A Clinical Trial To Assess The Effect of Punarnavadi Ghrita On Madatyaya

1Dr. Chawla Kumar Satbir , 2Dr. Priyanka

1Lecturer, Agad tantra Department, Glocal college of Ayurvedic Medical sciences and research centre, Saharanpur, Uttar Pradesh, India.
2Lecturer, Stri Roga and Prasuti tantra Department, Chaudhary Devi Lal college of Ayurveda, Yamuna Nagar, Haryana, India.

Corresponding author:- Dr. Satbir Kumar Chawla
H.No. 691, Sector 17, Huda, Jgadhari, Yamuna Nagar, Haryana, India

ABSTRACT
Madatyaya is a (Vyadhi) disease mention by Ayurvedacharyas and in contemporary science it is correlated with “Alcoholism”. Now days it is spreading like an evil in the society. The present study deals with assessment of the clinical effect of “Punarnavadi Ghrita” in the management of “Madatyaya” w.s.r. to withdrawal symptom. In the study particular symptoms of Madatyaya are assessed on the basis of a self prepared gradation index. Blood Examinations Hb gm%, TLC, DLC, ESR, LFT are done to assess the efficacy of the drug. For clinical study a randomized open clinical trial of 30 days on 30 patients in Drug De-addiction was conducted where patients were assessed before treatment, on follow-up on 15th day and after treatment. The patients were treated with Punarnavadi Ghrita. The before treatment and after treatment comparison of data reveals that treatment given to 30 patients shows significant (P<0.05) results in most of subjective parameters and objective parameters. The study revealed that the test drug Punarnavadi Ghrita is effective in improvement of sign symptoms and laboratory investigations in the patients of withdrawal symptoms of madatyaya.

Key words: Madatyaya, Sign and symptoms, Punarnavadi, Ghrita-

INTRODUCTION
Madya is well described in all the ancient texts. It is in use from the ancient times. Madya is prepared from different types of ingredients and they have different guna and karma. Hence these drinks have both useful and harmful effects. If taken in an appropriate manner in optimum dose, at an appropriate time, along with wholesome food, in accordance with one’s own strength and with a happy mood, madya works as Amritta.1 In Charaka Samhita Madya is mentioned as the great wisdom of the Ashwini kumars, which is the power of Saraswati, which is the oja of Indra, which is the ‘Soma’ prepared in the ‘Sautramani yagya’, which is the destroyer of sorrow, unhappiness, fear and distress, which is powerful, and when taken produces happiness which increases love, joy, speech and nourishment and reduces tension, and praised as the joyful wine by the gods and mortals, should be taken in joyfull manner.2 But its excessive and improper use results in Madatyaya; which is similar to alcoholism because madatyaya has clinical symptoms similar to Alcoholism. The samanya lakshanas of madatyaya mentioned in Ayurveda4 can be correlated with the withdrawal symptoms of chronic alcoholism.5 As per Ayurveda Madya is poison because there are 10 gunas (properties) of poisons by which it act on body, which are exactly similar with all gunas (properties) of Madya.6,7 Though Madya is poison, but when person drinks it in an adequate dose, by proper manner with proper diet, it acts as an Amrit. But if anyone consume Madya in over dose and by improper manner then it destroys the Ojadhatu in human body as all the gunas of Ojadhatu are exactly opposite to the gunas of Madya.8 In ayurveda Madatyaya is described as a Tridoshaja Vyadhi with predominance of Kapha Dosha and imbalance of Agni.9 But in modern science the alcohol addiction/abuse is a disorder which can be better
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treated by stopping the consumption of alcohol and patient who want to leave alcohol consumption, by sudden withdrawal of alcohol, they suffer from serious withdrawal symptoms; which force them to take alcohol again. These withdrawal symptoms act as a big hurdle in treatment of alcohol addicted patients. In Chikitsa of Madataya Acharya Charak has mentioned the drugs which have Deepana, Pachana, Srotoshodhaka properties can effectively treat the Madataya. In the present study the trial drug Punarnavadi Ghritta is selected with the reference of Acharya Chakradatta mentioned for the treatment of Madataya. It is a herbal preparation and is used as Rasayana. Punarnavadi Ghritta is made up of Godugdha, Goghritta, Yashtimsdhu, Punarnava which have very good effect on nervousness, palpitation, tremors, headache, anorexia, fatigue, irritability, lack of concentration, etc. which are the symptom of Madataya. So the present research work has been undertaken keeping in the view the hazards of madataya to the society and providing a safe, economical and better treatment for the patients of madataya.

