International Journal of Research in Indian Medicine
e-ISSN: 2456-4435
Vol. 10th | Agnibodh Conference Special Issue | Jan 2026
Open-Access, Peer-reviewed, Double Bind e-Research Journal of Ayurveda

Role of *Panchamrit Parpati* in *Grahani*

[1]Dubey Ashish J.*, [2]Mhatre Ashish H.

[1]Post Graduate Scholar,

[2]Associate Professor, email.id-ashish.mhatre@dypatil.edu

Department of Kayachikitsa, D.Y Patil School of Ayurveda, Nerul, Navi Mumbai,

***Corresponding author:** email. id- ash.dub.bams24@dypatil.edu

ABSTRACT

Grahani is a **common gastrointestinal disorder** affecting a large proportion of the population, primarily resulting from **incorrect dietary habits**, a **sedentary lifestyle**, and **mental stress**. In India, its prevalence shows a female-to-male ratio of 1:3, with the most commonly affected age group being 20–40 years. In ***Ayurveda***, the pathology of ***Grahani*** revolves around impaired **digestive fire (*Agni*)**. ***Acharya Charaka*** describes ***Grahani*** as the primary site of ***Agni***; therefore, any factor that weakens or vitiates ***Agni*** leads to dysfunction of ***Grahani***, eventually causing ***Grahani Roga***. In modern medicine, the disease can be correlated with **Irritable Bowel Syndrome (IBS)**, which also shows altered bowel habits, disturbed digestion, and impaired gut function. The line of treatment in ***Ayurveda*** focuses on ***Deepana*** and ***Pachana*** therapies to **rekindle *Agni*, eliminate *Ama* (metabolic toxins), and restore normal digestive physiology**.

Among several formulations recommended for ***Grahani***, ***Panchamrit Parpati*** is a highly regarded ***Rasa Aushadhi***. It possesses ***Deepana*** and ***Pachana*** properties along with ***Ushna Guna***, which help **enhance appetite, promote efficient digestion, and improve nutrient assimilation** (1). Among the five ingredients of ***Panchamrit Parpati***, it is usually composed of ingredients such as ***parad***, ***gandhak***, ***lauha***, ***tamra***, and ***abhra*** in the ratio of 16:8:4:2:1 (2). Most of these are **hot in potency** and exhibit ***Katu Vipaka***, stimulating ***Agni*** at the level of ***Annavaha Srotas*** and nourishing ***Pachak Pitta***. By restoring the digestive fire, the formulation **reduces the formation of *Ama* and regulates intestinal movements**. Additionally, ***Panchamrit Parpati*** pacifies ***Vata Dosha***, thus correcting abnormal bowel patterns and converting ***Atipravritti*** (excessive bowel movements) into ***Samyak Pravritti*** (normal stool pattern). Owing to its multifaceted actions, ***Panchamrit***

Parpati plays a **significant therapeutic role** in the management of ***Grahani***.

Key words: ***Grahani***, IBS, Case Report.

INTRODUCTION

Grahani is a common gastrointestinal disorder affecting a large proportion of the population, primarily resulting from incorrect dietary habits, a sedentary lifestyle, and mental stress. The prevalence of IBS varies from 12% to 15% in India (3). In India, its prevalence shows a **female-to-male ratio of 1:3**, with the most commonly affected age group being **20–40 years**. Clinically, ***Grahani*** presents with symptoms such as ***muhurbaddham muhurdravam mala pravritti*** (alternating passage of hard and loose stools), ***trishna*** (excessive thirst), ***arochaka*** (loss of appetite), ***daurbalya*** (weakness), ***udara shoola*** (abdominal discomfort), and **malabsorption** (4).

AIMS AND OBJECTIVES

- To review the article and literature about ***Grahani Roga***.
- To **clinically diagnose** ***Grahani Roga*** based on classical signs and symptoms.
- To assess the effectiveness of ***Pancamṛta Parpaṭi*** in patients with ***Grahani Roga***.
- To observe and document any **adverse effects**, if present, during the course of treatment.

MATERIALS AND METHODS

Case Presentation A **67-year-old female patient** residing in **Navi Mumbai** was registered at the IPD and OPD with UHID no. 33123 at **D.Y. Patil Ayurvedic Hospital**. The patient had chief complaints related to ***Grahani Roga*** for the last 2 months.

History of Present Illness The patient states that she was quite well 6 months ago, except for ***agnimandya***. Gradually, the patient developed the symptoms mentioned below:

- **Loose stools 4–5 times/day** since 2 months.
- **Abdominal discomfort and bloating** after meals.
- **Undigested food particles** in stools.
- **Loss of appetite**.
- **General weakness and fatigue**.

Hence, the patient was admitted to the hospital for further management.

