

Integrative Management of Helicobacter Pylori - Associated Gastritis: A Case Study

Dr. Sandhya T. Deshmukh^{1*} and Prof. Dr. Bharat B. Kadlaskar²

¹MD Kayachikitsa, Asst. Prof, Department of Kayachikitsa, R.A. Podar Medical College (Ayu). Worli, Mumbai.

²MD; PhD Prof and HOD, Department of Kayachikitsa, R.A. Podar Medical College (Ayu). Worli, Mumbai

Corresponding Author: Dr. Sandhya T. Deshmukh^{1*}

chavansandhya82@gmail.com

Abstract: *H. pylori* is a gastric pathogen that colonizes approximately 50%-60% of the world's population. Infection with *H. pylori* causes chronic inflammation and significantly increases the risk of developing duodenal and gastric ulcer disease and gastric cancer. Treatment of *Helicobacter pylori* infection with allopathic therapy mainly includes antibiotics and proton pump inhibitors, which are effective in bacterial eradication and acid suppression. However, challenges such as antibiotic resistance, recurrence, adverse effects like nausea and diarrhea, incomplete mucosal healing, and disturbance of gut flora are commonly observed. In many patients, gastric irritation and inflammation may persist even after eradication therapy. Hence, Ayurvedic treatment can be used as an integrative approach to promote Vraṇa-ropana (ulcer healing), Pitta-shamana, mucosal protection, and improvement of digestion and immunity. A 33-year-old male patient presented with complaints of epigastric pain, burning sensation, sour belching, and nausea for 15 days. Upper gastrointestinal endoscopy revealed a gastritis in the antral region, and testing for *Helicobacter pylori* infection was positive. The patient was treated with standard allopathic therapy along with Ayurvedic medicines. Dietary and lifestyle modifications were also advised. Significant symptomatic improvement was observed within six weeks, and follow-up evaluation showed significant improvement.

Keywords: H. Pylori, Proton pump inhibitors, Vraṇa-ropana, pitta shaman

I. INTRODUCTION

Helicobacter pylori is a spiral-shaped, Gram-negative bacterium that infects the stomach lining and duodenum. It is highly prevalent, most common cause of chronic gastritis worldwide leading to peptic ulcers, and stomach cancer. The gastric mucosa is the innermost mucous membrane layer lining the stomach, essential for producing protective mucus, gastric acid, and digestive enzymes. *H. pylori* gastritis symptoms often include nausea, vomiting, loss of appetite, frequent burping, a burning or dull ache in the upper abdomen, tiredness and unexplained weight loss. While many infected individuals are asymptomatic, chronic cases can cause severe pain and complications.

In Ayurveda, gastritis can be associated with an intense aggravation of Pitta dosha and is correlated with clinical conditions like Amlapitta (hyperacidity) or Annadrava Shula (abdominal pain related to digestion). The key symptoms of Urdhvaga Amlapitta like Avipaak (indigestion), Hrut-Kantha Daha (burning sensation in the epigastric region), Klama (tiredness), Tikta-Amla Udgar (bittersour belching), Gaurava (feeling of heaviness), Aruchi (anorexia) and Utklesha (nausea) have been enlisted in Madhava Nidana. Many classical formulations are commonly used in the management of Amlapitta. Ayurved the ancient Indian system of medicines is a rich database of herbal, mineral, and animal origin raw materials/ingredients for the management of acid peptic disorders. Amlapitta is the nearest correlate to acid peptic disorders, mainly gastritis, and many Ayurved ingredients are extensively studied and documented for their acid-neutralizing, cytoprotective, and ulcer healing potential.

H. pylori gastritis is investigated primarily through upper endoscopy with biopsy/rapid urease testing (RUT) for direct visualization and tissue analysis.



The present case study was undertaken to evaluate the effectiveness of integrative management in a patient with Helicobacter pylori infection–positive gastritis. An integrative approach combining conventional allopathic therapy with Ayurvedic management showed better symptomatic relief, enhanced mucosal healing, and overall improvement in gastric health.

