



EUROPEAN JOURNAL OF PHARMACEUTICAL AND MEDICAL RESEARCH

www.ejpmr.com

Review Article
ISSN 2394-3211

EJPMR

AN AYURVEDIC APPROACH TO DUODENAL ULCER WITH PATOLADI GHANVATI

Dr. Neelam Sajwan*1 and Dr. Swapnil Singhai2

¹Assistant Professor Cum Consultant, Department of Shalya Tantra, Uttarakhand Ayurved University, Dehradun U.K. ²Professor, Kayachikitsa, Uttarakhand Ayurved University, Dehradun, U.K.

*Corresponding Author: Dr. Neelam Sajwan

Assistant Professor Cum Consultant, Department of Shalya Tantra, Uttarakhand Ayurved University, Dehradun U.K.

Article Received on 16/05/2017

Article Revised on 07/06/2017

Article Accepted on 28/06/2017

ABSTRACT

An ulcer on the mucosa of the duodenum caused by the action of the gastric juice is known as duodenal ulcer. Every year over three lakhs people round the world have ulcer related surgeries, because of persistent symptoms or complications. All the operations for duodenal ulcer have achieved their aim to some extent but with varying degree of morbidity, mortality and post-operative side effects. Because of this condition, the person always remains in the state of discomfort. Duodenal ulcer occurs more often in men than women. The etiological factors may include genetic predisposition, altered acid secretion, rapid gastric emptying, defective mucosal defense mechanisms, psychological stress and smoking. Prevention can be done by avoiding smoking, caffeine and alcohol, exercise regularly, gets enough sleep at night and meditation. Common prescribing drugs include: Antacids, H2 Antagonist, medications that block acid production and antibiotics in case of *Helicobacter pylori* infection. But the permanent improvement cannot be achieved. The beneficial effect of *Patoladi Ghanvati* may be due to its *Deepan*, *Pachan*, *Pitta-sarak*, *Udarshool-nashak*, *Vatanulomak*, Anti-inflamatory, Anti-Ulcer, Anti-oxidant, Anti-Stress and Anti-Spasmodic properties.

KEYWORDS: Ayurveda, Duodenal ulcer, Patoladi Ghanvati.

INTRODUCTION

An ulcer on the mucosa of the duodenum caused by the action of the gastric juice is known as duodenal ulcer. Pre-existing *Helicobacter pylori* infection increases the risk for the subsequent development of either duodenal or gastric ulcer disease. The interplay of etiological factors in the pathogenesis of idiopathic peptic ulcer disease is poorly defined but may include a genetic predisposition, altered acid secretion, rapid gastric emptying, defective mucosal defense mechanisms, psychological stress, and smoking. Smoking increases acid secretion reduces prostaglandin and bicarbonate production, and decreases mucosal blood flow, delays the healing of gastric and duodenal ulcers.

A higher prevalence occurs in areas where the diet is principally polished milled rice, refined wheat or maize, corn flour, sorghum vulgar, yams, sugar, amaranths, brinjal, peanut oil, some pulses, cassava, sweet potato or green bananas and skimmed milk.^[4-5]

A number of endocrine dysfunctions such as Zollinger-Ellison syndrome, Cushing's syndrome, Parathyroid tumor, Bronchial CA, Multiple adenoma syndrome, Antral G – Cell hyper-function & or hyperplasia can also lead to duodenal ulceration. [6]

Major risk factors for duodenal ulcer include smoking, low-dose (≤160 mg) aspirin use & *H. pylori* infection. ^[7]

Most patients with duodenal ulcers have impaired duodenal bicarbonate secretion, which has also proven to be caused by *H. pylori* because its eradication reverses the defect. The combination of increased gastric acid secretion and reduced duodenal bicarbonate secretion lowers the pH in the duodenum, which promotes the development of gastric metaplasia (the presence of gastric epithelium in the first portion of the duodenum). *H pylori* infection in areas of gastric metaplasia induces duodenitis and enhances the susceptibility to acid injury, thereby predisposing to duodenal ulcers. [8-9]

