PARINAMSHULA (DUODENAL ULCER) AYURVEDIC MANAGEMENT- A CASE STUDY

Madhu Rani*[1], M. B. Nikumbh[2], Sumitra Mane-Deshmukh[3] and Snehal M. Yadav[4]

[1,3,4]P.G. Scholar, Department of Rachana Sharir, Govt. Ayurvedic College, Osmanabad, 413501, Maharashtra, India.

[2]Professor & H.O.D., Department of Rachana Sharir, Govt. Ayurvedic College, Osmanabad, 413501, Maharashtra, India.

*Corresponding Author

Dr. Madhu Rani

P.G. Scholar, Department of Rachana Sharir, Govt. Ayurvedic College, Osmanabad, 413501, Maharashtra, India.

ABSTRACT

Duodenal ulcer a type of peptic ulcer is very common health issue in all countries of world especially developing countries. There are a lot of causes of it including lifestyle. It is very common in people who are always in hurry, eat spicy curry and do worry. A male patient of 30 years came with complain of excessive retrosternal burning, sour eructation's, headache, epigastric pain and indigestion. These symptoms were felt after 1.5-2 hours of meals. According to Ayurveda diagnosis was made as '*Parinamshula*'[1] in which the pain or symptoms appear during the time of digestion or transformation of food. In modern medical sciences it can be correlated with duodenal ulcer and the treatment for it is only symptomatic by painkillers and antacids. The chronic consumption of these medicines causes hepatotoxicity and disturbance to intestinal flora. Ayurvedic *panchakarma* treatment like *virechana, vamana* followed by *shamana* have miraculous result in these types of cases. A try is done to present this case by ayurvedic *panchakarma* treatment.

KEYWORDS: Duodenal ulcer, *parinamshula*, panchakarma treatment.

Aim and objectives

- To understand the *samprapti* (pathogenesis) of *parinamshula*.
- To assess the role of *virechana* & *vamana* (purification of body) in treatment of *parinamshula*.
- To assess the role of *dincharya* in treatment of lifestyle disorders like *parinamshula*.

INTRODUCTION

Duodenal ulcers are a type of peptic ulcers. There are more than 1 million cases per year in India. Male to female ratio of for duodenal ulcers varies from 5:1 to 2:1.[2] So, the ulcers are more common in males. Duodenal ulcers occur in the upper part of small intestine i.e. in duodenum. In duodenal ulcer pain or gastric discomfort occurs after 1-2 hours of eating. The symptoms are like pain in abdomen, sour eructation, bloating, nausea, vomiting, headache etc. The main cause of the ulcer is H. Pylori bacterial infection. The faulty life style, eating habits, stress, medicines like NSAIDs also have a major role in causation of peptic ulcers.

In Ayurveda it can be corelated with the disease entity *parinamshula*. *Parinamshula* means the *shula* or pain occur in the *parinaman kaal* (digestion or transformation) of food.[1]

During this stage of digestion of food *pitta* is dominant that's why the symptoms are more severe during this stage. In this disease the vitiated *vata* gets mixed with morbid *pitta* and *kapha* and later gets consequently blocked by these 2 *doshas* causing severe pain.[3]

The main clinical features described in Ayurveda are pain abdomen during digestion of food, epigastric pain, pain in flank region, para-umbilical pain, pain in sternal area and over bladder area.[4] The pain occurs during digestion process. *Amlapitta* symptoms like sour eructation, burning and pain in chest & epigastric region may be present along with it.

According to dominancy of specific *dosha* the symptoms may be indigestion, bloating, constipation, anxiety etc.(*vata*),[5] thirst, burning, excessive sweating etc.(*pitta*),[6] vomiting, nausea, drowsiness etc.(*kapha*)[7] Or the symptoms may be mixed if two or the all three *dosha* are present in the pathogenesis of the disease.[8]

As this is a lifestyle disorder, so firstly we have to correct *dincharya* (daily schedule), eating habits of the patient. It helps in the correction of biological clock.

In Ayurveda *panchakarma* treatment is like main axis of chariot. In *panchakarma* the treatment is done by detoxification of body by performing different purification techniques like *vamana* (emesis), *virechana* (purgation), *basti* (medicated enema), *raktamoksha* (blood-letting) and *nasya* (nasal medication).

In pathogenesis[9] of the *parinamshula* there is *aavarana* of vitiated *pitta* and displaced *kapha* by vitiated *vata*. This vitiated *vata* causes pain and the *vikrut pitta* causes *amlapitta* like

symptoms. As this *pitta* is increased in quantity but doesn't have *pachana* or digestion property. There is increment in *drava guna* of the *pitta*. This causes *agnimandya* which leads to indigestion of food, nausea, vomiting. The *doshas* are so much aggravated and ready to come out of body. *Virechana* is the best treatment described in Ayurveda for the *pitta* dominant ailments. According to dominancy of *dosha* and *ritu vamana* also shows wonderful results. So, *vamana, virechana*[10] along with lifestyle management was taken under consideration in this case.

