



Warm-e-Meda (Gastritis) With Unani Treatment-A Review

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Abstract

Gastritis is histologically documented inflammation of gastric mucosa. It is one of commonest problem among people. Unani physician has mentioned gastritis by different names e.g Hurqat- e- meda, sozish-e-meda, warm-e-media & Iltehab-e-meda. Gastritis can be acute or chronic. Acute gastritis is a transient mucosal inflammatory process that may be asymptomatic or cause in-consistant degree of epigastric pain, nausea & vomiting and is often erosive & haemorrhagic, neutrophil are predominant cells in superficial epithelium. Aspirin or NSAID drugs intake result in gastritis in many cases. In unani system of medicine, drugs are used for the treatment of gastritis with minimum side effect.

Keywords: Gastritis, stomach, inflammation, Unani treatment Warm-e-meda, Herbal Remedies.

I. Introduction, History and Background of Warm-e-Meda (Gastritis)

It would seem impractical to deal with the topic of gastritis without a proper definition of this disease. The term “gastritis” derived from the Greek words gastér gastrós and defines every flogistic process affecting the stomach, confirmed by histological evaluation. In this brief overview we will see how not only the inflammatory cells present in the biopsy sampling are fundamental, but also (and above all) the histological modifications of long-standing inflammation, possible ideal ground for the development and progression of neoplastic lesions of the stomach. For this reason, the most important goal of histology is to distinguish between non-atrophic and atrophic gastritis, in order to be informative about which patients require clinic/endoscopic surveillance.

Gastritis is a stomach disease. It may be in acute or chronic form. The stomach is a J-shaped organ with the oesophagus proximally and the duodenum distally.¹ The inflammation of the stomach may be only superficial. It is not always a serious condition, but may result in atrophy of gastric mucosa if found in deep gastric mucosa with a long standing period.² Gastric mucosa is made up of epithelial cells. These

cells are adherent to each other with tight intercellular junctions called “GAP junctions”. The gastric epithelium possesses secretory glandular cells and hormones which are essential in digestion and are a basic requirement for the defence mechanism of the mucosa.

