



“A Conceptual Review Of Pravahika In Balaroga With Special Reference To Paediatric Dysentery”

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Abstract

Pravahika is a common gastrointestinal disorder described in Ayurvedic classics, characterized by frequent defecation associated with pain, tenesmus, mucus, and sometimes blood. In Balaroga (paediatric age group), Pravahika remains a significant health concern due to immature digestive fire (Mandagni), poor immunity, improper feeding practices, and recurrent infections. The disease closely resembles dysentery and inflammatory bowel conditions described in modern medicine. According to Ayurveda, Pravahika mainly occurs due to vitiation of Vata and Kapha Dosha, with involvement of Purishavaha Srotas and Pakwashaya, leading to repeated straining and passage of small quantities of stool. Children are more vulnerable due to their anatomical and physiological delicacy (Sukumarata), dependency on caregivers, and inability to maintain dietary discipline. Classical texts such as Caraka Samhita, Sushruta Samhita, and Kashyapa Samhita emphasize early diagnosis and gentle management using Deepana–Pachana drugs, Grahi dravyas, appropriate diet, and supportive therapies suitable for children. This review highlights the Ayurvedic concept of Pravahika in Balaroga, including its Nidana, Samprapti, Lakshana, differential diagnosis, and principles of management, along with correlation to modern paediatric dysentery. Understanding Ayurvedic fundamentals in childhood Pravahika can help in effective prevention, early intervention, and reduction of complications, thereby improving child health outcomes.

Keywords

Pravahika, Balaroga, Paediatric dysentery, Mandagni, Grahani, Vata–Kapha, Purishavaha Srotas, Ayurveda

Introduction

Balaroga occupies a unique place in Ayurveda as children differ from adults anatomically, physiologically, and psychologically. Due to *aparipakva dhatu*, *alpa bala*, and *mandagni*, children are more susceptible to digestive disorders, especially those involving the gastrointestinal tract¹. Among these, Pravahika is an important disease frequently observed in paediatric practice.

Pravahika is described in Ayurvedic classics as a condition characterized by repeated defecation with straining (*pravahana*), pain in the abdomen, passage of small quantity of stool, mucus, and sometimes blood². The term "Pravahika" itself denotes excessive forceful expulsion of stool associated with tenesmus. Acharyas have clearly differentiated Pravahika from *Atisara*, stating that *Atisara* involves profuse loose stools, whereas Pravahika presents with frequent, scanty stools accompanied by pain and urge³.

In children, Pravahika commonly develops due to improper feeding practices, such as overfeeding, untimely feeding, intake of heavy or contaminated food, bottle feeding, and sudden dietary changes⁴. These factors impair *Jatharagni*, leading to formation of *Ama*, which further vitiates Vata and Kapha Dosha, ultimately affecting *Purishavaha Srotas* and *Pakwashaya*⁵.

Ayurvedic texts including Caraka Samhita, Sushruta Samhita, Ashtanga Hrdaya, and Kashyapa Samhita have elaborately explained the etiopathogenesis and management of Pravahika, with special emphasis on gentle and child-friendly treatment principles⁶. Kashyapa Samhita, being the prime authority for Balaroga, highlights the importance of proper digestion, breastfeeding practices, and dietary regulation in preventing gastrointestinal disorders in children⁷.

From a modern perspective, Pravahika can be correlated with paediatric dysentery and colitis, where inflammation of the intestinal mucosa results in tenesmus, mucus, and blood in stool. Recurrent episodes may lead to dehydration, malnutrition, and growth retardation if not managed timely.

Therefore, understanding Pravahika in Balaroga from both Ayurvedic and modern viewpoints is essential for early diagnosis, effective management, and prevention of complications in children.

Aims and Objectives

Aim

To review the concept of Pravahika in Balaroga according to Ayurvedic literature and to understand its clinical correlation with paediatric dysentery.

Objectives

1. To study the Ayurvedic description of Pravahika in classical texts.
2. To analyze the Nidana (etiological factors) responsible for Pravahika in children.
3. To explain the Samprapti and Samprapti Ghataka of Pravahika.
4. To correlate Pravahika with modern paediatric gastrointestinal disorders.
5. To review the principles of Ayurvedic management in Balaroga.

Materials and Methodology

The present study is a conceptual and literary review based on classical Ayurvedic texts and available modern literature.

Materials

Materials for the present study were collected from classical Ayurvedic texts and modern literature. The classical references included Caraka Samhita, Sushruta Samhita, Ashtanga Hrdaya, and Kashyapa Samhita, which describe paediatric *Atisara* in detail. The commentaries of these Samhitas were also studied to understand the explanations clearly. In addition, published review articles, research papers, and standard textbooks related to paediatric dysentery were referred to support the study and to correlate Ayurvedic concepts with modern views.

