

Case Report

Ayurvedic management of *Pravahika* – A case reportPooja B.A., Santosh Bhatted¹Department of Panchakarma, S.D.M. College of Ayurveda, Kuthpady, Udupi, Karnataka, ¹Department of Panchakarma, National Institute of Ayurveda, Jaipur, Rajasthan, India

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Abstract

Ulcerative colitis (UC) is a form of inflammatory bowel disease (IBD) that causes inflammation and ulcers in the colon. The disease is a type of colitis, which is a group of diseases that cause inflammation of the colon, the largest section of the large intestine, either in segments or completely. The main symptom of this active disease is diarrhea mixed with blood. In Ayurveda, it can be compared with a disease *Pravahika* characterized by *Atidrava Mala Pravritti* with *Rakta*. A 30 year old female patient reported to the out patient Department of Panchakarma, NIA, Jaipur, with the complaints of frequent loose, watery, frothy, and foul-smelling stool stained with mucous and blood. Other associated complaints were reduced appetite, distension and pain in the abdomen, weakness, heat intolerance, reduced sleep, and headache. The patient was diagnosed as IBD consistent with UC. A combination of *Nagarmotha* (*Cyperus rotundus* L.) 2 g, *Indrayava* (*Holarrhena antidysenterica* (L.) Wall.) 1 g, *Nagakeshara* (*Mesua ferrea* L.) 1 g, *Madhuyashti* (*Glycyrrhiza glabra* L.) 1 g, and *Amalaki* (*Emblica officinalis* Gaertn.) 1 g powders three times a day, along with *Dadimashtaka Choorna* 3 g with *Shankha Bhasma* 500mg three times a day, *Mustarista* 2 tsp three times a day after food, and *Dhanyapanchaka Kvatha* 20ml two times a day before food was administered for 2 months. After the 2-month treatment, a significant response in various symptoms such as frequent defecation, abdomen distension, headache, heat intolerance, and reduced sleep was found.

Key words: Inflammatory bowel disease, *Pravahika*, *Shamana Aushadhis*, ulcerative colitis

Introduction

Inflammatory bowel disease (IBD) is a group of inflammatory conditions of the colon and small intestine; among them, ulcerative colitis (UC) is one with a prevalence rate of 2–3% in the world, which is characterized by abdominal pain, vomiting, diarrhea, rectal bleeding, severe internal cramps/muscle spasms in the region of the pelvis, and weight loss.^[1] The main causes include dietary habits and stress.

According to Ayurveda, it can be correlated to the disease *Pravahika* which manifests in the form of *Atipravahana* of *Purisha* (repeated defecation), *Atidrava Purisha Pravritti* (watery stool), *Udarashoola* (pain abdomen), *Picchila*, *Saphena* (sticky and frothy), and *Raktayukta Purisha*^[2] (blood-mixed stool).

In the conventional part, usually, the treatment is started by administering drugs with high anti-inflammatory effects,

such as prednisolone.^[3] Once the inflammation is successfully controlled, the patients usually switched to a lighter drug to keep the disease in remission. Although anti-inflammatory steroids are used to control disease flares and were once acceptable as a maintenance drug, still the prognosis of the disease is very poor.

Looking into these limitations in the treatment and prognosis of UC, a single case of *Pravahika* was observed by using *Deepana*, *Pachana* (digestive-carminative), and *Sangrahi Dravyas*^[4] to analyze its effect in the management of disease.

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Case Report

A Hindu, married, 30 year old female patient visited (August 2, 2012) the outpatient department (OP) of the National Institute of Ayurveda, Jaipur, with a OP number 2014082012 and registration number 23599 for the complaints of *Punaha Punaha Purisha Pravritti* (frequent defecation), *Pravahana* of *Purisha* (tenesmus), *Durghandhayukta Purisha* (foul-smelling stool), *Phenayukta* and *Raktayukta Purisha* (mucous- and blood-mixed stool), *Kshudhahani* (reduced appetite), and *Adhmana* and *Udara Shoola* (distension and pain in abdomen) for 3 years and with the associated complaints of *Daurabhya* (weakness), *Ushnabitaapa* (heat intolerance), *Nidralpata* (reduced sleep), and *Shirashoola* (headache) for 1 year.

A history of the present illness revealed that the patient was apparently normal 3 years back. Gradually, in the first trimester of her second pregnancy, she experienced passing watery loose stool for 5–6 times per day. The problem increased day-by-day, and the patient consulted her family physician and was on internal medication which relieved the condition for a time being. After 3 months of delivery, the patient experienced frequent defecation 15–20 times which was loose, watery, frothy, and foul-smelling stool stained with mucous and blood. Pain in the abdomen and distension of the abdomen were the associated symptoms, for which the patient again consulted her family physician, and was treated for 8 months, but did not get relief. Hence, the patient consulted a gastroenterologist, where the patient was diagnosed with “inflammatory bowel disease consistent with ulcerative colitis” through biopsy of the rectal tissue. The patient was on conservative treatment for 6 months (tablet Mesacol 400 mg thrice a day, tablet Wysolone 40 mg, tablet Shelcal 500 mg once a day, and tablet Off Trop OZ twice a day for 3 days) where the patient had no relief.

Personal history revealed that the patient is vegetarian with reduced appetite even though she had a regular habit of intake of homemade food, disturbed sleep, and frequency of micturition 5–6 times per day, and the patient had no addiction. There was no genetic linkage of the disease observed in the family. The menstrual history is 30-day regular cycle for 4–5 days of heavy flow.