Past History

- Recurrent episodes of diarrhea for the last 6 months.
- No history (***H/O***) of **diabetes, hypertension, or tuberculosis**.
- The patient was taking antacid and probiotic medication for the last 6 months.

Dietary History

- **Irregular meals**, frequent outside food, and tea 3–4 cups/day.

General and Systemic Examination

- **PULSE:** 76/min.
- **BLOOD PRESSURE:** 110/70 mmHg.
- ***SpO2***: 98%.

- **Weight:** 52 kgs.

Ashtavidha Pariksha (Systemic Examination):

Parameter	Observation
Nadi	***Vata-Pitta***
Mala	Loose, with undigested food
Mutra	Normal
Jihva	Coated
Shabda	Normal
Sparsha	Slightly cold
Drik	Mild dullness
Akruti	Moderate build

O/E **GI System:** Abdominal palpation shows **mild diffused tenderness** in the abdomen; there was no sign of organomegaly.

DIAGNOSTIC CRITERIA

Subjective Criteria (5):

- Loose stools with undigested food.
- Frequent urge to pass stools, especially after meals.
- Abdominal pain or discomfort relieved after defecation.
- Bloating/heaviness after eating.
- Loss of appetite (***Aruchi***).
- Feeling of incomplete evacuation.
- Weight loss over time.

Objective Criteria (6) Assessment Scale:

Symptom	Grading Scale (0–3)
Frequency of stools	0=normal → 3=severe
Consistency	0=formed → 3=watery
Bloating	0=absent → 3=severe
Appetite	0=normal → 3=severely reduced
Fatigue	0=absent → 3=severe

Investigation:[pic1]

- CBC, ESR, STOOL ROUTINE, AND MICROSCOPIC.

Differential Diagnosis: (No further data provided in sources).

Diagnosis ➡️ ***Grahani***.

TREATMENT PLAN

Duration	Medicine	Dose	*Anupana*
1–30 Days	***Panchamrit Parpati***	125 mg twice daily	Ghee

Diet/Pathya:

- **Diet:** ***Laghu Aahar*** – ***Manda***, ***Yavagu***, ***Takra***, Moong dal.
- ***Pathya***: Avoid fermented food, milk-tea combinations, and irregular meals.

MODE OF ACTION OF *PANCHAMRIT PARPATI*

Panchamrit parpatti

Deepana and pachana

Regulate pachak pitta

Restore normal Grahani function

Improve dhatvagni

Panchamrit parpatti. (Further explanation follows in discussion).

RESULT AND OBSERVATIONS (Before vs. After *Panchamrit Parpati*)

Parameter	**Before Treatment**	**After 30 Days**
Stool frequency	5/day	1–2/day
Consistency	Loose	Formed
Undigested food	Present	Absent
Bloating	Severe	Minimal
Appetite	Poor	Normal
Fatigue	Marked	Mild
Weight	52 kg	54 kg
Hb	11.7 g/dL	12.4 g/dL

Overall improvement noted: 80–85%.

DISCUSSION (7)

Grahani Roga is fundamentally based on the **impairment of *Agni*, the primary digestive and metabolic fire of the body**. There is a disturbance in the equilibrium of ***Pachaka Pitta***, ***Samana Vata***, and ***Kledaka Kapha***, leading to ***Agnimandya*** (weak digestion). Due to diminished ***Agni***, food is inadequately digested and converted into ***Ama***. As ***Agni*** becomes progressively impaired, the retaining capacity of ***Grahani*** deteriorates, either releasing food prematurely or retaining it for longer than required. Clinically, ***Grahani*** presents with symptoms such as ***muhurbaddham muhurdravam mala pravritti*** (alternating passage of hard and loose stools), ***trishna*** (excessive thirst), ***arochaka*** (loss of appetite), ***daurbalya*** (weakness), ***udara shoola*** (abdominal discomfort), and malabsorption.

CONCLUSION

In the present case, the treatment given—***Panchamrita parpati***—along with ***pathya ahara*** showed **good and remarkable improvement** and response in this case suffering from ***Grahani roga***. This study has provided a **successful and effective Ayurvedic management** strategy for ***Grahani roga*** while also curing its complications. Hence, it can be clearly depicted that **IBS can be cured** with special reference to ***Grahani roga*** through its Ayurvedic management.

