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Clinical study on the *Rasayana* effect of *Ashwaganda* and *Punarnava*

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ABSTRACT

Background: It has been the desire of mankind to lead a disease free life to its fullest extent. To improve quality and quantum of life '*Rasayana*' has been explained in Ayurveda. It is not only indicated in the diseased but also in healthy individuals. *Ashwagandha* (*Withania somnifera* Dunal) and *Punarnava* (*Boerhavia diffusa* Linn) are explained by Vagbhata in *Rasayana* context. Both these can be administered without much restrictions as per *Vatatapika* mode of administration. **Objectives:** To study the *Rasayana* effect of *Ashwagandha* and *Punarnava* w.r.s. *Ajasrika Rasayana*. **Materials and Methods:** 32 students who fulfill the inclusion criteria were selected from S.D.M. College of Ayurveda, Hassan. They were divided in to two groups. Group A – 16 members were given with 2 tablets of Haritaki for 3 days for 'Koshta Shudhi', followed by a placebo with warm water before taking food for 40 days and kept as control. Group B – 16 members were given with 2 tablets of Haritaki tablets for 'Koshta Shudhi' followed by administration of 12 gm of *Ashwagandha* and *Punarnava* granules (equal quantity) twice a day along with warm water before taking food for 40 days. **Results:** Assessment was done two times in 40 days before and after the administration of *Ashwapunarnava* compound and were assessed for improvement in terms of subjective and objective parameters. Observations and results were tabulated and statistically analyzed with relevant parameters. **Conclusion:** *Ashwapunarnava* compound proved to be cost effective, palatable, safe and better drug for daily administration without much restriction.

Key words: *Rasayana*, *Arogya*, *Ashwagandha*, *Punarnava*.

INTRODUCTION

Ayurveda, the science of life aimed itself in promotion and preservation of physical and mental health, has provided a special kind of unique field called *Rasayana*. This is equally effective in the prevention

of the ill effects of aging and prevention of diseases by increasing the immunity and resistance of the individual against diseases and its effects are attributed to the action of producing the bodily tissues of optimum quality. *Rasayana* must primarily be life-sustaining and then tissue building. But the tissue building is not possible unless the existing blood and tissues are rendered clean and brought to a fit condition for fresh growth, and this has also to be achieved by the *Rasayana*. Again, a *Rasayana* must have food-value, in order to be freshly mixed up with *Rasam* (serum) to feed blood and build the several tissues in different metabolized stages. The reconstruction of the constitution depends upon the metabolic process which commences from *Rasam*. Considering all these aspects we have taken *Ashwagandha* and *Punarnava* compound as *Ajasrika Rasayana*. *Ajasrika Rasayana* is explained by Dalhana.

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It is a type of *Rasayana* where *Aushadhi* are to be employed everyday. Under this context *Ksheera* and *Ghrta* are mentioned^[1] in the context of *Nitya Sevaniya Aharadravya*, *Amalaki* and *Triphala Rasayana* are explained.^[2] *Ashwagandha* (*Withania somnifera* Dunal)^[3] and *Punarnava* (*Boerhavia diffusa* Linn)^[4] are explained by Vagbhata in *Rasayana* context. *Ashwagandha* is explained to possess qualities of *Pustiprada*, *Balya*, *Rasayana* and *Vrishya*.^[5] *Punarnava* means that which rejuvenates the body on account of *Tridoshashamana*, *Deepana*, and *Rasayana*.^[6]

A similar study was conducted with this combination in children with beneficiary effects. But in that study the drugs were administered with milk as *Anupana Dravya* where the milk itself possesses *Rasayana* properties.^[7] In this study the beneficiary effects of this compound will be studied in adults with *Ushnajala* as *Anupana*. The root powders of these drugs will be used for the compound. For administration the compound will be made in to granules form.

