

Department :- Ayurved Samhita & Siddhant

Topic: Ajeerna

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INTRODUCTION :

- Digestion is the process by which the ingested food is broken down into a simpler and absorbable form. According to Ayurveda, Agni is considered as the key factor for digestion(Pachana) and transforms the food substances into various forms which can be easily assimilated by our body.
- In Ayurvedic Samhita, decrease in the intensity of Agni has been termed as "Agnimandya". Whereas Incomplete digestion and metabolism due to disturbed Agni leads to formation of under processed state of food termed as "Ajeerna".

CONCEPT OF AJEERNA

- Ajeerna is the state of incomplete process of digestion of ingested food, due to low digestive power or other reason.
- The main reason for indigestion is the deranged functions of Agni.
- It is the root of many disease and causes many types of pains.
- Incomplete digestion and metabolism due to disturbed digestive fire leads to formation of under processed state of food termed as Ajeerna.

- Acc to M.Ni - Persons who eat food in excessive quantities recklessly like 'pashu' become prone for the development of Ajeerna which may lead development of many diseases.
- अनात्मवन्तः पशुवत् भुजते येऽप्रमाणतः रोगानीकस्य ते मूलं जीर्णं प्राप्नुवन्ति हि । Ma.Ni
6/14

FACTORS RESPONSIBLE FOR THE PACHANA KRIYA

● The main factors involving are:

- | | |
|--------------------|------------------|
| 1. Ahara | 2. Pranavayu |
| 3. Saman Vayu | 4. Apana vayu |
| 5. Pachaka Pitta | 6. Bodhaka Kapha |
| 7. Kledaka Kapha | 8. Agni. |
| 9. Annavaha srotas | |

● Any vikruti among these may leads to Ajeerna

NIDANA :

- अभोजनादजिर्णातिभोजनात् विषमाशनात्।
असात्म्यगुरुशीतातिरुक्षसन्दुष्टभोजनात्॥
विरेकवमनस्नेहविभ्रमात् व्यधिकर्षणात्।
देशकाल ऋतुवैषम्यात् वेगानां च विधारणात्॥
(च.चि.15/42,43)
- मात्रायाअप्यभ्यवहतं पथ्यं चान्नं न जिर्यति
चिन्ताशोकभयक्रोर्धदुः खशैयप्रजागरैः । cha vi 2/9

● अत्यम्बुपानाद्विषमाशनाद्धा सन्धारणात्स्वप्नविपर्ययाच्च ।
कालेअपि सात्म्यं लघुन्चापि भुक्तमन्नं न पाकं भजते नरस्य
॥

ईर्षक्रोधभयपरिक्षतेन लुब्धेन रुग्दैन्यनिपिडितेन ।
प्रद्वेषयुक्तेन च सेव्यमानमन्नं न सम्यक् परिपाममेति ॥

Su.su

AHARAJA NIDANA	VIHARA NIDANA	MANASIKA NIDANA	OTHERS
1. Atyambupana 2. Atimatra Bhojan 3. Abhojana 4. Vishamasama 5. Asatmyaahara 6. Sandushtabhojan 7. Food Related- Atiruksha, Atisnigdha Gurubhojana	1. Vegadarana 2. Swapnavivaryaya 3. Ratrijagarana 4. Divashayana	1. Irsha 2. Bhaya 3. Krodha 4. Dwesha 5. Chinta	1. Vamana. Virechana, Sneha Vibrama 2. Rutu, Kala, Desha Vaishamya

JEERNA AHARA LAKSHNA :

- उद्गारशुद्धिरुत्साहो वेगोत्सर्गो यथोचितः लघुता क्षुत्पिपासा च जीर्णाहारस्य लक्षणम् | Ma. Ni6/24
- Udgara shuddhi
- Utsaha
- Timely evacuation of mala
- Laghuta
- Kshudha
- Pipasa

