Clinical-pathological review on Pravahika w.s.r. To amoebic dysentery

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Abstract

Among all the annavaha svrrto vikaras Grahani, Atisara, Pravahika and Arshas are the most prevailing disorders. Sushruta and Madhavakara have first identified Pravahika as distinctive disease. Charaka has mentioned it as a symptom in Kaphaja Atisara. Basically unhygienic conditions are the causes of spread of the disease. The disease is the result of the vitiation of Samanavata, Kledaka kapha and Apanavata. The Pravahika is the condition which almost resembles the disease Amoebic Dysentery. The etiology of Pravahika and Amoebic dysentry are similar. It may not be possible to identify E. histolytica in all cases of pravahika. Similarly all cases of amoebic dysentry may not have tenesmus or Pravahana. It can be said that Pravahika is the only condition described in Ayurveda which can include amoebiasis i.e. amoebic dysentry.

Keywords: Pravahika, Amoebiasis, Atisara.

Introduction

The disease Pravahika (Amoebiasis) is described after the description of Atisara (Diarrhea). Critical study of the etiopathogenesis and clinical features of Pravahika in relation to the disease amoebic dysentery as described in modern medicine reveal that the disease Pravahika includes the varied clinical syndromes of amoebic dysentery. Pravahika is a disorder of variable clinical picture. Amoebic dysentery is also of wider range with gradual onset. Pravahika may include some other dysentery also. Pratyatma lakshanas of Pravahika is Pravahana i.e. rectal tenesmus (a feeling of incomplete defecation). The lakshanas of Pravahika resembles the Dysentery. The characteristics of Dysentery are Presence of mucus, pus and blood with stool, Abdominal pain, laziness, abdominal distension. The lakshanas of Pravahika resembles the Dysentery.

Classification of Pravahika according to Symptomatology

Asymptomatic

According to Ayurveda, Pravahika occurs due to the Dosha-Dushya Sammurcchana occurring in Purishashaya. The Doshas undergo Chaya, Prakopa and Prasara stages before they settle in Purishashaya. While they undergo these stages as described in the context of stage wise Samprapti, they manifest some vague clinical features which are negligible and may be considered as asymptomatic stage of Pravahika [1]. There is neither comprehensive and definite definition nor straight jacket formula to decide, what amounts to cruelty. The concept of cruelty is variable in nature with respect to time, place manner of act and individual. It depends upon the life style, social and economic status of the parties and their According to WHO (World Health Organization), the condition of harboring E. histolytica without clinical manifestation is termed as asymptomatic amoebiasis [2]. E. histolytica lives as a commensal organism in the bowel harmlessly feeding on bowel contents without invading tissues.

Purvarupavastha (Prodromal Symptoms)

Samanya (General): The Purvarupa or premonitory clinical features of Atisara which include Pravahika are as follows: Toda (pricking pain) in Hridaya (cardiac region), Nabhi (umbilicus), Paya (rectum), Udara (abdomen), Gatra Avasada (flaccidity or emaciation) of the body, Vitsanga (obstruction of flatus and feces), Adhmana (distension of abdomen) and Avipaka (indigestion) [3].

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Vishesha (Specific to Doshas): No Vishesha Purvarupas have been described in the texts.

Rupavastha (Symptoms)

Pravahika is characterized by defection of Mala (stool) containing Sleshma (mucus) and Rakta (if associated with pitta) repeatedly accompanied by excessive tenesmus or Pravahana. When the Purisha contains Krimis i.e. trophozoites (or cysts), indicating the harboring of E. histolytica (amoeba or Suchimuka Purisaja Krimi according to Rigveda and Harita) in the bowel, it is termed as amoebiasis. The onset is usually insidious except in fulminating cases.

Classification of Pravahika According to Etiology

Svatantra-Paratantra (independent or dependent on other diseases)

Svatantra-Origin: Svatantra Pravahika is that which manifests independently with its own causative factors. It should be managed with principles of pravahika treatment.

Paratantra-Origin: The disorder in which Pravahika develops secondary to Atisara and other diseases.

Classification of Pravahika according to Dosha

Predominance

Vataja Pravahika: [5&7] Vata gets provoked due to the intake of Raksha Ahara and other vata provocative measures. The provoked Vata disturbs Jatharagni causing the disturbance of Shoshana (capacity to absorb) of Dravadhatus, Kleda and Sleshma, leading to accumulation of Balasa (Kapha) and related watery substances, and its elimination through Purishashaya, known as vataja Pravahika. In this state, it is possible that Purishaja Krimi including E. histolytica gains favorable atmosphere for their growth and invasion into the Saishmika kala (mucous membrane) and bowel wall of the Purishasaya (intestine).