MATERIALS AND METHODS

Aim and objectives:-
To assess the clinical efficacy of Punarnavadi Ghritta in sign and symptoms of Madataya.

Selection and Preparation of drug
The trial drug Punarnavadi Ghritta was selected on the basis of reference of Acharya Chakradatta. The drug was prepared according to procedure as mentioned in the classical text in the pharmacy of Uttaranchal Ayurvedic College, Dehradun, under the supervision of Ras Shashtra and Dravya guna Department. Punarnava kwath (8 part), Yashtimadhu kalka (1 part), Go-dugdh (4 part), Go-ghritta(4 part). The first three ingredients were mixed together and the go-ghritta was to make sidhh (medicated) from them on low fire.

Selection of patients
The patients were selected on the basis of signs and symptoms of Madataya described in the Ayurvedic texts. The Alcohol Use Disorder Identification Test (AUDIT) is used as a screening test of the patients as per the guidelines of WHO.

Patient criteria
Inclusion criteria
(a) Patient of age group 18 years to 45 years.
(b) Patients those having signs and symptoms of "Madataya" as mentioned in Ayurvedic texts.
(c) The Alcohol Use Disorder Identification Test (AUDIT) was used for the screening of the alcoholic patients.
(d) Patients having drinking history of less than 8 years.

Exclusion criteria
(a) Occasional drinkers.
(b) Patients in emergency condition.
(c) Patients having chronic disorders like ascitis, splenomegaly etc.

Discontinuing criteria
(a) Any other acute illness develops during the trial.
(b) Uncontrolled cardinal features.
(c) Patients not willing to continue

Place of Study
After taking written and informed consent of patient total 30 patients were taken from the Jagrati Foundation, Drug De-addiction and Rehabilitation centre, Dehradun.
Plan of Study
The 30 selected patients were treated with Punarnavadi Ghritta 10 ml. in morning and evening for 30 days.

Parameters for Evaluation: Assessment was done on following parameters:
(a) Symptomatic Improvements
(b) Laboratory investigations

(a) Symptomatic Improvements:
The particular symptoms of Madataya were taken which were present in the patients and these were assessed on the basis of a self prepared gradation index.

Gradation Index:

1. Daha (Burning sensation):
   - Features
   - Absent: Score = 0
   - Occasionally present: Score = 1
   - Frequently present: Score = 2
   - Continuously present: Score = 3

2. Atisaara (Loose stools):
   - Features
   - Absent: Score = 0
   - 4 loose stools per day: Score = 1
   - 4 to 8 loose stools per day: Score = 2
   - > 8 loose stools per day: Score = 3

3. Sweda (Sweating):
   - Features
   - Absent: Score = 0
   - Sweating over forehead only: Score = 1
   - Sweating in axilla & body folds: Score = 2
   - Profuse sweating over whole body: Score = 3

4. Prajagrana (Insomnia):
   - Features
   - Sleep of more than 8 hours a day: Score = 0
   - Sleep of 6 to 8 hours a day: Score = 1
   - Sleep of 4 to 6 hours a day: Score = 2
   - Sleep of less than 4 hours a day: Score = 3

5. Sharirkampa (Tremors):
   - Features
   - Absent: Score = 0
   - Occasionally present: Score = 1
   - Present but not disrupts activities: Score = 2
   - Disrupts activities: Score = 3

6. Trishana (Thirst/Dehydration):
   - Features
   - Absent: Score = 0
   - Occasionally present: Score = 1
(7) Chardi (Vomiting) :

<table>
<thead>
<tr>
<th>Features</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>0</td>
</tr>
<tr>
<td>2 times in a day</td>
<td>1</td>
</tr>
<tr>
<td>4 times in a day</td>
<td>2</td>
</tr>
<tr>
<td>&gt; 4 times in a day</td>
<td>3</td>
</tr>
</tbody>
</table>

