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

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### Abstract

Among all the *annavaha sroto 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 dysentery are similar. It may not be possible to identify *E. histolytica* in all cases of *pravahika*. Similarly all cases of amoebic dysentery 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 dysentery.

**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* are *Shleshmik muhur muhur mala pravrutti*, *Udar shool*, *Adhman*, *Alasya* The characteristics of Dysentery are Presence of mucus, pus and blood with stool, Abdominal pain, laziness, abdominal distension. The *lakshnas* 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), *Payu* (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 Dosha):** No *Vishesha Purvarupas* have been described in the texts.

**Rupavastha (Symptoms)**

*Pravahika* is characterized by defecation of *Mala* (stool) containing *Sleshma* (mucus) and *Rakta* (if associated with *pitta*) repeatedly accompanied by excessive tenesmus or *Pravahana* <sup>[4]</sup>.

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.

**Samprapti ghatakas**

<b>Dosha</b>	<input type="checkbox"/>	Vatapradhana tridosha
<b>Dushya</b>	<input type="checkbox"/>	Anna, rasa, rakta, pureesha
<b>Agni</b>	<input type="checkbox"/>	Jataragni
<b>Ama</b>	<input type="checkbox"/>	Jatharagni mandya janya Ama
<b>Srotas</b>	<input type="checkbox"/>	Pureeshavaha, annavaha, rasavahasrotas
<b>Dusti prakara</b>	<input type="checkbox"/>	Sanga and atipravriti
<b>Udhbavasthana</b>	<input type="checkbox"/>	Amapakwashaya
<b>Sancharasthana</b>	<input type="checkbox"/>	Rasayanis
<b>Adhsthana</b>	<input type="checkbox"/>	Pureeshavaha srotas
<b>Vyaktasthana</b>	<input type="checkbox"/>	Guda
<b>Rogamarga</b>	<input type="checkbox"/>	abhyantara

**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:** <sup>[5&7]</sup> *Vata* gets provoked due to the intake of *Ruksha 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).

**Pittaja Pravahika:** <sup>[5&7]</sup> 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*.

**Shleshmaja Pravahika:** <sup>[5&7]</sup> 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 Pravahik:** <sup>[5&9]</sup> 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*.

**Upadravavastha (Stage of Complications)****Antrastha (Intestinal) Complications**

**Grahani:** The commonest complication of *Pravahika* is *Grahani*. <sup>[6]</sup> When *Agni* is diminished due to *Pravahika* or improper treatment, then the *Ahara* without proper digestion passes through *Grahani* resulting into defecation 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 *Grahani*.

**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****Yakrit (Liver)**

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

**Amoebic Liver Abscess:** <sup>7</sup> 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 nidanarthakara 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 defecation 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).

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