Case Report

Ayurvedic management of Pravahika — A case report

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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 Pravrutti 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 Dhanypanchaka Kvatha 20ml two times a day before food was administered for 2months. 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), Udarashosha (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-carmintive), 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 (August2, 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 Panaha Purisha Purish Pravritti (frequent defecation), Pravahana of Purisha (tenesmus), Durghandhayukt 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 Daurablya (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 defeation 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 1 year.

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 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 (accession code 61589/12).

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 Agni mandya. The clinical presentation is characterized with Ama Lakshana Sashoola (with pain), Sapiccha, Bahushah, and Panha Panaha (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. Madhuyashthi and Amalaki helped in relieving Ushnabitaapa, Shirashoola, and Raktayukta 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 response.
cell functions, provoking analgesic, anti-inflammatory, and antioxidant effects. An experimental study conducted on UC-associated local and systemic damage in mice using \textit{M. ferrea} showed a significant result on colon mucosa. 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.

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

Mmustarista 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.

References

1. Fauci AS, Hauser SL, Kasper DL, Longo DL, Jameson JL. Disorders of Gastrointestinal System In: Braunwald E, editor. Harrison’s Principles of Internal Medicines. 18th International Edition. Ch. 32, Vol. II. New Delhi: McGraw-Hill, Medical Publishing Division; 2002. p. 1770.
2. Acharya YT, editor. Sushruta Samhita of Sushruta, Uttar Tantra, Ch. 34, Ver. 5. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2004. p. 224.
3. Fauci AS, Hauser SL, Kasper DL, Longo DL, Jameson JL. Disorders of Gastrointestinal System In: Braunwald E, editor. Harrison’s Principles of Internal Medicines. 18th International Edition. Ch. 32, Vol. II. New Delhi: McGraw-Hill, Medical Publishing Division; 2002. p. 1771.
4. Acharya YT, editor. Charaka Samhita of Agnivesha, Chikitsa Sthana. Ch. 19, Ver. 42. 3rd ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2004. p. 320.
5. Sharma PV. Dravyaguna Vijnana. Vol. II. 2nd ed. Varanasi: Chaukhambha Bharati Academy; 2005. p. 370.
6. Ibid, Sharma PV. Dravyaguna Vijnana. Vol.II. p. 436.
7. Ibid, Sharma PV. Dravyaguna Vijnana. Vol.II. p. 783.
8. Ibid, Sharma PV. Dravyaguna Vijnana. Vol.II. p. 253.
9. Ibid, Sharma PV. Dravyaguna Vijnana. Vol.II. p. 758.
10. Shastri P, editor. Sharangadhara Samhita of Sharangadharaacharya, Madhyama Khanda, Choorna Kalpana, Ch. 6, Ver. 58-59. 7th ed. Varanasi: Chaukhambha Orientalia; 2000. p. 52.
11. Sharma PV. Dravyaguna Vijnana. Vol. 3. 2nd ed. Varanasi: Chaukhambha Bharati Academy; 2005. p. 32.
12. Shastri AD, commentator. Bhishajyagran of Govinda Das Sen, Ch. 10, Ver. 269-272. 2nd ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2010. p. 361.
13. Shastri P, editor. Sharangadhara Samhita of Sharangadharaacharya, Madhyama Khanda, Ch. 2nd, Ver. 62. 7th ed. Varanasi: Chaukhambha Orientalia; 2000. p. 54.
14. Nagulendran KR, Velavan S, Mahesh R, Hazeena Begum V. In Vitro Anti oxidant Activity and total Polyphenolic Content of Cyperus Rotundus Rhizomes. E-Journal of Chemistry 2007;4(3):440-49. doi: 10.1155/2007/903496
15. Trivedi PP, Jena GB. Melatonin reduces ulcerative colitis-associated local and systemic damage in mice: Investigation on possible mechanisms. Dig Dis Sci 2013;58:3460-74.
16. Ado Ahmad B, Rao MUS, Muhammad A, Zin T, Mohamad NH, Mohamad N, Suryati Mohd K. Reviews of Herbal and Their Secondary Metabolites in the Treatment of Ulcerative Colitis and Peptic Ulcer. J App Pharm Sci 2014;4(08): 80-90.