

A CLINICAL AND PATHOLOGICAL ANALYSIS OF PRAVAHIKA W.S.R. TO AMOEBIC DYSENTERY

Dr. Komal Kumari^{*1}, Dr. Ravi Sharma², Dr. Om Prakash Sharma³

¹PG Scholar, Dept. of Kayachikitsa MMM Govt. Ayurveda College, Udaipur, Rajasthan
India. India.

²Professor and HOD, Dept. of Kayachikitsa MMM Govt. Ayurveda College, Udaipur,
Rajasthan India.

³Associate Professor, Department of Panchkarma Govt. Ayurvedic College Pratap Nagar,
Jaipur, Rajasthan.

Article Received on 15 Feb. 2026,
Article Revised on 05 March 2026,
Article Published on 16 March 2026,

<https://doi.org/10.5281/zenodo.19081543>

*Corresponding Author

Dr. Komal Kumari

PG Scholar, Dept. of Kayachikitsa
MMM Govt. Ayurveda College,
Udaipur, Rajasthan India. India.



How to cite this Article: Dr. Komal Kumari^{*1},
Dr. Ravi Sharma², Dr. Om Prakash Sharma³.
(2026). A Clinical and Pathological Analysis of
Pravahika W.S.R. To Amoebic Dysentery.
World Journal of Pharmaceutical Research,
15(6), 1293–1299.

This work is licensed under Creative Commons
Attribution 4.0 International license.

ABSTRACT

Among the various gastrointestinal disorders described in Ayurveda, *Grahani*, *Atisara*, *Pravahika*, and *Arshas* are the most commonly encountered. *Pravahika* was first classified as a distinct clinical condition by ancient scholars such as Sushruta and Madhavakara, while Charaka referred to it as a symptom within the context of *Kaphaja Atisara*. The condition is primarily associated with poor hygiene, which contributes significantly to its transmission. From a pathological perspective, *Pravahika* results from the vitiation of *Samana Vata*, *Kledaka Kapha*, and *Apana Vata*. Clinically, it exhibits a strong resemblance to amoebic dysentery. Although the etiologies of *Pravahika* and amoebic dysentery are similar, the presence of *Entamoeba histolytica* is not always confirmed in every case of *Pravahika*. Conversely, not all cases of amoebic dysentery present with classical symptoms like tenesmus or

Pravahana (straining). Thus, *Pravahika* appears to be the most relevant Ayurvedic counterpart to amoebiasis, particularly its dysenteric form.

INTRODUCTION

Pravahika, often equated with amoebiasis in modern medicine, is traditionally described in

Ayurvedic texts following the discussion of *Atisara* (diarrhea). A detailed comparative analysis of the etiopathogenesis and clinical features of *Pravahika* and amoebic dysentery reveals significant overlap. *Pravahika* encompasses a spectrum of clinical presentations similar to those seen in amoebic dysentery, which itself typically manifests with a gradual onset and variable symptoms. In addition, *Pravahika* may also align with other forms of dysentery.

A key symptom, or *pratyatma lakshana*, of *Pravahika* is *Pravahana*—rectal tenesmus, or the persistent sensation of incomplete evacuation. Other characteristic features include frequent passage of mucus-laden stools (*shleshmik muhur muhur mala pravrutti*), abdominal pain (*udar shool*), bloating (*adhmana*), and fatigue (*alasya*). These clinical signs closely resemble those of dysentery, which is marked by the presence of mucus, pus, and blood in the stool, along with abdominal discomfort and general weakness.

CLASSIFICATION BASED ON SYMPTOMS

Asymptomatic Presentation

In Ayurveda, *Pravahika* is believed to result from the interaction of vitiated *doshas* with the *purishashaya* (colon). This process follows a sequence of *chaya* (accumulation), *prakopa* (aggravation), and *prasara* (spread) before localizing. During these early stages—described in the concept of *samprapti* (pathogenesis)—nonspecific or mild symptoms may occur, often going unnoticed. This phase is considered the asymptomatic stage of *Pravahika*.

In modern medicine, the World Health Organization (WHO) defines asymptomatic amoebiasis as the presence of *Entamoeba histolytica* in the intestines without clinical signs. In this state, the parasite coexists within the host's bowel as a non-invasive commensal, feeding passively on intestinal contents.

PURVARUPAVASTHA (PRODROMAL PHASE)

General Features

The premonitory or *purvarupa* symptoms of *Atisara*, which also apply to *Pravahika*, include pricking sensations (*toda*) in the cardiac region (*hridaya*), navel (*nabhi*), rectum (*payu*), and abdomen (*udara*), as well as generalized body fatigue (*gatra avasada*), retention of feces and flatus (*vitsanga*), abdominal distension (*adhmana*), and indigestion (*avipaka*).

