



AAMJ

Anveshana Ayurveda Medical Journal

www.aamj.in

ISSN: 2395-4159

Review Article

A Critical Review of Pariṇāma Śūla – Ayurvedic Perspective

Srinivas K Bannigol¹

Mahesh D Desai²

Abstract

Śūla is the presenting and the most troublesome symptom in all the disease of Annavaḥa srotas. Pariṇāma Śūla is also a disease of Annavaḥa srotas. This condition has not been mentioned in any of the Brahatrayi. But the diseases Gulma, Śūla and Grahaṇī may be taken as a guideline to understand this disease. Later Acharyas of Laghutrayis have explained Pariṇāma Śūla as a separate entity. Pratyātma lakṣaṇa of this disease is pain during digestion of food which torments the person after every meal time and is a source of constant discomfort. The appearance of Śūla during the Pariṇāma of the Āhāra is the Pratyātma lakṣaṇa of the disease. Pariṇāma Śūla that is Tridoṣaja is Asādhya. Pariṇāma Śūla associated with Upadrava is Asādhya. Here an attempt is made analyse various literatures of Ayurveda to understand the disease.

Key words: Pariṇāma Śūla, Āhāra, Śūla, Pitta,

¹ Professor and HOD, ² Asst. Prof, Department of Post Graduate Studies in Shalya Tantra, Ayurveda Mahavidyalaya, Hubli.

CORRESPONDING AUTHOR

Dr. Mahesh D Desai

Asst. Prof,

Department of Post Graduate Studies in Shalya Tantra,

Ayurveda Mahavidyalaya,

Hubli -580024., (India).

Email: drmaheshdesai@gmail.com



http://aamj.in/wp-content/uploads/Volume3/Issue1/AAMJ_1113_1121.pdf

INTRODUCTION

Ayurveda is an Indian science of medicine and surgery. This great science is based on its own fundamental principles described in Hindu scriptures “Vedas” especially ‘Atharvaveda’. Ayurveda has got a rich heritage, which has developed as an independent system of medicine around 10th B.C. In ancient India, Ayurveda was the only prevalent system of medicine to help the ailing humanity. Ayurveda advocates the principle that Prevention is better than cure. Many theories have been explained to maintain health. The chief three pillars of life i.e. Āhāra, Nidra and Brahmacharya^[i] are responsible for health and longevity of life. Āhāra is given prime importance. Strict adherence to these rules of Āhāra keeps the body away not only from metabolic diseases but also from other diseases. So the principles of Āhāra-vidhi mentioned in Ayurveda are relevant even today.

Śūla is the presenting and the most troublesome symptom in all the diseases of Annavaḥa srotas. The Mythological description of origin of Śūla is worth mentioning here. Once when Lord Shiva was furious due to the disturbance produced by Kamadeva during his meditation, he threw his Triśūla towards Kamadeva. To escape from the attack of Triśūla, Kamadeva entered Lord Vishnu’s body. To protect him Vishnudeva heaved and his sigh made the Triśūla to fall down on the earth and there it created Śūla^[ii].

This description signifies that Śūla is as horrible as that of Triśūla of Shiva. Pariṇāma Śūla is also a disease of Annavaḥa srotas. This condition has not been mentioned in any of the Brahatrayī. But the diseases Gulma, Śūla and Grahaṇī may be taken as a guideline to understand this disease. Later Acharyas of Laghutrayīs have explained Pariṇāma Śūla as a separate entity. Pratyātma lakṣaṇa of this disease is pain during digestion of food which torments the person after every meal time and is a source of constant discomfort. Yogaratnakara have mentioned Pariṇāma Śūla as Durvijñeyam and Mahagada i.e. difficult to identify and cure due to the serious nature of this disease.

NIDĀNA (Causes)

The specific Nidāna for Pariṇāma Śūla has not been mentioned in the classical texts. But the following Guidelines can be considered as the causative factors of Pariṇāma Śūla.

- As it is a disease of the Annavaḥa srotas primarily, Annavaḥa srotoduṣṭi kāraṇa are to be considered.

- Pariṇāma Śūla is a variety of Śūla and as such, the Śūla Nidāna apply here also.

