

MANAGEMENT OF ATISARA THROUGH AYURVEDA**Manish Goswami*¹, Keerti Verma² and Reena Pandey³**¹M.D. Kaumarbhritya Rishikul Campus U.A.U. Haridwar.²H.O.D. & Prof. in Kaumarbhritya Department Rishikul Campus U.A.U. Haridwar.³Prof. in Kaumarbhritya Department Rishikul Campus U.A.U. Haridwar.Article Received on
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Haridwar.**ABSTRACT**

Atisara is one of the commonest disease found these days in the children. When it occurs in children, it is a cause of concern for the parents as the child will have sunken eyes, flabby skin and looks severely ill and weak even if diarrhea occurs for a day or two. The parents would want the doctor immediately to stop it within a short duration, as this may lead to severe complications in the children if not treated at the earliest. The detailed description of atisara in children is not explained in Ayurveda and an effort is made in this thesis to understand the nidana panchaka of Balatisara with the help of scattered references. Many research works have been carried out

in relation to Stambana and Grahi treatment in Bala atisara as directed in Ayurveda and proved their therapeutic effect. Many more herbal combinations are described in various texts of Ayurveda and their therapeutic effect in Balatisara is yet to be explored. The Yoga selected to the present study – Balkutaj avaleha, is one among such herbal combinations mentioned by Bhaishajya ratanawali Purpose of Ayurveda is to maintain health of healthy person and cure the disease. In the age of 1-5 yrs due to improper diet, child is having indigestion and produces so many disease i.e. one which is Bal-Atisara.

KEYWORDS: atisara, nidana panchaka, Balatisara.**INTRODUCTION****गुदेन बहुद्रवसरणमतिसरः॥ (मधुकोष)^[1]**

The term “Atisara” is combination of two word “ATI” i.e. excessive and “SARA” i.e. passing of liquid substances through anus. Diarrheal diseases rank among the “top three” causes of

death in paediatric population of the developing world.^[2] Globally, approximately 4-5 million deaths occur as a result of diarrheal diseases every year^[3] The two main risks of diarrhoea are malnutrition and death. Dehydration is the most common cause of death due to diarrhoea. The disease Atisara is described by Acharyas (Charaka, Sushruta and Vagbhat). Three later Acharyas (Madhava, Sharangdhar and Bhavaprakash) also described it in their respective texts. Atisara disease also mentioned by Harita and Kashyap.^[4] Particularly the name “Balatisara” is not mentioned in Ayurvedic texts.

Balatisara is a combination of two words.- Bala + Atisara

It means; disease atisara in children is called Balatisara.

Poorvarupa:-^[5]

देहवैवर्ण्यमरतिर्मुखग्लानिरनिद्रता | वातकर्मनिवृत्तिश्चेत्यतीसाराग्रवेदना

Samanya Lakshna:- Muhur- muhur mala pravriti, Ati drava mala pravriti, Durgandhit mala pravriti, Jalalpta, Agnimandata, Antrakujan, Udar shula, Jwara.^[6]

Diarrhoea means passage of 3 or more loose or watery motions per 24 hours. However, it is the recent change in the consistency of stool rather than the number of stool that is the more important feature. In infants - stool volume in excess of 15g/kg/24 hr is considered diarrhoea. By age 3 yr-when stool's volume approximates adult output, stool output greater than 200g/24/ hr is considered diarrhoea.^[7]

Classification

Based on duration

1. Acute:< 7 days
2. Persistent: 7-14 days
3. Chronic-> 14 days

Based on etiology: Infective - bacterial, viral, parasitic, fungal

Non infective- CMPA, vitamin deficiencies, Iron therapy etc.

The trial drug Bala kutajavaleha from Bhaishajya Ratnavali has been selected for research^[8]

मूलत्वचं वत्सकस्य पलमेकं सुकुटितम् । अष्टभागं जलं दत्वा चतुर्भागावशेषितम् ॥

अतिविषा च पाठा च जीरकं बिल्वमेव च । आम्रास्थिशतपुष्पा च मुस्तकं तथा ॥

जातीफलं च संचूर्ण्य निक्षिपेत्तत्र यत्नतः ।

(भैषज्यरत्नवली बाल रोग चि०७१\१०२\१०३\१०४)

Drug dose: According to Sharangdhar Samhita, one masha for one year child and then increase one masha every year, upto 16 years.^[9] Thus, for the age of 1-5 years the dose will be one masha to 5 masha in divided doses. All the patients were advised to take ORS Solution a/c to WHO recommendations.