Methodology

Relevant references of Pravahika were collected from various Ayurvedic Samhitas. A detailed conceptual analysis of Nidana, Samprapti, Lakshana, and Chikitsa was carried out. The Ayurvedic description was compared with the modern concept of paediatric dysentery to establish better understanding. All the collected data were systematically compiled and interpreted to assess their clinical relevance.

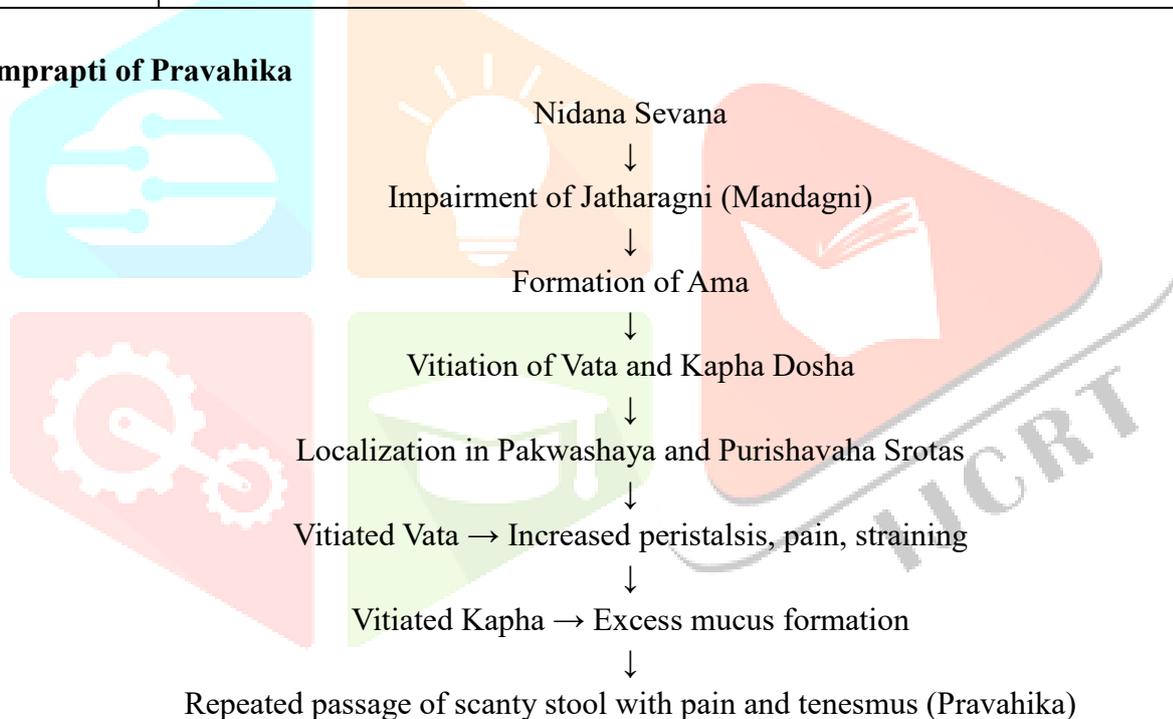
REVIEW ON PRAVAHIKA

Nidana (Etiological Factors) of Pravahika in Balaroga

According to Ayurveda, Pravahika in children mainly occurs due to Agnimandya and Ama formation, triggered by faulty dietary and behavioral practices.

Category	Nidana (Causes)
Aharaja Nidana	• Excess intake of heavy (Guru) and oily food • Intake of contaminated or stale food • Improper weaning practices • Excessive intake of milk and milk products • Untimely feeding and overfeeding
Viharaja Nidana	• Day sleep after heavy meals • Exposure to cold environment • Poor hygiene • Irregular bowel habits
Other Causes	• Worm infestation (Krimi) • Recurrent Atisara • Weak digestive fire (Mandagni) • Improper breastfeeding practices

Samprapti of Pravahika



Samprapti Ghataka

Component	Description
Dosha	Vata–Kapha pradhana
Dushya	Rasa, Purisha,abdhatu
Agni	Mandagni
Ama	Present
Srotas	Purishavaha Srotas
Srotodushti	Saṅga, Atipravṛtti
Udbhava Sthana	Pakwashaya
Vyakti Sthana	Guda
Roga Marga	Abhyantara

Pravahika is an important disease entity described in Ayurvedic classics under *Annavaha* and *Purishavaha Srotas* disorders. The word Pravahika is derived from the root “*Pravahana*”, meaning repeated straining or forceful evacuation of stool. Thus, the cardinal feature of this disease is frequent defecation associated with tenesmus, pain, and passage of small quantity of stool.

Acharya Caraka explains Pravahika as a condition occurring due to improper digestion and vitiation of Doshas, particularly Vata associated with Kapha, leading to abnormal bowel movements. Unlike Atisara, where stools are watery and profuse, Pravahika is characterized by scanty stools with repeated urge, which differentiates it clinically.