Most duodenal ulcers occur in the first part of the duodenum. A chronic ulcer penetrates the mucosa & into the muscle coat, leading to fibrosis. These ulcers vary in shape- circular, oval cresentric, pear shaped or triangular. The ulcer has a punched out appearance, the margins are overhanging. The granulating base is covered with muco-purulent debris. Though the muscle coat is always reached, the depth of the ulcer depends on the degree of penetration. Multiple duodenal ulcers occur in 10-15% of cases. [10] Patients with duodenal ulcer will complain of pain that awakens them from sleep. Duodenal ulcer pain would manifest mostly 2–3 hours after the meal, when the stomach begins to release digested food and acid into

the duodenum. The other symptoms are bloating and abdominal fullness, water brash (rush of saliva after an episode of regurgitation to dilute the acid in esophagus although this is more associated with gastroesophageal reflux disease), nausea, malena (tarry, foul-smelling feces due to oxidized iron from hemoglobin). [11-12]

The most significant complication is hemorrhage, perforation; probably obstruction appears in a random fashion during an ulcer's course, penetration and residual

abscess.^[13] Treatment focused on hospitalization, bed rest, and prescription of special bland foods. Antacids and medications that block acid production became the standard of therapy. Despite this treatment, there was a high recurrence of ulcers. Patients with *H. pylori* infection can be treated with antibiotics. Several studies are supporting use of herbal formulations for treating duodenal ulcers. This work has been done in random OPD patient of duodenal ulcer with using Patoladi Ghanvati along with some indigenous drugs.

Patoladi Ghanvati^[14] The ingredients are

Sr. No.	Name	Latin Name	Family	Part Used
1	Amrita	Tinospora Cordifolia	Menispermaceae	Stem
2	Patola	Trichosanthus dioica	Cucurbitaceae	Leaves
3	Shweta Chandan	Santalum album	Santalaceae	Stem bark
4	Rakta Chandan	Pterocarpus santalinus	Leguminaceae	Stem bark
5	Murva	Marsdenia tenacissima	Asclepiadaceae	Leaves, Root
6	Patha	Cissampelos pareira	Menispermaceae	Leaves
7	Kutaki	Picrorhiza kurroa	Plantaginaceae	Root & Rhizome
8	Mulethi	Glycyrrhiza glabra	Leguminaceae	Root
9	Nimb	Azadiracta indica	Meliaceae	Bark
10	Chitra	Plumbago zeylenica	Plumbaginaceae	Root
11	Sunthi	Zingiber Officinale	Zingiberaceae	Rhizome

Method of preparations: Each contents of Patoladi ghan vati were taken in equal amount. Except Shweta Chandan stem bark and Rakta Chandan stem bark, rest of the contents (Amrita stem, Patola patra, Kutki root, stem, Sunthi rhizome, Nimb bark, Murva leaves, Chitrak root, Mulethi root and Patha leaves) were cleaned, dried and powdered separately to prepare decoction. Then the decoction was heated up till the Ghan satva was prepared. As soon as the Ghan satva was prepared, fine powder of Shweta Chandan stem bark and Rakta

Chandan stem bark was mixed. Since these contain essential volatile oil hence these were not added in starting during the decoction preparation. Finally after mixing the binding agent, Ghan vati of 500 mg was prepared as per classical method. The prepared drug was kept in air tight containers.

Method of administration - Patoladi ghan vati was administered in dose of two vati, thrice a day, with honey, before meals.

Pharmacodynamic properties of contents of Patoladi Ghan vati-

Rasa	Guna	Veerya	Vipaka	Dosha Karma
Tikta(8),	Laghu(7),			Kapha-pittashamak(5),
Kashaya(3),	Ruksha(6),	Ushna(6),	Katu(8),	Kapha-vatashamak(3),
Madhur(3),	Guru(4),	Sheeta(5)	Madhur(3)	Tridoshshamak(3)
Katu(2)	Tikshana(2)			Triuosiisiiailiak(3)

Action of drugs used in Patoladi ghan vati

Deepan	7,Guduchi,Kutki,sunthi,Patha,Chitrak,Murva,Patola
Paachan	5, Guduchi, sunthi, Patha, Chitrak, Murva
Pittasarak	7, Guduchi, Kutki, Mulethi, Nimb, Chitrak, Murva, Patola
Amlapittashamak	7,Guduchi,Kutki,Mulethi,Nimb,Shwetachandan, Murva, Patola
Aamashayagata vrana ropak	1, Mulethi
Udarshool	4,Chitrak,Mulethi,Patha,Sunthi
Shoolnashak	3, Guduchi,Sunthi,Murva
Krimighana	6,Murva,Nimb,Chitrak,Patha,katuki,Patola
Vatanuloman	5,Murva,Mulethi,Sunthi,Patola,Guduchi
Anti-inflammatory	5, Guduchi, Neem, Patola, Sunthi, Honey
Anti-stress	4, Neem, Patola, Shwetachandan, Guduchi
Anti-spasmodic	4, Chitrak, Mulethi, Patha, Sunthi
Anti-oxidant	7, Patola, Sunthi, Kutki, Mulethi, Patha, Chitrak, Honey
Anti-ulcer	6, Neem, Raktachandan, Mulethi, Patha, Sunthi, Chitrak
Anti-H. pylori	3, Mulethi, Sunthi, Honey
Anti- haemorrhagic	2, Swetachandan, Raktachandan

