



Research Article

ROLE OF *SHYAMA TRIVIT (OPERCULINA TURPETHUM)* AND *SATAMULI (ASPARAGUS RACEMOSUS)* IN THE MANAGEMENT OF *PARINAMSHOOLA (PEPTIC ULCER)*

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Peptic ulcer, *Shyamatrivit*,
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Turpethum, *Asparagus*
Racemosus.

ABSTRACT

In action-pathological consideration of *Parinam shoola* state Acharya Madhav has described that *Vayu* is dearranged on account of its Specific aetiological factors followed by the involvement of *Pitta* and *Kapha*, becomes more powerful and Produces *Shoola* (Pain). In general it is seen in *Vatapitta Purusha*. In clinical study 40 patients have been selected for clinical trial. Though different data have been showed in the different groups yet it has been established in my study as like modern peptic ulcer disease as a ulcer healing and gastric anti-secretory agent have also used in Ayurvedic drug like *Shyamatrivit* and *Satamuli* as a gastric anti-secretory and ulcer healing drug. Patients in respective of their age sex, religion, habitat, occupation, educational status, income status, *Prakriti* etc. These 40 patients were randomly categorized in four groups (i.e. A.B.C.D) in respective their age, sex, etc. Ten (10) number of patients in group 'A' was treated with *Shyamatrivit churna* 2gm twice daily before meal for 8 weeks. Twelve patients of Group B were treated with *Satamuli Churna* 3gm twice daily before meal with water for 8 weeks Ten patients of Group-C were treated with *Shyamatrivit* 2gm and *Satamuli* 3gm before principle meal with water for 8 weeks. Fine powder of rice 1gm twice daily after meal for 8 weeks treated Group-D (Placebo Group) total number of 8 patients. After treatment of Group- A 2 patients get complete relieves about 10 patients. Group B: 4 patient, Group - C: 7 patient Group - D: get complete relieves about 1 patient. It symptomatic relief it has been observed that Group A, B, C patients showed significant improvement of receiving sing and symptoms while comparing before and 8 weeks after treatment of same group of patients. Among these three group the group - C i.e., *Shyamatrivit* and *Satamuli* jointly): exerted better effect than single use of *Shyamatrivit* and *Satamuli* also shows good results than *Shyamatrivit*.

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INTRODUCTION

Shoola is synonyms a disease as also of a weapon *Sabdakalpadrum* also has given the meaning of *Parinam* as "Peak of digestion" and the definition of *Parinama shoola* is pain during the peak level of digestion or end of the digestion according to eminent Sanskrit dictionary *Vachaspatyam parinam* means transformation or change therefore *Parinama shoola* means pain during transformation or change of food materials at the extreme of digestion. According to the

students Sanskrit English Dictionary the *Shoola* means sharp or pointed weapon like, dart, spear, lancet or any acute or sharp pain colic, Sir Monier Williams has described *Parinama* to be the root of *Parinaman* meaning to transform, to grow, to change etc. (williams 1970) Horace Hayman wilson in his dictionary has described *Parinam* are change of form, or state, maturity, ripeness etc.

The disease *Parinam shoolala* has been described by Acharya Madhavkar to be

characterized by pain during the digestion of food. The two words comprising of *Parinama shoola* have been used in different meaning in various Ayurvedic texts. But it stands for the meanings quoted by Acharya Madharkar in the present context and can be co-related to the disease peptic ulcer (Gastric ulcer and duodenal ulcer). The word *Parinama* is seen to devote *Kalo* in the sense of season and time and a state of digestion in the sense of conversion of food etc. The *Shoola* is found to represent a disease known as *Shoola Roga* and also a symptom makes it more or less similar to peptic ulcer which is the topic of present study.

Synonyms: Acharya Vijay Rakhit has quoted quite a few in his commentary on Madhav Nidan for e.g. - *Annadrava Shoola*, *Pakitidosaja shoola*, *Pakti shoola*, *Annavidahaja shoola*. Madhav Kar has not accepted *Annadravaj shoola* as a synonym of *Parinama shoola* keeping in view the different feature manifested and hence discussed it as a separate disease.

Nidana: The factors responsible for the provocation of the *Dosas* and thereby manifestation of a disease are turned as *Nidan* or the etiological factors. According to Acharya Madhavkar the production of *Parinam shoola* is due to *Vatik* and *Paittika shoola*.

In *Parinama shoola* the *Vayu* is deranged on account of its specific etiological factors followed by the involvement of *Pitta* and *Kapha*, becomes more powerful and produces *Shoola*.

Samprapti: Regarding *Samprapti* of *Parinama shoola* may be discuss the following three points

- (i) *Dosa - Tridosha (Vata, Pitta, Kapha)*
- (ii) *Dusya - Rasa*
- (iii) *Srota - Rasavaha and Annavaha srotas*

The peptic ulcer problems of the gastro intestinal tract are common in 20-50 years age group and all sex groups. It is not possible to arrive at a perfect diagnosis without the aid of diagnostic tools, as because the clinical findings are very common. Epigastric pain and tenderness heart burn, nausea, vomiting, sour erectile constipation are common in almost all types of gastric disorders and Hematemesis and malena are common complication of peptic ulcer. The Endoscopy study of upper gastro intestinal tract plays important role as an investigation to study the peptic ulcer.

As the study deals with the role of two Ayurvedic drugs *Shyama trivit* and *Satamuli* in the management of *Parinam shoola* (peptic ulcer) so the patients who were under trial mostly represented the important features like heart burn, pain in epigastric region, nausea and vomiting, anorexia, flatulence, constipation, haematemesis and malena.