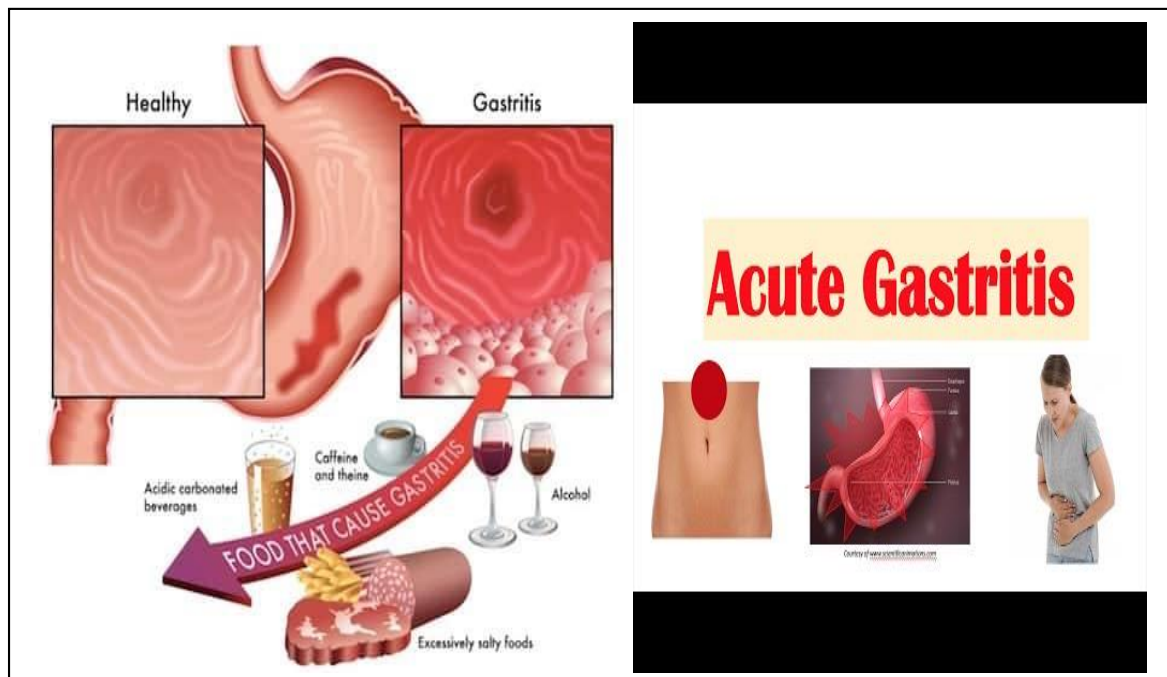


Fig. 1 Gastric-(Warm-e-Meda) A Chronic Disease

Hippocrates (460-370 B.C.) had mentioned warm-e-Meda as a symptom under the description of various types of fevers. He described that severe pain in stomach and palpitation during fever is a bad sign [1]. Sabit Bin Qurrah (826-901 A.D.) in his book "Al Zakheerah Fil Tibb" has mentioned Warm e Meda as a result of imbalance in the Mizaj (The Temperament) of Meda (Stomach). He described four varieties of gastritis. According to him Warm-e-Meda may be Har Ratab (hot and wet), Har Yabis (hot and dry), Barid Ratab (cold and wet) and Barid yabis (cold and dry). The cause of these varieties of gastritis has been described as domination of Khilt e Dam (Blood), Khilt e Safra (Yellow Bile), Khilt e Balgham (Phlegm) and Khilt e Sauda (Black Bile) [2]. Ali Ibn Abbas Majoosi (930-994 A.D.) described two varieties of Warm-e-Meda either har (hot) or barid (cold) in origin according to their causative factors [3]. Hakim Ali ibn Kamal al-Din Muhammad Gilani, 16th Century Persian Royal Physician from Gilan IRAN, described Warm-e-Meda mostly of Balgham origin. He mentioned chronic pain at the site of stomach as diagnostic feature of Warm-e-Meda [4]. Hakim Muhammad Akbar Arzani (d. 1722) a notable Muslim physician and writer from southern Asia who worked extensively in India, in his book "Tibb e Akbar" described four types of warm e Meda. These are Damvi, Safravi, Balghami and Saudavi [5]. Abu Ali al-Husayn ibn Abd Allah Ibn Sina (Avicenna) (980-1037 A.D.) has mentioned that causes of Warm-e-meda Har (Hot) are like of Har Auwrams (Hot Swellings) of other body parts. According to him Auwram-e-Meda Har of the stomach are mostly Damvi and occasionally Safravi [6]. Zayn al-Din Sayyed Isma,il ibn Husayn Gorgani (1040–1136 A.D.) In his book "Zakhirah Khawarizm Shahi" has mentioned alteration in the composition of Akhlat as the cause of Warm-e-Meda. According to him in most of the cases the Warm-e-Meda is either Damvi (because of

domination of Blood) or Safravi (because of domination of Yellow Bile). Rarely this is Balghami (because of domination of Phlegm). Very rarely this is firm type of Warm which indicates that Warm-e-Meda Damvi or safravi has converted into Chronic Warm of Meda [7]. Muhadhib al-Din Abul-Hasan Ali Ibn Ahmad Ibn Hubal (1122-1213) in his book "Kitab Al Mukhtarat fil Tibb" has described many causes of Warm-e-Meda and quoted that fever is an important symptom. He mentioned the Alteration in the composition of Akhlat (Humors) and the accumulation of bad material in vessels of stomach among the main causes of Warm-e-Meda [9].

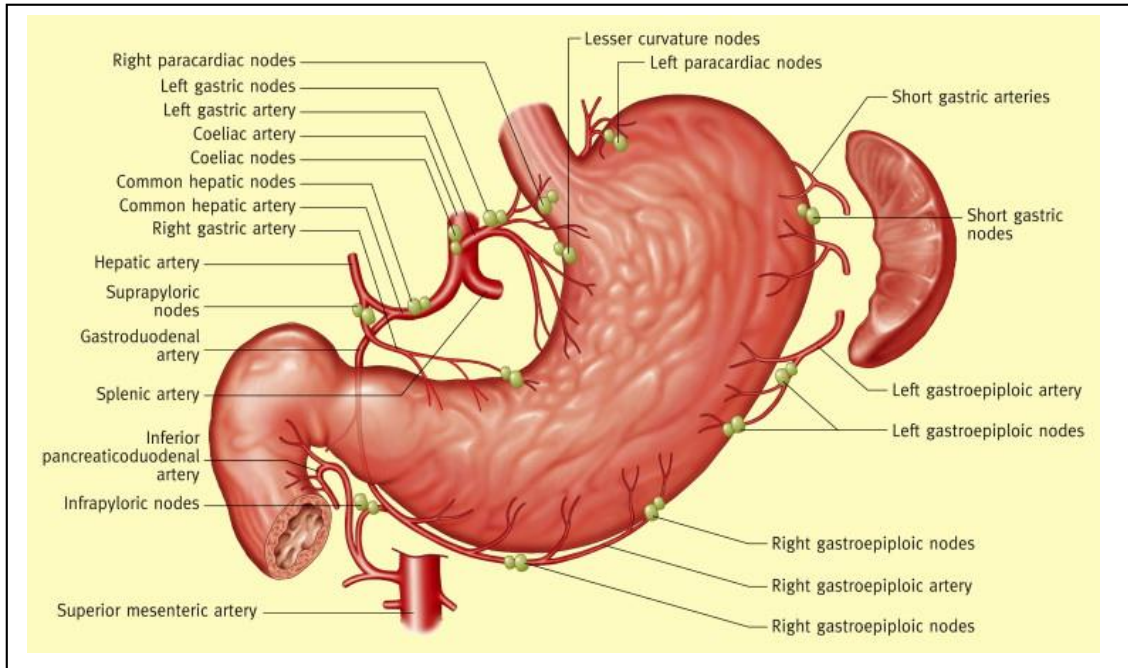


Fig. 2 Anatomy of Stomach

Anatomy: Stomach-- it is j Shaped structure which lies obliquely in the epigastric, umbilicus & left hypochondrium region. It is a muscular bag forming widest & most distensible part of digestive tube. It acts as reservoir of food and help in digestion of protein and fats, with 10 inch long, mean capacity 30ml at birth, 1000ml at puberty, 1500 -2000ml in adult. Stomach has 2 orifices (pyloric & cardiac end) 2 curvatures (lesser & greater curvature) & 2 surfaces (anterior & posterior surfaces, lies left 7th costal cartilage 1 inch from its junction with the sternum, at the level of vertebrae T11. The stomach has five anatomical regions as cardiac, fundus, body, antrum, pylorus [2]. Histologically the stomach is made of four layers (outer to inner):- (1). Serosa outer layer [2]. muscularis mucosa having 3 layers.