Pitta Pravahika: [5&7] Due to etiological factors, the liquid characteristic property of Pitta increases and diminishes the Agni and reaches the Purishasaya (intestine) by vata and breaks the Purisha due to its Ushna, Drava and Sara properties and manifests pittaja pravahika. It facilitates the invasion of E. histolytica due to the above properties resulting into irritation, inflammation, abrasion, etc, and along with accumulated Kapha with Vata, causes Pravahika.

Shleshmajra Pravahika: [5&7] The vitiated Sleshma diminishes the Agni due to its nature of Guru, Madhura and Snigdha and reaches the Purishasaya (intestine) by the vata and manifests kaphaja pravahika. It favors the atmosphere conducive for Purisaja Krimis.

Raktaja Pravahika: [5&9] The vitiated rakta along with kapha and vata diminishes the Agni and reaches the Purishasaya (intestine) and blood comes out with kapha known as raktaja pravahika.

Upadraavavastha (Stage of Complications)

Anstrasta (Intestinal) Complications

Grahan: The commonest complication of Pravahika is Grahan. [6] When Agni is diminished due to Pravahika or improper treatment, then the Ahara without proper digestion passes through Grahan resulting into defection of feces containing undigested food and putrid material either solid or liquid accompanied with pain. The colitis due to varied causes and non-specific colitis appear to be similar to Grahan.

Raktasrava: Excessive Raktasrava may occur due to erosions of blood vessel by an amoebic ulcer which may be serious and lead to mortality if urgent measures are not adopted.

Intussusception: It may occur in cases of Pravahika usually known as Caecocolic intussusception. There will be severe pain with a sausage shaped mass in the course of the colon and an empty right iliac fossa. Immediate resection will be done to save the patient. Strictures of the colon and rectal strictures may occur.

Other Conditions: Amoebic appendicitis and peritonitis may occur. Peritonitis may occur in two modes in amoebiasis as complication. It may occur abruptly with severe abdominal pain and immobility of abdominal muscles. It may occur due to severe amoebic ulceration of the colon. Vomiting and hiccough are regarded as bad prognostic features.

Antretara (Extra Intestinal) Complications

Yakraj (Liver)

Hepatitis: Early stage of liver abscess, swinging temperature and pain are associated.

Amoebic Liver Abscess: 7 The involvement of liver by Krimi through intestines and causing its suppuration. Liver abscess may occur after a longer period of the infection of E. histolytica. It may take even years. The cause of such long latent period is not fully known. The occurrence after years appears to be the coincidence of contributory factors decreased Vyadhikshamatva (decreased immunity), preceding pre-existing liver damage. The amoeba reaches the liver by portal system. Necrosis occurs in liver cells at the centers of the lobules, tending to enlarge and coalesce. Liver enlarges as abscess develops. The necrotic area
liquefies farming cavities full of chocolate brown thick pus. The abscess may be single or multiple, usually in the right lobe. The abscess pushes up the diaphragm and may burst in pleural cavity, lung may infect pericardium. The clinical features may be varied. Feeling of heaviness in the right hypochondrium during Pravahika or with or without history of Pravahika or amoebiasis is the first feature in some cases. Pain in liver region enhances during cough. Pain may occur suddenly or may gradually extend to chest increased by breathing. Liver is tender with more concentrated tenderness in a spot.

Conclusion
The disease develops initially from the gut Atisara as nidanaarthakara Vyadhi. The food materials that cause Atisara also are capable of producing Pravahika. Thus the Nidana parivarjana 175 is prime most in the management of Pravahika. The foods, which are increasing or vitiating Vata, are commonly capable of giving rise the Pravahika. The food effect over Annavaha Srotas and Pureeshavaha Srotas is more comparative with other Srotas. The direct effect of food before to pachana i.e. Ama avasta and its genesis of Ama in Srotas are carried to the successive stage pakwa avasta. Thus the entire pathology is based upon the input and it is stated from Ayurvedic citations “Nidana parivarjana is the best.

It can be concluded that Pravahika or amoebiasis is characterized by defeocation of Mala (feces) containing small quantity of Sleshma (mucus) or Rakta (if pitta is associated repeatedly) accompanied by tenesmus or Pravahana. The Purisa (stool) must contain Krimis i.e. active E. histolytica or trophozoites (or cysts) indicating the harboring of Krimi in the bowels to apply the term amoebiasis. The understanding of all the aspects of the disease is necessary before proceeding to treatment. The treatment must aim at Samprapti Vighatana (dissociation of pathogenesis).

References
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