MATERIAL AND METHODS

Case presentation

A male patient of 30 years came with complain of excessive epigastric and retrosternal burning, epigastric pain, headache after 1.5-2 hours of intake of meals along with bloating, indigestion and constipation.

Patient used to feel cough cold symptoms along with all these symptoms.

Patient was suffering from above complains for 2 years.

Past history

No history of any medical disease like hypertension, diabetes, thyroid, COPD etc.

No history of any surgical intervention.

Drug history: History of intake of anta-acids and antihistamines.

Family history: No relevant history.

Dietary history: Mixed diet, daily consumption of spicy, oily and non-vegetarian food.

Occupation: Primary school teacher.

Examination of patient

Examination	Findings
P/A	No scar mark or other abnormality seen Soft, mild tenderness over epigastric, left and right hypochondriac regions. Bowel sounds normally audible.
CVS	S1, S2 normal audible, no murmurs
R/S	Chest clear bilateral No added sound Air entry equal and adequate bilateral.
CNS	Conscious and Well oriented to time, place and person. E4V5M6 Pupils normal in size and reactive to light bilaterally.

Ashtavidha pariksha

*Nadi***:** 84/min, regular, VP

Mala: Unsatisfactory, once a day

Mutra: Samyak pravriti, 7-8 times a day

Jihva: Ishat-sama

Druka: Shweta

Sparsha: Anushan-sheeta

Aakriti: Madhyam

Shabda: Prakruta

Investigations

ECG: Within normal limits

CBC: Hb: 14.1 gm/dl   **TLC:** $8.7*10^3$/ul   **PLT:** 293* 10^3/ul

RBC: 5.85 $*10^{6/}$ul   **HCT:** 45.1%   **MCV:** 77.1 Fl

MCH: 24.1 l pg   **MCHC:** 31.3L gm/dl

Coagulation profile

Bleeding time: 1 minute 45 sec.

Clotting time: 5 minutes 5 sec.

Rft

Serum creatinine: 0.79 Blood urea: 26.4

Blood sugar: Fasting: 100 mg%

Lipid profile

Total cholesterol: 288.4 mg/dl   **Serum triglyceride:** 164.4 mg/dl

HDL Cholesterol: 40.0 mg/dl   **LDL Cholesterol:** 215.5 mg/dl

VLDL Cholesterol: 32.88 mg/dl   **T.C./HDL ratio:** 7.2

LDL/ HDL ratio: 5.3

Treatment

Virechana was planned. First of all, *deepana- pachana* was given with *Avipattikar churana* 3gm mixed with *goghrita* with first bite of meal -twice a day and Goghruta 2 tsf empty stomach in morning and evening for 5 days.

For *virechana, Snehapan* was given with *murchit til taila* (upto *samyak snigdha lakshana*). *Til taila* was used in view of elevated cholesterol levels. After that *purvakarma- snehan, swedana* was given. *Abhyadi modaka*-2 tablet -stat followed by 2tab after 2 hrs and *Aargvadhadi kadha*- 500ml divided in 2 doses, *Munakka phant*- 200ml divided in 2 doses was given on day of *virechana*.

Total *Vega*- 30 (*pravara shudhi*), so *samsarjana karma* was planned for 7 days with *peya/lahya -vilepi- akrita yusha/mamsa rasa-krita mamsa rasa/krita yusha.*

Sr.no	Procedure	Medicine	Dose	Frequency	Duration
1.	*Deepana- pachana*	*Avipattikar churna*	3gm with *goghrita*	B.D.	1st -5th day
2.	*Snehapana*	*Murchhit til taila*	*Varedhman quantity* upto *samyak snigddh*	O.D.	6th -10th day
3.	*Sarvang- Snehana- swedana*	*Snehana- til taila, swedana- dashmool kwatha*	Upto *samyak sweda*	O.D.	11th-14th day
4.	*Virechana*	*Abhyadi modaka, munakka phant, aargvaddhadi kadha,*	A.M.- 4 tab, Phant- 200ml, A.K.- 500ml	In divided doses	15th day
5.	*Samsarjana karma*	*Peya-vilepi-mamsa rasa*			For 7 days

The patient was asked to visit OPD after completion of *samsarjana karma* or any other emergency. He was advised to do lipid profile.

Effect
- No constipation and bloating
- Lightness in body
- Headache and cold relieved
- Sour eructation relieved
- No abdominal pain
- Decreased levels of serum cholesterol
- Decrease in weight.