a) Outer longitudinal

b) Middle circular.

c): Inner oblique, [3].

Sub mucosa loose areolar tissue [4]. Mucosa (inner layer) 2 layers superficial & deep, between the two layers lamina propria.

Blood supply: Left gastric artery (branch of coeliac), Right gastric artery (branch of hepatic artery), Right gastroepiploic artery (branch of gastro-duodenal artery), Left gastro-epiploic artery (branch of splenic

artery. The venous drainage is portal vein, superior mesenteric vein, splenic vein.

Nerve supply: sympathetic T6_T7 of spinal cord via greater splanchnic nerve, coeliac & hepatic plexus.

These nerves are

- vasomotor
- motor to pyloric sphincter but inhibitory to the root of gastric muscular
- chief pathway for pain sensation from stomach. parasympathetic vagus through the oesophageal plexus & gastric nerve [3].

The main gastric glands are simple or branched tubular glands that lie at right angles to the mucosal surface. The gland opens into the gastric pit, occupies the superficial one-fourth or less of the mucosa, the remaining thickness being closely packed gastric gland. Chief or peptic cells secrete pepsin. Oxyntic or parietal cells secrete HCl & intrinsic factor which combines with vitamin B12. Mucous neck cells secrete mucus. G-cells secrete gastrin hormone. Endochromaffin-like cells secrete histamine. D-cells secrete somatostatin [4].

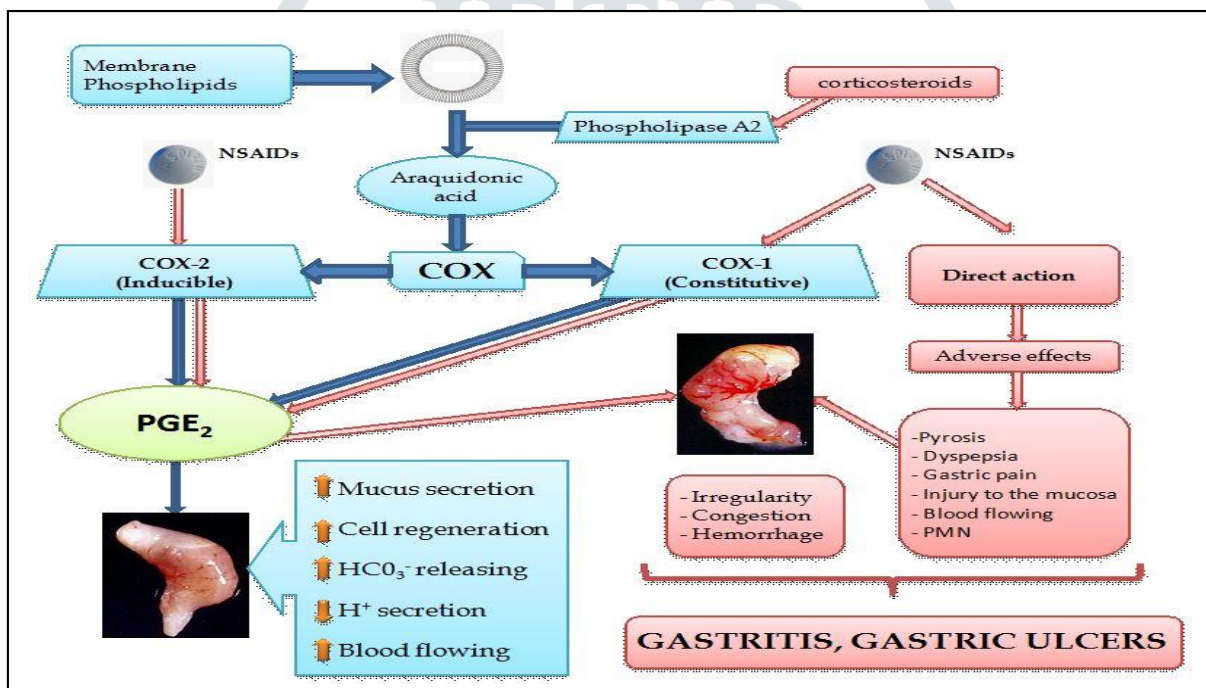


Fig. 3 Gastric or Gastric Ulcer-Flow chart

II. Etiology of Warm-e-Meda (Gastritis)

- Diet and personal habits :- Highly spiced food, alcohol consumption, heavy smoking, malnutrition.
- Infection: Bacterial e.g. H. Pylori, diphtheria, salmonellosis, pneumonia, staphylococcal food poisoning & viral infection as viral hepatitis, influenza, infectious mononucleosis.
- Drugs: Aspirin (NSAIDS), cortisone, preparation of iron, chemotherapy
- Chronic and physical agents: intake of corrosive chemicals as caustic soda, phenol, lysol, & gastric irradiation, freezing.
- Severe stress: emotional factor like shock, extensive burns, trauma, surgery [4].

