CASE REPORT

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Ayurvedic case study of Balatisara

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ABSTRACT

In contemporary science, watery diarrhoea and Atisara are closely related. Ayurveda defines Atisara as excessive frequency and volume of watery stools passing, where Atisara is ATI (excessive) and Saranam (flow). According to folklore, Atisara first appeared as a result of eating flesh from cows and bulls. Agnidushti is brought on by the Guru and Ushna Guna of cow and bull flesh. Bhaya, Shoka and other Mansika Doshas, among others, develop Atisara. Atisara has Krimi as a significant cause. According to Ayurvedic science, Agnidushti is the main cause of Atisara. Agni’s primary location is Grahani. Between Amashaya and Pakwashaya, it is located. Food particle digestion is incomplete when Mandagni is present. Ama is created as a result of this. Ama is considered like toxins or pathogens which is responsible for etiology of all disease. This Ama leads to vitiation of Vata like Saman Vata and Apana Vata Dushti. In Samyawashtha of Apana Vata is responsible for defecation, micturition, and Nishkramana of Shukra and Artava. A 9 year male patient diagnosed with Atisara and treated with Ayurvedic management.

Key words: Ayurved, Atisara, Agnimandya, diarrhoea

INTRODUCTION

Balatisara meaning Atisara in Bala or childhood diarrhoea. It is one of the commonest & serious disease during childhood. These liquid stools are usually passed more than three times a day. However, diarrhoea is the recent change in consistency and character of stool is most important rather than number of stool passed. A child suffers from an average 10 to 15 episodes of diarrhoea in the first five year of life, out of these three to five episodes occurs during very infancy, i.e., 1st year of age. In the tropical belt 15 to 40% of all deaths among children below 5 years are due to diarrhoea. Diarrhoea has its main impact on infants and young children in the poor section of the developing countries. Existence of mal-nutrition makes the child much vulnerable to suffer from diarrhoea. Diarrhoea has also been shown to have significant effect on nutrition. According to a conservative estimate, almost 500 million children suffer from acute diarrhoea annually, of them 5 million die every year. In India alone, nearly 1.5 million children die due to acute diarrhoea every year. The seriousness of the disease owes to the commonest complication i.e., dehydration which the most fatal one. A child may lose almost and much water and electrolytes from the body during an episode of diarrhoea as in an adult, since the length and surface area of intestinal mucosa of a child from where the diarrhoeal fluids are secreted are fairly large.

CASE STUDY

A 9-year-old thin built male patient visited the outpatient department for the complaints of Atisara like Dravamalavega (diarrhoea lasting for more than 2 weeks), Vivarnata (moderate), Udara Shoola (continuous moderate pain), Trishna (moderate-drinks poorly), Kshudhahani (appetite decreased), Daurbalya (weakness), Nidralpata (reduced sleep) for more than two weeks. A history of the present illness revealed
that the patient was apparently normal before one week. He had episodic passing watery loose stools for 4 to 5 times per day. The problem increased day by day, and the patient suffered from fever and severe abdominal pain, then consulted with family physician and was on some antibiotic medicine which relieved the condition for a time being. After two days he feels pain in abdomen, with frequent watery stool 3-4 times a day with some associated symptoms. Looking into the signs and symptoms of the patient diagnosed as a case of Kaphaja Atisara.

**General Examination**

Pallor - absent, Icterus- absent, Cyanosis- absent, Clubbing-absent, Lymph node- nonpalpable,

Oedema - absent, Oral mucosa - normal

BP - 100/70 mm of Hg

Pulse - 78/min

Temperature - 96.4°F

**Systemic Examination**

RS - Air Entry Bilaterally Equal, no any abnormality.

CVS - No any abnormality detected in cardiovascular system

CNS - Conscious and oriented

P/A - Abdomen was shrunken and diffuse tenderness present all over abdomen.

