



ORIGINAL RESEARCH PAPER

Unani Medicine

EFFICACY OF UNANI COMPOUND DRUG IN ENDOSCOPICALLY PROVED ANTRAL GASTRITIS AND DUODENITIS IN *HELICOBACTER PYLORI* NEGATIVE PATIENTS

KEY WORDS: Antral, Gastritis and duodenitis Upper G.I Endoscopy, Unani compound Drugs.

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ABSTRACT

AIM: We undertook this study to find out the effect of Unani compound drugs on symptoms in *H. pylori* negative antral gastritis and/or duodenitis confirmed by upper G.I Endoscopy.
METHODS: Study was conducted on 80 patients having gastritis and/or duodenitis, confirmed by endoscopy. Patients were given Unani compound drugs for 3 months, after 3 month upper G.I endoscopy and RUT was repeated to assess the status of gastritis and/or duodenitis and, *H. Pylori*.
RESULTS: We found that 68.3% and 50% improvement in gastritis and duodenitis respectively as well as good result in symptoms relief.

INTRODUCTION

The term dyspepsia (Greek “dys” [bad], “pepsis” [digestion]) is used for a spectrum of symptoms localized by the patient to the epigastric region and the flanks. These symptoms include epigastric pain and burning (60 to 70%), feeling bloated after a meal (80%), early satiation (60 to 70%), distension in the epigastric region (80%), Nausea (60%), and vomiting (40%). Dyspepsia is a poorly characterized syndrome thought to originate from anatomic or functional disorders of the upper GI tract [1, 2, 3]. Rome III criteria define dyspepsia as 1 or more of the following 3 symptoms for 3 months within the initial 6 months of symptom onset [4, 1] postprandial fullness, [2] early satiety, and epigastric pain or burning [3]. Chronic gastritis and peptic ulcer disease are most common disorders and antral gastritis is common finding during upper GI endoscopy. A close relationship between chronic gastritis and *Helicobacter pylori* (*H. pylori*) infection has been reported and about 75% patients with chronic gastritis have been found to have *H. pylori* infection compared to 10% of those without gastritis [5]. Functional dyspepsia is characterised by troublesome early satiety, fullness, or epigastric pain or burning. It can easily be overlooked as the symptoms overlap with gastro-oesophageal reflux disease and irritable bowel syndrome [6]. Dyspepsia affects up to 40 percent of adults each year, and about 10 percent of those affected seek medical care. Most cases in patients who seek care are eventually diagnosed as functional dyspepsia. Functional (nonulcer) dyspepsia is defined as the presence of postprandial fullness, early satiation, or epigastric pain or burning in the absence of causative structural *H. pylori* and functional dyspepsia [13, 14]. Unani physicians in search of new, safe and effective drugs have always experimented new combinations. The combination in present study is a non pharmacopoeal drug which contains four single drugs namely *Plantago ovata* (Asapghol musallam) [17] *Pistacia lentiscus* (Mastagi) [16] *Acacia arabica* (Samghe arabi) [17], *Glycyrrhiza glabra* (Asl-us-soos) [15] (Ingredients of this combination are effective in functional dyspepsia as well as against *H. pylori* drug owing to their attributed temperament, medicinal effect, mechanism of action and their supposed role in the combination). In Unani literature, these drugs have been described widely for their role in ulcerative gastric diseases and have age-old history of their use in the management of such diseases. Scientific studies they have been found to possess such an effect useful in the management of gastritis [18, 19]. Except that various drugs are used for the treatment of gastritis without any side effect e.g. some of the commonly used single drugs (*Adviya mufrida*), *Aloe barbadensis* Mill (Elva), *Alpinia galanga* Willd (Khulanjan), *Anchusa strigosa* Labill (Gaozaban), *Withania somnifera* Linn (Asgandh), *Andrographis paniculata* Wall

