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Ayurvedic Treatment Strategies for *Pravahika*- A Clinical Case Study

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ABSTRACT:
A 14-year-old male patient reported to the OPD of *Kaumarabhrithya* at Shree Swaminarayan Ayurvedic College and Hospital, with the complaints of severe abdominal pain with frequent semi solid, small quantity of stool stained with *Kapha*/mucus and straining/tenesmus or *Pravhana*. Other associated complaints were severe loss of weight, mood changes, loss of appetite, pain in the abdomen and fatigue. Before the patient came to our OPD, as per the conventional science, he was diagnosed with chronic constipation and not consistently diagnosed with amoebic dysentery. At Swaminarayan Ayurvedic Hospital, he was diagnosed with *Pravahika* and treated with a combination of internal medications. The patient was treated with internal medications *Hingwastaka churna* (5 gms/TID) and *Kutajaghana vatti* (1 tablet/BD); *Panchakarma* therapies of *Abhyanga*, *Swedana* (first 7 days) and 3 cycles of *Piccha* Basti (Yoga basti, 8 days). The primary objective was to treat the disease with *Deepana, Pachana, Grahi* medications. The patient was followed up for every 5 days and there was significant improvement in the clinical features after 2 months of treatment. No adverse effects were reported. The clinical data from this study suggests that *Ayurvedic* treatment in the management of *Pravahika* particularly Amoebic Dysentery in Children can provide effective results.

Keywords: *Entamoeba histolytica*, *Hingwastaka Churna*, *Kutajaghana Vati*, *Piccha Basti*, *Pravahika*.

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INTRODUCTION:

Pravahika - a gastrointestinal disease mentioned in the *Ayurvedic* scriptures, can be compared to Amoebic dysentery or ulcerative colitis. Amoebic dysentery is caused by the protozoan parasite *Entamoeba histolytica*. It is transmitted in areas where poor sanitation allows contamination of drinking water and food with feces. In these areas, up to 40% of people with diarrhea may have amoebic dysentery.[1] For the treatment of this disease, drugs which act as *Deepana*, *Paachana, Grahi, Krimighna, Sthambhana* are to be selected.

Amoebiasis is caused by the parasite *Entamoeba histolytica*. Prevalence rates of amoebiasis are highest in developing countries in Asia, particularly the Indian subcontinent and Indonesia, sub-Saharan and tropical regions of Africa. *E histolytica* infection can cause a spectrum of

clinical symptoms, ranging from mild diarrhea and abdominal pain to fulminant dysentery. It is estimated that only 10% to 20% of infected individuals develop symptoms. Fulminant amoebic dysentery is often fatal. [2]. *Entamoeba histolytica* continues to be an important global health issue being the third leading cause of death from parasitic infections. [3] Amoebic colitis generally affects males and females of all ages equally. There are two forms *E. histolytica* can take: the cyst form, which can survive in the environment for a prolonged period, and the trophozoite stage, which is the active and invasive form. The pathological range includes mucosal inflammation, thickening, ulcers, and necrosis, leading to perforation. Amoebic cysteine proteinases can also contribute to trophozoites' ability to suppress a hosts immune response by being able to cleave and inactivate anaphylatoxins C3a, C5a, IgA, and IgG. [4] Trophozoites can reach other areas of the body, most commonly the liver, which can cause tissue necrosis and abscess formation. [5] Symptoms typically have a gradual onset, usually over one to three weeks. Common symptoms include diarrhea, bloody stools, weight loss, and abdominal pain. [5] Metronidazole is the established drug of choice for the treatment of amoebic dysentery in adults and children. Metronidazole is generally effective in treatment but has associated adverse effects and may be insufficient to fully eradicate infection. [6]

