

## EFFECT OF *MOCHARASA SIDDHA PICCHA BASTI* IN *PRAVAHIKA*: AN AYURVEDIC CASE REPORT CORRELATED WITH IBD

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### ABSTRACT

**Background:** *Pravaahika* is described in Ayurveda as both an independent disease and a complication of *Atisara*, characterized by frequent defecation, tenesmus, mucus discharge, abdominal pain, and impaired digestive function. Clinically, it bears close resemblance to Inflammatory Bowel Disease. Conventional treatment mainly depends on corticosteroids and anti-inflammatory drugs, which are often associated with recurrence and limited long-term relief. Ayurveda advocates *Deepana*, *Pachana*, *Sangrahi*, and *Shodhana* therapies for restoration of *Agni* and correction of *Dosha* imbalance. **Case Presentation:** This case report evaluates the efficacy of *Basti* therapy combined with *Shamana Aushadhi* in the management of *Pravaahika*. A 49-year-old male presented with recurrent loose stools (15–20 episodes/day), tenesmus, mucus and blood in stool, abdominal pain, abdominal distension, anorexia, generalized weakness,

headache, and disturbed sleep for 18 months. Based on Ayurvedic evaluation, the condition was diagnosed as *Kapha-Vata* predominant *Pravaahika* associated with *Agnimandya* and *Ama*.

**Intervention:** The patient was treated with *Mocharasa Siddha Piccha Basti* along with *Sarvanga Abhyanga*, *Swedana*, and *Shirodhara*. Oral medications included *Praval*

*Panchamrita Rasa*, *Kaishore Guggulu*, *Panchatikta Ghrita Guggulu*, *Anulomak Vati*, and *Prasham Vati*. **Results:** Marked clinical improvement was observed during follow-up, including reduction in bowel frequency, relief in abdominal symptoms, improved appetite, better sleep, and enhanced overall well-being without adverse effects. **Discussion:** The findings suggest that *Basti* therapy combined with *Shamana Aushadhi* may offer a safe and effective integrative approach in the management of *Pravahika* correlated with IBD. **Conclusion:** The intervention demonstrated substantial symptomatic improvement, restoration of bowel function, and enhanced quality of life.

**KEYWORDS:** *Atisara*, *Deepana*, *Pachana*, *Pravahika*, *Sangrahi*, *Shodhana*.

## INTRODUCTION

*Ayurveda* is the oldest medical systems in the world. This system by definition implies the knowledge of life (or) knowledge by which life may be prolonged. It consists of many principles, and one of them is - "*Dosha Dhatu Mala Mulam Hi Shareeram*". The body constitutes *Dosha*, *Dhatu* and *Mala*. In all *Samhitas*, the importance of *Pureesha* is explained. *Pureesha* supports the body by indirectly augmenting *Pitta* and *Vata*, which continuously keep up the *Shareera Dharana*. The life not only depends upon the food, but also on the faecal matter passed out (as said in *Rajayakshma*). In any kind of *Dushti* of *Pureeshavaha Srotas*, *Pureesha Atipravriti* and *Pureesha Apravriti* would be manifested.<sup>[1]</sup>

*Pravahika* is described in *Ayurveda* both as an independent disease (*Swatantra Vyadhi*) and as a complication (*Upadrava*) of *Atisara*. It was first recognized as a distinct clinical entity by *Sushruta*<sup>[2]</sup> and *Madhavakara*<sup>[3]</sup>, while *Charaka*<sup>[4]</sup> has described it in the context of *Kaphaja Atisara* and as a manifestation of *Vasti Vyapat*. *Vagbhata*<sup>[5,6]</sup> has also referred to a similar condition termed *Bimbishi*, considered synonymous with *Pravahika*.