Annavaḥa Sroto Duṣṭi Nidāna:^[iii]

- Atimātra bhojana
- Akāla bhojana
- Ahita bhojana
- Agnivaigunya

Āhāra-vidhi Nidāna:

Acharya Charaka has aptly stated “Āhārasambhavam vastuḥ rogaśca āhārasambhavaḥ”. So the Specific Āhāra of the following qualities will lead to the disease Pariṇāma Śūla.

- Amla rasa: Sour juices when consumed for a long course act as an irritant and produce tissue damage.
- Kaṭu rasa: Spicy substances will cause the prakopa of pitta doṣa.
- Uṣṇa guṇa: Hot substances are also known to have an irritant effect on the mucosa leading to inflammatory response.
- Śīta guṇa: An optimal temperature within the stomach is required for release of the digestive juices. Ingestion of excess cold substances especially refrigerated/frozen foods impairs the secretion.
- Śāli: Pariṇāma śūla is more common among rice eating South Indians and Bengalis.
- Piṣṭāna, Palala, Māmsa etc.: These by nature are heavy to digest. When heavy foodstuffs are consumed, the digestion is delayed causing delayed gastric emptying causing Āma.
- Surā vikāra: Strong alcoholic drinks especially gulped without food also plays an important role in irritating the mucosa.
- Much stress has also been laid on the benefits of following regular timings for Āhāra-sevana.
- Adyaśana leads to Ajīrṇa^[iv] as the previously ingested meal is yet to be digested.
- Viśama bhojana in the form of Akāla bhojana produces Āma while Atīta kāla bhojana suppresses the Jaṭharāgni due to prakupita vāta.
- Atimātra bhojana is also Āmapradośakara.
- Āhāra-vidhi viśeṣa āyatana has been explained for Svasthya rakṣaṇa. Vidhityakta bhojana hence can lead to Agniduṣṭi.

Vihāra-vidhi Nidāna:^[v]

This group includes the factors which are against the rules of normal hygienic behaviors. These are concerned

mainly with sleep, exercise and behaviors regarding the normal habits.

Amongst the Vihāraja nidāna, Abhighāta, Āyāsa, Ativyāvāya, Vyāyāma, Viśama Śayana, Niśā jāgaraṇa, Bhāravahana, Yānāyana, Dhāvana etc. all lead to Vātaprakopa. Hence, indulgence in these can have a bearing on the intensity of Śūla produced. Anala sevana, Ravi pratāpa etc. aggravate Pitta doṣa. Prajāgaraṇa, Duhkha Śayana lead to Ajīrṇa. Physical stress, fatigue and overwork are known to superimpose ulceration of the inflamed mucosa.

Mānasika nidāna:^[vi]

This group includes various mental stresses and strains. These Bhavas e.g. Śoka, Krodha etc. are responsible for production of Āma Doṣa shows their effect on Agni.

The importance of Mānasika kāraṇa is coming to fore more so in the recent times. During emotional disturbances even the food consumed in the stipulated quantity remains undigested. In addition to this, these nidāna are also capable of aggravating the individual doṣa like

- Vāta prakopa by Chintā, Śoka, Trāsa,
- Pitta prakopa due to Bhaya, Krodha.

Anyā vyādhikṛta:

The concept of a disease begetting another disease has been explained by the Acharya. Karsana due to longstanding disease is said to cause Śūla. Apart from this, Jvara and Atisāra being a Jaṭharāgnimāndyājanya-vikāra, the Grahaṇī duṣṭi may itself produce Pariṇāma Śūla secondarily. In this regard, Amlapitta leading to Pariṇāma Śūla has also been explained^[vii]. Further, if the lakṣaṇa of Pittaja gulma are evaluated, the presence of Pariṇāma Śūla as a lakṣaṇa is seen.

Ouśadha/Vaidyākṛta:

Panchakarma vyapad may cause Agnimāndya leading to Pariṇāma Śūla. Non-compliance with Aṣṭamahādoṣakara bhāva also causes Agnimāndya.

Sahaja nidāna:

Though no direct reference regarding this nidāna is found, the possibility of its occurrence cannot be ruled out. If the Pittadharakāla is affected in its developmental stage, it results in Khavaiguṇyata and leading to a susceptibility to the disease Pariṇāma Śūla.

The nidāna mentioned in various texts have been described in the table.

SAMPRĀPTI (Pathogenesis)

Various Acharya have put forth the following samprāpti for Pariṇāma Śūla.

