

A CONCEPTUAL STUDY OF ANNADRAVA SHOOLA WITH SPECIAL REFERENCE TO GASTRIC ULCER**^{1*}Dr. Ankit Bhardwaj, ²Dr. Akhilesh Kumar Srivastava, ³Dr. Swapnil Saini, ⁴Dr. Ajay Kumar, ⁵Dr. Pooja Sharma**¹MD. 2nd Year, Deptt. of Rog Nidan Evam Vikriti Vigyan, R.G.G.P.G. Ayurvedic College & Hospital, Paprola, Distt. Kangra, H.P., India.²Prof. and HOD, Deptt. of Rog Nidan Evam Vikriti Vigyan, R.G.G.P.G. Ayurvedic College & Hospital, Paprola, Distt. Kangra, H.P., India.³Reader, Deptt. of Rog Nidan Evam Vikriti Vigyan, R.G.G.P.G. Ayurvedic College & Hospital, Paprola, Distt. Kangra, H.P., India.⁴Lecturer, Deptt. of Rog Nidan Evam Vikriti Vigyan, R.G.G.P.G. Ayurvedic College & Hospital, Paprola, Distt. Kangra, H.P., India.⁵Lecturer, Deptt. of Rog Nidan Evam Vikriti Vigyan, R.G.G.P.G. Ayurvedic College & Hospital, Paprola, Distt. Kangra, H.P., India.***Corresponding Author: Dr. Ankit Bhardwaj**

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ABSTRACT

Annadrava Shoola is a clinical condition described in *Ayurveda* under the spectrum of gastrointestinal disorders, characterized primarily by continuous severe pain and not subsiding either by digestion or after digestion or after taking food or in empty stomach. The term “*Annadrava*” denotes the semi-digested, liquefied state of food within the stomach during the active phase of digestion, while “*Shoola*” signifies intense abdominal pain. This temporal association of pain with the digestive phase provides a key basis for understanding its pathophysiology. From a modern medical perspective, these features closely resemble those of a Gastric Ulcer, a condition defined by a breach in the gastric mucosa extending beyond the muscularis mucosa due to an imbalance between aggressive factors such as gastric acid and pepsin, and protective mechanisms including mucus and bicarbonate secretion. Gastric ulcers are commonly located along the lesser curvature of the stomach and are morphologically characterized by round or oval lesions with smooth bases and variable margins depending on chronicity. The conceptual correlation between *Annadrava Shoola* and gastric ulcer can be established on the basis of similarities in clinical presentation, particularly the timing and nature of pain, associated symptoms like nausea and vomiting, and underlying mechanisms involving mucosal irritation. In *Ayurveda*, the condition is primarily attributed to vitiation of *Pitta Dosh*a, often in association with *Vata*, leading to increased heat and sensitivity in the *Amasaya* (stomach). Thus, *Annadrava Shoola* can be interpreted as an *Ayurvedic* counterpart of gastric ulcer, reflecting a comprehensive understanding of digestive physiology and pathology. This correlation highlights the relevance of classical *Ayurvedic* concepts in explaining modern gastrointestinal disorders and provides a foundation for integrative perspectives in disease understanding.

KEYWORDS: *Annadrava Shoola, Parinama Shoola, Shoola, Gastric Ulcer, Amasaya, Pitta Dosh*a.**INTRODUCTION**

In *Ayurveda*, *Shoola* refers to severe abdominal pain, often described as sharp, piercing, or colicky in nature. Among the various types described in classical texts, *Parinama Shoola* is an important entity characterized by pain associated with the process of digestion (*Parinama*).

Based on the timing of pain in relation to digestion, it is broadly understood to present in two forms—*Annadrava Shoola* and *Parinama Shoola* (in a narrower sense).

Annadrava Shoola is characterized by pain occurring during the digestion phase, when ingested food is

transformed into a semi-liquid state (*Annadrava*) in the stomach. The pain may also occur before or shortly after meals and is often relieved by vomiting. In contrast, *Parinama Shoola* (in the specific sense) refers to pain that arises after complete digestion of food, typically when the stomach becomes relatively empty.

