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A Clinical Study on *Pravahika* through *Vasti* and *Kutaja Parpati*

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ABSTRACT

The disease *Pravahika* is a *Swatantra Vyadhi* as well as an *Upadrava* of *Atisara*. *Acharya Charaka* mentions it as a symptom in *Kaphaja Atisara* and as a *Vastivyapat. Susruta* and *Madhavakara* have first identified *Pravahika* as a distinctive disease. *Vagbhata* has also explained about *Bimbishi*, which is a synonym of *Pravahika*. In developing countries, the unhealthy environment or environmental hazards, unhealthy food habits and occupation plays an important role in creating serious problems. Among this, Amoebiasis is a common communicable infection of gastro-intestinal tract, which has a worldwide distribution. Amoebiasis results due to the infection by Entamoeba histolytica. It is estimated that >480 million people carry the infection in their intestinal tract and approximately $1/10^{th}$ of infected people suffer from invasive Amoebiasis. It was estimated that in 2010 Amoebiasis accounted for about 55,000 death worldwide.[1] The objectives of the present study is to assess the efficacy of *Sangrahi Vasti* and *Kutaja Parpati* in the management of *Pravahika* (Intestinal Amoebiasis).

Key words: *Pravahika Roga, Vasti, Kutaja Parpati, Intestinal Amoebiasis.*

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 Atipravrithi* and *Pureesha Apravrithi* would be manifested.

The disease *Pravahika* is a *Swatantra Vyadhi* as well as an *Upadrava* of *Atisara. Susruta*[2] and *Madhavakara*[3] have first identified *Pravahika* as a distinctive disease and *Charaka*[4] mentions it as a symptom in *Kaphaja Atisara* and as a *Vasti Vyapat. Vagbhata* [5],[6] has also explained about *Bimbishi*, which is a synonym of *Pravahika*. In *Pravahika*, due to *Nidana sevana*, *Vata* gets vitiated resulting in discharge of stools frequently with *Kapha*. In *Atisara, Nanavidha Dhatusaranam* is present but in *Pravahika, Pravahana, Kaphamatra-sarana, Kunthana Sheela Mala Pravrithi* will be present.

Long time ago man was born with disease since his existence. The health of an individual depends on his environment, food habits, occupation and life-style. In developing countries, the unhealthy environment or environmental hazards, unhealthy food habits and occupation plays an important role in creating life throbbing problems. Among this, Amoebiasis is a

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common communicable infection of gastro-intestinal tract, which has a worldwide distribution. Amoebiasis results due to the infection by Entamoeba histolytica. It is estimated that 45-55 million people carry the infection in their intestinal tract and approximately 1110th of infected people suffer from invasive Amoebiasis. It is probable that invasive Amoebiasis accounted for about 7500-130000 deaths in world every year.[7] In poor healthy atmosphere of India, about 15% of the total Indian population is affected with Amoebiasis. In morbid condition, amoebiasis take place through warm humid climate, overcrowding, unhygienic living condition, contamination of drinking water, food and the use of human faeces as fertilizer.

It is being observed that *Pravahika* and Intestinal Amoebiasis have similar clinical features like tenesmus, minimal defaecation and expulsion of blood and mucus with the stool. *Vasti*[8] is said to be the best and most effective procedure among all the *Shodhana Karma*. The drugs, which have the property of *Pureesha Sangrahana* and *Takra* were used as *Vasti Dravya* in this clinical study. So in the present study subjects suffering from *Pravahika* (Intestinal amoebiasis) are administered *Vasti Karma*. The efficacy of *Pureesha Sangrahi Vasti* will be compared with *Takra Vasti*. An effort was made in this study to find an effective and safe procedure in the management of *Pravahika* (Intestinal Amoebiasis) through *Vasti* and *Kutaja Parpati* as *Shanamoushadhi*.

Materials and Methods

The subjects suffering from *Pravahika* (Intestinal Amoebiasis) fulfilling the criteria of selection of present study were selected for the trial. The subjects were subjected for detailed clinical examination and investigation as per the specially designed proforma.

The present clinical study contains sample size of 30 subjects. They were divided into two groups as group A and group B, each having 15 subjects. All the 30 subjects were given *Amapachana* with *Haritakyadi Choorna*. Group A subjects were subjected to *Sangrahi Vasti* and group B subjects were treated by *Takra Vasti* in *Kalavasti* schedule. Both the subjects of the groups received *Kutajaparpati* as *Shamanoushadhi* for a period of 32 days with *Takra Anupana*. Follow-up period was 3 months.

