



Case Study

THERAPEUTIC MANAGEMENT OF PRAVAHIKA (AMOEBIC DYSENTERY) THROUGH AYURVEDIC REGIMEN: A CASE STUDY

D S Rotwar^{1*} Amit Kumar Dixit², Anil Mangal¹, Ankush Jadhav³

¹Research officer (Ayurveda), ²Research officer (Biochemistry), ³Assistant Director, Regional Ayurveda Research Institute for Drug Development, CCRAS, Ministry of AYUSH, Government of India, Aamkho, Gwalior, M.P., India.

ABSTRACT

Hurry, worry and curry are the three factors which causes intestinal upsets frequently and leads to gastrointestinal problems in modern life. *Pravahika* (Amoebic dysentery) is also one of the important and oftenly occurring *Vyadhis* of *Annavaha* and *Pureeshvaha Srotasas* in current time. *Pravahika* is the *Pakwasahayagata kaphajavikara* with symptoms of *Sarakta mala*, *Sappravahana mala*, *Sakapha mala*, *Daah*, *Jwara*, *Bhrama Daurbalya*, *Anannabhilsha*, *Sweda* and *Trishna*. A case report of a patient with a history of loose motion with mucous discharge for the 6 months visited Ayurveda OPD, is presented in this study. Routine stool examination, blood glucose, serum lipid profile and liver function test were performed. The patient was treated with Ayurvedic medicine *Kutajghan vati* (1 gm), *Bilvadi churna* with *Takra* (6 gm) and, *Chitrakadi Gutika* (250 mg) in divided doses for 1 month. The patient was followed up for every 7th day and there was significant improvement in the clinical features after 1 month of treatment with the Ayurvedic medicines. There were no side effects reported. This case study demonstrates the therapeutic efficacy of *Bilvadi churna*, *Kutajghan vati* and *Chitrakadi Gutika* in the rapid management of *Pravahika*.

KEYWORDS: *Pravahika*, Ayurveda, Dysentery, *Kutajghan vati*, *Bilvadi Churna*.

INTRODUCTION

Pravahika, as described in the Ayurvedic texts, can be compared with the amoebic dysentery. *Pravahika* is caused by the infection of *Entamoeba histolytica*, a protozoan. *Pravahika* is diagnosed by the symptoms of diarrhoea with blood, mucus, flatulence, abdominal cramps and pyrexia. According to Ayurveda excessive intake of *Katu*, *Amla*, *Lavana rasa*, *Guru* (not easily digested), *Snigdha* (fatty), *Ruksha* (very dry), *Ushna*, *Sheeta*, excessively liquid, *Teekshana* foodstuffs promote *pravahika* disease. *Virudhashana*, *Adhyasana*, *Vishamashana*, *Alpashana*, *Pramitashana* are hetus of *Pravahika*. Fear, anger, jealousy are *Manasika* (mental hetu) of disease. *Arsha*, *Grahani*, *Krimi*, *Atisara* make *Pakwashaya* favourable ground for development of *Samprapti* of *Pravahika*. *Avipaka* and abdominal bloating are *Poorvarupa* of *Pravahika* disease. *Pitta* and *Raktaprakopa hetu* play vital role in formation of diseases pathogenesis. *Kapha* adheres to the walls of *Pakwashaya* (Large intestine) internally. Because of that *Vata* (the biological air) requires more force to expel *Kapha* out. The patient develops *Pravahan* i.e., forceful defecation or tenesmus. Thus, by more and more *Pravahan*, there is repeated defecation containing *Kapha*. This process is called as *Pravahika*. It is characterized by defecation of stools with small quantity of *Shleshma* (Mucus) and *Rakta* (if *Pitta* is involved) frequently accompanied with tenesmus. Accumulations of *Kapha*, *Prakopa* of *Vata Dosh*, *Agnimandya*, *Strotorodha*, *Vikruti* of *Samanaand Apana Vayu* are the multifactors in *Pravahika* disease¹.

