**A HOLISTIC APPROACH TO MANAGEMENT OF PEPTIC ULCER**

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ABSTRACT

The pain is produced at the time of digestion of food when there is predominance of pitta is called parinaam shoola and there is constant severe pain in abdomen irrespective of intake of food, during digestion or after complete digestion of food is called anna drava shool.

KEYWORDS: parinam shool, annadrava shool, peptic ulcer, Yoga.

INTRODUCTION

Peptic ulcer is a corrosive sore occurring at the lower end of the oesophagus, in the stomach wall, or in the upper part of the duodenum, just beyond the pyloric valve. Peptic ulceration is the end result of repeated bouts of gastric irritation, and sufferers usually have some prior history of indigestion and gastric disorders. Many symptoms of ulcer are identical to those of the less severe upper digestive disorders, and as a result, it is frequently difficult to make the diagnosis of peptic ulcer upon symptoms. Medical science recognizes two distinct types of peptic ulcer, depending on the site at which they have developed. They are Gastric ulcer and Duodenal ulcer.

NIDAN EVAM SAMPRAPTI

[i]. Parinam shool: {During digestion}

- Parinam shool is characterised by pain just after the digestion of food. Due to etiological factors all the three doshas are vitiated with pitta dosha predominance. It causes rakta dhatu vitiation in chronic stage.
- This results in ulceration of intestine.
- There is severe pain and vomiting of blood.
- The pain increases at the time of digestion and is relieved by vomiting
- There is no pain after complete digestion of food and when stomach is empty.
- This type shows different symptoms according to predominance of dosha.

{Ma ni 26/16}

- When vata is predominance it causes distension of abdomen gurgling sound, constipation, tremors, non elimination of stool and urine.
- When pitta is predominant it causes excess thirst burning sensation, perspiration, aggravation of pain by pungent sour, salty food.
- When kapha is predominant it causes nausea , vomiting , drowsiness , mild pain persist for long time.

[ii] ANNADRAVA SHOOLA (irrespective of food)

- Anna drava shoola is characterized by continuous severe pain and not subsiding by digestion or after digestion or after taking food or in empty stomach it does not get relieved by any kind of measures.
- There is no relation of pain with the food particles.
- Even fasting does not affect pain.
- This is progressive stage of parinam shoola.

{Ma ni 26 / 21-23}

In parinam shoola the symptoms produced are similar to that of duodenal ulcer and in Anna drava shool the symptoms produced are similar to that of gastric ulcer. Both are called peptic ulcer.

PEPTIC ULCER

- A chronic ulcer of the mucous membrane of stomach or duodenum by action of the acid and gastric juice due to impairment of normal mucosal defenses.
- The protein digesting enzyme pepsin is involved in production of this common ulcer. Peptic ulcer may arise the oesophagus, stomach and small intestine.

- In the oesophagus, they are uncommon.
- Most (98%) arising in the stomach and duodenum they typically arise singly only 20% of cases involve multiple sites.
- The size of a peptic ulcer ranges between 1 and 3 cm.

Dangers of Ulcers

1. Helicobacter Pylori
2. Secretion of gastric juice increased
3. Bicarbonate ions secretion decreased
4. Cell formation decreased
5. Blood perfusion decreased

There are mainly three factors to produce it.

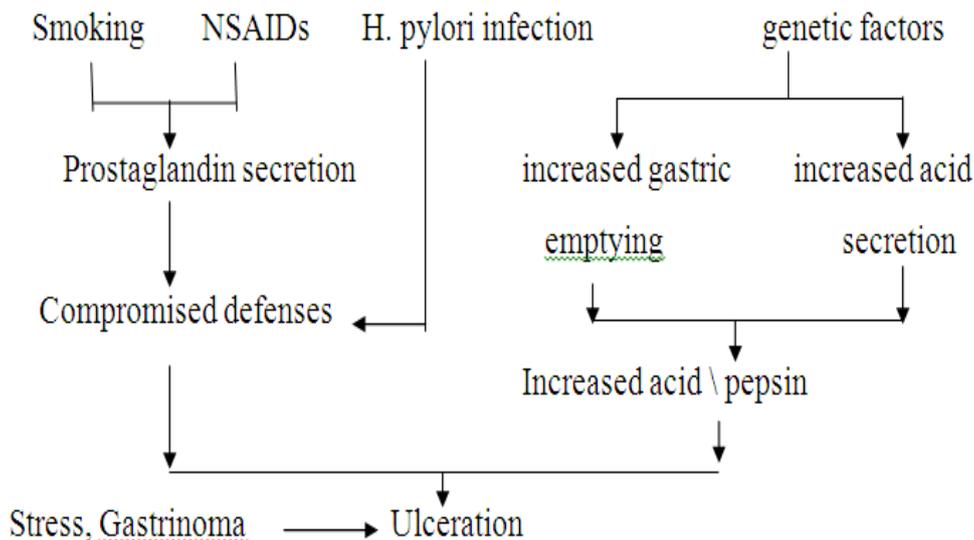
01. Impaired immune defenses

- The number of factors known to compromise mucosal defenses against acid and pepsin is growing.
- The dominant factor is the role of the occurring bacterium Helicobacter Pylori infection and other factors may contribute to the breakdown of mucosal defenses.

