

AYURVEDIC MANAGEMENT OF PRAVAHIKA W.S.R. AMOEBIC DYSENTRY- A CASE STUDY

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ABSTRACT

Introduction- *Pravahika* is a disease described in the Ayurvedic texts which can be compared with the Amoebiasis. It is the second leading cause of death from parasitic disease worldwide. It is caused by the infection of the Protozoan *Entamoeba histolytica*. It may be diagnosed by the symptoms of diarrhea, precipitate stools, abdominal cramps, flatulence etc. For the treatment of this disease, drugs which act as *Deepana*, *Paachana*, *Grahi*, *Krimighna*, *Sthambhana* etc are to be selected. **Methods-** The present clinical study is a case report on the efficacy of Ayurveda oral medication, in the management of a patient diagnosed as *Pravahika*. Looking into the nature of the disease, *Dadimashtaka Choorna*, *Mustakarista*, *Kutajarista*, *Bilwadi lehya*, *Sanjivani Vati* were administered as oral medications with resolution of the disease as the primary objective. **Results-** The patient was treated with Ayurvedic medicines *Dadimashtaka Choorna* (3 gm/BD), *Mustakarista* (10 ml/BD), *Kutajarista* (10 ml/BD), *Bilwadi lehya* (5 gm/BD), *Sanjivani Vati* (125mg/TDS) doses for 4 months. The patient was followed up for every 15th day and there was significant improvement in the clinical features after 4 months of treatment. There were no adverse effects reported. This case study demonstrates the therapeutic efficacy of *Dadimashtaka Choorna*, *Mustakarista*, *Kutajarista*, *Bilwadi lehya* and *Sanjivani Vati* in the effective management of *Pravahika*.

Discussion- The collected data from this study suggests that Ayurvedic treatment can provide significant relief in managing *Pravahika* particularly Amoebiasis.

Keywords: *Pravahika*, *Entamoeba histolytica*, *Dadimashtaka Choorna*, *Mustakarista*, *Bilwadi lehya*.

INTRODUCTION

Amoebiasis is the second leading cause of death from parasitic disease worldwide. The causative protozoan parasite, *Entamoeba histolytica*, is a potent pathogen. Secreting proteinases that dissolve host tissues, killing host cells on contact, and engulfing red blood cells, *E. histolytica* trophozoites invade the intestinal mucosa, causing amoebic colitis. In some cases amoebas

breach the mucosal barrier and travel through the portal circulation to the liver, where they cause abscess consisting of a few *E. histolytica* trophozoites surrounding dead and dying hepatocytes and liquefied cellular debris. Amoebic liver abscesses grow inexorably and, at one time, were almost fatal. Based on signs and symptoms *Pravahika* as described in the Ay-

urvedic texts, can be compared with the Amoebiasis. It is caused by the infection of *Entamoeba histolytica*, a protozoan. Which is diagnosed by the symptoms of diarrhoea with blood, mucus, flatulence, abdominal cramps and pyrexia. Improper and irregular food habits with mental stress, fear etc are main 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 that *Vata* requires more force to expel out which results in *Pravahan* i.e., forceful defecation or tenesmus. Thus, by more and more *Pravahan*, there is repeated defecation with passing of *Kapha*/mucus. Due to which the term coined as *Pravahika*. It is characterized by defecation of stools with small quantity of *Kapha* (Mucus) and *Rakta prakopa* frequently accompanied with tenesmus. Accumulations of *Kapha*, *Vata*, *Agnimandya*, *Strotorodha*, *Vikrati* of *Samana* and *Apana Vayu* are the multifactors involved in *Pravahika* disease.^[1] Classical text of Ayurveda vividly narrated about *Pravahika* and many classical formulations are in clinical practice. Therefore, a case of *Pravahika* particularly Amoebiasis was treated with Ayurveda oral medication successfully is presented here.

CASE REPORT

A Hindu, married, 70 year old female patient visited the outpatient department (OPD) on December 15, 2017 of the All India Institute of Ayurveda, New Delhi, with a UHID No. 228066 for the complaints of *Punaha Punaha Purisha Pravritti* (frequent defecation), *Pravahana* during defecation (tenesmus), *Durghandhayukta Purisha* (foul smelling stool), *Phenayukta Purisha* (Froathy and mucous mixed stool), *Kshudhahani* (reduced appetite), and *Adhmana* and *Udara Shoola* (distension and pain in abdomen)

for 1 years and associated with *Daurablya* (weakness) for 6 months. A history of the present illness revealed that the patient was apparently healthy 1 years back, gradually she experienced passing watery loose stool for 10-12 times per day. The problem increased day by day as the stool was loose, watery, frothy, and foul smelling stained with mucous. Pain in the abdomen and distension of the abdomen were the associated symptoms, for all these problems the patient consulted many physicians in the past, and was treated but did not get satisfactory relief.