SAMANYA AJEERNA LAKSHANA

- विषादो गौरवं तन्द्री श्लेष्मसेकारित भ्रमाः ।
(K.S.Su.24/19)
- तस्य लिङ्गमजिर्णस्य विष्टम्भः सदनं तथा ।
शिरसोरुक् च मूर्छा च भ्रमः प्रुष्टकनिग्रहः ॥
जृम्भाअङ्गमर्दस्तृष्णा च ज्वरश्चर्दि प्रवाहणम् ।
आरोचकोअविपाकश्च घोरमन्नविषं च तत् ॥

Cha.Chi15/45-46

- तत्रामे गुरुतोत्क्लेद्ः शोथो गण्डाक्षिकुटगः।
उद्गारश्च यथाभुर्क्तं विदग्धः प्रवर्तते ॥
विदग्धे भ्रमतृणमूर्च्छाः पिताच्च विविधा रुजः ।
उद्गारश्च सधुमाम्ल स्वेदो दाहश्च जायते ॥

Ma.ni6/10-11

SAMPRAPTI

Hetusevana

Tridosha

Samana Vayu

Pachaka Pitta

Kledaka Kapha

Hampers the function of Agni

Annacharvana, Vahana, Bhinnasangata gets affeted

Avipaka of Anna

Ajeerna

SAMPRAPTI GHATAKA:

- ◉ Dosha: Tridosha
- ◉ Dusya: Jatharagni, Rasadhatu
- ◉ Srotas: AnnavahaSrotas
- ◉ Adhithana: Amashaya, Pakwashaya
- ◉ Srotodusti: Sanga
- ◉ Agni :Jatharagni
- ◉ Ama : Jatharagnimandyajanya
- ◉ Swabhava: Ashukari, Chirakari
- ◉ Sadhyaasadhyata: Sadya, Yapya

BHEDA

- आमं विदग्धं विष्टब्धं कफपित्तानिलैस्त्रिभिः
अजीर्णं केचिदिच्छन्ति चतुर्थं रसशेषतः ।su.su
46/ 499
- अजीर्णं पन्चमं केचिन्नर्दोषं दिनपाकि च वदन्ति
षष्टं चाजीर्णं प्राकृतं प्रतिवासरम् । Ma.ni 6/6

- **Vistabdha ajirna** – caused due to vitiation of vata dosha.
- It is characterised by Aghman, vibandha, Atopa, Shula, Angapidana, Stambha
- **Vidagdha ajirna** – caused due to vitiation of pitta dosha.
- It is characterised by bhrama, daha, trushna, murcha, Amlodgaara, sweda pravrutti.

- **Ama ajirna** – caused due to vitiation of kapha dosha.
- The feature of this are Sharira gourava, Praseka, Gandakshikuta shotha, Sadyobhukta udagaara, Utklesha
- **Rasa sesha ajirna** – This is caused due to heavy and late night dinner.
- In this, person will feel that the food consumed last night is not digested when you wake up in the morning.
- It is characterized by Udgara shuddhi, Hrud udgara, na bhakta akanksha, praseka

- **Dinapaki Ajirna** - In which the food is digested on next day but causes no difficulty.
- It is considered as Nirdosha i.e. no any signs and symptoms occur.
- **Prakruta Ajirna/ Prativasara Ajirna** - It is normal state, as food remains undigested normally after consumption, hence called Prakrita Ajeerna.

UPADRAVA

- मूर्च्छा प्रलापो र्वमथुः प्रसेकः सदनं भ्रमः
उपद्रवा भवन्त्येते मरणं चाप्यजीर्णितः ॥५०४॥ S.S.46

CHIKITSA

- The genereal principles of Agnimandya Chikitsa can be adopted here as Agnimandya is main cause of Ajeerna.
- The two fold treatment is advocated in Ajeerna with objectives of
 - i. Digesting the Apakwa aahara
 - ii. Aam pachana and Agni deepana

- NIDANA PARIVARJANA :

The causes of Ajeerna such as Atyambupaana Vishamashana, Asatmya bhojana, Guru, Vishtambhi, Ati ruksha , Sheeta Bhojana etc, Should be avoided