Source of materials

Raw materials for present study were collected from the Department of Rasashastra and Bhaishajya Kalpana, Ayurveda Mahavidyalaya, Hubli, prepared classically in the pharmacy of Rasashastra and Bhaishajya Kalpana, Ayurveda Mahavidyalaya, Hubli and Pavamana Pharmaceuticals, Bijapur.

Materials

- *Hareetakyadi Churna*
- *Madhu*
- *Saindhava Lavana*
- *Sunishannaka Changeri Ghrita*
- *Poota Yavani Kalka*
- *Pureesha Sangrahana Varga Dravya* along with *Dashamoola*
- *Takra*
- *Kutaja Parpati*
- *Ksheerabala Taila*

Hareetakyadi Churna[9] was used as *Amapachana Dravya* in this clinical study. All the ingredients of this *Churna* are *Amapachaka* due to their *Teekshna* and *Ushna Guna*. All the ingredients were powdered and mixed together.

Hareetaki	1 part
Saindhava Lavana	1 part
Amalaki	1 part
Guda	1 part
Vacha	1 part
Vidanga	1 part
Rajani	1 part

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Pippali	1 part
Shunti	1 part

Madhu:[10] Honey is *Madhura* and *Katu* in taste. The most important properties of honey in the context of *Basti Karma* are the *Yogavahitwam* and *Sukshma Marga Anusaritwam.*

Saindhava Lavana:[11] *Saindhava Lavana* is *Tridoshahara, Laghu, Ushna.* It is *Abhishyandi* but comparatively lesser in grade than other *Lavana*.

Sunishannaka Changeri Ghrita[12]

Ingredients

Kashaya	**Quantity**
Avak Pushpi	55 gm
Bala	55 gm
Darvi	55 gm
Prishnaparni	55 gm
Trikantaka	55 gm
Nyahrodha	55 gm
Udumbara	55 gm
Ashvattha	55 gm
Jeevanthi	55 gm
Katurohini	55 gm
Pippali	55 gm
Pippalimoola	55 gm
Nagara	55 gm
Suradaru	55 gm
Kalinga	55 gm
Shalmalipushpa	55 gm
Veera	55 gm
Chandana	55 gm
Utpala	55 gm
Katphala	55 gm
Chiraka	55 gm
Musta	55 gm
Priyangu	55 gm
Ativisha	55 gm
Padma	55 gm
Samanga	55 gm
Bilwa	55 gm
Patha	55 gm
Swarasa	**Quantity**
Sunishannaka	5 ltr
Changeri	5 ltr
Moorchita Ghrita	20 kg

Poothi Yavani Kalka[13]

Yavani	1 part
Madanaphala	1 part
Bilwa	1 part
Kushta	1 part
Vacha	1 part
Shatapushpa	1 part
Musta	1 part
Pippali	1 part

Pureesha Sangrahaneeya Gana[14],[15],[16]

Priyangu	1 part
Amrasthi	1 part
Anantha	1 part
Katvanga	1 part
Lodhra	1 part
Mocharasa	1 part

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Samanga	1 part
Padma	1 part
Padmakeshara	1 part
Dhataki Pushpa	1 part

Takra[17]

Takra is a compound made of equal parts of curd and water, subsequently churned so as to have the contained cream or butter completely skimmed off and which is neither too thick nor thin.

Rasa: *Madhura*, *Amla, Kashaya*

Kutaja Parpati[18]

Parada	100 gm
Gandhaka	100 gm
Kutaja twak churna	100 gm
Ghrita	QS

Ksheerabala Taila[19]

Bala Moola	5 *pala*
Goksheera	4 *prastha*
Taila	1 *prastha*

MATERIALS AND METHODS

Source of data

Subjects attending the OPD and IPD of Post Graduate Department of Kayachikitsa and Shalya Tantra, Ayurveda Mahavidyalaya, Hubballi, were selected and randomly categorized into 2 groups for study. Informed Consent from all the subjects was duly taken berofe starting the interventions in each group.

Inclusion criteria

1. Subjects with clinical features if *Pravahika* (Intestinal Amoebiasis)
2. Duration of 6 months to 5 years.
3. Subjects of both sexes between the age group of 20-60 yrs.