Pravahika as described in the *Ayurvedic* texts, can be compared with the Amoebiasis. Improper and irregular food habits with mental stress, fear remain causes of *Pravahika*. *Pitta Prakopa* and *Rakta Dushti* play vital role in diseases pathogenesis. *Kapha* adheres to the walls of *Pakwashaya* (Large intestine) internally because of which, *Vata* requires more force to expel out resulting in *Pravahan* i.e., forceful defecation or tenesmus. Thus, by more and more *Pravahan*, there is repeated defecation with passing of *Kapha*/mucus. The term "*Pravahika*" is coined due to this. It is characterized by defecation of stools with small quantity of *Kapha* (Mucus) and *Rakta* frequently accompanied with tenesmus. Accumulations of *Kapha*, *Vata*, *Agnimandya*, *Strotorodha*, *Vikrati* of *Samana* and *Apana Vayu* are the multifactor involved in *Pravahika* disease. [7] Many classical formulations are in clinical practice for the management of *Pravahika*. Therefore, a case of *Pravahika* which in the allopathic was consistently diagnosed on the lines of irregular constipation and Amebic dysentery was treated with *Ayurvedic* oral medication and *Panchakarma* therapy is presented here.

CASE PRESENTATION:

A 14-year-old male patient visited the outpatient department (OPD) 2023 of the Swaminarayan Ayurvedic Hospital on 23 November 2023, with a UHID No. 2330889 for the complaints of *Punaha Punaha Purisha Pravritti* (frequent defecation), *Pravahana* during defecation (tenesmus), *Durghandhayukta Purisha* (foul smelling stool), *Agnimandya* (reduced appetite), and *Adhmana* and *Udara Shoola* (distension and pain in abdomen). The patient has been having the above said symptoms for the past 12 months, previous to which the patient had developed constipation over a period of time. Before this stage, he was being healthy in the past 2 years. The constipation was treated but became a regular episode with few episodes every year. From the past one year the patient was passing stools 6 to 7 times a day with lot of straining and abdominal pain. The stool was stained with mucus and sometimes with blood. The patient started losing body weight gradually and also lack of focus and concentration in activities. This resulted in the patient taking absence from school for a period of one year and till date (i.e., until admission for treatment at our hospital) currently still not attending to school.

The patient is a vegetarian with occasional consumption of outside food. Appetite was poor, with 6/7 times bowel frequency with severe colicky pain; urine output was 4-5 times per day. There was no any major medical, hereditary, congenital or other illness in the family history.

General Examination

Except the per abdomen examination, which showed tenderness in all quadrants especially more tender in the umbilical, right and left lumbar region; all other vitals remained normal.

On examination his Pulse rate was 80/min, Respiratory rate was 18/min, Blood pressure was 120/80mm of Hg, CVS- S1S2 was heard, patient was conscious and oriented, SPO2 was 99% at room air and his Body weight was 29 kg.

P/A- Generalized tenderness in whole abdomen was seen on superficial palpation.

In Astavidha Pariksha *Nadi* was of Vata & *Pitta, Mala - Punaha Punaha Purisha Pravritti, Pravahana* during defecation, *Durghandhayukta Purisha, Mutra — Samyak, Jivha — Sama, Shabda- Prakruta, Sparsha- Anushnashita, Druka- Prakruta, Akruti- Avara*

Nidana Panchaka

Adhyashan(over eating during earlier years), *Akala bhojana* (irregular eating and quantity during earlier years), too much of junk food (*Ati Katu*, *Amla* and *Madhura* foods), *Ratri Jagarana* (watching videos till late nights).