Clinical study performed to evaluate the actions of some drugs like *Shyamatrivit (Operculina*

terpethum) and *Satamuli (Asperagus recemosus)* in *Parinam shoola* (peptic ulcer), so review of the drugs done vividly in our thesis though there are different opinion regarding the *Rasa* (taste), *Guna* (property), *Virya* (potency), *Vipak* (effect after digestion) and *Karma* (action) of *Shyama trivit* and *Satavani* which already being stated in our thesis yet a generalized conception regarding those points could be given here.

Satavari (Asperages racemosus)

Having two *Rasas Madhura* and *Tikta*, and *Guna* of *Satamuli* are *Guru* and *Snigdha*. It belongs to *Seet virya* and *Madur vipak*. Pharmacodynamics or *Karma* of *Satamuli*. It alleviates *Vata* and *Pitta*. It is discussed in the Ayurvedic texts to be sharing a *Shoola hara pitta samak* and *Grahi* action. *Madhur rasa* and *Snigdha guna* pacifies *Pitta*. Thus it is very useful is the treatment of *Parinama shoola*.

Shyamatrivit (Operculina Turpethum)

Having two *Rasas Kasaya* and *Madhur* and *Guna* of *Shyamatrivit* is *Ruksha*. It belongs to *Ushna virya* and *Katu vipak*. Pharmacodynamics or *Karma* of *Shyama trivit* are to control vitiated *Vata* and it is *Vata samak*.

AIMS AND OBJECTIVES

The present study is an effect towards exploring the disease *Parinama Shoola* (peptic ulcer) and to evaluate the efficacy of the Ayurvedic drug namely *Sayama Trivit (operculina turpethum)* and *Satamuli (Asparagus recemosus)* for the treatment of *Parinamshoola* (Peptic ulcer). To evaluate the safety and efficacy of our drugs in respect of healing of ulcer also to search for healing time of ulcer.

MATERIALS AND METHODS

Drugs: The following Ayurvedic drugs are to be used to evaluate their efficacy in relation of *Parinamshoola* (Peptic ulcer).

- a) *Syama Trivit - Operculina turpethum* linn.
- b) *Satavari - Asparagus recemosus*. wild.

40 patients were randomly categorized into the following four groups irrespective of sex religion, caste, dietary habits etc. for assessing their age, Drugs are to be used for the study which will be crust root powder form dose 3gm. twice in a day before food. The drugs will be administered under four different groups as follows.

- a. **Group A:** Ten patients were randomly treated in this group with sun dried *Syamatrivit* crust root powder (fine powder) 2g twice daily before meal with water for 8 weeks.
- b. **Group B:** 12 patients were selected for this group with sun dried *Satavari* root *Churna* 3gm twice daily before meal with water 8 weeks.

c. Group C: Ten patients have been selected randomly for this group who have treated with *Syamatrivit* root (fine powder 2g twice daily before meal and 3gm *Satavari* fine powder twice daily before principle meal. Both the drugs continued for 8 weeks.

d. Group D: Last group may be called as placebo or control group where eight (8) patients were randomly selected and treated with fine powder of rice 1gm. twice daily before meal for 8 weeks. All the four groups of patients continued their respective treatments for 8 weeks with normal diet and performing normal habits.

Methods: For the clinical study patient will be selected from OPD and I.P.D. of Institute of post Graduate Ayurvedic Education and research at S.V.S.P. Hospital. Kolkata-9 in the year of 2002 by following inclusion and exclusion criteria.

Selection Criteria

1. Patient of either sex groups will be selected
2. Patient between the age group 20 years to 50 years will be taken for study.
3. After the proper detection of the diseases the patient complain will be categorically analysed in a prepared case history form and the drugs will be administered the four groups.
4. The patient suffering from peptic ulcer and not associated any other elements will be considered under the study.
5. Cancer, portal hyper tension etc will be excluded.
6. No. Ayurveda medicine and allopathic medicine, alcohol, smoking etc. will be not taken prior the study.
7. The patients who had the above mention criteria but represented O.P.C (Ova Parasites and Cysts) in routine and microscopical stool examination and is included in our study after completing the course anti-amoebic and anthelmintic drugs.
8. Few patients also availed endoscopic examination, U.S.G. and Barium meal skiagraphy to exclude other disease like, Gastric cancer, gastric polyp, pyloric stenosis, Achalesia Cardia etc.

Beside these selection criteria the patients also had gone through routine blood examination, and liver function tests to exclude other systemic or functional disorder.

After proper screaming total 50 patients were selected for the clinical study but among these patient 10 patients discontinued the treatment. So, rest 40 patients followed the

treatment as well as advice for 8 weeks and attended OPD regularly for their therapeutic evaluation. The patients who had the above mention criteria were attend the Endoscopy O.T. centre S.S.K.M.Hospital, Main building Top floor, for endoscopic study and also for proper screaming of the patient and diagnostic value.

Recipes: *Syama Trivit* root bank and *Satavari* root collecting from the market make it small pieces and dried it up in sun light. But the herbs finally powdered in apothecary department of S.V.S.P. Hospital separately and kept these in separate tight vessels. Fine powder of rice also made in same way. These recipes were supplied to the patients separately time to time in a air tight packet.

Assessment of Result

The effectiveness of the trial drugs were assessed on the basis of subjective and objective parameters before and after treatment.

