

## CLINICAL EVALUATION OF PUNARNAVADI KWATHA IN MANAGEMENT OF GRAHANI

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### ABSTRACT :

Digestion and related disease are leading problem in society. Complaints related to digestive system are increasing day by day in all stages of life in all classes of society. So there is need to focus on Digestion and it's diseases. According to *Ayurveda*, *Agni* plays important role in keeping equilibrium in physical and mental health. *Grahani* is place of *Agni*. Today's stressful life style has major effect on *Agni* and digestive system. Thus any change in *Agni* causes *Grahani Roga*. As there is less focus on *Grahani roga* for research, a study is conducted on 60 patients of *Grahani Roga*. 60 patients were divided into two group: Experimental group and Control group. Experimental group is treated with *Punarnavadi Kwath* and Control group treated with *Takrarishta* over period of one month. On the basis of statistical tests of significance, *Punarnavadi Kwatha* has marked improvement (50-75%) than *Takrarishta* in reducing symptoms of *Grahani roga*.

**Key words:** *Grahani, Agni, Punarnavadi Kwath.*

**INTRODUCTION :** *Grahani*<sup>1</sup> is the place where *Agni* is situated. Even though *Agnimandya* is root causes of all disease, but utapatti Sthana and adhishthana of vyadhi should always be considered. *Annavaaha strotas vikruti* is presented generally in beginning as a minor ailment, which the patient neglects, further turns out to be one of the major ailment because it affects, his efficiency, well being nutrition etc. The patient isn't at ease by any activity. It is there by wastage in terms of time, money. Since the day of graduation complaints of *annavaaha strotas* of examined patients would be one the commonest one. They would suggest some of other underlying disturbance of digestive system. This boost up me to choose *Grahani* as topic of dissertation. Hence it is essential to find a basic solution for *Grahani*. In *Grahani* mainly *Deepan*, *Pachana* and *Grahi* karma are expected. *Punarnavadi kwatha*<sup>2</sup> has 8 contents out of which *sunthi, chitrak, marich, sharpunkha* have *deepan, pachan* property. *Punarnava* act as *shothahar*, *Haritaki* act as *rasayan, anulomak*. So *Punarnavadi kwatha* helps in *sampraptibhed* of *Grahani*. Hence trial was planned for this study two groups are made each group consists of 30 patients of *Grahani*. One of them is treated with *Punarnavadi kwath*. 2<sup>nd</sup> group is treated with *Takrarishta*. Diagnosis of patients as *Grahani* was done with help of *Grahani samanya lakshanas* from *Charak samhita* 15. Thus this dissertation is on study *Grahani roga* and it's *chikitsa*.

**AIM:** "Clinical Evaluation of *Punarnavadi Kwatha* in management of *Grahani*."

**OBJECTIVE:** To study the efficacy of *Punarnavadi kwatha* in sign and symptoms of *Grahani* such as *muhurBadhamuhurdrava, ChiratPachana, Trushana, Arochaka, Tamaka, ShoonaPadakara, Asthiparvaruk, Udgarloha amagnndhi/tiktaamla*.

## MATERIALS OF STUDY:

A) Patients of Grahani roga

B) Ingredients

• For study group – Punarnavadi Kwatha  
Punarnavadi Kwatha

- i. Punarnavamula<sup>3,6</sup>(*Boergaviadif-fusa*)
- ii. Marich<sup>3,6</sup> (*Piper longum*)
- iii. Sharpunkhamula<sup>3,6</sup>( *Tephrosiapur-purea*)
- iv. Chitrakmula<sup>3</sup>( *Plumbagozeylanica*)
- v. Haritaki<sup>3</sup> (*Terminalia chebula*)
- vi. Chirbilva<sup>3</sup> (*Pongomiapinata*)
- vii. Bilvamagaj<sup>3,6</sup>(*Aeglemarmelos*)
- viii. Shunthi<sup>3,6</sup>(*Zingiber officinale*)

• For contol Group: Takrarista  
Takrarishta<sup>1</sup>

- i. Aatmoda (*Trachyspermumammi*)
- ii. Avla (*Embelica officinalis*)
- iii. Haritaki (*Terminalia chebula*)
- iv. Marich(*Piper longum*)
- v. Devdaru (*Cidrusdevadara*)
- vi. Pancha lavan- Saidhav, Bida, Sauvarchar, Samudra,

## METHODOLOGY:

### Method:

I) Punarnavadi Kwatha

Kwatha<sup>4</sup> was prepared as per Sharangdhar Samhita guidance of experts from the department of Rasashastra Bhaishajya kalpana. Punarnavadi kwatha was standardized in research lab.