The pathogenesis of these conditions involves the aggravation of *Vata Dosha*, which localizes in the *Koshtha* (gastrointestinal tract) and produces pain. When associated with *Pitta Dosha*, it leads to burning sensation and increased severity of symptoms during different phases of digestion. Thus, the timing of pain becomes a crucial diagnostic indicator in differentiating these conditions.

From a modern medical perspective, these patterns can be correlated with acid-peptic disorders, particularly Gastric Ulcer and duodenal ulcer. Gastric ulcers typically present with pain aggravated after meals, whereas duodenal ulcers are associated with pain relieved by food and occurring during fasting or later stages of digestion. The similarity in the timing, nature, and associated features of pain provides a strong basis for correlating *Annadrava Shoola* with gastric ulcer and *Parinama Shoola* with duodenal ulcer. This classification highlights the depth of *Ayurvedic* clinical observation and offers a valuable framework for understanding gastrointestinal disorders in an integrative manner.

Concept of *Annadrava Shoola* in *Ayurveda* *Nidana* (Etiological Factors)

Annadrava Shoola arises due to multiple dietary and lifestyle-related factors that disturb the normal digestive physiology. Excessive consumption of *Ushna* (hot), *Tikshna* (sharp), and *Amla* (sour) foods, along with irregular dietary practices such as *Adhyashana* (overeating) and *Vishamashana* (erratic eating habits), plays a significant role in its causation. In addition to dietary factors, psychological influences like *Chinta* (anxiety), *Shoka* (grief), and *Bhaya* (fear) contribute to the disturbance of digestive balance. The intake of alcohol and *Viruddha Ahara* (incompatible food combinations) further aggravates the condition. Collectively, these etiological factors predominantly lead to *Pitta Prakopa*, often accompanied by *Vata* involvement, creating a pathological environment in the gastrointestinal tract.

***Samprapti* (Pathogenesis)**

The pathogenesis of *Annadrava Shoola* can be understood as a sequential process beginning with *Nidana Sevana*, which leads to the aggravation of *Pitta Dosha*. This aggravated *Pitta*, when associated with *Vata Dosha*, intensifies the pain due to the inherent property of *Vata* to produce *Shoola*. The vitiated *Doshas* localize in the *Amasaya* (stomach), disturbing the normal digestive process. During digestion, food is transformed into a semi-liquid state known as *Annadrava Avastha*, which corresponds to the phase of active gastric

digestion. At this stage, due to increased acidity and sensitivity, the gastric mucosa becomes irritated. This irritation results in the manifestation of classical symptoms such as *Shoola* (pain), *Daha* (burning sensation), and general discomfort.

A key conceptual aspect of *Annadrava Shoola* is that the pain manifests specifically during the digestive phase, when gastric activity and acidity are at their peak. This temporal relationship of symptoms is crucial for understanding its clinical presentation and for differentiating it from other types of *Shoola*.

Modern Concept of Gastric Ulcer

A Gastric Ulcer is a common gastrointestinal disorder characterized by a defect in the gastric mucosa that extends beyond the muscularis mucosa. It results from an imbalance between aggressive factors such as gastric acid and pepsin, and protective mechanisms including the mucus barrier, bicarbonate secretion, and mucosal integrity. Gastric ulcers are most commonly located along the lesser curvature of the stomach, particularly in the antral region, whereas duodenal ulcers are more frequently found in the duodenal bulb. This anatomical and functional distinction plays an important role in the clinical presentation and timing of symptoms.

From a morphological perspective, gastric ulcers are generally round to oval in shape with a smooth base. In the acute stage, the ulcer typically shows regular and well-defined margins, indicating recent mucosal injury. However, in chronic conditions, the margins become elevated and indurated, with surrounding inflammation due to persistent irritation and repeated cycles of damage and repair. A characteristic feature of an ulcer is its depth, as it extends beyond the muscularis mucosa, distinguishing it from superficial erosions.

