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REVIEW ARTICLE

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Panchakarma in Parinaama Shoola - A Review Article

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ABSTRACT

Parinama Shoola is a chronic, recurrent, and non-fatal gastrointestinal (GIT) condition, accounting for 25% of patient visits to clinics and hospitals in India.^[1] In Ayurveda, *Madhavakara* was the first to describe *Parinama Shoola*, characterizing it as pain during digestion, and categorizing it as a *Vata-Pradhana Tridoshaja Vyadhi*.^[2] *Samprapti*: The development of *Shoola* begins with the consumption of incompatible foods (*Viruddhahara*), such as hot and spicy rich fatty diets, junk foods, and habits like tobacco chewing, smoking, and alcohol consumption. Physical inactivity and mental stress further exacerbate the condition, leading to digestive impairment (*Agnimandya*) and the formation of toxins (*Ama*). This sequence of events progresses through stages of: *Ajeerna* (indigestion), *Amlapitta* (hyperacidity), finally culminating into *Shoola* (pain).^[3] The causes, progression, and symptoms of *Parinama Shoola* are remarkably similar to those of duodenal ulcers in modern medical science. Management of duodenal ulcers typically involves: Educating the patient, Avoiding known causative factors, Prescribing bland diets, Using antacids and acid-blocking medications, Administering antibiotics for H. pylori infection. Despite these treatments, high recurrence rates and unwanted side effects are common. In Ayurvedic treatment for *Parinama Shoola* includes: *Samshodhana* (purification), *Samshamana* (pacification), *Nidana Parivarjana* (avoidance of causative factors), *Pathya-Apathya* (dietary and lifestyle modifications) and Prevention of recurrences. Ayurvedic medicines are noted for being cost-effective, easily available, and safe for long-term use.

Key words: Ayurveda, Parinama Shoola Duodenal Ulcer, Viruddhahara, Samshodhana.

INTRODUCTION

Parinama Shoola, commonly referred to as duodenal ulcer, is a prevalent disorder often linked to a stressful lifestyle. The influence of Western dietary habits and cultural practices has increased the susceptibility to this condition. Approximately 25 million Indians experience peptic ulcer disease at some point in their lives. Duodenal ulcers are significantly more common than gastric ulcers, with an incidence rate of 30-60%, and they are 5 to 10 times more frequent. The male to

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female ratio for duodenal ulcers is 3:1.

Ayurvedic Perspective

Parinama Shoola is a well-known condition of the Annahavaha Srotas (upper gastrointestinal tract), characterized by pain during digestion. The Ayurvedic text describes this pain as occurring specifically during the digestion phase, indicated by the phrase 'Bhukte Jeeryatiyata Shoolam Tadeva Parinamaja.^[2] Parinama Shoola is considered a challenging (Durvigneya) and Vata-pradhana Tridoshaja Vyadhi. Madhavakara noted that the aggravation of Vata, [4] followed by the involvement of Pitta and Kapha, contributes to this condition. Factors that provoke Vata, such as improper diet, lack of exercise, and emotional stress (Kshobha, Trasa, Shoka, Krodha), are significant contributors to the development of Shoola Roga. Shoola, or pain, is the primary and most troublesome symptom in all diseases of the Annavaha Srotas.

Pathogenesis and Clinical Manifestation

According to Ayurvedic scholar Vijay Rakshita, Parinama Shoola involves all three Doshas, with a

predominance of *Pitta*, as pain typically occurs during digestion. The common pain sites include the epigastric region (*Kukshi*), right and left hypochondria (*Jathara-Parshva*), umbilical region (*Nabhi*), hypogastric region (*Basti*), and retrosternal area (*Stanantra*) etc.^[6]

Correlation with Modern Medicine

The etiology, pathogenesis, and clinical manifestations of *Parinama Shoola* closely resemble those of duodenal ulcers in modern medicine. A duodenal ulcer is an ulceration of the duodenal mucosa caused by gastric juice. Pain from a duodenal ulcer typically manifests 2-3 hours after a meal, as the stomach releases digested food and acid into the duodenum. Other symptoms include bloating, abdominal fullness, water brash, nausea, and melena. The most common causes of duodenal ulcers are Helicobacter pylori infection and the use of nonsteroidal anti-inflammatory drugs (NSAIDs).

