

REVIEW OF PARINAMA-SHOOLA AND ITS MANAGEMENT W.S.R. TO DUODENAL ULCERS

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Article Received on
19 June 2020,

Revised on 09 July 2020,
Accepted on 29 July 2020

DOI: 10.20959/wjpr20208-18322

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ABSTRACT

Modern life style has given rise to a lot of inevitable changes in our dietary patterns. Excessive consumption of salty, spicy, junk food and some analgesics weaken the immune system and make our body susceptible to infections. Duodenal ulcer is one of these diseases and a leading cause of morbidity, which affects approximately one person per thousand of general population. The clinical presentation of duodenal ulcer is similar to *Parinama-shoola*, mentioned in *Ayurveda* as acute epigastric pain during the intestinal phase of digestion.

KEYWORDS: *Parinama-shoola*, duodenal ulcer, epigastric pain, polydipsia, hyperhydrosis etc.

INTRODUCTION OF PARINAMA-SHOOLA

Shoola is a characteristic feature of vitiated *Vata-dosha*, and when this vitiated *Vata* is involved with the *Pitta* and *Kapha-dosha*, it becomes more painful and results in acute epigastric pain after meals during the digestion period and named as "*Parinama shoola*" after this characteristic.

Synonyms of parinama-shoola

Paktishoola, *Annavidahaja shoola*.

Classification of *parinama-shoola*

Although, *Parinama shoola* is caused by vitiation of all the three *doshas*; but we can still classify it according to symptoms of predominating *dosha*.

- (a) **Vataj Parinama shoola**- Predominance of *Vata-dosha* leads to tympanitis, gargling sound in stomach, constipation, anxiety and tremors. This pain gets relieved with intake of *snigdha* and *ushna* regimen.
- (b) **Pittaj Parinama shoola**- Predominance of *Pitta-dosha* causes polydipsia, epigastric burning, anxiety and hyperhydrosis. This pain aggravates by eating pungent, sour and salty food items and relieves by regimens having *sheeta* properties.
- (c) **Kaphaj Parinama shoola**- Predominance of *Kapha-dosha* results into vomiting, nausea, lethargy and a continuous mild abdominal pain persisting for a long time. This pain gets relieved by *tikta* and *katu* food items.
- (d) **Dwandaja Parinama shoola**- When the symptoms show a combination of two dominant *doshas*, it is called *Dwandaja Parinama shoola*, which can be *vata-pittaj*, *vata-kaphaj* or *pitta-kaphaj*.
- (e) **Sannipataj Parinama shoola**- When all the three *doshas* are equally dominant, they show their characteristic symptoms combinedly and named as *Sannipataj Parinama shoola*. Involvement of all the three *doshas* leads to incurability of the disease.

INTRODUCTION OF DUODENAL ULCERS

Ulceration of the mucous membrane of the duodenum by gastric acids and pepsin is known as duodenal ulcers. It commonly occurs on the anterior or posterior wall of first part of the duodenum.

Gastric acid is corrosive in nature, while pepsin is a proteolytic enzyme. Combination of both of these agents causes tissue injury deep into the muscularis mucosa of duodenum and results in ulcers. Infection of *H. pylori* is also responsible for duodenal ulcers.

Clinical features of duodenal ulcer

1. Sharp or burning pain in epigastric region.
2. Nausea and vomiting.
3. Recurrent pain which is periodic in nature.
4. Sometimes pain radiate towards back.
5. Aggravated by tea, coffee, chilly, alcohol and smoking.
6. Relieves by eating food.

Precipitating factors of duodenal ulcers

1. Hypersecretion of gastric acid and pepsin.
2. Bile acids.
3. Hyposecretion of mucous, bicarbonates and prostaglandins.
4. *H. pylori* infection.
5. Impaired or weak immune system.
6. Tea, coffee, alcohol and smoking.
7. Stress and anxiety.

Investigations

- (a) Blood examination- to find out anemia.
- (b) Barium meal study - to detect the location and size of ulcer.
- (c) Endoscopy - to confirm the location and size of ulcer.
- (d) Histological examination or culture test- to confirm *H. pylori* infections.

Treatment

- (a) Avoid precipitating and ulcerogenic agents.
- (b) Antibiotics to eradicate *H. pylori*.
- (c) Antacids to neutralize the acid, e.g. alginate.
- (d) H₂- receptor antagonist, e.g. ranitidine, famotidine, etc.
- (e) Proton pump inhibitor, e.g. omeprazole, rabeprazole etc.
- (f) Surgery- advised in drug resistant cases.

Ayurvedic management of *parinama shoola*

Ayurveda has given a perfect line of treatment for the management of *Parinama shoola* according to predominance of *doshas*, which is as follows-

1. *Langhana*
2. *Vamana* - specifically indicated in *Kaphaj- parinama shoole*.
3. *Virechana*- specifically indicated in *Pittaj- parinama shoole*.
4. *Bastikarma* - specifically indicated in *Vataj- parinama shoole*.

Classical preparations for *parinama shoola*

1. *Shambookadi Vati*
2. *Lauha Mandoora Bhasma*
3. *Narikela Lavana*

4. *Hingvadi Churna*
5. *Vidangadi Modaka*
6. *Shoolavajrini Vati*,
7. *Saptamrita Lauha*, etc.

DISCUSSION

After having a review on clinical features of *Parinama shoola* and duodenal ulcer, we can find similarities between them. The specific characteristic of having epigastric pain during the digestive period indicates the involvement of vitiated *Pitta-dosha*. Duodenum is known as the seat of *Pitta-dosha*. When the bolus of ingested food enters the duodenum, the gastric contents start irritating the ulcerated regions of duodenal mucosa. The sensation is transferred to the brain through *vata-dosha* and one feels the pain. As soon as the food passes out of the duodenum after digestion, this pain gets relieved.

This is the reason behind feeling pain only during the digestive period and relief after complete digestion of food or having meal or after vomiting.

Pitta- shamak and *Vatanulomak* ayurvedic medicines are proved beneficial in the treatment of duodenal ulcers.

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