Prodromal Phase (*Purvarupavastha*)

General Features (*Samanya*)

The prodromal or early warning signs of *Atisara*, which are also relevant to *Pravahika*, include sharp or pricking pain (*toda*) in the cardiac area (*hridaya*), umbilical region (*nabhi*), rectum (*payu*), and abdomen (*udara*). Other symptoms observed during this phase are generalized body weakness or fatigue (*gatra avasada*), difficulty in passing stool or gas (*vitsanga*), abdominal bloating (*adhmana*), and indigestion (*avipaka*).^[3]

Specific Features (*Vishesha*)

No *dosha*-specific prodromal symptoms (*vishesha purvarupa*) have been distinctly described in classical Ayurvedic texts.

Symptomatic Phase (*Rupavastha*)

Pravahika is mainly identified by the frequent passage of stool (*mala*) mixed with mucus (*shleshma*) and, in some cases, blood (*rakta*)—especially when *pitta* is also involved. This defecation is typically accompanied by intense rectal straining or *pravahana* (tenesmus).

In cases where the feces contain parasites such as *krimis* (interpreted as *Entamoeba histolytica*—either in the trophozoite or cyst form), the condition aligns with modern-day amoebiasis. These parasites, referred to in ancient texts like the *Rigveda* and *Harita Samhita* as *Suchimukha Purishaja Krimi*, inhabit the intestines. The onset of such infections is generally slow and progressive, although acute or fulminant presentations can also occur.

Samprapti Ghatakas

<i>Dosha</i>	Vatapradhana Tridosha
<i>Dushya</i>	Anna, Rasa, Rakta, Pureesha
<i>Agni</i>	Jataragni
<i>Ama</i>	Jatharagni Mandya Janya Ama
<i>Srotas</i>	Pureeshavaha, Annavaha, Rasavaha
<i>Dusti Prakara</i>	Sanga and Atipravritti
<i>Udbhavasthana</i>	Amapakwashaya
<i>Sancharasthana</i>	Rasayanis
<i>Adhisthana</i>	Pureeshavaha Srotas
<i>Vyaktasthana</i>	Guda
<i>Rogamarga</i>	Abhyantara

CLASSIFICATION OF PRAVAHIKA BASED ON ETIOLOGY

Svatantra and Paratantra (Primary and Secondary Types)

- **Svatantra Pravahika (Primary/Independent Type)**

This type of *Pravahika* develops as a standalone condition, triggered by its own specific causative factors. It requires treatment based directly on the standard Ayurvedic management protocols for *Pravahika*.

- **Paratantra Pravahika (Secondary/Dependent Type)**

In this variant, *Pravahika* emerges as a secondary complication or progression of pre-existing conditions such as *Atisara* or other gastrointestinal disorders.

CLASSIFICATION BASED ON DOSHA PREDOMINANCE

Vataja Pravahika

This form arises when *Vata dosha* becomes aggravated, often due to the consumption of dry (*ruksha*) or incompatible foods and other *Vata*-provoking factors. The disturbed *Vata* weakens the *Jatharagni* (digestive fire), impairing the absorption (*shoshana*) of bodily fluids such as *dravadhatus*, *kleda*, and *shleshma*. This leads to the accumulation of undigested mucus-like substances (*balasa* or *kapha*) which are expelled through the intestines (*purishashaya*), producing the symptoms of *Vataja Pravahika*. The altered gut environment in this condition may support the proliferation and invasion of intestinal parasites, including *Entamoeba histolytica*, into the mucosal lining (*saishmika kala*) of the bowel.

Pittaja Pravahika

In this type, *Pitta dosha* increases in its liquid form due to causative factors, which leads to a weakening of the digestive fire (*Agni*). Carried by *Vata*, this aggravated *Pitta* reaches the intestines (*purishashaya*), where it disrupts the integrity of stool (*purisha*) through its inherent properties of heat (*ushna*), liquidity (*drava*), and mobility (*sara*). These actions provoke local irritation, inflammation, and even erosion of the intestinal lining. The combination of *Pitta* with accumulated *Kapha* and *Vata* contributes to the development of *Pittaja Pravahika*. This condition can also encourage the activity of *E. histolytica*, leading to further tissue damage and classic symptoms of the disease.

Shleshmaja (Kaphaja) Pravahika

In this form, aggravated *Kapha dosha*—due to its heavy (*guru*), sweet (*madhura*), and unctuous (*snigdha*) qualities—suppresses digestive fire (*Agni*). Carried by *Vata*, the vitiated

Kapha reaches the intestines (*purishashaya*) and gives rise to *Kaphaja Pravahika*. This environment supports the growth of intestinal parasites (*Purishaja Krimis*), including *E. histolytica*.