02. Weakening of Immune Defence

- A second factor that predisposes to the weakening of mucosal defenses is the effect of NSAIDs such as aspirin, indomethacin. These widely used agents cause damage and bleeding in the gastric and duodenal mucosae.
- NSAIDs also have relevant systemic effects in inhibiting prostaglandin synthesis because certain prostaglandins contribute to mucosal defenses by promoting secretions of mucous and acid neutralizing bicarbonate and by maintaining local blood flow.

03. Gastric Hyper Secretion: - due to hyperplasia of acid producing parietal cells and pepsin secreting chief cells.



Cigarette smoking is known to be strongly associated with peptic ulcers and seems to operate in two ways that are related

01. Smoking stimulates gastric acid secretion.
 02. Inhibits pancreatic production of the bicarbonate ions that neutralizes acid in the small intestine.
- The pathogenesis of peptic ulcers involves various factors whose effects combine to compromise gastro duodenal defenses.
 - The effect of acid and pepsin can then produce the ulcer
 - In the initial stage it is difficult to distinguish between gastric ulcer and duodenal ulcers.

In advanced stages the differences is follows

	Gastric ulcer	Duodenal ulcer
Pain	Starts immediately after taking food and continuously during digestion or after complete digestion	Starts at the time of digestion of food
Site	Umbilical and epigastric region	Epigastric region
Relieved by	Antacids or vomiting	By taking food
Nausea vomiting	More common	Less common

Investigation

01. Barium meal :- to detect site of ulcer.
02. Diagnosis of infection due to helicobacter pylori-Elisa test , culture from gastric ulcer.
03. Endoscopy

Ayurvedic Treatment

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¼;ksx jRukdj ½

- (01) Vaman
- (02) Langhan
- (03) Swedan
- (04) Pachan

PREPARATION

- (i). kamadudha , sutsekhar
- (ii).shatavri ghrita
- (iii). Hingwashtaka churna.
- (iv). Ampachak vati.

Modern Treatment of ulcer

The ulcer sufferer finds himself in a messy situation from which it is difficult to gain the necessary objectivity to escape. Medical measures alone are usually enough to bring a temporary remission of symptoms and anxiety, but ulcers inevitably recur when the former occupation, habits and lifestyle are resumed. For this reason, many doctors recommend the surgical removal of persistent gastric ulcers. Ulcer surgery usually involves severance of the parasympathetic nerves to the digestive organs and removal of part of the stomach itself. Even then ulcers frequently recur.

Yogic Management

Doctors who utilize yoga in their practice have found that combination of conservative medical management and yogic practices is the most effective way in which an ulcer can heal itself. Crippling anxiety problems can be effectively resolved, slavish habits overcome and a more balanced lifestyle can be evolved, even in the midst of the pressure and demands of modern life. The addition of yogic practices to conventional medical management enables the ulcer sufferer to implement specific lifestyle alterations which prevent a recurrence of ulcer and the prospect of major surgery as well.

Simple relaxing asana can be introduce after two weeks

- Joint movements
- After 4 weeks Surya Namaskar

- Shashankasana
- Shavasana
- Bhramari Pranayama
- Nadi Shodhan Pranayama
- Yoga Nidra
- Meditation

DISCUSSION

Parinaam shoola is having similarity to duodenal ulcer according symptoms and annadravya shoola is having similarity to Gastric ulcer. In the initial stage it is difficult to distinguish between Gastric and Duodenal ulcer, both are called peptic ulcer. In parinaam shoola pain is produced after digestion of food and in annadrava shoola there is constant severe pain in abdomen.

In modern point of view infection of *H. pylori* is the most common cause of ulcer. As a consequence, administration of antibiotics has been shown to be the most efficacious treatment in most ulcer patients not receiving Non Steroidal Anti Inflammatory Drugs (NSAID). *H. pylori* probably survive the mucous layer. The fact that infection of the gastric antrum also frequently leads to duodenal ulcer is probably related to gastrin secretion being increased by the infection. As a result acid and pepsinogen is raised and duodenal epithelium is exposed to an increased chemical attack.

Smoking is a also risk factor for ulcer development. Alcohol in large quantities or high in concentration damage the mucosa, while moderate intake of wine and bear increased gastric secretion through their non alcoholic components. Psychogenic factors favour to ulcer development.

Acute ulcers also occur if there is very severe stress on the organism as after major surgery extensive burns and multi organ failure (shock). Treatment with antacids act partly by buffering the pH in the lumen.

In parinaam shoola, Pitta Dosha is aggravated and kapha Dosha is diminished so vata Dosha get aggravated due to avrana of path, hence Pitta shamak and Vata anulomaka medicine should be given in parinaam shool and annadrava shoola.

Yogic procedure should be done every day because yoga give cool and calm to body and mind so can be manage digestive problems also.

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