Action of the	ne drugs	according	to	their	Rasa-
---------------	----------	-----------	----	-------	-------

Rasa	Guna	Karma	
Tikta	Ruksha, Sheet, Laghu	Jwarghan, Deepan, Pachan	
Kashaya	Ruksha, Sheet,Guru	Sanshman, Sandhankar, Ropan, Stambhan, Sleshma-rakta- pittaprashman	
Katu	Ruksha, Ushana, Laghu	Deepan, Rochan, Krimighan, Vrana-awashadan, Marga-vishodhan	
Madhur	Snigdh, Sheet, Guru	Pittshamak, Vishnashak, Trishnadahaprashman, Chatasandhankar	

Pharmacological action of individual content 1. GUDUCHI

Dry bark of Tinospora cardifolia has Anti-inflammatory, Antipyretic, Anti-allergic, Anti-spasmodic activity. Alcoholic and aqueous extract of Tinospora cardifolia has been tested successfully for its immunomodulatory activity. [15]

2. PATOLA

Two main phytosterols present in T. dioica are namely, 24α - ethylcholest-7-enol and 24β -ethylcholest-7-enol 13. Crude drug T. dioica is known to have anti-ulcerous effect in polyherbal preparation.

Aryavansha *et al.* (1981) studied the efficacy of single herb Patola in 20 patients with duodenal ulcer. Efficacy of Patola in duodenal ulcer was found 45% excellent response.

Leaves, fruits and seeds of Trichosanthes *dioica* plant may be used as antibacterial agents. It also has the Anti-inflammatory activity and wound healing potential. ^[16]

3. SHWETA CHADAN

Banerjee et al. (1993) reported its Anti-bacterial, Astringent, Haemostatic, refrigerant properties. [17]

4. RAKTA CHANDAN

The wood is used as an astringent and used in inflammation. The wood and fruit is used in treating diaphoretics, bilious infections and chronic dysentery. Flavonoids are found to be effective antimicrobial substances against a wide range of microorganisms, probably due to their ability to complex with extracellular and soluble proteins and to complex with bacterial cell wall; more lipophilic flavonoids may also disrupt microbial membrane.

Phenolics and polyphenols present in the plants are known to be toxic to micro-organisms. Antibacterial activity of tannins may be related to their ability to inactivate microbial adhesions, enzymes and cell envelope transport proteins, they also complex with polysaccharides. The broad spectrum antibacterial activity exhibited by *Pterocarpus santalinus* may be attributed to the various active constituents present in it.^[18]

5. MURVA

Its nature and flavor is bitter and sub cold. It can clear away the heat evil, expel superficial evil, eliminate inflammation, clear away heat-toxins and relieve cough, asthma and pain by removing the obstruction. [19]

6. PATHA

Tetrandrine have pain-relieving, Anti-inflammatory, fever-reducing properties, smooth muscle relaxant, antispasmodic, and uterine relaxant actions. Berberine, has been documented to have hypotensive, antifungal, and antimicrobial actions and it has been used for the treatment of irregular heartbeat, cancer, *Candida*, diarrhea, and irritable bowel syndrome.

It has antioxidant properties; antibacterial actions against *Staphylococcus*, *Pseudomonas*, *Salmonella*, and *Klebsiella*; and antimalarial effects. [20]

7. KATUKA

Its Anti-inflammatory activity proved to be as a result of its ability to selectively prevent the formation of free radicals, oxygen ions and peroxides in the body. The roots and rhizomes of Picrorhiza kurroa are used in traditional and modern medicines for liver disorders, fever, asthma, and jaundice. The plant possesses hepatoprotective principles such as iridoid glycosides.