Exclusion criteria

1. Subjects with other infectious disorders with structural abnormalities.
2. Amoebic hepatitis, amoebic lesion of the lungs.
3. Irritable Bowel syndrome, diverticulitis, ulcerative colitis, Crohn's Disease.
4. Severe anaemia, pile mass.
5. Subjects not fit for basti karma.

Intervention

Group A: *Sangrahi Basti*[20]

Materials used

1. *Makshika*
2. *Saindhava Lavana*
3. *Sunishannaka Changeri Ghrita*
4. *Poothi Yavani Kalka*
5. *Kashaya* of *Pureesha Sangrahaneeya Gana Dravya* along with *Dashamoola*
6. *Niruha* and *Anuvasana Vasthiyantra*.
7. *Khalva Yantra*
8. *Ksheerabala Taila*

Basti Dravya Matra

1. *Makshika*: 2-3 *pala* (80-150 ml)
2. *Saindhava Lavana*: ½ *karsha* (10-15 gm)
3. *Sneha* (*Sunishannaka Changeri Ghrita*): 2-3 *pala* (80-150 ml)
4. *Kalka(Poothi Yavani):* 1-2 *pala* (20-40 gm)
5. *Kashaya* of *Pureesha Sangrahaneeya Gana* along with *Dashamoola*: 400-600 ml

Total: 600-900 ml

Group B: *Takra Basti*[21]

Materials used

1. *Makshika*

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2. *Saindhava Lavana*
3. *Sunishannaka Changeri Ghrita*
4. *Poothi Yavani Kalka*
5. *Takra* procured from the *Ksheerapaka Vidhana* by adding *Pureesha Sangrahaneeya Gana*
6. *Niruha* and *Anuvasana Vasthiyantra*.
7. *Khalva Yantra*
8. *Ksheerabala Taila*

Basti Dravya Matra

1. *Makshika*: 2-3 *pala* (80-150 ml)
2. *Saindhava Lavana*: ½ *karsha* (10-15 gm)
3. *Sneha* (*Sunishannaka Changeri Ghrita*): 2-3 *pala* (80-150 ml)
4. *Kalka(Poothi Yavani)*: 1-2 *Pala* (20-40 gm)
5. *Takra* (400-600ml) procured from the *Ksheerapaka Vidhana* by adding *Pureesha Sangrahaneeya Gana*

Total : 600-900 ml

OBSERVATIONS AND RESULTS

Group A

Parameters	BT Mean	AT Mean	% of relief	S.D	S.E	't'	P
Abdominal Pain	2.12	0.62	70.5	0.51	0.18	9.02	P<0.001
Frequency of stool	2.13	0.46	78.4	0.62	0.16	10	P<0.001
Tenesmus	1.8	0.58	67.77	0.45	0.13	9.6	P<0.001

Group A showed a 70.5% relief in abdominal pain, which was statistically highly significant at the level of p<0.001. Group A showed a 78.40% relief in frequency of stool, which was statistically highly significant at the level of p<0.001. Group A showed a 67.77% relief in Tenesmus, which was statistically highly significant at the level of p<0.001.

Non Parametric	BT Score	AT Score	% of relief
Presence of mucous in stool	14	1	92.82%
Presence of blood stain in stool	8	1	87.5%
Presence of amoeba cyst	15	0	100%
Presence of R.B.C	13	4	69.2%
Changes in reaction in stool	8	4	50%
Presence of epithelial cell in stool	7	2	71.4%
Presence of pus cell in stool	12	4	66.6%
Presence of mucosal content in stool	13	2	84.6%

Group A showed 92.82% improvement in presence of mucous in stool, 87.5% presence of blood stain in stool, 100% improvement in presence of amoebic cyst, 62.2% in presence of R.B.C, 50% in changes of reaction in stool, 71.4% in presence of epithelial cell content in stool, 66.66% in presence of pus cell content in stool and 84.6% improvement in presence of mucosal content in stool.

Group B

Parameters	BT Mean	AT Mean	% of relief	S.D	S.E	't'	P
Abdominal Pain	2.2	0.6	72.572	0.53	0.176	7.6	P<0.001
Frequency of stool	2.06	0.6	70.87	0.52	0.13	11.2	P<0.001
Tenesmus	1.6	0.46	71.25	0.5	0.13	10.6	P<0.001

Group B showed a 72.72% relief in abdominal pain, which was statistically highly significant at the level of p<0.001. Group A showed a 70.87% relief in Frequency of stool, which was statistically highly

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significant at the level of p<0.001. Group B showed a 71.25% relief in tenesmus, which was statistically highly significant at the level of p<0.001.