- Vāta being vitiated by Svanidāna in turn does the āvaraṇa of kapha and Pitta and produce Pariṇāma Śūla.

"swairnidānaih prakupito vāyu sannihitastadha kapha pitte samvṛitya śūla kari bhavet bali"^[viii]

If this samprāpti is evaluated, the Āvaraṇa of Kapha and Pitta by Vāta is neither explained in the classical texts nor is a probable event.

Here, Acharya Ramraksa Pathak has proposed a correction that it is the Kapha and Pitta doing the Āvaraṇa of Vāta.

- Madhukosha commentary on the above samprāpti quotes a Tantrantara vacana as Kapha being displaced from its sthana combines with Pitta and Vāta and produces Śūla.

From the above two Samprāpti, we can infer an Āvaraṇa and a Sannipataja type of Samprāpti possibly leading to Pariṇāma Śūla.

The first Samprāpti as told by Acharya Madhavakara has striking similarities with the Gulma samprāpti as told by Acharya Caraka. Vāyu being vitiated by its nidāna combines with pitta and kapha, vitiates them, undergoes Avārodha and produces Śūla in the Hrit, Nābhi, dve pārśva and Basti pradeśa. Further, the Doṣa lodge themselves in the Pakvāśaya, Pittāśaya and Kaphāśaya and as they cannot be eliminated due to the Mārgāvarodha, become evident as palpable structures^[ix]. The first half of the Samprāpti concentrates on the production of Śūla.

This can be further established by Acharya Vagbhata's explanation that the Kaphapittāvṛta vāta causes Śūla and Gulma; Acharya Indu comments on this that Gulma refers to Śūla itself. Amongst the Āvṛta vāta conditions explained in the texts, Pittāvṛta vāta and Kaphāvṛta vāta present with Śūla as their lakṣaṇa. Moreover, the Pittaja Pariṇāma Śūla lakṣaṇa also correlate with the lakṣaṇa of Pittāvṛta samāna vāta.

The second samprāpti more indicates towards a Sannipataja combination of the tridoṣa. Here, the kapha doṣa is vitiated initially and then undergoes Sammūrcchana with the other doṣa. This pracyuti of kapha is a result of prakupita vāta as vāta alone is responsible for gati. The pracyuta kapha and prakupita vāta combine with a normal or prakupita pitta and cause Śūla. Amongst the 63 permutations and combinations of

Sannipātaja doṣa avastha, Kṣīṇa kapha, prākṛta vāyu and vṛddha pitta leads to mārgāvarodha of vāyu and causes dāha and śūla.

Thus, we can infer the involvement of all Tridoṣa as causative to Pariṇāma Śūla. However, due to its rhythmic occurrence in the Pachyamāna avastha of āhāra, pitta doṣa has an upper hand. Similarly, Śūla cannot occur without the involvement of vāta “Śūleṣu prāyene pavanaka prabhu” indicating its importance too. So, a Pitta pradhāna Vātakaphānubandha sannipāta can be established.

PŪVA RŪPA (Prodromal Symptoms)

Pūrva Rūpa are the premonitory symptoms of a disease which help in identifying the disease in its early stage. This helps in the assessment of sādhyā asādhyāta and early management.

In the case of Pariṇāma śūla, no such Purva rupa are described. However, the following may occur initially.

- A few of the Vidagdhajīrṇa lakṣaṇa.
- Amlapitta^[x]
- Iṣat vyakta lakṣaṇa of Pariṇāma śūla itself.

RŪPA (Symptoms)

The Lakṣaṇa may be categorized as

- Pratyātma lakṣaṇa
- Sāmānya lakṣaṇa
- Viśiṣṭha lakṣaṇa

In the case of Pariṇāma Śūla, the lakṣaṇa are not explicitly mentioned. Most of them are Ātura samvedya than Vaidya samvedya and as such, the Ātura himself is the Āpta.

Pratyātma lakṣaṇa:

As the name of the disease itself indicates, the appearance of Śūla during the Pariṇāma of the Āhāra is the Pratyātma lakṣaṇa of the disease^[xi].

During this avastha, the udīraṇa of the pācaka pitta aggravates the condition. Śūla is attributed to the karmatamaha vṛddhi of vāta.

Sāmānya lakṣaṇa: ^[xii,xiii]

The other lakṣaṇa mentioned in texts are also in relation to the āhāra kāla.

