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Efficacy Of Trisughandi Churna In The Management Of Kaphaj Chhardi In Children.

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Abstract:

In the old era kaumarbhritya had a greater responsibility of both faculty i.e. obstetrics and pediatrics. Childhood is the formative period in life, subjected to various intrinsic and extrinsic influences affecting their survival health and disease.

According to ayurveda depending upon srotasa, chhardiisvyadhi of Annavaahasrotasa. There are 5 types of chhardi i.e. vataj, pittaj, kaphaj, sannipataj and bhibhatsadarshanchhardi. Yet in all type of branches, kaumarbhritya is one of the most important branch of medicine. Chhardi is described by both Ayurvedic and modern text book as chhardi and vomiting.

Keywords: Chhardi, Types of Chhardi, Annavaahasrotasa.

Introduction:

Ayurveda is divided into eight major branches and it is describe in the quotes of Acharya vagbhat Here it can be known that Balchikitsa described by Acharya Vagbhat was earlier known as 'kaumarbhritya'.

According to modern science in older children, viral or drug induced gastritis is the leading cause of vomiting.

Forceful expulsion of gastric contents nausea or retching is the protective reflex control by central emesis centre. Emesis centre are located in medulla and stimulated either directly by neurogenic afferent from GIT or indirectly by chemical stimuli from CTZ. Afferent response involves sudden violent descent of diaphragm and contraction of abdominal muscles increase intra-abdominal pressure coupled relaxation of cardiac sphincter to expel gastric contents called Vomiting.

According To Ayurveda:

Increased Dosha are expelled out in upward direction through mouth called Chhardi. In this disease 'Udanavata' gets vitiated and brings all contents of the stomach upwards and finally everything is vomited out from the mouth.

Sushrut described chhardi as a Swatantravyadhi having its own etiology, pathology and management.

Improper diet and lifestyle these two are main cause of disease in ayurveda. In children, irregular and bad habits of diet such as forceful feeding , eating fast foods, contaminated food , eating hurriedly , over eating etc. creating problems like agnimandya, ajirna and chhardi.

In the present study, the trial drug Trisugandhadichurna which is prepared from three drug such as Twaka, Ella, Patraka and madhu.

Trisugandhadichurna has been described as being effective against kaphadosha. Trisugandhadi drugs are available in all parts of world. It is effective in very small quantity.

As per quality of Trisugandhadichurna like – Rasa, veerya, vipak, guna, dosha and karma of Trisugandhadi drugs. It was decided that the commonly and easily available drugs (Trisugandhi) should be tried in patients and kaphajchhardi as a disease of an acute onset. Therefore present work is study on the efficacy of Trisugandhadichurna in management of kaphajchhardi in children.

Aim And Objectives: The present study was carried out with following aim and objectives

Aim: Study on the efficacy of Trisugandhadichurna in the management of kaphajchhardi in children.

Objectives:

1. To evaluate the effect of Trisugandhadichurna on kaphajchhardi.
2. To study chhardi in details with auurveda text and vomiting with modern text.
3. To provide safe and cost effective treatment of Trisugandhadichurna on kaphajchhardi.

Drug Review:

Drug is the second important chikitsa in chikitsachatuspad. Proper medicine is that which is having capacity to provide health and physician must have proper knowledge of the drug.

Definition of best drug is which is available in abundant , which can be gives in various form , which has specific therapeutic properly and last important thing is which has power to cure disease.

By Charkacharya that the drug to be used in child should have madhura and kashaya rasa. But in this study Trisugandhadichurna is selected .In Trisugandhadichurnatwaka and ella are katurasatmak.

Thus it was big difficulty that how to prepare this drug most palatable. But after mixing it with honey, it was found to be more acceptable and hence selected for the present study.

Drugs content:

Twaka 1 part

Ella 1 part

Patraka 1 part

Madhuanupan

In ayurveda, aushadhichikitsa (dravya) are different form like choorna, hima, kwath etc. according to their guna, karmas, vyadhi and its awastha, age and patient's suitability.

The used part of vanaspati in aushadhi is roots, bark leaves, flower and fruits. They are used according to vyadhi in different form.

In our science they have described the panchavidhakashayakalpna which is the basic idea of all aushadhisshastra.

In some drugs their property are stable and more effective when they are in dry form. Such dry raw drugs (dravya) can't give for this complication, raw drug crushing and convert it into fine powder form and filter through clothes is called as churna.

