

AYURVEDA REGIMEN FOR BALASHOSHA- A CASE STUDY

***¹Dr. Deepali Anandrao Ahire and ²Dr. Vinay Sonambekar**

¹3rd Year P.G Student Shalyatantra Department A.S.S AyurvedMahavidyalay Nashik.

²HOD& Professor, Shalyatantra Department AyurvedMahavidyalaya, Nashik.

Article Received on
21 May 2022,

Revised on 11 June 2022,
Accepted on 01 July 2022,

DOI: 10.20959/wjpr20229-24914

***Corresponding Author**

**Dr. Deepali Anandrao
Ahire**

3rd Year P.G Student
Shalyatantra Department
A.S.S Ayurved
Mahavidyalay Nashik.

ABSTRACT

Nutrition is always been a basic necessity of mankind and it plays a central role in ayurvedic living. Ayurveda emphasizes the nutritional importance of food in prevention and treatment of diseases along with prescribed medicines. Malnutrition is one of the major public health challenges in India. Kashyapa Samhita, placed Kaumarbhritya as the first of eight branches of ayurveda. In Kashyapa Samhita, Acharya kashyapa described a Phakka, Karshya and Balashosha Vyadhi. Balashosha is also called as Kshaya and Rajyakshma occurs due to lack of nutrition. The case discussed here is of 8 months old female underweight child, who had Shuskata (weight loss), Arochaka (loss of appetite), Pratishyaya (rhinitis), Jwara (fever), Kasa (cough), Mukha- Netrashuklata (pallor),

generalized weakness and decline of activity irritability and Treatment was taken but not completed the course. Parents brought child at Balrog OPD for further management. After the thorough examination, understanding the samprapti of the disease, a treatment plan was decided. This treatment plan was consisting of Pachan-deepana, Vayu anulomana chikitsa with balya and Rasayana matruj kshira basti given 20 ml for 15 days protocol. The child had significant relief from sign and symptoms. Ayurvedic Panchkarma proved to be effective in this case.

KEYWORDS: Balshosha, Panchkarma, Kshaya, Kashyapa Samhita.

INTRODUCTION

In Kashyapa Samhita, Kaumarbhritya branch is placed on 1st position for understanding the importance of branch in the child growth and development. In Kaumarbhritya definition Acharya Sushruta mentioned a word – Kumara bharan means bharana-

Poshana of child. Due to lack of proper of proper nutrition Phakka and Balashosha vyadhi can occurs.

Agni or Jatharagni does the poshan of all seven Dhatu. Improper function of Jatharagni leads to improper development of Dhatu. This Agnimandya also develop other clinical features like Chardi, Twaka parushya, Glani and Dhaurbalya. Because of Agnimandya body not able to digest food properly. Which further ends up into shosha. It is of Kashtasadhyavyadhi. Therefore, understanding the disease properly along with Dosha-Dushya Sammurchana, Samprapti is very important as it will help to treat disease properly.

Balashosha is a common condition affecting most of the children. This condition occurs mostly in Tribal areas as well as in poor rural areas where sufficient treatment is not available. This is also due to higher cost of treatment, the needy patient does not get desirable treatment. It is necessary to find out a best treatment for overcome such problem with minimal aids, without much effort with best effective. Shosha is condition which occurs in any age group. As per modern pathology mostly occurs due to the Tubercular Infections. But Ayurveda Principles States that Agni and Tridosha are responsible for any kind of disease in the body.

Protein energy malnutrition (PEM) is a form of malnutrition that is defined as the range of Pathological conditions arising from coincident lack of dietary protein and/or energy (calorie) in varying proportions. PEM is an important nutritional problem among preschool age children. It is a range of condition occurring when intake of one or more nutrients doesn't meet the requirements. It is not only the deficiency of proteins but inappropriate food (low in energy density, Protein and micronutrients, Vitamin A, Iron and Zinc) both Quantitatively and Qualitatively.

Aim and objective- To Study the effect Matruj Kshira basti in Balashosha vyadhi WSR to protein energy malnutrition.

METHOD AND MATERIAL

Case History

A 8 months old female child brought by her parents in Balarog out patient department of our college. Patient was examined thoroughly. Her weight 3.6 kg. the child possesses

these symptoms since a one and half month. She was previously treated at various places and finally sent back home by them by child is not showing any progress in her health condition. Detailed history was taken from parents. and admitted in Balarog female ward for management.

Chief Complaints

A 8 months old female child brought by her parent, came up with following clinical features.

- Shuskata (weight loss)
- Arochaka (loss of appetite)
- Pratishyaya (rhinitis)
- Jwara (fever)
- Kasa (cough)
- Mukha- Netrashuklata (pallor)
- generalized weakness and decline of activity

Family History

All the family members are said to be healthy and no hereditary link noted.

