

**A REVIEW ARTICLE ON SHOOLA (PAIN) AND ITS MANAGEMENT IN AYURVEDA*****¹Prachi Mishra, ²Pramod Kumar Mishra, ³Indumati Sharma**¹PG Scholar, PG Department of Kayachikitsa, Dr. Sarvapalli Radhakrishanan Raj. Ayurved University Jodhpur, Rajasthan.²HOD & Associate Prof, PG Department of Kayachikitsa, Dr. Sarvapalli Radhakrishanan Raj. Ayurved University Jodhpur Rajasthan.³ HOD & Associate Prof, PG Department of Kayachikitsa, M.M.M. Ayurveda College Udaipur, Rajasthan.***Corresponding Author: Prachi Mishra**

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ABSTRACT

Ajeerna (Dyspepsia), Amlapitta (GERD) and Shoola (Peptic ulcer disease) are chronic, relapsing and non-fatal GIT conditions that constitute 25% of the patient's visits to clinics and hospitals in India. Above 4 million cases, encounter these problems every year and the percentage is fast increasing. This is a matter of great concern. Samprapti of Shoola Shoola starts with intake of Viruddhahara like hot and spicy rich fatty diet, junk foods and addictions like tobacco chewing, smoking, alcohol and physical inactivity leading to Agnimandya and formation of Ama, which trigger a progressing chain of events i.e. Ajeerna followed by Amlapitta(hyperacidity) and finally culminating into Shoola (both Parinama and Annadrava). Burning epigastric pain exacerbated by fasting and relieved by meals is a symptom complex associated with Shoola According to Ayurveda Pitta, the chief culprit factor (along with vata and kapha). Many efficacious, potent pharmacological (herbal and herbo- mineral formulations) and non- pharmacological measures described in the disease management of Amlapitta and Shoola have undergone extensive research trials as set by the standard, renowned research institutes and pharmaceutical companies of Modern science.

KEYWORDS: Agni, Viruddhahara, Amlapitta, Shoola.**INTRODUCTION**

Ayurveda, one of the most ancient traditional healing systems in India is welcomed globally for its rich heritage and everlasting principles and concepts. Ayurvedic drugs both herbal and herbo-mineral formulations are now being chosen and prescribed for their potential therapeutic values by the Modern and other Alternative systems of Medicines. Ayurvedic concepts have become popular and practical with the advent of accepted practices in the field of health Sciences. It is based on a holistic approach with its root in the philosophy of Vedas, the Atharva Veda. It postulates principles of healthy living along with therapeutic measures that relate to physical, mental, social and spiritual harmony with the universe.

The concept of Agni has a unique identity in Ayurveda, infact it is the crucial and whole and soul entity of Chikitsa itself. "Kayasya Anthahragneh Chikitsa Kayachikitsa,^[1] as defined by Chakrapani explains that Agni, is the vital principal responsible for the entire bio-transformation of food into energy at the level of GIT Proper functioning of Agnis responsible for the physiological and pathological states of health.

Concept of Viruddhahara described in Ayurveda needs critical appraisal as it plays a significant role in the etio-pathogenesis of most of the GIT disorders. Mandagni, a state of hypo secretion of enzymes, acid and several hormones in the GIT leads to Agnimandya which results in improper digestion of Ahara Rasa and production of undigested, under metabolized, complex, virulent component AMA.^[2] Ama in Ayurveda is the root cause of all disease. It can trigger several acute, fulminant fatal complications like Visuchika and Alasaka,^[3] or remain avirulent for a considerable period, which in due coursewith the association of some predisposing factors may lead to many progressive, relapsing, chronic, debilitating, systemic diseases like Amavata, Madhumeha, Tamaka Swasa etc.

Nidana- Relevance of Viruddahara Ahara described in Ayurveda needs considerable discussion as it plays a significant role in the etio-pathogenesis of Amlapitta and Shoola. Food and its combinations which interrupt the tissue metabolism, which inhibits the formation of tissues and which has opposite property to the tissue are termed as Viruddha in Ayurveda.

1. Virudha Ahara, Dushita Ahara and excessive intake of Amla (fermented items like curd, dhokla, vada, idli, dosa, pickles etc) and Vidahi and Abhisyadi foods like alcohol, kulattha, bhrista dhanya (by aggravating Pitta Dosa).

