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**Address**

• Vikram Nagar, Boudhi Chouk, Latur.  
• Tq. Latur, Dis. Latur 413512 (MS.)  
• (+91) 9922455749, (+91) 8999250451

**Email**

• aiirjpramod@gmail.com  
• aayushijournal@gmail.com

**Website**

• www.aiirjournal.com

**CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE**

**Effect Of “Kirmani Ova” on Kaphaj Krimi: A Clinical Study****Dr. Madhuri M.Rao,**

Professor, Ayurved Mahavudyalaya,

Pusad, Maharashtra, India-445204

**Abstract:**

The problem of internal and external worms and parasites both for the human beings, domestic animals and other animals is age old. Millions of people of the world lose most of the amount of their hard earned food and life saving blood to these tiny creatures (Krimi / worm), which live inside them. These Krimis create many diseases in the body. The efforts to eradicate or control these Krimis are going even today. Ayurvedic, herbal drugs are promising and show no signs of side-effects. These drugs are in use for centuries together. Yet we know very little about their mechanism of action and other reactions with both host (Man) and Parasite (Krimi / Worm/Krumi).

It is from this point of view the present work is undertaken to evaluate the anthelmintic activity of the Ayurvedic drug “KIRMANI OVA”, which is highly praised for its effectiveness in eliminating the different nematodes. This work is undertaken to study about Kaphaj Krimi and the clinical effects of “Kirmani Ova” on Kaphaj Krimi with special reference to Gandupada Krimi.

**Keywords:** Kirmani Ova, Kaphaj Krimi, Gandupada Krimi, Artemisia martina, Kampilak churna;

**I. Introduction:**

The problem of internal and external worms and the parasites both for the Human beings and the domestic and other animals is age old. It is still not solved satisfactorily. The fact remains, the man was aware of these worm infestations from the time immemorial. There are citations and the description of the different types of worms and the parasites in the old Indian literature, like the Ramayana and the Mahabharat and the different Vedas, like the Rigveda, Yajurved and the Atharvaved.

Millions of People of the world lose most of the amount of their hard Earned food and life saving blood to the tiny creatures (Krimi), which live inside them. These krimis create many diseases in the body. From this information one can draw the conclusion that the efforts to eradicate or control the worms infestation is the war which is going on even today in between the Man and the Worm. As it is necessary for any science to progress and proliferate research is one essential thing to do so. Research on the human internal and external worms and the parasites is one such important research area in which the riddle of the internal and external parasites and the worms has remained unsolved for a long time.

For the control and cure of the different parasites and the worms effective, cheap, readily available drugs for the masses are needed. Vegetable, herbal drugs can solve this problem effectively. The synthetic, chemical drugs are no doubt very effective, and show dramatic results, but at the same time, they show quick resistance and then become no longer effective in the same dose. Modern drugs also pose the problem of allergic reactions and the different side-effects from the trivial to the most serious ones. Many people therefore do not tolerate these drugs. Ayurvedic, herbal drugs are promising and show no signs of side-effects.

**II. Aims And Objectives:**

To conduct the clinical study to know the effect of “Kirmani Ova” on Kaphaj Krumi with special reference to Gandupad Krumi

**III. Literature Review:**

In Vedic period lot of Descriptions were available about the Krimi/Krumi. During “Brahman and Upanishad” period no additional studies were conducted. But in the same period “Daiva Vyapashraya Chikitsa” was developed. In the Upanishads Karma-Kanda (Procedural rules and regulations) were mentioned in the form of ‘Japa’, ‘Mantras’ and ‘Yagnayas’ etc. After Upanishad period, in the Budhdha and Jain Sampradaya laid down great importance about the Krumis. The tatwa of these Sampradaya was AHIMSA (No killing of life (big or small) for any reason). These Sampradaya produced ‘Aachar Samhitas’ (Behavioural rules and regulations) for the avoidance of contaminations by the Krumis. They have proved to us all the importance of “Krumi Rog” and their treatment. Later in the Samhita period, the Krumi Rogas were described in details.