Classical Description

Ayurvedic texts describe Pravahika mainly in the context of Atisara Chikitsa, emphasizing that it commonly develops as a complication of untreated or improperly managed Atisara. When Atisara is suppressed or managed incorrectly, the morbid Doshas localize in Pakvashaya, resulting in Pravahika.

Sushruta states that in Pravahika, Vata becomes dominant, causing excessive peristaltic movements, while Kapha produces slimy mucus, leading to repeated straining and discomfort.

Role of Agni and Ama

Agni plays a central role in the pathogenesis of Pravahika. Due to Nidana sevana such as heavy food, irregular feeding, and contaminated diet, Jatharagni becomes Mandagni, resulting in formation of Ama. This Ama obstructs normal functioning of intestines and acts as a toxin, further aggravating Vata. In children, this condition becomes more severe because Agni is naturally unstable (Chanchala Agni), making them more prone to digestive disturbances.

Dosha Involvement

Pravahika is predominantly a Vata–Kapha pradhana Vyadhi.

- **Vata** causes:
 - Frequent urge for defecation
 - Pain abdomen (Udara SHūla)
 - Tenesmus (Pravahana)
- **Kapha** causes:
 - Mucus in stool (Picchila mala)
 - Heaviness and stickiness
 - Obstruction of channels

In advanced stages, Pitta association may occur, resulting in blood-stained stools and burning sensation.

Clinical Features (Lakshana)

The common signs and symptoms of Pravahika described in Ayurveda include:

Symptoms	Charaka	Sushruta	Ashtanga Hridaya	Kashyapa	Madhava Nidana	Harita	Sharangadhara	Ashtanga Hridaya*
Frequent stools (Muhur-muhur mala pravritti)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Scanty stool (Alpamatra mala pravritti)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Straining (Pravahana)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Abdominal pain (Udara shoola)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mucus in stool (Picchila mala)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Blood in stool (Rakta mala – severe cases)	Yes	Yes	Yes	Yes	Yes (Raktaja type)	Yes	Yes	Yes
Burning in anal region (Gudadaha)	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
Pain in anal region (Gudavedana)	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Weakness (Daurbalya)	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes

Loss of appetite (Aruchi)	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes
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In children, continuous crying, irritability, refusal of feeds, and dehydration may also be observed.

Types of Pravahika

Samhita-wise Description of Types of Pravahika

Type of Pravahika	Charaka Samhita	Sushruta Samhita	Ashtanga Hridaya	Madhava Nidana	Kashyapa Samhita
Vataja Pravahika	Teevra shoola, Ruksha mala, Ati pravahana	Shoola, Alpamatra mala, Pravahana	Shoola, Phenila mala, Rukshata	Severe pain, Frothy stool, Dry evacuation	Colicky pain, Frequent straining
Kaphaja Pravahika	Picchila mala, Gaurava	Picchila mala, Manda vedana	Sandra, Picchila mala	Mucus mixed stool, Heaviness	Picchila, Guru mala
Pittaja Pravahika	Daha, Peeta/Rakta mala	Rakta yukta mala	Daha, Jwara	Rakta-pitta yukta mala, Trishna	Daha, Jwara
Sannipataja Pravahika	Tridosha lakshana, Severe	Mixed symptoms	Bahu dosha lakshana	Rakta-picchila mala, Daurbalya	Complicated mixed presentation

Pravahika in Balaroga

In Balaroga, Pravahika occurs more frequently due to:

1] Immature digestive system:

In children, *Agni* is naturally weak (*Mandagni*). Due to incomplete development of digestive enzymes and gut immunity, food is not properly digested, leading to formation of *Ama*. This *Ama* vitiates mainly *Vata* and *Kapha* Dosha, initiating the pathogenesis of Pravahika.

2] Improper weaning practices:

Early, delayed, or inappropriate weaning disturbs the balance of digestion. Heavy, incompatible, or unhygienic foods are difficult for the child's weak *Agni* to digest, resulting in *Ama* formation and irritation of *Pakvashaya*, leading to diarrhoeal disorders including Pravahika.

3] Bottle feeding:

Bottle feeding increases the risk of contamination due to improper sterilization. It introduces pathogens and also provides artificial feeds that are heavy (*Guru*) and mucus-producing (*Abhishyandi*), causing *Kapha vriddhi* and *Ama* formation, which play a major role in Pravahika.

4] Poor hygiene:

Children are frequently exposed to contaminated hands, food, water, and surroundings. This promotes repeated entry of infectious organisms (*Krimi*), which disturb intestinal function, aggravate Doshas, and initiate inflammation of *Purishavaha srotas*.