II) Takrarishta: Prepaid Takrarishta from the marke was used to give patients.

**Selection Criteria:** Randomly selected 60 patients of Grahani Roga from O.P.D. and

I) Muhur Badha Muhur Drava ( Alternating loose bowel motions with constipation)

Grade	Score	Feature
0	0	Absent
+	1	Once a week
++	2	Once in a 2-3 days
+++	3	Daily

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### Inclusive Criteria:

1. Age:20-60 years old.
2. Sex:Both male and female.
3. Socio Economic status: All
- 4.Patient of Grahani Roga presenting feature as per Ayurvedic text.

### Exclusive Criteria:

- 1) Atisara
- 2) Pravahika
- 3) Adhoga Amlapitta
- 4) Worms infestation
- 5) Complications of DM
- 6) Malignancy
- 7) Immuno compromised patients
- 8) Tuberculosis
- 9) All the known cases of colitis.

**Clinical Methods:**The patients selected were divided in experimental and control group randomly.

### Group A (Experimental Group):

30 patients was treated with Punarnavadi Kwatha

**Kala:** Pragbhakta<sup>4</sup> (before the meal)

**Matra:** 40 ml twice a day

**Anupana:** Koshana jala

**Follow up:** D10, D20 and D30

### Group B (Control Group)

30 patient was treated with Takrarishta

**Kala:** Vyanodan<sup>4</sup> (After meal)

**Matra:** 20 ml twice a day

**Duration:** 30 days

**Anupana:**Jala

**Follow up:** D10, D20 and D30.

### Criteria for assessment of result:

#### A) Subjective criteria:

II) Chirat Pachana ( Poor digesion)

Grade	Score	Feature
0	0	Absent
+	1	Present

III) Trushana (Thirst)

Grade	Score	Feature
0	0	Absent
+	1	Occasional
++	2	Always

IV) Arochaka (Anorexia)

Grade	Score	Feature
0	0	Absent
1	+	Occasional (Sometimes feeling of taste & mostly absence of taste after meal)
2	++	Always

V) Tamaka (Fainting)

Grade	Score	Feature
0	0	Absent
+	1	On daily routine work
++	2	On exertion
+++	3	Always

VI) ShoonaPadakara ( Oedema on feet and hands)

Grade	Score	Feature
0	0	Absent
+	1	Occasional
++	2	Always

VII) AsthiParvaRuk (Bony pain)

Grade	Score	Feature
0	0	Absent
+	1	Occasional
++	2	Always

VIII) Udgara lohaamagandhi / tikta amla (Blenching)

Grade	Score	Feature
0	0	Absent
+	1	Once/twice a day
++	2	5-6 a day & after meal
+++	3	Always

**B)Objective Criteria:**

**1. Mala Parikshana:**

1) Gandha (Odour)

2) Purish Varna ( colour of faeces)

3) Consistency or form of stool

i) Semisolid

ii) Hard & Dry

iii) Fluid stool (Even presence of undigested food material)

4) Jalnimajjan

Complete sinking of faeces- Sama  
Complete floating/ partial floating of faeces- Nirama

**2. Body weight examination**

**3. Jwara (Temperature)**

**B) Investigation**

1. CBC with ESR: This test was performed before treatment
2. Stool examination: This test was performed before & after treatment

**OBSERVATION AND RESULTS:**

**1) Muhur Drava and Muhur Badha (Alternating loose bowel motions with constipation)**

Days	$\chi^2_{cal}$	df	Table value	$\chi^2$	Relation	Result
D 0	2.05	1	3.84		p<0.05	Not significant
D 10	11.89	2	5.99		P>0.05	Significant
D 20	16.33	2	5.99		p>0.05	Significant
D30	12.32	2	5.99		p>0.05	Significant

**2) Trushna (Thirst)**

Days	$\chi^2_{cal}$	df	Table value	$\chi^2$	Relation	Result
D 0	4.80	3	7.81		P<0.05	Not significant
D 10	4.2	2	5.99		P<0.05	Not Significant
D 20	0.414	1	3.84		P<0.05	Not Significant
D30	2.95	1	3.84		P<0.05	Not Significant

