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PARVAHIKA: UNDERSTANDING DYSENTERY IN AYURVEDA

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ABSTRACT

Parvahika is a clinical condition described in Āyurveda under Annavaha and Purishvaha Srotas presently which resemblance to gastrointestinal problem called dysentery in modern medicine. It is characterized by frequent passage of stools mixed with śonita (blood), mūtra sadṛśa mala pravṛtti (mucus-like stools), it indicates an disturb in doṣas and dūṣya. Predominantly involving Vata and Kapha doṣas, the condition arises from causative factors such as improper dietary habits (mithyā āhāra vihāra), exposure to contaminated food and water, and suppression of natural urges (vegadharana). The Āyurvedic understanding of Parvahika provides a holistic perspective, emphasizing nidāna parivarjana (elimination of causative factors), śodhana (bio-purification) and śamana cikitsā (palliative management). This review aims to explore the concept of Parvahika from classical texts and contemporary interpretations, correlating it with modern understanding of dysentery, and highlighting the role of Ayurvedic formulations and dietary recommendations in its management.

KEYWORDS: Āyurveda, Parvahika, Dysentery, Vata, Kapha, Śodhana.

INTRODUCTION

The term Pravāhika is derived from pravāhana, meaning forceful defecation. Pravāhika is a GIT disorder described in our classical Ayurvedic texts like Caraka Samhitā, Suśruta Samhitā, and Aştānga Hṛdaya, which presents with symptoms like repeated defecation, loose stools mixed with slesma (mucus) and rakta (blood), udaraśūla (abdominal pain), and tenesmus (forceful urge to pass stools). It is primarily caused by the vitiation of dosas, especially vāta and kapha, and is often associated with impaired digestion (agnimāndya) and obstruction of bodily channels (strotorodha). The causative factors (hetus) include excessive consumption of katu (pungent), amla (sour), lavana (salty), guru (heavy), snigdha (unctuous), ruksa (dry), usna (hot), and śīta (cold) foods. Faulty eating habits like viruddhāśana (incompatible foods), adhyāśana (eating before the previous meal is digested), and mental factors such as fear, anger, and stress further contribute to disease onset. In modern science, dysentery refers to inflammation of the intestine, particularly the colon, resulting in severe diarrhea with blood. The main types of dysentery are bacillary and amoebic. Bacillary dysentery is caused by Shigella bacteria, while amoebic dysentery is caused by a parasite called Entamoeba histolytica. While antibiotics are the

mainstream treatment in modern medicine, $\bar{A}yurveda$ offers an integrative approach including detoxification and herbal remedies which not only eliminate the cause but also restore agni and prevent recurrence.

AIMS AND OBJECTIVES

- To understand the Ayurvedic concept and classification of Parvahika.
- To explore its *samprāpti* (pathogenesis), *lakṣaṇa* (clinical features), and *bheda* (types).
- To correlate *Parvahika* with modern understanding of dysentery.
- To review evidence-based *Āyurvedic* interventions in the management of *Parvahika*.

METHODOLOGY

The literature was reviewed from classical Āyurvedic texts such as Caraka Samhitā, Suśruta Samhitā, Aṣṭāṅga Hṛdaya, and Bhāva Prakāśa. A systematic search of databases like AYUSH Research Portal, PubMed, Google Scholar, and DHARA was conducted using keywords such as Parvahika, dysentery, Pitta, Kapha, rakta śuddhi, and guda vikāra. Studies published up to March 2025 were included.

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Nidāna (Etiology)

It occur due to disturb of vāta and kapha dosas, along with weakened digestive fire (agnimāndva) and leads blockage of bodily channels (strotorodha). Āhāraja hetus (Dietary causes): Excessive intake of katu (pungent), amla (sour), lavana (salty), guru (heavy to digest), snigdha (unctuous), rukṣa (dry), uṣṇa (hot), śīta (cold), drava (liquid), and tīkṣṇa (sharp/potent) food items. Āhāra vidhi viruddha (Improper food habits): Consumption of viruddhāśana (incompatible foods), adhyāśana (eating too soon after a previous meal), visamāśana (irregular eating), alpāśana (eating too little), and pramitāśana (eating insufficiently for the body's needs). Mānasika hetus (Psychological causes): Mental factors like fear (bhaya), anger (krodha), and jealousy (*īrsvā*) disturb the *manovaha srotas*, influencing gut health and aggravating dosas.

Anubandha vyādhis (Associated disorders): Diseases like *arśa*, *grahaṇī*, *krimi*, and *atisāra* can create a favorable environment for the development of *Pravāhika* by weakening the function of the *pakvāśaya* (large intestine).

Samprāpti (Pathogenesis)

The pathogenesis begins with the intake of *nidānasevana*—improper diet and lifestyle—that disturbs the balance of *doṣas* and weakens *jāṭharāgni*.

Initially, *kapha doṣa* becomes aggravated and adheres to the internal walls of the *pakvāśaya*. This causes obstruction in the normal movement of *vāta*. In response to the blockage caused by kapha, vāta becomes more active and tries to push it out. This leads to *pravāhana*, which means frequent and forceful bowel movements along with a feeling of incomplete evacuation (tenesmus).

In cases where *pitta* and *rakta* are also involved, inflammation and ulceration may occur, leading to the presence of *rakta* (blood) in the stool. Along with this, *strotorodha* (blockage of channels), *āpanavāyu*, *vikṛti* (disruption) of *samanavāyu* and *kapha saṅcaya* collectively disturb the normal function of the colon.

The disease progresses with symptoms like frequent stools, presence of $\acute{s}lesma$ (mucus), $udara\acute{s}\bar{u}la$ (abdominal pain), $raktayukta~pur\bar{\imath}sa$ (blood-mixed stool), and tenesmus. This entire process culminates in the manifestation of $Prav\bar{a}hika$, as described in the classical texts of $\bar{A}yurveda$.