Concept of Parinam Shoola

The term "Parinama Shoola" refers to abdominal pain that arises during digestion, typically 3-4 hours after eating when the food has reached the intestines. Parinama Shoola is classified as a Vata-dominant Tridoshaja disorder in Ayurveda.

Synonyms

- Annadrava Shoola
- Paktidoshaj Shoola
- Annavidahaja Shoola

Nidana

Several factors contribute to the development of *Parinama Shoola*, including:

- Overexertion: Excessive physical activity can disturb the body's balance, leading to this condition.
- Late-night work and insufficient sleep: Irregular sleep patterns and working late at night can aggravate Vata dosha.
- Dietary habits: Consuming an excessively dry or fat-free diet, incompatible food combinations, and irregular eating patterns are significant

contributors. Frequent consumption of cold, stored, or fermented foods, such as alcohol, also plays a role.

- Stress and emotional factors: Severe injuries that cause tension and stress, along with emotional disturbances like sorrow, worry, and concern, can exacerbate Vata Dosha.
- Vata Prakopaka factors: All factors that aggravate Vata Dosha, such as extreme physical activities and exposure to cold and dry environments, contribute to the development of Parinama Shoola.

These *Nidanas* collectively lead to an imbalance in the body, primarily affecting the digestive process and resulting in the symptoms of *Parinama Shoola*.

Samprapti

Ruksha Anna (Yava, Suska Saka, Jangala Mamsa etc), Vishamasana, Langhana.



There will be aggravation of Vata Dosha



Vata gets Avarana by the Kapha and Pitta



There by leads to Parinaama shoola

According to Madhavakara's Nidana, "Kapha Pitte Samavritya Shoolakari Bhaved Bali,"^[7] which means that when Kapha is displaced from its normal location and associates with Pitta and Vata, it leads to pain during digestion of food, characteristic of Parinama Shoola.

Vijaya Rakshita emphasizes that *Pitta* is the dominant *Dosha* in the pathogenesis of *Parinama Shoola*. The pain experienced during this condition occurs during the digestion period when *Pitta* is in an aggravated state (*Pittaudrikta Avastha*).

In a balanced physiological state, *Kapha* protects the stomach lining (*Amasaya*) from the corrosive effects of digestive acids, such as *Pachaka Pitta* or the acid-pepsin mixture. When the equilibrium between the secretion of protective *Kapha* and *Pitta* in the gastro-

duodenal mucosa is disrupted, it leads to the formation of ulcers (*Vrana*) in the stomach's gastroantral mucosa, resulting in *Parinama Shoola*.

Samprapti Ghataka

- Dosha Vata pradhana Tridoshaja Samanvayu,
 Pachaka pitta, Kledaka kapha
- Dushya Rasa Dhatu
- Agni Jataragni and Rasa Dhatvagni mandhya
- Ama Tajjanya
- Srotas Annavaha and Rasavaha Srotas
- Udbhava Stana Amashaya
- Sanchara Sthana Koshta
- Vyakta Sthana Grahani
- Adhishtana Amashaya and Grahani
- Dushti Prakara Sanga, Atipravritti
- Rogamaarga Abhyantara
- Swabhava Chirakari
- Sadhyaasadhyata All types of Parinaama Shoola are Kruchrasadhya, Sannipataja is Asadya.

Rupa

Pratyatma Lakshana

The hallmark symptom (Pratyatma Lakshana) is the occurrence of abdominal pain (Shoola) during the digestion of food (Parinaam of Ahara). This phase is marked by the aggravation (Uddirana) of Pachaka Pitta, which intensifies the condition.