**3) Arochaka (Anorexia)**

Days	$\chi^2_{cal}$	df	Table value	$\chi^2$	Relation	Result
D 0	1.832	2	5.99		P<0.05	Not significant
D 10	6.99	2	5.99		p>0.05	Significant
D 20	8.18	2	5.99		p>0.05	Significant
D30	11.72	2	5.99		p>0.05	Significant

**4) Tamaka (Fainting)**

Days	$\chi^2_{cal}$	df	Table value	$\chi^2$	Relation	Result
D 0	1.29	3	7.81		P<0.05	Not significant
D 10	6.6	3	7.81		P<0.05	Not Significant
D 20	11.80	3	7.81		p>0.05	Significant
D30	8.04	2	5.99		p>0.05	Significant

**5) Shoona Padkara (Oedema on feet and hands)**

Days	$\chi^2_{cal}$	df	Table value	$\chi^2$	Relation	Result
D 0	0.122	2	5.99		P<0.05	Not significant

D 10	3.1	2	5.99	P<0.05	Not Significant
D 20	0.082	1	3.84	P<0.05	Not Significant
D30	0.09	1	3.84	P<0.05	Not Significant

#### 6) Asthi Parv Ruk (Bony-pain)

Days	$\chi^2_{cal}$	df	Table value	$\chi^2$	Relation	Result
D 0	1.234	3	7.81		P<0.05	Not significant
D 10	5.94	3	7.81		P<0.05	Not Significant
D 20	5.99	2	5.99		p>0.05	Significant
D30	6.62	1	3.84		p>0.05	Significant

#### 7) Udgar Loha-Tikta Amla Gandhi (Blenching)

Days	$\chi^2_{cal}$	df	Table value	$\chi^2$	Relation	Result
D 0	1.778	3	7.81		P<0.05	Not significant
D 10	4.752	3	7.81		P<0.05	Not Significant
D 20	10.18	2	5.99		P>0.05	Significant
D30	6.63	1	3.84		p>0.05	Significant

#### 8) Chirat Pachanam (Poor digesion) For this criteria, Non-parametric "Run Test" is applied.

	Group A	Group B
Run value	10	11
Positive value (n1)	22	24
Negative value (n2)	8	6
Lower critical value	7	6
Upper critical value	17	13
Result	a<r<b	a<r<b
	Significant	Significant

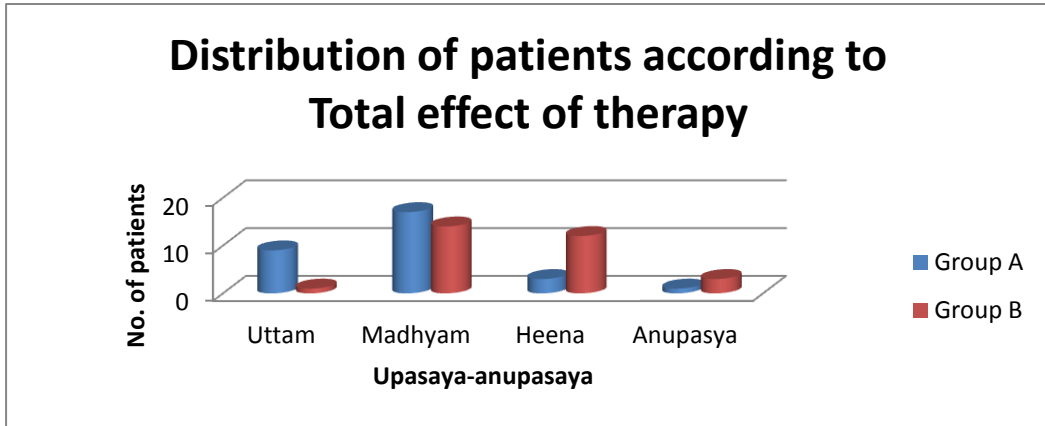
#### Paired t test

Frequency of stool		
	Group A	Group B
Mean	1.033	0.633
SD	0.612	0.538
SE	0.111	0.098
t <sub>29</sub>	9.30	6.45
t <sub>table</sub>	2.05	2.05
P	<0.05	<0.05

#### Unpaired 't' test

Frequency of Stool	
SD	0.576
SE	0.148

t <sub>58</sub>	2.70
t <sub>table</sub>	2.02
p	<0.05



Relief	Upashaya-anupashay	Group A	Group B	Total
<b>75% and above</b>	Uttam	9	1	10
<b>50% to &lt; 75%</b>	Madhyam	17	14	31
<b>25% to &lt; 50%</b>	Heena	3	12	15
<b>0% to &lt; 25%</b>	Anupashay	1	3	4
	<b>Total</b>	<b>30</b>	<b>30</b>	<b>60</b>