*Pravahika* is a gastrointestinal disorder that develops due to the indulgence in etiological factors (*Nidana Sevana*), leading primarily to *Vata Prakopa* associated with *Kapha*. While *Atisara* is characterized by excessive excretion of various body constituents (*Nanavidha Dhatu Saranam*), *Pravahika* presents with distinctive clinical features such as forceful defecation (*Pravahana*), tenesmus (*Kunthana Sheela*), passage of mucus (*Kaphamatra Saranam*), and frequent evacuation of scanty stools (*Mala Pravriti*).<sup>[7]</sup>

Pathogenetically, the condition involves significant aggravation of *Pitta* along with vitiation of *Rakta*. The aggravated *Kapha* accumulates over the mucosal lining of the *Pakwashaya* (large intestine), leading to *Strotorodha* (obstruction of bodily channels). As a consequence, *Vata* exerts excessive force to facilitate expulsion, resulting in frequent and strained defecation associated with mucus and occasional blood. The pathology is further intensified by *Agnimandya* (diminished digestive fire) and derangement of *Samana* and *Apana Vayu*. Clinically, *Pravahika* is characterized by repeated passage of small quantities of stool mixed with mucus and blood, commonly accompanied by tenesmus.<sup>[8]</sup>

Based on its clinical presentation and pathophysiology described in Ayurveda, *Pravahika* may be correlated with inflammatory bowel disease (IBD), an idiopathic disorder involving an abnormal immune response against intestinal microflora. Various contributing factors such as dietary habits, hygiene, psychological stress, and smoking are considered important in its manifestation. IBD represents a group of chronic inflammatory disorders affecting the colon and small intestine, with a global prevalence of nearly 2–3%. Common manifestations include abdominal pain, vomiting, diarrhoea, rectal bleeding, severe abdominal cramps, muscle spasms, and weight loss.<sup>[9]</sup>

Among these conditions, ulcerative colitis is recognized as a chronic inflammatory disease of the colon belonging to the broader spectrum of colitis, characterized predominantly by mucosal inflammation and ulceration. Clinical manifestations vary depending on disease severity and extent, with common symptoms including diarrhoea mixed with blood and mucus, abdominal pain, and tenesmus. The condition can be debilitating and may lead to serious, potentially life-threatening complications.

Conventional management of *Pravahika* typically involves the initiation of potent anti-inflammatory agents, particularly corticosteroids such as prednisolone, to control active inflammation. Upon achieving remission, patients are generally shifted to less intensive maintenance therapies. Although corticosteroids are effective in managing acute exacerbations and were previously considered for long-term maintenance, the overall prognosis remains suboptimal.<sup>[10]</sup>

In light of these limitations, the present study evaluates *Pravahika* managed with *Deepana*, *Pachana* (digestive–carminative), and *Sangrahi* dravyas to assess their therapeutic efficacy in disease management.<sup>[11]</sup> *Basti* is regarded as one of the most effective therapeutic modalities

among the *Shodhana Karma* procedures. In the present clinical study, *Basti Dravya* possessing *Pureesha Sangrahana* and *Sangrahi* properties were administered in patients diagnosed with *Pravahika*.<sup>[12]</sup> The study was undertaken to evaluate the safety and therapeutic efficacy of *Basti* therapy in combination with *Shamana Aushadhi* for the management of *Pravahika*.

## CASE REPORT

A 49-year-old male patient presented to the outpatient department with complaints of *Punaha Punaha Purisha Pravritti* (increased frequency of defecation), *Pravahana of Purisha* (tenesmus), *Durghandhayukta Purisha* (foul-smelling stool), *Phenayukta Purisha* (frothy stool), *Kshudhahani* (reduced appetite), *Adhmana* and *Udara Shoola* (abdominal distension and pain). These symptoms were associated with *Daurbalya* (generalized weakness), *Nidralpata* (disturbed sleep), and *Shirashoola* (headache), persisting for 18 months. The patient reported 15–20 episodes of loose, watery, frothy, foul-smelling stools per day, often mixed with mucus and blood, along with abdominal pain and distension.

