

A CASE STUDY OF UNDER-NUTRITION (KARSHYA) WHICH IS RESPONDED TO AYURVEDIC TREATMENT***¹Dr. Anshuman Rajnala and ²Dr. Sanjeev S. Tonni**

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ABSTRACT

Under-nutrition (Kaarshya) is one of the burning problems in spite of many global wise remedial measures, which have been adopted to provide nutrition. A majority of the population in the developing countries suffer from malnutrition and under nutrition. It forms one of the leading causes of mortality and morbidity in children as well as in adult population. In the global campaign of health for all, promotion of proper nutrition is one of the 8 elements of primary health care. An Under-nutrition person is always prone to have so many complications. It is a condition of the depletion of the fat as well as muscles in the body. This is the reason why the treatment of it is highly necessary to restore the normalcy of the body. Ayurveda with its holistic approach can help in this condition with its unique way of lifestyle management and the drug therapy. Swasthavritta (Community Medicine) has a role to play in the management of the Kaarshya. Ashwagandhadi lehya act

as an effective nutritional remedy to overcome the problems faced by adults suffering from Kaarshya. So the Ayurveda treatment was planned in treating the Kaarshya. After one month treatment, the patient gained 2.2kg weight & subsequent month i.e., follow up period the patient showed marked improvement in gaining weight. Other anthropometric measurements also improved with the treatment. Assessment was conducted in for a period of three month.

KEYWORDS: Under-nutrition, Kaarshya, Ayurveda, Swasthavritta, Ashwagandhadi lehya.

This 28 year old male of private Garment factory worker presented for the treatment of loss of weight. Associated complaints include loss of appetite, general weakness since for 2 years. Patient was apparently healthy 4 yrs back. Gradually he developed loss of appetite & general weakness in the body. For that he consulted local doctor and took allopathic treatment but could not get any relief. So for further management, patient was admitted in Ayurveda hospital. He is non- HTN & non-DM. His daily routine personal activities (Dinacharya) are listed below.

Personal History	
Dinacharya	
Time of getting up in the morning	At 6 am
Face wash including tooth brushing (Mukha prakshalana)	Twice daily
Attaining toilet ie, Bowel evacuation habit (Vegothsarga)	Use to evacuate daily
Doing physical exercises (Vyayama)	Not performing
Taking bath(Snana)	Use to take bath daily
Taking breakfast (Pratahakaleena Bhojana)	Such as avalakki / kataka roti – curd..., upma
Afternoon regimen (Madhyanha charya)	
Lunch (Madhyahna bhojana)	Roti & curry / rice with saambhar
Night regimen (Ratri charya)	
Since many days patient is having disturbed sleep.	
Rules & regulations while intake of food (Bhojana vidhi)	
Not followed	
Nutritional status	
Poorly built and poorly nourished.	
Family history	
All family members are said to be healthy.	

On Physical examination of the patient, the following characteristic features were noted.

General examination	
B.P	110/80 mm of Hg
Pulse	78 pulse/min
Temperature	Afebrile
R.R. rate	23/min, clear.
Weight	37.8kg
Height	148cm
BMI	18.8 Kg/m ²
Assessment of Nutritional Status	
Anthropometric assessment	

Neck circumference	38cm
Mid-arm circumference	25cm
Chest circumference	80cm
Abdominal circumference	63cm
Waist-Hip Ratio (W:H ratio)	0.72cm
Mid-thigh circumference	44.5cm

Dasha vidha Pariksha		
Prakruti Pariksha	Vata-kapha Vikruti	
Dosha Pariksha	Vata vrudhhi, Pitta kshaya & Kapha kshaya	
Dooshya Pariksha	Rasakhsaya leading to uttarottara dhatu kshaya especially mamsa & meda	
Saatmya Pariksha	Madhya	
Satwa Pariksha	Madhya	
Saara Pariksha	Rasa Sara	
Pramana Pariksha	Height-148cm; wt – 37.8kg; BMI- 18.08 kg/m ²	
Samhanana Pariksha	Avara (Poorly built)	
Vyayama Shakti Pariksha	Avara	
Aahara Pariksha	Abhyavarana shakti	Madhya
	Jarana shakti	Madhya
Vaya Pariksha	Proudha i.e. 28 yrs	

Ashta Sthaana Pariksha	
Naadi Pariksha	78 pulse/min, <i>Praakruta</i>
Mala Pariksha	1-2 times/day, Regular
Mutra Pariksha	2–3 times/day
Shabda Pariksha	<i>Prakrutha</i>
Sparsha Pariksha	<i>Prakrutha</i>
Jivha Pariksha	<i>Nirama (Aipta)</i>
Drukk Pariksha	<i>Prakrutha</i>
Akruti Pariksha	Poorly built and poorly nourished.