Birth History

In this case the birth history was not much significant. She was healthy at the time of birth, weighing about 2.6 kg FTND.

Investigations

CBC,BSL(R), Sr.creatinine all are within normal limit.

Balashosha

Balshosha or Malnutrition is a major public health problem among the pediatric population in India and other developing countries. Protein energy malnutrition is a possible condition which can be well correlated with Balashosha.

Balashosha is also called as Kshaya, Rajyakshma. Many Ancient Acharya describes Bala Shosha as a separate disease. This disease possesses Purvaroop associated with various types of diseases. Acharya kashyapa described a Phakka, Karshya and Balashosha vyadhies in Kuposhanjanya vyadhi. Acharya Sushruta described this disease as

Mahabali. Acharya Sushruta also stated that this condition is difficult to understand and also not that much easy for the treatment. Acharya Sushruta defined this disease as it is the condition in which RasaRakta Dhatu gets emaciated. Acharya further stated that in this disease both the internal and external actions/ movements of the body get decreased therefore this condition is called as a Kshaya. Acharya. Granthakara explained the Samprapti like excessive sleep, excessive consumption of Shita Ahara and because of consumption of Kapha dushta Stanya. These all three factors lead to vitiation of Kapha and Agnimandya. This vitiated Kapha obstructs the path of Rasavaha Srotasa. This obstruction results into blocking of nourishment channels of other Dhatu. Therefore, rest of the Dhatu didn't receive proper nourishment. They get emaciated which leads to formation of disease.

Samprapti

In this case because of irregular Stanapana, child develops Agnimandya and Kapha Prakopa which leads to formation of Udavarta and Chardi, all these conditions led to improper production of Ahara Rasa. This improperly manufactured Ahara Rasa unable to provide proper nourishment to all the Dhatu. This resulted in to Asaratva of Rasa Dhatu. This further leads to emaciation of all the Dhatu. This leads to Kshudhamandya, Shuskata (weight loss), Arochaka (loss of appetite), Pratishyaya (rhinitis), Jwara (fever), Kasa (cough), Mukha- Netrashuklata (pallor), generalized weakness and decline of activity Mamsadhatu is responsible for maintaining Bala of Sharir. In this case Mamsa also get emaciated. This indigestion leads to Asamyak and Asamhata Mala utpatti.

METHODOLOGY

This is the single case, conducted at ayurved seva sangh arogyashala rugnalaya Nashik. This treatment plan was consisting of Pachan-deepana, Vayu anulomana chikitsa with balya and Rasayana matruj kshira basti given 20 ml for 15 days protocol. The child had significant relief from sign and symptoms. Ayurvedic Panchkarma proved to be effective in this case.

Treatment Plan

Treatment was decided on the basis of Upasthit laxana and Doshavikriti. In this case Agni and Kapha-Vata were in vitiated stage. Therefore to regulate Agni and Kapha – Vata, accordingly treatment was decided. Pachana aaushadhi along with Deepaniya aaushadhi were used at initial stages. In case of pediatric patients, form of medicine is much

important. It is necessary that administration of drug should be easy and comfortable. Accordingly, format of drug was selected. Administering the liquids using dropper helps in administration of drug also it provides exact dose required. Lehan is the best form of drug for the administration as per the Acharya Kashyap. Abhyanga does the Balavardhana, Agnivardhana and it is Varnya, improves the health of skin. Matruj Kshira basti given 20 ml for 15 days protocol. Matruj kshira having Madhur rasa, kashay anurasa and laghu guna jivaniya, Balavardhana, Agnivardhan properties.

1. Bonnisan Pediatric Drops (Himalaya Drug co.) (Shatapushpa, Guduchi, Amalaki) – 10 drops – 4 times / day, Anupana- Ushnodaka
2. Balguti – Jayphal, Mayphal, Murudshenga, Yashti, Khandasharkara, Vatam, Vacha, Suvarna, lehan in milk at morning.
3. Abhyanga with Chandana Bala Lakshadi Taila.

This treatment was advised initially for 07 days. Also, patient asked to give follow up daily. Along with this treatment, a proper diet was advised to improve Agni and Sharir Bala.

Matruj Kshira Basti Procedure

Collected breast milk (Matruj Kshira) from mother, feeding tube no 8, syringe 20 ml, sterile gloves.

Purvakarma (pre-procedure)

- Inform Written consent from parents.
- 1 parent should be with baby while performing procedure.
- Left lateral position given. Pradhankarma-
- Left lateral position
- Breast milk filled in syringe about 20 ml and pushed with feeding tube no 8 into rectum.