When the vanaspati is in wet form the constituents and properties of these can vary because utilization of the constituents is in the process but in dry drug constituents are stable so there is no different change in their properties.

Actually it is better to use ardravanaspati for aushadhi because it gives maximum benefit. But in today's fast life it's not possible to bring fresh vanaspatidravya. So the method of preparation is important in today's life.

In our clinical study we have selected our drug in the form of churna because of its effectiveness, acceptance, good presentation suitability and more convenient for the physician to prescribe specific amount of medicine according to age and weight for proper dose in children.

DRUG	LATIN NAME	RASA	VIPAK	VIRYA	GUNA
TWAKA	<i>Cinnamomum Zeylznicum</i>	<i>Katumadhur</i>	<i>Madhur</i>	<i>Ushna</i>	<i>Laghu, Tikshana, Ruksha</i>
ELLA	<i>Elletariacardamomum</i>	<i>Katumadhur,</i>	<i>Madhur</i>	<i>Shit</i>	<i>Laghu, snigdha, sugandhi</i>
PATRAKA	<i>Cinnamomumtamala</i>	<i>Madhur, katutikta,</i>	<i>Madhur</i>	<i>Ushna</i>	<i>Tikshana, snigdha, laghu</i>

Selection Of Cases:

60 diagnosed cases of randomly selected from OPD and IPD of Kaumarbhritya dept. and divided into 2 groups of 30 each

- **Group A** Trial Group 30 patients
- **Group B** Control Group 30 patients.

Drug Regimen:

	TRIAL DRUG	CONTROL DRUG
DRUG NAME	TRISUGANDHADI CHURNA	HARITAKI CHURNA
DOSE	5 – 15 gm/day.as per age,according to SharangdharSamhita.	5 – 15 gm/day.
SEVANKAL	Muhurmuhu ⁸	Muhurmuhu
DURATION	5 days	5 days
FOLLOWUP	1 st , 3 rd , 5 th day	1 st , 3 rd , 5 th day
NUMBER OF PATIENTS	30	30
ANUPAN	Madhu	Madhu
REHYDRATION BY	ORS,as per need.	ORS,as per need.

Plan Of Work: It is a randomized clinical control study on the efficacy of Trisugandhadi Churna in management of Kaphajchhardi in children.

Clinical Study:

- **Place of Study** :At OPD and IPDof Kaumarbhrityadept,Ayurved Hospital.

Case data will be recorded.

- **Follow up study –**
Follow up will be taken on 1st, 3rd, 5th dayof treatment.

Inclusion Criteria:

- Patients who will be clinically diagnosed as a KaphajChhardi.
- Selection will be irrespective of sex, religion & socio- economical class.
- Age between 5 to 15 years.

Exclusion criteria:

- Cases of Chhardi other than Kaphaj like Sannipataja, Bibhatsadarshnachhardi, Atisara,Food poisoning, Bacterial infections.
- Patients suffering from chhardi as Upadravatmaka symptom.

- Known anatomical defective & Genetic defective patients.
- Those having endocrine anomalies.
- Patient with associated symptoms of TB, AIDS any other systemic disease.
- Patients having severe dehydration due to Chhardi.
- All surgical cases.

Drug Name:

TRISUGANDHI CHURNA

DOSE: 5 TO 15 gm/day as per according to sharangdharsamhita

SEVAN KAL: Muhurmuhu

ANUPAN: Madhu

Subjective Criteria:

Hrallas (Nausea):

- 0 – No nausea
- 1 – On and off nausea but able to eat food
- 2 – Can take food some time
- 3 – Nausea on any food

Aruchi (Anorexia):

- 0 – No anorexia
- 1 – Can take food forcefully but in proper amount
- 2 – Can take forcefully but small amount
- 3 – Can't take food at all.

Episodes of chhardi (episode of vomiting)

- 0 – No episode of chhardi
- 1 – 1 to 2 episode of chhardi
- 2 – 3 to 4 episode of chhardi
- 3 – 5 to 6 episode of chhardi

Objective Criteria:

Score 0 – No dehydration

Score 1 – some dehydration

Score 2- severe dehydration

WHO CRITERIA FOR ASSESSMENT OF DEHYDRATION

SIGNS	NO DEHYDRATION	SOME DEHYDRATION	SEVERE DEHYDRATION
CONDITION	Alert or normal	Restless, irritable	Lethargic or unconscious
THIRST	Normal thirst	Thirst and drinks eagerly	Unable to drink
EYES	Normal	Sunken	Sunken and dry
TONGUE	Moist	Dry	Dry and parched
SKIN PINCH	Goes back quickly	Goes back slowly	Goes back very slowly
URIN OUTPUT	Normal	Oliguria	Severe oliguria or anuria.