**Personal History of Patient**

Kshudha (appetite) - reduced

Nidra (Sleep) - disturbed

Mala (Bowel) - loose watery stool 8-10 times per day

Mutra (Bladder) - normal

Addiction - no any addiction

Ahara (Diet) - vegetarian and non-vegetarian food (taking very spicy, hot and fast food)

**Investigation**

Lab investigation - CBC

Hb - 11.0 gm%

TLC - 5400 cells/cu mm

RBC - 3.5 million cells/cu mm

PLT - 275000 cells/cu mm

DLC and other haematological parameters were normal

**Treatment Given**

1. Bilvadileha 7ml BD

2. Kutaja Ghanavati 125 mg BD

3. Shunthi, Musta, Indrayava Churna 1gm each with like warm water BD

**OBSERVATIONS**

<table>
<thead>
<tr>
<th>Lakshana</th>
<th>Before treatment</th>
<th>After Treatment</th>
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<tbody>
<tr>
<td>Dravamalavega</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Udar Shoola</td>
<td>+++</td>
<td>+</td>
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<tr>
<td>Daurbaliya</td>
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**DISCUSSION**

As mentioned in Ayurvedic text, *Dosha Dushti* in this patient is *Pittapradhan Tridoshdushti*, as there is *Amlodgar, Urodaha, Trushna Lakshnas* were present. Due to increased *Drava, Sara* and *Ushna Gunas* of *Pitta* leads to *Agninash* and *Purishbheda*. This leads to *Pitta* *Atisara*. So, the *Samprapti* in this patient was postulated as follows:

Ati Ushna, Tiksha, Lavan, Katu Ahara Sevan → Tridosh Dushti (Pitta Dushti Adhik) → Drava, Sara and Ushna Gunas of Pitta increased) *Apa Dhatu* is increased in excess → Downward movement in Purishashay by *Vata* → Leading to development of excess watery stool → *Atisara*

Most of the patients were suffering from *Mandagni*, which clearly indicate that *Agnimandya* is the prior stage of almost all the diseases. Here in case of *Atisara* also *Mandagni* leads to *Ama* formation which further leads to Atisara. *Dravamala Pravrutti* was nothing but the cardinal signs of the *Atisara*. *Udarshool* was present in the patient followed by *Aruchi. Jivha Pariksha and Jalnimajan Pariksha* were very important tools of Ayurveda to decide *Sama* or *Nirama Avastha*. 
Bilvadileha

Bilva due to its Kashaya Tikta Rasa, Katu Vipaka and Laghu Guna act as Agnideepan and also Aamapachak. Kashaya Rasa and Ushna Virya help in reducing the colonic motility. Sangrahi property of Bilva is very useful to treat the increased frequency of defecation and the consistency of the stool. In addition to Bilva, Prakshepa Dravyas like Dhanyaka, Jeeraka, Ela, Keshara, Twaka, Trikatu, Musta, have properties like Deepan, Pachana, Kaphghna, Vedanasthapaka, Rasayana. Thus, due to different properties of its ingredients, Bilvadileha has property like Tridoshahar, Deepan, Pachana, Aamnashaka, Grahi, Vibhandhahar and Vatanuloman which checks the Samprapti and pacify the symptoms of Atisara.

Kutaja Ghanavati

It is polyherbal preparation containing two ingredients namely Kutaja and Ativisha. Kutaja has Tikta, Kashaya Rasa, Laghu, Ruksha Guna, Katu Vipaka and Sheeta Virya. It is Pitta Kapha Shamak drug. It possesses Deepan, Pachana, Grahi and Stambhaka properties. Various research studies conducted on Kutaj Ghanvati proved its antidiarrheal, anti-dysenteric, bactericidal, antifungal and haemostatic properties.

Shunthi, Indrayava, Musta

Churna - Shunthi due to its Grahi nature, absorb excessive amount of liquid Purisha and corrected its pathology and it is Amapachak and Agnideepak. Indrayava and Musta are Deepana, Pachana and Sangrahi helped to decrease the frequency of bowel and increase appetite.

Pathya and Apathya advised

Pathya: Light foods, Moong-dal khichdi, rice-once/day, mixed aatta roti, kache papitha sabji (raw papaya), kacha kela sabji (raw banana) with more haldi. Guda (desi jaggery) Fruits – Pomegranate (anar), apple, gooseberry (Amla), Diluted goats milk, Mustha Siddha Jala (50g boiled with 3lt water, reduced to 1.5lt) for drinking, Laghu Vyayama 45 min, Pranayama.

Apathya: Spicy foods, fast foods, Dadhi, Matsya, Mamsa, strenuous work.

CONCLUSION

This brief case study illustrates that patients taking Atisara can significantly improve their symptoms in only a few weeks. However, our goal is to serve as an example of the beneficial effects that can result from using readily available herbal medications, as indicated in traditional Ayurvedic texts.

REFERENCES


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