OBJECTIVES

To study the *Rasayana* benefits of *Ashwagandha* and *Punarnava* and to evaluate benefits of *Ashwapunarnava* compound as a *Ajasrika Rasayana*.

MATERIALS AND METHODS

In this present study the beneficiary effect of *Ashwapunarnava* compound as an *Ajasrika Rasayana* was studied by taking 32 subjects over a period of 40 days. The Apparently healthy voluntary individuals from S.D.M College of Ayurveda, Hassan were selected for this study, irrespective of sex, caste and socio economical status. The subjects were examined in detail as per special proforma which included both Ayurvedic and modern methods of examination. The criteria for selection of subjects to this study are as follows.

Criteria for selection of Patients

Inclusion criteria - Apparently healthy individual between 18 to 25 years who are willing to undergo

trial and inmates of hostels of SDM college of Ayurveda, Hassan, were included in the study.

Exclusive criteria - The individual suffering from any systemic diseases, Congenital anomalies were excluded.

Laboratory Investigations

Following laboratory investigations were conducted to rule out the pathology and to assess the changes during present study,

- Hematological – Hb%, TC, DC, ESR, RBS.
- Serological – Serum proteins, Albumin.
- Urine routine – albumin, sugar and microscopic.

Research design

32 apparently healthy subjects who fulfill the inclusion criteria were selected from S.D.M. collage of Ayurveda, Hassan for the study. They were divided in to two groups.

Group-A (Placebo group) – 16 subjects were given with 2 tablets of *Harithaki* administered for 3 days for *Koshta Shudhi*, followed by a placebo with warm water before taking food for 40 days and kept as control.

Group-B (Rasayana group) – 16 members were given with 2 tablets of *Harithaki* for *Koshta Shudhi* followed by administration of 12 gm of *Ashwagandha* and *Punarnava* granules (equal quantity) twice a day along with warm water before taking food for 40 days.

Assessment criteria

Assessment of clinical study were done based on the subjective and objective changes recorded,

Subjective parameters

The beneficiary effects of *Rasayana* were assessed in terms of changes in *Arogya Lakshana* explained in *Kashyapa Samhita*. The following signs and symptoms were graded for assessment.

Assessment of Arogya Lakshana

Annabhilasha (Desire for food)

- a) Timely manifestation of hunger - grade 0

b) Occasional loss of interest - grade 1

c) Disinterested to food always - grade 2

Bhuktasya Paripaka (Easy digestion of food)

a) Easy digestion of food - grade 0

b) Occasional disturb in digestion - grade 1

c) Always feel indigestion - grade 2

Srustavinmootratwa (Excretion of feces & urine)

a) Normal - grade 0

b) Occasional disturbance - grade 1

c) Untimely and disturbed - grade 2

Shareerasya Laghavam (Lightness of Body)

a) Feels lightness and enthusiastic - grade 0

b) Occasional disturbance - grade 1

c) Feels heaviness and laziness - grade 2

Suprasannendriyatwa (Perspicuity of Indriyas)

a) Natural function of Indriyas - grade 0

b) Mild improvement - grade 1

c) Good improvement - grade 2

Sukhaswapnaprabodanam (Comfortable sleep and awakening)

a) Normal manifestation - grade 0

b) Occasional delay - grade 1

c) Continuous disturbance - grade 2

Bala Labha (Attainment of strength)

a) Feels healthy and strong - grade 0

b) Occasional fluctuation - grade 1

c) Always tired and disturbed - grade 2

Soumanasya (Happiness)

a) Feels happiness and cheerful - grade 0

b) Occasional fluctuation - grade 1

c) Always depress and disturbed - grade 2

Objective parameters

Haemoglobin, Serum protein, Serum Albumin, Body Weight, BMI

OBSERVATIONS AND RESULTS

The clinical study was conducted on 32 apparently healthy subjects who were classified into 2 groups, 16 subjects in Group - A, Placebo 2 capsules (sugar capsule) twice a day with lukewarm water before food, and Group- B (*Rasayana* group) in which *Ashwapunarnava* granules was given in dose of 12 gms twice a day with lukewarm water before food was administered.