Samprapti ghataka	
Dosha	Vata –kaphaja
Dooshya	Rasa, Mamsa, Meda
Agni	Jatharagni (manda & vishama)
Ama	Jataragni mandhya Janya Ama
Srotodushti Prakara	Sanga
Udbhva Sthaana	Amashaya
Vyakta sthaana	Sarva shareera
Sanchara Sthaana	Sarva shareera, rasayanees
Vyakta Sthaana	Sarva shareera
Vyadhi bheda	Chirakari

- **Diagnosis:** The patient was diagnosed as **Kaarshya (under-nutrition)**
- **Plan / Management of the disease (Chikitsa yojana)**

Adopting *chikitsa sootra explained by ayurveda in this disease context:*

1. Brihmana chikitsa (nourishing therapy).
2. Advising diet (*pathya ahara –vihara*) in respect to this disease:
 - **Treatment planned: curative treatment (shamana oushadhi chikitsa)**
 1. Vaishwanar choorna – 30gm
1teaspoon full ----0----1tsf with ghee (ghrita) before breakfast
 2. Tab- Liv-52 D.S
0----1----0 before lunch
 3. Ashwagandhadi lehya
1teaspoon full with milk; two times a day ie, early morning & evening time
- **Type of food / diet planning (Ahara pravicharana)**
 1. Laghu ahara / Snigdha ahara /Dwikaalika ahara / dravottara ahara is advised.
 2. Advise to Follow *Ahara Vidhi Vidhana* correctly

Food / diet to be consumed (Ahara roopi Pathya)	
In Shooka Dhaanya varga (cereals)	Dhanya, Yava, Godhuma
In Shimbi dhanya varga (pulses)	Mudga, Soya
Mamsa varga (in non-veg)	Jangala-anoopa–oudaka praanija mamsa rasa (kruta)
Go-rasa varga (in animal product)	Go-dugdha & ghrita
Jala varga (in water)	Sukhoshna jala / kwathita jala
Shaaka varga (in vegetable)	Paalakya, Methika
Taila varga (in oil)	Tila taila
Phala varga (in fruits)	Draaksha, Dadima, Kushmanda
Vyanjana varga (various dishes)	Jeeraka, ajamoda.....

Vihara roopi pathya	
Vyayama	Walking, jogging / loosening exercises
Abhyanga	With Mahamasha taila / Tila taila etc

Apathya ahara:
Rookshya ahara
Rooksha paana
Pramitashana
Upavasa

Follow up	Follow up
After one month (12-11-2012)	After two month (12-12-2012)
Anthropometric assessment:	Anthropometric assessment:
Neck circumference 39 cm	Neck circumference 39.5 cm
Mid arm circumference 26 cm	Mid arm circumference 25.5 cm
Chest circumference 81 cm	Chest circumference 81.5 cm
Abdominal circumference 66 cm	Abdominal circumference 67 cm
Waist-Hip Ratio (W:H ratio) 0.74 cm	Waist-Hip Ratio (W:H ratio) 0.74.5 cm
Mid thigh circumference 45 cm	Mid thigh circumference 46 cm
Ht—148cm (constant)	Ht—148cm (constant)
Wt – 40kg	Wt – 43kg
BMI= 18.26kg/m ²	BMI= 19.63kg/m ²
Aharashakti pareeksha: Pravara	Aharashakti pareeksha: Pravara
Vyayamashakti pareeksha: Pravara	Vyayamashakti pareeksha: Pravara

Diet menu in Kaarshya	
These diets are subjecte to change daily, options are provided to patient	
Breakfast	Godanna/Rasodana/Kheeroddhrita Shaali Go-dugdha/ Mahisha dugdha Kadali phala
Lunch:-	Godhooma rotika (2) with Paalakya vyanjana Annna with Mudga / Masoora yoosha Takra
Evening:	Tea/ milk
Dinner:	Go-dhooma rotika (2) with kushmanda vyanjana/methika vyanjana Annna with Mudga kritayoosha Go-dugdha (before retiring to bed)
Nidra	Gives mental & physical rest Diwaswapna prohibited Sleeping time
Yoga intervention	Shithilkarana vyayama Sooryanamaskara Asana

DISCUSSION

kaarshya is apatarpana janya vikara (rasapradoshaja vikara) seen in majority of adult population in developing countries. This results due to inadequate intake of nutritious food and lack of awareness regarding its importance. Poverty & lack of personal hygiene are the other causative factors which contribute in the manifestation of the kaarshya. Under-nutrition may be seen in an adult population due to deficiency of essential nutrients such as proteins, carbohydrates, vitamins, minerals & other micro-nutrients.

Kaarshya patients are prone for infections hence treatment should be aimed to fulfil their nutritional requirements. The formulation Aswagandhadi lehya is such a nutritious

medicament which possesses guru, snigdha guna, sheeta veerya, kaphavardhaka, vatashamaka & brihmana properties, economical, easy to administer, palatable & can be practiced for longer duration.

Vaishwanara choorna having katu, tiktarasa, laghu, rooksha, teekshna gunas & ushna veerya improves agni & act as vatanulomaka.

Liv -52 improves the appetite by stimulating the liver function to secret more bile & this will helps in the digestion of ingested food thus helps in gaining weight. Liv -52 is a good stimulator of appetite, haemopoiesis and a pronounced anabolic agent.

Aswagandhadi lehya provide significant relief in nidra, utsahahani, ayase shrama, alasyata, dhamanijaala darshana, abhyavarana shakti, jarana shakti & vyayama shakti. It also significantly increased anthropometric measurements like BMI, neck circumference, abdominal circumference, waist-hip ratio, mid-arm circumference & mid thigh circumference.

CONCLUSION

Hence in this case, it can be concluded that Ashwagandhadi lehya acts both on agni & poshaka rasa. Being rich in protein when given through the go-ksheera as an anupana, it is having the ability to nourish all the tissues of the body by increasing the adya dhatu ie, rasadhatu.

Kaarshya is a chronic disease, which needs long term treatment to get good response. Apart from concentrating therapeutic aspects of this disease, it is advised to improve the socio-economic status & also awareness of nutrition education.

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