III. Mechanism or pathology of gastritis

- Reduced blood flow resulting in mucosal hypoperfusion due to ischemia.
- Increased acid secretion and its accumulation due to H. Pylori resulting in damage to epithelial barrier
- Decreased production of bicarbonate buffer. (3)

IV. Clinical feature of Gastritis (Gastritis)

Sudden onset of epigastric pain, nausea, and vomiting. Mucosal histology studies marked infiltration of neutrophils with oedema and hyperemia. If not treated the picture will evolve into chronic gastritis [5]. Bacterial infection of stomach or phlegmonous gastritis is a rare, potentially life-threatening disorder characterized by marked diffuse acute inflammatory infiltrates of entire gastric wall, at times accompanied by necrosis. Patients may be affected elderly individuals, AIDS, alcoholics. Organisms associated with this entity include streptococci, staphylococci, E. Coli, proteus and haemophilus species. Failure of supportive measures & antibiotics may result in gastrectomy [5].

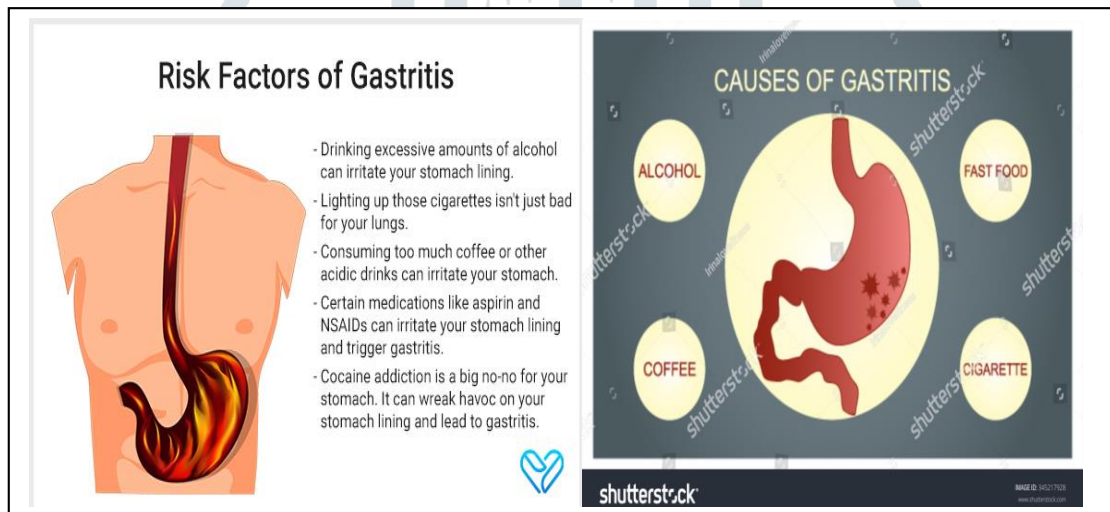


Fig. 4 Gastric-Causes and Risk factor

A. Chronic Gastritis

Chronic Gastritis is identified histologically by an inflammatory cell infiltrate consisting primarily of lymphocytes & plasma cells with scanty neutrophil involvement. Chronic Gastritis are classified according to histological characteristics. These include,

- 1) Superficial Atrophic changes
- 2) Gastric Atrophy.

The association of atrophic gastritis with the development of gastric cancer has led to the development of endoscopic & serologic markers of severity. Some of these include gross inspection & classification of mucosal abnormalities during standard endoscopy, magnification endoscopy, endoscopy with narrow band imaging & autofluorescence imaging & measurement of several biomarkers including pepsinogen 1&2 level, gastrin 17 & anti-H. Pyloric serologies.

B. Phases of Gastritis.

- **1st Stage:** Superficial gastritis Inflammatory change are limited to lamina propria of surface mucosa with oedema & cellular infiltration
- **2nd Stage: Atrophic gastritis:** Inflammation to deeper into the mucosa with progressive distortion & destruction of glands.
- **3rd Stage: gastric atrophy:** Glandular structures are loss & there is paucity of inflammatory infiltrate. Endoscopically the mucosa may be substantially, then, permitting clear visualization of underlying blood vessel ^[1].