Probable *Samprapti*

Due to *Hetu sevana, Kledaka Kapha Dushti* occurs which leads to *Samana Vayu Dushti* and *Pachaka Pitta Dushti* subsequently. This *Dushita Kledaka Kapha* becomes *Styan* (stickier) and sticks to inner layer of *Pakwashaya, Apan Vayu Dushti* leads to *Pravahan* frequent minimal sticky mucous mixed loose stool again *Vataprakop* occurs due to *Pravahan Shrama Pravahan Yukta* frequent minimal sticky mucous mixed, blood-stained loose stool leads to *Pravahika.* [8]

THERAPEUTIC INTERVENTION:

The treatment protocol was given as below:

1. Initially the patient was given *Deepana*, *Pachana* and *Grahi* drugs like

I. *Hingwastaka Churna* - 5 grams twice a day, 20 minutes before food for one week.
II. *Kutajaghana vatti* - 250 mg tablet — 1 tablet twice a day before food for one week.
III. *Sarvanga- abhyanga* - whole body massage with *Mahanarayan Taila* for one week — 30 to 45 minutes
IV. *Sarvanga - Bashpa Sweda* (after *Sarvanga abhyanga*)- with *Dashamula kwatha Churna Kashaya* for one week — for 10 minutes or until *samyak sweda lakshanas*
V. After the seven days of internal medications, *sarvanga abhyanga* and *swedana*, the patient underwent *Yoga Basthi* (8 *Bastis*)- *Piccha Basti* [9] (*Madhu*-40 gm, *Saindhav* -6 gms, *Mahanarayan Taila* 50 ml, *Putoyavaniyadi kalka*-20 gms and *Mocharasa siddha Kshira Kashaya*- 300 ml) as the *Asthapana/Kashaya Basti* and a mixture of *Mahanarayan Taila* (40 ml) and *Dadimadi Ghritha* (40 ml) as the *Anuvasana Basti.*
VI. A wash out period or resting period of 15 days
VII. Second cycle of *Yoga Basti - Piccha Basti* (both *Kashaya* and *Anuvasana Basti*)
VIII. A second wash out or resting period of 15 days
IX. The third cycle of *Yoga Basti - Piccha Basti* (both *Kashaya* and *Anuvasan Basti*)
X. A follow-up phase of 15 days

The patient was advised *Laghu Ahara* both in terms of quality and quantity during the treatment phase, resting phase and for 15 more days after the third cycle of *Basti.* Freshly cooked, warm food with more of lentils, well cooked rice, *Mudga Yusha*, to consume more of *Takra* (Chaas), *Dadima Swarasa*, and to drink warm water at all times was advised.

Detailed treatment protocol is described in the following table no 1.

Table- 1: Treatment Protocol with Day Numbers:

Treatment Phase	1st Basti Phase	1st Resting Phase	2nd Basti Phase	2nd Resting Phase	3rd Basti Phase	Follow-up Phase
Internal Medications Day 1 to Day 8	Day 9 to Day 16	Day 17 to Day 31	Day 32 to Day 39	Day 39 to Day 46	Day 47 to Day 54	Day 55 to Day 69
Sarvanga Abyanga Day 2 to Day 8 *Sarvanga Swedana* Day 2 to Day 8	No Internal Medications given	No Internal Medications given	No Internal Medications given	No Internal Medications given	No Internal Medications given	*Pathya* and Internal Medications

Table-2: Observation and Results with Each Phase - Clinical* Parameters

Symptoms	**BT ****	**Treatment Phase**	**1st Basti Phase**	**1st Resting Phase**	**2nd Basti Phase**	**2nd Resting Phase**	**3rd Basti Phase**	**Follow-up Phase**
Punaha Punaha Purisha Pravritti (Frequent Defecation)	5	4	3	2	2	1	1	NS
Pravahan (straining) during *Mala Pravrati* (Tenesmus)	5	4	3	2	2	2	1	NS**
Durghandhayukta Purisha (Foul smelling stool)	4	3	3	2	2	1	1	NS
Agni Mandya (Loss of appetite)	4	4	3	3	3	1	1	NS
Adhmana (Distension of abdomen)	4	4	2	1	1	NS	NS	NS
Udara Shoola (Pain in abdomen)	1	1	1	1	1	NS	NS	NS

*__Clinical Grading:__ 1 to 5 Grading; 1 = better; 5 = worst
**__Abbreviations__: BT -Before Treatment; NS — No Symptoms.