Personal history revealed a non-vegetarian diet with regular consumption of home-cooked meals, despite reduced appetite. The patient reported disturbed sleep and a micturition frequency of 5–6 times per day, with no history of addictions. No notable family history indicating hereditary susceptibility was identified. On general examination, pallor was observed over the conjunctiva and nail beds. The patient's vital signs were stable, with a pulse rate of 72 beats/minute, respiratory rate of 18 breaths/minute, blood pressure of 110/80 mmHg, and body weight of 69 kg. Per-abdominal examination revealed a scaphoid abdomen associated with generalized tenderness in all abdominal quadrants.

Considering the presenting symptoms, *Grahani*, *Atisara*, and *Pravahika* were taken into account as differential diagnoses. *Grahani* was excluded because the patient did not exhibit the characteristic *Muhurbaddha–Muhudrava Purisha Pravritti*, along with the absence of associated manifestations such as *Vatagulma*, *Hridroga*, *Pleeha Vikara*, *Asyavairasya*, and *Guruta*. *Atisara* was ruled out owing to the presence of *Pravahana* (tenesmus), which is a distinguishing feature of *Pravahika*. Therefore, the final diagnosis was established as *Pravahika*.

## TREATMENT

Table 1: Treatment Plan.

Day/ Follow-up	Clinical Features	Treatment	
		Panchakarma	Shaman
Day 1	<i>Punaha Punaha Purisha Pravritti, Pravahana of Purisha, Durghandhayukta Purisha, Phenayukta, Kshudhamandya, Adhmana and Udara Shoola, Daurablya, Nidranash and Shirashoola</i>	<i>Sarvanga Abhyanga with Dashmoola Taila. Sarvanga Swedan with Dashmoola Kwatha. Mocharasa siddha Piccha basti (240 ml). Shirodhara with Brahmi Taila</i>	<i>Praval Panchamrita Rasa 250 mg BD Before food with warm water Kaishor Guggulu 250 mg BD After food with warm water Panchatikta Ghrita Guggulu 250 mg BD After food with warm water Anulomak Vati 500 mg HS with warm water Prasham Vati 500 mg HS with warm water</i>
1st f/u (Day 15)	Reduction in frequency of bowel reduced by 7–8 times per day. <i>Phenayukta Purisha</i> were seen once in 2-3 days or occasionally. Improvement was observed in <i>Kshudha. Adhman</i> and <i>Udarashoola</i> were relieved. <i>Shirashoola</i> significantly reduced, and improvement was also seen in <i>Nidralpata</i>	--	Same as above
2nd f/u (Day 30)	The frequency of bowel reduced to 3–4 times per day. <i>Phenayukta Purisha</i> completely stopped. Improvement was noted in weakness, appetite, and reduced sleep	--	Same as above
3rd f/u (Day 45)	Complete relief was reported in all the signs and symptoms	--	Same as above

\**Praval Panchamrita Rasa, Kaishor Guggulu* and *Panchatikta Ghrita Guggulu* used are of *Dhootapapeshwar* company.

\**Prasham Vati* used are of *Ayurveda Rasashala* company.

\**Anulomak Vati* contains *Amalaki (Emblica officinalis Gaertn.)*, *Aragvadha (Cassia fistula Linn.)*, *Bibhitaka (Terminalia bellirica Roxb.)*, *Haritaki (Terminalia chebula Retz.)*, *Hingu (Ferula foetida Regel.)*, *Trivrt (Operculina turpethum (Linn.) Silva Manso)*, *Yavani (Trachyspermum ammi (Linn.) Sprague ex Turril.)*, *Saindhav (Commiphora myrrha)*, *Vidanga (Embelia ribes Burm. f.)*, *Svarnapatri (Cassia angustifolia Vahl.)*, *Kampilla (Mallotus philippensis Muell. -Arg.)*

