

Therapeutic Outcome of *Krimi Chikitsa* (Anti-parasitic Protocol) in Intestinal Amoebiasis w.s.r. to *Pureeshaja Krimi*: A Case Report

MEGHANA DAIVAT LIMAN¹, SNEHALATA SHIVAJIRAO PAWAR², BHAVYA KHURANA³, MANISHA MUKESH THAKARE⁴



ABSTRACT

Amoebiasis, caused by the protozoan *Entamoeba histolytica*, remains a significant global public health concern, contributing to considerable morbidity and mortality. A 35-year-old male presented with altered bowel habits, including semi-solid stools with mucus discharge, mild lower abdominal pain and distension, a sensation of incomplete evacuation, anal itching, and loss of appetite for one month, along with emaciation. He was diagnosed with *Pureeshaja krimi*. Treatment was planned according to the *krimi chikitsa* protocol, which includes *Apakarshana* (elimination of parasites) through *Yoga basti* (a structured 8-day course of *Anuvasana Basti* 80 mL (oil enema) and *Erandamooladi Niruha Basti* 510 mL (decoction enema)), *Prakriti vighata* (disruption of the parasite-supportive environment), and *Nidana Parivarjana* (elimination of causative factors) through dietary and lifestyle modifications. The patient reported absence of *Entamoeba histolytica* on stool examination, with regular bowel habits and no mucus, and complete resolution of abdominal pain, distension, and anal itching and no recurrence over three months of follow-up. This structured classical *krimi chikitsa* provides evidence for the potential role of the *krimi chikitsa* protocol in managing amoebiasis by addressing both disease pathology and the host environment. However, this is a single case report; larger controlled clinical studies are required to standardise the treatment protocol.

Keywords: Colitis, Complementary therapies, Gastrointestinal diseases, Parasitic diseases, Protozoan infections

CASE REPORT

A 35-year-old male patient presented to the OPD of Ayurvedic Hospital with complaints of altered bowel habits, semi-solid stools with mucus discharge, mild lower abdominal pain, abdominal distension, anal itching, loss of appetite in the last one month along with emaciation.

Conventional medicines advised were *Ozoron LS* (75mg/20mg) OD and *Entoquol 250 mg 2 TID* for seven days, *Bandy-plus HS* for one day. However, Symptoms persisted even 20 days after completion of conventional medicine; hence, the patient consulted an Ayurvedic physician.

General examination findings were normal. BP at presentation was 130/90 mmHg without history of hypertension and associated symptoms, pulse 72/min, and temperature 98.6°F. Systemic examination revealed no abnormalities. There was no significant past medical history and family history of gastrointestinal disorders.

On abdominal examination, the abdomen was soft and mild distention, mild lower abdominal tenderness, Guarding and rigidity was absent. Bowel sounds were increased on auscultation. No palpable mass or organomegaly was noted.

Ashtavidha Pariksha (Eightfold examination): *Nadi (Pulse)* *Vata pradhana*, 80 bpm, *Mala (Bowel)* stools with intermittent mucus, *Mutra (Urine)*, Day/Night:4-5/1-2 times, *Jihva (Tongue)* coated, *Kshudha (Appetite)* reduced, *Shabda (Speech)* clear, *Sparsha (Touch)* normal, *Druk (Vision)* normal, and *Akruti (Build)* lean; weight 49.9 kg.

Stool microscopy examination reported the presence of *Entamoeba histolytica* in the stool sample, confirming the diagnosis of *Amoebiasis*.

Complete blood count was within normal limits with haemoglobin 13.2 g/dL, relative lymphocytosis (48%) with normal absolute lymphocyte count.

Treatment Timeline

The treatment protocol consisted of a 15-day regimen in which Oral Ayurvedic medications [Table/Fig-1] [1-3] and Basti (Enema) therapy was administered during the first eight days [Table/Fig-2] [4,5]. Along with treatment, the patient was advised diet modification [Table/Fig-3].

Follow-up and Outcome

Stool microscopy on Day 15 and Day 30 after completion of treatment did not reveal identifiable cysts or trophozoites suggestive

S. No.	Medicine	Dosage	Mode of administration	Duration
1	Krimi kuthara rasa [1]	250 mg, 2 tablets twice daily with warm water, After food.	Oral	15 Days
2	Vidangarishta [2]	15 mL Thrice daily with 30 mL warm water, after food.		
3	Eranda Taila [3] (Ricinus communis)	5 mL with 15 mL warm water at Bedtime.		