**“Kraye Medyati Kramte Wa Syat Saran Karmanah Wa.”**

The meaning is “the one who thrives on raw flesh and perform some movements can be designated as Krimi”

**Classification and Differences of Krimis:**

The total number of krimis are said to be twenty (20) according to Charaka Acharya, Sushruta Acharya, Vagbhata and Madhavkar. Charaka Acharya stated that The Krimis are thirteen in number. Though the number given by Charaka Acharya and Sushruta Acharya is the same (ie.20), but the names of the worms are different. The details are given below:

Sr. No.	Samhita	Bahya Krimi	Abyantar Krimi			Total
			Kaphaj Krimi	Purishaj Krimi	Raktaj Krimi	
01	Charak Samhita	2	7	5	6	20
02	Sushrut Samhita	-	6	7	7	20
03	Vagbhat	2	7	5	6	20
04	Madhavkar	2	7	5	6	20
05	Harita Samhita	7	6	-	-	13
06	Ashtang Sangrah	2	7	5	6	20
07	Bhav prakash	2	7	5	6	20

**Localization of Size, Shape and colour of Kaphaj Krimis:**

According to the Charaka Acharya, the habitat of Kaphaj Krimi is Amashya (stomach). The location, shape, colour and nidana of Kaphaj Krimi are as below:

- Location: Amashya (Stomach)
- Shape : Pritu, Vritta, Parinaha, Gandupada and Sukshma
- Colour : Shweta, Tamra
- Nidana : Kshira, Guda, Mastika, Anupamansa, Pistana, Sneha, Sakirna Bhojan, Putiklana

Asatmya Bhojan

**IV. Material And Methods:**

For the present study of our research Kirmani Ova on Kaphaj krimi, we have selected 40 diagnose cases with all signs and symptoms according to the Ayurvedic text (Samhitas), pathological positive findings of stool examination, The patients were taken from outdoor patients of Ayurved Rughalaya, Pusa.

They were of age range of 8 years to 16 years and of both the sexes. The investigations were done according to the format specially prepared for the study

The following methods were observed for selection and clinical study:

1. History of patients
2. Dietary habits and habitats of patients
3. Clinical & Physical examination of patients.
4. According to Lakshan of Kaphaj Krimis.
5. Pathological investigation of stool & blood.
6. Cases of Kaphaj kurmi (Gandupada kurmi) selected. These cases divided in to two groups. Group-I of 30 patients and Group-II of 10 Patients
7. Group-I patients were treated with "Kirmani ova" & Group-II patients with "Kampilak churna".
8. 2.5gms dose of Kirmani Ova was given at night with Luke-warm water, after seven days of treatment haritaki churna was given as anuloman for Group-I patients. The treatment was continued for second and third week after each seven days treatment stool examination was done.
9. 120 mg.of dose of kampilak churna was given at night with Luke-warm water, after seven days of treatment Haritaki chuma was given as anuloman for Group-II patients. The treatment was continued for second and third week after each seven days treatment, stool examination was done
10. Criteria for the Assessment of the Clinical Trial: This has been done with an approach according to Charaka Acharya who had mentioned it in an elaborated manner for the subjective criteria. Modern investigations were indulged so as to make it more objective.

#### **Criteria:**

1. Relief in signs and symptoms produced by krumi
2. Stool free from ova after the treatment
3. Deha bala (Stength):
  - i. Sharir Upachaya – Increase in body weight
  - ii. Increase in Hemoglobin levels

On the basis of the above stated criteria following set can be prepared for the statistical assessment of the results.

1. Complete cure (100% cured):
  - i. Vyadhi Bala: Stool free from ova, consequently,
  - ii. Complete relief in signs and symptoms.
2. Markedly relieved (50 to 75% cured)
  - i. Vyadhi Bala: Stool free from ova, consequently,
  - ii. Some signs and symptoms specially vaivarnya, daubalya and karshyata remain present after the treatment
3. Moderately relieved (25 to 50% cured):
  - i. Vyadhi Bala: Presence of Ova in Stool after treatment.
  - ii. Complete relief in signs and symptoms after treatment
4. Not relieved: (0 to 25 % cured)
  - i. Vyadhi Bala: Presence of Ova in Stool after treatment
  - ii. Partial relief in signs and symptoms after treatment

#### **V. Case Report:**

The required information was collected about this trial drug (ie. Kirmani Ova) and Kaphaj Krimi (Gandupada Krimi) from Ayurvedic Samhitas and Modern Pharmacology.