Selection of the Patients: 38 patients were selected on the basis of symptomatology of Balatisar from OPD/IPD of Department of Kaumarbhritya, Rishikul Campus (Haridwar) Uttarakhand Ayurved University. Single blind, Open label Clinical trial, Period of study: 20 days, Follow Up: Total 5 follow up (1-day1, 2-day3, 3-day7 and 4-day10) observations will be carried and the final 5 F.U on 20 day.

Formulation of drug: In Avaleha Form

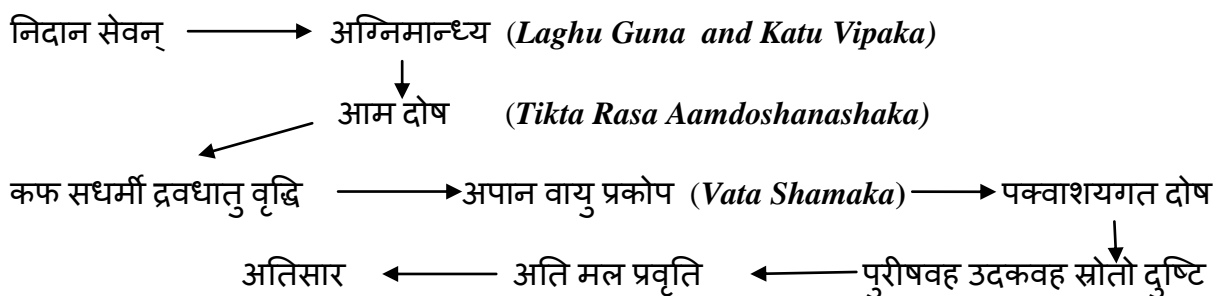
- **Inclusion Criteria-** Age :1 to 5 years, Mild or moderate diarrhoea with some dehydration
- **Exclusion criteria** - Age – Below 1 year above 5 years, Diarrhoea associated with severe malnutrition and other systemic diseases, Food poisoning and severe dehydration Complicated diarrhoea.
- To obtain the efficacy of the therapy of subjective parameter, proper statistical analysis was carried out by applying Wilcoxon test, Objective parameters analyzed by paired t test.

ASSESSMENT OF RESULT

| Parameter | Man | | D | % Of relief | Wilcoxon signed rank W | P-value | Result |
|----------------------------|------|------|------|-------------|------------------------|---------|--------|
| | BT | AT | | | | | |
| Muhur-muhur mala pravritia | 1.64 | 0.10 | 1.53 | 93.47 | -378.0 | <0.001 | HS |
| Ati- drava mala pravriti | 1.56 | 0.23 | 1.33 | 84.09 | -406.0 | <0.001 | HS |
| Durgandhit | 1.83 | 1.28 | 0.55 | 30 | -21.00 | 0.031 | S |

| Results | No. of patients | % |
|----------------------|-----------------|-------|
| Complete improvement | 23 | 76.66 |
| Marked improvement | 6 | 30 |
| Moderate improvement | 1 | 3.33 |
| Mild improvement | 0 | 0 |
| Unchanged | 0 | 0 |

Mode of action of drug



CONCLUSION

The prevalence of the disease is more in 3-5 years of age group (63.33%), due to unhygienic food habits. Maximum no. of patients were belonging to the Hindus groups (60%), population of Hindu community is high in this geographical territory, it is obvious that Hindu patients were found more in numbers. This disease is more prevalent in urban 80% area. This disease is mostly present in patients were having vata pradhana Deha prakariti. According to Ayurveda vata dosha dominant persons have agnimandhyata, so we can say that person having vata pradhana prakariti are more prone to be Atisara. Maximum patients have Avar Sara i.e. 45.7%, Maximum i.e. 47.6% patients were of madhyama samhanana. Majority of the patient have Avara Satva 42.9%, Charaka has mentioned that a person having Avara satva are more vulnerable to diseases. Maximum numbers of patients i.e. 57.14%. were having avara pramana. Most of the patients having Madhyam Aaharshakti i.e. 47.3%. Balatisar is Mandagnijanya vyadhi so its management is done by deepana, paachana and doshashamana. Balkutajavaleha Proves statistically highly significant result in muhur-muhur mala pravriti, Ati- drava mala pravriti, Jalalpta, Agnimandata, Antrakujan, Udar shula, Jwara. Agnimandhyata play main role in production of Balatisar. In Present study we found that Balatisar is a vata pradhana (saman vayu+ apan vayu) vyadh, dushya are Purisha and apdhatu, Purishavaha srotas dushti occur in Balatisar. It was concluded that Balkutajavaleha is useful for the management of Balatisar. There was no side effect seen on any patient during clinical trial.

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