Non Parametric	BT Score	AT Score	% of relief
Presence of mucous in stool	13	2	84.6%
Presence of blood stain in stool	11	3	72.7%
Presence of amoeba cyst	15	0	100%
Presence of R.B.C	12	5	58.2%
Changes in reaction in stool	11	4	63.6%
Presence of epithelial cell in stool	9	2	77.7%
Presence of pus cell in stool	14	4	71.42%
Presence of mucosal content in stool	11	3	72.7%

Group B showed 84.6% improvement in presence of mucous in stool, 72.7% presence of blood stain in stool, 100% improvement in presence of amoebic cyst, 58.2% in presence of R.B.C, 63.3% in changes of reaction in stool, 77.7% in presence of epithelial cell content in stool, 71.42% in presence of pus cell content in stool and 72.7% improvement in presence of mucosal content in stool.

Total effect of therapy in 30 subjects of *Pravahika*

Results	Group A		Group B		Total subjects	Total effect
	N	%	N	%	N	%
>76%: Good improvement	8	53.3%	7	46.6 %	15	50%
51-75%: marked improvement	4	26.6%	7	46.6 %	11	36.6%
26-50%: moderate improvement	3	20%	1	6.6%	4	13.4%
0-25%: mild improvement	0	0	0	0	0	0

The overall response of the therapy in both the groups (Group A and Group B), after analyzing before treatment and after treatment findings showed that subjects out of 30 (50%) showed good improvement, 11(36.6%) subjects showed marked improvement and 4(13.4%) subjects showed moderate improvement.

Discussion

Takra and *Pureesha Sangrahaneeya Dravya* along with *Dashamoola* were selected as the *Vasti Dravya* due to their property of *Sangrahana*. *Sunishannaka Changeri Ghrita* and *Kutaja Parpati* are directly indicated in *Pravahika*. A total of 30 subjects were studied in two groups with 15 in each group i.e. Group A - *Sangrahi Vasti* and Group B *Takra Vasti*. Subjects attending the OPD and IPD of Post Graduate Departments of Kaya Chikitsa and Shalya Tantra, Ayurveda Mahavidyalaya Hospital, Hubli were taken randomly for this study. Regular informatives were placed in the local print media to create awareness about the condition and its management. Special clinical proforma based on criteria and selection and parameters for assessment of subject was prepared.

On *Amapachana*

Haritakyadi Churna was used as *Amapachana Dravya* in this clinical study. In this clinical study all the ingredients of this *Churna* are *Amapachaka* due to the *Teekshana* and *Ushna* property. It was observed that all the subjects had attained *Nirama Lakshanas*.

On *Shamanoushadi*

Subjects were advised to take *Kutaja Parpati* along with *Takra* as *Anupana*. None of the subjects have any

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complaints of gastric irritation, nausea, and vomiting after taking the medicine.

Discussion on probable mode of action of *Vasti*[22],[23],[24]

Honey contains sucrose and lot of enzymes; salt contains chloride and other ions, which help in generating the action potential. Honey has got ambiphilic action. Salt helps in electrolyte exchange properties along with other ingredients, which may induce colonic distention. This distention stimulates pressure, which produces evacuatory reflex. There may be a chance of release of catecholamines also.

Though *Vasti* is administered in the *Pakvashaya*, it has action throughout the body. According to *Susruta*, a properly given *Vasti* remains in the *Pakvashaya, Shroni* and below *Nabhi* and through the *Srotas*, the *Veerya* of *Vasti Dravya* is spread to the entire body. Similarly, though *Vasti* remains in the body only for a short time and is excreted along with *Mala* by action of *Apana Vayu*, due to the *Veerya*, the *Dosha* / morbid factors situated from the head to foot are also forcibly thrown out of body.