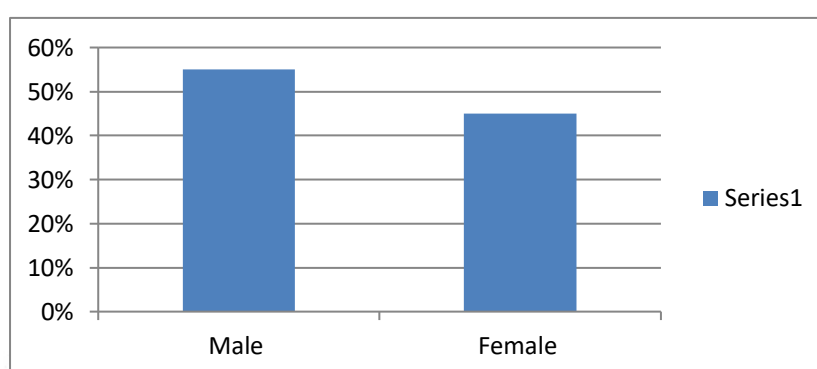
We have selected the group of for the trial purpose of the drug from OPD and treatment was given for three weeks. The age group of the patients was from 8 years to 16 years. The classification of patients was also done on the basis of Deha prakruti, Family status and place of residence (Rural/Urban).

1. Classification of selected children patients based on gender:

**Table-1:**

Sr.No.	Gender	No of cases	Percentage
01	Male	22	55%
02	Female	18	45%

**Graph-1:**



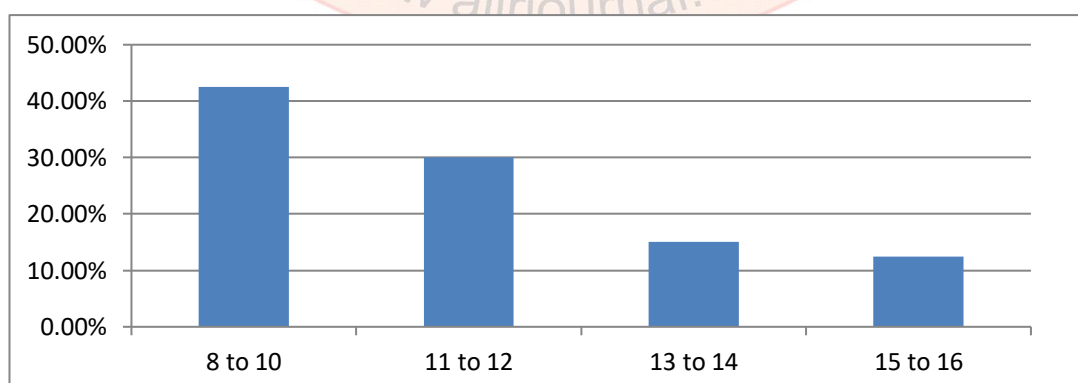
The above data in table-1 and Graph-1 indicate that the cases of “Kaphaj Krimi” are more in the Male children than female children.

2. Classification of selected children patients based on age:

**Table-2:**

Sr.No.	Age group	No of cases	Percentage
01	08-10	17	42.5%
02	11-12	12	30%
03	13-14	06	15%
04	15-16	05	12.5%

