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Research Article

CLINICAL AND PARASITOLOGICAL ASSESSMENT OF AYURVEDIC INTERVENTIONS IN INTESTINAL HELMINTHIASIS *(PURISHAJA KRIMI)*: A RANDOMIZED COMPARATIVE STUDY

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ABSTRACT

Purishaja Krimi, correlated with intestinal helminthiasis, remains an important clinical and public-health concern. Ayurveda describes *Krimi* and recommends *Krimighna* interventions, including *Palasha* and *Bahunetraphala*. However, comparative clinical evidence remains limited. **Objective:** To comparatively evaluate the clinical and parasitological efficacy of *Bahunetraphala Swarasa Ghana Vati* and *Palasha Beeja Churna* in *Purishaja Krimi*. **Methods:** An open-label, randomized comparative clinical study was conducted in 60 patients with confirmed helminthic infestation. Participants were randomly allocated into two groups of 30 each. Group A received *Bahunetraphala Swarasa Ghana Vati*, while Group B received *Palasha Beeja Churna* for 21 days. Clinical symptoms, stool Ova and Parasite Count (OPC), and haemoglobin levels were assessed before and after treatment. Statistical analysis was performed using paired and unpaired Student's *t*-tests. **Results:** Both groups showed significant improvement in clinical symptoms, OPC, and haemoglobin levels. Subjective symptom relief ranged from 19.71–32.49% in Group A and 66.24–77.37% in Group B. OPC clearance was achieved in 66.67% of patients in Group A compared with 100% in Group B. Mean haemoglobin increased by 4.54% and 7.30% in Groups A and B, respectively. Overall, complete cure or maximum improvement was observed in 46.67% of Group A and 70.00% of Group B patients. **Conclusion:** Both interventions demonstrated therapeutic benefit in *Purishaja Krimi*; however, *Palasha Beeja Churna* showed comparatively superior clinical and parasitological efficacy. Larger studies with species-specific parasitological assessment and further pharmacological evaluation are warranted.

INTRODUCTION

Helminthic infections remain an important public-health concern, particularly in tropical and subtropical regions where inadequate sanitation, contaminated food and water, overcrowding, and poor hygiene facilitate transmission. Children are especially susceptible and may experience abdominal symptoms, nutritional deficiencies, anaemia, impaired growth and reduced well-being as a consequence of persistent infection. Soil-transmitted helminth infections are estimated to affect approximately 1.5 billion people worldwide [1], highlighting the continuing need for effective and accessible strategies for prevention and treatment.[2]

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Ayurvedic literature has described the concept of *Krimi* extensively. References to *Krimi* occur in early Vedic literature, including the Atharvaveda, and subsequent Ayurvedic texts provide detailed descriptions of their classification, causative factors, clinical manifestations and management.[3] Acharya Charaka classified *Krimi* into *Sahaja* and *Vaikarika*, with the latter further divided into *Bahya* and *Abhyantara* varieties. Among the *Abhyantara Krimi, Purishaja Krimi* are associated with the gastro-intestinal tract and *Purisha* and may be clinically correlated, with appropriate caution, to intestinal parasitic infestations described in contemporary medicine.[4] Sushruta and Vagbhata also described internal *Krimi* and their characteristic clinical features.[5]

The clinical features described for *Purishaja Krimi,* including *Udarashoola, Aruchi, Panduta, Gudakandu* and *Daurbalya*, have considerable clinical relevance in patients with intestinal helminthiasis. From the Ayurvedic perspective, the development of

Krimiroga is associated with impaired *Agni*, accumulation of *Ama* and predominance of *Kapha* and *Vata*, with unsuitable dietary and lifestyle practices contributing to a favourable environment for *Krimi.* Accordingly, Ayurvedic management emphasizes *Apakarshana, Prakriti Vighata, Nidana Parivarjana* and the use of *Krimighna* drugs.[6]

Among the drugs traditionally indicated for *Krimiroga, Palasha* (*Butea monosperma* [Lam.] Taub.) has particular importance. Classical Ayurvedic sources describe *Palasha* for *Krimighna* activity and experimental evidence has also demonstrated anthelmintic potential of its seeds.[7] Its reported bioactive constituents, particularly palasonin, have been investigated for antiparasitic activity and may contribute to impairment of helminth neuromuscular function and subsequent expulsion. Thus, the traditional *Krimighna* action of *Palasha* has a plausible pharmacological basis, although the precise mechanism requires further investigation.