(Bhuineem), *Zingiber officinale* Rosc (Adrak), *Embllica officinalis* (Amla), *Curcuma longa* Linn (Haldi), *Asparagus racemosus* Willd (Satawar), *Aegle marmelos* Correa (Bael), *Myristica fragrans* Houtt (Jaiphal) etc and in the form of compound drugs (*Adviya murakkaba*) are Jawarish Mastagi, Jawarish Anarain, Majoon Dabidul Ward, Sharbat Anar, Majoon Zanjbil, Qurs Satawari, Itrifal Aftimoon, Sharbat Unnab and Khammeera Sandal have been indicated by unani physicians for the treatment of chronic gastritis and their efficacy against gastritis has also been tested by studies [20, 21, 22, 23, 24, 25].

MATERIALS AND METHOD:

This study was conducted within the duration of 2 years (March 2015 to February 2017) in the department of Surgery (Jarahat), AjmalKhan Tibbiya College, AMU, Aligarh. This was a randomized single blind, controlled clinical trial.

1. Inclusion Criteria:

We included the patients who met the following criteria. (i) Patients having following symptoms at least for 7 days. (a) Heart Burn (b) Nausea (c) Vomiting (d) Indigestion (e) Abdominal pain (f) Heaviness after meal (g) Belching (h) Epigastric tenderness (ii) Patients with Antral gastritis, diagnosed by UGI endoscopy. (iii) *H. Pylori* Negative patients, confirmed by rapid urease test (RUT). (iv) Age between 15yrs. to 70 yrs.

2. Exclusion Criteria:

we excluded the patients who met with any of the following criteria. (i) Patients who had NSAIDs or any antibiotics within the last 4 weeks. (ii) Any systemic disease (Hepato-renal and pulmonary malfunction. (iii) Patients with prior history of pyloric stenosis gastric resection (iv) Patients with prior history of peptic ulcer gastric carcinoma. (v) Patients with active G.I. hemorrhage, Obstruction, perforation (vi) Pregnancy and lactation (vii) Anxiety disorders (viii) Bleeding disorders (ix) HBsAg +ve and HIV +ve, *H. pylori* +ve patients.

METHODOLOGY:

Permission from the institutional ethical committee was obtained before conducting the study. A written and well informed consent was sought from the patients before participation into the study. The patients who were having the features of chronic gastritis like heart burn, nausea/vomiting, indigestion, abdominal pain and loss of appetite, heaviness after meal, belching, epigastric tenderness were screened and were called for endoscopy, nil orally (fasted overnight). During the examination of upper GI endoscopy the area of anomaly was documented and at the same time punch biopsy was taken from antrum of the stomach and a rapid urease test

(RUT) was done from the mucosa to confirm the presence or absence of *H. Pylori* bacteria. Only the patients having antral gastritis and/or generalized gastritis with *H. Pylori* Negative test (RUT) were enrolled in the study and were given the Unani drug compound. Unani drug compound was given in the dose of 2 capsules twice daily before meals with water for 3 months. In follow up all the patients were called after every 15 days and after 3 months of treatment, the symptomatic relief was again noted down and repeated endoscopy by the same endoscopist.

RESULTS AND OBSERVATIONS:

The present study was conducted on 80 *H. Pylori* negative patients in the Department of Jarahat (surgery), Aj,al Khan Tibbiya College and Hospital (AKTCH), AMU, Aligarh. The patient were interrogated about the symptoms of heart burn, nausea, vomiting, indigestion, abdominal pain, loss of appetite, regurgitation, flatulence, belching and also examined for epigastric tenderness. These patients underwent Upper Gastro Intestinal Endoscopy for the confirmation of the clinical diagnosis. This study was to evaluate the efficacy of a Unani Compound in *H. Pylori* negative cases, which is evident from the tables 1-6 presented as follows:

Table 1: Distribution of patients according to age

Age in year	No of patients	%
10-20	12	15
20-30	24	30
30-40	20	25
40-50	10	12.5
50-60	10	12.5
60-70	04	05
Total	80	100