C. Classification of chronic gastritis

- a) Type A (autoimmune gastritis): Body fundic predominant
- b) Type B (H. Pylori gastritis): Antral predominant
- c) Type AB (mixed environment gastritis): Antral bodygastritis
- d) Chemical (reflex) gastritis: Antral body predominant
- e) Miscellaneous form of gastritis ^[4].

a) Type A (autoimmune gastritis)

Type A gastritis involves mainly the body fundic mucosa. It is also called as autoimmune gastritis due to presence of circulating antibodies against parietal cells intrinsic factor results in depletion of parietal cells & impaired secretion of intrinsic factor. The parietal cell antibody is directed against H⁺K⁺ ATPase leading atrophic gastritis. The mechanism is thought to involve molecular mimicry between H. pylori & H⁺K⁺ATPase Autoimmune or atrophic gastritis (Antibodies are formed against parietal /oxyntic cell

b) HCL decreased

Achlorhydria (Hypoachlorhydria) With body defence mechanism weakened, Gastric acid play important role in feedback inhibition of gastrin release by G- cell. Achlorhydria coupled with selective sparing of antral mucosa (site of G.cell) leads to hypergastrinomia. Parietal cell (Source of IF depletion release) IF decreased Vitamin B12 deficiency Pernicious Anemia or megaloblastic anemia ^[1].

Classification of Gastritis

Classification of Gastritis	
Acute	Drugs, Stress induced , Uremia, Ischemia, Shock, Corrosive agents, Radiation, Certain food, Sepsis, Trauma, Certain infection, Acute alcoholism, Severe burns, Alkaline-Bile reflux, Major surgery Multiorgan failure, Portal hypertension, Congestive heart failure, Respiratory failure, Increase intracranial pressure.
Reactive (chemical) gastropathy	Endotoxic (Alkaline Reflux-Bile Reflux , Uremic) Exotoxic (Drugs-NSAIDs, alcohol, etc.) Stress induced
Chronic	Helicobacter pylori (and H. Heilmannii) Autoimmune Hp-Negative Chronic Gastritis
Special	Lymphocytic, Collagenous, Eosinophilic (food induced), Radiation

Classification of Gastritis	
	Graft versus host disease (GVHD), Bacterial (Syphilis, Tuberculosis, Rickettsial Infections), Viral gastritis (CMV and HSV), Fungal gastritis (Candida, Aspergillus, Mucor, Coccidioides, Histoplasma, Cryptococcus neoformans, Pneumocystis carinii and Torulopsis glabrata), Parasitic Gastritis (Anisakis, Cryptosporidium, Ascaris lumbricoides, Giardia, Toxoplasma, Schistosoma etc.)
Granulomatous	Idiopathic, Crohn Disease, Sarcoidosis , Food and Barium Granulomas
Hypertrophic gastropathies	Ménétrier Disease, Zollinger-Ellison Syndrome, Hypertrophic, Hypersecretory Gastropathy (with protein loss; Hp-associated)
Gastric vasculopathies	Ischemic, Antral Vascular Ectasia (Watermelon Stomach), Portal Hypertensive Gastropathy (Congestive Gastropathy), Varices, Angiodysplasia, Caliber-Persistent Artery (Dieulafoy Lesion); Hemodialysis-Associated Telangiectasias
Gastric involvement in systemic diseases	Inflammatory Bowel Disease, Amyloid, Diabetes, Mastocytosis, Sjögren Syndrome, Hypercalcemia, Siderosis

c) Type B gastritis

Type B gastritis antral predominant gastritis, H. Pylori is the cause of type B gastritis. H.PYLORI:- Spiral – shaped, aerophilus, lophotrohus, gram- negative urease producing spectrum. It loves in the mucus layer of stomach adherent to mucosal cell. It has several acid resistance mechansim of which the most important acid is urease enzyme which catalyzes urea hydrolysis& produces buffering ammonia ^[6].

d) Pathogenesis of H. Pylori

H. Pylori do not invades the mucosa. Instead it damage the mucosa by disrupting the mucous layers liberating enzymes & toxins and adhering to the gastric epithelium urea converts in to ammonia. Thus alkalinsing the surrounding acidic medium. So that H.pylori can survive. But simultaneously produces ammonia induced mucosal damage. H. Pylori produce toxin Vac A (vacuolating toxin)& Cag A (associated protein) as well as urease and adherent factors[7].

V. Diagnosis of Warm-e-Meda (Gastritis)

Invasive test:-Endoscopic biopsy

- Histologic examination
- Biopsy urease test
- Culture of microorganisms
- H. pylori fecal antigen test.

Non Invasive test: a) serologic test (ELSA) b) 14c urea breath test ^[5].

VI. Unani concept of Warm-e-Meda (Gastritis)

In Unani concept gastritis or warm -e-meda as Unani physician has mentioned the gastritis by different

names e.g Hurqat-Meda, Sozish-Meda, Warm-Meda & Iltehab-Meda [8]. According to concept Warm - Meda is condition in which there is inflammation of mucous membrane of stomach. The ratio between male and female is same i. e 1:1. According to Humours:- Warm Meda is divided into 4 types

- Warm Meda dammi (falgemuni).
- Warm Meda safravi (Hamratemedi)
- Warm Meda Balghami(warm rekhu)
- Warm Meda saudavi (warm salb) ^[10].

Warm-e Meda is also called as Warm Nazli asgastritis affects mostly in mucous lining of stomach which result in excess production of white mucoid discharge. Thus warm Meda is divided into 2 types:

- Warm – e haad (Dammi & safravi)
- Warm- e muzmin (Balghami & Saudavi) ^[9].

