

CLINICAL EFFICACY OF *PANCHAMRIT PARPATI KALP* IN THE MANAGEMENT OF *GRAHNI ROGA* – A SINGLE CASE STUDY

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ABSTRACT

Grahni Roga is one of the most common gastrointestinal disorders described in Ayurveda, primarily resulting from *Agnimandya* leading to improper digestion and absorption. Clinically, it resembles functional bowel disorders such as irritable bowel syndrome (IBS). *Panchamrit Parpati* is a classical *Rasaushadhi* indicated in *Grahni* due to its *Deepana*, *Pachana*, *Grahi* and *Agnivardhaka* properties. The present article documents a single case of *Grahni Roga* managed successfully with *Panchamrit Parpati Kalpa*, highlighting its clinical efficacy and role in restoring digestive fire and bowel regularity.

KEYWORDS: *Grahni Roga*, *Panchamrit Parpati Kalpa*, *Agnimandya*, Ayurveda, Case Study.

INTRODUCTION

In Ayurveda, *Grahni* is both an anatomical and functional entity responsible for digestion and absorption. Derangement of *Jatharagni* leads to *Grahni Roga*, characterized by alternating bowel habits, loose stools, undigested food particles, abdominal discomfort, and weakness. Modern medicine correlates this condition mainly with functional gastrointestinal disorders like IBS, where no structural pathology is evident. *Panchamrit Parpati*, described in classical *Rasashastra* texts, is widely used in the management of *Grahni* due to its *Laghu*, *Tikshna*, *Ushna* and *Agnideepaka* properties. When administered in a *Kalpa* form, it acts

systematically over a defined period, ensuring better therapeutic outcomes.

AIM AND OBJECTIVE AIM: To evaluate the clinical efficacy of *Panchamrit Parpati Kalpa* in the management of *Grahni Roga*.

OBJECTIVE

To assess improvement in symptoms like frequency of loose stools, digestion, appetite, and general wellbeing.

CASE REPORT

Patient Information Name- Tanjeem

Age:23 years Gender: male

Occupation: student OPD No.:19864/2988

Date of Consultation: 11/11/25 Chief Complaints

Frequent loose stools (3-4 times/day) Passage of semi-digested food

Abdominal discomfort after meals Loss of appetite

General weakness (Duration:3-4 years).

History of Present Illness

A 23-year-old patient presented with complaints of loose stools occurring 3–4 times daily in the morning for the past 3–4 years. The condition was chronic and recurrent in nature. The patient had a prior history of acidity. Initially, the patient took allopathic treatment from a local practitioner for one month, followed by treatment at AIIMS Rishikesh for approximately three months, during which rifaximin 500 mg at bedtime was prescribed. Following this treatment, the frequency of loose stools reduced to once daily in the morning. Subsequently, the patient took Ayurvedic treatment from OPD No. 7(*shalya tantra*) for 15–20 days, which included formulations such as *Kutajghan Vati*, *Bilwadi Gutika*, *Tab Neeri*, *Livforte* syrup, and a combination of *Panchamruta Parpati* (250 mg), *guduchi satva* (500 mg), and *Vyadhi Haran rasa* (250 mg), administered twice daily with honey. After this treatment, stool consistency and frequency remained normal for approximately two weeks. However, after this period, the patient again developed loose stools occurring 3–4 times in the morning. The patient then received further Ayurvedic treatment from OPD No. 5(*kayachikitsa*), including *Panchamruta Parpati Kalpa*. During follow-up, improvement was noted with a reduction in stool frequency to two times daily, with loose stools in the morning and improved consistency later in the day. At present, stools occur once daily, with normal

consistency.

Past History

past medical history revealed hiatus hernia (hill grade III) No history of diabetes, hypertension, or major illness

No surgical history **Ashtavidha Pariksha** *Nadi: Mandagati*

Mala: Drava, Ama-yukta Mutra: Samanya

Jihva: Sama Shabda: Samanya Sparsha: Anushna Drik: Samanya

Akruti: Madhyama

Samprapti (Ayurvedic Pathogenesis)

Ahara-vihara dosha → Agnimandya → Apachana → Ama formation → Grahni dusti →

Drava mala pravritti

Dosha predominance: pitta-Kapha Dushya: Rasa, Anna

Srotas: Annavaha, Purishavaha Agni: Mandagni.

Treatment Protocol

Panchamrit Parpati Kalpa

Drug: Panchamrit Parpati

1) Dose

DATE	DAY	DOSE
12/11/25	Day 1	100mg
13/11/25	Day 2	200mg
14/11/25	Day 3	300mg
15/11/25	Day 4	400mg
16/11/25	Day 5	500mg
17/11/25	Day 6	600mg
18/11/25	Day 7	700mg
19/11/25	Day 8	800mg
20/11/25	Day 9	900mg
21/11/25	Day 10	1000mg
22/11/25	Day 11	1000mg
23/11/25	Day 12	1000mg
24/11/25	Day 13	1000mg
25/11/25	Day 14	1000mg
26/11/25	Day 15	1000mg
27/11/25	Day 16	1000mg
28/11/25	Day 17	1000mg
29/11/25	Day 18	1000mg
30/11/25	Day 19	1000mg

1/12/25	Day 20	1000mg
2/12/25	Day 21	900mg
3/12/25	Day 22	800mg
4/12/25	Day 23	700mg
5/12/25	Day 24	600mg
6/12/25	Day 25	500mg
7/12/25	Day 26	400mg
8/12/25	Day 27	300mg
9/12/25	Day 28	200mg
10/12/25	Day 29	100mg
11/12/25	Day 30	100mg
12/12/25	Day 31	100mg

Anupana: *Takra* **Duration:** 31 days **Pathya–Apathya Pathya:**

Laghu, ushna, easily digestible diet

Takra, rice gruel, moong dal

Timely meals

Apathya

Guru, sheeta, abhishyandi ahara

Fried and fermented food Irregular eating habits

Assessment Criteria

Symptom	Before Treatment	After Treatment
Frequency of stools	3-4/day	1/day
Consistency of stool	Loose	Well-formed
Appetite	Poor	Improved
Abdominal discomfort	Present	Absent
General weakness reduced	Present	Markedly

RESULTS

After completion of *Panchamrit Parpati Kalpa*, the patient showed significant improvement in bowel frequency, digestion, appetite, and overall wellbeing. No adverse effects were observed during the treatment period.

DISCUSSION

Panchamrit Parpati acts primarily by correcting *Agnimandya*, which is the root cause of *Grahni Roga*. Its *Deepana-Pachana* action helps in digestion of *Ama*, while *Grahi* property stabilizes bowel movements. Administration in *Kalpa* form ensures sustained action on the digestive system, leading to symptomatic relief and functional restoration of *Grahni*.

CONCLUSION

This case study demonstrates that *Panchamrit Parpati Kalpa* is effective in the management of *Grahni Roga* by restoring *Agni* and normalizing bowel habits. Larger clinical studies are recommended to further validate these findings.

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