[Table/Fig-1]: Oral ayurvedic medications.

S. No.	Type of Basti	Ingredients	Dose	Duration
1	Anuvasana Basti (Oil enema) [4]	Nimba Taila (Azadirachta indica) 80 mL	80 mL	Yoga Basti schedule (8 Days)
2	Erandamooladi Niruha Basti (Decoction enema) [5]	Honey -40 mL Rock salt-10 g Nimba taila- 50 mL Shatapushpa churna kalka (Anethum sowa)- 10 g Erandamooladi bharad kwatha (Main ingredient: Ricinus communis)- 400 mL	510 mL	

[Table/Fig-2]: Yoga Basti is a classical schedule comprising 8 Basti administrations, including 5 Anuvasana Basti (A) and 3 Niruha Basti (N) given in sequence: A-N-A-N-A-N-A-A over 8 days.

Category	Recommendations
Diet	Include: Bitter gourd, Ash gourd, green grams, Millets, Vegetables and Turmeric etc., Avoid: Curd, Sweets, Wheat, Processed food and Fermented food.

[Table/Fig-3]: Diet modifications were advice during and after treatment.

of *Entamoeba histolytica* suggesting absence of parasite. At the 15-day post treatment, stool microscopy showed a reduction in pus cells from 6-8/hpf to 1-3/hpf. Further improvement was observed on Day 30, with pus cells reduced to 1-2/hpf, indicating sustained resolution of intestinal inflammation. [Table/Fig-4]. Clinically, the patient reported normalization of bowel habits with symptomatic improvement of abdominal pain, abdominal distension, and anal itching. Telephonic follow-up every 15 days for three months revealed no recurrence of symptoms [Table/Fig-5] [6-11].

Parameter	Pre-treatment (Day 0)	Post-treatment (Day 15)	Follow-up (Day 30)
<i>Entamoeba histolytica</i>	Present	Absent	Absent
Pus cells	6-8/hpf	1-3/hpf	1-2/hpf

[Table/Fig-4]: Stool microscopy findings before and after Ayurvedic treatment.

hpf: high power microscopic field

Clinical parameter	Assessment tool	Baseline (Day 0)	Post-treatment (Day 15)	Follow-up (Day 30)
Udara Shoola (Abdominal Pain)	Visual Analogue Scale [6]	4	0	0
Agnimandya (Impaired Appetite)	Appetite Visual Analogue Scale (100-mm VAS) [7]	3	6	9
Guda Kandū (Anal Itching)	Pruritus Visual Analogue Scale (100-mm VAS) [8]	5	0	0
Vidbhedha (Diarrhoea)	Bristol Stool Form Scale (BSFS) [9]	Type 6	Type 4	Type 4
Stool Frequency	Bowel movement per 24-hours (self-reported daily count) [10]	4	2	1
Mucus in Stool	Clinical observation	Present	Absent	Absent
Karshya (Emaciation)	Body Weight (kg)	49.9 kg	49.8 kg	50.5 kg
Balakshaya (Fatigue)	Fatigue Severity Scale (FSS; 9 items, score range 9-63) [11]	43	19	13

[Table/Fig-5]: Clinical assessment of symptoms before, after treatment, and at follow-up [6-11].

Pain, appetite, and pruritus were assessed using a 100-mm Visual Analogue Scale and converted to a 0-10 score by dividing the measured distance (mm) by 10.

For the Appetite VAS, higher scores indicate better appetite (0 = no appetite, 10 = normal).

Stool frequency was recorded as the patient-reported number of bowel movements per 24 hours.

Fatigue was assessed using the Fatigue Severity Scale (FSS; total score range 9-63)

Although these findings suggest a favourable therapeutic response, the possibility of diagnostic variability including its limited sensitivity, intermittent parasite shedding and as well as the potential for spontaneous resolution of infection, cannot be entirely excluded.

DISCUSSION

Amoebiasis is a gastrointestinal infection caused by *Entamoeba histolytica*, with an estimated 50 million people worldwide infected annually and 55,000 deaths each year [12]. The majority reported in low-income countries due to contaminated water and poor sanitation. Although conventional nitroimidazoles such as metronidazole are highly effective, they fail to eradicate luminal cysts, which contributes to clinical recurrence [13].