5] Recurrent infections:

Repeated episodes of diarrhoea or infections weaken *Agni* further and damage intestinal strength (*Koshtha bala*). This leads to chronic Dosha vitiation and predisposes the child to recurrent Pravahika.

6] Dependency on caretakers:

Children are completely dependent on caregivers for feeding, hygiene, and environment. Faulty feeding habits, irregular timing, improper cleanliness, and lack of awareness by caretakers directly influence *Ahara* and *Vihara*, leading to Dosha imbalance and development of Pravahika.

- Thus, due to weak *Agni*, frequent exposure to unhygienic conditions, and improper feeding practices, children are more prone to *Ama* formation, Dosha vitiation, and involvement of *Pakvashaya* and *Purishavaha srotas*, resulting in the etiopathogenesis of Pravahika.

The concept that **digestive disorders in children should be managed with mild (Mṛdu), light (Laghu), and Grahi therapies**, avoiding aggressive measures, is clearly emphasized in:

Reference**Kashyapa Samhita, Kalpasthana – Grahaṇī/Atisara Chikitsa Adhyaya**

“बालानां मृदुला धातूनां तस्मान् मृदु चिकित्सितम् ।
नातियोगं प्रयुञ्जीत बालानां दोषकोपने ॥”⁸

(Kashyapa Samhita, Kalpasthana, Atisara/Pravahika Chikitsa context)

Modern Correlation of Pravahika

Pravahika described in Ayurveda shows close similarity with several paediatric intestinal inflammatory disorders recognized in modern medicine. The classical features such as frequent defecation, tenesmus, passage of mucus and blood, abdominal pain, and weakness strongly resemble dysentery and colitis in children.

Dysentery is defined as an inflammatory condition of the large intestine characterized by:

- Frequent stools
- Small quantity of feces
- Presence of mucus and blood
- Tenesmus
- Abdominal cramps

Types

- Bacillary dysentery (*Shigella* species, *e coli*, *salmonella*) .
- Amoebic dysentery (*Entamoeba histolytica*)

Correlation with Pravahika

Pravahika	Dysentery
Muhur-muhur mala pravṛtti	Frequent stools
Alpamatra mala	Small quantity stool
Pravahana	Tenesmus
Picchila mala	Mucus in stool
Rakta yukta mala	Blood in stool
Udara shūla	Abdominal cramps

Thus, classical Pravahika closely resembles dysentery, particularly in its symptomatology and disease progression.

2. Colitis

In modern medicine, colitis refers to inflammation of the colon, which may be infective or inflammatory.

Features of Colitis:

- Rectal urgency
- Tenesmus
- Mucus discharge
- Lower abdominal pain
- Fatigue

These symptoms directly correspond to Vata-Kapha dushti in Pakvashaya described in Ayurveda.

In severe or chronic Pravahika, persistent inflammation may resemble:

- Acute colitis
- Chronic colitis
- Ulcerative colitis (in advanced stage)

Pathophysiologically in ayurveda, Mandagni plays a key role. Due to weak digestive fire, food is not properly digested, leading to the formation of Ama. This Ama combines with aggravated Vata Dosha, resulting in abnormal intestinal movements and increased peristalsis. Vitiated Vata produces frequent urge for defecation along with pain and excessive straining. At the same time, aggravated Kapha Dosha increases mucus secretion in the intestine, leading to passage of picchila mala. The involvement and vitiation of Purishavaha srotas further disturb normal bowel function, causing repeated straining (*pravahana*) and passage of scanty stools. Thus, the combined effect of Mandagni, Ama formation, and Dosha vitiation leads to the characteristic clinical features of Pravahika.

In modern medicine, the pathogenesis of paediatric dysentery begins with infection or exposure to toxins, which damage the intestinal lining. This leads to inflammation of the intestinal mucosa, resulting in redness, edema, and ulceration. Due to this inflammation, there is increased intestinal motility, causing frequent bowel movements and urgency. At the same time, excess mucus secretion occurs as a protective response of the intestine, leading to mucus-mixed stools. The inflamed mucosa also results in impaired absorption of water and electrolytes, producing scanty but repeated stools with tenesmus.

Thus, both Ayurvedic and modern systems emphasize that intestinal inflammation and disturbance of intestinal motility form the core pathology in Pravahika and paediatric dysentery, explaining the close correlation between the two concepts.

In modern science, dysentery is commonly caused by: *Shigella*, *Entamoeba histolytica*, *E. coli*, *Salmonella*

A pathogens damage intestinal lining and produce toxins.

Ayurveda describes this condition as Ama visha, where improperly digested food behaves like toxin and disturbs intestinal channels — a concept similar to microbial toxins.

In paediatric dysentery:

- Fluid loss
- Electrolyte imbalance
- Weakness
- Shock (in severe cases)

Ayurveda describes similar outcomes as:

- Daurbalya
- Tṛshna
- Ojo kshaya

complications of dysentery described in both sciences are also comparable.