Classical text of Ayurveda vividly narrated about *Pravahika* and many classical formulations are in active practice along with *Anupana* (adjuvant)². Therefore, we

plan to observe the *Pravahika* case treated with conventional Ayurveda treatment. A case report on rapid management of *Pravahika* is presented in this study.

Case Presentation

A 47 year old male patient having OPD Registration no -3552/20-06-2016 came to OPD of Regional Ayurveda Research Institute for Drug Development, Gwalior, M.P. with frequent defecation, tenesmus, foul smelling stool, mucous and blood mixed stool, reduced appetite, and distension and pain in abdomen for 1 year along with the associated complaints of weakness, headache, liquid stool mixed with blood and abdominal cramps.

Case History

The patient is married, non-diabetic, non-vegetarian with reduced appetite, disturbed sleep and the patient had no addiction. A history of the present illness revealed that the patient was apparently normal 1 years back. For the last 6 months, the patient experienced frequent defecation 10-15 times a day which was loose, watery, frothy, and foul smelling stool stained with mucous and blood. Patient consulted a gastroenterologist and was on conservative treatment for the last 6 months where the patient had no relief.

Baseline Findings and treatment plan

Examination of the patient showed pulse rate of 70 per min, respiratory rate of 18 per min, blood pressure of 120/72mm of Hg and body weight of 57kg. Abdominal examination showed shrunken abdomen and tenderness in all quadrants of the abdomen. Patient was diagnosed as having *Pravahika* based on the combination of clinical

features and laboratory findings. Patient was advised to stop milk, milk products along with sour, hot and spicy food article.

The drug regimen was:

Kutajghan vati (1 gm)

Bilvadi churna with *Takra* (6 gm)

Chitrakadi Gutika (250 mg) in two divided doses.

Kutajghan vati and *Chitrakadi Gutika* was provided from the Institute dispensary while, *Bilvadi churna* of Dabur India Ltd., Sahibabad was procured from local market. Follow up was taken once in 7 days for 1 month. On the first follow up (after 7 days of the initiation of treatment), the patient reported reduction in foul smelling stool and frequency of bowel reduced by 5-6 times per day. Improvement was observed in appetite. On the second follow up, the frequency of bowel reduced to 3-4 times per day. Mucous- and blood mixed stool was completely stopped. Improvement was noted in weakness, appetite and reduced sleep. The frequency of bowel reduced to 2-3 times per day and the signs and symptoms

of *Pravahika* reduced in the patient on the third follow up. On the fourth follow up, there was no any previous complaint reported by the patient and improvement in general strength, appetite. Results of the laboratory investigations are presented in Table 1 and 2.

DISCUSSION

Pravahika is generally explained in the context of explaining *Atisara* (diarrhoea). Therefore the clinical picture is similar to *Atisara*. Modern view also supports this view (diarrhoea is a predominant presentation of dysentery). The root word *Pravahana* in *Pravahika* means 'to strain'. This word denotes tenesmus which is a common feature of dysentery. Ayurveda treatment of dysentery shall be done on the lines of *Pravahika chikitsa*, *Atisara Chikitsa* (*Ama atisara*, *Kaphaja atisara*, *Rakta atisara*, *sannipataja atisara*), *Grahani Roga Chikitsa* (*Kaphaja grahani*), *Ajeerna Chikitsa*. The Ayurved regimen selected for the treatment of *Pravahika* are well established in the Ayurvedic literature.