Subjective criteria clinical improvement i.e. relief of signs and symptoms which were included in the subjective selection criteria were being observed to assess the results. For these purpose though some cardinal symptoms are presented here. Yet other symptoms or signs also asserted minutely to assess the clinical improvement. An arbitrary scoring system has been followed for the scoring of cardinal signs and symptoms which are as follows:

Subjective Criteria

Heart burn - (*Hrit Daha*)

Absence of heart burn	:	0
Heart burn only offer taking the heavy spicy food	:	1
Heart burn after taking normal food	:	2
Heart burn in relation to empty stomach	:	3

Epigastric Pain (*Antrakujan/Antra Shoola*)

Absence of the epigastric pain	:	0
Pain relieve by the heavy intake of food	:	1
Pain after intake of normal food	:	2
Epigastric pain in empty stomach	:	3

Nausea and vomiting - (*Vamanabhaba and Vamana*)

Absence of Nausea and vomiting	:	0
Pain and Nausea	:	1
Nausea and vomiting	:	2
Excessive vomiting	:	3

Constipation (*Kostobadhata*)

- Constipation : 0
- Loose motion : 1
- Normal stool : 2
- Heavy constipation : 3

Haematemesis and Melena

- Absence of haematemesis and melena : 0
- Only melena : 1
- Haematemesis and melena : 2
- Only Haemetemesis : 3

Flatulence (*Udarardhmana*)

- Absence : 0
- No distended abdomen after intake of food : 1
- Flatulence in after intake of heavy food. : 2
- Flatulence even related to light food : 3

Objective Criteria

The following laboratory investigation and finding are consider as objective criteria to assess the results of the peptic ulcer.

Upper Gastro Intestinal Tract Endoscopy: Upper G.I. Endoscopy study is an important investigation which should be carried out in case of suspected peptic ulcer. Procedure or techniques are given below:

The video or fiberoptic endoscope allows direct inspection: Upper alimentary with the forward viewing endoscope, performed in the fasting patient usually under light sedation, facilitates the demonstration of oesophageal disorder the dilatation of oesophageal strictures, the removal oesophageal varices, gastric lesions and duodenal lesion are readily seen.

Result: Here we consider only gastric ulcer, duodenal ulcer other then all are excluded in the help on Endoscopic study. The upper alimentary endoscopy allows direct visualization of the mucosa and lumen of the upper gastrointestinal tract. Duodenal ulcers are almost invariably benign, so histological examination is not usually required to exclude malignancy.

Barium meal skiagraphy: Performed in few cases to exclude some other disease like pyloric obstruction, achalasia cardiac, gastric carcinoma, polyp etc. This examination was done from outside just before selection of the patients. Investigation of both structure and function needed rather than endoscopy and radiology study and test of stool.

Stool Test: Routine examination stool for three consecutive days was done in all cases by concentration method to over look warm/ Giardia

etc. Faecal occult blood testing is also done to ruled out the intestinal blood loss.

Presentation of the Records and Data

In this study out of 50 selected case of age group 20 year to 50 years undergo peptic ulcer (*Parinamashoola*) only 40 patients have undergone full course of treatment and observation So the clinical evaluation of 40 cases are presented here.

Age Incidence: Total 40 patients were divided into three age groups as we have taken from 20-50 years under this study. We observed that the incidence of *Parinamshoola* is high among 20-30 years age group.

Table 1: Showing the age incidence of *Parinamshoola* (Peptic ulcer)

S.No.	Age	No. of Patient	Percentage
1	21-30	18	45%
2	31-40	12	30%
3	41-50	10	25%
Total		40	100%

Sex Incidence

Incidence of *Parinamshoola* (Peptic ulcer) is higher in male than female. Out of 40 patients 29 patients were male and 11 patient were female.

Table 2: Showing the sex incidence of *Parinamshoola* (Peptic ulcer)

S.No.	Sex	No. of Patient	Percentage
1	Male	29	72.5%
2	Female	11	27.5%
Total		40	100%

Religion Incidence

Incidence of *Parinamshoola* is high among Hindus then Muslims.

Table 3: Showing the religion incidence of *Parinamshoola*

S.No.	Religion	No. of Patient	Percentage
1	Hindu	25	62.5%
2	Muslim	15	37.5%
3	Christian	-	
Total		40	100%

Incidence of Income Status: Total 40 patients were divided into five income groups and lower middle group were found *Parinamshoola* high among the lower middle class.

Table 4: Showing income status wise distribution of Parinamshoola patients

S.No.	Income group	No. of Patient	Percentage
1	Very poor	2	5%
2	Poor	10	25%
3	Lower middle	18	45%
4	Middle	8	20%
5	Rich	2	5%
Total		40	100%

Table 5: Maximum number of patients was married among group

S.No.	Marital Status	No. of Patient	Percentage
1	Married	19	47.5%
2	Unmarried	17	42.5%
3	Divorce	3	7.5%
	Widower/Widow	1	2.5%
Total		40	100%

Table 6: Showing the educational status of Parinamshool

S.No.	Educational status	No. of Patient	Percentage
1	Illiterate	12	30%
2	Primary	8	20%
3	S.F.	15	37.5%
4	Graduate	5	12.5%
5	Post Graduate	-	-
Total		40	100%

Table 7: Showing the occupational incident of Parinamshool

S.No.	Occupation	No. of Patient	Percentage
1	House wife	8	20%
2	Unemployed	13	32.5%
3	Cultivator	12	30%
4	Labour (worker)	3	7.5%
5	Businessman	3	7.5%
6	Serviceman	1	2.5%
Total		40	100%

Table 8: Showing occult blood test of patients of Parinamshool

S.No.	Occult Blood	No. of Patient	Percentage
1	Positive	4	10%
2	Negative	36	90%
Total		40	100%

Table 9: Showing the addiction of patients of Parinamshoola

S.No.	Addiction	No. of Patient	Percentage
1	Alcohol	6	15%
2	Tea	23	57.5%
3	Tobacco	8	20%
4	No addiction	3	7.5%
Total		40	100%

Table 10: Showing the incidence of diet habit and prefer Rasa among 40 patient of Parinamshoola

S.No.	Diet	No. of Patient	Percentage
1	Vegetarian	4	10%
2	Non Vegetarian	36	90%
Total		40	100%

