



A Study Of RaktajaPravahika and Its Treatment.

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Pravahika is the PakwasahayagataKaphajavikara with symptoms of Sarakta mala, Sappravahana mala, Sakapha mala, Daah,Jwara, BhramaDaurbalya , Anannabhilsha, Sweda and Trishna,Excessive intake of Katu, Amla, Lavana Rasa, Guru (not easily digested), snigdha (fatty), Ruksha (very dry), Ushna, Sheeta, excessively liquid, Teekshana foodstuffs promote Pravahika disease.While deciding line of treatment, Ama and Pakwa stages of disease should be taken into consideration. In Ama – Avastha, amapachana and Agnivaradhana is the main line of treatment while ‘Sangrahana’ will be main line of treatment in PakwaAvastha.

Ama if not treated properly leads to Anaha, Prameha, Udar, Jwara, Shotha, Gulma, Arsha, Shoola, Hridgraha. Negligence towards passage of ‘Ama Mala’ is golden line of treatment. Haritaki is the drug of choice in AmaAvastha. Once Ama is completely removed Deepana, Pachana, Grahi drugs can be used. ‘Sanjeevanivati’ 250 mg, ‘Loknath Rasa’ 120 mg, ‘Jatiphaladivati’, ‘KutajaParpati’ are some Kalpas useful in Pravahika. In jeernaPravahika ‘BhallatakaParpati’ and ‘SuvarnaParpati’ are found to be useful. ‘Dadimavaleha’, ‘Kutajarishtha’ can be used as Anupana along with these above mentioned drugs. If rectal prolapsed, ChukraTailaSnehana along with NirgudiPatrasweda gives best results.

Key Words: PravahikaAma, Jwara, BhramaDaurbalyaAnannabhilsha,

Introduction :

Straining during defecation is the main characteristic feature of Pravahika disease. Kapha is accumulated in Pakwashaya (Large Intestine) and hence sometimes Kapha is excreted in stools. Pravahika is assigned with many synonyms like Bimbishi, Nee – saraka, Nee – stanikaete¹. Disease of Mahastrotasa.Agnimandya is the main cause (Hetu) of Atisara and Pravahika. Both Atisara and Pravahika are manifested at Guda region. So Charaka¹ has included Pravahika in Atisaradisease.

Excessive intake of Katu, Amla, Lavana Rasa, Guru (not easily digested), snigdha (fatty), Ruksha (very dry), Ushna, Sheeta, excessively liquid, Teekshana foodstuffs promote Pravahika disease. Virudhashana, Adhyasana, Vishamashana, Alpashana, Pramitashana are other hetus of Pravahika². Fear, Anger, jealousy aremanasika (mental hetu) of disease. Arsha, Grahani, Krumi, Atisara, make Pakvashaya favorable ground for development of Samprapti of Pravahika.

Avipaka, abdominal bloating, fatigue, constipation are Poorvarupa of Pravahika disease.

Vataja (with pain), Pittaja (burning sensation), Kaphaja (with Kaphadosha), Raktaja (blood in stool) are doshaja types of Pravahika. Pitta and Raktaprakopahetu play vital role in formation of disese samprapti³.

Kapha devoid of its natural Guna is accumulated in walls of large intestine. VataDosha tries to remove this VikrutKapha along with stools. So in PravahikavikrutKapha is present in feaces. Repeated attempts by VataDosha to remove sticky Kapha from intestine produces ‘Muhurmuhu mala Pravrutti’.

Large amount of VikrutKapha and very small quantity of Mala produces. ‘Krute – api – akrut⁴’ lakshana i.e. even after defaecation, there is repeated urge to defaecate.

Passage of dry, blackish, hard stools along with pain in abdomen are symptoms of VatajaPravahika. In severe eases it is accompanied by rectal prolapsed.

Passage of Pichchil, snigdha stool with obnoxious symptoms of KaphajaPravahika.

Accumulation of Kapha, Prakopa of VataDosha, Agnimandya, Amanirmitee, strotorodha, vikruti of samanaand ApanaVayu are the multifactors in Pravahika disease.

Ahitakaraahara causes sanchaya of Kapha and Prakopa of VataDosha. ‘Amashaya’ is sthana of Kapha and Pakwashaya is sthana of Vayu. PrakupitVataDosha forcefully derives Kapha from its own sthana and takes it to Pakwashaya. Vata tries to remove this sanchitKapha along with mala. Passage of meager quantity of mala along with Kapha is the main feature of Pravahika disease. Ahitakaraahara may lead to prakopa of Pitta

and RaktaDosha. If Pitta is involved along with Vata and Kapha, Samprapti of RaktajaPravahika takes place. Prakupita Pitta erodes mucosa of large intestine producing ulcers. Bleeding of ulcer leads to passage of blood, Kapha stools along with pain.