Bhukta mātṛe praśāmyati:

Following the ingestion of food, there is the udīraṇa of kapha that opposes the rūkṣata of vāta and also the āgneyatva of pitta. Thus, there is temporary mitigation of the Śūla.

Vānte praśāmyati:

Vomiting reduces the pain. In the case of dosotkleśa in āmāśaya, vamaṇa is induced therapeutically too. Here also as the contents of āmāśaya are cleared, pain is relieved. The presence of āhāra is the basic stimulus for the pācana kriyā. The absence of food thus suppresses this and pain is relieved.

Jīrṇe anne praśāmyati:

On completion of pācana in the Grahaṇī, Āhāra passes into the pakvāśaya. Hence, the Śūla is relieved.

Śaṣṭika śāli vrihinām odanena vivardhate:

As discussed in the Nidāna, Śaṣṭika śāli, vrihi are pit-takāraka and guru. They tend to undergo suktaṇa and lead to increased amlata and thus, aggravate the pain.

Viśiṣṭha lakṣaṇa: ^[xiv]

In the bhedavastha, the predominant Doṣa amongst the three shows more virulence and as such, manifests with its own symptoms along with the above lakṣaṇa.

Vātaja pariṇāma Śūla:

Here vāta Doṣa subjugates the other two Doṣa and shows its lakṣaṇa.

- Adhmana: Dravyatah vṛddhi of vāta.
- Atopa: Vṛddhi of viśiṣṭha guṇa of vāta i.e. sabda.
- Vibandha: Śīta guṇa of vāta leads to sanga and hence vit vibandha is seen. Mūtra vibandha however is difficult to comprehend.
- Arati: Karmatah vṛddhi of vāta.
- Vepana: Vṛddhi of chala guṇa of vāta

Pittaja pariṇāma Śūla:

The pitta Doṣa predominates the samprāpti here.

- Trsṇa: Śoṣaṇa by uṣṇa guṇa.
- Dāha: Uṣṇa guṇa vṛddhi.
- Aruci: Outcome of ama.
- Sveda: Uṣṇa guṇa vṛddhi

Kaphaja pariṇāma Śūla:

Here, lakṣaṇa pertaining to kapha Doṣa are seen prominently.

- Hrlāsa: Dravyatmaka vrddhi.
- Chardi: Vimaārgagamana of the Doṣa mediated by vāta.
- Sammoha: May be considered as mānasika avasāda or mūdhata that is due to the longstanding Śūla. Person may lose enthusiasm for activity and becomes sluggish.
- Svalpa ruk: Basic guṇa of kapha Doṣa is manda. Hence, the ruja viśeṣa is also manda.
- Dirgha santati: All the aforesaid lakṣaṇa are persistent in nature. This can be attributed to sthiraṭva of kapha.

CHIKITSA SŪTRA (Treatment Principles)

The following lines of treatment are adopted:

- Nidāna parivarjana
- Samśodhana – Vyādhi apakarṣaṇa
- Samśamana – Prakṛti vighātana
- Rasāyana

Nidāna parivarjana:

The first step towards achieving health is to give up the causative factors. The treatment that follows becomes immaterial if the individual persists in indulgence in Nidāna. The factors as have been elaborated under Nidāna and Apathya are to be avoided strictly.

Samśodhana:

The Bahudoṣavastha of the disease is to be treated with Samśodhana therapy. In Pariṇāma Śūla, Vamana, Virecana and Basti have been indicated.

Vamana: [xv,xvi]

Vamana is to be performed using Tikta and Madhura dravya. Vamana is indicated when the doṣa is Amāśaya and in Kaphaja pariṇāma Śūla. The dravya to be used are Madanapala kvatha with Kṣīra, Kantakari rasa, Nimba kvatha or Kaṭutumbi rasa. Akanthapana of any of the above is indicated.

Virecana: [xvii]

Virecana is indicated when the doṣa are in the Pacyama-nāśaya and in Pittaja Pariṇāma Śūla. The dravya to be used are Trivrt, Danti or Eranda taila.

Basti [xviii]:

Nirūha basti is indicated when the doṣa are in the Pacyamanāśaya and Anuvāsana basti when the doṣa are in the Pakvāśaya. Kṣīra basti has been successfully tried in this disease.