Table 11: Showing the incidence of Dehaprakriti of Parinam Shoola

S.No.	Dehaprakriti	No. of Patient	Percentage
1	Vataja	6	15%
2	Pittaja	7	17.5%
3	Kaphaja	5	12.5%
4	Vata-Pittaja	17	42.5%
5	Pitta - Kaphaja	2	5%
6	Kapha - Vataja	2	5%
7	Tridosaja	1	2.5%
Total		40	100%

Table 12: Showing rural and urban incidence of Parinamshoola (Peptic ulcer)

S.No.	Diet	No. of Patient	Percentage
1	Rural	17	42.5%
2	Urban	23	47.5%
Total		40	100%

Clinical Observation

Some cardinal clinical features were observed before the trial treatment of 40 patients. Most of the patients complained heart burn, Anorexia, epigastria pain, constipation nausea and vomiting, weight loss and flatulence and some patient complained Hematemesis and melena but we have not considered these patients because before trial our treatment we have excluded active ulcer with G.I. bleeding and also some patients complains, indigestion, weakness, loose stool, water brush from the mouth, dyspepsia etc.

Table 13: Showing important features presented by 40 patients of Pariltam shoola

S.No.	Important signs/symptoms	No. of Patients	Percentage
1.	Heartburn	39	97.5%
2.	Anorexia	27	67.5%
3.	Epigastric pain	29	72.5%
4.	Constipation	12	30%
5.	Nausea vomiting	29	72.5%
6.	Flatulence	35	87.5
7.	G.I. Bleeding	3	7.5

Group wise Distribution of 40 patients according to the treatment given: 40 patient were randomly divided in four groups as follows

Table 14: Group wise distribution of patients

Group	Drugs	No. of Patient	Percentage
A.	<i>Syamatrivit (Operalina terpehthum)</i>	10	25%
B.	<i>Satavari (Asperagus recemosus)</i>	12	30%
C.	<i>Syamatriv & Satavar</i>	10	25%
D.	Rice Powder (Placebo)	8	20%
Total		40	100%

Sign and Symptoms

Before treatment following arbitrary scoring of cardinal sign and symptoms of different groups (A,B,C,D) of patients were done and shown in table 15, 16, 17, 18) respectively. After treatment following scoring of sign and symptoms of difference groups (A,B,C,D) were done and shown in the table (19,20,21,22) respectively. Mean of the particular sign and symptoms also shown in respective table.

Analysis of the Endoscopy study before and after treatment of total 40 patients in four groups (A, B, C, D) in Table (23, 24, 25, 26).

Table 15: Scoring the sign and symptoms of group A patients before treatment

Patient n=10	Heart burn	Anorexia	Haematemesis & malena	Epigastric Pain	Nausea & Vomiting	Flatulence	Constipation
1.	2	0	0	0	1	1	0
2.	3	1	0	3	2	1	2
3.	1	2	3	3	1	1	0
4.	0	1	0	1	2	0	0
5.	2	3	1	1	1	2	0
6.	3	3	2	0	1	3	0
7.	3	0	0	1	2	1	3
8.	2	1	0	3	2	1	1
9.	1	2	0	3	2	1	2
10.	3	3	0	2	1	3	2
Mean	2	1.6	0.6	1.8	1.3	1.2	1.3
SD							
S.E.							

Table 16: Scoring the sign and symptoms of group B patients before treatment

Patient n=10	Heart burn	Anorexia	Haematemesis & malena	Epigastric Pain	Nausea & Vomiting	Flatulence	Constipation
1.	3	0	0	2	2	1	0
2.	3	2	0	3	1	2	2
3.	2	2	0	3	1	1	1
4.	1	3	0	2	2	0	2
5.	2	3	0	1	3	1	3
6.	3	2	0	2	1	1	1
7.	3	2	0	1	1	1	1
8.	2	1	0	3	2	2	1
9.	0	0	3	3	0	3	1

10.	1	3	0	2	2	1	0
11.	2	2	0	0	0	1	2
12.	3	1	0	2	1	1	3
M	2.08	1.75	.25	2	1.33	1.25	1.41
SD							
S.E.							

Table 17: Scoring the sign and symptoms of group C patients before treatment

Patient n=10	Heart burn	Anorexia	Haematemesis & Malena	Epigastric Pain	Nausea & Vomiting	Flatulence	Constipation
1.	2	0	0	2	2	2	2
2.	3	2	1	3	1	1	1
3.	3	1	0	1	1	2	0
4.	3	3	1	0	2	3	2
5.	2	3	0	2	3	0	1
6.	3	0	0	2	3	2	1
7.	3	0	3	0	1	2	1
8.	3	3	0	3	3	2	3
9.	2	2	0	2	1	3	3
10.	1	1	0	3	2	2	1
Mean	2.5	1.8	.3	2	1.8	2	1.5
SD							
S.E.							

Table 18: Scoring the sign and symptoms of group D patients before treatment

Patient n=10	Heart burn	Anorexia	Haematemesis & malena	Epigastric Pain	Nausea & Vomiting	Flatulence	Constipation
1.	3	0	0	1	0	1	1
2.	2	0	1	2	0	0	0
3.	1	2	1	2	1	2	1
4.	0	2	0	1	2	1	1
5.	2	1	1	1	1	1	1
6.	2	3	0	1	1	2	2
7.	1	1	0	3	1	3	0
8.	3	2	0	1	3	0	1
Mean	1.75	1.37	.37	1.50	1.12	1.25	.87
SD							
S.E.							