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Vata being main Hetu is needs to be pacified. So external and internal Snehana is necessary for shaman of PrakupitVata. ‘ErandaSneha’ being laxative, when given internally pacifies Vata and also removes sticky Kapha. Externally tail can be administrated in Pakwashaya in form of Basti. DashmoolaTailaSiddha Basti will reduces pain and pravahana as it is best ‘Vata – Kaphaghna’ drug. Along with this diet modification in form Laghu, Ushnaahara with reduce formation of excessive Kapha and will lead to Agnivardhana. Hence Vata and KaphaShamana along with Agnivardhana is the main cause of treatment in Pravahika.

Lukewarm water (Vatakaphaghna), buttermilk, Yavagu, Moong dal Soup, are some dietary modifications in Pravahika.

Materials &Methods :

So patients were selected on random basis having symptoms of RaktajaPravahika. ‘KutajaParpati’, ‘NagkesharChoorna’ and ‘Mocha rasa PichchaBasti drugs were selected. First 25 patients (Group A) were administrated KutajaParpati and NagkesharaChoorna. Remaining 25 patients (Group B) were treated with ‘KutajaParpati’, ‘NagkesharaChoorna’ and ‘Mocha rasa PichchaBasti’.

Observation and Result :

In both groups 68 % patients got complete relief. 18 % got medium relief and only 14 % patients did not get any relief. In group A out of 25, 15 got complete relief, 5 got medium relief and 5 patients did not get relief. In group B out of 25, 19 got complete relief, 4 got medium relief and 2 did not get relief. Relief was found to be satisfactory in group B patients who received PichcaBasti. 23 patients found complete relief in group B while only 20 patients found complete relief in group A.

Table 1 : classification of patients according to Hetu.

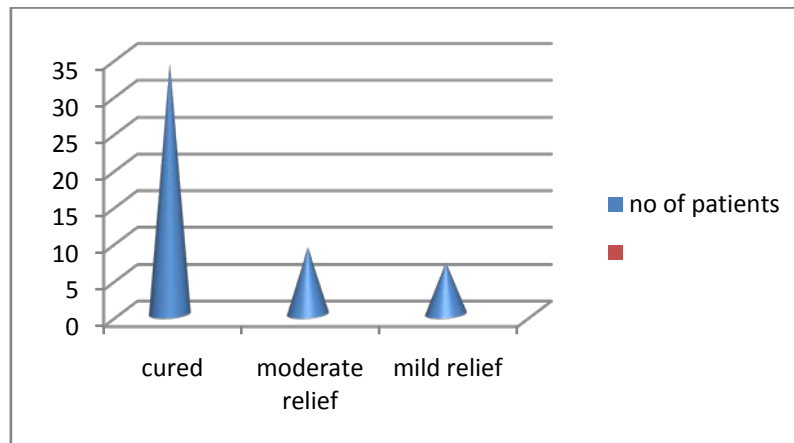
Sr. No.	Hetu	No of patients
1	Madyapana	7
2	Krimi	3
3	Dushtajala	3
4	Vishamashana	2
5	Shok	3
6	Tikshna and vidahianna	5
7	Diwaswap	2
8	Alpashana	1
9	Guru, sheet, rukshabhojana	3
10	Atiagnisamparka	1
11	aayasa	1

Table 2 : classification of patients according to Poorvarupa.

Sr. No.	Poorvarupa	No of patients
1	Adhmana	6
2	Avipaka	4
3	Vitsamga	2
4	Gatraavasada	5
5	Toda vat vedana	5

Table 3 : classification of patients according to Rupa.

Sr. no	Rupa	No of patients
1	Sarakta mala	50
2	Sapravahana mala	50
3	Sakapha mala	50
4	Daah	6
5	Jwara	8
6	Bhrama	7
7	Daurbalya	9
8	Anannabhilsha	6
9	Sweda	5
10	Trishna	8



Discussion :

The intensity of symptoms like passage of blood in stool, straining during defaecation was found to be much less in group B patients who received Mocha Rasa PichchaBasti. Time required for lessening the intensity of symptoms in group B patients was 3 – 4 days while in group A it was 6 to 11 days.

One more experiment was undertaken in which 5 patients having RaktajaPravahika were selected and administered with only 'Mocha rasa PichchaBasti'. One patient left out because he had no relief in first 2 days. Remaining 4 patients did not get complete relief. So 'KutajaParpati' and 'nagkesgraChoorna' was added along with 'Mocha rasa PichchaBasti'. combine effect of both external and internal treatment was proved to be effective. Patients who got medium relief in both groups refrained from following pathya. So it can be concluded that neither 'Abhyantar alone nor Bahya alone give complete relief to patients. So both internal and external treatment should be given simultaneously for complete relief from symptoms.

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