Samśamana:

Amongst the different Śamana modalities, the following are generally indicated in Pariṇāma Śūla:

Dīpana:

As the root cause for the disease is Agniduṣṭi, Agnidīpana is mandatory. Sneha (ghṛta) preparations are ideal for Dīpana^[xix]. Other Agnidīpana preparations may also be used.

Pāchana:

The residual āma present is to be digested with the help of Pāchana dravya. Dispelling the Āma is also a prerequisite for śodhana therapy.

Anyā:

In addition to the above, treatment should also be Tridoṣa śāmaka, Śūla praśāmaka and Vraṇaropaka in nature.

Rasāyana:

Pariṇāma Śūla in its chronic course leads to kṛsatva and balahani and is also a disease that primarily affects the Rasa dhātu. To counteract these, Rasāyana therapy is ideal. The Rasāyana prescribed should be both Namittika (disease specific) and Ajasrika (general) in nature. Drugs like Kushmanda, Āmalaki can be used as Rasāyana in Pariṇāma śūla.

The judicious application of the above modalities of treatment ensures relief from Pariṇāma Śūla, aiding the fulfillment of the physician's goal.

Treatment According to Charaka Samhita: [xx]

Charaka even though has not mentioned Pariṇāma śūla, described as "pain at the time of digestion" (chūlam mahajjiryati bhojanecha) along with the jvara and the sign of "a sensation of tenderness as the vraṇa" (vraṇa vachagulmah sparsasaha), in his chikista sthana at gulmadhyaya while describing pittagulma. For this, Charaka at Gulma chikitsa, mentioned virechana, ghṛita pana as treatment and if the pitta or pittagulma situated in pakvāśaya will be treated with kṣīravasti prepared with tikta dravya. Rakta mokṣana was also mentioned as treatment for pittaja gulma.

Surgical treatment is also indicated by charaka. If the rakta and pitta are in a vitiated condition even after the Rakta mokṣana kriya, able surgeon will do the surgical procedures which are necessary for pittajagulma. Pittaja gulma will be treated with the help of virechana made of either milk or ghee, Rohinyadi ghṛita, Trayama-

nadighrita, Amlakadi ghrita, Drakshadi ghrita, Vasadighrita and Trayamanayoga were mentioned in Charaka Gulma chikitsa adhyaya for pittaja gulma.

Treatment According to Sushruta Samhita^[xxi]:

Sushruta in his uttara tantra dealt śūla chikitsa with kṣāra, śūlahāra cūrṇa and śūlahāra gulika as the line of treatment and treated according to the lakṣaṇa samuchaya. Pittaja śūla was described with characteristic features of tṛṣṇa, dāha, mada, mūrcha, tīvraśūla, and pain relieved with cold articles.

In the treatment of the pittaja śūla, mriduvamana karma, jaṅgala māmsa rasa, jaggary shali, kṣīra, sarpi panam and sharkarayukta kharjura, parushaka, and mridvika etc., phala are indicated. Virechana, snehavasti, nirūhavasti are done according to doṣa vitiation and mala of individual doṣa. Upanāha, parisheka of dhan-yamla, snehaseka also done accordingly. Swedana, vama-na, nirūha and Anuvāsana vasti are done according to the necessity and also Udāvarta chikitsa are supposed to be done at the time of śūla. In sannipatika śūla Ya-vakṣārayukta eranda dvādasha kwatha mentioned^[xxii].

Treatment According to Astanga Hridaya^[xxiii]:

Vagbhata has not mentioned either Pariṇāma Śūla or Śūla in his works 'Astanga hridaya' but he dealt 'Gulma' of eight varieties along with the Nidāna and chikitsa. In either of eight varieties neither Amlodgara or Bhukte jīry-atiyatchulam were seen which are cardinal symptoms for Pariṇāma śūla.

Treatment According to Sarangadhara Samhita^[xxiv]: Sa-rangadhara described Pariṇāma śūla in eight varieties with the classical symptom, pain during the time of diges-tion of food.

He prescribed, 'vishnukranta kalka', suntikalka, tumbu-radi churna, trineta rasa, for the pariṇāma śūla.

Treatment According to Bhava Prakasha^[xxv]:

Bhavamisra also classified Pariṇāma śūla in eight varie-ties; vāta, pitta, kapha, dwandaja, and sannipataja, he accepted the langhana and virechana for the pariṇāma śūla as the line of treatment. Vidangadi modak, sunthy-adikalka, pathyadiloha, and narikela kṣāra with pippali are indicated in pariṇāma śūla as śamana chikitsa.

