ETIOPATHOLOGICAL STUDY OF PARINAAMSHOOL - A REVIEW STUDY

Dr. Ankita Rakhecha1 and Dr. Sanjay Shukla2

1PG Scholar, Roga Nidan Evum Vikriti Vigyan Department, Shri NPA Govt. Ayurved College, Raipur.
2Lecturer, Roga Nidan Evum Vikriti Vigyan Department, Shri NPA Govt. Ayurved College, Raipur.

*Corresponding Author: Dr. Ankita Rakhecha
PG Scholar, Roga Nidan Evum Vikriti Vigyan Department, Shri NPA Govt. Ayurved College, Raipur.

ABSTRACT
Parinaamshool describes the disease as a severely painful and dreadful disease of unpredictable nature. The shool which occurs due to transformation (digestion) of food is called parinaam shool. In modern science the symptoms, etiopathogenesis of parinaamshool resembles with duodenal ulcer as pain aggravates during digestion and relieves after complete digestion of food. Owning to faulty food habits and stressful life, duodenal ulcer has become a very common health problem. Shaman vishesh siddhant is applied in all field of ayurved. The avoidance of factors that aggravates the shool and indulgence in those that relive the shool is advisable. Treatment includes nidanparivarjan, shanshaman, sanshodhan and pathyaapathya sevan.

KEYWORDS: Parinaamshool, Samanvishesh siddhant, nidanparivarjan, pathya apathy.

INTRODUCTION
Parinaamshool is a disease of annavahsrotus characterized by pain during digestion of food. It is not described in Bhrihtrayi but Madhavakar is the first aacharya to describe this disease as a separate and independent disease (m.ni.26) the clinical condition shool is described as a lakshan as as specific disease entity in ayurveda. In ancient time the conditional where abdominal pain is predominant are termed as shool. It is Vata pradhan tridoshaj vyadhi. Parinaamshool can be paralleled with duodenal ulcer as it match with its nidananchaks. duodenal ulcer is more common than gastric ulcer. Helicobacter pylori infection is important factor in the development of duodenal ulcer. It is one of the commonest disease of mankind as the time going on due to change in the life style, food habits of the society has changed. The peak incidence is now in a much older group than previously, still more common in men. The interplay of etiological factors in the pathogenesis is poorly defined but may include altered acid secretion, rapid gastric emptying, stress, smoking. Duodenal ulcer pain would manifest mostly 2-3 hours after the meal when release of digested food and acid into the duodenum. Other symptom are abdominal fullness, nausea. The most significant complication is hemorrhage, perforation and obstruction. By virtue of all the above factors it needs more attention.

DEFINITION
Parinaam = Transformation, Digestion
Shool = Colic, pain

“भुक्ते जीययतेत यत्त्तूऱम तदेव परिणामजम्” I
The shool or colic or pain abdomen which occurs due to transformation (digestion) of the food is called parinaamshool.

ETIOLOGY OF PARINAAMSHOOL
There is no particular etiology of this disease. The vitiation of vata is the cause of this disease.

स्वैर्नयदानैैः समावृत्य प्रकु पपतो तदेव परिणामजम् !!! (M.N. 26/15)
Factors which brings aggravate of all three doshas by their respective etiological factors resulting in the manifestation of parinaamshool.

- Ruksa, sheet aahar
- Asatmya and viruddhaahar
- Atilanghanam (habit to starve)
- Ratrijagaran (late night working)
- Retention of urges
- Abuse of alcohol, tobacco
- Irregular eating habit
- Severe injury leading to stress

SAMPRAPTI / PATHOGENESIS
स्वैर्नयदानैैः प्रकु पपतो वायुैः समावृत्य परिणामजम् !!! (M.N. 26/15)
Vata prakopak nidan

Vata encircles pitta and kapha in koshtha

Produce colic during digestion

Parinaamshool

Mechanism can be explained with modern context

Excess pitta or acid secretion

Damage the mucous layer of duodenum (kapha chyuti)

Shedding of mucous layer and mucous admixed with acid (pitta)

Formation of ulcer or sore in the wall of intestine

Irritation of nerve fiber at the region of sore (vayu gets aggravate)

When acid mixed food enters in duodenum

Irritates the ulcers causing severe pain during digestion

Parinaamshool/Duodenal ulcer

PURVARUPA: Not mentioned in all bhrihatrai and laghutrayi.