Table 19: Scoring the sign and symptoms of group A patients after treatment

Patient n=10	Heart burn	Anorexia	Haematemesis & Malena	Epigastric Pain	Nausea & Vomiting	Flatulence	Constipation
1.	1	0	0	0	1	0	1
2.	1	1	0	0	1	1	0
3.	0	0	3	1	0	0	0
4.	0	0	0	0	0	0	0
5.	0	2	0	1	0	0	0
6.	1	1	0	2	1	1	1
7.	2	0	3	0	0	1	0
8.	0	1	0	0	2	1	0
9.	0	1	0	0	0	0	0
10.	1	0	0	2	1	1	0
Mean	0.6	0.6	0.6	0.6	0.6	0.41	0.2
SD	.69	1.05	0	1.39	0.89	0.68	1.1
S.E.M	± 2.2	±.33	0	±.44	±.27	±.21	±.34
t	6.36	0.3	0	2.72	2.22	3.33	3.2

Table 20: Scoring the sign and symptoms of group B patients after treatment

Patient n=10	Heart burn	Anorexia	Haematemesis & malena	Epigastric Pain	Nausea & Vomiting	Flatulence	Constipation
1.	1	1	0	0	1	0	0
2.	2	0	0	0	2	1	1
3.	0	0	0	1	0	0	1
4.	2	0	0	2	0	1	2
5.	2	1	0	3	0	2	2
6.	3	2	1	1	1	0	0
7.	0	0	1	2	1	0	0
8.	0	1	0	0	2	0	1
9.	1	1	0	3	0	0	1
10.	1	0	0	1	1	0	0
11.	0	2	0	2	0	0	2
12.	1	3	0	2	0	1	3
Mean	1.08	0.90	.16	1.4	.66	0.41	1.08
SD	1.17	1.7	0.99	1.72	1.07	1.11	0.49
S.E.M	± 0.39	± 0.9	±.29	± 0.5	±0.30	±.32	±0.14
t	3.9	1.7	0.29	1.17	2.2	2.6	2.39

Table 21: Scoring the sign and symptoms of group C patients before treatment

Patient n=10	Heart burn	Anorexia	Haematemesis & malena	Epigastric Pain	Nausea & Vomiting	Flatulence	Constipation
1.	1	1	0	0	0	0	0
2.	0	1	0	0	0	1	0
3.	1	0	0	0	1	1	0
4.	2	1	0	0	0	2	0
5.	0	0	0	1	0	2	1
6.	0	0	0	1	1	0	1
7.	0	0	0	2	1	0	0
8.	1	1	0	0	2	0	0
9.	0	2	0	0	0	0	1
10.	0	0	0	0	0	0	0
Mean	.50	.60	.40	.5	.3	0	.6
SD	0.81	1.31	0.48	1.17	1.17	1.5	1.10
S.E.M	±0.25	±0.41	±0.15	±0.37	±0.37	±0.47	±0.34
t	8	2.91	2	4.32	3.78	2.97	3.23

Table 22: Scoring the sign and symptoms of group D patients after treatment

Patient n=10	Heart burn	Anorexia	Haematemesis & Malena	Epigastric Pain	Nausea & Vomiting	Flatulence	Constipation
1.	3	0	0	1	0	0	1
2.	2	0	1	1	0	1	0
3.	1	1	1	2	1	0	1
4.	0	1	0	1	1	2	1
5.	1	0	1	1	1	1	1
6.	1	3	0	1	1	2	2
7.	0	2	0	2	1	1	0
8.	2	2	0	0	2	0	0
Mean	1.25	1.12	0.37	1.12	0.87	0.9	0.75
SD	0.53	0.70	0.37	1.12	0.87	0.9	0.75
S.E.M	±1.87	±0.25	±0.125	±0.18	±0.16	±0.41	±0.125
t	0.26	0.35	0.04	0.06	0.03	0.91	1

Table 23: Showing the endoscopy result incidence of gastric ulcer and duodenal ulcer before the given treatment 85% (duodenal ulcer)

S. No.	Peptic ulcer	No. of patient	Percentage
1.	G.U	6	15%
2.	D.U	36	85%

Table 24: Showing the result Group -A patient before and 8 weeks after treatment

S.No.	Peptic Ulcer	Before Treatment	After Treatment
1.	D.U.	Ulcer present	Not Healed
2.	D.U	Ulcer present	Not Healed
3	D.U.	Ulcer present	Healed
4.	D.U.	Ulcer present	Not Healed
5.	D.U.	Ulcer present	Not Healed
6.	D.U.	Ulcer present	Healed
7.	D.U.	Ulcer present	Not Healed
8.	D.U.	Ulcer present	Not Healed
9.	D.U.	Ulcer present	Not Healed
10.	D.U.	Ulcer present	Not Healed

Table 25: Showing the result Group -A patient before and 8 weeks after treatment

Total No. of Patient	Healed Ulcer	Percentage
10	2	20%

Table 26: Showing the result Group -B patient before and 8 weeks after treatment

S.No.	peptic Ulcer	Before Treatment	After Treatment
1.	D.U.	Ulcer present	Healed
2.	D.U	Ulcer present	Not Healed
3	D.U.	Ulcer present	Not Healed
4.	D.U.	Ulcer present	Not Healed
5.	D.U.	Ulcer present	Not Healed
6.	D.U.	Ulcer present	Not Healed
7.	D.U.	Ulcer present	Not Healed
8.	D.U.	Ulcer present	Healed
9.	D.U.	Ulcer present	Healed
10.	D.U.	Ulcer present	Not Healed
11.	D.U.	Ulcer present	Healed
12.	D.U.	Ulcer present	Not Healed

Table 27: Showing the result Group -B patient before and 8 weeks after treatment

Total No. of Patient	Healed Ulcer	Percentage
12	4	33.3%

Table 28: Showing incidence of the Endoscopy study result of Group-C Patient (Placebo) after given 8 weeks Treatment