Bahunetraphala (*Ananas comosus* [Linn.] Merr.), commonly known as pineapple, has also been used traditionally in gastrointestinal disorders. Its major proteolytic enzyme, bromelain, has been investigated for digestive, anti-inflammatory and potential antiparasitic effects.[8] Its role may therefore extend beyond direct antiparasitic activity to supporting gastrointestinal function and recovery. The available evidence, however, is insufficient to establish its exact clinical mechanism against intestinal helminths.

Although conventional anthelmintic agents such as albendazole and mebendazole remain important in helminth control, reinfection and other limitations highlight the importance of continuing research into complementary, affordable and potentially useful therapeutic options. In this context, systematic clinical evaluation of traditionally used *Krimighna* drugs is relevant for integrating classical Ayurvedic knowledge with contemporary clinical evidence.

Therefore, the present study was undertaken to comparatively evaluate the clinical and parasitological efficacy of *Palasha Beeja Churna* and *Bahunetraphala (Anarasa)* in patients with *Purishaja Krimi* (helminthic infestation), using clinical symptoms, stool Ova and Parasite Count and haemoglobin as outcome measures.

MATERIALS AND METHODS

Study Design

An Open labelled Comparative Randomized controlled clinical trial was conducted among patients suffering from *Krimiroga* or a known case of it, visiting the OPD of I.P.G.A.E & R at S.V.S.P. Separate case sheets were prepared with the mentioned signs and symptoms of *Krimiroga* and treatment charts. The approval number for the Ethical Permission was obtained on 29th May, 2024 (SVP/ IEC/ 843/2024, dated 29th May, 2024) and also the trial was registered in the Clinical Trial Registry of India, having Reg. No. CTRI/2024/08/073052 before the onset of the clinical study. Participant recruitment occurred between January 2025 and December 2025.

The study was conducted in the Department of Kayachikitsa, Institute of Postgraduate Ayurvedic Education and Research at SVSP, Kolkata, India. The estimated sample size of 30 subjects per group (total n=60). The effect size was based on previous experience with clinical trials of this nature at the Institute of Postgraduate Ayurvedic Education and Research at SVSP. Additional subjects were eligible to be registered, considering the dropout rate.

Potential participants were screened after being informed and providing informed consent and 60 eligible subjects were enrolled in the study as per inclusion and exclusion criteria. Volunteers were randomized into blocks of four to receive either *Bahunetraphala Swarasa Ghana Vati* (250mg) or *Palash Beeja Churna* (3gm) for 21 days. There were two groups: (1) subjects who received *Bahunetraphala Swarasa Ghana Vati* and (2) subjects who received *Palash Beeja Churna*. Treatments were given to the subjects for 21 days. Participants aged 5–15 years received the dose calculated according to Young's Formula, whereas those aged 16–30 years received 3 g twice daily before meals (BDAC) with lukewarm water. For age-wise assessment, each group was further divided into two subgroups: Subgroup I comprised participants aged 5–15 years and Subgroup II comprised participants aged 16–30 years. A record of all drop-out cases was maintained throughout the study.