**Graph-2:**



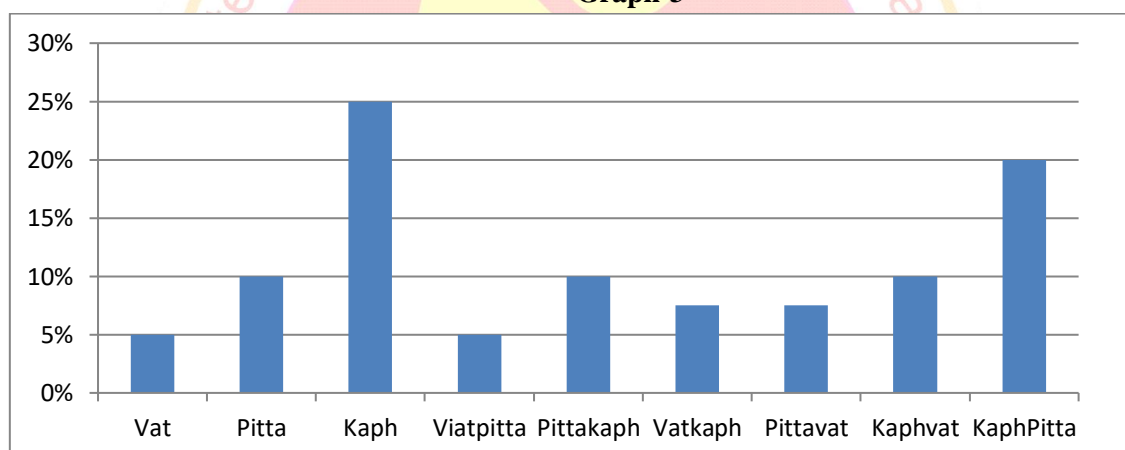
The above data in table-2 and Geaph-2 indicate that the cases of “Kaphaj Krimi” are more in the age group 08-10. The reasons observed for more cases are 1. Khafaj Gundharma prakruti, 2. Habit of eating more sweets, 3. More contact with Mud(mati) and 4. Less awareness, about cleanliness due to age

### 3. Classification of selected children patients based on Deha prakruti :

**Table-3**

Sr.No.	Deha Prakruti	No of cases	Percentage
1	Vat	02	5%
2	Pitta	04	10%
3	Kaph	10	25%
4	Viatpitta	02	5%
5	Pittakaph	04	10%
6	Vatkaph	03	7.5%
7	Pittavat	03	7.5%
8	Kaphvat	04	10%
9	KaphPitta	08	20%

**Graph-3**

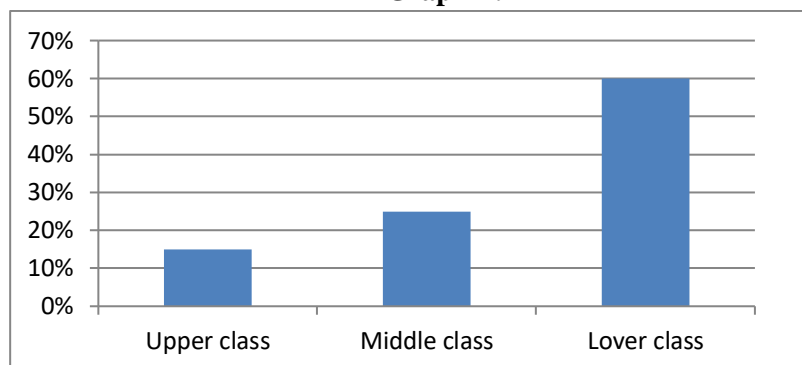


The above data in table-3 and graph-3 indicate that, the cases of Kaphaj Krimi are more in Kaph(25%) and Kaphpitta(20%). The reason for this is that Kaph Deha prkuri provides the environment for development of krimi.

### 4. Classification of selected children patients based on Social and economical family status :

**Table-4:**

Sr.No.	Family status	No of cases	Percentage
01	Upper class	06	15%
02	Middle class	10	25%
03	Lover class	24	60%