According to tibb- Jadeed warm meda is divided into 2 types

- Warm-e-mada Haad (acute gastritis)
- Warm-e-meda muzamin (chronic gastritis) ^[10].

According to unani concept gastritis is the condition in which there is inflammation of mucous membrane of stomach. Beside this, there is inflammation of glands. Mucous membrane of stomach not only become thick but its colour becomes grey & there occur excessive secretion from lining of stomach, that remains continuously until not treated properly ^[11].

VII. Causes of Warm-e-Meda (Gastritis)

- Ingestion of fatty food
- Intake of spicy food
- Sweetish or bitter things
- Alcohol consumption
- Overeating

These all are responsible for acute gastritis in some cases, however drinking of hot water may also cause inflammation of mucous membrane of stomach. If warm-e-haad persist for long duration of time, then warm-e- haad leads to change into warm-e- muzamin ^[12]. In the third book of canon of medicine Avicenna describes the diseases of internal organ, in particular to detailed description of symptoms of gastritis and gastric ulcer, close to the modern description i.e vomiting, pain, heart burn & in some cases bleeding ^[13]. Avicenna provide data on disease of stomach as reaction of the organism to changing condition & violation of specific form of adaptability of organism ^[14, 15].

VIII. Alcoholic Gastritis

Alcoholic gastritis is inflammation of the stomach lining caused by alcohol. The stomach is made up of three layers of muscles that churn and break down food. The stomach is very acidic and [lined by](#) the gastric mucosa, an inner layer that keeps acids in the stomach from reaching the muscles. Gastritis occurs when the gastric mucosa becomes inflamed. It can be uncomfortable and cause several unpleasant symptoms, but it can also damage the stomach if untreated. Two main types of alcoholic gastritis exist.

Acute gastritis is a short, isolated incidence of gastritis and often heals on its own. Chronic gastritis, on the other hand, is a long-lasting form of gastritis. This form of gastritis is more likely to cause other health problems.

➤ **Alcoholic Gastritis Symptoms**

Alcoholic gastritis can [lead to](#) many different symptoms. Some of the common symptoms someone with alcoholic gastritis may experience include:

- Fatigue and weakness
- Loss of appetite
- Hiccups or burping
- Bloating or feeling full after eating small amounts of food
- Abdominal pain or discomfort, which can be a dull ache or a burning sensation
- Nausea and vomiting, which may be severe
- Black or tarry stools, which can indicate bleeding in the stomach
- Vomiting blood or material that looks like coffee grounds, which can also indicate bleeding in the stomach

These symptoms may worsen as stomach acid production increases when you eat or drink, especially when exposed to triggers like alcohol or spicy foods.

➤ **Triggers and Causes of Alcoholic Gastritis**

Alcoholic gastritis is mainly caused by heavy or frequent alcohol consumption. Alcohol is a toxic substance that can irritate and damage the stomach lining, leading to inflammation. In addition to alcohol consumption, several factors can trigger existing alcoholic gastritis. These [include](#):

- **Smoking:** Smoking can increase the risk of gastritis in general and trigger existing alcoholic gastritis.
- **Certain medications:** Aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) can increase the risk of gastritis and worsen alcohol's effects on the stomach lining.
- **Stress:** Stress often increases the production of stomach acid, which can further irritate the inflamed stomach lining.
- **Diet:** Eating spicy or acidic foods can worsen the effects of alcoholic gastritis by increasing irritants or acids in the stomach.
- **Genetics:** Some people may be more susceptible to the effects of alcohol on the stomach lining due to genetic factors.

Not everyone who drinks alcohol will develop alcoholic gastritis; however, heavily drinking alcohol increases the risk of this condition significantly. Having alcoholic gastritis is an indicator that you are probably misusing alcohol. Someone with alcoholic gastritis should consider they may have an alcohol use disorder and talk to a healthcare provider for guidance and support.

➤ **Long-Term Effects of Alcoholic Gastritis**

In the short term, alcoholic gastritis is unlikely to cause more than unpleasant symptoms that feel like

indigestion. Over time, however, chronic alcohol consumption can cause long-term damage to the stomach lining. This can lead to more severe forms of gastritis and problems due to chronic inflammation.

Some of the more common long-term complications of alcoholic gastritis [include](#):

- **Ulcers:** Damage to the stomach lining can cause a hole in the lining, allowing stomach acids to harm the stomach muscles.
- **Anemia:** Damage caused by gastritis can cause bleeding in the stomach. This internal bleeding can cause anemia, or low blood levels, due to blood loss.
- **Tumors:** Chronic inflammation of the stomach lining can make tumors more likely to develop. These tumors can be benign or cancerous.

In addition to these complications, many other health problems may occur due to heavy alcohol use. While not directly related to alcoholic gastritis, diseases like pancreatitis, cancer, liver problems and addiction can be caused by the alcohol abuse that leads to alcoholic gastritis.

