

ETIOPATHOGENESIS OF *PARINAMA SHOOLA* W.S. R TO PEPTIC ULCER

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ABSTRACT

Disorder related to the digestive system are more on the rise due to the faulty diet and. one such condition is peptic ulcer. Peptic ulcer in Ayurveda is also considered a type of acid gastritis or *amla pitta* disorder is more generally classified as a *grahani* disorder in the seat of *Agni* is the stomach. The actual ulceration of the stomach wall which is the classic description of a peptic ulcer is clearly due to an excessive amount of *pitta* in the body so it's a *pitta pradhana tridosaja vyadhi* based on the subjective features most of the ayurvedic scholars considered as *parinama shoola* (peptic ulcer). It is also known as *ulcus pepticum*. Peptic ulcer disease is an ulcer (mucosal erosion) of an area of the gastrointestinal tract that is usually acidic and thus extremely painful. Hence in the field of gastroenterology diagnosis and management of *shoola* plays a vital role. Though lots of work has been done on the etiology of this condition .one specific etiological agents cannot be incriminated in the causation of this particular disease especially in our country .it is true that modern medical science has grown up considerably .still it has to face a big question mark in so far as some miserable problems are concerned. The problem selected for this work is one among them. Considering the solemnity and incidence of the disease, the present study was aimed to observed barium meal x-ray findings in clinically diagnosed cases of *parinama shoola* to evaluate objective features for *parinama shoola*. It was observed that among 60 patients of *parinama shoola* 30% were having deformed duodenal bulb. In 25% duodenal cap is deformed with mucosal erosion and 13.3% had duodenal ulcer found with ulcer crater in upper GI barium meal x-ray.

Keywords: *Parinama shoola*, barium meal x-ray, deformed duodenal bulb

INTRODUCTION

Parinama shoola is a disease of *Annavahasrotas* characterized by pain during digestion of food which tormates the process after every meal time and

source of constant discomfort ^[1]. It is a *Pitta pradhana tridoshaja vyadhi*. *Madhavakar* has mentioned the *prakopa* of *vata* by *svanidana* is followed

by involvement of *pitta* and *kapha*, therefore, the factors provoke *vata* can be included in the aetiology of *Parinama shoola*. These include various faulty dietary habits, faulty exercise and deliberate retention of urges, *Kshobha*, *Trasa*, *Shoka* and *krodha* etc are the causative factors play role in the production of *shoola roga*. *Shoola* is the presenting and the most troublesome symptom in all the disease of *Annavaha shrotas*.

Parinama shoola is a *Durvigneya* (difficult to manage) and *pitta pradhana tridosaja vyadhi* characterized by pain during digestion of food. The description signifies that *shoola* is as horrible as that of *trishoola of lord shiva*,^[2] The primary cause of peptic ulcer is a bacteria in the stomach called H.Pylori spiral-shaped bacterium that lives in the acidic environment of the stomach. Research conducted in the mid 1980 revealed the presence of this bacterium in almost 92% cases of duodenal ulcers and 73% cases of gastric ulcer.^[3]

It is chronic disorder approximately 25 millions. Indians are suffering from peptic ulcer disease at point in their lifetime. Duodenal ulcer are 5 to 10 times more common than gastric ulcer, the incidence for duodenal ulcer is 30-60% the male and the female ratio is 3:1 the incidence of gastric ulcer is usually 50% and over. It affects male and female in the ratio of 2:1 each year. There are 50,000 to 85,0000 new cases of peptic ulcer disease and more than 1 million ulcer related patients were hospitalized. Its prevalence in India particularly south India is quit high, recent studies suggests approximately 50% of adults at some times of their lives get affected by peptic ulcer,^[4]

The present era is an era of new inventions and the modern medical science has stuck the mind of all by its day to day developments. It is true that modern medical science has grown up considerably; still it has to face a big question mark in so far as some miserable problems are concerned. The problem selected for this article is one among them.

Considering the solemnity and incidence of the disease, the present study is aimed to know the aetiopathogenesis of *parinama shoola* in relation to

peptic ulcer and also intended to observe upper GI X-ray (barium meal) findings in clinically diagnosed cases of *Parinama Shoola*.