Vasti is having two actions, expelling the *Dosha* and nourishing the body. First, potency of *Vasti* drugs gets absorbed to have its systemic action. Its second major action is related with the facilitation of exertion of morbid substance responsible for the disease process into the colon, from where they are evacuated. All these actions of *Vasti* can be well explained on the basis of known physiological and pharmacological actions. Gastro intestinal tract has a nervous system all of its own. It lies entirely in the wall of gut, beginning in the esophagus and extending all the way to anus. The number of neurons in this enteric system is about 10 crores almost exactly equal to the number in the spinal cord. It especially controls gastrointestinal movements and secretions. The two plexuses in enteric system are Myenteric plexuses and Submucosal plexuses. The sigmoid, rectal and anal regions of the large intestine are considerably bettered supplied with parasympathetic fibres than other portions. They are mainly stimulatory in action and function especially in the defaecation reflexes.

The blood vessels of the gastro intestinal system are part of a more extensive system called the splanchnic circulation. The design of the system is that all of the blood that passes through the gut, spleen and pancreas. Then flow immediately into the liver by the way of portal vein. In the liver the blood passes through millions of fine liver sinusoids and finally leaves the liver by the way of the hepatic veins that empty in to the vena cava of the general circulation.

Most of the absorption in the large intestine occurs in the proximal half of the colon giving the name of this portion the absorbing colon. Absorption through the gastro intestinal mucosa occurs by active transport and diffusion. Water is transported through the intestinal membrane entirely by the process of diffusion. Further this diffusion obeys the usual law of osmosis therefore when the chyme is dilute water, is absorbed thought the intestinal mucosa into the blood of the villi by osmosis. On the other hand water can also be transported in the opposite direction from the plasma into the chyme. This occurs especially when hyper-osmotic solutions are discharged. The rectum has rich blood and lymph supply and the drugs can cross the rectal mucosa like other lipid membranes. Thus unionized and lipid soluble substances are readily absorbed from the rectal mucosa. Small quantities of short chain fatty acids such as those from butterfat are absorbed directly into the portal blood rather than being converted into triglycerides. This is because short chain fatty acids are more water-soluble and allows direct diffusion from the epithelial cells into the capillary blood of the villi. The active principles of *Vasti* drugs may also be absorbed because they are mainly water-soluble. It may be considered that *Niruha Vasti* is hyperosmoptic, which facilitates absorption of morbid factors into the solution whereas the *Sneha Vasti* and other nourishing *Vastis* contain hypo-osmotic solutions facilitating absorption into the blood.

Moreover the following factors of physico-chemical nature help in its absorption.

- Differences in concentrations and therefore of the diffusion pressures between crystalloids in blood and in the intestinal lumen.

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- Absorption varies directly with the intra intestinal pressure, the absorption rate increase in proportion to the increase in intra intestinal pressure.
- The osmotic pressure of the plasma proteins in excess of the hydrostatic pressure of the capillary of the blood pressure is important factor in attracting water and crystalloids into the blood stream.

Discussion on effects of *Aushadha*

A. Effect of *Sangrahi Vasti*

Sangrahi Vasti provided a statistically highly significant effect on both subjective and objective parameters. It is given in our classics that *Niruha* should be administered after the complete digestion of previous meal. So in the empty stomach, *Vata* is more predominant and *Niruha Vasti* can tackle *Vata* very well and eliminate the *Malas* properly. It is presumed that when the stomach is full, the peristalsis will be stimulated and the intestinal content will be pushed to the terminal portion. The drugs that are selected for the *Sangrahi Vasti* had the property of *Pureesha Sangrahana*. The *Pravarthana Kapha Dosha* will be more in *Pravahika* and even the possibility of *Rakta Srava* is also a presentation in *Pravahika*, hence the *Pureesha Sangrahaneeya Gana Dravya* told by *Acharya Charaka* containing *Kaphagna*, *Rakta Stambaka* and *Deepana* character is ideally chosen as an ingredient of *Niruha Vasti*. The drugs like *Priyangu, Katvanga, Samanga, Dhataki, Lodra, Priyangu, Amrasthi, Padmakesara, Padmaka,* and *Mocharasa* are basically *Rakta Stambaka Kaphagna, Deepana* in nature. The formulation selected for *Sneha Vasti* that is *Sunishannaka Changeri Ghrita* is mainly containing *Deepana, Pachana* drugs and the drugs are even *Kaphagna* and *Vatahara*.

B. Effect of *Takra Vasti*

Takra Vasti also provided a statistically highly significant. Effect on both subjective and objective parameters. One famous saying goes thus: what *"Amrita" is* to the gods, *Takra* is to human beings. *Takra* is low' in calories. It has the same amount of protein and vitamins as the milk is made from and is an excellent source of calcium. Chemical composition of churned *Takra* holds the key to its desirable baking characteristics. It is an excellent source of potassium, vitamin B12, calcium and riboflavin and good source of phosphorous. It also contains zinc, magnesium, nitrogen, vitamin and lactic acid. *Takra* regulates the intestinal flora with its Alkaloid property.