II. PATIENT INFORMATION

A 33-year-old male patient presented with complaints of Avipaak (indigestion), Hrut-Kantha Daha (burning sensation in the epigastric region), Klama (tiredness), Tikta-Amla Udgar (bittersour belching), Aruchi (anorexia), Utklesha (nausea) and unsatisfactory stool for 15 days. Clinical examination revealed mild epigastric tenderness on palpation. He had been advised for Upper Gastrointestinal Endoscopy. Endoscopy revealed with GASTRITIS. Rapid Urease Test for Helicobacter pylori infection was positive. All Routine examinations are revealed within normal limits excepts Haemoglobin, vit. B12 and vit. D3 were significantly low. The patient was treated with standard allopathic therapy which includes tab.pantoprazole 40 mg twice daily, Bismuth subsalicylate 525 mg 4 times daily, tetracycline 500 mg (4 times daily), and metronidazole 200 mg (4 times daily) for 14 full days. Ayurvedic treatment started which includes Sutshekhar rasa 120 mg +mouktik kamadudha rasa 60 mg+jeshthamadha churna 1 gm+amalaki churna 1 gm+ guduchi satva 120 mg+amlapitta mishrana 20 ml tds before food. Avipattikar churna 2 gm tds after food for 6 weeks. Dietary plan and lifestyle modifications were also advised.

Follow-Up and Outcome

The patient was followed up regularly for six weeks during the course of treatment. At the first follow-up after two weeks, significant reduction in epigastric pain, burning sensation, and sour belching was observed. By the fourth week, appetite and digestion improved with marked reduction in postprandial discomfort and nausea. Continued Ayurvedic medicines resulted in further symptomatic relief and improvement in overall gastric health by the sixth week. The patient showed good tolerance to the treatment without any major adverse effects, and significant clinical improvement with ongoing mucosal healing was noted.

Subjective Criteria for Assessment

Subjective symptoms including Avipaak, Hrut-Kantha Daha, Klama, Tikta-Amla Udgar, Aruchi, and Utklesha were assessed on a 0–3 grading scale based on severity before and after treatment.

Each symptom was graded on a 0–3 scale according to severity, where:

- 0 = Absent
- 1 = Mild
- 2 = Moderate
- 3 = Severe

Symptom Assessment Scale

Subjective symptoms were assessed on a 0–3 grading scale based on severity before and after treatment.

TABLE I

Symptom	Grade 0	Grade 1	Grade 2	Grade 3
Avipaak (Indigestion)	No indigestion	Occasional indigestion	Frequent indigestion	Severe persistent indigestion
Hrut-Kantha Daha (Burning sensation in epigastric/throat region)	Absent	Mild burning	Moderate burning	Severe continuous burning
Klama (Tiredness)	No tiredness	Mild weakness	Moderate tiredness affecting	Severe exhaustion



			routine work	
Tikta-Amla Udgar (Bitter/Sour belching)	Absent	Occasional belching	Frequent belching	Persistent severe belching
Aruchi (Anorexia/Loss of appetite)	Normal appetite	Slightly reduced appetite	Moderately reduced appetite	Complete loss of appetite
Utklesha (Nausea)	Absent	Mild occasional nausea	Moderate frequent nausea	Severe persistent nausea

Overall Effect Classification (Percentage-wise)

Based on the percentage relief in subjective symptoms and clinical findings after six weeks of treatment, the overall therapeutic effect was assessed as follows.

TABLE III

Overall Improvement	Criteria
Complete Remission	100% relief in signs and symptoms
Marked Improvement	75–99% relief in symptoms
Moderate Improvement	50–74% relief in symptoms
Mild Improvement	25–49% relief in symptoms
No Improvement	Less than 25% relief in symptoms

Symptom-wise Percentage Improvement

TABLE IIIII

Symptom	Before Treatment	After Treatment	% Relief
Avipaak (Indigestion)	Severe	Mild	75%
Hrut-Kantha Daha	Severe	Absent	100%
Tikta-Amla Udgar	Moderate–Severe	Mild	>75%
Utklesha (Nausea)	Severe	Absent	>75%
Aruchi (Loss of Appetite)	Moderate	Mild	>75%

The patient showed marked improvement with approximately 75–90% symptomatic relief after treatment.

III. DISCUSSION

Helicobacter pylori infection is one of the major causes of gastric ulcer and chronic gastritis. An integrative approach combining Allopathic and Ayurvedic treatment was adopted to achieve both bacterial eradication and enhancement of ulcer healing.

From an Ayurvedic perspective, the condition can be correlated with Amlapitta, Annadrava Shoola, and Amashaya Vrana, involving predominance of aggravated Pitta Dosha and impairment of Agni. Ayurvedic medicines used in this case acted through multiple mechanisms including Pitta-shamana, Vraṇa-ropana, anti-inflammatory action, mucosal protection, and improvement of digestion.