Habits Evaluation of upper Barium meal x-ray findings in clinically diagnosed case of *parinama shoola*

AIM AND OBJECTIVES

Evaluation of upper Barium meal x-ray findings in clinically diagnosed case of *Parinama Shoola*.

MATERIALS AND METHODS

A total of 60 patients having the clinical features of *parinama shoola* were selected for the study irrespective of sex, occupation, religion and socio economical status from OPD & IPD of J.G.Co-op Ayurvedic Medical college Hospital Ghatprabha, presenting with classical features of *Parinama shoola*.

STUDY DESIGN

It is an observational clinical study on 60 patients of either sex diagnosed as *Parinama shoola*. Based on clinical features, after that patients were subjected to upper barium meal x-ray for the evaluation of objective findings for *parinama shoola*.

INCLUSION CRITERIA

Patients having the classical sign and symptoms like *Jiryate yath shoolam*, *Aadmaana*, *Atopa*, *Arati Trushna*, *Daha*, *Chardi*, *Hrullasa*, Epigastric pain during meal time, Heart burn, Bloating & Abdominal fullness, Nausea, Vomiting, Age group between 16 - 60 years.

EXCLUSION CRITERIA

Annadrava shoola and *Amlapitta*.

Patients with Gastritis, Pancreatitis, Hepatic congestion, Gastroesophageal reflux disease etc.

Peptic ulcer associated with other systemic disorders.

Parinama shoola associated *upadrava* (other systemic disorder).

DIAGNOSTIC CRITERIA

Patients are diagnosed clinically on the basis of signs and symptoms of *parinama shoola*.

DURATION OF THE STUDY

Since this is an observational study, patients were kept under observation until fulfillment of objectives.

ASSESSMENT CRITERIA

Assessments were done based on Subjective and Objective Criteria.

SUBJECTIVE CRITERIA [5]

Jiryate yath shoolam

Aadhmana

Atopa

Arati

Trushna

Daha

Chardi

Hrullasa

MODERN⁴

Epigastric pain during meal time

Heart burn

Bloating and Abdominal fullness

Nausea

Vomiting

OBJECTIVE CRITERIA

Upper GI BARIUM X-ray

OBSERVATION AND RESULTS

Total 60 patients were diagnosed as *parinama shoola* for the study and they were subjected for upper GI Barium meal x-ray, the results of different observations are noted in below table.

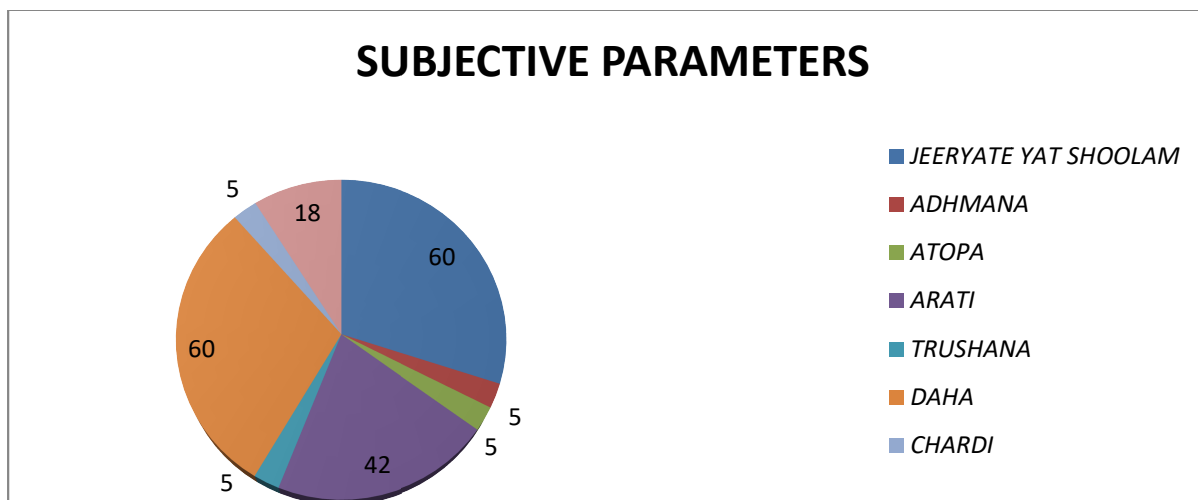
OVERALL ASSESSMENT OF SUBJECTIVE PARAMERES IN 60 PATIENTS

Among 60 patients 100% were having *jeeryate yat shoolam* and *daha*, 70% were having *Arati*, 30% were having *Hrullasa*, and followed by 8.3% patients were having *Adhmana*, *Atopa*, *Trishna*, and *Chardi* each.