Study Participants

Study participants included children aged 5 to 15 years and adults aged 16 to 30 years suffering from *Purishaja Krimi* (helminthic infestation), presenting with clinical signs and symptoms described in classical Ayurvedic texts and modern literature. Participants were selected irrespective of *Prakriti*, gender, caste, religion and socioeconomic status. Eligibility for inclusion required confirmation of helminthic infection through a positive stool examination and only participants who were competent and willing to provide written informed consent were enrolled in the study. Patients with a history of pineapple allergy, pregnant or lactating females, those receiving hormonal therapy or hormonal pills and participants with evidence of malignancy were excluded. Individuals suffering from cardiac disease or requiring major surgery, those taking anti-anxiety or antidepressant medication, patients with uncontrolled diabetes mellitus or hypertension, severe

gastrointestinal disorders, acute abdominal pain, or severe anaemia were also excluded. All eligible participants were informed about the study and its procedures and written informed consent was obtained before enrolment.

Study Products

The study products comprised two Ayurvedic preparations administered orally. For Group A, *Bahunetraphala Swarasa Ghana Vati* prepared from *Bahunetraphala* [*Ananas comosus* (L.) Merr.] was used as the trial formulation. The *Bahunetraphala Swarasa* was prepared by the conventional method and subsequently processed into *Ghana Vati,* with each tablet containing 250mg of the formulation. For Group B, *Palash Beeja Churna,* prepared from the seeds of *Palash* [*Butea monosperma* (Lam.) Taub.], was employed as the control formulation. Both formulations were prepared in the Apothecary Department of IPGAE&R at SVSP Hospital, Kolkata, following the respective classical methods of preparation. The prepared *Bahunetraphala Ghana Vati* tablets were preserved in airtight packets. The raw materials required for the preparation of the study formulations were authenticated and standardized prior to their use in the clinical study. The selection of *Bahunetraphala* and *Palash Beeja* was based on their classical Ayurvedic indications and their proposed *Krimighna* relevance in the management of *Purishaja Krimi* (intestinal helminthic infestation).

Study outcome and Data collection

The therapeutic efficacy of the interventions in *Purishaja Krimi* (intestinal helminthic infestation) was assessed by evaluating changes in subjective and objective parameters before and after treatment. The assessment included Ayurvedic clinical symptoms such as *Udarashoola* (abdominal pain), *Panduta* (pallor), *Vistambha* (abdominal distension with constipation), *Praseka* (excessive salivation), *Vidbheda* (diarrhoea), *Aruchi* (loss of appetite), and *Gudakandu* (perianal itching), along with relevant objective investigations. Objective assessment included haemoglobin estimation and stool examination for ova, cysts and parasites (OPC). Patients were selected according to the predefined inclusion and exclusion criteria after obtaining informed consent. A separate case record was maintained for documenting demographic details, clinical features, investigation findings, treatment schedule, and follow-up observations. A total of 60 patients were enrolled, with 30 patients in each group. Group A received *Bahunetraphala Swarasa Ghana Vati,* while Group B received *Palash Beeja Churna*. The treatment was administered for 21 days and assessments were conducted at 21-day intervals. Assessment of the subjective and objective parameters was carried out before initiation of treatment and after completion of the treatment period. Biochemical investigations were performed before treatment and on the 21st day. The changes observed in the clinical symptoms and investigation findings were recorded systematically to determine the therapeutic response of both interventions. The collected data were subsequently organised and subjected to appropriate statistical analysis, with the changes observed before and after treatment being used to determine the therapeutic response of the respective interventions.

Statistical Analysis

It was a randomized, comparative clinical study consisting of two groups, namely Group A and Group B, with 30 patients in each group. The efficacy of the respective therapeutic interventions was assessed by comparing the clinical and objective parameters before and after treatment. The data obtained were subjected to appropriate statistical analysis. Student's paired t-test was applied for intragroup comparison to assess the significance of changes in the parameters before and after treatment, while Student's unpaired t-test was used for intergroup comparison of the treatment outcomes. The statistical analysis was performed using SPSS software.