S.No.	Peptic Ulcer	Before	After Treatment
1.	D.U.	Ulcer present	Healed
2.	D.U	Ulcer present	Healed
3	D.U.	Ulcer present	Healed
4.	D.U.	Ulcer present	Healed
5.	D.U.	Ulcer present	Healed
6.	D.U.	Ulcer present	Not Healed
7.	D.U.	Ulcer present	Not Healed
8.	D.U.	Ulcer present	Healed
9.	D.U.	Ulcer present	Healed
10.	D.U.	Ulcer present	Not Healed

Table 29: Showing the result Group -C patient before and 8 weeks after treatment

Total No. of Patients	Healed Ulcer	Percentage
10	7	70%

Table 30: Showing incidence of the Endoscopy study result of Group-D Patient (Placebo) after given 8 weeks Treatment

S.No.	Peptic Ulcer	Before	After Treatment
1.	D.U.	Ulcer present	Not Healed
	D.U.	Ulcer present	Not Healed
3	D.U.	Ulcer present	Not Healed
4.	D.U.	Ulcer present	Not Healed
5.	D.U.	Ulcer present	Not Healed
6.	D.U.	Ulcer present	Not Healed
7.	D.U.	Ulcer present	Not Healed
8.	D.U.	Ulcer present	Healed

Table 31: Showing the result Group -D patient before and 8 weeks after treatment

Total No. of Patient	Healed Ulcer	Percentage
8	1	12.6%

RESULT AND DISCUSSIONS

After end of study I see that in between 21-30 years age group are more prone to suffering from peptic ulcer (45%) see Table No.1. regarding sex incidence, religion incidence, income status incidence, marital status incidence, educational status incidence, occupational incidence, showing the result of occult blood test, incidence of addiction diet habit and prefer *Rasa*, incidence of *Dehaprakriti*, rural and urban incidence are showing Table No. 2-12.

Scoring of the cardinal sign and symptoms of different group (A,B,C,D) are shown in table 15,16,17,18 respectively before treatment.

Scoring of the different signs and symptoms as difference groups (A,B,C,D) shown in the table (19, 20, 21, 22) respectively after treatment. The particular sign and symptoms are shown in respective tables.

Analysis of the endoscopy study was done before and after treatment for total 40 patients are divided into four groups (A, B, C, D) placed in table No. 23-32.

After clinical analysis of 40 patients I have see that Group-C (*Asparagus recemosus* + *operculina turpethum*) drug are more effective in respect of Group A and Group B and showing the table No. 24-31.

CONCLUSION

From this study the following conclusions are

- 1) Administration of only *Shyamatrivit* (*Operalina terpethum*) 2gm twice in a day before meal and healed the peptic ulcer, *Parinamashoola* only 20% cases for 8 weeks after treatment.
- 2) Administration of only *Satavari* (*Asperagus recemosus*) 3gm twice in a day before meal and healed the peptic ulcer (*Parinamashoola*) only 33.3% cases for 8 weeks after treatment.
- 3) Administration of jointly *Shyamatrivit* 2gm and *Satamuli* 3gm twice in a day before meal and

healed the peptic ulcer 70% cases 8 weeks after treatment.

- 4) No such side effect or adverse effect could be found clinically in *Satamuli* and *Shyamatrivit*. *Shyamatrivit* and *Satamuli* are easily available and cheap drugs.