**DISCUSSION:**The Aim of study was, "Clinical evaluation of Punarnavadi Kwatha in Grahani roga". All the patients of study group and control group showed improvement in signs and symptoms of *Grahani roga*<sup>1</sup>. These were assessed by statistical methods applied on subjective criteria like *Muhur Drava-Muhur Badha, Chirat Pachana, Trushna, Tamaka, Arochaka, Shoona Padkara and Udgar loha amla Gandhi* ) and on objective criteria i.e. frequency of stool. Improvement noted was measured by using the standard methods of scoring for subjective, objective and investigation criteria. These criteria's were assessed before and after. Frequency of stool was also studied before and after the treatment to judge the change occurred due to the intervention.

**Discussion regarding Upashaya-Anupashaya in Vyadhi Lakshana:**Statistical analysis of the efficacies of study drug *Punarnavadi kwatha* and Control drug *Takrarishta* in *Grahani Roga* was done. The results are as follows: *Muhur Drava Muhur Badha Malapravruti* is pratyatmic lakshna of *Grahani roga*. It was found in all patients of experimental and study group. Result was significant from Day 10. At end on D30, 5 (16.66%) patients got complete relief. Whereas 22 (73.33%) patients has got madhyam upasaya. In *Grahani roga* vatadi dosha are dominant, which causes *Vishamta* in *Agni*. Due to this *Visham-agni*, ingested food either get digested or remain undigested. Excretion of undigested food material causes *Muhur Drava-Muhur Badha malapravrutti*. *Punarnavadi kwath* contain

8 drugs, Most of that are have *Tikta, Katu, Kashay rasa, Katu Vipaka* and *Ushna virya*. Which improves Agni, reduces ama utpatti and *Grahani dusti*. *Ushna virya* pacify the vitiated *Vatadi dosha*. Through out period of present study very few patients (only 9 patients) were show *Trushna* lakshana. Out of that only 8 (88.88%) patients show uttam upasaya, 1 (11.11%) madhyama upashya. *Mandagni* leads to poor digestion of ingested food. It reduces absorption of *Pachak dravya's* and leads to formation of *Ama*<sup>5</sup>. Hence it causes *Rasadushti*. And *Rasadushti* leads to *Trushna*. Though *Punarnavadi Kwath* have *Deepana, Pachana* property which improves *Agni*, reduces early formation *Ama*. *Sunthi* has *Trushna nigraha* property. But very few patients were show this symptom, so data collected was not significant stastically. In *Arochka*, Study shows significant result from D10. At the end of D 30, 9(30.00%) patients shows uttam upashya. Madhyam upashya was found in 5(16.66%) patients whereas 16 (53.33%) patients shows heen upshaya. *Arochaka* is one of main ama lakshna. *Ama utpatti* is basic pathogenesis of *Grahani Roga*. *Punarnavadi kwatha* act as amapachak, *Deepana, Chitrak, Sunthi, Maricha, Sharpunkha* act as appetizer, rochaka. *Ama utpatti* is basic pathogenesis of *Grahani Roga*. It reduces the formation of *Pachak Dravya's* and causes *rasadushti*. And ultimately *rasadushti* causes *Tama pravesha*. Study show significant result from D20, at end of D 30 8 (26.66%) patient shows Uttam upashaya. Madhyam upashaya found in 4 (13.33%) patients and 10 (33.33%) patients show Heen upashaya. *Punarnavadi Kwatha* has *Deepana, Ushna, Tikshna* property which will reduces *Ama* formation and reduces *rasadushti*. The poor digestion of food leads to formation of

*Ama*. Due to *Bahu-pichhil* guna of *Ama* it causes *strotorodha*. This *strotorodha* causes vitiation of *Vata*. This vitiated *vata dosha* leads to *Shoona padkara*. *Punarnavadi kwath* has *Ushna, Tikshna, Deepana, Bhedana* property. Which reduces *Bahu Picchil Ama* and pacifies vitiated *Vata dosha*. *Punarnava* has diuretic property. But very few patients show this symptom (only 10). So data collected was not statically significant.

Due to *Agnimandya* there is impairment of digestion and therefore food is left undigested. Further malabsorption reduces quantity of *pachaka dravya's*. So the dhatus do not receive nutrition which will leads to *asthipara ruk*.

