

A REVIEW ON *PARINAMA SHOOLA* W.S.R. TO DUODENAL ULCERDr. Pushpa Choudhary^{*1}, Dr. Seeta Rajoria², Dr. Ravi Sharma³ and Dr. Ruhi Zahir⁴¹P.G. Scholar, Kayachikitsa, M.M.M. Govt. Ayu. College Udaipur (Raj.).²Associate Professor, M.M.M. Govt. Ayu. College Udaipur (Raj.).³Professor and HOD M.M.M. Govt. Ayu. College Udaipur (Raj.).⁴Assistant Professor, M.M.M. Govt. Ayu. College Udaipur (Raj.).Article Received on
27 October 2023,Revised on 17 Nov. 2023,
Accepted on 07 Dec. 2023

DOI: 10.20959/wjpr202322-30542



*Corresponding Author

Dr. Pushpa Choudhary

P.G. Scholar, Kayachikitsa,
M.M.M. Govt. Ayu. College
Udaipur (Raj.).

ABSTRACT

Ayurveda is recognized as foremost life science and describes ways to prevent and manage many diseases, the world is being attracted towards its potential. The present time is the era of fast food, irregularities in daily meal-time, sedentary life style and mental stress. All these factors ultimately disturb the digestive system resulting in the manifestation of various diseases. Among them the Prevalence of *Parinama Shoola* is increasing day by day. *Parinama Shoola* is a disease of *Annavaha Srotas* (GIT) characterized by pain during digestion of food which tortures the process after every meal time and source of constant discomfort. It is *Aawaranjanya Tridoshaja Vyadhi*. According to sign and symptoms *parinama shoola* can be compared with duodenal ulcer. Duodenal ulcers are a common cause of abdominal pain. A duodenal ulcer is a sore that forms in the lining of the duodenum. It can be effectively treated through *Ayurveda*.

KEYWORDS: *Parinama shoola*, duodenal ulcer, *ayurveda*, digestion.

INTRODUCTION

Based on subjective features most of the *Ayurvedic* scholars have considered *Parinama shoola* as duodenal ulcer. *Madhava Nidana* is the first to explain a specific chapter pertaining to *Shoola*, while *Maharishi Susruta* is the first to define many varieties of *Shoola* in *Uttara-tantra*. *Parinama shoola* is one among the ten types of *udarashula* explained by *Maharshi Hareeta*. As per *madhavakara*, *annadrava shoola*, *paktidosha*, *paktishoola* and *annavidahaja shoola* are synonyms of *parinama shoola*. Hence, in the field of gastroenterology diagnosis

and management of *shoola* plays a vital role. *Parinama Shoola* is a *vyadhi* of *annavaha srotas*. *NIRUKTI* – “*BHUKTE JIRYATE YAD SHOOLM TADEV PARINAMAJAM*”^[1] given by *Madhukosh*. The colic which is arises during the digestion is known as *parinama shoola*. It is a *tridoshaj vyadhi* in which *Aawaran* of *pitta* and *kapha dosha* by *vata dosha* is found. The circulation of *vata dosha* create abdominal pain. Treatment includes administration of *Sanshodhana*, *Sanshamana*, *Nidan Parivarjana*, *Pathya - apathya* and prevention of recurrences. The symptoms, etiopathogenesis of *Parinama Shoola* resembles with duodenal ulcer. Now a days Duodenal Ulcer is a common problem. It is a type of ulcer that occurs in the duodenum, the beginning of the small intestine. The most common cause of duodenal ulcer is an infection associated with *Helicobacter pylori* bacteria. Due to the etiological factors erosion occurs in the duodenum which happens by the cause of the increased concentration or activity of acid pepsin or by decreased resistance of mucosa. A damaged mucosa cannot secrete enough mucus to act as a barrier against HCL. Patient with duodenal ulcer disease secretes more acid then normal.

AIMS AND OBJECTIVE

The main aim of the article is to A Review On *Parinama Shoola* With Special Reference To Duodenal Ulcer.