IX. Prevention of Gastritis.

It is very important to rule out the cause of tukhma (indigestion). If this indigestion is caused by water, then water should be changed. If food is the cause, then the quantity of food should be reduced. A proper diet should be taken. If the cause is “Zof-e-Meda”, zimaad (paste) should be applied. According to Jalinoos, qairooti is beneficial for a chronic condition; Iqlilul Malik (Trigonella uncata) is used in paste form. If sour belching is present, consuming 4 gm of dry coriander before food has proved to be beneficial. It should be used before night meals. Hammam is useful. Lukewarm water should be used and vomiting may be recommended repeatedly to expel all the morbid material from the body. After this, Roghan should be applied on the head. “Takmeed” should be practised. Dalak of hands and foot should be done by “Roghan-e-Zaitoon”. Sound sleep should be taken at night.¹⁰

X. Usool-e-Ilaj of Warm-e-Meda (Gastritis)

- Taqleel-e-ghiza (Diet restriction)
- Islah-e-Mizaj-e -Medawa Taqwiyat -e-Meda
- Taleel -e -waram in case of waram -e-haar
- Ishaal through enema in case of warm -e- haar
- Rad’e mawaad in case of waram -e -haar
- Istifraag by mushil-e-sauda in case of waram sulb

A. Ilaj Bil Tadbeer

- Fasad through wareed-e-Akhal in case of waram-e-haarMeda
- Light exercise
- Long duration of sleep.
- Massage with oil &vinegar in case of waram-e-rakhu Qai is also advisable to make stomach empty.

B. Diet recommendation

Aghziya Lateefa or zo’od Hazim (easily digestible lightdiet) should be taken.

XI. Treatment in Unani system of Medicine.

Till date, we have so many treatment regimes in allopathic as well as alternative medicine including use of antiacid, antibiotic, proton pump inhibitors, H2 blockers which provide the relief to patients. Likewise, in unani system of medicine plants, animals as well as minerals origin, drugs are being used for the treatment of gastritis with negligible side effect. Some drugs are used as single drug called as mufridat adiviya as

- Asl-us-soos (*Glycyrrhizaglabra* linn), Adrak (*zingiber officinale* Rosa)
- Asgand (*withania somnifera*). Aspghal (*plantago ovata* forsk)
- Tabasheer (*Bambusa Roxb*) Mastigi (*pistacia lentiscus* linn)
- Satawar (*Asparagus racemosus* wild) Samagh-e-arabi (*Acacia*)
- Bael (*Aegle Marmelos correa ex Roxb*) Kerala (*Monordica charmlia* linn)
- Bhul neem (*Andrographis paniculata* wall) Jaiphal (*Myristica fragrans* Hiutt)
- Khulanjan (*Alpinia galanga* (linn) wild). Khatmi (*Alehara officinalis* linn).
- Gaozban (*onosma bracteatum*) Elva (*Aloe barbadensis* Mill)
- Amla (*emblica officinalis*) Kutki (*picrorrhiza kurcoa*)
- Kalonji (*Nigella sativa* linn) Haldi (*curcuma longa*)
- Dar hald (*Berberus aristale*)

Some drugs are used as compound drug called as murakabaat or compound drugs as Majoon zingber, Jawarish Mastigi, Jawarish Anarian Qurs satawar etc. These drugs of there mode of action are to help in soothing effect in inflammatory cells of stomach, provide ground material for healing, antiseptic as well as antibacterial effect. As Aslus– soos (*Glycirrhiza glabra*)/ licorice contains flavonoid that reduce gastric secretion, produce thick mucous that protect stomach lining for inflammation & ulceration [16, 17]. Carbenoxolene, isolated from rhizome was found to be quite effective in the management of peptic ulcer. Dry powdered of this drug 3(g) is given twice a day in empty stomach a significant result is seen [18]. Amla (*emblica officinalis*) contains butanolic extract of water fraction of fruits possess an antioxidant property. The alcoholic extracts of fruits also indicated significant reduction in acidity [19].

XII. Treatments of Gastritis Remedies at Home.

Gastritis is a condition that inflames the lining of the digestive tract. It is common among most people these days due to undisciplined lifestyle factors like excessive consumption of alcohol, overuse of pain medication, smoking, and infection caused by *Helicobacter pylori*. Nausea, vomiting, indigestion, bloating, and stomach pain are the symptoms of gastritis. The stomach secretes powerful and corrosive acids -digestive juices for normal digestion. The stomach is lined by a mucous membrane called gastric mucosa that shields the stomach from these acids. When the protective layer is injured, the acids can damage the gastric mucosa resulting in gastritis.

Foods that help stop irritation and soothe gastritis symptoms include:



Green Tea



Yoghurt



Pepper mint



Carrot juice



Coconut water



Green leafy vegetables



Onion



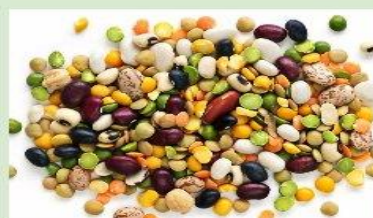
Garlic



Apples



Amla



Pulses



Jeera

Doctoriduniya.com

Fig. 5 Household remedies to control Gastric

Several pieces of evidence have shown that diet holds a key role in both triggering the condition as well as prevention. Also, certain foods are known to produce more acids and irritate the digestive tract, while other foods are known to reduce inflammation, soothe the lining, and cure the stomach naturally. Besides dietary modification, it is vital to make healthy lifestyle choices for the long-term management of this digestive problem. Gastritis can be treated at home naturally by following some of the simple remedies, however, at times people may need to see a doctor and get a better treatment plan. Home remedies for gastritis work by regulating or impeding *Helicobacter pylori*, reducing acid secretion, and easing inflammation of the gastric mucosa. Keep reading to know how natural supplements and home remedies

can help ease symptoms of gastritis.

