

MANAGEMENT OF *KARSHAYA* (NUTRITIONAL DISORDER IN AYURVEDA) WITH *ASHWAGANDHA GRITHA*- A CASE STUDY

Dr. Kulvinder Sandhu^{*1}, Dr. Ankita Thakur², Dr. Rajneesh Thakur³ and Dr. Swati Sanyal⁴

¹MD Scholar 3rd Year, Deptt. of Kaumarbhritya, R.G.G.P.G.A.C. Paprola H.P.

²MD Scholar 2nd Year, Deptt. of Rog Nidan, R.G.G.P.G.A.C. Paprola H.P.

³Ayurvedic Medical Officer, HP GOVT.

⁴B.A.M.S., B.K.A.M.C.H., MOGA DADUHAR(Pb.)

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*Corresponding Author

Dr. Kulvinder Sandhu

MD Scholar 3rd Year, Deptt.
of Kaumarbhritya,
R.G.G.P.G.A.C. Paprola
H.P.

ABSTRACT

Purpose: Malnutrition is a term which is defines as deficiency of nutrition; generally consists of both the terms under-nutrition and over-nutrition. *Karshya* is a clinical condition that can be correlated with under nutrition in which body gets emaciated gradually, deficiency of nutrition will cause many infections and growth retardation problems in children. More than one third of the Indian population is malnourished. So, the purpose of my study is to provide an *Ayurvedic* management and to prove the efficacy of *Aswagandha ghrita* in the management of *Karshya* which *Balya*, *Poostikara*, *Vayasthaka* and *Rasayana* and moreover cost effective, readily available to all.

Method: A 6 year and 2 month, male patient presenting with

Daurbalya, *Kshudha* (Appetite), *Dhamani Jala Darshana*, *Anidra* (Disturbed Sleep) and *vivandha* diagnosed as *karshaya* (malnutrition) was brought to R.G.G.P.G.A.C. Paprola. *Ashwagandha ghrita* was administered to the patient at the dose of 12 gm/day in two divided doses for 2 months. Anthropometric measurements like BMI, MUAC etc. are computed before and after treatment. **Result:** *Ashwagandha gritha* has an appreciable result in the management of *karshaya* symptoms and significant changes in investigations. **Conclusion:** *Karshya* can be efficiently and effectively managed with *Ashwagandha ghrita* and the complication is prevented.

KEYWORDS: Malnutrition, *karshaya*, *Ashwagandha gritha*, *Balaya*, *Poostikara*, *Rasayana*.

INTRODUCTION

Malnutrition in children - here understood as under-nutrition – is common globally and results in both short and long term irreversible negative health outcomes including stunted growth which may be linked to cognitive development deficits, underweight and wasting. Malnutrition and poor diets constitute the number-one driver of the global burden of disease. Although the numbers of people affected by different types of malnutrition cannot simply be summed (because a person can suffer from more than one type), the scale of malnutrition is staggering. Malnutrition results from the interaction of poor-quality diets and poor-quality health and care environments and behaviours. In today's busy era people are not able to follow proper diet and life-style, so are their children leading to disturbed gastrointestinal and metabolic functions. So, according to Ayurveda fundamentals not giving thought to *pathyaapathya* results in *Agni-dushti* at all levels leading to improper nourishment of all the *Dhatus*, then *Sushka-Sphig-udar-griva*, *Dhamani-jala-darshana* etc. symptoms develop. In India around ¾th of our paediatric population is suffering from one or other nutritional deficiencies. About 75–80% of hospitalized children suffer from some degree or type of malnutrition. Around 25% of the paediatric beds are occupied by patients whose major problem is malnutrition or in whom malnutrition is indirectly responsible for hospitalization. Lots of attempts have been made to minimize this at National level. For this the immunization plans and milk distribution or midday meal to school going children alone will not be sufficient.

Therefore Indigenous system of medicine especially *Ayurveda* can play major role in providing health to children. In *Ayurveda*, *Balya* and *Poostikara*, *Rasayana Chikitsa* for undernourished children is an interesting area in the field of *Kaumarbhritya* and since the prevalence of this disease in present scenario is more.

CASE REPORT

A 6 years and 2 month, male child patient came to us with the chief complaints of –

- 1) *Daurbalya* (generalized weakness)
- 2) *Kshudha* (loss of Appetite)
- 3) *Anidra* (disturbed sleep),
- 4) *Dhamani Jala Darshana*

Patient had these above complaints from last 6 months.

HISTORY OF PERSENT ILLNESS

Male patient, aged 6 years and 11 months, with good weight/height gain up to approximately 2 years old. After that time, there was an evident weight gain deceleration, which apparently occurred without any definite cause. It was also observed that between 2 and 4 years of age there was no record of weight and height, because the patient stopped attending the routine check-up.

