Vishal Chhotulal Shivde and Sadhana Babel. / International Journal of Medicine and Health Profession Research. 4(1), 2017, 27 - 30.

Research Article

ISSN: 2394 - 7403



International Journal of Medicine and Health Profession Research



Journal home page: www.ijmhpr.com

A CLINICAL STUDY OF ASHWAGANDHA GHRITA ON KSHIRAJA PHAKKA

Vishal Chhotulal Shivde^{*1} and Sadhana Babel¹

¹*Department of Kaumarbhritya, Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Nashik, Maharashtra, India.

ABSTRACT

Ksheeraja phakka is disease of malnutrition due to the ingestion of *kapha dosha* vitiated breast milk. Breast milk play significant role towards the development of neonates. It supplies nutrients which are very essential for growth and development of newborn from birth to six months. The present investigation evaluate efficacy of *Ashwagandha ghrita* on *Ksheeraja phakka*, total 30 children were involved in the study. The children were randomly divided into two groups A and B (15 students in each group). The group A children consume *Ashwagandha ghrita* along with other nutritional supplement while Group B children does not supplied with *Ashwagandha ghrita*, group A children receive maximum improvement however group B children also showed improvement in growth but less as compared to Group A, study proved that *Ashwagandha Ghrita* offer relief in *Ksheeraja phakka* along with nutritional supplement.

KEYWORDS

Ashwagandha ghrita, Ksheeraja phakka, Malnutrition and Ayurveda.

Author for Correspondence:

Vishal Chhotulal Shivde,

Department of Kaumarbhritya,

Shree Saptashrungi Ayurved Mahavidyalaya and

Hospital,

Nashik, Maharashtra, India.

Email: vishushivade@gmail.com

INTRODUCTION

The vitiated *Stanya* with *Kapha Dosha* leads obstruction in *Rasa vaha strotasa* which resulting nutritional deficiency called *Kshiraja Phakka roga*, symptoms involve *jadatva*, *mukatva*, and *pangutva*, due to the *Agnimandya* associated with *dusta stanya* leads to inappropriate *dhatu-nirman*; *rasa*, *mamsa*, *meda* and *asthi dhatu*. The treatment approach involves *prakruta rasa nirmana*, improvement of *agni;* using *deepana*, *pachana*, *balya* and *bruhana* therapy.

Shodhan upakrama pacify dhatri having kaphaj stanya, various shodhan vamana dravya such as; vacha and pippali dravya offer beneficial effects in disease. *Dipana* dravya such as; *ativisha* and *panchmula ghana kwatha* relief disease symptoms. Ayurveda recommended *nasya*, *gandush*, *pradeha*, *parisheka* and *kapha shamak aahara* for the management of *Kshiraja Phakka*¹⁻⁵.

Ashwagandha Ghrita is an Ayurvedic formulation helps to improve physical and mental health and traditionally clamed to enhance weight of underweight children. It possesses properties of *Rasayana*. It acts as a nourishing supplement, improves strength and internal circulation, enhance weight and digestion. It pacifies *Pitta* and *Vata*, control disorders arises due to the malnutrition³⁻⁷.

MATERIAL AND METHODS

Ashwagandha Ghrita prepared from Ashwagandha roots and Go-Ghrita.

Inclusion Criteria

- Children possess symptoms of Krisha.
- Children below 5 years.
- Children selected irrespective to their caste, religion, sex and occupation etc.
- Children their parents agreed for treatment protocol.

Exclusion Criteria

- Children of higher age group.
- Children having disease like; HIV, hepatitis and other complicated diseases.
- Children their parents not assured for regular treatment protocol.
- Children those were participating some other clinical study.

Investigations

Routine blood, urine and stool examinations for all patients along with test of any chronic illness.

Assessment Criteria

The following disease symptoms were included for the assessment of disease level *Dhamani Jala Darshana, Shuska Sphik-Udar-Greeva* and *Sthula parva.*

Observations

Total 30 children were registered for the study, in group A (n=15), Ashwagandha Ghrita was administered; while group B (n=15) not supplied with Ashwagandha Ghrita. More than 50% children belonged to the age of 1-3 years. Most of the patient

having *Krura Kostha* and *ridu Kostha*; 59.22% children were possess *Avara Abhyavaharana Shakti*. More than 80% patient was found to be underweight. *Vatapitta Prakriti* was found to be predominant in most of the patient. Children were observed suffered from diverse effects of malnutrition.

Both groups advised as follows

- Consumption of nutritional diet, however cost factor was also considered.
- Hygienic conduct suggested preventing any chances of infection.
- Ashwagandha Ghrita for group A however group B devoid the same.
- Consumption of milk was advised along with proper sleep.

RESULTS AND DISCUSSION

The both group were advised to follow treatment protocol and supplied with nutritional supplement therefore both groups showed improvement in disease symptoms but Group A observed more beneficial effects as compared to Group B as shown in Table No.1 and this marked improvement may be attributed to the *Brumhana* effect of *Ashwagandha Ghrita*. The all parameter selected for assessment purpose improved significantly and the percentage of improvement was found in sequence *Shuska Sphik*-*Udar-Greeva> Dhamani Jala Darshana> >Sthula parva*.