## DISCUSSION

From an Ayurvedic perspective, the condition was diagnosed as *Pravahika* with predominance of *Kapha* and *Vata Dosha*, associated with *Agnimandya*. The patient presented with features suggestive of *Ama*, including *Sa-shoola Purisha Pravritti* (painful defecation), *Sapiccha Mala* (mucus-mixed stools), *Bahushah* and *Punah Punaha Purisha Pravritti* (recurrent and frequent bowel evacuations), along with *Pravahana* (tenesmus). In accordance with the treatment principles mentioned in *Charaka Samhita Chikitsa Sthana*, the management mainly focused on the use of *Pachana* and *Sangrahi Dravya* to enhance digestive function and reduce excessive bowel movements. The therapeutic effect of *Piccha Basti* was attributed to its ingredients, especially *Mocharasa*, known for its *Agni Deepana* and *Pachana* properties, while *Ksheera*-based preparations provided *Sangrahi* action, thereby helping in symptomatic relief and reduction in bowel frequency.<sup>[13]</sup>

Initially, a considerable reduction in bowel frequency was observed, with episodes decreasing by nearly 7–8 times per day. *Phenayukta Purisha* became infrequent, occurring only once every 2–3 days or occasionally. The patient also experienced improvement in *Kshudha* (appetite), along with relief from *Adhmana* (abdominal distension) and *Udarashoola* (abdominal pain). Significant reduction in *Shirashoola* (headache) was noted, and *Nidralpata* (disturbed sleep) also improved. Over the course of treatment, bowel frequency further reduced to 3–4 times daily, and *Phenayukta Purisha* resolved completely. In addition, marked improvement was seen in *Daurbalya* (general weakness), appetite, and sleep quality. Eventually, complete remission of all presenting signs and symptoms was achieved.

## Mode of Action

### A) *Mocharasa Piccha Basti*

In Ayurveda, *Piccha Basti* is classified under *Asthapana* or *Niruha Basti*. It is a therapeutic enema preparation formulated with *Madhu* (honey), *Sharkara* (raw sugar), *Ghrita* (clarified butter), *Kalka* (herbal paste), and *Kwatha* (medicated herbal decoction) in specific proportions. Owing to its soothing, protective, and healing actions on the intestinal mucosa, this formulation is traditionally employed in conditions associated with disturbed bowel habits and irritation of the gastrointestinal tract.<sup>[14]</sup>

Together, these pharmacological actions facilitate restoration of the intestinal mucosa, provide protection to the gut epithelium, minimize gastrointestinal inflammation and irritation, and help in alleviating symptoms such as diarrhoea and rectal bleeding.<sup>[15]</sup> The

*Picchila* (viscous) attribute helps create a protective layer over the injured intestinal mucosa, safeguarding it from intestinal secretions and chemical irritants while minimizing local irritation and friction. The *Sangrahi* (absorbent) effect, mainly due to *Kashaya Rasa*, promotes absorption of excess fluid from the large intestine, thereby improving stool consistency and reducing the frequency of loose motions.

The *Raktashodhaka* (blood-purifying) and *Shonitasthapana* (haemostatic) actions, linked with *Tikta Rasa* and *Sheeta Virya*, aid in pacifying vitiated *Rakta Dosha* and help control rectal bleeding. Additionally, the *Vranaropaka* (healing) property of *Kashaya Rasa* supports repair of ulcerated mucosa and regeneration of healthy intestinal tissue. *Kashaya Rasa* is also believed to exhibit antimicrobial potential and enhances the protective mechanisms of the intestinal mucosa. Moreover, the *Shothahara* (anti-inflammatory) action contributes to reduction of inflammation, thereby promoting mucosal recovery and symptomatic improvement.<sup>[16]</sup>