- Malnutrition
- Anaemia
- Growth failure
- Grahani roga
- Karshya
- Bala kshaya
- Ojo hani

Malnutrition:

Frequent loose stools, impaired digestion (*Mandagni*), and poor absorption result in inadequate nourishment of *Rasa dhatu*. As nutrients are not properly absorbed, the child gradually develops malnutrition.

Anaemia:

Due to chronic intestinal inflammation and poor absorption of iron and nutrients, formation of healthy *Rakta dhatu* is affected. This leads to pallor, fatigue, and development of anaemia.

Growth failure:

Normal growth in children depends on proper digestion, absorption, and tissue nourishment. In Pravahika, long-standing *Agni dushti* and *Dhatu kshaya* prevent proper development of body tissues, resulting in delayed physical growth.

Grahani roga:

Continuous episodes of diarrhoeal disorders weaken *Grahani*, the seat of *Agni*. When *Agni* becomes unstable (*Vishamagni or Mandagni*), *Grahani roga* develops as a chronic complication.

Karshya (emaciation):

Due to inadequate nourishment and continuous loss of fluids and nutrients, body tissues become depleted, resulting in weight loss and emaciation.

Bala kshaya (loss of strength):

Repeated illness, malnutrition, and *Dhatu kshaya* reduce physical strength and immunity in children.

Ojo hani (loss of Ojas):

Ojas is the essence of all dhatus. Chronic disease, malnutrition, and persistent digestive impairment gradually deplete Ojas, making the child weak, prone to recurrent infections, and delayed recovery. Thus, long-standing Pravahika in paediatric age leads to systemic involvement affecting nutrition, growth, strength, and immunity.

Untreated Pravahika may convert into chronic digestive disorders similar to persistent colitis.

Interrelation of Ayurvedic and Modern Perspective of Pravahika

The complications observed in paediatric Pravahika can be clearly understood by correlating Ayurvedic principles with modern medical concepts, as both systems explain the same disease process through different viewpoints.

In Ayurveda, persistent *Mandagni* leads to improper digestion and defective formation of *Rasa dhatu*, which is comparable to malabsorption described in modern medicine. This results in malnutrition due to inadequate absorption of nutrients. Improper formation of *Rakta dhatu* further leads to *Pandu* (anaemia), which correlates with nutritional and iron-deficiency anaemia seen in chronic intestinal disorders.

Continuous diarrhoea and intestinal inflammation interfere with normal physical development, causing growth failure. Ayurveda explains this as *Dhatu kshaya* and *Karshya*, while modern science attributes it to chronic nutrient loss and impaired metabolism. Long-standing irritation and inflammation of the intestinal mucosa result in chronic colitis, which corresponds to *Purishavaha srotas dushti* described in Ayurvedic texts.

When digestive impairment persists for a prolonged period, the seat of digestion (*Grahani*) becomes weak, leading to *Grahani roga*. This condition closely resembles chronic enteropathy or post-infectious gut dysfunction explained in modern medicine. Progressive loss of nourishment results in *Bala kshaya*, which correlates with reduced physical strength, muscle wasting, and lowered stamina in children. Finally, prolonged disease, malnutrition, and repeated infections lead to *Ojo hani*, signifying depletion of the body's vital essence. In modern terms, this corresponds to reduced immunity, delayed healing, and increased susceptibility to recurrent infections.

Thus, both Ayurveda and modern medicine agree that chronic intestinal inflammation, disturbed digestion, and malabsorption form the central pathology responsible for nutritional deficiency, growth retardation, weakness, and immune compromise in paediatric *Pravahika*.

7. Importance of Early Management (Both Views)

Modern medicine emphasizes early rehydration to correct fluid and electrolyte loss, control of infection using appropriate antimicrobial therapy, and nutritional support to prevent malnutrition and promote recovery. These measures primarily focus on stabilizing the child, reducing disease severity, and preventing life-threatening complications.

Ayurveda, on the other hand, emphasizes *Deepana–Pachana* therapy to improve digestive fire and digest *Ama*, use of *Grahi dravyas* to control excessive bowel movements, restoration of *Agni* to ensure proper digestion and absorption, and *Pathya ahara* to support intestinal healing and prevent recurrence.

Although the approaches differ, both systems aim toward common therapeutic goals. They focus on reducing intestinal inflammation, restoring normal intestinal function, and preventing complications such as dehydration, malnutrition, and chronic gut disorders, thereby ensuring complete recovery and improved health in paediatric patients.