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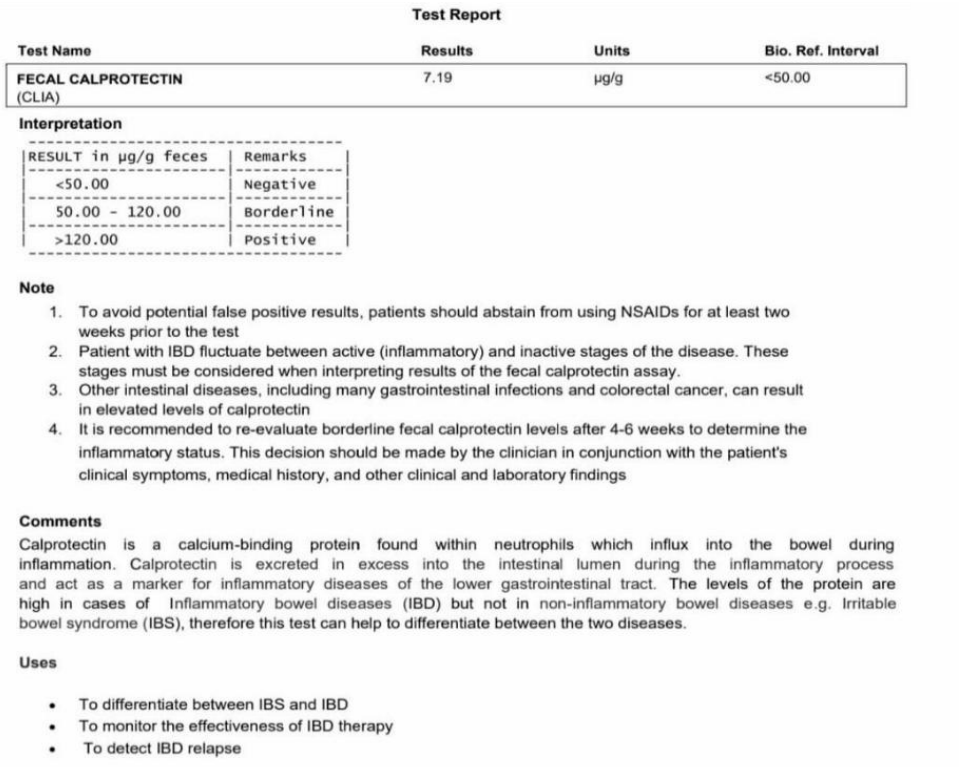
Pic-1



Test Report

Test Name	Results	Units	Bio. Ref. Interval
FECAL CALPROTECTIN (CLIA)	7.19	µg/g	<50.00

Interpretation

RESULT in µg/g feces	Remarks
<50.00	Negative
50.00 - 120.00	Borderline
>120.00	Positive

Note

1. To avoid potential false positive results, patients should abstain from using NSAIDs for at least two weeks prior to the test
2. Patient with IBD fluctuate between active (inflammatory) and inactive stages of the disease. These stages must be considered when interpreting results of the fecal calprotectin assay.
3. Other intestinal diseases, including many gastrointestinal infections and colorectal cancer, can result in elevated levels of calprotectin
4. It is recommended to re-evaluate borderline fecal calprotectin levels after 4-6 weeks to determine the inflammatory status. This decision should be made by the clinician in conjunction with the patient's clinical symptoms, medical history, and other clinical and laboratory findings

Comments

Calprotectin is a calcium-binding protein found within neutrophils which influx into the bowel during inflammation. Calprotectin is excreted in excess into the intestinal lumen during the inflammatory process and act as a marker for inflammatory diseases of the lower gastrointestinal tract. The levels of the protein are high in cases of Inflammatory bowel diseases (IBD) but not in non-inflammatory bowel diseases e.g. Irritable bowel syndrome (IBS), therefore this test can help to differentiate between the two diseases.

Uses

- To differentiate between IBS and IBD
- To monitor the effectiveness of IBD therapy
- To detect IBD relapse

EXAMINATION OF FAECES

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Colour	Brown	Brown	-
Form and Consistency	Semi Solid	Semi Solid	-
Mucus	Absent	Absent	-
Blood	Absent	Absent	-
CHEMICAL EXAMINATION			
Reaction (pH)	Acidic (6.5)	-	pH Indicator
Occult Blood	Absent	Absent	Guaiac
MICROSCOPIC EXAMINATI			
Protozoa	Absent	Absent	-
Flagellates	Absent	Absent	-
Ciliates	Absent	Absent	-
Parasites	Absent	Absent	-
Macrophages	Absent	Absent	-
Mucus Strands	Absent	Absent	-
Fat Globules	Absent	Absent	-
RBC/hpf	Absent	Absent	-
WBC/hpf	8-10	Absent	-
Yeast Cells	Absent	Absent	-
Undigested Particles	Present++	-	-
Concentration Method (for ova)	No ova detected	Absent	-
Reducing Substances	-	Absent	Benedicts

Conflict of Interest : Non	Source of funding: Nil

Cite this Article

Dubey Ashish J. Mhatre Ashish H.
Role of Panchamrit Parpati in Grahani

Ayurline: International Journal of Research In Indian Medicine: 2026 10(02)