RESULTS

The present study evaluated the therapeutic efficacy of two Ayurvedic interventions in patients of *Purishaja Krimi* (helminthic infestation), with particular emphasis on changes in subjective clinical parameters and objective parameters before and after treatment. The subjective parameters included *Udarashoola* (abdominal pain), *Parikartika, Vidbheda* (diarrhoea), *Panduta* (pallor), *Vivarnata, Aruchi* (loss of appetite), and *Gudakandu* (perianal itching), while the objective parameters included Ova and Parasite Count (OPC) and haemoglobin level. Both groups showed statistically significant improvement in the assessed parameters following treatment.

In Group A, which received *Bahunetraphala Swarasa Ghana Vati,* the percentage relief in the subjective parameters ranged from 19.71% to 32.49%, with the highest improvement observed in *Panduta* (32.49%) and *Udarashoola* (30.92%). The mean haemoglobin level increased from 9.26g/dL to 9.68g/dL, representing a mean increase of 0.42g/dL (4.54%). The mean OPC score decreased from 1.00 to 0.30, corresponding to 70% relief; 20 out of 30 patients (66.67%) became OPC negative after treatment. These changes were statistically highly significant.

In Group B, which received *Palash Beeja Churna*, considerably greater improvement was observed across the subjective parameters. The percentage relief ranged from 66.24% to 77.37%, with the highest relief observed in *Vidbheda* (77.37%), followed by *Gudakandu* (73.24%) and *Parikartika* (71.66%). The mean haemoglobin level increased from

8.77g/dL to 9.41g/dL, with a mean increase of 0.64g/dL (approximately 7.3%). Importantly, all 30 patients who were OPC positive before treatment became OPC negative after treatment, indicating 100% parasitological clearance.

The intergroup comparison demonstrated statistically highly significant differences in favour of Group B for all the assessed subjective parameters, with $p<0.001$. Group B also showed significantly greater improvement in haemoglobin levels and OPC clearance compared with Group A. The OPC clearance was 66.67% in Group A compared with 100% in Group B, and the intergroup comparison was statistically highly significant ($p<0.001$).

The overall clinical response further supported the beneficial effect of both interventions. In Group A, 4 patients (13.33%) achieved complete cure (100% relief), 10 patients (33.33%) showed maximum improvement (76–99% relief), 11 patients (36.67%) demonstrated moderate improvement (51–75% relief), and 5 patients (16.67%) showed mild improvement (26–50% relief). In Group B, 8 patients (26.67%) achieved complete cure, 13 patients (43.33%) showed maximum improvement, 7 patients (23.33%) demonstrated moderate improvement, and 2 patients (6.67%) showed mild improvement. No patient in either group remained unchanged.

Considering all 60 patients together, 12 patients (20.00%) achieved complete cure, 23 patients (38.33%) showed maximum improvement, 18 patients (30.00%) demonstrated moderate improvement, and 7 patients (11.67%) showed mild improvement. Thus, 35 out of 60 patients (58.33%) achieved either complete cure or maximum improvement, while all patients demonstrated some degree of clinical improvement. The comparatively higher proportion of complete cures and maximum improvements in Group B indicates a superior therapeutic response to *Palash Beeja Churna* compared with *Bahunetraphala Swarasa Ghana Vati* in the present study.