It exhibits potent Anti-oxidant activity because of principles like apocynin and androsin, Anti-inflammatory, Anti-allergic action, Antitumor principles like cucurbitacin glycosides. [21]

8. MULETHI

Anti H. Pylori activity, Anti-inflammatory, Anti-pyretic, Anti-oxidant, tonic, mild laxative, blood purifier, immune-stimulant. [22]

9. NEEM

Extract posses' immune-stimulant activity, Anti-ulcer activity, Anti-malarial, Anti-fungal, Anti-bacterial and Anti-viral activity with hepato-protective activity. Nimbidin stimulates the production of T-cells to mount a head on attack against infections. [23]

10. CHITRAK

The roots, root barks, and seeds are used medicinally as a stimulant, caustic, digestive, antiseptic, anti-parasitic and also for killing intestinal parasites.

The roots and leaves of *P. zeylanica* contain plumbagin, which has been identified as Anti-microbial activity against both gram-positive and gram-negative bacteria, Anti-cancer, wound healing, Anti-inflammatory.

The decoction of root bark (30-60 ml, BD for 1-2 weeks) gives relief from abdominal disorders, peptic ulcers and improves appetite. Antioxidant effects of aqueous extract of root is significant. [24]

11. SUNTHI

- (1) 1,8-Cineole-Anti-inflammatory, Antispasmodic, Antibacterial, Anti-ulcer.
- (2) 10-Dehydrogingerdione, 10-Gigerdione and 6-Gingerdione show Anti-inflammatory activity.
- (3) 8-Gingerol-antihistaminic, anti 5HT, αLinolenic acid α-Curcumine, α-pinene-Anti-inflammatory.
- (4) α-Phillandrene -Antibacterial, laxative.
- (5) Caffeic acid- Antibacterial, Analgesic.
- (6) 6-Shogaol- Antiallergic, Antiulcer, Antispasmodic
- Anti H. Pylori activity and Anti-oxidant property.
- Compounds found in sunthi bind to serotonin receptor, hence used as Anti-depressant.
- Because of gingerol, it has analgesic, sedative, antipyretic and anti-bacterial properties. [25]

HONEY (As Anupan)

It shows Anti-inflammatory, Anti-oxidant, Anti H. Pylori, Antibacterial activity and Anti-hemorrhagic. It is also useful in Vamana. Vibandha and Daha.

The fatty acids present in honey stimulate peristalsis, digestion and appetite of weak stomach and loose bowels. It decreases flatulence and increases general metabolism.

It restricts the availability of nutrients for microorganism, so compromise their metabolism. Its pH (3.4-6.1) also helps to restrict microbial growth. [26]

Probable mode of action of *Patoladi Ghan Vati* (a) *Ayurvedic* aspect

- 1. Since *Vata* is the most predominant and most potent factor in initiating and maintaining the pathogenesis of *Parinaam Shoola* (duodenal ulcer), so *Vatanulomana* property of *Murva*, *Mulethi*, *Sunthi*, *Patola* and *Guduchi* might probably helped in disease regression.
- 2. Pitta dosha is taken as the predominant Dosha in Parinaam Shoola, so we can say that Pittasarak property of Guduchi, Kutki, Mulethi, Nimb, Chitrak, Murva and Patola might helped in removing Saam Pitta.
- 3. Parinaam Shoola is a Rasaja Vyadhi and according to our ancient literature Langhan is one of the treatments of Rasaja vyadhi. Ingestion of Pachak Aushdhi comes under the process of Langhan. Guduchi, Sunthi, Patha, Chitrak and Murva might help in proper digestion.

- 4. *Guduchi, Kutki, Sunthi, Patha, Chitrak, Murva* and *Patola*, because of their *Deepan* activity might help in stimulating the appetite.
- 5. Shoola, in case of Parinaam Shoola, might be reduced due to Udar Shoola Shamak property of Chitrak, Mulethi, Patha and Sunthi.

(b) Modern aspect

- **1.** Ulcer regression may be because of Anti-ulcer activity of *Mulethi*, *Neem*, *Raktachandan*, *Patha*, *Sunthi* and *Chitrak*.
- **2.** Since there is a strong causal relation between *H. pylori* infection and duodenal ulcer, hence Anti *H. pylori* activity of *Mulethi*, *Sunthi* and Honey probably stopped the disease progression.
- **3.** Because of Anti-spasmodic property of *Chitrak, Mulethi, Patha and Sunthi*, it probably helped in reducing and/ or pulverizing the epigastric pain, periodicity of pain, pain in relation with food and hunger pain.
- **4.** Anti-inflammatory activity of *Guduchi*, *Neem*, *Patola* and *Sunthi* probably helped in checking the progress of the disease.
- **5.** The relationship between stress and ulcers is so strong that people with ulcers should be treated for psychological conditions. So, anti-stress effect of *Neem*, *Patola*, *Swetachandan* and *Guduchi* might help in alleviating stress.
- **6.** Infection with *H.pylori* is associated with generation of reactive oxygen molecules, which leads to oxidative stress in the gastric mucosa, so anti-oxidative therapy stimulates the healing of duodenal ulcers. Anti-oxidative property of *Patola*, *Sunthi*, *Kutki*, *Mulethi*, *Patha* and *Chitrak* probably helped in checking the progression of the disease.