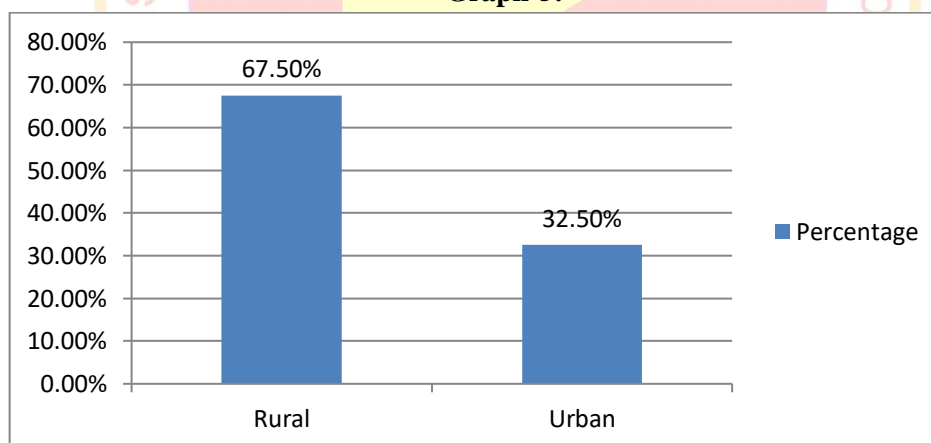
**Graph-4:**

The above data in table-4 and Graph-4 indicate that, the cases of Kaphaj Krimi are more in the children belonging to lower class (60%). The reasons for this are: a. Un-hygienic surroundings, b. Illiterate parents and c. Less awareness about cleanliness.

#### 5. Classification of selected children patients based on their area of residence:

**Table-5:**

Sr.No.	Area of residence	No of cases	Percentage
01	Rural	27	67.5%
02	Urban	13	32.5%

**Graph-5:**

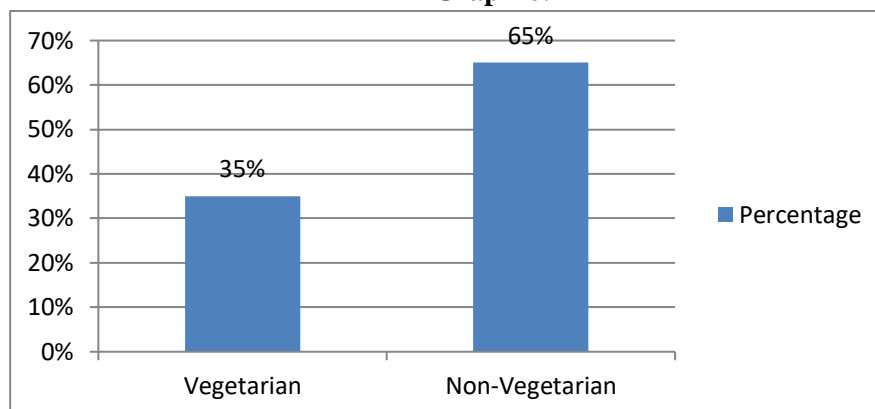
The above data in table-5 and graph-5 indicate that, the cases of Kaphaj Krimi are more in the children belonging to rural area children (67.5%). The reasons for this are: a. Un-hygienic surroundings, b. Illiterate parents, c. Less awareness about cleanliness, d. Un-treated drinking water and d. Lack of proper medical aid in rural areas.

#### 6. Classification of selected children patients based on their type of diet:

**Table-6:**

Sr.No.	Type of diet	No of cases	Percentage
01	Vegetarian	14	35%
02	Non-Vegetarian	26	65%

**Graph-6:**



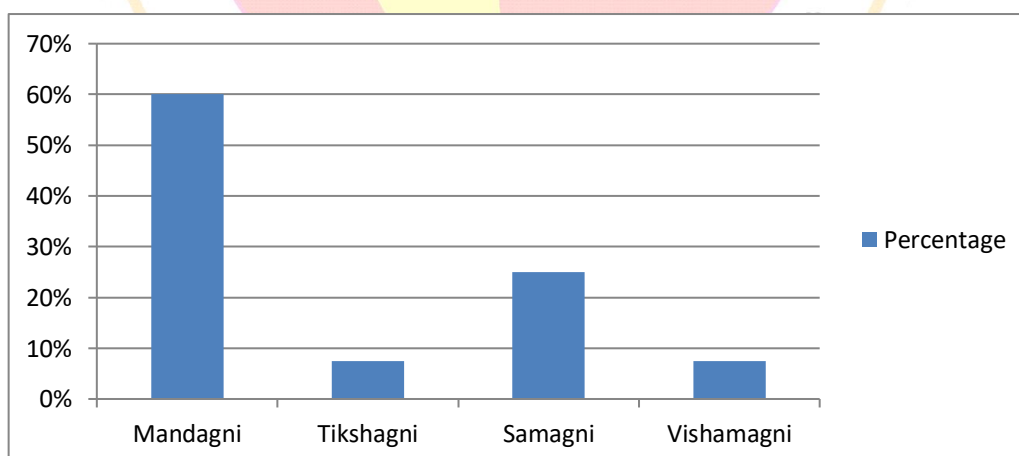
The above data in table-6 and Graph-6 indicate that, the cases of Kaphaj Krimi are more in the children having Non-Vegetarian diet habits (65%). The reasons for this are: a. Eating of not properly cooked Meal and b. other Un-hygienic food habits.