Table 1: Effects on Subjective Parameters in both groups

Parameter	Group	BT Mean	AT Mean	Mean Difference	% Relief	S.E.	t-value	P-value	Significance
Udarashoola	A	2.07	1.43	0.64	30.92	0.091	6.595	<0.001	HS
	B	2.60	0.87	1.73	66.54	0.088	19.66	<0.001	HS
Parikartika	A	1.53	1.20	0.33	21.57	0.082	3.247	<0.05	S
	B	1.87	0.53	1.34	71.66	0.090	14.89	<0.001	HS
Vidbheda	A	1.57	1.17	0.40	25.48	0.093	5.037	<0.001	HS
	B	1.90	0.43	1.47	77.37	0.085	17.29	<0.001	HS
Panduta	A	1.97	1.33	0.64	32.49	0.092	4.709	<0.001	HS
	B	1.90	0.57	1.33	70.00	0.082	16.22	<0.001	HS
Vivarnata	A	1.90	1.43	0.47	24.74	0.092	4.709	<0.001	HS
	B	1.93	0.63	1.30	67.36	0.087	14.94	<0.001	HS
Aruchi	A	1.37	1.10	0.27	19.71	0.079	2.971	<0.05	S
	B	1.57	0.53	1.04	66.24	0.081	12.84	<0.001	HS
Gudakandu	A	1.83	1.43	0.40	21.86	0.091	4.397	<0.001	HS
	B	2.13	0.57	1.56	73.24	0.086	18.14	<0.001	HS

Table 2: Effects on Subjective Parameters between the Groups

Parameter	Group A AT Mean ± SD	Group B AT Mean ± SD	Mean Difference	SED	t-value	P-value	Significance
Udarashoola	1.43 ± 0.50	0.87 ± 0.48	0.56	0.127	4.41	<0.001	HS
Parikartika	1.20 ± 0.45	0.53 ± 0.49	0.67	0.122	5.49	<0.001	HS
Vidbheda	1.17 ± 0.51	0.43 ± 0.47	0.74	0.129	5.74	<0.001	HS
Panduta	1.33 ± 0.50	0.57 ± 0.45	0.76	0.123	6.18	<0.001	HS
Vivarnata	1.43 ± 0.50	0.63 ± 0.48	0.80	0.127	6.30	<0.001	HS
Aruchi	1.10 ± 0.43	0.53 ± 0.44	0.57	0.112	5.09	<0.001	HS
Gudakandu	1.43 ± 0.50	0.57 ± 0.47	0.86	0.125	6.88	<0.001	HS

Table 3: Effects on Objective Parameters in both groups

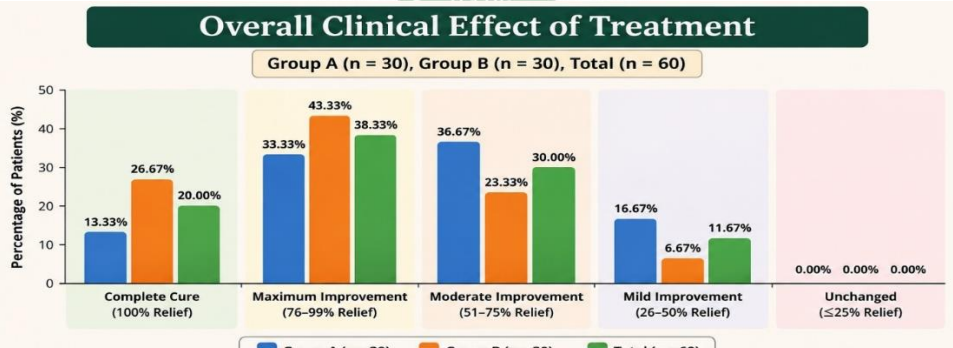
Objective Parameter	Group	BT Mean ± SD	AT Mean ± SD	Mean Difference	% Improvement / Relief	S.E. of Mean Difference	t-value	P-value	Significance
Ova & Parasite Count (OPC)	A	1.00 ± 0.00	0.30 ± 0.47	0.70	70.00%	0.088	7.99	<0.0001	HS
	B	1.00 ± 0.00	0.00 ± 0.00	1.00	100.00%	0.034	29.00	<0.0001	HS
Haemoglobin (g/dL)	A	9.26 ± 0.48	9.68 ± 0.56	0.42 ± 0.23	4.54%	0.042	10.09	<0.0001	HS
	B	8.77 ± 0.24	9.41 ± 0.34	0.64 ± 0.20	7.30%	0.037	17.51	<0.0001	HS

