

TREATING PARINAAM SHOOL: AN AYURVEDIC PERSPECTIVE ON DUODENAL ULCER – A CASE REPORT

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ABSTRACT

Duodenal ulcers are chronic gastrointestinal conditions characterized by mucosal erosions, most commonly linked to hyperacidity and *Helicobacter pylori* infection.^[1] Ayurvedic parallels exist in the form of *Parinaam Shool*, described as recurrent post-digestive pain. This article presents the case of a 32-year-old male diagnosed with a duodenal ulcer, managed successfully through tailored Ayurvedic treatment including *Snehapana* (oleation with *Ghrita*), *Shamana Chikitsa* (*Dhatri Loha*, *Shankh Bhasma*, *Avipattikar Churna*), and strict diet modifications. Complete symptom remission within 12 weeks underscores Ayurveda's holistic and sustainable framework for managing this condition.^[2]

KEYWORDS: *Parinaam Shool*, Duodenal Ulcer, Ayurveda, *Snehapana*, Case Report.

INTRODUCTION

Peptic ulcer disease (PUD) is a significant cause of morbidity worldwide, often presenting as epigastric pain with a frequency driven by dietary practices and *Helicobacter pylori* prevalence.^[1] Duodenal ulcers, situated proximally to the duodenum, are classically linked

with postprandial abdominal pain, a sensation of burning and discomfort, and may significantly impair quality of life.^[1] Ayurveda describes a closely matching entity, *Parinaam Shool*, first mentioned by *Madhavakara* as a *Vata-pradhana Tridoshaja Vyadhi*.^[2]

The standard allopathic practice includes proton pump inhibitors (PPIs), H₂ receptor antagonists, and *H. pylori* eradication regimens.^[3] However, recurrence points to inadequacies in addressing the root cause, with side effects and compliance issues noted. Ayurveda, by contrast, lays emphasis on correcting *doshic* imbalance, enhancing digestive fire (*Agni*) and healing mucosal linings, offering lower relapse rates.^[4,5]

CASE PRESENTATION

A 32-year-old male presented with a six-month history of persistent, burning epigastric pain, worsening 2-3 hours after meals and sometimes waking him at night. Associated features included:

- Occasional nausea and acid regurgitation
- Bloating, mild anorexia
- Temporary relief with cold milk or antacids

He denied NSAID abuse, alcohol/tobacco use, or familial GI disorders. Clinical examination revealed mild epigastric tenderness.

Investigations

Endoscopy showed a single, sharply demarcated duodenal ulcer on the anterior wall of the bulb.^[3] Biopsy confirmed absence of malignancy but presence of *H. pylori*. Routine labs were within normal limits.

Ayurvedic Correlation

Symptomatology (*Parinaam Shoola* – pain after digestion, *Urdhvag Amlapitta* – acid regurgitation, *Aruchi* – anorexia, *Avipaka* – indigestion) pointed to *Parinaam Shool*.^[2,4] *Vata-Pitta* aggravation predominated.

MATERIALS AND METHODS

Ethical Considerations

Written, informed consent was obtained. The patient agreed to Ayurvedic management and regular follow-ups.

Therapeutic Protocol

- *Snehapana: Sukumar Ghrita*, incrementally titrated (20–60 ml/day) for 7 days as the preparatory phase.^[4]
- *Shamana Chikitsa* (Palliative)
- *Dhatri Loha*: 500 mg twice daily
- *Shankh Bhasma*: 250 mg twice daily
- *Avipattikar Churna*: 3 gms twice daily before meals with lukewarm water.^[5]
- Diet: Light, pitta-pacifying foods; avoidance of spicy, oily, fermented foods, excessive fasting, late meals.
- Lifestyle: Mindfulness, routine correction (*Dinacharya*).
- Monitoring: Weekly symptom review; repeat endoscopy at 12 weeks.

RESULTS

Rapid relief occurred by week three (over 70% improvement in pain and nocturnal symptoms).^[6,7] By week twelve:

- Complete cessation of pain and regurgitation
- Appetite restored
- No new GI complaints
- Repeat endoscopy: ulcer healed, healthy mucosa.^[3]
- Patient reported improved digestion, well-being
- No adverse effects throughout therapy.^[5]

DISCUSSION

Parinaam Shoola, as explained by *Madhavakara*, mirrors the symptomatology of duodenal ulcer.^[2] Biomedical protocols focus on acid suppression and *H. pylori* eradication but lack long-term preventive value.^[3,8] Ayurveda, via *Snehapana* and *Ghrita*-based medicines, soothes and heals gut mucosa by pacifying *Vata* and *Pitta*.^[4,9]

Dhatri Loha and *Shankh Bhasma* offer cytoprotective and anti-ulcer effects. *Avipattikar Churna* balances digestive fire and *Vata*.^[5,10] Dietary regulation and lifestyle modifications further enhance therapeutic outcomes, restoring gut resilience.^[4]

Classical and contemporary research highlights these combinations efficacy and safety for peptic ulcer management, reducing relapse and adverse effects.^[5,9,10] Holistic, patient-centered strategies ensure compliance and produce robust outcomes.

CONCLUSION

A customized Ayurvedic regimen delivers comprehensive healing in duodenal ulcer, relieving acute symptoms and correcting doshic imbalance.^[4,9,10] Further research is warranted to validate Ayurveda's evidence-based claims for chronic GI disease management.

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