MATERIAL AND METHOD

Parinama Shoola:- *Parinama shoola* term is a self explanatory i.e. *Shoola* or abdominal colic that experienced during the digestion of food i.e. 3 - 4 hours after intake of food when food had reached the intestines. *Parinama shoola* is an “*AVARANA JANYA, TRIDOSHAJA VYADHI*”^[1]

Nidana:- The causative factor claimed to be

- ✓ Over exertion
- ✓ Late night working i.e. less sleep
- ✓ Extra dry /fat free incompatible diet
- ✓ Irregular eating habits
- ✓ serve injuries leading to stress, worry and all the *vata pitta prakopaka* factors.^[2]

Samprapti

Intake of *Ruksha anna* (*Yava*, *Sushka Saka*, *Jangala Mamsa*), *Vishamasana* and *Langhana* directly aggravate *vayu* followed by involvement of *pitta* and *Kapha*. Aggravated *vata*

decreases *pitta* and *Kapha* by its shoshna property. ‘*Sarvenidane prakupito vayu sanihitstada Kapha pitte samavritya Shoolakari Bhaved Bali*’ (*Madhava Nidana*) It shows that the main cause of *shoola* is *Vayu*. In physiological state *Kapha* protects *grahani* from the eroding effects of *Pachaka pitta*. When the equilibrium between secretion of protective *Kapha* (mucosal gel layer containing glycoprotein, phospholipids, bicarbonate ions) and *Pitta* (HCL) is breached, *Vrana* occurs in the Gastro-antral mucosa of the duodenum. “***Balasah Pracyutah Sthanata Pitten Saha Murcchitah***” when *Kapha* is shifted down from its original place and is subdued, aggravated *Vayu* overtakes *Pitta* and *Kapha* and produces pain during the digestion of food.^[3]

Lakshana

The common sites of pain include *kukshi* (Epigastric region), *Jathara-Parshva* (Right and Left Hypochondria), *Nabhi* (Umbilical region), *Basti* (Hypogastric region), *Stananttra* (Retrosternal) etc.

According to Dosha

- ✓ *Parinama shoola* due to *vata*^[4] – *adhmana* (abdominal distension), *atopa* (gurgling noise in the intestine), *vibandha* (obstruction to the movement of feces and urine), restlessness, severe suffering.
- ✓ *Parinama shoola* due to *pitta*^[5] – *Trishna* (Thirst), *hrit-kanta daha* (Burning), sensation, pain increase by use of pungent sour and salty food.
- ✓ *Parinama shoola* due to *kaphaja*^[6] – *chardi* (Vomiting), *hrillasa* (Nausea), delusion, long continued mild pain.
- ✓ *Parinama shoola* due to *tridoshaj*^[7] – Emaciation, loss of strength, digestion as considered impossible to cure.

Peptic ulcers include

Gastric ulcers - That occur on the inside of the stomach.

Duodenal Ulcer^[8]:- *Parinama shoola* can be correlated with duodenal ulcer as it matches with its *nidana panchakas*. Duodenal ulcers are more common than gastric ulcers. Most duodenal ulcers occur in the first part of duodenum. A chronic ulcer penetrates the mucosa and enters into the muscle coat, leading to fibrosis. The fibrosis causes deformities such as pyloric stenosis. When an ulcer heals, a scar can be observed on the mucosa. Sometimes there may be more than one duodenal ulcer. Both the posterior and anterior duodenal ulcer is referred to as 'kissing ulcers'. Anteriorly placed ulcers tend to perforate and while posterior

duodenal ulcers tend to bleed, sometimes by eroding into the gastroduodenal artery, resulting in black tarry stools known as melena. With respect to the giant duodenal ulcer, malignancy in this region is so uncommon that under normal circumstances surgeons can be confident that they are dealing with benign disease, even though from external palpation it may not appear so. In the stomach ulcer the situation is different.

Symptoms

- Burning stomach pain
- Feeling of fullness, bloating or belching
- Intolerance to fatty foods
- Heartburn
- Nausea
- Patients develop periodic epigastric pain, especially hunger pain. Epigastric pain during night hours awakens the patient from sleep. Spicy, fried & hard to digest food are aggravating factors
- Loss of appetite
- Vomiting

Risk Factors of duodenal ulcers

- ✓ Alcohol, cigarette smoking, reflux of bile with poor functioning of pylorus sphincter are the etiological factors.
- ✓ The most common causes of duodenal ulcers are infection with the bacterium *Helicobacter pylori* (*H. pylori*) and long-term use of nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen (Advil, Motrin IB, others) and naproxen sodium (Aleve).
- ✓ O blood group, Stress has been implicated in predisposing duodenal ulcer.
- ✓ The peak incidence is now in a much older age group than previously, still more common in men.

Histopathology - Microscopically, destruction of the muscular coat is observed and the base of the ulcer is covered with granulation tissue, the arteries in this region showing the typical changes of end arteritis obliterans. Sometimes the terminations of nerves can be seen among the fibrosis. The pathological appearances of the healing ulcer must be carefully interpreted as some of the epithelial down growths can be misinterpreted as invasion.