- AGNI DEEPANA : Pippali, Sunthi, Maricha, vidanga , Ela, jeeraka

- AMA PACHANA : Dhanyaka, Chavya, Chitraka, Mustaka

- तत्रामे वमनं कार्यं विदग्धे लङ्घनं हितम् विष्टब्धे स्वेदनं पथ्यं रसशेषे शयीत च । Su. Su 46
- तत्रामे वमनं कार्यं.....| B.R 10/17
- विदग्धे लङ्घनं हितम्| B.R 10/25
- विष्टब्धे स्वेदनं पथ्यं पेयञ्च लवणोदकम्B.R 10/28
- रसशेषे दिवस्वप्नो लङ्घनं वातवर्जनं| B.R 10/28
- लङ्घनं कार्यमामे तु, विष्टब्धे स्वेदनं भृशम् विदग्धे वमनं , यद्वा यथास्वस्थं हितं भवेत् । A. H .Su 8/27

Treatment as explained by Acharyas:

1. Vamana- in Aamajeerna
2. Langhana- in VidagdhaJeerna
3. Swedana & lavanodaka- in Vishtabdhajeerna
4. Divaswapnam- in Rasasheshajeerna

SAMSHODANA

- a. Swedana
- b. Vamana
- c. Virechana

SAMSHAMANA

- **CHURNA**

- Shivaakshara pachana churna
- Avipattikara churna
- Panchakola churna
- Lavanabhaskara churna
- Hingvashtaka churna

● **VATI**

- Sanjivini vati
- Arka Vati
- Rasona Vati
- Shanka Vati
- Lavangadi Vati
- Hingvadi Vati

● **RASA**

- Shanka Bhasma
- Gandhaka Vati
- Agnitundi Rasa
- Ajeerna kantaka Rasa
- Bhaskara rasa
- Agni Sandeepana
Rasa

● **GHRITAS**

- Vyoshadi ghrita
- Chavyadi ghrita
- Mustashatphala ghrita
- Trayushanadi ghrita

● **ASAVA/ARISHTA**

- Amrutarishta
- Kumaryasava
- Pippalyasava

PATHYAPATHY

● Pathya :

Laghu aahara, Katu Tikta
dravya, Yusha,
Lajamanda, Peya
Sahijana, Parawala,
Aawala, Ardraka,
Ajamoda, Marich, Methi,
Dhaniya,
Jeeraka, Ushnajalapana
ghrita

● Apathya :

Atyambupaana, Guru,
Vidahi,
Vistambhi, Asatmya
anna, Viruddhaaahara,
Vega dharana,
adhyashana,
Vishamashana

DYSPEPSIA

- Indigestion, also known as dyspepsia/ upset stomach, is a condition of impaired digestion.
- Is a sign of an underlying problem, such as GERD, Ulcers, etc.
- It refers to discomfort or pain that occurs in the upper abdomen, often after eating or drinking. People may also experience feeling full earlier than expected when eating.

TYPES:

1.Organic dyspepsia :

Organic dyspepsia caused by underlying disease, causes of dyspepsia are peptic ulcer, gastroesophageal reflux disease, gastric or esophageal cancer, pancreatic or biliary disorders, intolerance to food or drugs, and other infectious or systemic diseases.

2.Functional dyspepsia:

Functional dyspepsia is a term for recurring signs and symptoms of indigestion that have no obvious cause. Functional dyspepsia is also called nonulcer stomach pain or nonulcer dyspepsia

CAUSES :

● Indigestion can result from lifestyle or dietary habits, a medical condition, or the use of some drugs.

Common causes of indigestion:

1. dietary factors (Fatty, oily or spicy foods.)
2. obesity
3. Stress
4. Faulty eating habits/ Fast Food (Overeating or eating too quickly)
5. Too much caffeine, alcohol, chocolate or carbonated beverages, smoking, Tobacco

when there is no identifiable structural or metabolic cause, we can diagnose with functional dyspepsia.