**7. Classification of selected children patients based on Agnibal of them:**

**Table-7:**

Sr.No.	Type of Agnibal	No of cases	Percentage
1.	Mandagni	24	60%
2	Tikshagni	03	7.5%
3	Samagni	10	25%
4	Vishamagni	03	7.5%

**Graph-7:**



The above data in table-7 and Graph- 7 indicate that, the cases of Kaphaj Krimi are more in the children having Mandagni (60%). The reasons for this is Mandagni produces Cough. Cough generates and increases Krimi.



**VI. Treatment Given And Observations:**

Before starting the treatment, the detailed history of the illness and the presents signs& symptoms were noted and in our case-paper special prepared for this work. Pathological test of Stool and blood examinations were conducted for confirmation

The respective trial drug was administered on Group-I and Group-II patients, once at bed time with luke warm water and it's dose was 2.5gms. this was continued for 07 days and at the end of 7<sup>th</sup> day Harutaki churna was given as Anuloman.

**1. Observation of Stool examination before treatment:****Table-8**

Sr.No.	Group	Total Patients	Observations
1	I	30	Ova seen
2	II	10	Ova seen

**2. Observation of Stool examination after treatment:****Table-9**

Sr.No.	Group	Total Patients	Observations after treatment		
			After 1 <sup>st</sup> week	After 2 <sup>nd</sup> week	After 3 <sup>rd</sup> week
1	I	30	Ova seen in 07 cases	Ova seen in 05 cases	Ova seen in 03 cases
2	II	10	Ova seen in 05 case	Ova seen in 04 case	Ova seen in 02 case

**3. Observation of blood examination of Group-I patients before and after treatment are given bellow:****Table-10:**

Sr.No	Before Treatment		After treatment	
	Hb% range	No of patients	Hb% range	No of patients
	12-14	5	12-14	12
	9-11	19	9-11	16
	6-8	6	6-8	2
	Average Hb%=9.9 gm%		Average Hb%=11 gm%	

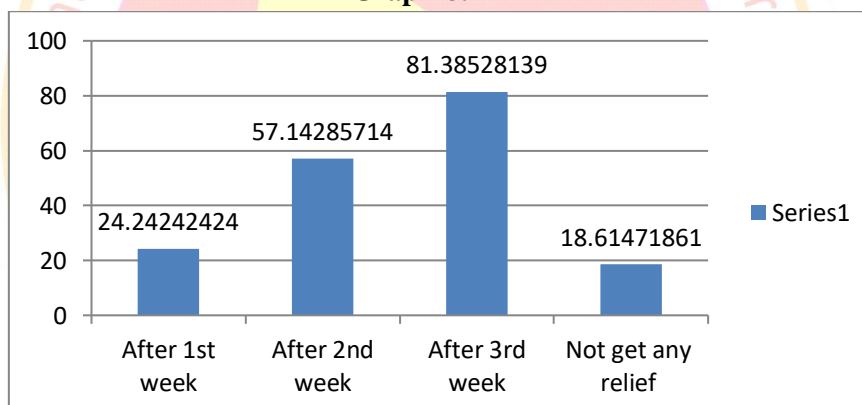
The above data in table-9 indicate that, the average Hb% in 30 patients of group-I in increased from 9.9 gm% to 11 gm% after treatment. That is 1.1 gm% increased due to treatment.