RUPA: भुक्ते जीययते यत्शूऱम तदेव पररणामजम् III (M.N. 26/15).
- Bhukte jeeryateyat shoolam (colic during digestion of ingested food)
- Kukshi shool (pain in abdomen)
- Jathar parshav shool (pain in abdomen sides)
- Nabhi shool (navel pain)
- Bastishool (pain in the region of urinary bladder)
- Shanantara shool (pain in the stern region)
- Prishtamula shool (pain in the sacral region)

TYPS OF PARINAAM SHOOL
1. Vata – Adhymana(abdominal distention)
   Atopa (gargling sound)
   Vinmutra vibandha (constipation and urinary obstruction)
   Arati
   Vepana (tremors)
   Snigdha ushna prashman

2. Pittaj - Trishna (thirst)
   Daha (burning sensation)
   Aruh (tastelessness)
   Sweda
   Sheeta shamanam (Pain reduces on consuming cold food).

3. Khaphaj - Chardi (Vomiting)
   Hrillas
   Moha
   Mandashool (Mid pain)
   Deergha santati (Long standing pain)

Katu tikta upasamanam
4. Vata pittaj parinaamshool
5. Vata kaphaja parinaamshool
6. Pittaj kaphaja parinaamshool
7. Sannipataj

UPASHAYA
Samana vishesh siddhant is aliied in all field of ayurveda.
The extension of this siddhant in the form of upashaya and anupashay respectively is used for diagnosis as well as for therapeutics The avoidance of factors that aggravate the shoold and indulgence in those that relieve the shoold and is advisable.

Upashaya
- Bhuktamatre - immediately after food
- Vantamatre - after vomiting
- Jeerne cha Anne - on completion of digestion
- Vataja parinaamshool - snigdha, ushna annapana
- Pittaja parinaamshool – sheet annapana
- Kaphaja parinaamshool - katu tikta annapana

Anupshaya
The aggregating factors for parinaamashool are
- Pachyamanavastha of aahar pachana.
- Shashtikashaali, vridhiodana.
- Pittaja parinamashool- katu, amla, Lavana annapana.
DIFFERENTIAL DIAGNOSIS

<table>
<thead>
<tr>
<th>Features</th>
<th>Parinaam Shool</th>
<th>Annadra Shool</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>During paka (Digestion).</td>
<td>Occurs before food, during digestion and after food</td>
</tr>
<tr>
<td>Relief</td>
<td>Relieves after complete digestion of food</td>
<td>By vomiting</td>
</tr>
<tr>
<td>Aggravating Factor</td>
<td>Pitta Prakopa</td>
<td>No</td>
</tr>
<tr>
<td>Dosh.</td>
<td>Vata Pradhan Tridosha</td>
<td>--</td>
</tr>
<tr>
<td>Modern comparison</td>
<td>Duodenal Ulcer</td>
<td>Gastric Ulcer</td>
</tr>
<tr>
<td>Effect of weight</td>
<td>Weight gain</td>
<td>Weight Loss</td>
</tr>
</tbody>
</table>

PROGNOSIS

Tridoshaja type of parinaamshoola wheel all the three doshas are involved, parinaamshoola in which there is deterioration of bala, Mamsa and agni and parinamashoola associated with upadravas is incurable.

TREATMENT

लेखनम् प्रथामम् कृयात् समानं शिरोथिओ तिल्ली ||

वस्त्रं प्रथमम् कुयायत् वमनं च पवरेचनम् ||II

Yoga therapy: Vajrasana, Bhujangasana, sarvangasana, shashangasana, padmasana, pawanmuktasana, paschimottanasana.

Pranayama: Ujjayi, kapalbhatti, shitali pranayama have the capacity to counter acidity and gastric ulcer.

DIET AND LIFESTYLE

- **Pathya** - Eating smaller meals, Drink water after meals.
- **Apathya** - Avoid heavy and spicy, sour, hot, too much oily food, excessive or less and also taken too early and too late. Avoid anxiety, worry, anger etc. Avoid drinking water just before meal, heavy meal at night time and suppression of natural urges.

CONCLUSION

According to present knowledge, the normal function of the vayu, agni, pachaka pitta are deranged in this disease. The etiological factors mentioned acc to ayurveda samhitas should be applied to the present day. Food habits are the main causative factors. Stress and strain also leads to the pathogenesis of this disease. From this study it can be concluded that healthy diet selection and eating habits play a major role in causation of disease. Hence we can say that code of conduct of healthy eating is important to achieve early and better result of the treatment as nidanparivarjan.

REFERENCE

1. Madhav nidan with madhukosh vyakhya by Vijayrakshita and Srikanthadutta by Sudarshan Shastri (M.Ni 26).
2. Ayurvediya vikriti vigyan and roga vigyana-Dr. P. S Byadgi.
3. The principles and practice of kaya chikitsa by Dr. S. Suresh babu.