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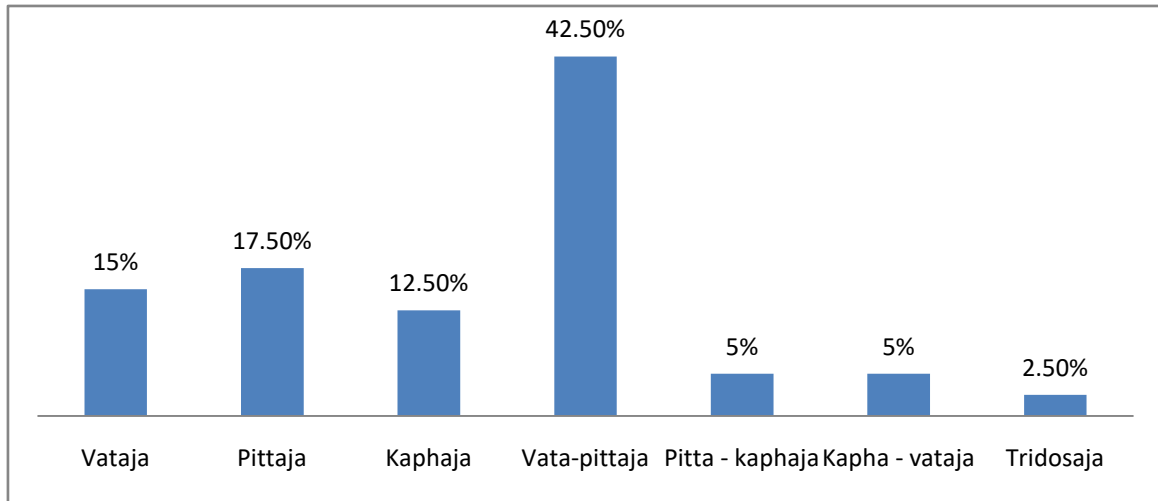
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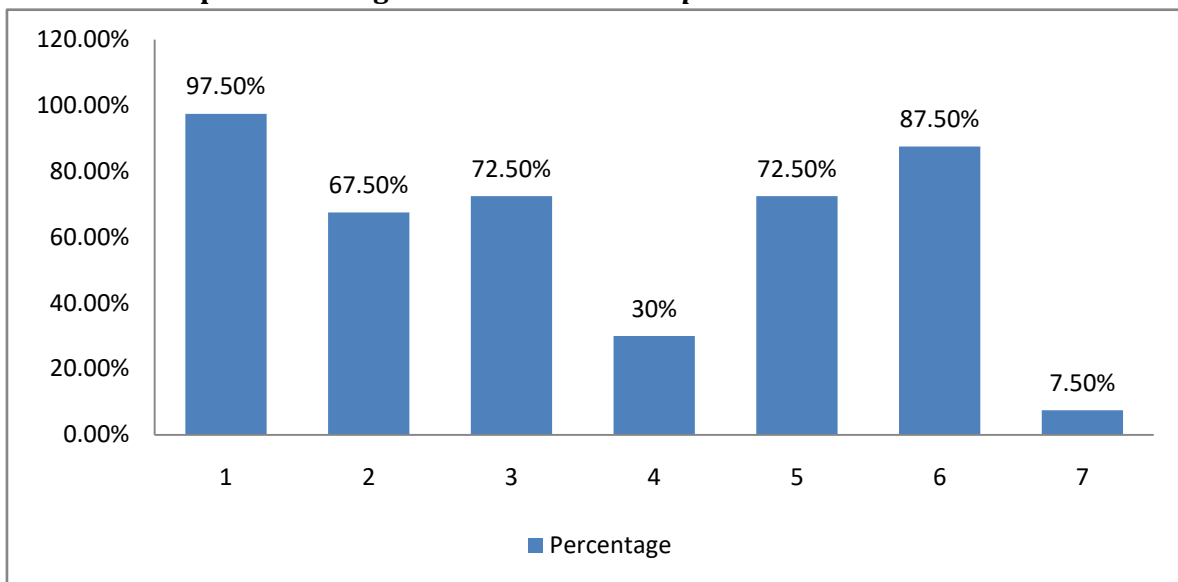
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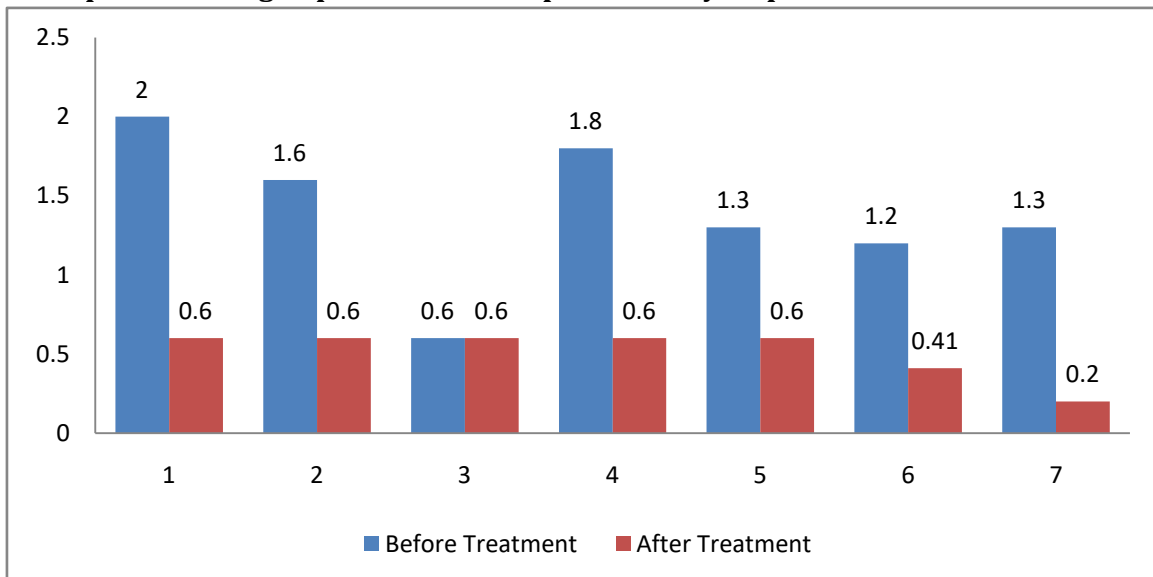




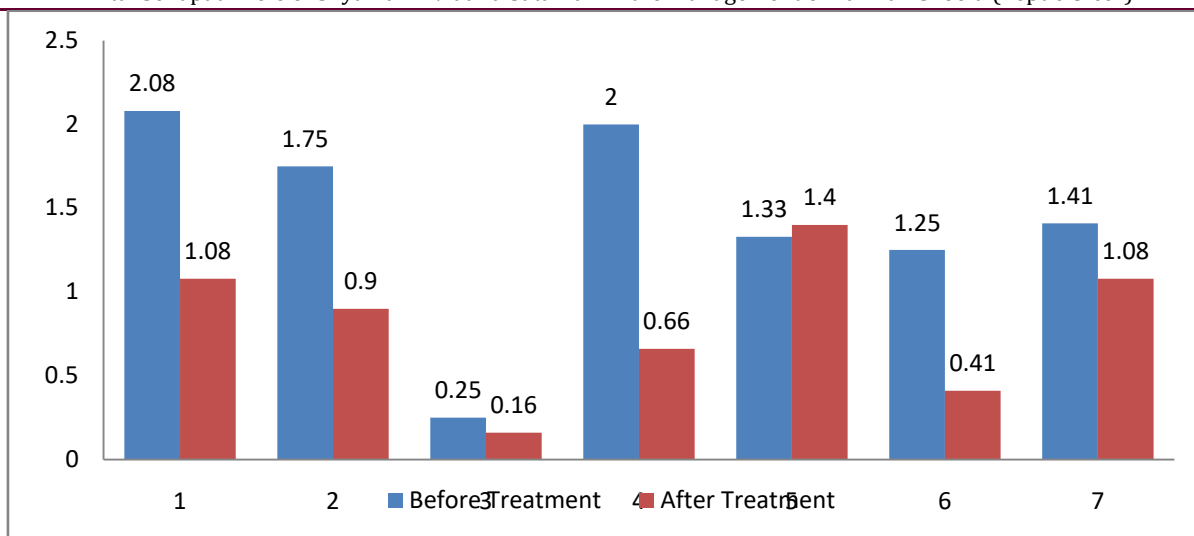
Graph 1: Showing the incidence of Dehaprakriti of Parinam Shoola



