition. Varanasi: Chaukhambha Sanskrita Samsthana Prakashana; 2018. 378p.
4. Acharya YT, Editor. Charaka Samhita of Charak Chikitsa Sthana chapter 15 verse 03-04, Reprint Edition. Varanasi: Chaukhamba Orientalia; 2021. 512p.
5. Acharya YT, editor. Charak Samhita of Agnivesh. Chikitsa Sthana: Ch.15. Verse 04. Varanasi: Chaukhambha Orientalia; 2021. 512p.
6. Kushavaha HS, editor. Charaka Samhita of Acharya Charaka with Ayurvedadeepika hindi commentary by Shree Chakrapanidatta, Chikitsa Sthana: Ch.5 Verse 136. Varanasi: Chaukhamba Orientela; 2018. 177p.
7. Upadhyay YN. Madhav Nidanam of Shree Madhavakara with the Madhukosha Sanskrit commentary, Chapter 06 Verse 14, Reprint Edition. Varanasi: Chaukhamba Prakashan; 2019. 230p.
8. Ghoshal UC. Singh R. Functional dyspepsia: the Indian scenario. J Assoc Physicians India. 2012; 60: 6–8p.
9. Shah SS, Bhatia SJ, Mistry FP. Epidemiology of dyspepsia in the general population in Mumbai. Indian J Gastroenterol. 2001; 20(3): 103–106p.
10. Shetty AJ, Balaraju G, Shetty S, Pai CG. Quality of life in dyspepsia and its subgroups using EQ-5D (EuroQol) questionnaire. Saudi J Gastroenterol. 2017; 23(2): 112–116p.
11. Mahadeva S, Yadav H, Everett SM, Goh KL. Economic impact of dyspepsia in rural and urban Malaysia: A population-based study. J Neurogastroenterol Motil. 2012; 18(1): 43–57p.
12. Shri Krushnalal. Vaidya Jeevanam of Vaidya Lolimbraj, Chapter 01 Verse 10. Delhi, India: Indu Prakashana; 1959. 8p.
13. Digambarji S, Editor. Hathapradipika of Swami Swatmarama, Chapter 02 Verse 22. Lonavla: Kaivalyadhama, S.M.Y.M. Samiti; 1998. 45p.
14. Digambarji S, Editor Gheranda Samhita of Maharshi Gheranda, Chapter 01 Verse 12. Lonavla: Kaivalyadhama, S.M.Y.M. Samiti; 1997. 6p.
15. Digambarji S, Editor. Gheranda Samhita of Maharshi Gheranda, Chapter 01 Verse 10. Lonavla: Kaivalyadhama, S.M.Y.M. Samiti; 1997. 5p.
16. Digambarji S, Editor. Hathapradipika of Swami Swatmarama, Chapter 02 Verse 21. Lonavla: Kaivalyadhama, S.M.Y.M. Samiti; 1998. 44p.
17. Saraswati SN, Editor. Gheranda Samhita of Maharshi Gheranda, Chapter 01 Verse 12. Bihar: Yoga Publication Trust; 2011. 23p.
18. Saraswati SN, Editor. Gheranda Samhita of Maharshi Gheranda, Chapter 01 Verse 35. Bihar: Yoga Publication Trust; 2011. 64p.
19. Swami Muktibodhananda, Editor. Hatha Yoga Pradipika of Swami Swatmarama, Chapter 02 Verse 38. Bihar: Yoga Publication Trust; 2006. 38p.
20. Shastri KA. Sushruta Samhita of Maharshi Sushruta, Sutrasthan Adhyaya 46 verse 507-508. Varanasi: Chaukhamba Publication; 2008. 287p.
21. Byadgi PS. Ayurvediya Vikriti Vigyan and Roga Vigyan, Chapter Ajeerna. Varanasi: Chaukhamba Publication; 2009. 74p.
22. Acharya YT, Editor. Charaka Samhita of Acharya Charaka, Chikitsa Sthana, chapter 15 verse 45, Reprint Edition. Varanasi: Chaukhamba Orientalia; 2021. 517p.
23. Central Council for Research in Ayurvedic Science. Ayurveda based diet & lifestyle guidelines. New Delhi, India: CCRAS; 2018. Available from: http://www.ccras.nic.in/sites/default/files/ebooks/24052018_CCRAS_HQ_Ayurvedabaseddiet&lifeStyleGuidelinesSkinDiseases.pdf
24. Acharya YT, Editor. Charaka Samhita of Acharya Charaka, Chikitsa Sthana chapter 05 verse 136, Reprint Edition. Varanasi: Chaukhamba Orientalia; 2021. 442p.
25. Tripathi BN. Astanga Hridayam, edited with 'Niramala' Hindi Commentry, Nidana Sthana, Chapter 12 Verse.01, Reprint. Delhi: Chaukhamba Sanskrit Pratisthan; 2019. 512p.
26. Acharya YT, Editor. Charaka Samhita of Charak Vimana Sthana, chapter 02 verse 09, Reprint Edition. Varanasi: Chaukhamba Orientalia; 2021. 208p.

27. Acharya YT, Editor. Charaka Samhita of Charak Chikitsa Sthana, chapter 15 verse 45, Reprint Edition. Varanasi: Chaukhamba Orientalia; 2021. 517p.
28. Chang L. Epidemiology and quality of life in functional gastrointestinal disorders. *Aliment Pharmacol Ther.* 2004; 20: 31–39p.