4. The analysis of symptoms of the Group-I patients before and after treatment are given below:

**Table-11:**

Sign and Symptoms	Noticed before treatment	Noticed after treatment						Not get any relief after treatment
		After 1 <sup>st</sup> week		After 2 <sup>nd</sup> week		After 3 <sup>rd</sup> week		
		Not relieved	Relieved	Not relieved	Relieved	Not relieved	Relieved	
Jwara	07	06	01	4	3	2	5	2
Vaivarnya	22	17	05	9	13	4	18	4
Udara shool	24	16	08	7	17	4	20	4
Sadan	20	15	05	7	13	3	17	3
Bhakta desh	25	19	06	9	16	4	21	4
Atisar	25	18	07	8	17	5	20	5
Praseka	10	07	03	5	5	3	7	3
Guda kandu	26	19	07	8	18	4	22	4
Agni mandya	22	18	04	9	13	4	18	4
Aruchi	12	10	02	7	5	3	9	3
Karshya	25	20	05	10	15	4	21	4
Dant karshya	13	10	03	5	8	3	10	3
Total	231	175	56	99	132	43	188	43

**Graph-8:**



The above data in table-11 and Graph- 8 indicate that the percentage of relived sign and symptoms is increased from 24.24 % after 1<sup>st</sup> week of treatment to 81.38% after treatment of 3<sup>rd</sup> week. It also indicate that only 18.62% of target population is not get any relief.

5. Observation of blood examination of Group-II patients before and after treatment are given below:

**Table-12:**

Sr.No	Before Treatment		After treatment	
	Hb% range	No of patients	Hb% range	No of patients
1	12-14	1	12-14	3
2	9-11	7	9-11	6
3	6-8	2	6-8	1
4	Average Hb%=9.7 gm%		Average Hb%=10.6 gm%	

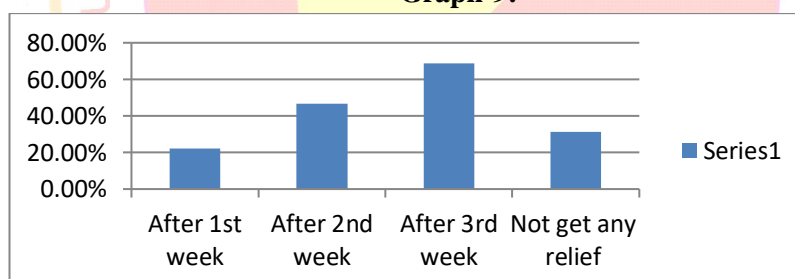
The above data in table-12 indicate that, the average Hb% in 10 patients of group-II in increased from 9.7 gm% to 10.6 gm% after treatment. That is 0.9 gm% increased due to treatment.

6. The analysis of symptoms of the Group-II patients before and after treatment are given bellow:

**Table-13:**

Sign and Symptoms	Noticed before treatment	Noticed after treatment						Not get any relief after treatment
		After 1 <sup>st</sup> week		After 2 <sup>nd</sup> week		After 3 <sup>rd</sup> week		
		Not relieved	Relieved	Not relieved	Relieved	Not relieved	Relieved	
Jwara	3	3	00	3	00	2	1	2
Vaivarnya	8	5	3	4	4	2	6	2
Udara shool	8	6	2	5	3	3	5	3
Sadan	7	4	3	3	3	2	5	2
Bhakta desh	8	6	2	3	5	2	6	2
Atisar	8	6	2	4	4	3	5	3
Praseka	4	3	1	3	1	1	3	1
Guda kandu	9	7	2	4	5	3	6	3
Agni mandya	7	6	1	3	4	2	5	2
Aruchi	3	3	4	2	1	1	2	1
Karshya	8	7	1	4	4	2	6	2
Dant karshya	4	4	00	2	2	1	3	1
Total	77	60	17	41	36	24	53	24

**Graph-9:**



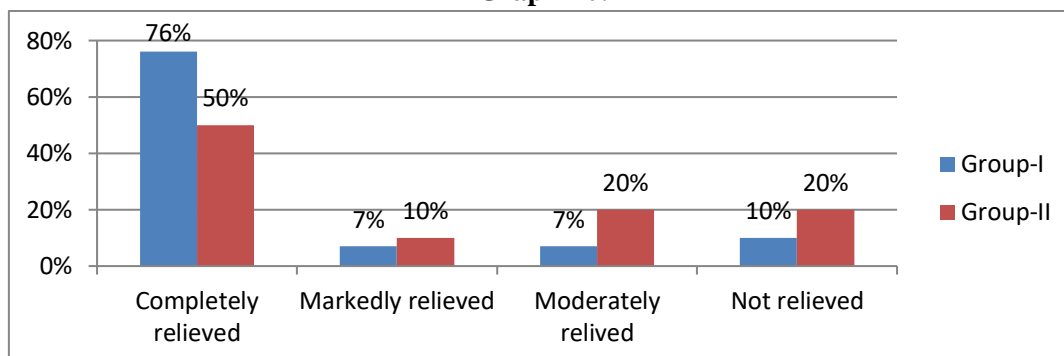
The above data in table-13 and Graph- 9 indicate that the percentage of relived sign and symptoms is increased from 22.08 % after 1<sup>st</sup> week af treatment to 68.83% after treatment of 3<sup>rd</sup> week. It also indicate that nearly one third of target population (31.17%) not get any relief.