Pashatkarma

- Supine position given to the patient.
- Patient is called for next consecutive 15 days for matruj kshirabasti.

Criteria for assessment

The clinical evaluation of the patient was done by following particular.

Subjective assessment -Assessment of clinical features of Balashosha depending on severity was done on four point scale.

Nil – G0, Mild – G1, Moderate – G2, Severe – G3

A. ASSESSMENT SCALE 1.Shuskata: (Emaciation)(IAP Classification)

G0 – > 80% of expected weight for age G1 – 71-80% of expected weight for age G2 – 61-70% of expected weight for age G3 – < 60% of expected weight for age

2 Arochaka (loss of appetite)

G0 – Normal

G1 –Unwilling to take food

G2 – Unwilling to take food, intake of food decreases

G3 – Always showing lack of interest to food or taking meal once in aday.

3 Pratishyaya (rhinitis)

G0 – Normal, Absence of symptom

G1 –Occasional nasal discharge, once in 2 months

G2 – Discharge is more frequent during morning and evening, onceevery month.

G3– Discharge all times. Twice or more every month.

2. Jwara (fever)

G0 – No fever (Temperature \leq 98.60F)

G1 – Mild fever (Temperature 98.60-1000F)

G2 –Moderate fever (Temperature 1000- 1020F) G3 – Moderate fever (Temperature >1020F)

3. Kasa (cough)

G0 – No bout of cough.

G1 – Intermittent cough or cough only during morning hours.

G2 – Constant cough, not interfering with sleep or daily activities.

G3 – Constant or paroxysmal episode of cough interfering with sleep ordaily activities.

4. Mukha- Netrashuklata (pallor)

G0 – No pallor of of face and palpebral conjunctiva. G1 – Slightly pale conjunctiva without pallor of face. G2 – Very pale conjunctiva with apparent facial pallor

G3 – Pale conjunctiva with pale face and palmer creases.

Gradation Before and After Treatment

Sr.No.	Clinical Features	Before Treatment Gradation	After Treatment Gradation
1	Shuskata (Emaciation)	2	0
2	Arochaka (loss of appetite)	3	1
3	Pratishyaya (rhinitis)	3	1
4	Jwara (fever)	2	0
5	Kasa (cough)	3	1
6	Mukha- Netrashuklata (pallor)	2	0

RESULT

Balshosha is a disease of Agnimandya and Kapha-Vata dushti. Therefore, the medicine which possesses the quality of Agnideepana and Vatanulomana should be used. Most of the drugs act on Agni and Aampachana. And Matruj Kshira Basti having Rasayan, Balavardhana, laghu guna, Netraroghar Properties. In this patient following symptoms occurs before the treatment Shuskata (weight loss), Arochaka (loss of appetite), Pratishyaya (rhinitis), Jwara (fever), Kasa (cough), Mukha- Netrashuklata (pallor), generalized weakness and decline of activity. Therefore, assessment of the patient done on above mentioned symptoms, before and after treatment. The selected medicine does the Vatanulomanam as well it regulates Agni, Vitiates Kapha. This leads to gradual decrease in symptoms. Skin gets properly nourished. Patient feels hunger, therefore proper intake of food leads to gain the Bala. Patient gradually gains weight up to 2 kg during treatment. This actually shows how Balavridhi happens because of use of Matruj Kshira basti which is best medicine for baby having Balya and Rasayana Properties. Use of Chandan bala Lakshadi taila for Abhyanga, helps to improve digestion and Luster of Skin, it nourishes the body.

DISCUSSION

In this case because of irregular Stanapana, child develops Agnimandya and Kapha Prakopa which leads to formation of Udavarta and Chardi, all these conditions led to improper production of Ahara Rasa. This improperly manufactured Ahara Rasa unable to provide proper nourishment to all the Dhatu. This resulted in to Asarava of Rasa Dhatu. This further leads to emaciation of all the Dhatu. This leads to Kshudhamandya, Shuskata (weight loss), Arochaka (loss of appetite), Pratishyaya (rhinitis), Jwara (fever), Kasa (cough), Mukha- Netrashuklata (pallor), Mukha snigdha (oedema), generalized weakness and decline of activity. Mamsadhatu is responsible for maintaining Bala of Sharir. In this case Mamsa also gets emaciated. This indigestion leads to Asamyak and Asamhata Mala utpatti. These samprapti break by all the above treatment.

