# To Study Clinical Efficacy of Bruhatyadi Ghrita in Karshya in Children

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#### Abstract

India is one of the fastest growing countries in terms of population and economics. Since independence of India in 1947, its economic status has been classified as a low income country with majority of the population at or below the poverty line. This unique combination of people living in poverty and the recent fast economic growth of India has led to the co-emergence of under nutrition. Ayurveda has a unique approach in dealing with childhood disorder. Its gives weightage for prevention of disease over its cure. Well balanced diet with application of its rule can help in avoiding a many health disorders like Under nutrition. Food is a most important factor for giving strength to an individual. Wrong dietary habits and faulty lifestyle leads to disease. Proper Ahar Vidhi is most important in getting maximum benefits from ahara. Childhood malnutrition is the main cause 35 % fatalities in children under age of 5 years, as well as 20 % of the total worldwide disability affected valuable years in their life. Karshya can be related with weight loss. The main cause of Karshya is enlisted as less intake of food, fasting, excess intake of dry food items (rusks, biscuits, bread, numkeen etc.), psychological causes like anger, fear, grief etc. All these results in agnimandya. It causes formation of undigested improper Aharrasa. Briharyadi ghrita is a remedy for karshya in children in Balamaypratishedh Adhyaya in Uttarsthan in Ashtang Hridya. The present study is an attempt to study clinical efficacy of Bruhatyadi ghrita in Karshya in children.

Keywords - Ayurveda, Ahara, Karshya, Bruhatyadi

### **Introduction :**

According to the World Health Organization, malnutrition is by far the biggest contributor to

Author Correspondence Dr. Avinash Wankhede Shiva Trust Yashwantrao Chavan Ayurved Medical College and Hospital Nipani Aurangabad Email : dhanwaderavi7@gmail.com child mortality, present in half of all cases. Underweight births and inter-uterine growth restrictions cause 2.2 million child deaths a year. Poor or non-existent breastfeeding causes another 1.4 million. Other deficiencies, such as lack of vitamin A or zinc, for example, account for 1 million. Malnutrition in the first two years is irreversible. Malnourished children grow up with worse health and lower educational achievements. Their own children also tend to be smaller. Malnutrition was previously seen as something that exacerbates the problems of diseases as measles. pneumonia and diarrhoea. But malnutrition actually causes diseases as well, and can be fatal in its own right. However, despite these commitments, the proportion of children with acute malnutrition has persisted at a worrying level, affecting an estimated 45 million children under five worldwide in 2022. In 2022. approximately 7.3 million children received treatment for severe acute malnutrition (SAM).<sup>1</sup>

Kaumarbhritya is one among the branches of Ashtang Ayurveda.<sup>2</sup> In Charak Samhita, Karshya is included in Astanindita - eight most unwanted constitutions. Karshya is a disease & also a described symptom in many diseases. Malnutrition, Manasika Bhavas, excessive exercise are the main causes of Karshya . Now-a-days lifestyle is so busy that people can't follow Pathyapathya or they don't know about their food quality and quantity, their routine work . So, between very tenseful life, nobody has no time & in fast life fastfood is more preferable food to eat, coldrinks are more favourable to drink. So, according to Ayurveda, Agnidushti occur & Bhutagni followed by dhatvagni effected & all the Dhatus do not get proper nourishment. Then Sushka Sphigudargriva, Dhamanijaladarshana etc. symptoms develop. So. Pathyapathya management, how to change lifestyle, how maintain food quality & quantity etc. are very important thing in the treatment of Karshya. India is developing country. Here, poverty, uneducation, population there are so many problems between which many children don't get food everyday.

They don't have house to live. They have to suffer very much. Because of this Karshya is found commonly in many children. Bruhatyadi ghrita is a remedy for karshya in children in Balamaypratishedh Adhyaya in Uttarsthan in Ashtang Hridya.<sup>3</sup> So the present study 'To study Clinical Efficacy of Bruhatyadi Ghrita in Karshya in Children' has been selected.