Conceptual Similarity

The fundamental similarity between *Pravahika* and dysentery lies in:

Pravahika is characterized by Intestinal inflammation (*Pakwashaya Shotha / Antra Shotha*), altered bowel motility (*Vega-atiyoga / Muhur-muhur Mala Pravritti*), repeated straining (*Pravahana / Ati-pravahana*), and significant mucosal involvement of the large intestine (*Pakwashaya Dushti* with *Picchila-Rakta Mala*) are the key pathological features. These changes closely resemble the clinical presentation of *Pravahika*, characterized by frequent scanty stools (*Alpamatra Mala Pravritti*), mucus-mixed stool (*Picchila Mala*), blood-streaked stool (*Rakta Mala*), abdominal pain (*Udara Shoola*), burning sensation (*Guda Daha*), anal pain (*Guda Vedana*), thirst (*Trishna*), weakness (*Daurbalya*), and fever in *Pittaja* conditions (*Jwara*). In children, due to immature digestive capacity and weak immunity, these disturbances become more prominent, leading to frequent passage of scanty stools associated with pain and mucus or blood. Thus, based on similarity in clinical features, pathophysiology, and disease course, *Pravahika* can be considered the Ayurvedic equivalent of dysentery and inflammatory colitis, especially in the paediatric age group.

Importance of Early Management of *Pravahika* in *Balaroga*

Early management of *Pravahika* in children is extremely important because *Bala* (children) possess *Mrdu Dhatu* (delicate tissues), *Alpa Bala* (low immunity), and *Asampūrṇa Agni* (immature digestive fire). Due to these physiological limitations, the disease can progress rapidly if not treated in its initial stage.

1. Prevention of *Agni Daurbalya* (Further Weakening of Digestive Fire)

In the early stage, *Mandagni* and *Ama* are predominant. Prompt administration of *Deepana–Pachana* and *Laghu-Grahi* measures restores *Agni* before severe *Dosha* vitiation occurs. If delayed, chronic *Grahani*-like conditions may develop.

2. Avoidance of Dehydration and Daurbalya

Repeated Muhur-muhur Mala Pravritti and Ati-Pravahana quickly cause Kshaya of Jala and Ojas in children, leading to Daurbalya, Trishna, and Shosha. Early intervention prevents electrolyte imbalance and systemic weakness.

3. Prevention of Rakta Involvement (Complicated Stage)

Untreated Kaphaja or Vataja Pravahika may progress to Pittaja or Raktaja stage, presenting with Rakta-Picchila Mala and Daha. Early management halts this progression.

4. Protection of Pakvashaya and Purishavaha Srotas

Persistent inflammation may cause long-term Grahani Dushti and chronic bowel irregularities. Timely Grahi and Mridu therapies protect intestinal mucosa and normalize bowel motility.

5. Reduction of Complications in Balaroga

Since children cannot tolerate strong Shodhana therapies, early Mridu, Laghu, and Agni-oriented management prevents the need for aggressive interventions later.

6. Prevention of Recurrence

Correcting Agni and eliminating Ama at the earliest stage prevents recurrent Pravahika episodes and supports proper growth and development.

Samhita	Chikitsa Siddhanta	Main Therapies	Important Yogas / Measures Mentioned
Charaka Samhita	Deepana–Pachana, Grahi, Vata–Kapha Shamana	Langhana, Pachana, Grahi dravya, Mridu Basti (if indicated)	Kutaja, Ativisha, Bilva, Musta, Nagara; Takra prayoga
Sushruta Samhita	Grahi, Stambhana (in Rakta stage), Dosha-shamana	Picchila & Rakta-shamana dravya, Mridu Ahara	Kutaja, Lodhra, Musta; Rakta-stambhaka dravya
Ashtanga Hridaya	Agni Deepana, Ama Pachana, Grahi	Langhana, Takra kalpana, Grahi kashaya	Kutaja twak, Bilva, Musta, Shunthi
Madhava Nidana (Chikitsa context)	Dosha-based management	Vataja – Snigdha & Mridu; Kaphaja – Deepana; Pittaja – Sheeta & Rakta-shamana	Kutajarishtha, Musta, Ativisha
Kashyapa Samhita (Balaroga)	Mridu, Laghu, Grahi; Avoid strong Shodhana	Gentle Deepana, Grahi dravya, Light diet	Ativisha, Musta, Bala-anukula Takra; Mridu therapy emphasized
Harita Samhita	Dosha-pratyanika chikitsa	Grahi, Pachana	Kutaja, Bilva
Sharangadhara Samhita	Yogas & Kalpana-based management	Kashaya, Churna, Takra prayoga	Kutaja churna, Bilvadi yoga

Management of Pravahika in Balaroga

Pravahika in children occurs mainly due to Mandagni, Ama formation, and Vata–Kapha dosha vitiation involving Pakvashaya and Purishavaha srotas. Hence, management in Balaroga should be mild, safe, Agni-oriented, and tissue-protective, avoiding strong purification therapies.

1. Dipana–Pachana Chikitsa

The first line of treatment in Pravahika is correction of Agni and digestion of Ama.

