

Ayurvedic Management of Post-H. Pylori Anaha: A Case Study in a 64-Year-Old Female

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1. Abstract

Helicobacter pylori infection is one of the most common causes of chronic gastritis and dyspepsia worldwide. Even after successful eradication therapy, many patients continue to exhibit persistent gastrointestinal symptoms resembling post-infective functional dyspepsia (PIFD) [1]. In Ayurveda, such symptoms—bloating, constipation, heaviness, and reduced appetite—correspond to Agnimāndya, ama, and Anaha, conditions arising from impaired digestive fire and Vata vitiation [2-4].

This case study presents Ayurvedic management of a 64-year-old female with a history of H. pylori infection (treated in 2020) who continued to suffer from chronic abdominal bloating and intermittent constipation. Treatment included Hingvashtaka Churna, Shunṭhi-siddha Eranda Taila, Shanka Vati, and addition of Shatavari Vati after two weeks. After four weeks of therapy, marked symptom reduction was observed, with improvement in digestive

comfort and bowel regularity. This report highlights the potential of classical Ayurvedic formulations in addressing chronic post-infective gastrointestinal dysfunction. Further studies are needed to validate these findings.

2. Introduction

2.1 H. pylori and Post-Infective Functional Dyspepsia

H. pylori infection affects millions globally and is a major cause of gastritis and peptic ulcer disease [1]. Even after eradication therapy, 20–40% of patients continue to experience chronic symptoms such as bloating, belching, and epigastric discomfort, often classified as post-infective functional dyspepsia (PIFD) [5]. Underlying mechanisms include low-grade inflammation, altered gastric motility, dysbiosis, and visceral hypersensitivity [6]. These symptoms significantly impact quality of life in older adults.

2.2 Ayurvedic Perspective of Anaha

As per *Amarakosha*, Anaha is described as “Vibandha” or obstruction of fecal passage [2]. *Sushruta Samhita* explains that accumulation of Ama or poorly digested stool obstructs Vata, producing bloating, heaviness, and restricted bowel movement [3].

Pathogenesis involves:

- Agnimandya (weak digestive fire)
- Ama formation
- Apana Vata prakopa
- Sanga-type Srotodushti of Annavaha Srotas [4,7]

Ayurvedic management focuses on Deepana–Paachana, Vatanulomana, Srotoshodhana, and restoring gut mucosal integrity.

1. Aims : To evaluate the effectiveness of classical Ayurvedic management in relieving symptoms of Anāha (abdominal distension) occurring as a post–H. pylori infective gastrointestinal dysfunction in an elderly female patient.

2. Objectives:

- **To assess the role of Ayurvedic Deepana–Pācana therapy** in improving Agni and reducing Āma in a patient with post–H. pylori digestive complaints.
- **To evaluate the effect of Vātānulomana therapy** using Śunṭhī-siddha Eraṇḍa Taila in relieving constipation and abdominal distension.
- **To study the symptomatic relief provided by classical formulations** such as Hingvāṣṭaka Chūrṇa and Śāṅkha Vaṭi in bloating and abdominal heaviness.

- **To observe the role of Śatāvarī Vaṭi** in improving appetite and supporting gastrointestinal mucosal comfort when added during the course of treatment.

3. Materials and methods

Case report :

5.1 Patient Information

- Age: 64 years
- Gender: Female
- Weight: 49 kg
- Height: 152 cm
- Past history: H. pylori infection (confirmed in 2020), treated with standard modern therapy.

3.2 Presenting Complaints

Persistent for several months (since 2024):

- Abdominal bloating
 - Abdominal heaviness
 - Intermittent constipation
 - Reduced appetite
- Symptoms first appeared intermittently in 2021.

5.3 Examination

- Moderately nourished
- Abdomen: mild distention, non-tender
- Bowel sounds: slightly hyperactive
- No systemic illness

5.4 Ayurvedic Assessment

- Prakṛti: Vata-Kapha
- Agni: Mandagni

- Doṣa: Vata predominant with Ama
- Srotodushti: Annavaha – Sanga type
- Mala: Constipated
- **Diagnosis: Anaha with Amajanya features post-H. pylori**

5.5 Treatment

a) Treatment Goals

1. Enhance digestive fire (Deepana–Paachana)
2. Reduce Ama
3. Normalize Apana Vata
4. Clear Sanga in Annavaha Srotas
5. Restore gastric mucosal integrity
6. Improve bowel regularity

b) Medications Administered

Hingvashtaka Churṇa – 2 g twice daily with ghee before meals

Deepana, Paachana, Vata-shamana [8]

Shuṅṭhi-siddha Eranda Taila – 20 ml early morning

Mild Virechana, Vatanulomana [9]

Shankha Vaṭi – 250 mg, 2 tablets twice daily
Carminative, reduces gas and acidity [10]

Shatavari Vati (added after 2 weeks) – 2 tablets twice daily

Pittashamana, mucosal healing, Srotas-balya [11]

c) Diet & Lifestyle

- Warm water
- Laghu Ahara
- Avoid curd, heavy meals, cold food
- Early dinner
- Walking 30–45 min daily

4. Results

Symptom Grading (0–4)

0 = None, 1 = Mild, 2 = Moderate, 3 = Severe, 4 = Very severe

Symptom	Week 0	Week 1	Week 2	Week 3	Week 4	% improvement
Bloating	4	3	2	1	0	100%
Abdominal heaviness	3	2	1	0	0	100%
Constipation	3	2	1	0	0	100%
Loss of appetite	3	2	1	1	0	100%
Abdominal discomfort	4	3	2	2	1	75%

6.1 Patient Feedback - By week 4:

- Bloating significantly reduced
- Regular bowel movements
- Appetite improved
- Better energy and comfort
- No adverse effects

5. Discussion

Persistent dyspeptic symptoms after *H. pylori* therapy resemble PIFD [5–6], which aligns with Ayurvedic Anaha involving Agnimandya and Vata-prakopa [2–4,7]. Hingvashtaka Churna enhanced digestive metabolism and reduced gas formation [8]. Eranda Taila normalized Apana Vata and relieved constipation [9]. Shankha Vati provided immediate relief from belching and acidity [10]. Shatavari Vati supported mucosal repair and appetite [11]. This staged Ayurvedic protocol follows classical therapeutic sequencing: Deepana–Pachana → Vatanulomana → Srotas-balya/Rasayana, resulting in consistent symptom improvement.

8. Conclusion

This case demonstrates the effectiveness of Ayurvedic management in chronic post-*H. pylori* Anaha. Classical herbal formulations, combined with diet and lifestyle modifications, significantly improved gastrointestinal symptoms. Larger clinical studies are needed to validate these outcomes.

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