(8) Aruchi (Tastelessness) :

<table>
<thead>
<tr>
<th>Features</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>0</td>
</tr>
<tr>
<td>Occasionally present</td>
<td>1</td>
</tr>
<tr>
<td>Aruchi even towards good food</td>
<td>2</td>
</tr>
<tr>
<td>Aruchi towards favorite food</td>
<td>3</td>
</tr>
</tbody>
</table>

(9) Pralapa (Irrelevant speech) :

<table>
<thead>
<tr>
<th>Features</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal speech</td>
<td>0</td>
</tr>
<tr>
<td>Occasionally irrelevant speech</td>
<td>1</td>
</tr>
<tr>
<td>Frequently irrelevant speech</td>
<td>2</td>
</tr>
<tr>
<td>Continuously irrelevant speech</td>
<td>3</td>
</tr>
</tbody>
</table>

(10) Bhrama (Hallucinations) :

<table>
<thead>
<tr>
<th>Features</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Absent</td>
<td>0</td>
</tr>
<tr>
<td>Occasionally present</td>
<td>1</td>
</tr>
<tr>
<td>Frequently present</td>
<td>2</td>
</tr>
<tr>
<td>Continuously present</td>
<td>3</td>
</tr>
</tbody>
</table>

(b) Laboratory investigations:-

Blood Examinations – The following blood tests were performed before and after the completion of the trial to assess the efficacy of the drug.

- Hb gm%
- TLC (Total Leukocyte Count)
- DLC (Differential Leukocyte Count)
- ESR (Erythrocyte Sedimentation Rate)
- LFT (Liver Function Test)
- SGOT, SGPT, Total Bilirubin, Direct Bilirubin, Indirect Bilirubin

Statistical Observation and Analysis:-

The information and data collected on the basis of above observations and parameters was processed in statistical manner. Student’s paired-t test was applied for statistical analysis in the clinical features and objective parameters of Madatyaya to compare the value of significance in the same group at two different occasions i.e. before and after treatment comparison of quantitative data.¹²

- p > 0.05  – not significant
- p < 0.05  – significant
- p < 0.01  – significant
- p < 0.001  – highly significant.
Assessment of Improvement on the basis of Sign and Symptoms
Marked Relief :- More than or equal to 75% relief in sign and symptoms.
Moderate Relief :- 50 to 74% relief in sign and symptoms.
Mild Relief :- 25% to 49% relief in sign and symptoms.
No relief :- Below 25% relief in sign and symptoms.

RESULTS AND DISCUSSION

Results on subjective parameters
In Daha, there was 55.55% relief, which is statistically insignificant. (p>0.05)
In Aitisara, there was 66.66% relief, which is statistically insignificant. (p>0.05)
In Sweda, there was 50% relief, which is statistically significant. (p<0.05)
In Prajagaran, there was 46.15% relief, which is statistically significant. (p<0.05)
In Sharirkampa, there was 50% relief, which is statistically significant. (p<0.05)
In Trishna, there was 60% relief, which is statistically significant. (p<0.05)
In Chardi, there was 50% relief, which is statistically insignificant. (p>0.05)
In Aruchi, there was 40% relief, which is statistically significant. (p<0.05)
In Pralapa, there was 44.44% relief, which is statistically insignificant. (p>0.05)
In Bharam, there was 44.44% relief, which is statistically insignificant. (p>0.05)

