Effect of ginger decoction on dyspepsia

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"Let your food be your medicine, and your medicine be your food".

Hippocrates

Good nutrition is essential to good health throughout life, beginning with prenatal life and continuing through old age. An ancient Ayurvedic proverb denotes that: "When diet is wrong, medicine is of no use, when diet is correct medicine is of no need". Thus nutrition science helps to promote human health and treat disease.

It is known that the senior citizens suffer from various types of problems, physically, psychologically, economically and socially. Dyspepsia is one of the dominant upper gastro-intestinal problems among elderly. Dyspepsia is not a disease but a group of symptoms that alert practitioner to disease of the upper gastro-intestinal tract. It is not been shown to be associated with any increase in mortality.

Dyspepsia can be managed in home by administration of ginger extract. Ginger has been used as a traditional medicine in Asia and India since ancient times. Ginger extract has a spicy invigorating taste. It is used as a home remedy for indigestion, nausea, cold and sore throats.

Statement of the problem

An experimental study to evaluate the effectiveness of ginger decoction on dyspepsia among senior citizens residing in Geriatric Care Unit of Christian Mission Hospital, Madurai.

Objectives

- To assess the level of dyspepsia among experimental and control group before administering ginger decoction.
- To assess the level of dyspepsia among experimental and control group after administering ginger decoction.
- To evaluate the effectiveness of ginger decoction in the level of dyspepsia between experimental and control group.
- To find the association between the level of dyspepsia and socio demographic variables in the experimental group after administering ginger decoction.

Research hypothesis

H1: There will be a significant difference between the level of dyspepsia between the control group and experimental group with ginger decoction.

H2: There will be a significant association between the posttest level of dyspeptic symptoms and demographic variables.

Research methodology

Research approach: Evaluation approach

Research design: True experimental design.

<table>
<thead>
<tr>
<th>Experimental group</th>
<th>O1</th>
<th>X</th>
<th>O2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control group</td>
<td>O1</td>
<td></td>
<td>O2</td>
</tr>
</tbody>
</table>

R - Randomized subjects (Senior citizens).

O1 - Dyspepsia score before manipulation (pretest).

O2 - Dyspepsia score after manipulation (Post test).

X - Manipulation of independent variable through administration of ginger decoction (Intervention)

Ginger decoction: A liquid prepared by boiling peeled and grated 1/2 tsp (2.5 gram) of fresh ginger in water constituted to 100 ml of decoction, to which 10 ml of honey is added to sweeten.

Setting of the study: This study was conducted at Geriatric Care Unit of Christian Mission Hospital, Madurai.

Population

Target population: All the senior citizens of Geriatric Care Unit, Christian Mission Hospital, Madurai.

Accessible population: Senior citizens who were residing in Geriatric Care Unit of Christian Mission Hospital with dyspeptic symptoms.

Sample: Senior citizens who were residing in Geriatric Care Unit of Christian Mission Hospital with dyspeptic symptoms during the study and fulfilled the inclusion criteria.

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Sample size: Total sample size was 60. Experimental group: 30 and control group: 30.

Method of sampling: Lottery method.

Sampling criteria

Inclusion criteria

Senior citizens who were
- With the symptoms of dyspepsia
- Willing to participate in the study.
- Available during the time of collection of data.
- Having vision, speech and hearing ability.

Exclusion criteria

Senior citizens who were
- A case of diabetes mellitus, bleeding disorder
- Allergic to this herb
- Having recent illness history of peptic ulcer and gallstones

Description of the tool: The severity of dyspeptic symptoms was measured using 7 point Global over all symptoms Scale for Dyspepsia (GOS), which is a standardized tool.

The tool consisted of three sections,

Section A: Demographic variables.

Section B: Health variables

Section C: 7-Point Global overall symptom scale for dyspepsia scoring procedure

Severity score    Classification
10-25%            None
25-50%            Slight
50-75%            Moderate
75-100%           Severe

Figure 2: Level of dyspepsia among experimental group and control group after ginger decoction.

Table 1: Difference between experimental group and control group regarding effectiveness of ginger decoction

<table>
<thead>
<tr>
<th>Experimental group</th>
<th>Level of dyspepsia</th>
<th>Mean difference</th>
<th>'t' value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Pre test</td>
<td>33.1</td>
<td>9.04</td>
<td>21.5</td>
</tr>
<tr>
<td>Post test</td>
<td>11.5</td>
<td>1.45</td>
<td>20.6</td>
</tr>
</tbody>
</table>

*Highly significant

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Table 2: Association between post level of dyspepsia and demographic variabl among experimental group

<table>
<thead>
<tr>
<th>Demographic variables</th>
<th>Dyspepsia level</th>
<th>Chi-square Value $\chi^2$</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Above mean</td>
<td>Below mean</td>
</tr>
<tr>
<td>Personal habits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Alcohol</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Tobacco chewing</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Snuff</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Multiple</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>None</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Reason for stay in Geriatric Care Unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Voluntary placement</td>
<td>1</td>
<td>8</td>
</tr>
<tr>
<td>No immediate relatives to be cared by</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>Being felt as a burden by the family</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Any other</td>
<td>6</td>
<td>2</td>
</tr>
</tbody>
</table>

*significant # not significant

Conclusion

It was found that ginger decoction was effective for reducing the severity level of dyspepsia. There was a significant association between selected demographic variable: reason for staying in the geriatric care unit in relation to the level of dyspepsia. The researcher recommends ginger is the best elixir for gastro intestinal ailments.

References


LIVER TRANSPLANTATION: A CASE STUDY

Continued from page 29

- Further improvement in renal function noted.

POD 55
- He fell down in the bathroom and sustained minor head injury.
- He developed a small scalp contusion in the occipital region
- GCS remained normal and patient was managed conservatively

He recovered gradually and his graft function was good. He was fit enough to get discharge.

On discharge

High protein diet and to avoid strenuous activity for two months. He was on prescribed medication like Immunosuppressant, Vitamins and minerals, Optineuron, Shelcal, Folvite, Methylcobal, Posaconazole, Sucralfate etc. Patient asked to review 2 days in a week with CBC, renal and liver function tests for further advice.

Conclusion

India is now in the forefront of Living Donor Liver Transplantation (LDLT) in the world. LDLT is possible for all types of recipients and indications with 95% success.

Addiction is a health problem, not a moral one, and there are many proven strategies which can reduce its burden. The desire to address the serious social problems caused by a minority of those who consume alcohol by prohibition is a travesty of the experience of history and public health science.

References