Age: Age wise distribution of subjects showed that maximum 81.25% were in the age group of 18 – 20 yrs, followed by 15.65% were in the age group of 21 – 23 years and 9.37% were in the age group of 24 – 26 years.

Sex: Out of 32 subjects of this series 50% were males and 50% were female.

Religion: Religion wise distribution of subjects showed that maximum of 87% were Hindus followed by 10 % were Muslim and 3% were Christians.

Socio-Economic Status: Socio-economic status wise distribution of subjects showed that maximum of 89.37% were of belonged to middle class followed by 0.03% belonged to lower class, 0.06 % belonged to upper class.

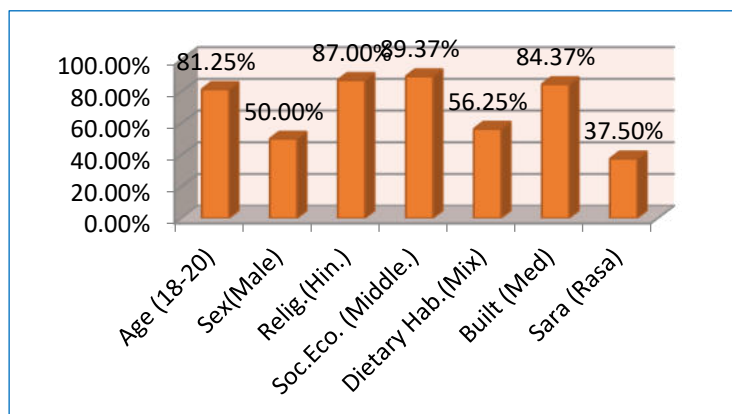
Dietary Habit: Analysis of dietary habit of 32 subjects of this series showed that 43.75% were vegetarians and 56.25% were having mixed dietary habits

Prakriti: Among the subjects included in the study, 40.56 % were having *Vata-Pittaja* and *Pitta-Kaphaja* and 18.75% subjects were of *Vata- Kaphaja Prakriti*.

Built: In this series 6.75 % were of large built, 84.37% of medium and 0.06 were having small built.

Sara: Sara wise distribution of 32 subjects in which 37.5 % were possessing *Rasa Sara*, *Rakta Sara* 31.25 %, *Mamsa Sara* 15.62 % and *Asthi Sara* 15.62%.

Figure - 1: Showing demographic data of 32 subjects.



DISCUSSION

The clinical study was conducted to understand the literary and therapeutic aspects of *Ajasrika Rasayana* and its impact on prevention and promotion of health. The role of Aswapunarnava compound as a *Ajasrika Rasayana* which can be taken on daily basis. Under-nutrition is one of the risk factor for the varies diseases and it is seen more in lower socio economic group, where the deficiency of proteins essential vitamins and minerals is very common. Deficiencies of these nutrients also impair the immunity. In the present study statistics shows greater increase of serum proteins in the Rasayana group, apart from this observation, positive gains are noted in anthropometrical assessments also. Hence *Ashwagandha Punarnava Rasayana* can be included as an effective nutritional supplementation in apparently healthy individual without much restriction and without any side effect.

In Rasayana Group, *Annabhilasha* was improved by 68.7 % which was statistically highly significant at $p < 0.001$; Placebo therapy improved the Annabhilasha by 30 % which was statistical significant at $p < 0.05$. So, Rasayana drugs have shown better improvement in Annabhilasha in comparison to placebo group in subjects involved in this study, in terms of percentage and significance.

In Rasayana Group, *Bhuktasya Paripaka* was improved by 57% which was statistically highly significant at $p < 0.001$; where as Placebo therapy improved the by 66% which was statistical significant at $p < 0.05$. So,

Rasayana drugs have shown better improvement in *Bhuktasya Paripaka* in comparison to study group in subjects involved in this study, in terms of percentage and significance.