***Shaman chikitsa* was given on follow up**
- *Yashtimadhu ghruta* 10ml before meals.
- *Swarnasutshekar* 125mg twice a day.
- *Aarogyavardhini vati* 500mg bd

15 days

Again, he felt sour eructation and retrosternal burning after somedays. So, *vamana* was planned according to state of *dosha* and *kala* (*vasant ritu*).

All routine examinations along with lipid profile and ECG were done.

Snehapana: with *yashtighrita* was done upto the *samyak snigdha lakshana*. (6 days) followed by rest on 7th day, on 8th day – *snehana- swedana* and *kaphavardhak aahara* (rice+milk, banana, halwa etc.) in dinner and on 9th day- *vamana* was given. On *vamana* day *Snehana*, *swedana* followed by *dugdha pana- vamak dravya chatan* (*madanphal pimpli+ vacha+* honey) was given. Waited for 1 *muhurata*. Then, *vega* started in 30 minutes. *Yashtimadhu phant* – according to patients' capacity (about 3 litre) was given.

About – 12 *vega* (*pravara shudhi*) of *vamana* and *Apitdarshnata* with lightness in body.

Paschat karma was given with *dhumpana* (*haldi+karpur*). Patient was kept under observation for 1 day. There was not any fresh complain. On discharhge *samsarjana karma* for 7 days was advised (*peya- vilepi-akrita mamsa rasa/yusha - krita mamsa rasa/yusha*). After that *Rasayana karma- vardhman pipli rasayan* (14 days). Patient was asked for Follow-up after this.

On next visit no fresh complain, all symptoms were relieved. Patient was feeling healthy and energetic. Dyslipidemia was arranged. There was also decrease in weight.

DISCUSSION

On consumption or getting exposed to the causative factors which causes vitiation of *vata* out of proportions. This vitiated *vayu* gets mixed or associated with morbid *pitta* and *pitta* and subsequently get blocked by these two *doshas* causing severe colic called *parinamshula*.[4] It can be named according to the dominancy of *dosha* like *vataj, pittaj, kaphaj* etc.

According to alternative pathogenesis[5] of the *parinamshula* there is *aavarana* of vitiated *pitta* and displaced *kapha* by vitiated *vata*. This vitiated *vata* causes pain and the *vikrut pitta* causes amlapitta like symptoms. As this *pitta* is increased in quantity or *dravta* but doesn't have *pachana* property. This causes *agnimandya* which leads to indigestion of food or *amotpatti*.

This increased and vitiated *pitta* goes from its normal place to other places causing sour eructation, belching, burning chest, epigastric burning etc. The *ama* produced causes blockage of channels leading to headache, cold, bloating and constipation along with nausea, vomiting etc.

So, for *amotpatti* first of all *deepana pachana* was prescribed to increase the digestive fire. After that *virechana* was planned as it is the best treatment described in Ayurveda for the pitta dominant ailments. According to dominancy of *dosha* and *ritu vamana* also shows wonderful results. Here *murcchit til taila* was used instead of *ghritapana* in view of dyslipidemia.

All this treatment showed marvelous result in patient.

CONCLUSION

As *parinamshula* related to lifestyle, increased stress so first of all patient's lifestyle and dietary habits must be changed. *Virechana* and *Vamana* are *panchakarma* treatment which cleanses the body so, removes all the vitiated *dosha*. For the remaining *dosha* palliative treatment can be given. For more specific results with statistical data the study should be done on large sample size. Cholesterol decreased as can be seen by reports: -

Date 24-12-019

Name Of Patient : SYED AHEMAD

AGE: yrs   SEX : Male

Ref.By : DR : SELF

BIO-CHEMISTRY
*** LIPID PROFILE ***

TEST	OBS VALUE	NORMAL VALUE
TOTAL CHOLESTEROL	248.4 mg/dl	<200 mg/dl
SR.TRIGLYCERIDE	153.3 mg/dl	<150 mg/dl
HDL CHOLESTEROL	42.0 mg/dl	>45 mg/dl
LDL CHOLESTEROL	175.7 mg/dl	<130 mg/dl
VLDL CHOLESTEROL	30.66 mg/dl	0-30 mg/dl
T.C./HDL CHO.RATIO	5.9 Ratio	3.0-5.0 Ratio
LDL/HDL CHO.RATIO	4.1 Ratio	1.0-3.5 Ratio

Date:30-12-019

Name Of Patient : SYED AHMED

AGE: yrs   SEX : Male

Ref.By : DR :SELF

BIO-CHEMISTRY
*** LIPID PROFILE ***

TEST	OBS.VALUE	: NORMAL VALUE
TOTAL CHOLESTEROL	228.4 mg/dl	<200 mg/dl
SR.TRIGLYCERIDE	137.4 mg/dl	<150 mg/dl
HDL CHOLESTEROL	40.0 mg/dl	>45 mg/dl
LDL CHOLESTEROL	160.9 mg/dl	<130 mg/dl
VLDL CHOLESTEROL	27.48 mg/dl	0-30 mg/dl
T.C./HDL CHO.RATIO	5.7 Ratio	3.0-5.0 Ratio
LDL/HDL CHO.RATIO	4.0 Ratio	1.0-3.5 Ratio