7. The relative information regarding signs & symptoms relived in Group-1 and Group-II patients after treatment are given in the Table-14 bellow:

**Table-14:**

Group	Total cases	Completely relived		Markedly relived		Moderately relived		Not relived	
		Number	Percentage	Number	Percentage	Number	Percentage	Number	Percentage
<b>Group-I</b>	30	23	76%	02	7%	02	7%	02	10%
<b>Group-II</b>	10	5	50%	01	10%	02	20%	02	20%

**Graph-10:**



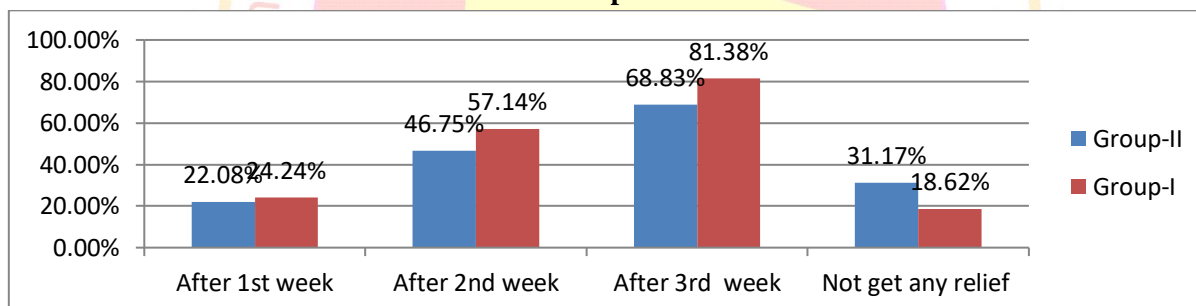
The above data in table-14 and Graph-10 indicate that the complete recovery is very in good in Group-1 as compared to Group-II

8. The relative information regarding patients relieved in Group-1 and Group-II patients after each week of treatment are given in the Table-15 below:

**Table-15**

group	After 1st week	After 2nd week	After 3rd week	Not get any relief
Group-II	22.08%	46.75%	68.83%	31.17%
Group-I	24.24%	57.14%	81.38%	18.62%

**Graph-11:**



The above data in table-15 and Graph-11 indicate that the recovery after each week and total recovery after 3rd is very in good in Group-1 as compared to Group-II

## VII. Conclusions:

- Group-I patients were treated with "Kirmani Ova Churna" and Group-II patients were treated with "Kampilak churna" for the comparison of effectiveness of two drugs.
- After completion of trials in Group-I, 76% of patients were relieved completely, 7% relieved markedly, 7% relieved moderately and 10% of patients did not get relieved
  - After completion of trials in Group-II, 50% of patients were relieved completely, 10% relieved markedly, 20% relieved moderately and 20% of patients did not get relieved
- It was also observed that apart from clinical improvement the trial drug showed significant improvement in pathological investigation of treated patients.
- The study concludes that the aggregate action of "Kirmani Ova" was Krimigna, Kleda Shoshaka on the special types of Kaphaj Krimi (ie. Gandupada Krimi)

5. The comparative study on Group-I and Group-II patients shows that, The percentage of patients relieved by Kirmani Ova was 90% and by Kampilak Churna was 80%. The percentage of symptoms relieved by Kirmani Ova was 82% and by Kampilak Churna was 69%.

Above points clearly concludes that Kirmani Ova is more effective on Kaphaj Krimi (ie. Gandupada Krimi) than Kampilak Churna.

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