

### Research article

## To compare the efficacy of *Bilwadi avaleha* with *Balchaturbhadra avaleha* in *Balatisara*

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### ABSTRACT:

In day to day pediatric practice, pediatricians come across a good number of patients suffering from diseases related to gastrointestinal tract. The common symptoms of gastrointestinal tract disorder include abdominal pain, bowel disturbances (like diarrhea, constipation), nausea, vomiting, abdominal distention, anorexia, chronic health Flatulence and failure to thrive due to disturbed digestion (i.e. functional derangement of GIT) The problems of the children in the third world are most pressing. There is no individual, who does not fall victim to some gastrointestinal disorders during his life span. Among them the majority of disorders are due to functional derangement of gastrointestinal tract and either age or sex cannot be barrier to it. Children being the most vulnerable or disadvantaged in the society, have high incidence and recurrence of gastrointestinal disorders. The changing life style of human beings by means of dietetic and behavior patterns plays major role in the manifestation of several diseases, which affects the children directly or indirectly. Diarrhea can cause under nutrition and worsen the existing one. Thus, these illnesses affect growth & development, activities, behavior, concentration power, school performance and immunity etc of the children. Gastrointestinal ailments cause a heavy economic burden on National Health Service, because up to one third of paediatric admissions in the hospitals are due to diseases of gastrointestinal tract and 40% of paediatric OPD has similar diseases. Gastrointestinal disorders i.e. diarrheal illness are important contributors to pool of malnutrition (PEM, iron, vitamin and mineral) in children in developing nations.<sup>9</sup> There are 5 billion episodes of diarrhea every year, out of which 3-5 million children die. Thus one child is dying of diarrhea every minute in the world.<sup>10</sup> In India alone nearly 1.5 million children die due to diarrheal disease every year.

**KEY WORDS:** Diarrhea, *Bilwadi Avaleha*, *Balchaturbhadra Avaleha* *Balatisara*

### INTRODUCTION:

The practice of medicine in the form of religious magical and empirical rites and procedures was the starting point of history of Indian medicine. *Vedas* are the source of all knowledge (science and learning) of Indians. Vedic medicine must have flourished for centuries and Indian medicine, thereafter was named Ayurveda. *Vedas* contain large number of references pertaining to this subject which are as below,

- To get a child of high intellect, the prayers were offered during fetal stage.<sup>1</sup>
- To get a son possessing virility proves and prayers were offered to various God. Concept of wet-nurse was also existing.<sup>2</sup>
- For protection of just delivered child the *Agni* was prayed.<sup>3</sup>
- Specific hymn (religious song of praise) to be recited before feeding ceremony was mentioned.<sup>4</sup>

- Detailed management of child is given in which “*Vrihi*” etc drugs were used for protection of child, it was indicated that clothes covering the child should be pleasurable, tonsure.
- The *Agni*, *Mitravaruna* and *Aditi* were prayed to bestow the child with all
- qualities, make him free diseases protect his from diseases, and *Pishacha* etc.<sup>5</sup>
- The subject of *Kaumarbhritya* has been described in *Samhitas* like *Charaka Samhita*, *Sushruta samhita*, *Bhela Samhita*, *Astanga Samgraha*, *Astanga Hridaya*, *Harita Samhita*, and *Kashyapa Samhita* is the book of this speciality.

In other remaining classics the subject matter of *Kaumarbhritya* is in scattered from and provide sufficient scope for interdisciplinary knowledge.

Acharya Charaka mentioned only the name of *Kaumarbhritya* in 6th place in *Astangas*.<sup>6</sup> Chakrapani has defined the subject and said that *Bharana* of *Kumara* is the main area of *Kaumarbhritya*.

*Sushruta* has very vividly described the subject matter of *Kaumarbhritya*. He elaborated the subject including the features of all nine *Grahas*, its treatment etc.

Thus, childhood is a very tender but superb stage of human life. The effect on physical development and mental status of this has its effect over rest of life period.

## AIMS & OBJECTIVES:

### AIMS:

1. To compare the efficacy of *Bilwadi Avaleha* with *Balchaturbhadra Avaleha* in *Balatisara*.

### OBJECTIVES:

1. To study the etiology of Diarrhea or *Balatisara* in children.
2. To study the effect of *Bilwadi Avaleha* in *Balatisara*.
3. To study the effect of *Balchaturbhadra* in *Balatisara*.
4. To compare the effect of *Bilwadi Avaleha* and *Balchaturbhadra Avaleha* in the management of *Balatisara*.

## MATERIALS & METHODS:

1. Medium of Dissertation: English, which will be supported by Ayurveda Terminology wherever necessary in Sanskrit.
2. Ethical Clearance: Clearance from ethical Committee of Ayurvedic College has been taken.
3. Consent: An informed written consent of all the Patients included in the trial were taken in Language best understood by them.
4. Type of Study: Open Comparative Clinical Study.
5. Number Of Patients: 60 divided in two groups each of 30.
6. Source of Data: 60 Patients of either sex showing Classical signs and symptoms were
7. Diagnostic Criteria:
  - i) *Mala vega*
  - ii) *Restoration of Agni*
  - iii) *Thirst*
  - iv) *Mutra Pravrutti*
  - v) Dehydration features

### Materials:

1. *Bilwadi avaleha*.
2. *Balchaturbhadra avaleha*.
3. 30 patients in each group 60 patients likewise two groups A & B.