Observations:**Table no. 1 - Age wise distribution**

Age Group in years	Group (A)		Group (B)		Total	
	No. of patients	Perce tage	No. of patients	Perce Tage	No.of patients	Perce tage
5 to 10	24	80.00%	26	86.67%	50	83.33%
10 to 15	6	20.00%	4	13.33%	10	16.67%
Total	30	100 %	30	100 %	60	100 %

The above table reveals that -

In Group A - majority of the patients i.e. 24 (80 %) were reported in age group 5 to 10 years, and remaining 6 (20 %) patients observed in the age group 10 to 15 years.

Where in Group B – maximum i.e. 26 (86.67 %) patients were reported in age group 5 to 10 years, and 4 (13.33 %) patients observed in the age group 10 to 15 years.

Discussion:

Discussion on conceptual study:

Chhardi is defined as the impurity comes out through mouth with forcefully impulses covering the mouth and producing tearing pain in the body

Vomiting is very troublesome both to the parents as well as to children and some time it may be fatal if proper care is not taken for hydration. This disease can occur as separate entity or as symptom of systemic pathology or as a complication of other diseases. The vomiting may be due to functional disturbance or due to infection or due to other systemic causes.

As our study on kaphajchhardi, trisugandhichurna has been described as being effective against kapha and thus can be used in many ailments in one or other forms.

Trisugandhi is a safely practiced drug among many vaidyas and is quite easily available. This makes it a cheap asset as far as poor countries are concerned due to katu rasa ushna and tikshnagunait's helpful in kaphajchhardi.

Conclusion:

In present study majority of children were found in age group of 5-10 years which reflect the incidence of chhardi is more in this particular range. Maximum children had the history of irregular dietary habits vidahiharsevan, ajirna and mandagni which clearly shows the role of ama formation in the pathogenesis of disease chhardi

Poor personal hygiene, poor residential hygiene, bad eating habits, unawareness about health are the important etiological factors for infestation of chhardi.

Involvement of kaphajlakshanas were more prevalent in the disease chhardi probably due to kaphaj disorders are more common in this group.

References:-

1. .Astang Hridaya Edited by Dr.Brahmananda Tripathi 2008 Edition,Chaukhamba Sanskrit Prakashan, Varanasi; Sutrasthana 1/5.
2. Charak Samhita Of Agnivesha,Elaborated by Charak & redacted by Dridhabala ,Edited by Vaidyamanorama Hindi Commentary by Acharya Vd.Vidyadhar Shukla & Prof. Ravidatta Tripathi Part -1 & 2 Published by- Chaukhamba Sanskrit Pratisthan 2007 –Chikitsasthana 20/6
- 3.Textbook of pediatrics by Mukesh Agrawal, Bhalani publishers, Chapter 14.4.2; page no.-318-320.
4. Textbook of pediatrics by Mukesh Agrawal, Bhalani publishers, Chapter 14.4.2; page no.-318-320.
5. Uttartantra Adhyaya-49-shloka-36 by Kawiraj Ambikadatta Shastri-by Chaukhamba Sanskrit Sansthan, Varanasi.
6. Bhavprakash-Vidhyotini-Bhavprakash of Shreebhavmishra(Including Bhavprakash Nighantu Portion)Edited with The vidyotini Hindi Commentary,Notes& Appendix by shri Brahmasankara Mishra &shriRuplalaji Vaisya Part-1st .Publisher-Chaukhamba Bharati academy, Varanasi-Edition-2012 –Page No.232.
- 7.Sharangdhar Samhita (Krisna Namak Hindi Bhashatikasahit) Bhashatikakar Acharya Shri Radhakrishna Parashara, Ayurvedacharya. Prakashak- ShriVaidyanath Ayurved Bhavan Limited- Chaturtha Sanskaran 1994, PurvaKhanda, 8/48-51.
- 8.Sharangdhar Samhita (Krisna Namak Hindi Bhashatikasahit) Bhashatikakar Acharya Shri Radhakrishna Parashara, Ayurvedacharya.Prakashak- ShriVaidyanath Ayurved Bhavan Limited- Chaturtha Sanskaran 1994, Purva Khanda, 2/10.