Takra is *Ruksha*, *Deepana*, *Grahi*, improves appetite, *Grahani Doshahara, Kaphagna* and relieves *Arochaka*. *Takra* is an important *Pathya Kalpana* and *Aushada Kalpana* in disorders of the *Mahasrotas* like *Arshas*, *Atisara*, and *Grahani Roga*. In the *Pravahika Roga*, a variant of *Atisara*, *Agnimandya, Samarasotpatti, Sakapha Mala Pravrutti* are the characteristics taking place pathologically. In *Takra Vasti, Sangrahi Gana Siddha Takra* is used. *The Puresha Sangrahaneeya Gana Dravya* told by *Acharya Charaka* containing *Kaphagna, Rakta Stambhaka* and *Dipana* character is ideally chosen as an ingredient of *Niruha Vasti.* The drugs like *Priyangu, Katvanga, Samanga, Dhatai, Lodra, Priyangu, Anirasthi, Admakesara, Padmaka*, and *Mocha Rasa* are basically *Rakta Stambhaka* and *Kaphaghna* in nature.

C. The selected *Shamanoushadhi*

Kutaja Parpati is the combination of *Kutaja* and *Rasa Parpati*. In Intestinal Amoebiasis, lack of absorption through intestinal flora is observed; the *Rasaparpati* helps in regulation of absorption through the intestinal flora. *Gandhaka* and *Parada* have got anti-bacterial property, they are the ideal anti microbial agents. In *Kutaja Parpati*, the *Gandaka* and *Parada* act as catalyst to *Kutaja*. It was noticed that the stools of subjects suffering from Amoebiasis were markedly acidic in reaction. *Kutaja* contains Alkaloids in bulk amount that can neutralise acidic nature of the stool in subjects of Amoebiasis.

In *Pravahika*, *Sarana* of *Dhatu Rupi Kapha*, production of *Ama Dosha* is essentially noticed. *Parpati Kalpana* is basically *Grahani Doshahara*, mainly acting on the *Kshudantra* and *Bruhadantra*; equally *Parpati* is an ideal *Agni Uttejaka*, *Ama Pachaka* and *Balya*

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formulation. The drug *Kutaja* is a popular *Stambana Dravya*, it serves the stagnation of *Ap Tatva* (water principle), *Rakta Dhatu* and *Bahu Pravarthana* of *Kapha*. When given along with *Takra* as *Anupana*, its action is multi folded.

Discussion on comparative effects between two groups

It was observed that both the Group A and Group B showed highly significant result in subjects of *Pravahika* (Intestinal Amoebiasis). But in overall assessment, in both objective and subjective parameters, it was observed that in group A, the percentage of relief was 78.98% and in group B it was 74.16%. And also in the total effect of therapy in 30 subjects of *Pravahika* in Group A 53.3% subjects got good improvement while in group B it was 46.6%. 26.6% subjects got marked improvement in group A while in group B it was 46.6%. 20% subjects got moderate improvement in group A and 6.6% subjects got moderate improvement in group B.

After a keen observation on results, it can be concluded that group A (*Sangrahi Vasti*) is more effective than group B (*Takra Vasti*) in the management of *Pravahika*.

CONCLUSION

The following, conclusions can be drawn on the basis of literature and observations made in this study. *Pravahika* is one of the important diseases of gastrointestinal tract in the present era due to lifestyle and food habits. It is the condition, which almost resembles with the disease Intestinal Amoebiasis. Etiological factors for *Pravahika* and Intestinal Amoebiasis are same for certain extent. *Pravahika* is a *Kapha Pradhana Tridoshaja Vyadhi*. In *Pravahika roga*, due to the *Ahitasya Vatala Ahara Sevilla*, results into *Vita Prakopa* which in turn combining with *Kupita Kapha*, causes *Pachakagni Mandya* causing production of *Apachita Ahara Rasa*, gets mixed up in *Koshta* and getting discharged through the anus frequently. *Atisare Nanavidha Dravadhatu Saranam; Pravahikayam Thu Kaphamatra Saranam Iti Bedhaha.*

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