### 1) Bilwadi Avaleha:

The ingredients of B. A. are *Bilwa*, *Dhataki*, *Ushira*, *Lodhra*, *Gajapippali*. For the purpose of study B.A. was prepared in *rasashatra bhaishjya kalpana* department, taking the raw drug which was authenticated and standardized in GMP certified lab.

### 2) Balchaturbhadra Avaleha:

The ingredients of B. C. A. are *Ativisha*, *pippali*, *Musta*, *Karkatashringhi*. For the purpose of study the B.C.A. is prepared in *rasashatra bhaishjya kalpana* department, taking the raw drug which was authenticated and standardized lab

### 3) Patients:

The present study is conducted on 60 patients attending the OPD & IPD of the *Kaumarabhritya* department of our college. The study is conducted by dividing the patients into two groups of 30 patients in each; one group is treated with B.A. and another with B.C.A.

### Criteria for the selection of patients:

#### a) Inclusion Criteria:

1. Patient of either sex between the age group 3 yrs. to 16 yrs.
2. Patient with complain of loose motion with No and Some dehydration were selected for the present study.
3. Non infective diarrhea as per pathological investigation.

#### b) Exclusion Criteria:

1. Patient suffering from *atisara* as well as vomiting with some to severe dehydration.
2. Children suffering from "*pravahika & visuchika*".
3. Patient suffering from *atisara* as a *upadrava* in other disease.
4. Patient suffering from loose motion with blood.
5. Etiology of *atisara* due to laboratory investigation showing the pathogens, parasites.
6. Children suffering from any chronic diarrhea, associated with congenital anomalies, chronic systemic infection were excluded.
7. Chronic infection like AIDS, TB etc.

## METHODS:

### Raw Material Standardisation:

The raw materials were selected and bought from S.G. Phyto Pharma and were then standardized.

### *Bilwadi Avaleha & Balchaturbhadra Avaleha* -

Standardized and good quality of *Bilwadi Avaleha & Balchaturbhadra Avaleha* prepared in *Ras-Shastra Bhaishajya Kalpana* Dept. of College was taken.

**Dose & Duration:****Bilwadi Avaleha** (Group I)**Dose** - 9 to 27 gm/Day. (According to Youngs formula)**Time** - t.d.s.**Route of administration** - oral**Duration** - 07 days**Diet** - *laghu aahar*. 112**Balchaturbhadra Avaleha** (Group II)**Dose** - 9 to 27 gm/Day. (According to Youngs formula)**Time** - t.d.s.**Route of administration** - oral**Duration** - 07 days**Diet** - *laghu aahar*.**OBSERVATIONS:**

- According to Age, maximum i.e. 50% of Patients were observed from the Age group 03-06 years.
- According to Sex, maximum i.e. 53.3% of Patients were male.
- According to the Religion, maximum i.e. 95% of Patients were Hindu.
- According to the Education, maximum i.e. 66.6% of Children were from Primary school category.
- Socio-economical status wise, maximum i.e. 100% of Patients were from middle class.
- Desha wise, 100% of Patients were from Sadharan desha.
- Immunization history wise, 95% of Children were properly immunized.
- Birth history wise, maximum i.e. 71.6% of Children had Full Term Normal Delivery.
- Developmental history wise, 100% Children had Proper Gross Motor, Fine Motor, Social, Mental and Language development according to Age.
- Nature of food wise, maximum i.e. 90% of Children were Mix food.
- General examination wise, in all the Cases, Temperature
- Was within Normal Limits, Pulse was Rhythmic was regular.
- *Prakriti* wise, in maximum number of Children i.e.

61.90% were of *Vata Pitta Prakriti*. According to Chief complaints, *malavega* was observed in 100%. Thirst was observed in 31.6%. Restoration of *Agni* was observed in 100% *Mutra pravrutti* was observed in 96.6%. Dehydration was observed in 31.6%.

**Effect of Therapy:**

Evaluation of the disease was carried out under the symptoms, *Malavega*, Thirst, Restoration of *agni*, *Mutra pravrutti* and dehydration. The effect of therapy on these symptoms in both the Groups comparatively has shown, at the end of treatment, *Malavega* was

relieved by 60% in Group -I and by 80% in Group - II. Thirst was relieved by 96.66% in Group I and by 90% in Group II. Restoration of *agni* was relieved by 83.33% in Group I and by 66.66% in Group II. *Mutra pravrutti* was relieved by 80% in Group I and by 50% in Group II. Dehydration was relieved by 93.33% in Group I and by 70% in Group II.

**Total Effect of Therapy:**

In Group I, the total effect of the therapy on the disease 'Balatisara' observed as 82.66% which is representing, **Improvement**. While total effect of the therapy on the disease 'Balatisara' in Group II was observed as 71.33% which is representing.

**CONCLUSION:****Clinical trial:**

The study shows that both formulations have good effect on Balatisara. **Bilwadi Avaleha** has shown more improvement i.e. 82.66% as compared to the **Balchaturbhadra Avaleha** which is 71.33%.

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