Study shows significant result from D20. At the end of D30, 17 (56.66%) patient shows uttam upashya. Madhyam upshaya was found in 4 (13.33%) patients, followed by Heen upshaya in 7 (23.33) patients. 2 patients shows Anupashaya. *Punarnavadi Kwatha* has *Deepana, pachak* property which improves *Agni*. Due to *Tikta rasa, Sukshma* and *Lekhana* guna of *Punarnavadi kwatha* nourishes *Asthi Dhatu*. Because of *Agnimandya* the food taken is not digested or it sometimes partially digested which leads to the formation of undigested material called as "*Ama*". When this *Ama* is left back in *Amashaya* and *Grahani* it leads to *sukta* i.e fermentation of ingested food which causes *Tikta Amla Udgara*. *Ama utpatti* leads to *pratilom gati of Udan vayu* causes *udgar pravrutti*. Study shows significant result from D20, at end of D30 ; 19 (63.33%) patients shows Uttam upashaya. 4 (13.33%) patients shows Madhyam upshaya and 1 (10.00%) patients shows Heen upashaya. 4 patients shows Anupashaya. This vicious cycle will break by *Punarnavadi Kwatha*, It has *Deepana,*

*Pachak* and *Anulomak* property. Which will reduce *Agnimandya* and improves digestion. *Chedana* and *Lekhana* action of *Sharpunkha* reduces *strotorodha* and prevent *pratiloma gati* of *Udana vayu*.

Study shows significant result from D 10 and it is more significant at end of D30 in *Chirat Pachana* lakshana. *Punarnavadi Kwatha* has *Deepana*, *pachak*, *Anulomak* property, and *Ushna virya*, *Tikshana* and *Sukshma* guna pacifies the vitiated *Vatadi dosha* and brings improvement in *Agni*. This together reduces the formation of *Ama*. Improve digestion of food. *Chitrak*, *Maricha*, *Chirabilva* and *Sunthi* act as digestive, carminative.

#### Discussion regarding Total effect of Therapy:

**Study Group:** After studying all the data thoroughly it was observed that out of 30 patients in trial group 9 (30.00%) received Uttam Upashay 17 (56.66%) received Madhyam Upashay and 3 patients got Heen upashaya, 1 patient had anupashay.

**Control Group:** Whereas in control group 1 patient shows Uttam Upashay, 14 Madhyam Upashay, 12 received Heena Upashaya and 3 had anupashay.

**CONCLUSION:** The study conducted, "Clinical Evaluation of Punarnavadi Kwatha in management of Grahani Roga" has following conclusion: On the basis of statistical tests of significance, *Punarnavadi Kwatha* has marked improvement (50-75%) than *Takrarishta* in reducing *Muhur Drava- Muhur Badha malapravruti*, *Chirat pachana*, *Tamak*, *Arochaka*, *Udgar loha- tikta amla*. Whereas frequency of stool has reduced in both the groups significantly. Thus it can

be concluded that *Punarnavadi Kwatha* is more effective than *Takrarishta* in management of *Grahani*.

#### REFERENCE:

- 1) Caraka Samhita of Agnivesa with Vaidyamanorama Hindi commentary by Acharya Vidyadhar Shukla and Prof. Ravi Dutt Tripathi; Chaukhamba Sanskrit Pratishthan, Page no 358,369,377.
- 2) Bhaisajyaratnawali with Vidyotini Hindi Commentary by Shri Ambika datt Shatri; Chaukhamba academy, 2<sup>nd</sup> edition, 1981, Page no. 168.
- 3) Dravyaguna Vijnana Vol-II by Prof. P.V. Sharma; Chaukhamba Bharati academy, 3<sup>rd</sup> edition, 2011, Page no 332, 356, 362,455,554,630, 753, 816.
- 4) Sharangadhar Samhita with Dipika and Gudhartha Dipika Commentary by pt. Parshuram Shastri Vidyasagar; Krishnadas academy, 1<sup>st</sup> edition, 1983, Page no Purvakhanda 24, Madhyam khanda 133.
- 5) Ashtang Hridayam by Prof K.R. Srikanta Murthy; Krishnadas academy, 1<sup>st</sup> edition, 1991, Page no 187.
- 6) Chemistry and Pharmacology of Ayurvedic medicinal plants by Vd. Mukund Sabnis; Chaukhamba Amarabharti Prakashan Varanasi, 1<sup>st</sup> edition, 2006, Page no. 76, 140, 287, 329, 392.

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