Table 1:- Effect of therapy on Subjective parameters

<table>
<thead>
<tr>
<th>Sign and Symptoms</th>
<th>Mean</th>
<th>B.T.</th>
<th>A.T.</th>
<th>Mean diff.</th>
<th>% Relief</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’ value</th>
<th>P value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daha</td>
<td></td>
<td>0.9</td>
<td>0.4</td>
<td>0.5</td>
<td>55.55</td>
<td>.7071</td>
<td>.2236</td>
<td>2.236</td>
<td>.052</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Aitisara</td>
<td></td>
<td>0.9</td>
<td>0.3</td>
<td>0.6</td>
<td>66.66</td>
<td>.8432</td>
<td>.2666</td>
<td>2.250</td>
<td>.051</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Sweda</td>
<td></td>
<td>1</td>
<td>0.5</td>
<td>0.5</td>
<td>50</td>
<td>.5270</td>
<td>.1666</td>
<td>3.000</td>
<td>.015</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Prajagaran</td>
<td></td>
<td>1.3</td>
<td>0.7</td>
<td>0.6</td>
<td>46.15</td>
<td>.6992</td>
<td>.2211</td>
<td>2.714</td>
<td>.024</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Sharirkampa</td>
<td></td>
<td>1.2</td>
<td>0.6</td>
<td>0.6</td>
<td>50</td>
<td>.6992</td>
<td>.2211</td>
<td>2.714</td>
<td>.024</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Trishna</td>
<td></td>
<td>1</td>
<td>0.4</td>
<td>0.6</td>
<td>60</td>
<td>.6992</td>
<td>.2211</td>
<td>2.714</td>
<td>.024</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Chardi</td>
<td></td>
<td>0.4</td>
<td>0.2</td>
<td>0.2</td>
<td>50</td>
<td>.4216</td>
<td>.1333</td>
<td>1.500</td>
<td>.168</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Aruchi</td>
<td></td>
<td>1.5</td>
<td>0.9</td>
<td>0.6</td>
<td>40</td>
<td>.6992</td>
<td>.2211</td>
<td>2.714</td>
<td>.024</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Pralapa</td>
<td></td>
<td>0.9</td>
<td>0.5</td>
<td>0.4</td>
<td>44.44</td>
<td>.5164</td>
<td>.1633</td>
<td>2.449</td>
<td>.057</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>Bhrama</td>
<td></td>
<td>0.9</td>
<td>0.5</td>
<td>0.4</td>
<td>44.44</td>
<td>.5164</td>
<td>.1633</td>
<td>2.449</td>
<td>.057</td>
<td>&gt;0.05</td>
</tr>
</tbody>
</table>

B.T.- Before treatment, A.T. – After Treatment, S.D.- Standard deviation, S.E.- Standard error

Results on Lab Investigation:
In Hb%, there was 17.24% improvement which is statistically highly significant. (p<0.001)
In TLC, there was 10.14% improvement which is statistically significant. (p<0.05)
In DLC, there was 25.24% improvement in polymorphs, 21.24% in lymphocytes, 36.95% in monocytes, 37.50% in eosinophils and 42.85% in basophils, which is statistically insignificant. (p>0.05)
In ESR, there was 27.95% improvement which is statistically significant. (p<0.05)
In SGPT, there was 27.15% improvement which is statistically highly significant. (p<0.001)
In SGOT, there was 50.13% improvement which is statistically significant. (p<0.05)
In Total Bilirubin, there was 40.77% improvement which is statistically highly significant. (p<0.001)
In Direct Bilirubin, there was 46.38% improvement which is statistically significant. (p<0.05)
In Indirect Bilirubin, there was 34.18% improvement which is statistically significant. (p<0.05)
Table 2: Effect of therapy on Lab. Investigations