Table 2: Gender distribution of the patients

Sex	Number of patients	%
Male	38	47.5
Female	42	52.5
Total	80	100

Table 3: Distribution of patients according to occupation

Occupation	No of patients	%
House wife	32	40
Service class	16	20
Labour class	22	27.5
Student	10	12.5
Total	80	100

Table 4: Distribution of patients according to socioeconomic status

Income group	No of patients	%
High income	10	12.5
Middle income	38	47.5
Low income	32	40
Total	80	100

Table 5: Distribution of patients according to sign and symptom in *H. Pylori* Negative patients

Symptoms	Pre treatment		Post treatment	
	No of patient	%	Improved	%
Heart burn	60	75	44	73.5
Nausea	38	47.5	32	84.5
Vomiting	22	27.5	16	72.2
Indigestion	14	17.5	09	64.3
Loss of appetite	20	25	15	75
Regurgitation	36	45	25	69.4
Abdominal pain	44	55	28	63.6
Belching	14	15	10	71.4
Heaviness	24	30	15	62.5
Flatulence	10	12.5	06	60
Epigastric tenderness	34	42.5	25	73.5

Table 6: Distribution of patients according to endoscopic finding

Endoscopic finding	Pre treatment		Post treatment	
	No. of patients	%	Improved	%
Antral gastritis	60	75.0	41	68.3
Generalized gastritis	06	7.5	02	50
Antral gastritis with duodenitis	04	05.0	03	50

DISCUSSION:

Health of stomach (meda) has been given a prime importance in Unani Medicine. Almost all Unani physicians have contributed towards the health and disease of stomach. Unani physicians have mentioned a wide spectrum of treatment for Gastritis (warm-e-meda). According to the cause, clinical presentations, regions, climate, age, acuteness or chronicity and dietary habits with prime concern on the correction of Mizaj (temperaments) and Akhlat (humours) of the patients. A number of medicine and corrective approaches covering all these aspects have been

Described in Unani medicine resource books [21], In Unani system of medicine plants, animals as well as mineral origin drugs are being used for the treatment of gastritis without any known side effects. Some of the commonly used single drugs (Adviya mufrida) [22, 23,24, 25]. The aim of this study was to demonstrate the effect of Unani drug compound containing "*Glycyrrhiza glabra* (Asl-us-soos), *Plantago ovata* (Asapghol musallam), *Acacia arabica* (Samghe arabi) and *Pistacia lentiscus* (Mastagi)" in the treatment of antral gastritis and duodenitis as well as functional dyspepsia. *Glycyrrhiza glabra* (Asl-ussoos)/Licorice reduces stomach secretion, produces thick protective mucus for stomach lining which protect it from inflammation, gastritis and peptic ulceration [28]. *Plantago ovata* (Asapgholmusallam) is a water soluble seed husk mucopolysaccharides derived from the husk of *Plantago ovata* showed wound cleansing and wound healing properties as well as anti-bacterial activity [29]. *Acacia arabica* (Samghe arabi) is shown to be protective against stress-induced gastric ulcer in vitro [30]. *Pistacia lentiscus* (Mastagi)/Mastic gum is cytoprotective and has mild anti secretory effect, it is effective for healing gastric and duodenal ulcer [31]. We observed that the Unani drug compound relieved the symptoms effectively in. Antral gastritis was the most common (75.0%) finding through upper GI endoscopy in this study which is similar to (76.6%) that of other researchers. Improvement in the symptoms and sign are heart burn...73.5%, nausea...84.5%, vomiting...72.2%, indigestion....64.3%, abdominal pain...63.6%, loss of appetite...75.0%, regurgitation...69.4%, heaviness after meal...62.5%, flatulence...60.0%, belching...71.4%, epigastric tenderness...73.5%.

CONCLUSION:

It is era of evidence based medicine and in this study we have tried to demonstrate that Unani compound drugs not only declines the symptoms of gastritis and duodenitis but it also corrects them which was proved by repeated upper GI endoscopy after treatment. It has a good result in reliving symptoms and upper GI endoscopic finding.

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