After 4 years of age, these measures were again recorded in the vaccination card, which showed evident weight and growth impairment.

According to the mother's report, the patient had an adequate diet. She denied the occurrence of diarrhoea, constipation, abdominal pain and/or distension or any other gastrointestinal symptoms.

Regarding the family history, the patient has a brother aged 4 years and 8 months with a similar picture. The father is healthy and the mother is healthy. The family lived in a house with basic sanitation, with running water and sewage systems. Family income varied from 1 to 5 minimum wages.

On physical examination, the patient showed a regular general status, moderately emaciated, pale (++), apathetic, with less subcutaneous tissue, muscle atrophy of the gluteal region and abdominal distension. Weight=8.4kg and height=87cm.

Investigations

- 1) CBC (Hb gm%, TLC,DLC,ESR)
- 2) Serum Cholesterol
- 3) Lipid Profile
- 4) Serum Protein

Patient doesn't have any concomitant illness.

TREATMENT PLAN

ASHWAGNDHA GRITHA - 0.5 mg/kg/day with lukewarm water.

Duration - Two months (follow up after 15 days)

OBSERVATION AND RESULT

Investigations	BT	AT
Hb%	10.0g/dl	12.2g/dl
TLC (/mm ³)	9400mm ³	8400mm ³
DLC (%)	P(64%),L(30%)E(05%), M(01%),B(00%)	P(72%),L(26%),E(02%), M(00%), B(00%)
ESR (mm fall in 1 st hour)	66	30
Cholesterol	176 mg /dl	158 mg/dl
S.protein	6g/dl	7g/dl
TRIGLYCERIDIES	109.10 mg/dl	108 mg/dl
HDL	36.23	31.5
LDL	106.28	98.2

Observations	B.T.	A.T.
Weight gain in kg	8.4	10
Height gain in cm	94.600	95.350
Mid Arm circumference	13.20	15.3
Chest circumference	58.2	62.5
Head circumference	50.300	50.300
Mid-Thigh circumference	33.15	34.40

Sr. No.	Subjective Criteria	Grade	BT	AT
1.	Daurbalya			
	Very active	0		
	Active	1		1
	Moderately active	2		
	Dull	3	3	
2.	Kshudha (Appetite)			
	Child himself asks food and take adequately	0		0
	Child himself ask food but not take adequately	1		
	Child does not ask but takes food considerably by request	2	2	
	Child does not take food considerably even by force	3		
3	Dhamani Jala Darshana			
	Not visible easily even after pressure	0		0
	Visible and prominent on pressure	1	1	
	Visible	2		
	Prominent	3		
4.	Nidra (Sleep)			
	Long and sound	0		0
	Short but sound	1		
	Disturbed	2	2	
	Rood	3		

On examination

- 1) General condition- patient is ill looking
- 2) Pulse Rate - 70/min
- 3) B.P - 100/60mm of hg

4) Pallor	-	++
5) Weight	-	8.4 kg
6) Height	-	
7) R/S	-	22/min. No added sounds
8) CVS	-	S1S2 normal, no abnormal sound
9) CNS	-	well conscious, oriented place,

SAMPRAPTI GHATAKS

1. Dosha	:	Vata pradhana tridosha
2. Dooshya	:	Rasadi dhatu's
3. Srotodushti	:	rasavaha, raktavaha, pranavaha
4. Adhistana	:	phuphussa, sarva sharir
5. Swavahava	:	mridu, daruna
6. Agni dusti	:	agnimandhya
7. Sadhyaasadhya	:	sadhya

DISCUSSION

Patient was treated with integrated and wider approach of *Ayurveda*. According to *Ayurveda* treatment of *karshaya* (malnutrition) is with *abhyanga* i.e. consider in *panchkarma* treatment with *vataanulomana* and *balaya* drugs. These drugs will increase the appetite and decrease the effects of *karshaya* in body like weakness, disturbed sleep. Appreciated results were seen in the symptoms like loss of appetite, disturbed sleep and weakness.

Ashwagandha gritha has *ashwagandha* having *pushtikara*, *balya* and *rasayana* properties, which properties are very effective in the treatment of *karashya*. This drug also contain *ghrita* which having *sanskarvahi* properties i.e it can effect on *tridoshas* and *ghrita* is also *balya*. Therefore this drug is effective in *karshya* (malnutrition) in childrens.

CONCLUSION

The factors which cause *karshya* (malnutrition) in children according to *Ayurveda* and modern sciences can be cure by the drug *ashwagandha grith* because of its *balya* and *rasayan* properties which increase the strength of the body and increase the appetite. So the results suggest that *Ashwagandha grith* is a effective drug for *karshaya* (malnutrition).

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