Samanya Lakshana^[8]

- Bhuktejiryati Shoola: Pain that arises during the digestion process.
- Bhuktamatre Prashamyati: Pain that subsides immediately after eating.
- Vante Prashamayanti: Pain that is relieved by vomiting.
- Jirne Anne Shoola: Pain that appears after the complete digestion of food.

Common Sites of Pain^[6]

- Kukshi (Epigastric region)
- Jathara-Parshva (Right and Left Hypochondria)
- Nabhi (Umbilical region)
- Basti (Hypogastric region)
- Stanantra (Retrosternal area)

These descriptions provide a comprehensive understanding of the symptoms and locations associated with *Parinama Shoola*, as outlined in Ayurvedic texts.

Types of Parinama Shoola

Madhavakara describes seven types:[9]

- Vataja
- Pittaja
- Kaphaja
- Three combinations (Samsamsargaja)
- One Sannipataja

Dosha-Specific Symptoms

- Vataja Parinaam Shoola Adhmana, Atopa, Vibandha, Arati, Vepana.^[10]
- Pittaja Parinaam Shoola Trishna, Daha, Arati, Sweda.^[11]
- Kaphaja Parinaam Shoola Hrillasa, Chardi, Sammoha, Swalpa Ruk.^[12]
- 4. Dwidoshaja Parinama Shoola^[13]
 - Vata Pittaja: Combined symptoms of Vataja and Pittaja.
 - Vata Kaphaja: Combined symptoms of Vataja and Kaphaja.
 - Pitta Kaphaja: Combined symptoms of Pittaja and Kaphaja.
 - Sannipataja: Symptoms of all three Doshas.

Upashaya^[14]

- Bhukta Matre After intake of food
- Vanta Matre After vomiting

Jeerne Cha Anne - After complete digestion of food

Anupashaya^[14]

 Consumption of specific foods like Shashtika Shali (rice grown in 60 days), Vrihi Dhanya (barley), and Shali Odana (cooked rice).

Upadrava^[23]

- Sthanika (Local) upadrava: Anaha, Gaurav, Chardi, Trisna, Aruci.
- 2. Sarvadaihika (Systemic) upadrava: Bhrama, Jwara, Krisatva, Balahani.

Sadhya-Asadhyata^[15]

- 1. *Tridoshaja Parinama Shoola* is considered incurable (*Asadhya*).
- 2. *Parinama Shoola* with complications is also *Asadhya*.

Chikitsa

The main goals of treatment are:

- 1. Alleviating aggravated Vata.
- 2. Controlling or reducing the hyperactivity of *Pitta*.
- 3. Restoring *Kapha* to normal levels in both quality and quantity.
- 4. Repairing and maintaining the integrity of the *Annavaha* and *Rasavaha Srotas*.

Samshodhana Chikitsa

- Acharya Chakrapani Dutta suggested Vamana, Virechana and Basti. [16]
- 2. Acharya Bhavaprakash says that *Langhana* should be employed before *Vamana* and *Virechana*.^[17]
- 3. Harita advocates that Langhana, Vamana, Virechana, Anuvasana, Niruha and various types of Basti should be employed.^[18]
- 4. In Yoga Ratnakara, the treatment has been planned according to predominance of vitiated Doshas. Snehana should be employed in Vatika type, Virechana in Paittika type, Vamana is Kaphaja type and Sneha Yogas in Dwandwaja Parinama Shoola and by the combination of all the

measures *Tridoshaja Parinaam Shoola* should be treated.^[19]

Role of *Ayurveda* Modalities in the Treatment of *Parinama Shoola*

Langhana

- Parinaama Shoola is a Annavaha Shroto Vikara which starts with Agnimandya better option will be the Langhana
- Depending on the Taratama of Doshas Langhana, Langhana and Pachana, Doshavasechana can be done. If the Ama is in Pakvashaya and in Inutklishtha (stuck, not ready to come out) condition then Stravana (increasing secretion) with Deepana Dravyas should be administered whereas if Ama gets absorbed along with Rasa Dhatu and if it pervades throughout the body then Langhana and Pachana should be advised.
- As empty stomach aggravates the Shoola so Upavasi Roopi Langhana is in expedient in Parinaama Shoola.