*Piccha Basti* is traditionally advocated in the treatment of long-standing gastrointestinal conditions including *Jirna Atisara* (chronic diarrhoea), *Pravahika* (dysentery), and *Grahani Dosha*, the latter having clinical similarities with irritable bowel syndrome (IBS).<sup>[17]</sup> *Basti* is administered through the rectal route, enabling the medicated preparation to act directly on the *Pakwashaya* (colon), which is considered in Ayurvedic classics to be the primary seat of *Vata Dosha*.<sup>[18]</sup> Thus, *Basti* therapy chiefly acts on the normalization of *Vata Dosha* and subsequently helps in balancing *Pitta* and *Kapha Doshas*, ultimately supporting the maintenance of *Tridosha* equilibrium. In addition, the *Virya* (therapeutic potency) of the *Basti* formulation is considered to spread throughout the body, producing both local as well as systemic therapeutic actions.<sup>[19]</sup>

*Mocharasa* possesses significant *Vranaropaka* (wound-healing) properties, mainly due to its *Kashaya Rasa* and *Sheeta Virya* attributes.<sup>[20]</sup> According to *Acharya Bhavaprakasha*, *Shalmali Niriyasa* is characterized by *Hima* (cooling effect), *Grahi* (absorbent and astringent action), and the ability to pacify *Pitta*, *Rakta*, and *Daha*, while also being beneficial in *Pravahika*.<sup>[21]</sup> Phytochemical analysis of the resinous extract of the *Shalmali* tree has revealed the presence of tannins as the major active constituents, along with gallic acid.<sup>[22]</sup>

Its *Kashaya* (astringent) property exerts a protective coating over the inflamed and ulcerated intestinal mucosa, thereby minimizing local chemical and mechanical irritation. Furthermore,

its antioxidant potential supports mucosal healing and tissue regeneration. The extract has also been reported to exhibit anti-inflammatory and anti-*Helicobacter* activities, which may enhance its therapeutic role in gastrointestinal conditions.<sup>[23]</sup> From an Ayurvedic standpoint supported by modern biomedical understanding, *Mocharasa* obtained from *Shalmali* contains significant amounts of tannins and gallic acid. These constituents possess strong astringent activity and protein-precipitating properties, which may aid in protecting and restoring the impaired epithelial lining of ulcerated intestinal mucosa.<sup>[24]</sup>

The methanolic extract of *Dalbergia sissoo* stem bark has demonstrated gastroprotective activity by increasing gastric pH and reducing acid secretion and acidity. Its anti-ulcer potential may also be attributed to antioxidant effects, free radical scavenging, mucosal protection, and enhancement of endogenous defence mechanisms against NSAID-induced gastric injury.<sup>[25]</sup> *Glycyrrhiza glabra* exhibits significant antimicrobial activity against *Escherichia coli*, an organism associated with ulcerative colitis. Its bioactive constituents, including saponins, alkaloids, flavonoids, glabridin, and related compounds, help inhibit bacterial proliferation, suppress microbial gene expression, and reduce toxin production, thereby supporting its therapeutic potential in intestinal inflammatory disorders.<sup>[26]</sup>

Furthermore, nuclear factor erythroid 2-related factor 2 (Nrf2) has an important role in protecting cells against oxidative stress-mediated damage and inflammation through modulation of anti-inflammatory cytokines and stimulation of endogenous antioxidant defence mechanisms. During oxidative stress, activation and translocation of Nrf2 into the nucleus enhance the expression of various antioxidant genes, thereby helping to maintain intestinal mucosal integrity in IBD.<sup>[27]</sup>

These findings indicate that Basti therapy may be especially beneficial in conditions affecting the lower gastrointestinal tract. The use of milk-based formulations in *Basti* can additionally promote healing of the ulcerated colonic mucosa. Polyphenolic constituents, especially hydrolysed gallic acid esters, are believed to exert a protective effect by forming a soothing layer over the mucosal surface and damaged epithelial tissue.<sup>[28]</sup> Moreover, tannins facilitate precipitation of surface proteins at the ulcerated region, leading to the formation of a protective barrier that increases resistance to proteolytic enzyme activity and supports the healing of the mucosal lining.