CONCLUSION

With this study Duodenal ulcer can be completely treated and prevented by use of herbal formulation in spite of any modern chemical drugs. Even though this herbal formulation is free from any complication and restriction of use.

REFERENCES

- 1. Sonnenberg A. Time trends of ulcer mortality in Europe. Gastroenterology 2007; 132: 2320.
- 2. The American Journal of Gastroenterology 2002; 97: 2950–2961.
- 3. Ulcer, Diagnosis and Treatment CDC Bacterial, Mycotic Diseases.
- 4. F. I. Tovey, Division of Surgery and Interventional Science, University College, London, UK and K. D. Bardhan, Department of Gastroenterology, Rotherham General Hospital, UK. 24 OCT 2012.

- 5. Sachs G, Shin JM, Vagin O et al. Current trends in the treatment of upper gastrointestinal disease. Best Practice and Resercag Clinical Gastroenterology. 2002; 16(6): 835-849.
- 6. A concise Textbook of Surgry, S.Das, published by Dr. Somen Das, Kolkata, 9th Edition 2016.
- 7. Tsoi KK et. Al. Causes of mortality in patients with peptic ulcer bleeding: a prospective cohort study of 10, 428 cases. *Am J Gastroenterol*. Jan 2010; 105(1): 84-9.
- 8. Hu PJ, Li YY et al. Gastric atrophy and regional variation in upper gastrointestinal disease. Am J Gastroenterol 1995; 90: 1102.
- 9. Pietroiusti A, Luzzi I, Gomez MJ, Magrini A, Bergamaschi A, Forlini A, et al. Helicobacter pylori duodenal colonization is a strong risk factor for the development of duodenal ulcer. *Aliment Pharmacol Ther*. Apr 1 2005; 21(7): 909-15.
- 10. Schwartz's principles of surgery, 9th Edition,F. Charles Brunicardi, Dana K. Anderson,David L. dunn.
- 11. Choudhary S.K., Concise Medical Physiology, New central book agency, 5th Edition.
- 12. January 1961; 6(1): 68-75, The American journal on digestive diseases, Complications of duodenal ulcer
- 13. The Washington Manual of Surgery,6th Edition, Mary E.Klingensmith, Abdulhameed Aziz, Ankit Bharat
- Ambikadutta Sastri, Sushrut Samhita, Ayurvedatatva Sandeepika, Part I, 8th Edition, Choukhambha Sanskrit Sansthan, Varanasi. Patoladi Gana 38/33-34.
- 15. Indian journal of pharmacology 2003; 35: 83-91, Chemistry & Medicinal Property of Tinospora cardifolia (Guduchi)–S.S.Singh et.al Chembiotec Research International, KOLKATA.
- 16. International journal of pharmaceutical sciences review and research, vol. 2/issue-3/ jul – sept 2011, International journal of pharma and bio sciences, department of pharmacognosy, faculty of pharmacy babu banarasi das national institute of technology & management.
- 17. Journal of Ethnopharmacology 2000; 71: 23–43 35.
- 18. Indian journal of pharmacology 2003.
- 19. Ethnic Pharmaceutical Institute, Southwest University for Nationalities, November 2006; 89(11): 2738–2744.
- 20. Indian journal of pharmacology, Volume 2.
- Indian journal of pharmacology and Research Journal of Pharmaceutical, Biological and Chemical Sciences RJPBCS, 2(3) 149, Dr Tatke Pratima & Wani Ashwini.
- 22. National Center for Complementary & alternative Medicine, NCCAM.
- Dept. Of pharmaceutical sciences, RTM Nagpur University, distt. Nagpur Maharastra, India.
- 24. An account of phytochemicals from *Plumbago zeylanica* (Family: Plumbaginaceae): A natural gift to human being, 2(3): 178-19.

- 25. www.ncbi.nlm.nih.gov/pubmed, Dr. Duke's Phytochemical and Ethnobotanical Databases.
- 26. Journal of medicinal plants research, 6(8): 1389-1393.