<table>
<thead>
<tr>
<th>Lab. Tests</th>
<th>Mean B.T.</th>
<th>Mean A.T.</th>
<th>Mean diff.</th>
<th>% Relief</th>
<th>S.D.</th>
<th>S.E.</th>
<th>‘t’ value</th>
<th>P value</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hb gm%</td>
<td>11.48</td>
<td>13.46</td>
<td>1.96</td>
<td>17.24</td>
<td>.5452</td>
<td>.1724</td>
<td>-11.4</td>
<td>.000</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>TLC</td>
<td>9460</td>
<td>8500</td>
<td>960</td>
<td>10.14</td>
<td>531.6</td>
<td>168.1</td>
<td>5.71</td>
<td>.030</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>DLC P</td>
<td>61</td>
<td>45.6</td>
<td>15.4</td>
<td>25.24</td>
<td>8.579</td>
<td>2.712</td>
<td>5.67</td>
<td>.083</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>DLC L</td>
<td>41.9</td>
<td>33</td>
<td>8.9</td>
<td>21.24</td>
<td>8.359</td>
<td>2.643</td>
<td>3.36</td>
<td>.079</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>DLC M</td>
<td>4.6</td>
<td>2.9</td>
<td>1.7</td>
<td>36.95</td>
<td>1.828</td>
<td>.5783</td>
<td>2.94</td>
<td>.066</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>DLC E</td>
<td>4.8</td>
<td>3</td>
<td>1.8</td>
<td>37.50</td>
<td>1.686</td>
<td>.5333</td>
<td>3.37</td>
<td>.068</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>DLC B</td>
<td>0.7</td>
<td>0.4</td>
<td>0.3</td>
<td>42.85</td>
<td>.4830</td>
<td>.1527</td>
<td>1.96</td>
<td>.081</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>ESR</td>
<td>9.3</td>
<td>6.7</td>
<td>2.6</td>
<td>27.95</td>
<td>.6992</td>
<td>.2211</td>
<td>11.7</td>
<td>.011</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>SGPT</td>
<td>47.44</td>
<td>34.56</td>
<td>12.88</td>
<td>27.15</td>
<td>3.243</td>
<td>1.025</td>
<td>12.5</td>
<td>.000</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>SGOT</td>
<td>65.60</td>
<td>32.71</td>
<td>32.89</td>
<td>50.13</td>
<td>10.27</td>
<td>3.248</td>
<td>10.1</td>
<td>.018</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Total Bilirubin</td>
<td>1.496</td>
<td>0.886</td>
<td>0.610</td>
<td>40.77</td>
<td>.0575</td>
<td>.0182</td>
<td>33.5</td>
<td>.000</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>Direct Bilirubin</td>
<td>0.623</td>
<td>0.334</td>
<td>0.289</td>
<td>46.38</td>
<td>.0854</td>
<td>.0270</td>
<td>10.6</td>
<td>.021</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>Indirect Bilirubin</td>
<td>0.863</td>
<td>0.568</td>
<td>0.295</td>
<td>34.18</td>
<td>.1074</td>
<td>.0339</td>
<td>8.68</td>
<td>.016</td>
<td>&lt;0.05</td>
</tr>
</tbody>
</table>


Overall effect of Therapy

Table 3: Overall effect of therapy on 30 patients

<table>
<thead>
<tr>
<th>Results</th>
<th>Number</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marked Relief</td>
<td>03</td>
<td>10</td>
</tr>
<tr>
<td>Moderate Relief</td>
<td>18</td>
<td>60</td>
</tr>
<tr>
<td>Mild Relief</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>No Relief</td>
<td>09</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

In the study there was marked improvement in 3 (10%) patients and moderate improvement in 18 (60%) patients, no patient noticed with mild relief and there was no relief in 9 (30%) patients.

DISCUSSION

Madatyaya is well explained in all samhitas. Different acharyas has their different opinions about the types and effects of madatyaya. But in ancient literature only Acharya Kasyapa has mentioned separately about the samanya samprapti of Madatyaya.\(^{13}\)
Flow Chart Showing Samanya Samprapti of Madatyaya:

Excessive intake of madya in Ajeerna & by Laghu Satva person

Rasa Dhatu dushti

Vatta & Pitta Dosh Prakopa in Amashaya

Kapha Dosh Prokopa

Oja Vikruti And Srotodushti

Madatyaya

Madatyaya is described as a tridoshja vyadhi in ayurveda and there are number of drugs, medicines and non-medicinal therapeutic measures for the treatment and prevention of Madatyaya mentioned in ayurvedic texts. Among all of them “Punarnavadi Ghritta” was selected for the clinical trial keeping the views of its general availability and palatability. The trial drug in the form of ghritta was given to patients in the dosage of 10 ml. twice a day for one month.