**A) Praval Panchamrita Rasa**

The formulation is composed of mineral preparations including *Mukta Bhasma*, *Shankha Bhasma*, *Shukti Bhasma*, *Kaparda Bhasma*, and *Pravala Bhasma*.<sup>[29]</sup> As per Ayurvedic pharmacological concepts, the formulation primarily pacifies *Kapha* and *Vata* Dosha and mainly acts on the *Madhyama Koshta*, *Yakrit*, *Pleeha*, and *Unduka*. The ingredients of the formulation are attributed with properties such as *Pittashamaka*, *Dahashamaka*, *Raktaprasadaka*, *Mutrala*, *Grahi*, *Pachaka*, *Agnideepaka*, and *Stambhaka*, which collectively contribute to its therapeutic efficacy.<sup>[30]</sup>

**B) Kaishor Guggulu**

Most of the ingredients, including *Guduchi*, *Amlaki*, *Haritaki*, *Danti*, *Vidanga*, *Pippali*, *Shunthi*, and *Maricha*, possess *Deepana* and *Pachana* properties, predominantly attributed to the dominance of *Vayu* and *Agni Mahabhuta*. As *Agnimandya* is regarded as a key causative factor in the development of the disease, these formulations assist in re-establishing the normal activity of both *Jatharagni* and *Dhatvagni*. In addition, their *Pachana* property promotes digestion and elimination of *Ama*, thereby reducing obstruction and enhancing overall gastrointestinal function.<sup>[31]</sup>

**C) Panchatikta Ghrita Guggulu**

*Panchatikta Ghrita Guggulu* comprises therapeutic ingredients such as *Guduchi*, *Nimba*, and *Kantakari*, which are known for their immunomodulatory and antioxidant activities. These properties include suppression of immediate hypersensitivity responses and neutralization of free radicals, thereby helping to reduce oxidative stress. Thus, the combined administration of *Shodhana* therapy along with *Shamana Aushadhi* aids in expelling vitiated Doshas from the body and may contribute to lowering the likelihood of disease recurrence.<sup>[32]</sup>

**D) Anulomak Vati**

*Anulomak Vati* helps in maintaining proper bowel evacuation, thereby supporting improved digestion and nutrient assimilation.

**E) Prasham Vati**

*Prasham Vati* has been observed to enhance both sleep quality and sleep duration. Its probable mode of action may involve regulation of gamma-aminobutyric acid (GABA)-mediated neurotransmission through receptor-level interaction, modulation of ion channels, and stabilization of neuronal membranes. Additionally, its calming and sedative effects may

be attributed to inhibition of GABA transaminase and glutamic acid decarboxylase activity, along with modulation of monoaminergic pathways and possible influence on cannabinoid receptors, thereby contributing to its anxiolytic and sleep-promoting actions.<sup>[33]</sup>

## CONCLUSION

The present case study highlights the potential benefit of *Basti* therapy administered in combination with *Shamana Aushadhi* in the management of *Pravahika*, clinically comparable to IBD. The use of *Mocharasa Siddha Piccha Basti* along with adjunct Ayurvedic medications produced considerable improvement in bowel frequency, abdominal discomfort, appetite, sleep, and overall wellbeing, with complete symptomatic relief achieved within 45 days. The favourable therapeutic outcome may be associated with the *Deepana*, *Pachana*, *Sangrahi*, *Vranaropaka*, antioxidant, anti-inflammatory, and mucosal protective actions of the interventions employed. These observations indicate that an Ayurvedic treatment approach aimed at *Dosha* pacification, restoration of *Agni*, and enhancement of mucosal healing may serve as a safe and effective complementary strategy in the management of chronic inflammatory bowel diseases. Nevertheless, further large-scale controlled clinical studies are necessary to validate these findings and to better understand the underlying therapeutic mechanisms.

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