The results of study suggested that Ashwagandha Ghrita increase in strength and digestive fire which resulting enhanced physical compatibility. Ashwagnadha offer beneficial effects of steroids while Ghrita possess Yogavahi and Samsakaranuvarti properties and these factors may be considered responsible for the increase in body mass. The phospholipids and fatty acids of Ghrita promoted protein synthesis and thus increase physical appearance and compatibility (Dhamani Jala Darshana). The Brumhana effect of Ashwagandha Ghrita improves physical activity and muscle strength. The improvement in muscle tone and strength was attributed to the beneficial effects of nutritional diet regimen and Ashwagandha Ghrita. The result confirmed that Ashwagandha Ghrita along with nutritional supplement offer beneficial effects on Ksheeraja phakka⁶⁻¹⁰.

Vishal Chhotulal Shivde and Sadhana Babel. / International Journal of Medicine and Health Profession Research. 4(1), 2017, 27 - 30.

Table No.1. Results of Study							
S.No	Assessment Criteria/ Evolutionary Parameters		X	SD	SE	F)*
1	Dhamani Jala Darshana	C).613	0.431 0.081 < 0.0		.001	
2	Shuska Sphik-Udar-Greeva	0.822		0.421	0.061	< 0.001	
3	Sthula parva	C	0.613		0.053	< 0.001	
% Impro		ovement in disease para Dhamani Jala Darshana		meters Shuska Sphik-Udar- Greeva		Sthula parva	
S.No	% Impro	Dhan	ıani Jala	Shuska Sp			
S.No	% Impro % improvement Group A	Dhan	ıani Jala	Shuska Sp			
S.No 1 2	% improvement	Dhan Dai	nani Jala rshana	Shuska Sp Gre	eva	ра	rva

 Table No.1: Results of Study

CONCLUSION

The results of study indicated that *Ashwagandha Ghrita* along with nutritional supplement possess beneficial effects on *Ksheeraja phakka* due to the *Brumhana* effect of formulation. Thus it can be concluded that *Krisha* children may be treated with *Ashwagandha Ghrita*.

ACKNOWLEDGEMENT

Authors are thankful to Dr. Sanjay T. Chitte, HOD and Professor, Dr. Yogesh Surse, Assistant Professor and Dr. Kiran Shinde, Assistant Professor, Department of Kaumarbhritya, Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Nashik, Maharashtra, India.

CONFLICT OF INTEREST

We declare that we have no conflict of interest.

BIBLIOGRAPHY

- 1. Tewari P V, editor Kashyap Samhita Vriddha jeevak tantra with english commentary, Chikitsa sthana chap, 17th verse 3, (reprint), Chaukhambha Visvabharti Oriental publishers and distributors, Varanasi, 221001, India, 1st edition, 2002, 242.
- Ghai O P, Paul V K, Bagga A, editor Ghai Essential Paediatrics, chap, 7th (reprint), CBS Publishers and distributors, New Delhi 110002, India, 2nd edition, 2010, 26.

- 3. Gangnolati M, Meera S, Das Gupta M. India is undernourished children: A call for reform and action, *World Bank*, 2005, 7.
- 4. Sharma P V Agnivesha, Charaka Samhita. Chaukhamba Orientalia Varanasi, Sutrasthana 11/35, 1, 2011, 75.
- 5. Caraka Samhita of Agnivesa, Revised by Caraka and Drdhabal with elaborated vidyotini Hindi commentary by Pt. Sastri Kasinatha and Chaturvedi Gorakhanatha, edited by Pt. Rajeswara Datta Sastri, *Chaukhambha Bharti Academy, Varanasi, Reprint*, 5(2), 2007, 452-453.
- 6. Ashtanga Hridaya of Vagbhata edited with the Vidyotini Hindi Commentary by Kaviraj Atri Dev Gupta, *Chaukhambha Sanskrit Sansthan Varanasi*, *Uttarasthana*, 2003, shloka 44-45.
- 7. Sharma H. Kashyapasamhita of Vrdha Jivaka with the Vidyotini Hindi Commentary and Hindi translation of Sanskrit introduction by Ayurvedalankar Bhisagacharya Shri Satyapal Shastri, Chaukhambha Sanskrit Sansthan Varanasi: Chikitsa sthana, Phakkachikitsadhyaya, 2012, 139.
- Vinod K Paul, Arvind Bagga Ghai. Essential Pediatrics, CBS Publishers and Distributors Pvt. Ltd, New Delhi. Nutrition, 8th edition, 2013, 95-96.

Vishal Chhotulal Shivde and Sadhana Babel. / International Journal of Medicine and Health Profession Research. 4(1), 2017, 27 - 30.

- 9. Rao V G, Yadav R, Dolla C K, Kumar S, Bhondeley, Ukey M. Under nutrition and childhood morbidities among tribal preschool children, *Indian J Med Res*, 122(1), 2005, 43-47.
- 10. Rakesh Kumar Mishra, Rujuta Trivedi and Meera A, Pandya. A clinical study of *Ashwagandha ghrita* and *Ashwagandha* granules for its Brumhana and Balya effect, An International Quarterly Journal of Research in Ayurveda, 31(3), 2010, 355-360.

Please cite this article in press as: Vishal Chhotulal Shivde and Sadhana Babel. A clinical study of *Ashwagandha ghrita* on *Kshiraja phakka, International Journal of Medicine and Health Profession Research,* 4(1), 2017, 27 - 30.