Date:6 -1-20

AGE : 30 yrs   SEX : Male

Ref.By : DR SACHIN TIKE
         [G.A.C.OS,Bad]

BIO-CHEMISTRY

*** LIPID PROFILE ***

TEST	OBS.VALUE	: NORMAL VALUE
TOTAL CHOLESTEROL	288.4 mg/dl	<200 mg/dl
SR.TRIGLYCERIDE	164.4 mg/dl	<150 mg/dl
HDL CHOLESTEROL	40.0 mg/dl	>45 mg/dl
LDL CHOLESTEROL	215.5 mg/dl	<130 mg/dl
VLDL CHOLESTEROL	32.88 mg/dl	0-30 mg/dl
T.C./HDL CHO.RATIO	7.2 Ratio	3.0-5.0 Ratio
LDL/HDL CHO.RATIO	5.3 Ratio	1.0-3.5 Ratio

CLIENT NAME : NIM
REG. LAB NAME
REPORT DATE/TIME
: 28/01/2020 04
: OSMANABAD

BIOCHEMISTRY

Investigation	Result	Units	Bio. Ref. Interval
Serum Total Cholesterol	: 165	mg/dl	Desirable < 200 Borderline High 200 - 239 High >= 240

• Method: CHOD-APP
*Reference Ranges as per NCEP ATP III Guidelines.
*Alert !!! 8-10 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Serum Triglycerides	: 214.1	mg/dl	Normal : < 150 Borderline High: 150 - 199 High : 200 - 499 Very High : >= 500

• Method: Enzymatic GPO Trinder.
*References Range as per NCEP ATP III Guidelines.
*Alert !!! 8-10 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Serum VLDL-Cholesterol	: 42.82	mg/dl	10 - 35

• Method: Calculated.
*References Range as per NCEP ATP III Guidelines.
*Alert !!! 8-10 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

Serum HDL-Cholesterol	: 42.4	mg/dl	Low <40 High >60

• Method: Direct.
*References Range as per NCEP ATP III Guidelines.
*Alert !!! 8-10 hours fasting is mandatory for lipid parameters. If not, values might fluctuate.

REFERENCES

1. Sastri Sri Sudarsana, Madhavanidanam of Shri Madhavkara, Chaukhamba Sanskrit sansthan publication, Varanasi, chapter shuladinidanam, 472(1): 26-16.

2. Davidson Santley, Davidson's principles & practice of medicine, alimentary tract & pancreatic disease, 2008; 885: 20-22.

3. Sastri Sri Sudarsana, Madhavanidanam of Shri Madhavkara, Chaukhamba Sanskrit sansthan publication, Varanasi, chapter shuladinidanam, 472(1): 26-15.

4. Sastri Sri Sudarsana, Madhavanidanam of Shri Madhavkara, Chaukhamba Sanskrit sansthan publication, Varanasi, chapter shuladinidanam, 472(1): 26-16.

5. Sastri Sri Sudarsana, Madhavanidanam of Shri Madhavkara, Chaukhamba Sanskrit sansthan publication, Varanasi, chapter shuladinidanam, 473(1): 26-17.

6. Sastri Sri Sudarsana, Madhavanidanam of Shri Madhavkara, Chaukhamba Sanskrit sansthan publication, Varanasi, chapter shuladinidanam, 473(1): 26-18.

7. Sastri Sri Sudarsana, Madhavanidanam of Shri Madhavkara, Chaukhamba Sanskrit sansthan publication, Varanasi, chapter shuladinidanam, 473(1): 26-19.

8. Sastri Sri Sudarsana, Madhavanidanam of Shri Madhavkara, Chaukhamba Sanskrit sansthan publication, Varanasi, chapter shuladinidanam, 473(1): 26-20.

9. Sastri Sri Sudarsana, Madhavanidanam of Shri Madhavkara, Chaukhamba Sanskrit sansthan publication, Varanasi, chapter shuladinidanam, 472(1): 26-15-16.

10. Shastri vidya laxmipati, Yogaratnakara, Chaukhambi Sanskrit sansthan, Varanasi, volume 2, *uttrardha, shulnidana*.

Articles referred:

11. Parinamshula, definition, types, treatment, medicines by Dr Raghuram Y.S.

12. A holistic approach to management of peptic ulcer by Dr. Ram Kumar Agarwal et al., wjpls, 2(6): 428-434.