Table 4: Effects on Objective Parameters between the Groups

Objective Parameter	Group A AT / Change	Group B AT / Change	Mean Difference	t-value	P-value	Significance
OPC score	0.30 ± 0.47	0.00 ± 0.00	0.30	3.49	0.0010	HS
Haemoglobin improvement (g/dL)	0.42 ± 0.23	0.64 ± 0.20	0.22	3.92	0.00024	HS

Table 5: Overall effects of Treatments in 60 patients

Overall Effect	Criteria (% Relief)	Group A (n=30)	Group B (n=30)	Total (n=60)
Complete Cure	100% Relief	4 (13.33%)	8 (26.67%)	12 (20.00%)
Maximum improvement	76–99% Relief	10 (33.33%)	13 (43.33%)	23 (38.33%)
Moderate improvement	51–75% Relief	11 (36.67%)	7 (23.33%)	18 (30.00%)
Mild improvement	26–50% Relief	5 (16.67%)	2 (6.67%)	7 (11.67%)
Unchanged	≤25% Relief	0 (0.00%)	0 (0.00%)	0 (0.00%)



Overall Effect	Criteria (% Relief)	Group A (n = 30)	Group B (n = 30)	Total (n = 60)
Complete Cure	100% Relief	4 (13.33%)	8 (26.67%)	12 (20.00%)
Maximum Improvement	76–99% Relief	10 (33.33%)	13 (43.33%)	23 (38.33%)
Moderate Improvement	51–75% Relief	11 (36.67%)	7 (23.33%)	18 (30.00%)
Mild Improvement	26–50% Relief	5 (16.67%)	2 (6.67%)	7 (11.67%)
Unchanged	≤25% Relief	0 (0.00%)	0 (0.00%)	0 (0.00%)

Figure 1: Overall Effect of treatments on Comparison between Groups

Table 6: Arbitrary scoring of Subjective parameters

S.No.	Symptom	Grade 1	Grade 2	Grade 3	Grade 4
1	*Udarashoola* (abdominal pain)	Absent	Mild, occasional pain	Moderate, frequent but tolerable pain	Moderate, regular but tolerable pain
2	*Panduta* (pallor/anaemia)	Not present	Slight pallor of lower palpebral	Grade 2 features with pallor of palms	Grade 2 + Grade 3 features with

			conjunctiva, dorsum of tongue and soft palate	and soles	generalized pallor, swelling/puffiness or other associated complications
3	*Vistambh*a (abdominal distension with constipation)	Normal stool; no abdominal distension or constipation	Slight distension without tenderness; constipation but daily stool passage	Distension with tenderness; irregular bowel movement with a 1–2 day interval	Distension with moderate tenderness; constipation requiring medication for stool passage
4	*Praseka* (excessive salivation)	Normal in children; absent in adults	Mild in adults; moderate in children	Moderate in adults; severe in children	Excessive in adults; continuous in children
5	*Vidbheda* (diarrhoea)	Absent	Occasional, 3–4 episodes/week	Frequent, 5–6 episodes/week	Very frequent, ≥7 episodes/week
6	*Aruch*i (Diminished appetite)	Normal appetite; food intake 4–5 times/day	Decreased appetite; smaller quantities despite 4–5 meals/day	Markedly decreased appetite; skips meals and takes food about 3 times /day	Severely decreased appetite; takes principal meals only twice/day
7	*Gudakandu* (Anal itching)	Not present	Occasional itching around the anal region	Severe itching, predominantly during the night	Very severe, constant itching during day and night

DISCUSSION

The present randomized comparative clinical study evaluated the efficacy of *Bahunetraphala* and *Palasha Beeja Churna* in 60 patients with *Purishaja Krimi* (helminthic infection), with 30 patients in each group. Both interventions were administered for 21 days and assessed using subjective symptoms, stool Ova and Parasite Count (OPC), and haemoglobin level. The baseline findings showed the presence of classical features of *Purishaja Krimi*, including *Udarashoola, Parikartika, Vidbheda, Panduta, Vivarnata, Aruchi* and *Gudakandu.* Both groups demonstrated statistically significant improvement in all subjective parameters. However, the magnitude of improvement was consistently greater in Group B. The percentage relief in Group B ranged from 66.24% to 77.37%, compared with 19.71% to 32.49% in Group A, and the intergroup differences were statistically highly significant ($p<0.001$).