⦿ **Organic dyspepsia** is due to wide range of health conditions, including:

1. GERD
2. Peptic ulcer disease
3. Gastritis
4. Infection, specially with *H. Pylori*
5. Irritable bowel disease
6. Stomach infection and food poisoning.
7. Oesophagitis (Inflammation of food pipe)
8. Pancreatitis or gall bladder stone.
9. Irritable bowel syndrome (IBS)
10. Hiatus hernia or Gastoparesis.

⦿ **Disease conditions other than Gastro intestinal tract:**

1. Thyroid disease
2. Diabetes (Gastroparesis)
3. Food allergies
4. Depression

⦿ **In pregnancy :**

Dyspepsia is common during pregnancy, especially in the last trimester. This is due to the way the fetus presses against the stomach.

☉ Medications:

1. Antibiotics (metronidazole, macrolides)
2. Nonsteroidal anti-inflammatory drugs (NSAIDs) ibuprofen (Motrin, Advil), and naproxen (Naprosyn)
3. Diabetes drugs (metformin, Alpha-glucosidase inhibitor, amylin analogs, GLP-1 receptor antagonists)
4. Antihypertensive medications (angiotensin converting enzyme [ACE] inhibitors, Angiotensin II receptor antagonist)

SYMPTOMS

The symptoms of dyspepsia can include:

- Burning in the stomach or upper abdomen
- Abdominal pain
 - Bloating (Full feeling)
- Belching and Gaseous abdomen
- Nausea and vomiting
- Acidic taste
- Growling stomach

DIAGNOSIS :

- Diagnoses of indigestion based on your medical history, a physical exam, upper gastrointestinal (GI) endoscopy, and other tests.
- Medical history :**
 - Eating habits
 - Drinking habits
 - Previous prescription medicines
 - Smoking/ Tobacco chewing
 - Palpation for tenderness, pain, and lumps

- **Physical exam**

- check for bloating

- Palpation for tenderness, pain, and lumps

- Auscultation of abdomen for peristaltic to sounds

- **Blood tests:**

- This can assess for anemia, liver problems, and other conditions.

- **Tests for *H. pylori* infection:**

- In addition to a blood test, these tests may include a urea breath test and a stool antigen test and upper GI biopsy.

