

CASE STUDY

A Clinical Case Study: Balatisara and Its Ayurvedic Management

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ABSTRACT

Balatisara, or childhood diarrhea, is a common yet serious health issue, particularly in developing countries like India, where it remains the top cause of illness and mortality in children under the age of 5. This article presents a case study of a four-year-old female patient suffering from acute diarrhea for 15 days, unresponsive to allopathic treatment. Ayurvedic management using Kutaj Parpati and Bilvadileha demonstrated significant improvement within three days, with reduced stool frequency, improved consistency, and relief from associated symptoms like abdominal pain and bloating. The pathogenesis, or Samprapti, involves factors like Agnimandya (digestive impairment), Ama (toxin) formation, and Tridosha imbalance, primarily Vata. Kutaj Parpati, with its antimicrobial and binding properties, and Bilvadileha, with digestive and astringent effects, work synergistically to manage Atisara. Along with Ayurvedic dietetic regulations (Pathya-Apathya), this treatment offers a holistic approach to managing childhood diarrhea. The findings emphasize the relevance of classical Ayurvedic formulations in managing pediatric gastrointestinal disorders, especially when conventional treatments prove ineffective. This case underscores the potential of integrating traditional medicine with modern healthcare practices to address the persistent burden of diarrheal diseases in resource-limited settings. Further studies are recommended to validate these results on a larger scale.

Key words: Atisara, Agnimandya, Diarrhoea, Kutaja Parpati, Bilvadileha, Rotavirus

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INTRODUCTION

The phrase "Balatisara" first appears in the Harit Samhita to describe treatment, but it is not referenced explicitly in the Brihatrayi. In the context of the *Laghutrayi*, "Balatisara" refers to childhood diarrhea, or *atisara* in children, with some scattered references. While Ayurvedic texts extensively address *Atisara* (diarrhea), they do not specifically focus on its treatment in children. Balatisara, therefore, is a term used to describe childhood diarrhea, a common and serious condition. [1] Diarrhea often occurs 3 to 5 times during infant phase, usually before the child's first birthday, and lasts for ten to fifteen episodes on average during the first five years of life. [2] In tropical regions, diarrhea accounts for 15-40% of pediatric deaths, particularly in poorer areas of emerging nations. Malnourished children are especially vulnerable to diarrhea. It has been shown that diarrhea significantly impacts a child's nutritional intake. Each year, over 1.5 million children in India die as a result of acute diarrhea. [3] The most dangerous complication of diarrhea is dehydration, which occurs because children lose significant amounts of water and electrolytes through their stool. Given the relatively larger intestinal surface area in children, they can lose nearly as much fluid as an adult during an episode of diarrhea. Diarrhea is defined by when you have loose, watery stools that happen more often than usual. In today's fast-paced world, many parents feed their children processed foods, which can lead to gastrointestinal disturbances such as diarrhea and vomiting. [4] Every year, approximately 5 lac children under the age of 5 die from diarrhea, with rotavirus being the primary

global cause. [5] Rotavirus is a highly contagious virus that is one of the most common causes of diarrhea, especially in babies and young children worldwide. Symptoms: Severe watery diarrhea, vomiting, fever, and stomach pain. Transmission: Spreads mainly through the fecal-oral route - meaning it can spread by touching contaminated surfaces, food, water, or hands. Duration: Symptoms usually last 3 to 8 days. Risks: Can lead to dehydration, which can be serious, especially in infants. Prevention: Rotavirus vaccines (like Rotarix or RotaTeq) are very effective at preventing severe infections.

Rotavirus was responsible for 29.3% of all diarrhea-related deaths in children under five in 2015, with low- and middle-income nations bearing the greatest burden.[6],[7] Diarrheal illnesses are a serious problem in India, where they cause about 10% of all pediatric fatalities.[8] Study states that that diarrhea is the second most common cause of mortality for Indian children under five, accounting for over 3 lac deaths annually. Aside from mortality, rotavirus infection can cause extreme fluid loss, leading to dehydration and undernutrition, as well as a poor impact on a child's physical and cognitive development. [9],[10]

Considering the serious implications of rotavirus on child health, preventive and treatment strategies are essential. The most successful public health intervention among these has been the rotavirus vaccine, which has dramatically decreased the incidence of rotavirus diarrhea cases, hospitalizations, and fatalities. [11] Unlike many other childhood vaccines that are administered via injection, the rotavirus vaccine is given orally, allowing absorption through the gastrointestinal tract. Data from rotavirus surveillance efforts suggest a marked decrease in rotavirus-related illness since the vaccine's introduction, highlighting its success in reducing the disease burden across the country.[12]

Case Study

The study describes a case of a four-year-old female patient who had been suffering from severe diarrhea for 15 days, experiencing 10 to 12 watery stools per day along with occasional vomiting. Despite receiving allopathic medications, there was no significant improvement. After starting Ayurvedic treatment with Kutaj Parpati and Bilvadileha, the patient showed significant improvement within three days, with a noticeable reduction in stool frequency and better stool consistency. The foul-smelling stools were eliminated, and the stool consistency gradually returned to normal, demonstrating the effectiveness of herbal treatments for acute diarrhea.