Mouktik Kamadudha Rasa contains ingredients such as Mukta Bhasma, Praval Bhasma, Shankha Bhasma, Shukti Bhasma, Kapardika Bhasma, and Guduchi Satva, which collectively act as potent Pitta-shamaka, cooling, and antacid agents in gastritis and Amlapitta. These ingredients help reduce hyperacidity, burning sensation, heartburn, sour belching, and gastric irritation by neutralizing excess gastric acid and soothing the inflamed gastric mucosa. While mineral preparations provide gastric mucosal protective and Vranaropana (ulcer-healing) effects.



Sutshekhar Rasa act as potent Deepana-Pachana, Pitta-shamaka. It relieves bloating, nausea, and abdominal discomfort. It has Daha-shamana and Vranaropana properties

Amalaki acts as a potent Pitta-shamaka It has Deepana-Pachana action, improving digestion without aggravating Pitta. It possesses Vranaropana and Rasayana properties, which support healing and protection of the gastric mucosa. Its antioxidant and anti-inflammatory actions further protect the stomach lining.

Yashtimadhu acts as a Pitta-shamaka and Daha-shamaka drug. It helps reduce hyperacidity, heartburn, burning sensation, and gastric irritation. It possesses significant Vranaropana and anti-inflammatory action.

Guduchi Satva acts as a Pitta-shamaka and Amapachaka drug. It helps reduce hyperacidity, burning sensation, nausea, and gastric irritation. It also possesses anti-inflammatory and Vranaropana properties. Its Rasayana action further strengthens the digestive system.

Amlapitta Mishran

Amlapitta Mishran Suspension is composition of Bhunimbadi Kwath + Yashtimadhu + Shouktik Bhasma. Previous studies shows that, this formulation provides antacid, anti-inflammatory, digestive, and ulcer-healing effects useful in gastritis, acid reflux, and peptic ulcer tendency being a safe medication with no adverse events.

Avipattikar Churna acts as a Pitta-shamaka, mild laxative, and digestive. The formulation has Vatanulomana and mild rechana (purgative) effects, which help relieve constipation, bloating, and abdominal discomfort often associated with Amlapitta. Cooling and carminative ingredients further soothe the gastric mucosa and support relief in gastritis, acid reflux, and peptic ulcer tendency

IV. CONCLUSION

The present case study demonstrates that an integrative approach combining allopathic eradication therapy with Ayurvedic management may be beneficial in the treatment of Helicobacter pylori infection-positive gastritis. personalized diet (Ahara), and lifestyle changes (Vihara) play important role. Although modern medicine offers many medications for the management of acid peptic disorders like gastritis, their safety and efficacy may be cause of concern. Along with bacterial eradication, Ayurvedic medicines contributed to Pitta-shamana, mucosal protection, Vrana-ropana, and improvement of digestive function.

The patient showed significant symptomatic relief and satisfactory clinical recovery within six weeks without major adverse effects. This case highlights the potential role of integrative therapy in improving overall gastric health and promoting gastric mucosal healing.

V. DECLARATION OF PATIENT CONSENT

Written informed consent was obtained from the patient prior to initiation of treatment and publication of this case report. The patient was informed about the nature of the disease, proposed integrative treatment involving both allopathic and Ayurvedic therapies, possible benefits, and potential adverse effects.

Financial support and sponsorship

Nil

Conflicts of interest

There are no conflicts of interests

REFERENCES

- [1] Charaka Samhita (sutrasthan addhyay 25) Pratham bhag, edited by Acharya vidyadhar Shukla and Acharya Ravidatta Tripathi published by Chaukhamba prakashan (Cha. Su. 25)
- [2] Madhav Nidan by Vijay Rakshit and Shrikanthadatta edited with Brahmanand Tripathi published by Chaukhamba Prakashan
- [3] Sushruta Samhita (Uttar Tantra Addhyay 64) Edited with Ayurved Tatva Sandipika by Kaviraj Ambikadutta Shastri published by Chaukhamba Prakashan



- [4] Harpers Illustration of Biochemistry 31st edition
- [5] Davidsons Principals and Practice of Medicine 20th edition
- [6] Rasa Bhaishajyakalpana Vigyan by Vaidya Santosh Kumar Sharma, published by Publication Scheme
- [7] Bhavaprakash Nighantu of shree Bhavamishra, commentary by Dr. K. C. Chuneekar edited by Dr. G. S. Pandey, published by Chaukhamba Prakashan
- [8] Essential Medical Pharmacology by K D Tripathi
- [9] Journals of Ayurveda case reports, A Journal of all India Institute of Ayurveda, volume 7, issue 2

