A CLINICAL STUDY ON THE EFFICACY OF
SATAVAREEMANDOORAM
IN PARINAMASOOLA VIS A VIS PEPTIC ULCER

Shailaja Vani* and S. K. Tiwari **

Abstract: Parinamasoola is one of the diseases that were introduced by Madhavakara in 7\textsuperscript{th} century AD. Number of preparations was mentioned in ayurvedic texts for the treatment of parinamasoola. One of such preparation is Satavaree-mandooram and it has been mentioned in many classics like Chakradatta, Vangasena, Yogaratnakara, Bhavaprakasha and Bhaishajyaratnavali. It is a herbo-mineral preparation and was found to be highly effective in healing peptic ulcer.

Introduction
The disease parinamasoola in ayurveda has a striking similarity with today’s peptic ulcer disease (specifically duodenal ulcer). Parinamasoola has been mentioned by Madhavakara in 7\textsuperscript{th} century AD for the first time in his monumental work Madhava Nidana. The pathogenesis delivered by Vijaya Rakshita\textsuperscript{1}, a commentator on Madhava Nidana is very scientific and according to the present understanding where the disruption of kapha from its site is more or less equated to mucosal erosion.

A number of herbal and herbo-mineral formulations were mentioned in ayurvedic classics for the treatment of parinamasoola. Satavareemandooram is one of the effective herbo-mineral preparations for this disease and is mentioned in different texts like Chakradatta, Vangasena, Yogaratnakar, Bhavaprakasha and Bhaishajyaratnavali.

It contains predominantly satavari which was already proved for its cytoprotective activity in many experimental and clinical studies conducted at various places\textsuperscript{2,3}.

Materials and methods
A clinical trial was conducted on 10 patients of uncomplicated peptic ulcer (9 duodenal ulcer cases and 1 case of linear ulcer at lower end of esophagus) who were selected from the OPD and IPD of Kayachikitsa Department, S.S. Hospital, Banaras Hindu University, Varanasi. They were thoroughly examined clinically and all medicines of allopathy were stopped before starting the trial drug.

The trial drug satavareemandooram (SM) was prepared according to the procedure described in the texts\textsuperscript{4}. Equal quantity of fresh juice of satavaree, purified mandooram, cow’s milk, curd and half quantity of cow’s ghee were mixed

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and heated at low temperature till it solidified. It was made into powder and was advised to be taken in a dose of 1.5 g two times a day along with meal. Each time the drug was mixed with ghee and divided into three equal parts approximately, which should be taken with first, middle and last bolus of food. The duration of trial period was 3 months. Response was assessed after completion of therapy according to severity of symptoms (Grade 0 - no, Grade I - mild, Grade II - moderate and Grade III - severe) and also with endoscopically / radiologically.

**Observations and results**

Out of 10 patients ranging from 30 to 60 years of age, four were females and six were males. Three patients were having the addiction of tobacco chewing. Most of the patients were used to taking spicy food and were suffering from this illness for more than 1 year. All patients were having the treatment history of either antacid or \(H_2\) blocker or proton pump inhibitor or a combination.

Most common symptoms observed were epigastric pain, heart-burn, nausea and loss of appetite. Along with these water brash, constipation, vomiting, acid eructation and haematemesis were also observed in some patients. Haematemesis in one case and melena in three cases were detected before treatment and they were improved significantly after treatment. Radiologically/endoscopically marked healing was observed in 5 cases, partial healing in 3 cases and no change was observed in one case after completion of trial period (Table 1).

**TABLE - 1**

<table>
<thead>
<tr>
<th>Symptom</th>
<th>BT Mean ± SD</th>
<th>AT Mean ± SD</th>
<th>Difference Mean ± SD SE</th>
<th>Paired ‘t’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epigastric pain</td>
<td>2.66 ± 1.51</td>
<td>1.00 ± 0.66</td>
<td>1.6 ± 0.5</td>
<td>(t = 10^{**})</td>
</tr>
<tr>
<td>Heart-burn</td>
<td>2.3 ± 0.67</td>
<td>1.00 ± 0.81</td>
<td>1.4 ± 0.69</td>
<td>(t = 6.36^{**})</td>
</tr>
<tr>
<td>Nausea</td>
<td>1.8 ± 1.22</td>
<td>0.2 ± 0.48</td>
<td>1.5 ± 1.17</td>
<td>(t = 5^{**})</td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>1.5 ± 0.84</td>
<td>0.2 ± 0.82</td>
<td>1.3 ± 0.82</td>
<td>(t = 5^{**})</td>
</tr>
<tr>
<td>Water brash</td>
<td>1.1 ± 0.99</td>
<td>0.4 ± 0.69</td>
<td>0.7 ± 0.82</td>
<td>(t = 2.69^{*})</td>
</tr>
<tr>
<td>Constipation</td>
<td>1.1 ± 0.99</td>
<td>0.2 ± 0.42</td>
<td>0.9 ± 0.99</td>
<td>(t = 2.9^{*})</td>
</tr>
<tr>
<td>Vomiting</td>
<td>0.9 ± 1.1</td>
<td>0.2 ± 0.42</td>
<td>0.7 ± 0.82</td>
<td>(t = 2.62^{*})</td>
</tr>
<tr>
<td>Acid eructation</td>
<td>0.9 ± 0.99</td>
<td>0.5 ± 0.84</td>
<td>0.4 ± 0.69</td>
<td>(t = 1.8)</td>
</tr>
</tbody>
</table>

BT - Before treatment, AT - After treatment, SD - Standard deviation, SE - Standard error, ** indicates p value <0.01 i.e. difference is highly significant, * indicates p value <0.05 i.e. difference is significant.
Discussion
Though acid may be the cause in production of erosion/ulcer in GI mucosa, the mucosal integrity and mucosal factors also play important role in ulcer production. As the trial drug contains satavaree which was already proved for its role in mucosal strengthening, this drug might be acted through mucosal factors than acid suppression. Even the gunas of all the ingredients of trial drug are in favour of healing ulcer, moreover the drug advised to take along with meal in different bits which might subsided/pacified the vitiated samanavayu as it plays role in parinamasool.

Conclusion
Satavareemanaooram is a very potent classical herbo-mineral compound preparation in the treatment of parinamasoola/peptic ulcer.

References:
1. Madhava Nidanam (Poorvardham) with Vidyo
tini commentary in Hindi including the commentaries of Sri Vijaya Rakshita and Sri Kantha Dutta by Sudarshana Shastr

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