DISCUSSION:

The patient was observed from Day 1 onwards until the end of the follow-up period i.e., Day 69. Result in each phase of treatment is shown in following table.

According to *Ayurveda*, the patient was diagnosed as a case of *Pravahika* with main *Dosha* being *Kapha* and *Vata* associated with *Agnimandya*. The clinical presentation was characterized with *Ama Lakshana*, *Sa-shoola*

(with pain), *Sapiccha*, *Bahushah*, and *Punah Punaha* (repeatedly) *Purisha Pravritti* with *Pravahana*. Hence, the line of treatment as per *Charaka Chikitsa* mainly included use of *Paachana* and *Sangrahi Dravya* (digestives and carminatives). The drugs used in *Pichha Basti.* [10] having *Agni Deepana* and *Pachana* properties along with *Mocharasa Siddha Ksheera* which is *Sangrahi* helped in reduction of bowel frequency. *Dadimadi Ghrita* is also having *Vata Shaman* and *Agni Deepana* properties and *Maha Narayana* Taila having *Vata Shamana properties.* After First cycle of *Pichha Basti*, frequency of stool was reduced from 7-8 times to 1 time per day, but *Udara shoola* (here Colicky pain) was still present with Tenesmus, appetite was still poor after first cycle of *Pichha Basti* and body weight was 29 kg. In the course of second *Basti* cycle patient is having mild colicky pain on defecation, appetite improved and body weight was 30kg at this time. After last course (third cycle of *Pichha Basti*) Colicky pain was completely reduced, no Tenesmus and body weight was also increased to 32 kg.

CONCLUSION:

Based on the clinical findings, the disease was diagnosed as *Pravahika*. In this study, the 3-cycle course of *Pichha Basti* (8 *Bastis* in each cycle) was found to be the safe and effective in the management for *Pravahika*.

Consent of patient:

Consent was taken from the patient before starting the treatment protocol as well as prior to publication of the case details and data.

Conflict of interest: Author declares that there is no conflict of interest.

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REFERENCES:

1. Marie C, Petri WA Jr. Amoebic dysentery. BMJ Clin Evid. 2013 Aug 30; 2013:0918.
2. Ghosh S, Padalia J, Moonah S. Tissue Destruction Caused by *Entamoeba histolytica* Parasite*:* Cell Death, Inflammation, Invasion, and the Gut Microbiome. Curr Clin Microbiol Rep. 2019;6(1):51-57.
3. Stanley SL. Amoebiasis. Lancet. 2003; 361(9362):1025-34.
4. Haque R, Huston CD, Hughes M, Houpt E, Petri WA. Amebiasis. N Engl J Med. 2003; 348(16):1565-73.
5. Stanley SL. Amoebiasis. Lancet. 2003; 361(9362):1025-34.
6. Marie C, Petri WA Jr. Amoebic dysentery. BMJ Clin Evid. 2013; 2013:0918.
7. Bhatted, S.Soni R. Ayurvedic Management of Pravahika wsr to Amoebic dysentery: ACase Study. International Ayurvedic Medical Journal. 2019; 7(8):1446-1449.
8. G.D. Singhal, S.N. Tripathi, K. R. Sharma. Madhav Nidana - Ayurved Clinical Diagnosis. Varanasi: Chaukhambha Sanskrit Sansthan; 2012; p-35
9. Kushwaha HS. Charak Samhita Chikitsa Sthan, Ch.19, Ver.117-118, Reprint edition 2011; Chaukhamba Orientalia, Varanasi.p-653
10. Charaksamhita, Vd. Harishchandra Singh Kushwaha, editor. Charak Samhita of Agnivesh, Ayurved Dipika commentary, ChikitsaSthan, Ch.19, Ver.117-118, Reprint edition 2011; Varanasi: Chaukhamba Orientalia; p-653