## Aim:

To evaluate the effect of Bruhatyadi Ghrita in karshya in Children.

#### **Objective:**

- 1. Detail study of Bruhatyadi Ghrita.
- 2. To evaluate the effect of Bruhatyadi Ghrita in karshya in Children

# Review of Literature: Bruhatvadi Ghrita -

- 1.Kalka of all drugs 1 part
- 2.Ghrita 4 parts
- 3.Drava dravya 16 parts

Method of preparation -

Bruhatyadi ghrita is prepared as per mentioned in Sharangadhar Samhita as follows

Bruhati, Ashwagandha, Tulasi and Pippali were taken clean and dried. Proper authentication and Standardization is done. It was made with the help of mixer grinder in yavakuta form and stored in polythene pouch to protect from moisture. Kalka was made from all this drugs. 1 part of kalka, 4 parts of ghrita and Dravya Dravya means water is taken in 16 parts and boiled together for certain duration till the evaporation of water and appearance of ghrita siddhi lakshanas.

Dravya	Latin name	Rasa	Veerya	Vipaka	Guna	Karma
Bruhati <sup>4</sup>	Solanum indicum Linn.	Katu, Tikta	Ushna	Katu	Laghu, Ruksha, Tikshna	Vedanasthapana, kandughna
Ashwagandha <sup>5</sup>	Withania somnifera	Tikta, katu, Madhur	Ushna	Madhura	Laghu,Snigdha	Deepana, Anulomana
Tulasi <sup>6</sup>	Ocimum sanctum	Katu, Tikta	Ushna	katu	Laghu, Ruksha	Deepana, pachana, Anulomana
Pippali <sup>7</sup>	Piper longum Linn.	Madhura	Anushnasheeta	Katu	Laghu, Snigdha, teekshna	Deepana, medhya, Vatahara
Goghrita	-	Madhur	Sheeta	Madhur	Guru, snigdha	Vatapittakapha vinashaka

Table 1: The properties of each drug is as follows:

# Material and Methods:

Children were selected from Kaumarbhritya outside patient Department of Institute. All the children were selected for Karshya having Dourbalva (activeness), symptoms Krush Parshwa (fat deposition buttocks). at Alpakshudha (Less appetite), and Anidra (Disturbed sleep).

Sample Size - 10 Children selected.

## **Inclusion Criteria**

- For the study of Karshya, children from the age of 5 years to 12 years of either sex with the problem of poor growth & under development according to IAP classification 61 80 % (Nutritional grade I & II ) without any chronic diseases were selected from the OPD of our college Hospital.
- 2. Willing and able to participates in the study.

## **Exclusion Criteria:**

- 1. Patients under 5 year & above 12 year were excluded.
- Patients who were seen with the evidence of Krimi & Grahanidosha were first treated with medicine & then they were included in this study.
  - Patients having systemic disorders, congenital anomalies, neurological disorders endocrine disorders & anatomical defects etc. were excluded.
  - According to IAP classification more than 80 % (Normal) and less than 61 % (Nutritional grade III – IV) were excluded.

# Withdrawal Criteria :

- Patients which not in regular follow up
- Patients developing any serious adverse effects of the treatment.
- Patients not willing for clinical trial.

# **Assessment Criteria:**

The improvement in patients will be assessed on the basis of relief in the signs and symptoms of the disease. For this purpose main signs and symptoms were given score according to their severity. The details of the score adopted for the main signs and symptoms in this study are as follow