Pathophysiologically, gastric ulcer formation is primarily attributed to increased gastric acid and pepsin activity, along with a compromise of the mucosal defense barrier. Factors such as *Helicobacter pylori* infection, prolonged use of non-steroidal anti-inflammatory drugs (NSAIDs), alcohol consumption, and stress further contribute to mucosal damage. When protective mechanisms fail, the gastric mucosa becomes susceptible to injury, leading to erosion and eventual ulcer formation.

The clinical features of gastric ulcer, particularly burning epigastric pain aggravated after meals and relief after vomiting, show significant similarity with the presentation of *Annadrava Shoola*. This resemblance provides a strong basis for correlating the two conditions conceptually.

Conceptual Similarities

Annadrava Shoola and Gastric Ulcer share significant conceptual and clinical parallels, particularly in relation to the underlying mechanisms of gastric pathology. Both conditions fundamentally involve irritation and damage

to the gastric mucosa, leading to the manifestation of pain and discomfort. In *Ayurveda*, this mucosal irritation is primarily attributed to the aggravation of *Pitta Dosha*, which is associated with heat and acidity. This closely parallels the modern understanding of acid-peptic pathology, where excessive gastric acid and pepsin contribute to mucosal injury.

Furthermore, the role of *Vata Dosha* in *Annadrava Shoola* is crucial in explaining the pain component (*Shoola*). *Vata*, by its inherent properties, is responsible for the perception and transmission of pain, which aligns with the clinical presentation of gastric ulcer, where patients experience burning or gnawing epigastric pain.

Another important point of correlation lies in the timing of symptom manifestation. In *Annadrava Shoola*, pain

occurs during the *Annadrava Avastha*, the stage at which food is transformed into a semi-liquid form during active digestion. This phase corresponds to the period of maximum gastric activity and acid secretion, which is also when symptoms of gastric ulcer are typically aggravated.

Thus, considering the similarities in pathogenesis, symptomatology, and temporal association with digestion, *Annadrava Shoola* can be interpreted as a functional and pathological state analogous to gastric ulcer. This conceptual correlation highlights the depth of *Ayurvedic* understanding in describing gastrointestinal disorders in terms of physiological processes rather than merely structural abnormalities.

Clinical Correlation

Feature	<i>Annadrava Shoola</i>	Gastric Ulcer
Site	<i>Amasaya</i>	Stomach
Pain timing	During digestion	After meals
Nature of pain	Burning, piercing	Burning, gnawing
Associated symptoms	<i>Daha</i> , <i>Chardi</i> (vomiting), <i>Amlodgara</i>	Nausea, vomiting, acidity
Relief	After vomiting	Temporary relief after vomiting

The relief after vomiting is an important shared clinical feature, indicating reduction in gastric irritation.

CONCLUSION

Annadrava Shoola represents a well-defined clinical entity in *Ayurveda*, characterized by a distinct temporal relationship of pain with the digestive process and the involvement of *Pitta* and *Vata Dosha*. Its clinical presentation—particularly the occurrence of burning epigastric pain during active digestion and relief following vomiting—shows a close resemblance to that of Gastric Ulcer.

The conceptual correlation between these two conditions highlights the depth and precision of *Ayurvedic* understanding in interpreting gastrointestinal disorders, especially through the lens of digestive phases (*Avastha*) and *doshic* imbalance, rather than solely structural abnormalities. While modern medicine explains gastric ulcer in terms of mucosal damage due to acid-peptic activity, *Ayurveda* provides a functional perspective rooted in disturbed digestion and altered physiological processes.

An integrative interpretation of *Annadrava Shoola* and gastric ulcer not only enhances the overall understanding of disease mechanisms but also underscores the relevance of classical *Ayurvedic* concepts in contemporary clinical contexts. Such a correlation offers a broader, more holistic framework for approaching gastrointestinal disorders and encourages further exploration into integrative models of healthcare.

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