Purpose

- Improves Jatharagni
- Digests Ama
- Reduces intestinal inflammation
- Prepares body for further treatment

Common Dipana–Pachana drugs used in children

- **Shunthi (Zingiber officinale)** – Agnidipaka, Vatahara, Amapachaka; useful in reducing abdominal pain (Udara Shoola) and correcting Mandagni.⁹
- **Pippali (Piper longum)** – Dipana, Grahi, Rasayana; improves Agni and helps control recurrent loose stools (Muhur-muhur Mala Pravritti).¹⁰
- **Ativisha (Aconitum heterophyllum)** – A specific drug for Balaroga; Amapachaka and Jvaraghna, especially indicated in pediatric Atisara and Pravahika.¹¹
- **Musta (Cyperus rotundus)** – Grahi, Stambhaka, Pachana; reduces Picchila Mala and regulates bowel frequency.¹²
- **Dhanyaka (Coriandrum sativum)** – Agnivardhaka, Tridoshashamaka; relieves Trishna and abdominal discomfort.¹³

These drugs help in reducing Ama, frequency of stools, and abdominal pain.

2. Grahi Chikitsa

After Ama pachana, Grahi dravyas are administered to control excessive bowel movements.

Role of Grahi dravyas

- Absorb excess intestinal fluid
- Reduce frequency of stools
- Strengthen intestinal mucosa
- Restore bowel tone

Common Grahi drugs in Pravahika

- **Musta (Cyperus rotundus)** – Grahi, Pachana, Stambhaka; useful in reducing stool frequency and Ama.¹⁶
- **Bilva (Aegle marmelos)** – Grahi, Deepana; indicated in Atisara and Pravahika for controlling loose stools.¹⁷
- **Kutaja (Holarrhena antidysenterica)** – Best drug in Pravahika; Grahi, Krimighna, Stambhaka; effective in Rakta-Picchila Mala.¹⁸
- **Ativisha (Aconitum heterophyllum)** – Specific for Balaroga; Amapachaka and Jvaraghna.¹⁹
- **Lodhra (Symplocos racemosa)** – Stambhaka, Raktashamaka; useful in Rakta-yukta mala.²⁰
- **Dadima (Punica granatum)** – Grahi, Deepana, Balya; supports Agni and reduces dehydration.²¹
- These drugs help in controlling muhur-muhur mala pravṛtti, pravahana, and picchila mala.

3. Pathya Ahara in Pravahika (Paediatric)

Proper diet is essential to restore Agni and healing of intestines.

- Peya, Vilepi
- Takra (buttermilk) with Musta or Saindhava
- Mudga yūsha
- Dadima rasa

Avoid

- Heavy, oily, fried foods
- Cold foods and drinks
- Milk during acute stage
- Junk and outside food

Pathya ahara helps in maintaining Agni sthirata and prevents recurrence.

4. Role of Piccha Basti in Pravahika

Piccha Basti is the most important therapy in Pravahika, especially when:

- Stool contains mucus or blood
- Severe pravahana persists
- Intestinal inflammation is marked

Why Piccha Basti is important

- Acts directly on Pakvashaya
- Pacifies aggravated Vata
- Protects intestinal mucosa
- Controls bleeding and mucus
- Promotes healing of ulcers

Acharya Sushruta specifically mentions Piccha Basti in Pravahika.

Properties of Piccha Basti

- **Picchila** – coats intestinal mucosa
- **Stambhaka** – controls diarrhoea and bleeding
- **Vatashamaka** – reduces pain and straining
- **Vrana-ropaka** – heals mucosal injury

Contents of Piccha Basti

Component	Drug	Action
Decoction	shali, SHashtika shali, Yava, Godhuma	Grahi, mucosal protection
Paste (Kalka)	Priyangu, Lodhra, Mocharasa	Stambhaka, Rakta-stambhana
Sneha	Ghr̥ta (preferably Yashtimadhu ghr̥ta)	Healing, Vatahara
Madhu	Honey	Yogavahi, healing
Saindhava	Rock salt (small quantity)	Improves absorption

Mode of Action of Piccha Basti

- Forms a protective layer over inflamed intestinal mucosa
- Reduces irritation and repeated urge for defecation
- Controls Rakta and Picchila mala
- Normalizes bowel movement
- Restores strength of Pakvashaya and Grahani

Importance in Balaroga

- Gentle and safe procedure
- Local action with minimal systemic stress
- Prevents chronic complications like Grahani roga
- Helps restore Bala and Ojas

Discussion

Pravahika is a clinically significant gastrointestinal disorder in children, mainly affecting the Pakvashaya, and is characterized by muhur-muhur mala pravṛtti, alpa matra mala pravṛtti, pravahana, udara shūla, picchila mala, and in severe cases rakta yukta mala. It occurs due to Mandagni, formation of Ama, and vitiation of Vata and Kapha dosha, leading to Purishavaha srotas dushti. Owing to repeated bowel irritation and straining, the disease significantly affects the child's bala, agni, and ojas, making Pravahika an important paediatric gastrointestinal disorder described in Ayurveda. The present review highlights that Pravahika is not merely a bowel disorder but a condition deeply rooted in Agnimandya, Ama formation, and Vata-Kapha dosha vitiation. The classical descriptions of this disease closely resemble the clinical presentation of paediatric dysentery and inflammatory colitis described in modern medicine.