Discussion on Probable Mode of Action of the trial Drug:
The action any drug depends on its properties like Rasa, Guna, Veerya, Vipaka and Prabhava. The imbalance in doshas and dusyas of the body is the main causative factor for prevalence of any disease and to cure the disease it is necessary to balance these factors. Madatyaya is considered as a Tridoshja vyadhi in ayurvedic text. It includes the involvement of dusyas i.e. rasa, rakta and sanghya. Rasavaha, Raktavaha and Sangavavahi are the main srotas involved in Madatyaya and srotodushti is seen in the form of sang. In this vyadhi Haridya (Heart) is the main adhishthana, due to which patient suffers from ojakshaya, dhatukshaya, sharirkampa, pralapa, bhrama, agnivikriti (amavisha), anidra and many more sign and symptoms of madatyaya. In the present study Punarnavadi Ghritta is selected because its constituents (Punarnava, Yashtimadhu, Go-dugdha, Go-ghritta) have Tridosha shamaka effects and increases oja, bala, dhatu by its branhana and rasayana effects.

Table No. 4 Probable mode of action of the drugs may be explained as follows

<table>
<thead>
<tr>
<th>Drug</th>
<th>Rasa</th>
<th>Guna</th>
<th>Veerya</th>
<th>Vipaka</th>
<th>Doshaghanta</th>
<th>Karma</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punarnava (Mutaraladi varga)</td>
<td>Madhura, Tikta, Kasaya</td>
<td>Laghu, Ruksha</td>
<td>Ushna</td>
<td>Madhura</td>
<td>Tridosha shamaka</td>
<td>Deepana, Pachana, Anulomana, Mutral, Yakritutejaka, Shothhara, Vrishya, Rasayana, Raktavardhak</td>
</tr>
<tr>
<td>Yastimadhu (Chedanadi varga)</td>
<td>Madhura</td>
<td>Guru, Snigdh a</td>
<td>Sheeta</td>
<td>Madhura</td>
<td>Vata-Pitta shamaka</td>
<td>Varnashotha, Medhya, Vatanulomak, Amlapitta, Raktavardhka, Shleshamahar, Rakta-pitta shamaka,</td>
</tr>
<tr>
<td>Go-dugdha</td>
<td>Madhura</td>
<td>Guru, Snigdh a</td>
<td>Sheeta</td>
<td>Madhura</td>
<td>Vata-Pitta shamaka</td>
<td>Rasayana, Medhya, Varnya, Pranadharaka, Mutrakriccha, Raktapitta</td>
</tr>
</tbody>
</table>

1Dr. Chawla Kumar Satbir, International Journal of Ayurvedic & Herbal Medicine 7(4) July.-Aug. 2017 (2828-2836)
Go-ghritta | Madhura | Guru, Snigdh a | Sheeta | Madhura | Tridosha shamaka | Medhya, Rasayana, Veerya-Oja vardhak, Jwaranashaka, Urahkshata nashaka

**Punarnava - Tridosha shamaka**¹⁴
Yashtimadhu - Vata-Pitta shamaka and Shleshmahara²⁵
Go-dugdha - Vata-Pitta shamaka²⁶
Go-ghritta - Tridosha shamaka²⁷

Madatyaya is a Tridoshaja vyadhi, and the contents of Punarnavadi ghritta have Tridosha shamaka effects. So it may also help in reliving the sign and symptoms of Madatyaya.

**Discussion on Overall Effect of Therapy:**
Out of 30 patients included in the study; the 3 (10%) patients shows marked improvement, 18 (60%) patients were moderately improved. There was no patient with mild relief during the trial. There were 9 (30%) patients with no relief. According to the lab. Investigation of all the 30 patients the overall percentage improvement was 32.56%. The study reveals that the 30 patients which were treated with “Punarnavadi Ghritta” showed significant relief in Sweda, Prajagrana, Sharirkampa, Trishna and Aruchi sign and symptoms. In laboratory investigations there was significant improvement in Hb gm%, TLC, ESR, SGPT, SGOT, Total Bilirubin, Direct Bilirubin, Indirect Bilirubin.

**CONCLUSION**
The trial drug Punarnavadi Ghritta act as a rasayana for the patients. As a ghritta preparation it is yogavahi and delivers it action on each and every cell of the body easily and more effectively. Its contents helps in removing toxins from the body, act as liver stimulant, brain tonic, ojovardhaka, balya, dhatuvardhaka. So, the trial drug can be used as effective medicine to improve sign symptoms of withdrawal symptoms in patients of Madatyaya.

**REFERENCES**