Personal history revealed that the patient is vegetarian with reduced appetite, disturbed sleep, and frequency of micturition 3-4 times per day, and the patient had no addiction. There was no genetic linkage of the disease observed in the family. Menstrual history explored that she was a menopausal woman. The general examination of the patient showed pallor, pulse rate 68/ min, respiratory rate of 16/min, blood pressure of 110/70mm of Hg, and body weight was 50kg. Per abdominal examination showed tenderness in all quadrants of the abdomen. Looking into the signs and symptoms for the differential diagnosis, *Grahani* (Coeliac sprue) and *Atisara* (Diarrhea) from *Pravahika* were considered. As there was no *Muhurbhaddham Muhurdravam Purisha Pravritti*, *Grahani* was excluded and also *Vataja Grahani Lakshana* such as *Vatagulma*, *Hridroga*, *Pleeha Shanki Lakshana*, and *Kaphaja Grahani Lakshana* such as *Asyavairasya* and *Guruta* were not observed. *Atisara* was also excluded as *Pravahana* was one of the chief complaints. Based on the clinical presentation, the patient was diagnosed as a case of *Pravahika*. The following oral medicines were administered for 4 months:

Table 1:

Ayurvedic Intervention			
S.No	Medicine Used	Dose	Anupana
1.	<i>Dadimashtaka Choorna</i>	3gm BD	Before food with warm water
2.	<i>Mustakarista</i>	10 ml BD	After Food with warm water
3.	<i>Kutajarista</i>	10 ml BD	After Food with warm water
4.	<i>Bilwadi lehya</i>	5gm BD	Before Food with water

5.	<i>Sanjivani Vati</i>	1 tab.(125mg) TDS	After food with warm water
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OBSERVATIONS

The medicines were procured from the outpatient dispensing section, AIIA, New Delhi. Follow up was taken once in 15 days for 4 months. After 1 month of the initiation of treatment, the patient reported mild reduction in *Phenayukta* (Froathy mucous mixed stool), *Durghandhata* in *Purisha* (foul smelling stool) and in frequency of bowel. Complaints were moderately reduced after the end of 2nd month. By the end of

4th month marked improvement was observed in *Kshudha* (appetite), *Aadhmana* and *Udarashoola* (distension and pain abdomen), *Pravahana*, *Kapha Yukta Punaha Punaha Mala Pravriti* etc. Mucous mixed stool was completely stopped and Weakness was reduced. There was no any adverse complaint reported by the patient and improvement in *Bala* (general strength), *Varna* (complexion) and body weight was achieved.

Table 2: (Improvement in signs and symptoms of *Pravahika* on every 15 days of follow ups)

	BT	1 ST Fol- low up	2 nd Fol- low up	3 rd Fol- low up	4 th Fol- low up	5 th Fol- low up	6 th Fol- low up	7 th Fol- low up	8 th Fol- low up
<i>Punaha Punaha Purisha Pravriti</i> (Frequent Defecation)	+	+	+	+	+	+	+	+	+
<i>Pravahana</i> during <i>Mala Pravriti</i> (Tenesmus)	+	+	+	+	+	+	+	+	+
<i>Durghandhayukta Purisha</i> (Foul smelling stool)	+	+	+	+	+	+	+	+	+
<i>Phenayukta Purisha</i> (Froathy Mucous mixed stool)	+	+	+	+	+	+	+	+	+
<i>Kshudhahani</i> (Loss of appetite)	+	+	+	+	+	+	+	+	+
<i>Adhmana</i> (Distension of abdomen)	+	+	+	+	+	+	+	+	+
<i>Udara Shoola</i> (Pain in abdomen)	+	+	+	+	+	+	+	+	+

	+	+	+	+	+	+			
	+	+	+	+	+	+			
	+	+	+	+	+	+			
<i>Daurablya</i> (Weakness)	+	+	+	+	+	+	+	+	+
	+	+	+	+	+	+			
	+	+	+	+	+	+			
	+	+	+	+	+	+			

Grading's- +++++ = Very Severe, ++++ = Severe, +++ = Moderate, ++ = Mild, + = Normal

DISCUSSION

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 is characterized with *Ama Lakshana*, *Sashoola* (with pain), *Sapiccha*, *Bahushah*, and *Punah Punaha* (repeatedly) *Purisha Pravritti* with *Pravahana*. Hence, the line of treatment mainly included use of *Paachana* and *Sangrahi Dravya* (digestives and carminatives). The drugs *Dadimashtaka*, *Choorna*^[2] having potency of *Atisaranashaka* and *Agnivardhana*, *Mustakarista* and *Kutajarista*^[3] are *Graahi* and *Krimighna* in action, *Bilwadi lehya*^[4] is *Graahi*, *Agnivardhaka* and *Balavardhaka* and *Sanjivani Vati*^[5] which is *Deepana*, *Paachana*, and *Krimighna* due to presence of *Vatshanabha* and *Bhallataka* helped to decrease the frequency of bowel, Mucous in stool and to increase in appetite and regulation of *Vata Dosha* which further leads in reduction of tenesmus, foul smell in stool, distension and pain in abdomen.

CONCLUSION

Based on the clinical signs and symptoms, the disease *Pravahika* can be correlated to Amoebiasis. In this study, *Dadimashtaka Choorna*, *Mustakarista*, *Kutajarista*, *Bilwadi lehya* and *Sanjivani Vati* were found to be safe and effective in the management of *Pravahika*.

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