TABEL 1: SHOWING OVER ALL ASSEMENT OF SUBJECTIVE PARAMETERS IN 60 PATIENTS

SUBJECTIVE PARAMETERS	NO OF PATIENTS	PERSENTAGE
<i>Jeeryate yat shoolam</i>	60	100%
<i>Adhmana</i>	5	8.3%
<i>Atopa</i>	5	8.3%
<i>Arati</i>	42	70%
<i>Trushna</i>	5	8.3%
<i>Daha</i>	60	100%
<i>Chardi</i>	5	8.3%
<i>Hrullasa</i>	18	30%

GRAPH 1: SHOWING OVER ALL ASSEMENT OF SUBJECTIVE PARAMETERS IN 60 PATIENTS



CRITICAL ANALYSIS OF SUBJECTIVE PARAMETERS

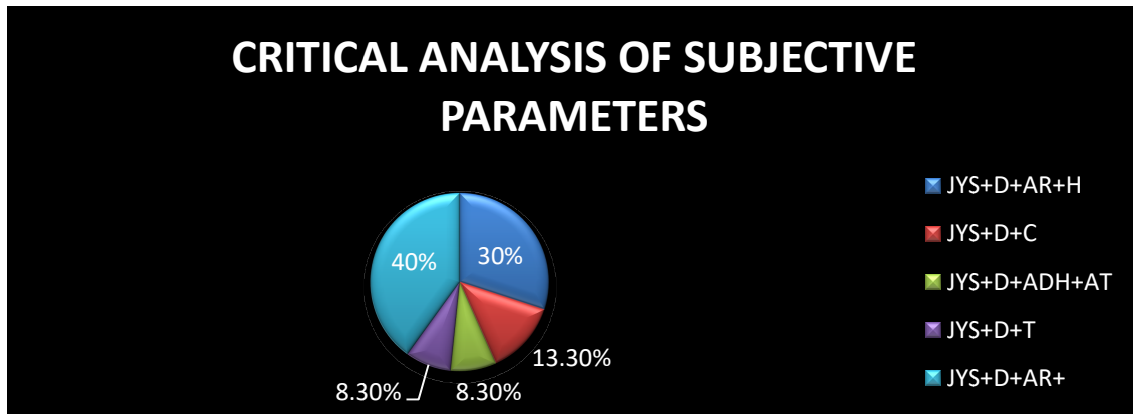
In the present study among 60 patient, 24 were diagnosed with *jeeryate yath shoolam, daha, and arati* (40%), 18 patient were diagnosed with *jeeryate yath shoolam, daha, arati and hrullasa* (30%). 8 patient were diagnosed with *jeeryate yath shoolam along with daha and chardi* (13.3%). 5 patient were

diagnosed with *jeeryate yath shoolam, daha and trishna* (8.3%). 5 patient were diagnosed with *jeeryate yath shoolam along with daha ,adhmana and atopa*(8.3%). These diagnosed groups of the patient were subjected to barium meal x-ray for the evaluation of objective findings in relation to subjective findings which are explained in the classics.

Table 2: Distribution of 60 patient of *Parinama Shoola* according to critical analysis of subjective parameter

Critical analysis of subjective parameter	Number of patient	Percentage
Jeeryate yat shoolam +Daha+Arati+Hrullasa	18	30%
Jeeryate yat shoolam+Daha+Charti	8	13.3%
Jeeryateyat shoolam+Daha+Adhmana+Atopa	5	8.3%
Jeeryate yat shoola+Daha+Trishna	5	8.3%
Jeeryate yat shoolam +Daha+Arati	24	40%

Graph 2: Showing distribution of patient based on Critical assessment of Subjective parameter