Lakṣaṇa (Symptoms)

The classical signs and symptoms of *Pravāhika* are predominantly related to the gastrointestinal tract, indicating disturbance in the function of *pakvāśaya* (large intestine). The main symptom is *atipravāhana* of *purīṣa*—frequent passage of stools with force and urgency, often accompanied by **tenesmus** (straining with incomplete evacuation).

Stools are typically *atidrava* (**excessively liquid**) and contain *śleṣma* (**mucus**) in considerable quantity. When *pitta doṣa* and *rakta dhātu* are involved, the stools may also contain *rakta* (**blood**). Other symptoms include:

- Udarāśūla abdominal pain or cramps
- Picchila purīşa sticky stools
- Sāphena purīṣa frothy or bubbly stools
- **Gaurava** heaviness in the abdomen
- Agnimāndya impaired digestion
- Trsnā excessive thirst
- Daurbalya generalized weakness

It indicate the involvement of *vāta*, *kapha*, and *pitta doṣas*, along with *agnivikṛti* and *strotorodha*. The chronicity and severity of these symptoms may vary depending on *doṣic predominance* and *hetu sevana* (cause exposure).

Cikitsā Sthāna (Management)

The management of Pravāhika in Āyurveda focuses on restoring balance to the doṣas, strengthening agni (digestive fire), and stopping the excessive passage of loose, mucus or blood-mixed stools. The treatment involves Deepana (appetite stimulants), Pācana (digestives), Sangrahi (astringents), Stambhana (binding agents), and Krimighna (antihistamines) herbs and formulations.

- 1. Pūrvakarma (Initial Steps): In mild cases, fasting (langhana) is recommended to help improve digestion and boost digestive strength.. Bilva kvātha or pāṭhā kaṣāya may be used to digest āmadoṣa and reduce kapha accumulation in the colon.
- Pradhāna Cikitsā (Main Treatment): Deepana-Pācana Dravyas: To improve digestion and eliminate āma, drugs like Pippalī (Piper longum), Sunthī (Zingiber officinale), and Chitraka (Plumbago zeylanica) are commonly used. Sangrahi and Stambhana Dravyas: These help in absorbing excess fluid and solidifying the stool. Key herbs include: Bilva (Aegle marmelos) - a powerful grahi and stambhana herb. Kutaja (Holarrhena antidysenterica) - acts as both krimighna and sangrahi. Mustā, Indrayava, Nagaramūşa – help reduce inflammation absorb toxins. Classical Formulations: Kutajghan Vati – for chronic pravāhika associated with krimi. Bilvādi Cūrna, Pañcakola Kvātha – help in controlling vāta-kapha and improving digestion. Dādīmādi Ghrta: This medicated ghee is used when there is bleeding in the stools, especially in cases where pitta dosha is involved. Shankha Vati relieves associated udaraśūla (abdominal pain) and indigestion.
- 3. Āhāra-Vihāra (Diet and Lifestyle): Recommended foods: Yavāgu(Rice gruel), māṇḍa (Thin rice starch) with bilva(Aegle marmelos pulp), dadima (pomegranate), mudga yūṣa(Green gram soup). Foods to Avoid: Spicy (katu), sour (amla), salty (lavana), oily (snigdha), and heavy (guru) foods should be avoided. Also, avoid incompatible food combinations (viruddhāhāra), eating before the

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previous meal is digested (adhyāśana), and unhealthy or unsuitable food pairings.

DISCUSSION

The review highlights Pravāhika as a disease primarily caused by the disturb of Vāta, Pitta, and Kapha doṣas, with predominant involvement of Pakwāśaya (large intestine). The disease process is initiated by faulty habits (Viruddhāhāra, Vişamāśana) dietary aggravated by psychological factors such as Bhaya, Krodha, and Irsyā. The resulting pathogenesis leads to Agnimāndya, Strotorodha, and abnormal function of Samāna and Apāna Vāyu, which manifest as frequent, forceful defecation with mucus and sometimes blood. The Avurvedic treatment strategy—based on Deepana, Pācana, Sangrahi, and Krimighna principles—has shown favorable outcomes in symptomatic control. Classical formulations, including Bilvādi Cūrņa, Mustādi Kvātha, and Dadimāstaka Cūrņa, demonstrate consistent efficacy in clinical reports due to their astringent, digestive, and antimicrobial properties. Dietary interventions such as Yavāgu, Mudga Yūşa, Māṇḍa prepared with Bilva and Dādimaphala, provide gut rest, support digestion, and aid in mucosal healing. These preparations correlate with modern therapeutic nutrition in IBD management, emphasizing bland, low-fiber, easily digestible diets.

While the evidence is primarily derived from classical texts and observational outcomes, the consistent improvement across various reported cases lends support to the traditional approach. However, robust clinical trials are needed to substantiate these results with statistical validation and modern scientific parameters.

CONCLUSION

Pravāhika, a condition well-documented in Āyurvedic texts, is a disorder of the gastrointestinal tract characterized by frequent, forceful defecation with mucus and occasionally blood. It arises due to a combination of improper dietary habits, psychological disturbances, and Doṣa imbalance—primarily Vāta and Kapha, with the involvement of Pitta and Rakta. The pathogenesis involves derangement of Agni, obstruction of Srotas, and impaired functioning of Samāna and Apāna Vāyu.

The review emphasizes that Āyurvedic principles offer a comprehensive, individualized approach to managing Pravāhika, aligning with modern understanding of dysenteric disorders. Further clinical validation and integrative research are essential to establish the efficacy of traditional protocols in contemporary medical frameworks.

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