Treatment According to Yoga Ratnakara^[xxvi]:

He mentioned langhana, vama-na and virechana as the schedule of treatment along with snehayogas, virecha-nayogas and vamanayogas respectively for the vāta,

pitta and kaphaja pariṇāma śūla. Kṣāra udaka along with pippali and lavana are prescribed for the Pariṇāma śūla.

Treatment According to Chakra Datta^[xxvii]:

Chakrapani datta described Pariṇāma śūla as a separate chapter and has given the yogas of Tiladhi gulika, nar-ikela lavana, narikela khanda, khandamalakam, Dhatri lauham, Shatavari mandura and other mandura yogas.

Treatment According to Vangasena Samhita^[xxviii]:

Vangasena or Chikitsasara Sangraha has dedicated one full chapter for the treatment of Pariṇāma Śūla. He ac-cepted the same treatment principle told by yogaratnaara along with Śamana oushadi. Ayoguggulu, Catusama leha were mentioned. (va.sa.33 chap)

Treatment According to Bhaisajya Ratnavali^[xxix]:

In 30th chapter śūla chikitsa treatment of pariṇāma śūla is explained in detail. Apart from vama-na, virechana and vasti Śamana oushadi like tiladi gutika, Narikela Kṣāra, Śūlagajakesari, Śūlavarjini vati, Śūlantaka ras etc were mentioned.

Upadrava

Yogaratanakara mentions the 10 Upadrava for Śūla^[xxx] they are –

1. Ānāha	6. Tṛṣṇa
2. Aruchi	7. Bhrama
3. Chardi	8. Krishatva
4. Jvara	9. Balahani and
5. Gourava	10. Ativedana pravritti.

SĀDHYĀSĀDHYATA (Prognosis)^[xxx]

Assessment of the Sādhyāsādhyata is mandatory before the commencement of treatment. Prognosis of a disease distinguishes between the curable and the incurable and gives an idea regarding the modality of treatment to be adopted. In addition to the general guidelines for decid-ing the Sādhyāsādhyata, the following are specifically mentioned in Pariṇāma Śūla.

- Pariṇāma Śūla that is Tridoṣaja is Asādhyata.
- It is Asādhyata in a person of Kṣīṇa bala, Kṣīṇa māmsa and Kṣīṇa anala
- Pariṇāma Śūla associated with Upadrava is Asādhyata.

Pathya

Pathyapathya plays an important role in the prevention and causation of disease respectively. Without appropriate dietic rules our best effort may fail especially in the treatment of disorders like Pariñāma Śūla.

Pathyani^[xxxii]

Abdotpanna Śāli (1 yr. old)	Rucaka
Vatya manda	Priyala
Tapta kṣīra	Śālinca patra
Jangala māmsa rasa	Laghu ksara rajah
Patola	Kustha
Sigru	Gomūtra
Karavellaka	Lavanga
Vartaka	Lasuna
Pakva amra	Hingu
Draksa	Bida lavana
Satahva	Suvarcala lavana
Eranda taila	Samudra lavana
Tapta jala	Vastuka
Jambira rasa	Kapittha

Apathyani^[xxxiii]

Vaidala, Lavana	Tila
Rūkṣa, tikta, kaśāya, guru, śītala bhojana	Viruddha annapāna
Māśādi śimbi dhānya	Vegadhārana
Ajīrne bhojana	Ātapa
Madya and other Sandhāna kalpana	Vyāyāma
Viṣamāśana	Śoka
Prajāgara	Krodha