Mode of action of basti

Basti considered as a Ardhachikitsa according to Vagbhata. It is considered as superior than the other therapeutic measures; on account of various actions like Samshodhana, Samshamana, Samgrahana, Vajikarana, Brahmana, Karshana, Preenana and Vayasthapana. Vata is the only motivating force in the body which is responsible for spreading doshas all over the body and Basti is the main treatment for vata disorders. When Basti dravya is administered it reaches to Pakwashaya. The “Veerya (active principal) of the Basti” spreads in the entire body to do desired action. Basti virya may act through several mechanisms. This article deals with the mode of action of Basti.

Breastfeeding plays a pivotal role for growth and development of body. It is naturally sterile and breast feeding protects baby from many infections and diseases by making him/her immune to basic health hazards. Matruj Kshira Properties explained by all Acharyas of Ayurveda. Ayurveda describes Vata-Pitta-Kapha dosha qualities on the milk which is completely affected by mother's diet and may create any health problems in the child. The breast milk has got many digestive suitable for the newly developed digestive mechanism of the body. Matruj Kshira Basti which is best medicine for baby having Sheeta virya, Vatanulomana Bala and Rasayana Properties.

Therefore, the medicine which possesses the quality of Agnideepana and Vatanulomana should be used. Most of the drugs act on Agni and Aampachana. And Matruj Kshira Basti having sheeta veerya, Rasayana, Balavardhana, laghu guna, Netrarogha Properties. This leads to gradual decrease in symptoms. Skin gets properly nourished. Patient feels hunger, therefore proper intake of food leads to gain the Bala.

After completion of treatment all above mentioned symptoms subsided completely. No significant adverse effect event seen during course of study.

CONCLUSION

From the study it is revealed that after completion of treatment schedule, Matruj Kshira Basti along with Chandanbala Lakshadi Taila Abhyanga and with deepana, pachana, Agnivardhak, Vatanulomana showed significant results in the management of Balashosha in children. It is expected that the further study on this project could be beneficial for the children suffering from Balashosha and Protein energy Malnutrition.

Acknowledgement- Not Applicable.

Conflict of Interest- Author declares that there is no conflict of interest.

REFERENCES

1. Ibidem Ghai Essential Pediatrics (1), p.96 4. Vijayashree Mathad, Shivprasad S. Malnutrition: A daunting problem for India's spectacular growth. Asian journal of pediatrics practice, 2012; 16(1).
2. Acharya Vagbhata, Editor Atrideva Gupta, Astangahridaya Uttartantra. Re ed., Varanasi;Chaukhambha Sanskrit Sansthan, 2005; 459.
3. Acharya Vagbhata, Editor Atrideva Gupta, Astangahridaya Uttartantra. Re ed., Chp.2/44, Varanasi; Chaukhambha Sanskrit Sansthan, 2005; 459.
4. Acharya Vagbhata, Editor Atrideva Gupta, Astangahridaya Uttartantra. Re ed., Chp.2/45, Varanasi; Chaukhambha Sanskrit Sansthan, 2005; 459.
5. Nicholas A. Boon, Nicki R. Colledge, Brian R. Walker, John A.A. Hunter, editor, Davidson's Principles & Practice of Medicine. 20th ed., New York; ChurchillLivingstone Elsevier, 6. Shailaja U, Rao PN, GirishKJ, Arun R, 2006; 117.
6. Dr. Anna Moreshwar Kunte Editor(s), (Ninth ed.). Ashtang Hridaya of Vagbhata, Sutrasthana: Ayushkamiya Adhyaya, Adhyaya 1, Shloka 5, Varanasi: Chaukhambha Orientalia, 2002; 5.
7. Jadavaji Trikamji Acharya Editor(s) (Eighth ed.). Sushruta Samhita of Sushruta, Sutrasthana: Vedotpatti Adhyay, Adhyay 1 Shloka 8(5), Varanasi: Chaukhambha Orientalia, 2005; 3.
8. Tewari P.V. Kasyapa Samhita. Reprint ed. Varanasi: Chaukhambha Visvabharati; 2002. p. 462. 18. Ashtavaidyan VC. Ashtanga Samgraha Indu Commentary. Reprint ed. Varanasi: Chowkhamba Krishnadas Academy prakashan, 2007; 457.
9. Kashyapa, Kashyapa Samhita, with Vidyotini Hindi commentary and Hindi translation of Sanskrit introduction by Ayurveda lankar shri SatyapalBhisag acharya, Chukhambha Sanskrit samsthana Varanasi, Charu printers, Tenth edition, year, Khilasthana, 2005; 3/89-90.
10. Sharangdhar samhita- deepika hindi commentary and Hindi translation of Sanskrit introduction by D.N.Mishra, churna kalpana adhyay, year, madhyam khand- cha, 2004; 6/3.