In Rasayana Group, *Srustavinmootratva* was improved by 40% which was statistically highly significant at $p < 0.001$; where as in, Placebo therapy improved by 26%, which was statistical significant at $p < 0.05$. So, Rasayana drugs have shown better improvement in *Srustavinmootratva* in comparison to placebo group in subjects involved in this study, in terms of percentage and significance.

In Rasayana group, *Shareerasyalaghavam* was improved by 61% which was statistically highly significant at $p < 0.001$; where as in, Placebo therapy improved the by 40% which was statistical significant at $p < 0.001$. So, Rasayana drugs have shown better improvement in *shareerasyalaghavam* in comparison to placebo group in subjects involved in this study, in terms of percentage.

In Rasayana group, *Suprasannendriyatwa* was improved by 57.14% which was statistically highly significant at $p < 0.001$; where as in, Placebo therapy improved the by 11% which was statistical significant at $p < 0.001$. So, Rasayana drugs have shown better improvement in *Suprasannendriyatwa* in comparison to placebo group in subjects involved in this study, in terms of percentage.

In Rasayana Group, *Sukhaswapnaprabodanam* was improved by 44% which was statistically highly significant at $p < 0.001$; where as in, Placebo therapy improved the by 8.2% which was statistical significant at $p < 0.001$. So, Rasayana drugs have shown better improvement in *Sukhaswapnaprabodanam* in comparison to placebo group in subjects involved in this study, in terms of percentage.

In Rasayana Group, *Balalabha* was attained by 75% which was statistically highly significant at $p < 0.001$; where as in, Placebo therapy improved the by 8.2% which was statistical significant at $p < 0.001$. So, Rasayana drugs have shown better improvement in *Balalabha* in comparison to placebo group in subjects involved in this study, in terms of percentage.

In Rasayana Group, *Soumanasya* was improved by 75% which was statistically highly significant at $p < 0.001$; where as in, Placebo therapy improved the by 61% which was statistical significant at $p < 0.001$. So, Rasayana drugs have shown better improvement in *Soumanasya* in comparison to placebo group in subjects involved in this study, in terms of percentage.

In Rasayana Group, serum protein was improved by 7.6% which was statistically highly significant at $p < 0.001$; where as, Placebo therapy improved the by 7.2% which was statistical significant at $p < 0.001$. So, Rasayana drugs have shown better improvement in serum protein in comparison to placebo group in subjects involved in this study, in terms of percentage and significance.

In Rasayana Group, serum albumin was improved by 23% which was statistically highly significant at $p < 0.001$; where as, Placebo therapy improved the by 1.25% which was statistical significant at $p < 0.001$. So, Rasayana drugs have shown better improvement in serum albumin in comparison to placebo group in subjects involved in this study, in terms of percentage and significance.

In Rasayana Group, BMI was improved by 6.25% which was statistically highly significant at $p < 0.001$; where as in Study group, Placebo therapy improved the by 1.7% which was statistical significant at $p < 0.001$. So, Rasayana drugs have shown better improvement in BMI in comparison to placebo group in subjects involved in this study, in terms of percentage and significance.

CONCLUSION

Rasayana Chikitsa is explained with a purpose of replenishing and nourishing of specific bodily elements. Various *Rasayana Aushadhis* are to be administered during various periods of life. In healthy persons also *Rasayana* can be administered without much restriction on part of diet and regimen. Considering all these aspects scholar has taken *Ashwagandha* and *Punarnava* compound as an *Ajasrika Rasayana*. Impairment in nutritional status (malnutrition) forms an important predisposing factor

for various diseases. It is necessary to introduce a suitable nutritional adjuvant. Such supplement will correct the requirement nutrition and enhance *Arogya Lakshanas* which are told in Ayurveda.

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