Snehana

- Snehana procedure subdue the provoked Vata and Pitta, soften the body and remove the retained Mala.
- Snehana can be performed by
 - a) Bahya as Abhyanga
 - b) Abhyantara as Snehapana

Snehapana is mainly indicated in Vataja, Pittaja, Dwandwaja.

Swedana

- The main object of Swedana is to be soften the Srotas, liquefy the Doshas and Malas and thus easy to remove the Doshas and Malas form the body.
- Swedana karma can be done through Nadi sweda and Pottali sweda as Purva karma

Vamana

 In Kaphaja type, the Vamana (emesis) technique is strongly recommended. It can be done by using

Ksheera along with decoction of Madanaphala seeds or juice of Kāntāraka or Pundrai (Varieties of sugarcane) or Kośātakī or decoction or of Nimba or juice of Katutumbi or Iksurasa, Ambu. [20]

Virechana

In Paittika type is Virechana process (purgation) is most recommended, however it may also be employed in other cases. Virechana procedure may be performed by pitta relieving drugs e.g. extract juice of Danti, Trivritta, Ikshu, Draksha, Abhaya, Katuki and Gandika or by use of with Triphala choorna.^[21]

Basti

As vitiated *Vata* is an main causative factor for all types of *Shoola Roga*, so no other procedure is better than *Basti* therapy for the treatment of vitiated *Vata*. *Basti* is not only beneficial for *Vata dosha* it also helpful for *Pitta*, *Kapha*, *Samsarja* and *Sannipataja Doshas*.^[22] For the treatment of *Shoola*, both *Anuvasana* and *Niruhana Basti* have been recommended.

DISCUSSION

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 is *Parinaam Shoola* (duodenal ulcer).

Kayasya Anthahragneh Chikitsa Kayachikitsa, as Agni is responsible for the physiological and pathological states of health. Chronic Abdominal pain is sequelae of prolonged Agnimandya, Ajeerna and Amlapitta conditions, but not all Shoola begins with Amlapitta

The *Parinama Shoola* can be compared with Duodenal ulcer as they have similar clinical features.

The specific characteristic of having epigastric pain during the digestive period indicates the involvement of vitiated *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 by *Vata-dosha* and one feels the pain.

So, the treatment of *Parinama Shoola* is to normalizing the provoked *Vata* (wind), to alleviate the hyperactivity of *Pitta* (bile) and to normalize the *Kapha* (phlegm).

Samshodhana therapy i.e., Vamana, Virechana, Basti has a significant role in Samprapti Vighatana, Srotoshodhana and expels the toxins from the body at the cellular level, activates the function of cell membrane, improves digestion, absorption, assimilation and excretion. So, maintains the homeostasis of the body.

Among *Panchakarma*, though *Vamana* and *Virechana* are indicated in *Parinaama Shoola* but practically we won't perform *Vamana* and *Virechana*.

Basti would be better line of treatment due to its effects like Srotoshodana, Doshashamana Vatanulomana and Ksheera Basti mainly does Vranaropana.

Along with Samshodhana therapy, Shamana Ausadhis, Nidhana Parivarjana and Patya Palana plays important role in the management of Parinaama Shoola.

CONCLUSION

It can be concluded that *Annavaha Srotas Dusti* and *Agni Dusti* plays a major role in causation of this disease. Acharya Charaka has highlighted the role of Panchakarma therapy by stating that the disease treated by *Shodhana* will never recur, whereas the treatment with *Shamana* therapy may recur in due course of time. Thus, the approach of *Ayurveda* in this field is essentially preventive, curative and the medicines can be provided permanent and better cure for the disease.

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