The objective assessment further supported the clinical findings. Stool OPC became negative in 66.67% of patients in Group A and 100% of patients in Group B. The intergroup difference was statistically significant ($p=0.001$), indicating greater antiparasitic efficacy of *Palasha Beeja Churna*. Haemoglobin also increased significantly in both groups, with a greater mean improvement in Group B (7.30%) than Group A (4.54%). Overall, 70% of patients in Group B achieved either complete cure or maximum improvement, compared with 46.67% in Group A.

The comparatively better response of *Palasha* may be explained by its classical properties and probable anthelmintic action. *Palasha* is described as having *Krimighna* activity and properties capable of counteracting the conditions favourable for *Krimi*. Its seed contains bioactive constituents, including palasonin, which has been associated with anthelmintic activity. These effects may contribute to impairment of parasite viability and elimination through the gastrointestinal tract. Thus, *Palasha* may act through a combination of *Krimighna* activity, disruption of parasite survival and facilitation of expulsion, although the exact pharmacological mechanism requires further experimental confirmation.

Bahunetraphala, represented by pineapple, also demonstrated significant clinical and parasitological improvement. Its probable action may be related to bromelain and other phytoconstituents. Bromelain possesses proteolytic activity, and its enzyme-mediated effects may potentially interfere with the structural integrity or survival of intestinal parasites. The digestive and anti-inflammatory properties of pineapple may additionally contribute to the reduction of gastrointestinal symptoms and improvement in intestinal function. However, these mechanisms should be regarded as probable rather than definitively established anthelmintic mechanisms. From an Ayurvedic perspective, the management of *Krimi* involves principles such as *Apakarshana, Prakriti*

Vighata and *Nidana Parivarjana*. The therapeutic response observed in the present study may therefore be interpreted as a combined effect of reducing the parasitic burden, creating an unfavourable environment for *Krimi* and promoting their elimination.

The greater improvement in stool OPC and clinical symptoms with *Palasha* suggests that *Palasha Beeja Churna* may possess stronger direct antiparasitic activity than *Bahunetraphal*a in the present study population. Nevertheless, *Bahunetraphala* also produced significant improvement and may have additional value through its enzymatic and gastrointestinal actions. Both interventions were well tolerated during the study period, with no major adverse effects reported. Overall, both treatments showed significant therapeutic potential in *Purishaja Krimi*, but *Palasha Beeja Churna* demonstrated superior clinical and parasitological efficacy. Further studies involving larger samples, species-specific parasitological identification and experimental evaluation of active constituents are warranted to establish the precise mechanisms of action.

CONCLUSION

The present clinical study demonstrated that both *Bahunetraphala* and *Palasha Beeja Churna* were effective in the management of *Purishaja Krimi*. Significant improvement was observed in clinical symptoms, stool Ova and Parasite Count, and haemoglobin levels in both groups. However, *Palasha Beeja Churna* showed comparatively greater improvement, particularly in parasitological clearance and overall clinical response. The findings suggest that *Palasha* may have a stronger *Krimighna* and anthelmintic effect, while *Bahunetraphala* also demonstrated meaningful therapeutic benefit. Thus, *Palasha Beeja Churna* may be considered a promising Ayurvedic intervention for *Purishaja Krimi*. Further studies with larger sample sizes and objective parasitological and pharmacological evaluation are recommended to substantiate these findings and clarify the underlying mechanisms.

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