////



REFERENCES

- i. Agnivesha, Revised By Charaka And Dhradabala; Charaka Samhita; 4th Ed, Varanasi; Chaukhambha Orientalia Publishers; 1994; Pp-738, Ca. Su. 11/35.
- ii. Yogaratnakara, With Hindi Commentary By Indradeva Tripathi; 1st Ed; Krishnadas Academy; 1998; Pp -894, Y.R Uttara 1/2
- iii. Agnivesha, Revised By Charaka And Dhradabala; Charaka Samhita; 4th Ed, Varanasi; Chaukhambha Orientalia Publishers; 1994; Pp-738 Cha.Vimana 5/13.
- iv. Sushruta; Sushruta Samhita; With The Nibandha Sangraha Commentary Of Sri Dalhana Charya; Reprint Edition, Edited By Jadavaji Trikamji Acharya, Varanasi; Chaukhambha Orientalia Publishers; 2003; Pp -824, Su.uttara 42/74.
- v. Madhavakara; Madhava Nidana; With Madhukosha Sanskrit Commentary By Shri Vijayarakhita And Srikanthadatta; With Vidyittini Hindi Commentary By Shri Sudarshan Shastri Part-Ii; 30th Ed, Edited By Sri Yadunandan Upadhyaya; Varanasi, Chaukhambha Orientalia Publishers; 2001; Pp 508, M.Ni 26/2
- vi. Kashyapa Samhita With English Commentary By P.V.Tiwari; 1st Ed; Chaukhambha Viswabhart Academy Varanasi; 1996; Pp. No. 792, Khila Stana 18/3
- vii. Kashyapa Samhita With English Commentary By P.V.Tiwari; 1st Ed; Chaukhambha Viswabhart Academy Varanasi; 1996; Pp. No. 792, , Khila Stana 16/9
- viii. Madhavakara; Madhava Nidana; With Madhukosha Sanskrit Commentary By Shri Vijayarakhita And Srikanthadatta; With Vidyittini Hindi Commentary By Shri Sudarshan Shastri Part-Ii; 30th Ed, Edited By Sri Yadunandan Upadhyaya; Varanasi, Chaukhambha Orientalia Publishers; 2001; Pp 508, M.Ni.26/15
- ix. Agnivesha, Revised By Charaka And Dhradabala; Charaka Samhita; 4th Ed, Varanasi; Chaukhambha Orientalia Publishers; 1994; Pp-738, Cha.Ni 3/7.
- x. Kashyapa Samhita With English Commentary By P.V.Tiwari; 1st Ed; Chaukhambha Viswabhart Academy Varanasi; 1996; Pp. No. 792, Khila Stana 16/49.
- xi. Madhavakara; Madhava Nidana; With Madhukosha Sanskrit Commentary By Shri Vijayarakhita And Srikanthadatta; With Vidyittini Hindi Commentary By Shri Sudarshan Shastri Part-Ii; 30th Ed, Edited By Sri Yadunandan Upadhyaya; Varanasi, Chaukhambha Orientalia Publishers; 2001; M.Ni.26/16
- xii. Madhavakara; Madhava Nidana; With Madhukosha Sanskrit Commentary By Shri Vijayarakhita And Srikanthadatta; With Vidyittini Hindi Commentary By Shri Sudarshan Shastri Part-Ii; 30th Ed, Edited By Sri Yadunandan Upadhyaya; Varanasi, Chaukhambha Orientalia Publishers; 2001; Pp 508, Madhukosa M.N.26/16
- xiii. Yogaratnakara, With Hindi Commentary By Indradeva Tripathi; 1st Ed; Krishnadas Academy; 1998; Pp -894, Uttara 2,3,4,5
- xiv. Madhavakara; Madhava Nidana; With Madhukosha Sanskrit Commentary By Shri Vijayarakhita And Srikanthadatta; With Vidyittini Hindi Commentary By Shri Sudarshan Shastri Part-Ii; 30th Ed, Edited By Sri Yadunandan Upadhyaya; Varanasi, Chaukhambha Orientalia Publishers; 2001; Pp 508, M.N.26/17,18,19
- xv. Yogaratnakara, With Hindi Commentary By Indradeva Tripathi; 1st Ed; Krishnadas Academy; 1998; Pp -894,Pg No- 501,
- xvi. Bhavaprakasha; With Hindi Commentary, By Shri. Bramhashankar Mishra, 7 Th Edi. Chaukhambha Sanskrit Samsthan, Varanasi 2000,Madyam Khanda Pp. No. 836, Bha.Pra Madhyama 30/65
- xvii. Govindadas; Hindi Commentary By Kaviraja Sri Ambikadatta Shastri; Bhaishajya Ratnavali; 13th Ed; Varanasi; Choukamba Sanskrit Samsthan; 1997; Pp- 829, Bh.R 30/61 Teeka.
- xviii. Yogaratnakara, With Hindi Commentary By Indradeva Tripathi; 1st Ed; Krishnadas Academy; 1998; Pp -894,Pg No- 501.
- xix. Agnivesha, Revised By Charaka And Dhradabala; Charaka Samhita; 4th Ed, Varanasi; Chaukhambha Orientalia Publishers; 1994; Pp-738, Cha. Chi 5th chapter.
- xx. Sushruta; Sushruta Samhita; With The Nibandha Sangraha Commentary Of Sri Dalhana Charya; Reprint Edition, Edited By Jadavaji Trikamji Acharya, Varanasi; Chaukhambha Orientalia Publishers; 2003; Pp -824, Su. Uttara 42th Chapter
- xxi. Sushruta; Sushruta Samhita; With The Nibandha Sangraha Commentary Of Sri Dalhana Charya; Reprint Edition, Edited By Jadavaji Trikamji Acharya, Varanasi; Chaukhambha Orientalia Publishers; 2003; Pp -824, Su.Uttara 42/112
- xxii. Vagbhata; Astanga Hradaya; With Commentary Of Sarvangasundara Of Arunadatta And Ayurveda Rasayana Of Hemadri, 7th Ed, Edited By Dr.Anna Moreshwar Kunte And Krishna Shastri Navare; Varanasi; Chaukhambha Orientalia Publishers; 1982; Pp- 956, A.H 14th Chapter.
- xxiii. Sharangadhara With Hindi Commentary By Shalaja Srivatsav; Reprinted; Chaukhambha Oriented; 1998,Uttar Khanda 9th Adhyaya Pp.578, Sha.Sa Madhyama 5/17,18
- xxiv. Bhavaprakasha; With Hindi Commentary, By Shri. Bramhashankar Mishra, 7 Th Edi. Chaukhambha Sanskrit Samsthan, Varanasi 2000,Madyam Khanda Pp. No. 836, Bha. Pra Madhyama 30/62
- xxv. Yogaratnakara, With Hindi Commentary By Indradeva Tripathi; 1st Ed; Krishnadas Academy; 1998; Pp -894,Pg No- 502,
- xxvi. Chakrapani; Chakradatta; Hindi Commentary By Dr Jagdiswar P. Tripathi; 5th Ed; Varanasi; Chaukhambha Orientalia Publishers; 1983; Pp -672, Chakradatta, 27.
- xxvii. Vangasena; With Hindi Commentary By Lalashaligram Vaishya; 1st Ed; Khemaraj Krishnadas Prakashan; 1996; Pp -1096, Chapter 33.
- xxviii. Govindadas; Hindi Commentary By Kaviraja Sri Ambikadatta Shastri; Bhaishajya Ratnavali; 13th Ed; Varanasi; Choukamba Sanskrit Samsthan; 1997; Pp- 829, Chapter 30.