A. Garlic Extract

For more than half of people with gastritis, the H.pylori bacteria strain is the causative factor. Studies have revealed that garlic extract possesses potent antimicrobial traits that can work wonder in treating gastritis caused by H.pylori by killing the bacteria. It is also beneficial in lowering the risk of cancer in the digestive system. Crush 2 cloves of raw garlic and have this on an emptying stomach to get respite from gastritis and lessen gas formation. You can also have garlic extract supplement that is readily available in online stores.

B. Probiotics

Probiotics are good microorganisms that kill harmful bacteria in the gut and improve the digestion process and regularise bowel movements. It is one of the best natural remedies to cure gastritis. Taking probiotics like yogurt will confer good bacteria to your digestive system that hinders the spread of H.pylori and help with the process of healing inflammation. Some of the other sources that contain probiotics include:

- Kimchi
- Kombucha
- Sauerkraut
- Kefir



Fig. 6 Green Tea, Munakka & Prebiotic used in treatment of Gastritis

C. Green Tea with Manuka Honey

Green tea is an amazing beverage bestowed with a storehouse of antioxidants that helps in healing gastritis. Drinking green tea with raw honey can soothe the gut lining and promote the digestion process. While adding manuka honey has been shown to be more effective in keeping the growth of Pylori in check, as it is endowed with antibacterial actions.

D. Essential Oils

Certain essential oils are known to have a remarkable effect on inhibiting the growth of H. Pylori. Essential oils are attributed to have anti-inflammatory and antibacterial traits that help to heal gastritis. Essential oils obtained from lemongrass and lemon verbena were found to have a positive impact. Other essential oils like peppermint oil, ginger oil, and clove oil help in the digestion process. However, they are only meant to be inhaled or mixed in carrier oils like olive, coconut, or jojoba oil.

E. Chamomile Tea

Chamomile tea is endowed with powerful antioxidant and anti-inflammatory traits that are known to heal the inflamed digestive tract. Drinking chamomile tea also aids to get rid of gas and relaxes the muscles that move food along the stomach.

XIII. Diet restriction in Gastritis.

Chilled water to be avoided in waram -e- rakhu. Spicy or oil diet to be avoided



Fig. 7 Food Prohibited in Gastritis

It is important to be mindful of the foods you eat if you suffer from gastritis. Certain foods can increase the risk of irritation and inflammation in the stomach and can make symptoms worse. These include spicy foods, fried foods, fatty foods, processed foods, and acidic foods such as citrus fruits and juices,

tomatoes and tomato-based sauces, and carbonated beverages. Alcohol, caffeine, and tobacco should also be avoided. Eating smaller, more frequent meals and avoiding overeating can also help. If you suffer from gastritis, it is important to speak with your doctor to determine which foods are best to avoid. Foods that you should avoid when suffering from gastritis can help relieve symptoms and minimize stomach damage. When this stomach lining becomes inflamed and damaged, this condition is known as gastritis. An infection of *Helicobacter pylori*, a type of bacteria, is frequently the cause of gastritis. As a result of gastritis, people may experience severe pain, nausea, and vomiting. Gastritis can also cause a loss of appetite and weight. To treat gastritis, it is critical to maintain a healthy diet. Certain foods can cause discomfort and harm the body, but by avoiding them, you can reduce their discomfort and harm.

Honey has antibacterial properties due to its acidic and concentrated composition. These bacteria-fighting compounds are best consumed in combination with cauliflower, cabbage, broccoli, and radishes. Sweet potatoes, carrots, and spinach boost the mucus lining in the stomach. You will be less likely to develop ulcers if you eat a lot of fiber.

Conclusion

Gastritis is actually in-flammatory involvement of stomach, mainly mucosa. It can be acute or chronic. A wide range of population is affected worldwide by gastritis. In unani medicine the stength of stomach has principal significance & disease related to stomach are described in detail in their literature, & by accentuate in functioning of Meda. Almost all unani physicians has contributed towards the information of strength & ailment of Meda. Since a long time, various Unani medicines (both single and compound formulations) are effective in the management and treatment of warm-e-meda, for example, Arqe mako, Arqe badyan, Arqe ajwain etc. In compound drugs, jawarishat is highly efficacious, for example, Jawarish kamoni, Jawarish podina welaiti, Habbe papita, etc. Itrifal kishneezi at bedtime is very effective for flatulence and gastritis. More research and trials must be undertaken to prove the effectiveness of these Unani formulations in gastritis, and it is need of time to test the efficacy of Unani formulations on scientific parameters for a better understanding of the effects.

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