2. Dietetic errors like Abhojana (starvation) and Athibhojana (excessive and binge eating) Kulatha, Madya, Bhrista Dhanya (fried paddy) and Adhyasana (intake of food prior to digestion of meal).

3. Emotional disturbances like Chinta, Krodha, Bhaya, Shoka etc.^[4]

Samprapti- Physiological Pitta is Katu. Tikta Rasa in taste and Laghu Guna. Nidana sevana causes Mandagni which leads to vitiation of pitta and converts into vidagdha or sama pitta.^[5] This sama pitta burns the food in the stomach and converts it into improperly digested, excessively charred acidic chime. Sometimes this Vidagdha Pitta is thrown out of body in the form of regurgitate refluxes and produces symptoms like nausea, excess thirst, acid bilious vomiting, bitter or sour eructations, abdominal pain/discomfort, burning, severe indigestion, occasionally fever along with some systemic problems.

Rupa- Avipaka (indigestion), Utklesa (nausea), Aruchi (anorexia), Tikta Amla Udgara (Acid bitter eructations), Gaurava (abdominal discomfort) and Hrita Kantha Daha (pyrosis). Kasyapa has added, Antrakujana (gargling), Udara Adhmana (tympanitis), vitabheda (diarrhoea) and Hrid Shula (cardinal pain). The treatment of Amlapitta is to first expel the Vidagdha pitta through Vamana, followed by Pachana Dravyas to digest the Vidagdha Pitta and later on Deepana, Madhura Rasa, Sheeta Virya Dravyas have to be advised to correct the Agni. Draksha, Yashtimadhu, Satavari, Trivrit, Amrita, Avipattikar churna, Sankha Bhasma, Pravalva Panchamrita are some of the drugs which are prescribed.

Shoola- The chronic or subacute conditions of abdominal pain were described by Sushruta in a vague abdominal disease Gulma. Abdominal pain predominant conditions are diverse and include visuchika, alasaka, gulma etc. Abdominal pain is a cardinal feature of Shoola and resembles very close to peptic ulcer disease. Shoola has been defined as 'Shoola-shoola Rujayam Sanghose Cha,^[6] actually stands for stabbing, pricking or colicky pain originating from the hollow viscera of the abdomen. Among the 8 types of Shoola described, the clinical feature of Annadrava Shoola and Parinama Shoola clearly match with the symptoms of Gastric and Duodenal ulcer respectively.

Parinama Shoola- Madhavakara and commentator Vijayarakshita elaborated it extensively. Parinama shoola i.e. shoola or abdominal colic is experienced during the digestion of food i.e. occurring 3-4 hrs after intake of

food (hunger pain) when the food has reached the intestine. It is Avarana janya, Tridoshaj vyadhi.^[9]

Synonyms- Annadrava Shoola, Paktidoshaj Shoola, Annavidahaja Shoola.

Nidana- Over exertion, late night working i.e. less sleep, extra dry/fat free or incompatible dietetic recipes, habit to starve, irregular eating habit, severe injuries leading to stress, sorrow, worry, frequent consumption of cold and stored food and fermented things like alcohol.

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

↓
Aggravate Vayu followed by Pitta and Kapha

↓
Samavritya denotes proper and all round obstruction

↓
Aggravated Vata decreases Pitta and Kapha

- 'Acc to Madhav Nidana- Kapha Pitte Samavritya Shoolakari Bhaved Bali,^[7]
- Acc to Vijaya Rakshita, Pitta is the most powerful and predominant Dosa in the pathogenesis of Parinama Shoola. Hence pain in Parinama Shoola experienced during the period of digestion i.e. when Pitta remains in provoked condition (Pittaja Kala).
- In physiological state Kapha protects Amasya from the eroding effects of Pachak Pitta or Acid Pepsin Mixture. When The Equilibrium between Secretion of Protective kapha and pitta of the gastro duodenal mucosa is breached, causes Vrana in the Gastro-antral mucosa of the stomach. Parinam shoola comes into existence.

