

**AYURVEDIC MANAGEMENT OF PURISHAJ KRIMI ROGA IN CHILDREN: A CASE STUDY****Hubale S.\*<sup>1</sup>, Kale S.<sup>2</sup>, Ghorude N.<sup>3</sup>, Mane A.<sup>4</sup>, Waykule V.\*<sup>5</sup>**<sup>1</sup>PG Scholar, Department of *Kaumarbhritya*, Yashwantrao Chavan Ayurvedic Medical College & Hospital, Chh. Sambhajinagar, Maharashtra.<sup>2</sup>Associate Professor, Department of *Kaumarbhritya*, Yashwantrao Chavan Ayurvedic Medical College & Hospital, Chh. Sambhajinagar, Maharashtra.<sup>3</sup>PG Scholar, Department of *Kaumarbhritya*, Yashwantrao Chavan Ayurvedic Medical College & Hospital, Chh. Sambhajinagar, Maharashtra.<sup>4</sup>PG Scholar, Department of *Kaumarbhritya*, Yashwantrao Chavan Ayurvedic Medical College & Hospital, Chh. Sambhajinagar, Maharashtra.<sup>5</sup>PG Scholar, Department of *Kaumarbhritya*, Yashwantrao Chavan Ayurvedic Medical College & Hospital, Chh. Sambhajinagar, Maharashtra.**\*Corresponding Author: Hubale S.**PG Scholar, Department of *Kaumarbhritya*, Yashwantrao Chavan Ayurvedic Medical College & Hospital, Chh. Sambhajinagar, Maharashtra.DOI: <https://doi.org/10.5281/zenodo.17746303>**How to cite this Article:** Hubale S.\*<sup>1</sup>, Kale S.<sup>2</sup>, Ghorude N.<sup>3</sup>, Mane A.<sup>4</sup> and Waykule V.\*<sup>5</sup> (2025). Ayurvedic Management Of Purishaj Krimi Roga In Children: A Case Study. World Journal of Pharmaceutical and Medical Research, 11(12), 95–98. This work is licensed under Creative Commons Attribution 4.0 International license.

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**ABSTRACT**

Intestinal infestation is one of the most common paediatric complaint world wide. Poverty, ignorance, lack of hygiene, poor sanitation and improper washing of food material, etc are the common aetiologies for the spread of the helminthiasis in the developing countries like India. In *Ayurveda* perspective of worms is discussed under the topic of *Krimi* and Helminthiasis specifically can be correlated to the *Purishaja* type of *krimi*.<sup>[1]</sup> It is a condition characterized by *udara shool*, *agnimandya*, *gudakandu*, *pandutwa*. This study aimed to evaluate the effectiveness of *Guggulu pancha pala choorna* and *Pathya Palan* in the management of *purishaja krimi* in children. The method involved assessing patients before and after treatment with a 14 days follow up period. The study was conducted at the OPD of *Kaumarbhritya*, Yashwantrao Chavan Ayurvedic Medical College and Hospital Dist. Chh Sambhajinagar, MH.

**KEYWORDS:** Intestinal infestation, *Guggulu pancha pala choorna*<sup>[3]</sup>, *Purishaj krimi*, *Helminthiasis*.**INTRODUCTION**

Global estimation indicates that about ¼ th of the worlds population are infected with one or more parasitic infections, most common being round worms which is mainly *Ascaris Lumbricoides*. The concept of *Krimi*, its correlation and effective management through citing reference from reliable sources such as classical texts on *Ayurveda* which includes the *Charaka Samhita*, *Sushruta Samhita*, *Kashyapa Samhita*. The classification of *krimi* mainly includes- Total 20 *krimi* are mentioned and classified into *Bahya* and *Abhyantar*. *Abhyantar krimi* is further divided into 3 types which is *Kaphaja*, *Raktaja* and *Purishaja*.<sup>[3]</sup> Treatment in *Ayurveda* typically includes a holistic approach involving dietary adjustments, herbal remedies, lifestyle modifications and

occasionally, specialized therapies to rebalance the body and alleviate symptoms.

**CASE REPORT**

A 12 year old female patient visited the outpatient Department of *Kaumarbhritya*, Yashwantrao Chavan Ayurvedic Medical College and Hospital, Chh. Sambhajinagar during August 2025 presented with symptoms of abdominal pain, loss of appetite, anal itching since 1 months. The patient has no history. Parents belong to middle socio-economic community.

**ANTENATAL HISTORY:** During the antenatal period, the mother was 24 years old at conception and the father was 28 years old. The mother diligently attended regular antenatal checkups and adhered to medication schedules.

There were no reported instances of infections, hypertension, diabetes or seizures.

**NATAL HISTORY:** The child was delivered by the normal vaginal delivery at the 39<sup>th</sup> week of gestational age with a birth weight of 2.6 kg. No history of neonatal asphyxia, neonatal jaundice, infection or congenital anomalies. Feeding started after 1 hour.