The present case was managed according classical triad of *Apakarshana*, *Prakriti Vighata* and *Nidana Parivarjana* [14]. *Anuvasana Basti* with *Nimba Taila* contains bioactive compound *Azadirachtin*, *Nimbidin*, and *Limonoids* which have Antiparasitic and anti-inflammatory effects [15]. *Erandamooladi Niruha Basti*

acts as detoxification therapy eliminating *dosha*, waste products, and parasites from the intestine. The major ingredient of *Basti* is *Ricinus communis*, which contains *Ricinoleic acid* that promotes purgation, thereby reducing gut stasis of parasites and improving gut health [16]. The patient was continuously monitored throughout the treatment period to ensure safety and no such adverse events were observed.

Krimikuthara Rasa major ingredients includes *Vidanga* (*Embelia ribes*) containing *Embelin* has anthelmintic activity which may be possible due to activated nicotinic cholinergic receptor in the Parasite resulting in either persistent depolarisation or hyperpolarisation [17] and *Indrayava* (*Holarrhena antidysenteric*) has documented anti-amoebic activity [18]. *Vidangarishta*, a fermented preparation, which may enhance the bioavailability and gastrointestinal absorption of the active phytoconstituents *Embelin*, the major active principle of *Vidanga*, has demonstrated antiparasitic and antimicrobial properties. In addition, the formulation may improve appetite, digestion, and intestinal function, thereby contributing to the restoration of gut health and reducing the likelihood of persistence of parasitic infestation [19].

Diet and daily hygiene practices oil pulling with *Nimba Taila* and bathing with *Vidanga* and *Nimba* decoction advised, decontaminate the oral cavity and skin and prevents the fecal-oral reinfection.

Unwholesome diet, irregular lifestyle creates a favourable environment for parasitic infestation. Therefore, elimination of causative factors is essential both before and after initiating treatment.

There was temporary reduction in body weight during treatment was due to bowel cleansing and transient fluid loss associated with *Basti* therapy. Subsequent weight gain during follow-up of 30 days likely reflects improved appetite, reduction in mucus discharge, enhanced nutrient absorption, and overall recovery of gut function.

Previous Ayurvedic case reports have demonstrated favourable outcomes in the management of amoebic dysentery (*Pravahika*). Rotwar DS et al., study reported improvement in diarrhoea, abdominal pain, mucus discharge, and tenesmus following Ayurvedic treatment based on *deepana*, *pachana*, and *grahini principles* [20]. Pooja BA et al., reported that two months of Ayurvedic treatment in a patient with *Pravahika* (ulcerative colitis) resulted in complete resolution of blood and mucus mixed stools, along with significant improvement in abdominal distension, appetite, weakness, headache and sleep quality [21]. The present case was managed using a structured *krimi chikitsa* protocol incorporating *Yoga Basti* and included short-term stool microscopy follow-up, which showed absence of parasites and a reduction in inflammation and no recurrence in three month follow-up.

This is a single case multiple therapies were used together so the effect cannot be attributed to one intervention. Stool microscopy was only repeated up to Day 30 and not on long-term follow-up.

CONCLUSION

This case report highlights that structured classical *krimi chikitsa* protocol provided significant clinical improvement in amoebiasis and supported restoration of gut health. However, as it is single case study, well-designed randomised controlled trials along with prolong follow up are required to validate the effectiveness of treatment protocol.

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PARTICULARS OF CONTRIBUTORS:

1. Postgraduate Scholar, Department of Panchakarma, Dr. D. Y. Patil College of Ayurved and Research Centre, Dr. D. Y. Patil Vidyapeeth (Deemed-to-be-University), Pimpri, Pune, Maharashtra, India.
2. Assistant Professor, Department of Panchakarma, Dr. D. Y. Patil College of Ayurved and Research Centre, Dr. D. Y. Patil Vidyapeeth (Deemed-to-be-University), Pimpri, Pune, Maharashtra, India.
3. Research Associate, Department of Translational Research, All India Institute of Ayurveda, New Delhi, Delhi, India.
4. Associate Professor, Department of Swasthavritta, Dr. D. Y. Patil College of Ayurved and Research Centre, Dr. D. Y. Patil Vidyapeeth (Deemed-to-be-University), Pimpri, Pune, Maharashtra, India.

NAME, ADDRESS, E-MAIL ID OF THE CORRESPONDING AUTHOR:

Snehalata Shivajirao Pawar,
Assistant Professor, Department of Panchakarma, Dr. D. Y. Patil College of Ayurved and Research Centre, Dr. D. Y. Patil Vidyapeeth (Deemed-to-be-University), Pimpri, Pune, Maharashtra, India.
E-mail: sneha.ayurved@gmail.com

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