No.	Parameter	Finding	Grades
		Dull	0
1	Dourbalya	Moderately active	1
	(activeness)	Active	2
		Very Active	3
	Kaush Deachaus	Deeply seated with extra fat	0
2	Krush Parshwa	Covered buttock	1
4	(fat deposition at buttocks)	Prominent Buttock	2
	at buttoeks)	Relatively look larges	3
		Child himself asks food and also	0
		takes adequately	
		Child himself asks food but not	1
3	Alpakshudha	take adequately	
	(Less appetite)	Child does not ask but takes food	2
		considerably by required amount	
		Child does not take food	3
		considerably even by force	
		$Long \ge 8$ hours and sound	0
4	Anidra	short $\geq 8$ hours but sound	1
-	(Disturbed sleep)	Disturbed	2
		Cruod	3

Table 2:	Assessment	Criteria
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## **\*** Treatment:

## **Table 3: Treatment**

Sr. No.	Treatment	Group A (Trial Group)		
1	Route of Administration	Oral		
2	Drug with dosage	Bruhatyadi Ghrita half		
2	Drug with dosage	teaspoon with water.		
	Anupana	Warm water or warm milk		
3	Time	once a day		
5	Duration	21 days		
6	Evaluation	At 0 <sup>th</sup> day and 3 <sup>rd</sup> week		
7	Follow up	3 <sup>rd</sup> week		

Statistical Analysis - By Paired 't' test.

## **Observations** :

The response of treatment was observed and recorded on a case paper and data collection by clinical study.

Sr. No.	Assessment criteria		Dourbalya	Krush Parshwa	Alpakshudha	Anidra
1.	Case 1	BT	2	2	2	2
		AT	0	0	1	0
2.	Case 2	BT	2	3	2	2
		AT	1	2	1	0
3.	Case 3	BT	2	1	0	2
		AT	1	0	0	1
4.	Case 4	BT	0	1	2	2
		AT	0	0	1	1
5.	Case 5	BT	1	1	2	0
		AT	0	1	1	0
6.	Case 6	BT	0	2	3	2
		AT	0	0	1	1
7.	Case 7	BT	2	3	2	1
		AT	0	1	1	0
8.	Case 8	BT	2	2	3	3
		AT	1	1	2	1
9.	Case 9	BT	3	2	2	2
		AT	1	1	1	1
10.	Case 10	BT	0	2	0	2
		AT	0	0	0	0

## **Table 4 : Observations**

(BT- Before Treatment, AT- After Treatment)

## **Results :**

Effect of Bruhatyadi ghrita on cardinal symptoms of Karshya is as follows

Cardinal	NT	Mean	Mean	C D	СБ	<b>641</b>	D 1	D 14
Symptoms	Ν	BT	AT	S.D.	S.E.	ʻt'	P value	Result
Dourbalya	10	1.4	0.4	0.667	0.211	4.7393	P<0.001	H.S.
Krush	10	1.9	0.6	0.455	0.143	9.09	P<0.001	H.S.
Parshwa	10	1.9	0.0	0.433	0.145	7.07	1 <0.001	11.5.
Alpakshudha	10	1.8	0.9	0.322	0.101	8.91	P<0.001	H.S.
Anidra	10	1.8	0.5	0.455	0.143	9.09	P<0.001	H.S.

(BT- Before treatment, AT- After treatment, S.D- Standard Deviation, S.E.- Standard Error of mean)

## **Discussion and Conclusion:**

- School going children are more affected due to more exposure to sunlight and infectious diseases, unhealthy wrong food intake habits, lack of personal care and physical strain due to playing.
- Poor and middle class people are more prone to malnutrition as they are unable to take nutritious food.
- Children brought for medical care of under nutrition is higher in well educated parents as compared to that of poor and uneducated parents.
- Wrong food habits, lack of nutrition and more environmental pollution causes the disturbance in physiological and psychological aspects of children leading to Karshya in children.
- Ashwagandha and Goghrita are having balya properties. Pippali, Tulsi and Bruhati are having deepana, rochana properties. So Bruhatyadi Ghrita decreases all assessment criterias namely Dourbalya (activeness), Krush Parshwa (fat deposition at buttocks), Alpakshudha (Less appetite), and Anidra (Disturbed sleep). It is proven statistically significant.

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