Balasaah Pracyutah Sthanata Pitten Saha Murcchitah' when Kapha has shifted down from its original place and is subdued, aggravated Vayu Overtakes Pitta and Kapha, produces pain during the digestion of food. When the duration of Madhuravastha of Ahararasa in upper end of stomach is reduced and Amlaavastha of Pitta in the lower end of stomach (pylorus) is prolonged, Parinama Shoola is produced.^[8]

Rupa- Abdominal pain is the cardinal symptom.

Sites- epigastric region, rt and lft hypochondrium, rt and lft iliac region, umbilical region, hypogastric region, retrosternal.

Pain is relieved by taking meal and by vomiting. It also alleviates after the completion of digestion.

Madhavakara has described 7 types of Parinama shoola viz. Vataj, Pittaj, Kaphaj, 3samsamsargaja and finally One Sannipataj.

Prognosis- 2 have bad prognosis-1. Tridoshaja 2. Patient having kshinamansa bala and Mandagni.

Chikitsa (Treatment)- Considering that the treatment of ulcer is not merely acid control, following other factors have also been given due consideration while formulating this product.

- Acid reduction
- Reduction in the intensity of pain
- Improving digestive process
- Promoting healing and repair of ulcerated mucosa

Acid Reduction- Madhuyashti, Satavari, Trivrit, Triphala, Amrita, Pravala panchamrita neutralize excess acid and reduces its secretion by the glands.

Reduction in the Intensity of Pain- Irritation of the gastric mucosa by acids results into pain which is characterized as burning, gnawing, discomfort, dull ache, gas etc.^[10] Pain is due to aggravation or Vimargagaman in obstructed channels. Hence Anulomana of Vata by Varti also reduces pain. Hingu, Datura, Bhanga, Ahipena, Katuki, Haritaki, Avipattikara churna, Lavan Bhaskar Churna, Panch sakara churna relieve pain by promoting flatus discharge and laxation.

Promotion Of Healing And Repairs Of Damaged Mucosal Cells- Besides controlling hyperacidity, building up defensive factors i.e. gastric barrier is important Rasayana drugs which possess Madhur, Tikta rasa and Madhur Vipaka like Satavari, Madhuyashti, Draksha, Satapatra, Guduchi, Amalaki etc.

Improving Digestion- Deepan Pachan drugs like Shatapushpa, Ginger, Ajmoda, Dhaniya, Hingwastaka Churna, Chitrakadi vati, Lasunadi vati etc improve the secretion of enzyme from the mucosa of intestine.

Annadrava Shoola- Although, it is a synonym of Parinama Shoola nevertheless, it has been described as a different clinical entity in Madhava Nidana. According to Madhavakara, pain in Annadrava Shoola does not subside at any time, it has no relation with meal intake nor with pathya or apathy but is relieved occasionally after vomiting in patients chronic. It is so named because it occurs during the secretion of Annadrava i.e. HCL acid. The patient should relinquish the hot and sour food till he is fully alright. Weight loss is severe in chronic cases due to phobia that food intake induces pain and also emesis relieves pain.

Pathya – Apathya

- Eat three small meals and avoid periods of hunger or overeating.
- Eat slowly and chew food well.
- Sit up while eating and for 1 hour afterward.
- Avoid eating within 3 hours before bedtime. Bedtime snacks cause gastric acid secretion during the night.
- Avoid fatty rich, spicy and hot and sour foods and beverages, citrus and tomato products, chocolate and confectionary items.

- Include a good source of protein (milk, meat, egg, cheese) in each meal.
- Stop smoking. Avoid alcohol, coffee, tea and carbonated drinks with high calories.
- Do not use aspirin containing analgesics. Steroid drugs may also precipitate ulcer formation and should be reduced if possible take Antacids in a prescribed dose only.
- Drink fluids in between meals.

CONCLUSION

- Chronic Abdominal pain is sequelae of prolonged Ajeerna and Amlapitta conditions.
- Viruddhahara and stressed lifestyle with physical inactivity are the chief etiological factors.
- Parinama and Annadrava shoola are particularly Tridoshaja with Pitta predominance. They can be correlated to Peptic Ulcer Disease of Modern.
- Neutralization of Pitta and anulomana of Vata are basic modalities of Shoola management.

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