Raktaja Pravahika

Here, the vitiation of *Rakta* along with *Kapha* and *Vata* leads to further suppression of *Agni*. As these doshas reach the intestines, the passage of blood-streaked stool along with *Kapha* marks *Raktaja Pravahika*.

STAGE OF COMPLICATIONS (UPADRAVAVASTHA)

Intestinal Complications

- **Grahani**

The most common complication, where weakened *Agni* causes improper digestion. Undigested, putrid food is passed either solid or liquid, often with abdominal pain. This condition resembles modern colitis.

- **Raktasrava (Bleeding)**

Severe bleeding may occur due to vascular erosion by amoebic ulcers, which can be life-threatening without timely intervention.

- **Intussusception**

Commonly presenting as caecocolic intussusception, this involves intense pain, a sausage-shaped mass in the colon, and an empty right iliac fossa. Immediate surgical resection may be required. Long-term complications include colonic and rectal strictures.

- **Other Intestinal Conditions**

Pravahika may also lead to amoebic appendicitis and peritonitis. The latter can manifest acutely with severe abdominal pain and rigidity, often caused by deep ulceration. Vomiting and hiccups are seen as signs of poor prognosis.

Extra-Intestinal Complications (*Antretara Upadrava*)

Liver Involvement (Yakrit)

- **Amoebic Hepatitis**

In early stages, liver inflammation may present with fluctuating fever and right upper abdominal pain.

- **Amoebic Liver Abscess**

This occurs when parasites reach the liver via the portal circulation. The infection may remain latent for years and is linked to reduced immunity or prior liver damage. The liver develops areas of necrosis that merge into abscesses filled with thick, dark (chocolate-brown) pus, typically in the right lobe. The abscess can rupture into surrounding organs like the pleural cavity or pericardium. Clinical features vary, but heaviness or pain in the right hypochondrium—sometimes appearing even without prior dysentery—is common. Pain may worsen with coughing or deep breathing, and the liver is typically tender to touch.

CONCLUSION

Pravahika often develops as a progression from *Atisara*, sharing common dietary and lifestyle triggers. Therefore, eliminating the causative factors (*nidana parivarjana*) is the cornerstone of prevention and treatment. Foods that aggravate *Vata* are especially responsible for triggering *Pravahika*. Since the disease primarily affects the *Annavaha* (digestive) and *Pureeshavaha* (excretory) systems, the quality of food intake—particularly in the state of indigestion (*Ama*)—plays a significant role in its pathogenesis.

In summary, *Pravahika* or amoebiasis is characterized by frequent defecation of stools mixed with mucus (*shleshma*) or blood (*rakta*, in *Pittaja* involvement), along with tenesmus (*pravahana*). For a case to be identified as amoebiasis, the presence of intestinal parasites such as *E. histolytica* (trophozoites or cysts) is essential. A complete understanding of the disease's clinical presentation, etiology, and complications is crucial before initiating treatment, which should aim to interrupt the pathogenesis (*samprapti vighatana*).

REFERENCES

1. Shastri Ambikadutta. Sushrut samhita of sushruta. Sutra sthana, chapter 21, Verse no. 36.13th edition. Chaukhambha Publications: Varanasi, 2002; 121.
2. Madhavnidana of srimadhavkara with 'Vidyotini' hindi commentary by Sri SudarsanaSastri revised & edited by Prof. Yadunandan Upadhyaya, part 1, published by, chaukhamba Sanskrit sansthan, Varanasi 1994 edition, atisarnidanam 3rd chapter, 158.
3. Sharangdhar samhita of PanditaSarangdharaannoted with 'Dipika' hindi commentary by DrBrahmanandTriathi, published by chaukhambaSubharati prakashan, Varanasi, 2015; purvakhand, 7th chapter, 63.

4. Yogratnakar with 'Vidyotini, hindi commentary by Vaidya sri LaxmipatiShastri edited by Bhisagratna Sri Brahmshankar Shastri published by Chaukhambha Praakashan, 2008; edition, Pravahikachikitsashlok 5, 212.
5. API text book of medicine 6thedition (e book) section IX Gastroenterology chapter 19, Irritable Bowel Syndrome.
6. Harrison's principles of internal medicine 18thedition (e book) chapter 296 Irritable Bowel Syndrome, 2496.
7. Byadgi PS. Pravahika. Parameswarappa's Ayurvediya Vikriti Vigyan & Roga Vigyan. 1st edition. Volume II. Varanasi, Chaukhambha Sanskrit Sansthan, 2009; 447.
8. Shastri Ambikadutta. Sushrut samhita of sushruta, Uttara tantra, chapter 40, Verse no. 13th edition. Chaukhambha Publications: Varanasi, 2002; 305.