Table 1. Laboratory investigations before and after treatment

Investigation	Before Treatment	After treatment
Fasting blood Sugar (mg/dl)	88	95
Post Prandial Blood Sugar (mg/dl)	100	104
Total leukocyte Count (/cumm)	6300	4400
Haemoglobin (g/dl)	10.6	12.2
Erythrocyte sedimentation rate (mm/Hr)	56	14
Cholesterol (mg/dl)	180	172
Triglyceride (mg/dl)	152	146
LDL-cholesterol (mg/dl)	110	90
Total Bilirubin (mg/dl)	0.9	0.9
SGPT (IU/L)	65	35
SGOT (IU/L)	40	45
Urea (mg/dl)	20	21
Creatinine (mg/dl)	0.8	0.9

Table 2. Stool examination before and after treatment

Investigation	Before Treatment	After treatment
Physical Examination		
Color/Appearance	Yellowish	Yellowish
Consistency	Watery	Semi solid
Mucus	Present	Absent
Blood	Present	Absent
Parasites	Present	Absent
Microscopic Examination		
Pus cell	8-10/HPF	4-5/HPF
RBC's	40-50/HPF	1-2/HPF
Ova	Present	Absent
Cysts	Present	Absent
Special Examination		
Occult Blood	Absent	Absent

*Kutajghan Vati*³ is a classical Ayurvedic anti-dysentery preparation which calms aggravated *Kapha* and *Pitta* specifically located in digestive system. It helps retrieve normal tone of intestine by reducing inflammation of small and large intestine promotes healing in colonic ulcers and restores proper digestion thus prevents nutritional deficiency and keeps body's strength intact. *Kutajghana* is said to be *Tridoshghna* (Pacifies all the three *Doshas*) i.e. it is useful in management of diseases with their origin in either of the *Dosha* or all of them.

*Bilwadi Churna*⁴ is Ayurvedic medicine in powder form. It is a classical Ayurvedic formulation indicated in treatment of diarrhoea and dysentery. *Bilvadi Churna* contains pulp of *Bilva* fruit (*Aegle marmelos*), *Bhanga* (*Cannabis indica*), dry ginger powder, *Mochras*, *Dhai* flowers (*Woodfordia fruticosa*), coriander seeds and fennel seeds. It has alterative, astringent, amebicide, antibacterial, antiseptic, digestive and stomachic action. The principle ingredient of this medicine is unripe fruit pulp of *Bilva* fruit (Bengal Quince). *Bilva* is used in Ayurveda for *Pravahika* (dysentery), *Atisara* (diarrhoea), sprue, gastric troubles, intestinal parasites etc. Unripe *Bilva* powder has significant effect on intestinal parasites, *Entamoeba histolytica* and *Ascaris lumbricoides*. Another important ingredient of this medicine is Bhang (Indian hemp) which is used in treatment of variety of diseases. The plant has bitter, astringent, tonic, stomachic and analgesic properties. In small dosage it is given to treat abdominal disorders, dysentery, diarrhoea and pain.

*Chitrakadi Gutika*⁵ is an Ayurvedic medicine used for its digestive and detoxifying actions. It helps digest the undigested food particles and removes the toxins accumulated in the body due to malabsorption of the food. In Ayurveda, AMA (a toxin developed in the body due to malabsorption of food particles) is a main cause of several diseases. *Chitrakadi Vati* mainly acts on AMA toxin and help digesting and eliminating it and reducing its effects on the body. Therefore, *Chitrakadi Gutika* is useful in all diseases in which AMA is a main underlying cause.

CONCLUSION

Based on the clinical findings as well as the improvement of symptoms it can be safely concluded that

the above treatment regimen worked well in case of *Pravahika*. The treatment was basically symptomatic i.e. *Bilvadi churna* with *Takra*, *Kutajghan vati*, and *Chitrakadi gutika* decreases the liquidity of stool and hence the frequency of bowel.

Recommendation

The present study is about the presentation of single case only. Moreover a well structured standardized randomized placebo controlled study is recommended.

Authors' contribution

DSR and AKD contributed to conception, designation, acquisition, analysis of data and drafted the case study. AM participated in study design and analysis. ADJ helped in coordination and gave final approval of the version to be published. All authors read and approved the final manuscript.

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*Address for correspondence

Dr. DS Rotwar

Research officer (Ayurveda),
RARIDD, CCRAS, Ministry of AYUSH
Government of India, Aamkho,
Gwalior - 474009, M.P., India
Mobile: +91 8827753466
Email: dsrotwar7@gmail.com