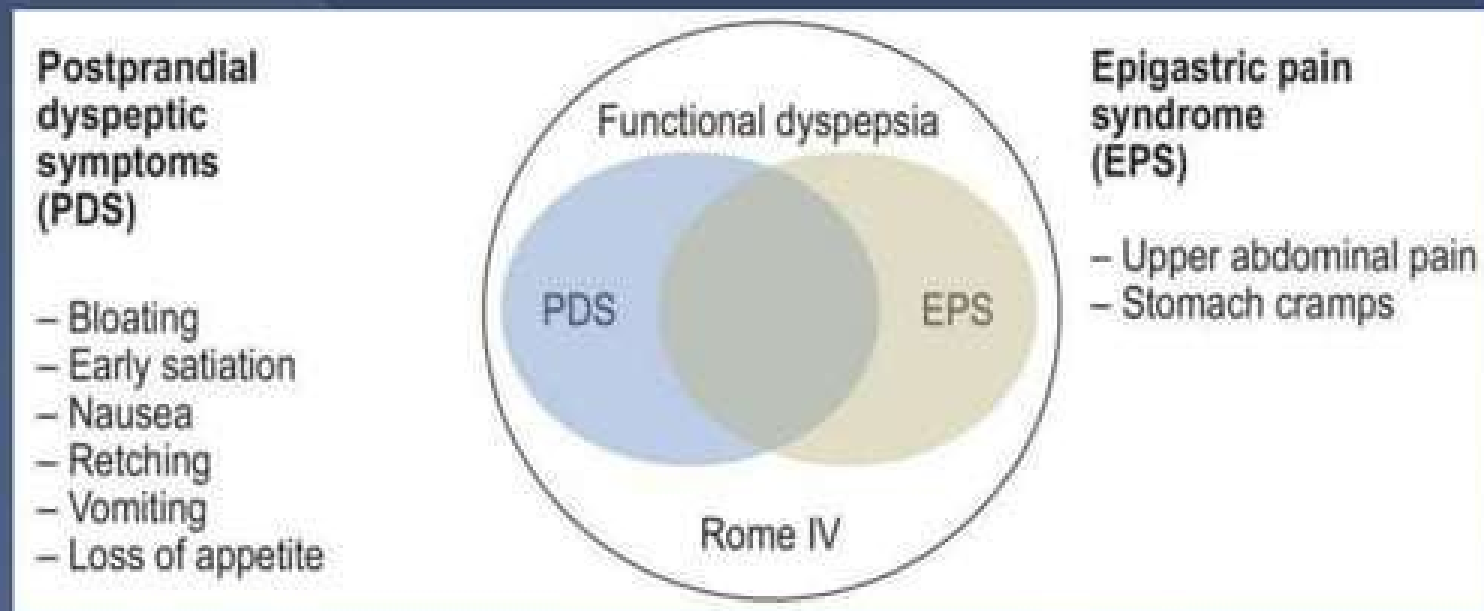
⦿ **Imaging tests.**

- ⦿ X-rays
- ⦿ Barium swallow with fluroscopy
- ⦿ Computed tomography (CT) scans
- ⦿ Ultrasound
- ⦿ Endoscopy
- ⦿ Manometry

DIAGNOSIS OF FUNCTIONAL DYSPEPSIA :

- According to the recently revised Rome IV criteria ,functional dyspepsia is defined by:
 1. Persistent or recurring dyspepsia for more than 3 months within the past 6 months
 2. No demonstration of a possible organic cause of the symptoms on endoscopy
 3. No sign that the dyspepsia is relieved only by defecation or of an association with stool irregularities.

- The current Rome IV criteria divide functional dyspepsia into two subgroups according to the cardinal symptoms:



- Epigastric pain syndrome (EPS)—predominant epigastric pain or burning
- Postprandial distress syndrome (PDS)—feeling of fullness and early satiation.

● Confirmation of the diagnosis of functional dyspepsia rests on:

1. The typical symptoms and the patient's history
 2. The exclusion of other diseases of the upper gastrointestinal tract and upper abdominal organs that may present with similar dyspeptic symptoms
- On questioning, the patient typically reports a long history of complaints, variable symptoms with no clear progression, diffuse pain of variable location, absence of unintentional weight loss, and dependence of the symptoms on stress.

TREATMENT :

- **Lifestyle modification and dietary habits:**
- Avoid trigger foods such as fatty and spicy foods, carbonated beverages, caffeine, and alcohol.
- Stress-reduction techniques:
- Relaxation therapy
- yoga and meditation
- avoiding or quitting smoking,

MEDICATIONS :

- **Acid-suppressing medications :**
- Proton pump inhibitors (PPIs)
- lansoprazole
- omeprazole
- pantoprazole
- rabeprazole
- H-2-receptor antagonists (H2RAs)
- Cimetidine
- Famotidine
- Nizatidine
- Ranitidine

- **Prokinetics :**

- These can help boost the movement of food through the stomach.

- Metoclopramide

- bethanechol

- **Antibiotics**

- If a *Helicobacter pylori* infection is causing peptic ulcers that result in indigestion, then we can prescribe an antibiotic.

- Amoxicillin

- Clarithromycin

- Tetracycline

- Tinidazole

- **Antidepressants**

- **To look after the medication :**

- To avoid the medication such as NSAID,s

- **Counseling**

- Chronic indigestion can affect a person's quality of life and overall well-being.

- Options may include:

- cognitive behavioral therapy

- biofeedback

- hypnotherapy

- relaxation therapy

COMPLICATIONS

- In rare cases, severe and persistent indigestion can lead to complications

These include:

1. Esophageal stricture
2. Pyloric stenosis
3. Peritonitis



**THANK
YOU**