JYS+D+AR+H=Jeeryate yat shoolam +Daha+Adhmana+Atopa
JYS+D+C=Jeeryate yat shoolam +Daha+Chardi
JYS+D+Adh+At=Jeeryate yat shoolam+Daha+Adhman+Atopa
JYS+D+T=Jeeryate yat shoolam +Daha+ Trishna

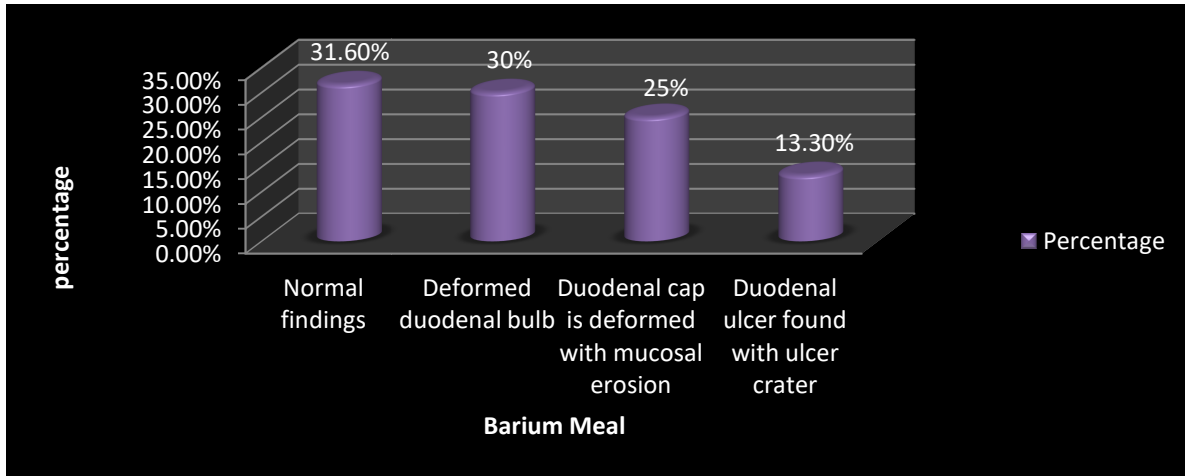
JYS+D+Ar=Jeeryate yat shoolam +Daha+Arati
 Among the 60 patient 31.6% were normal findings, 30% were deformed duodenal bulb 25% were duodenal cap is deformed with mucosal erosion 13.3% were duodenal ulcer found with ulcer crater.

DISTRIBUTION OF PATIENT ACCORDING TO BARIUM MEAL X-RAY

TABLE 3: Showing Distribution of patient according to barium meal x-ray

Barium meal findings	Number of patient	Percentage
Normal findings	19	31.6%
Deformed duodenal bulb	18	30%
Duodenal cap is deformed with mucosal erosion	15	25%

Graph 3: Showing distribution of 60 patient of Parinama Shoola based on Barium meal x-ray



DISCUSSION

Parinama shoola is a *pitta pradhana tridosaja vyadhi* of *annavaha srotas* characterized by pain during digestion of food. It is not mentioned in any of the *bruhahtrayi* but, *madhava* has considered *parinama shoola* as separate clinical entity and describes in detail including its *nidana panchaka*, *bheda*, *sadhyaasadyata*, and *upadravas*, after the study it was observed that among 60 patients 100% were having *jeeryate yath shoolam* and *daha*, 70% were having *Arati*, 30% were having *Hrullasa* and followed by 8.3% patients were having *Adhmana*, *Atopa*, *Trishna* and *Chardi*, each and 31.6% were shows normal findings in barium x-ray, 30% were deformed duodenal bulb, 25% were duodenal cap is deformed with mucosal erosion and 13.3 % were duodenal ulcer found with ulcer crater.

CONCLUSION

In the radio graphic evidence of upper GI barium meal shows the changes similar to that of peptic ulcer i.e. deformed duodenal bulb, duodenal cap is deformed with mucosal erosion and duodenal ulcer found with ulcer crater .so it can be concluded that deformed duodenal bulb, duodenal cap is deformed with mucosal erosion duodenal ulcer found with ulcer crater can be considered as objective parameters in the diagnosis of *parinama shoola* and clinical features of *parinama shoola* as subjective findings of peptic ulcer. Hence, barium meal may be considered

as supportive diagnostic tool in diagnosis of *parinama shoola*.

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