Investigation

- ✓ Endoscopy (gastroduodenoscopy) is the chief investigation in the diagnosis of duodenal ulcer.
- ✓ CLO test is to determine the presence of H. Pylori infection.
- ✓ If necessary, multiple biopsy to rule out malignant changes.

TREATMENT^[9,10,11]:- Many type of ayurvedic formulation given in ayurvedic texts for *Parinama shoola*/ duodenal ulcer.

✓ *Shodhana*

A. *Vamana karma* by *Madhura* and *tikta Dravya*

B. *Virechana*

C. *Basti karma* (*snehadi yoga* and *karma*)

- ✓ ***Shamana***:- *Vidangadi modak, nagradikalka, shambook Bhasma, tiladi vatak, louha chooran, mandura yoga, shankha Bhasma, pathyadi chooran, gudapippali ghrita, Nagradi kalka, tiladi gudika, shaktu prayog narikel kshar, samudradh chooran, shankh chooran.*

DISCUSSION

Various drugs can be used for the treatment of *Parinama Shoola* according to Ayurved. In *parinama shool* Vata is the most predominant substance and most potent factor in initiating and maintaining the pathogenesis, Drugs having *Vatanulomana* property drugs may be helpful in disease regression. Pitta dosha is also a predominant *Dosha* in *Parinaam Shoola*, so we can say that *Pittashamak* property of drugs may be helpful in removing *dushit Pitta*. The Pathogenesis of duodenal ulcer increases gastric acid secretion and reduces duodenal bicarbonate secretion lowers the pH in the duodenum, Ayurveda drugs break this pathogegeesis. It reduces acid secretion, increase bicarbonate secretion and makes normal the PH level.

CONCLUSION

Parinama shoola is a disease of *annavaha srotas*. According to present knowledge the normal functioning of the *Agni or Pachaka Pitta* is the functioning of enzymatic secretions of gastrointestinal tract which is deranged in this disease. Due to the bad habits of present life style *Agnimandya* and *Vidagdhajirna* are found to be increased which leads to *Parinaam*

Shoola. All three doshas take part in the manifestation of *Parinama shoola*, but the predominance will be found vata and pitta dosh only.

REFERENCE

1. Madhava Nidana of Madhavakara, chapter 26, verse 15-16, 521. Edited by Yadunandana Upadhyaya, Part I, Varanasi: Chaukhambha Prakashan.
2. Madhava Nidana of Madhavakara, chapter 26, verse 15, 520 Edited by Yadunandana Upadhyaya, Part I, Varanasi: Chaukhambha Prakashan.
3. Madhava Nidana of Madhavakara, chapter 26, verse 16, 520. Edited by Yadunandana Upadhyaya, Part I, Varanasi: Chaukhambha Prakashan.
4. Madhava Nidana of Madhavakara, chapter 26, verse 17, 522 Edited by Yadunandana Upadhyaya, Part I, Varanasi: Chaukhambha Prakashan.
5. Madhava Nidana of Madhavakara, chapter 26, verse 18, 522 Edited by Yadunandana Upadhyaya, Part I, Varanasi: Chaukhambha Prakashan.
6. Madhava Nidana of Madhavakara, chapter 26, verse 19, 522 Edited by Yadunandana Upadhyaya, Part I, Varanasi: Chaukhambha Prakashan.
7. Madhava Nidana of Madhavakara, chapter 26, verse 20, 522 Edited by Yadunandana Upadhyaya, Part I, Varanasi: Chaukhambha Prakashan.
8. Baily & love's short practice of surgery, Edited by NORMAN S. WILLIAMS, P. RONAN O'CONNELL, ANDREW W. McCASKIE, 27th Edition, CRC Press Taylor & Francis Group 6000 Broken Sound Parkway NW, Suite 300 Boca Raton, FL 33487-2742.
9. Chakradatta by Dr. Indradev Tripathi, Chaukhamba Sanskrit Sansthan Varanasi, 2013; 181-186.
10. Yogaratnakara. Lakshmipati Shastri Vaidya, 4th edition, Chaukhambha Sanskrit Samsthana; Varanasi; 1988. Shoola chikitsa, 11-18.
11. Kaviraj Govind Das Sen. Bhaisajya Ratnavali, edited by Mishra S, Vataraktadhikara: Chapter 30, Page 641-659, Chaukhamba Surbharati Prakashan, Varanasi, 2013.