The general examination of the patient showed pallor in conjunctiva and in the nails, vitals being pulse rate of 72/min, respiratory rate of 18/min, blood pressure of 120/70 mm of Hg, and body weight of 45 kg. Per abdominal examination showed shrunken abdomen and tenderness in all quadrants of the abdomen. The impression of rectal biopsy on March 31, 2012, implies IBD consistent with UC (accessioncode61589/12). Looking into the signs and symptoms in the differential diagnosis, *Grahani* and *Atisara* 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 present. Based on the clinical presentation, the patient was diagnosed as a case of *Pravahika*.

The following oral medicines were administered for 2 months:

- A combination in powder form of *Nagaramotha*^[5] (*Cyperus*

rotundus L.) 2 g, *Indrayava*^[6] (*Holarrhena antidysenterica* (L.) Wall.) 1 g, *Nagakesara*^[7] (*Mesua ferrea* L.) 1 g, *Madhuyashti*^[8] (*Glycyrrhiza glabra* L.) 1 g, and *Amalaki*^[9] (*Embllica officinalis* Gaertn.) 1 g was administered with lukewarm water three times a day, after food

- *Dadimashtaka Choorna*^[10] 3 g mixed with *Shankha Bhasma*^[11] 500 mg three times a day after food for 2 months with water
- *Mustarista*^[12] 2 tsf three times a day after food
- *Dhanyapanchaka Kvatha*^[13] 20 ml two times a day before food.

The medicines were procured from the outpatient dispensing section, NIA, Jaipur, where *Mustarista* and *Dhanyapanchaka Kvatha* were from Arya Vaidya Sala Pharmacy, Kottakal. Follow-up was taken once in 15 days for 2 months.

On the first follow-up (after 15 days of the initiation of treatment), the patient reported reduction in *Durghandhata* in *Purisha* (foul-smelling stool) and frequency of bowel reduced by 3–4 times per day. *Phenayukta* and *Raktayukta Purisha* (mucous- and blood-mixed stool) were seen once in 4 days or occasionally. Improvement was observed in *Kshudha* (appetite). *Savata* and *Udarashoola* (distension and pain abdomen) were relieved. *Shirashoola* (headache) relieved completely, and improvement was also seen in *Ushnabitaapa* and *Nidralpata* (reduced sleep). On the second follow-up, the frequency of bowel reduced to 1–2 times per day. Mucous- and blood-mixed stool was completely stopped. Improvement was noted in weakness, appetite, and reduced sleep. *Ushnabitaapa* completely relieved. Complete relief was reported in all the signs and symptoms by 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 *Bala* (general strength), *Varna* (complexion), *Agnideepti* (appetite), and body weight was achieved.

The patient was on follow-up till 6th month, without any single episode of relapse.

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 includes *Pachana* and *Sangrahi Dravya* (digestives and carminatives).

The drugs *Nagaramotha* and *Indrayava* which are *Deepana*, *Pachana*, and *Sangrahi* helped to decrease the frequency of bowel and increase in appetite. The *Stambhana* property of *Nagakesara* helped in the cessation of *Raktayukta Purisha*. *Madhuyashti* and *Amalaki* helped in relieving *Ushnabitaapa*, *Shirashoola*, and *Rakta yukta Purusha* by their *Pittashamak* (vitiating *Pitta*) effect.

Pharmacological, antioxidant, and genotoxic studies and modulation of rat splenocyte functions by *C. rotundus* extracts showed potent components such as flavonoids that may potentially be useful for modulating the immune

cell functions, provoking analgesic, anti-inflammatory, and antioxidant effects.^[14] An experimental study conducted on UC-associated local and systemic damage in mice using *M. ferrea* showed a significant result on colon mucosa.^[15] An experimental study showed that licorice protected the stomach tissue of rats from aspirin-induced damage, and it is surmised that its activity on the prostaglandin-regulating enzymes must be the reason. A semisynthetic compound called carbenoxolone derived from licorice acts to protect the colon.^[16]

Dadimashtaka Choorna by the virtue of *Pachana* and *Sangrahi* action decreased the frequency of bowel. Due to its *Pachaka*, *Shoolahara* (pain relieving), and *Vatanulomana* properties, *Shankha Bhasma* relieved *Udara Shoola* and *Pravahana*.

Mustarista and *Dhanyapanchaka Kvatha* are *Amapachana*, *Agnideepana*, and *Grahi* in action. Thereby, the appetite was improved; *Pravahana* and *Drava Purisha Pravrutti* were relieved.

Overall, due to the improvement in *Agni* (digestion and absorption), *Bala* (strength), and *Varna* (complexion), body weight of the patient was also improved.

Conclusion

Based on the clinical signs and symptoms, the disease *Pravahika* can be correlated to IBD with ulcerative colitis. In this study, *Nagaramothadi Choorna* was found to be safe and effective in the management of *Pravahika*.

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Conflicts of interest

There are no conflicts of interest.

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हिन्दी सारांश

प्रवाहिका व्याधि में आयुर्वेद चिकित्सा

पुजा बी.ए., संतोष भट्ट

प्रस्तुत शोध में एक महिला जिनकी उम्र ३० वर्ष, निरंतर ३ साल से दुर्गन्धयुक्त खूनी दस्त, पेट में दर्द, अजीर्ण, सिर दर्द, निद्रा की कमी की परेशानी थी। इस रोगी को २ महिना आयुर्वेद की शमन औषधि नागरमोथादि चूर्ण, दाडिमाष्टक चूर्ण, शंख भस्म, मुस्तारिष्ट एवं धान्यपंचक क्वाथ दी गयी। ४५ दिन में जीर्णता शक्ति, दुर्गन्धयुक्त खूनी दस्त, पेट में दर्द आदि सभी में अच्छा परिणाम और शारीरिक बल, वजन, वर्ण में लाभ प्राप्त हुआ।