- xxix. Yogaratnakara, With Hindi Commentary By Indradeva Tripathi; 1st Ed; Krishnadas Academy; 1998; Pp -894, Uttara 21
- xxx. Madhavakara; Madhava Nidana; With Madhukosha Sanskrit Commentary By Shri Vijayarakshita And Srikanthadatta; With Vidyitini Hindi Commentary By Shri Sudarshan Shastri Part-I; 30th Ed, Edited By Sri Yadunandan Upadhyaya; Varanasi, Chaukhambha Orientalia Publishers; 2001; Pp 508, M.Ni 26/20,21
- xxxi. Govindadas; Hindi Commentary By Kaviraja Sri Ambikadatta Shastri; Bhaishajya Ratnavali; 13th Ed; Varanasi; Choukamba Sanskrit Samsthan; 1997; Pp- 829, B.R 30/272, 273.
- xxxii. Govindadas; Hindi Commentary By Kaviraja Sri Ambikadatta Shastri; Bhaishajya Ratnavali; 13th Ed; Varanasi; Choukamba Sanskrit Samsthan; 1997; Pp- 829, B.R 30/269, 270.

Source of Support: Under the financial Assistance of research grant of 09 lakhs obtained from RGUHS, Bangalore for the study of Peptic Ulcer disease.

Conflict of Interest: None declared.

Acknowledgement: Rajiv Gandhi University of Health Sciences, Bangalore, Staff, Dept. of PG. studies in Shalya Tantra and The Principal, Ayurveda Mahavidyalaya, Hubli.

How to cite this article: Srinivas & Mahesh: A Critical Review of Pariñāma Śūla – Ayurvedic Perspective. AAMJ 2017; 1:1113 – 1121.

AAA