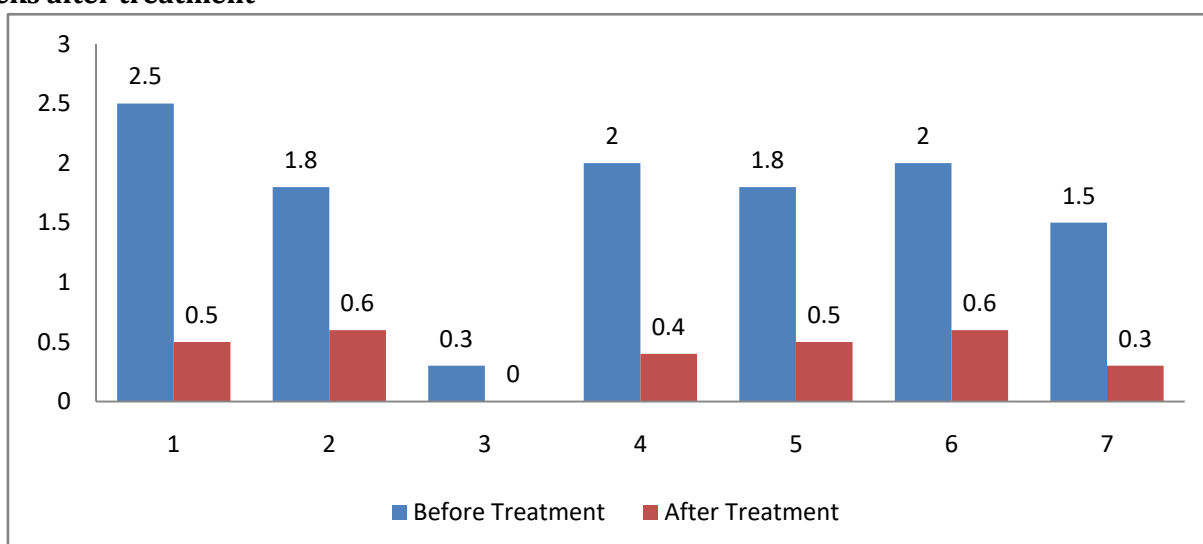
Graph 2: Showing important features presented by 40 patients of Pariltam shoola



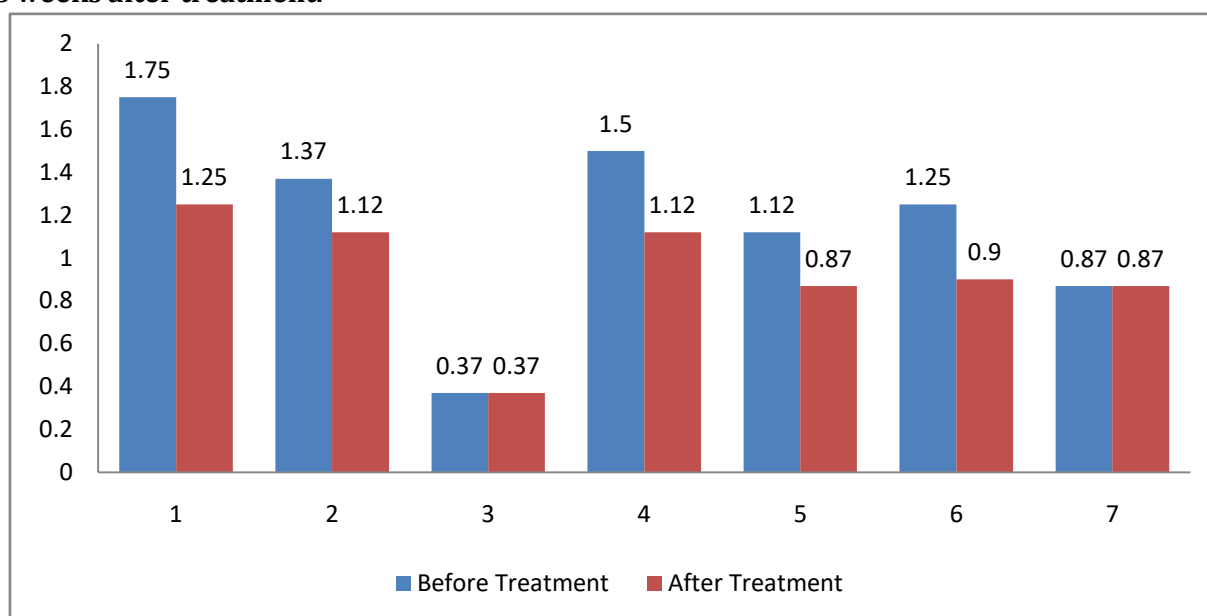
Graph 3: Mean sign & symptoms of Group-A patients (treated with operculinature pathum before and 8 weeks after treatment)



Graph 4: Mean sign & symptoms of Group B patients (Treated with asparagus recemonus) before and 8 weeks after treatment



Mean sign and symptoms of Group-C patients (Treated with O.Terpethum + A. recemosus) Before and 8 weeks after treatment.



Mean sign & symptoms of Group-D patients (Placebo group) before and 8 weeks after treatment