In Balaroga, the susceptibility to Pravahika is considerably higher due to the inherent features of childhood such as aparipakva dhatu, alpabala, and unstable digestive fire. Children depend completely on caretakers for feeding practices, and errors such as overfeeding, early weaning, bottle feeding, intake

of contaminated food, and irregular feeding timings act as major precipitating factors. These causative factors disturb Jatharagni, leading to improper digestion and subsequent Ama formation.

Ama plays a central role in the pathogenesis of Pravahika. Once formed, it obstructs the normal functioning of Purishavaha srotas and combines with vitiated Vata and Kapha. Vata, due to its *chala* and *pravartaka* properties, produces excessive intestinal movements resulting in frequent urge for defecation and severe tenesmus. Kapha, due to its *picchila* and *manda* qualities, leads to excessive mucus secretion and heaviness in the intestines. This dual involvement explains the characteristic symptom complex of Pravahika.

The differentiation between Atisara and Pravahika is of great clinical importance. In Atisara, there is increased fluidity and copious evacuation of stool, whereas in Pravahika, the quantity of stool is minimal but frequency and straining are predominant. This observation shows the advanced stage of intestinal involvement, particularly of the recto-sigmoid region, which aligns well with the modern understanding of dysentery where inflammation of the colonic mucosa causes tenesmus.

From a modern perspective, dysentery results from microbial invasion leading to mucosal ulceration, inflammation, and secretion of mucus and blood. Ayurveda conceptualizes this phenomenon as Ama-visha and dosha prakopa, which behaves like toxins within the body. Though the terminologies differ, both systems recognize intestinal inflammation, altered motility, and impaired absorption as the fundamental pathology.

The discussion further reveals that prolonged or recurrent Pravahika can lead to serious complications such as dehydration, electrolyte imbalance, malnutrition, and growth retardation in children. Ayurveda explains these outcomes as Rasa dhatu kshaya, Ojo hani, Karshya, and Grahani roga, indicating chronic digestive impairment. This similarity further strengthens the correlation between classical and modern descriptions.

Management principles described in Ayurveda emphasize Samprapti bhanga rather than symptomatic control alone. Restoration of Agni is considered the prime objective, as Agni is the root of both health and disease. Deepana–Pachana drugs help in digesting Ama, while Grahi dravyas stabilize bowel movements. Unlike strong purgative or evacuative therapies, Ayurveda advocates mr̥du and shamana chikitsa in children, which ensures safety and prevents complications.

Dietary regulation plays a crucial role in the management of Pravahika. Light, easily digestible, warm, and freshly prepared food helps in improving Agni and reducing intestinal irritation. This principle is comparable to modern recommendations of soft diet and continued feeding during dysentery to prevent malnutrition. Thus, both sciences acknowledge nutrition as a therapeutic component, not merely supportive care.

The role of prevention is strongly emphasized in Ayurveda, especially in Balaroga. Maintenance of hygiene, proper breastfeeding practices, timely weaning, and avoidance of incompatible foods are considered essential to prevent recurrence. Modern preventive strategies such as sanitation, safe drinking water, and hygiene practices reflect the same principle described in Ayurvedic Nidana Parivarjana.

Overall, the discussion establishes that Pravahika is a disease of functional and inflammatory bowel disturbance, where digestive impairment forms the root cause. The holistic Ayurvedic approach, focusing on Agni restoration, dosha balance, dietary regulation, and child-friendly therapy, offers a comprehensive framework for management. When understood scientifically, these principles align well with modern paediatric gastroenterology, thereby validating the relevance of Ayurveda in managing childhood gastrointestinal disorders.

Conclusion

Pravahika is an important gastrointestinal disorder in Balaroga, primarily arising due to Agnimandya, Ama formation, and Vata–Kapha dosha vitiation. The classical description of frequent painful defecation with mucus and blood closely correlates with paediatric dysentery and colitis described in modern medicine. Children are more vulnerable due to immature digestive capacity and faulty feeding practices. Ayurveda emphasizes early diagnosis, Agni restoration, appropriate diet, and gentle child-specific

management to achieve Samprapti bhanga. A holistic understanding of Pravahika from both Ayurvedic and modern perspectives can help in effective prevention, timely management, and reduction of complications, thereby promoting better gastrointestinal health in children.

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