Hetu

Aharja Nidana - Guru ahara, Ati sevana of abhishyandi ahara, Ajirne bhojana, Vishama bhojana, Ama ahara, Ati-madhura and Ati-snigdha ahara, Dugdha- pradhana ahara, Katu-tikta-lavana rasa sevana
Viharaja Nidana - Atisnigdha Shayana, Bhaya. Shoka, Exposure to cold weather, Poor hygiene, Ajagara vrutti

Rupa

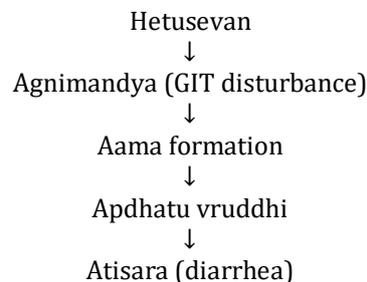
Increased defecation frequency.

Watery motions.

Mucous with stools.

Foul smelling from mouth.

Samprapti



Samprapti ghataka

Dosha- Vata pradhana kapha

Dushya (Affected Tissues)- Rasa, Rakta, Mamsa

Agni- Mandagni

Srotas (channels) - Purishavha, Annavha

Srotodushti (Type of channel vitiation) - Atipravarti

Rogamarga - Abhyantara (Internal pathway)
Udbhavasthana (Origin site)- Amashaya
Vyaktisthana (Site of manifestation)- Pakvashaya

General Examination

Pallor - NAD, Icterus- NAD, Cyanosis- NAD, Clubbing-NAD, Lymph node- non palpable,
Oedema - NAD, Oral mucosa- normal, BP - 100/70 millimeters of mercury , Pulse - 76 bpm ,
Temperature - 96.5°Fahrenheit

Systemic Examination

RS - Air Entry Bilaterally Equal, no added sounds

CVS - NAD

CNS - Conscious and well oriented

Per abdomen - Abdomen was distended and mild tenderness present all over abdomen, on auscultation - Hyperactive bowel sounds heard, no guarding or rigidity

Personal History of Patient

Kshudha - khsaya

Nidra - Alpa nidra

Mala - Loose watery stool 10 -12 times per day

Mutra - four times a day and twice at night

Vyasana - No any addiction

Ahara - Vegetarian food

Vihara - taking very spicy, hot and fast food

Pathological Findings

Complete blood count, C-reactive protein, urea, creatinine, salt, and potassium levels were all within normal ranges. Stool culture revealed no harmful bacteria development. However, microscopic inspection of the stool revealed the presence of fat globules.

Chikitsa

The patient was prescribed 7 ml of Bilvadileha twice daily and 60 mg of Kutaj Parpati twice a day, mixed with honey, for 3 days. Additionally, intravenous fluids (IVF Iso-P) were administered at a rate of 40 ml per hour.

RESULTS

During first 3 days of treatment following observations were seen.

Table 1: Signs and symptoms

Lakshana	Day 1	Day 2	Day 3
Weakness	++	+	-
Abdominal Pain	+++	+	-
Bloating	+	-	-
Vomiting	-	-	-

After receiving three consecutive doses of Kutaj Parpati and Bilvadileha, the patient showed an improvement in stool consistency, transitioning from watery to semisolid. The same treatment was continued for two more days, resulting in a significant reduction in the frequency of bowel movements, along with notable improvements in the color, smell, and consistency of the stool. The patient also experienced significant relief from other signs and symptoms.

DISCUSSION

Kutaj Parpati is an Ayurvedic formulation composed of Kutaj (Holarrhena Antidysenterica), Shuddha Parada, and Shuddha Gandhaka. Kutaj serves as both a digestive aid (Pachak) and a binding agent (Sthambhak), while Shuddha Parada and Shuddha Gandhaka possess antibacterial properties (Jantughna).[13] According to the **Chikitsa Pradeep**, Kutaj Parpati has digestive (Pachak) and binding (Sthambhak) properties, making it effective in treating conditions like **Atisara**, **Grahani**, and **Pravahika**. [14] Due to its Katu (pungent) and Kashaya (astringent) taste, Ruksha (dry) nature, and its actions of reducing Kapha and Pitta, it aids in eliminating toxins (Ama) from the body. This improves appetite, normalizes stool color, consistency, and odor, and reduces mucus production.

Bilvadileha[15], on the other hand, contains Bilva (Aegle marmelos), which has a Kashaya (astringent), Tikta (bitter) taste, Katu (pungent) post-digestive effect, and Laghu (light) properties. It acts as an

appetizer (Agnideepan) and helps in digesting toxins (Aamapachak). The Kashaya taste and Ushna (hot) potency reduce colonic motility. The **Sangrahi** (binding) property of Bilva helps in controlling frequent bowel movements and improving stool consistency. Together, these properties help balance the doshas, promote digestion, control excessive stool passage, and alleviate the symptoms of *Atisara*.

PATHYA APATHYA

Pathya:

The recommended diet comprises light foods like moong dal khichdi, rice water (kanji), warm water, Jaiphal (a pinch with honey), Buttermilk, mixed atta roti, and Guda, along with fruits such as anar, apple, and amla, should be included. Furthermore, diluted goat's milk and Mustha Siddha Jala (made by boiling 50g of Mustha in 3 liters of water and diluting it to 1.5 liters) are recommended for consumption.

Apathya

Milk and Milk Products, katu aahar, Raw fruits and vegetables, Packed or processed foods, Excessive fruit juices especially citrus, which can irritate the gut.

CONCLUSION

In developing countries like India, the incidence of diarrhea in children remains alarmingly high. Although the use of advanced medical treatments like fluid replacement therapy has helped reduce mortality rates, the frequency of diarrhea episodes continues to stay around 3.2 per child per year. In this case of chronic Balatisara, where conventional treatments failed to provide the desired results, Kutaj Parpati proved to be a valuable remedy, offering effective early management of the condition.

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