**POSTNATAL HISTORY:** No abnormal postnatal history was found.

**FAMILY HISTORY:** All family members are reported to be normal.

**DEVELOPMENTAL HISTORY:** All developmental milestones were achieved at the appropriate times.

**MEDICAL HISTORY:** The child received calcium supplements, multivitamin supplements, zinc supplements, etc.

**IMMUNIZATION HISTORY:** All vaccinations were administered according to the recommended schedule.

#### ANTHROPOMETRY

Head circumference - 2.53 cm      Mid-arm circumference (Both) – 25 cm  
Chest Circumference – 3.86 cm      Mid-thigh circumference (Both) – 54 cm  
Height – 135 cm      Weight – 28 kg

#### GENERAL PHYSICAL EXAMINATION

Consciousness – Conscious  
Icterus – Absent  
Pallor – Present  
Clubbing – Absent  
Lymphadenopathy – Absent  
Cyanosis – Absent  
Eye – Normal  
Gait - Normal

**DIETARY HISTORY:** The child was exclusively on breastfed until 6 months of age. Weaning commenced at 7 months with foods like fruit juice, boiled potato, etc.

#### PERSONAL HISTORY

Appetite - Reduced  
Bowel – Irregular  
Micturition –  $\frac{3}{4}$  times a day  
Sleep – Disturb

#### GENERAL EXAMINATION

The child appears alert, active, well-nourished and has a normal sensorium.

#### VITALS

BP - 110/70 mm of Hg  
HR - 84 bpm  
RR - 26/min  
Temperature – 98.4 °F

**RESPIRATORY SYSTEM-** B/L Symmetrical, No added sounds.

**CARDIOVASCULAR SYSTEM-** S1 S2 heard, no murmurs.

**PER ABDOMEN** – Soft, non- tender  
No prominent veins

**Table No. 1: Investigations Done Before And After Treatment- Cbc.**

INVESTIGATION	BT	AT ( 14 <sup>th</sup> day)
Haemoglobin	8.3g/dl	8.9g/dl
Total leucocyte count	7430/cu mm	7970/cu mm
Total RBC count	3.02 Millions/cu mm	3.18 Millions/cu mm
Haematocrit	24.3%	25.9%
MCV	80.5 fL	80.6 fL
MCH	23.2 pg	23.2 pg
MCHC	28.8 gm/dl	28.8gm/dl
Platelet Count	4.15 lakh/cmm	4.82 lakh/cmm
RDW	19.4Fl	19.4 Fl
DLC		
Neutrophil	79 %	78%
Lymphocyte	15 %	16%
Eosinophil	01 %	02%
Monocyte	05 %	04%
Basophil	00 %	00%

**Stool R/M**

Egg/Larvae/Adult worm

**BT**

Present

**AT**

Absent

**DIAGNOSIS- Purishaja Krimi****ASSESSMENT CRITERIA****SUBJECTIVE CRITERIA****Udara shool (Abdominal pain)****Symptoms****Grade**

No abdominal pain

0

Occasional abdominal pain

1

Dull vague pain persistent for whole day

2

Abdominal pain affecting daily activity

3

**Agnimandya (Loss of appetite)****Symptoms****Grade**

Normal hunger

0

Hunger sensation after 4-6 hrs after food

1

Hunger sensation after 7-10 hrs after food

2

No hunger sensation after more than 10 hrs after food

3

**Gudakandu (Anal itching)****Symptoms****Grade**

No anal itching

0

Occasional anal itching

1

Anal itching without disturbance of activity &amp; sleep

2

Anal itching with disturbance of activity &amp; sleep

3

**OBJECTIVE CRITERIA****Pandutwa (Pallor)****Symptoms****Grade**

Pinkish (No pallor)

0

Light pinkish (Pallor of nail beds)

1

Whitish (Pallor of nail beds, conjunctivae &amp; oral mucosa)

2

Whitish pallor with skin pigmentation

3

**Stool – Routine & Microscopic****Sample****Grade**

Eggs/Larvae/Adult worms Absent

0

Eggs/Larvae/Adult worms Present

1

**TABLE NO. 2.****TREATMENT PLAN**

<i>Shaman Chikitsa</i>	Dose
<i>Guggulu pancha pala choorna</i> <sup>[2]</sup>	9 gms BD in divided dose with <i>madhu</i>

**Pathya** – Takrasiddha yavagu, alpasneh tikta katu Pradhan ahar.<sup>[4]</sup>

Decreased in *Udara shool* and *Gudakandu* were noted after 1 week, decreased in *agnimandya* were noted after 2 week and decreased in *pandutwa* were noted after 1 months after administration of drug.

**FOLLOW UP- 1 Month****DURATION OF TREATMENT- 14 days****TABLE NO. 3.****RESULT**

Sr. no	Symptoms	BT	AT
1	<i>Udara shool</i>	1	0
2	<i>Agnimandya</i>	1	0
3	<i>gudakandu</i>	1	0
4	<i>Pandutwa</i>	1	0

**DISCUSSION**

*Krimi* is a very common disease that is seen in growing children because they face GIT problems. Due to excessive intake of junk food, children are not able to achieve the original nutrients and ions part from the food. In this case study, the patient got 80% relief from symptoms of and the hemoglobin level increased from 8.3gm% to 8.9 gm% and dewormification.

## CONCLUSION

In this study, the overall effect was found 80%. *Guggulu pancha pala choorna* formulation shows a good therapeutic effect in the study in relation to *krimi Roga*, helps to improve the hemoglobin level and works as dewormification which also helps in improving the quality of life. No adverse effects of the drug therapy were observed during the study. So, it can be safely administered to children.

**Adverse drug reaction:** No any adverse drugs reaction found.

**Conflict of Interest:** None.

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**Consent:** A consent was taken from the patient before starting the treatment protocol as well as prior to publication of the case details and data.

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