



E-ISSN: 2321-2187

P-ISSN: 2394-0514

www.florajournal.com

IJHM 2023; 11(4): 21-22

Received: 07-04-2023

Accepted: 11-06-2023

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Efficacy of Kushmanda avaleha in Karshya

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DOI: <https://doi.org/10.22271/flora.2023.v11.i4a.875>

Abstract

Undernutrition (Kaarshya), despite various rational global corrective initiatives to provide nutrition, continues to be one of the most urgent problems. The majority of children's in developing countries are malnourished. It is a significant contributor to morbidity and mortality in both children and adults. The promotion of a healthy diet is one of the eight basic health care elements in the global health for all initiative. A malnourished individual is prone to a variety of issues. The body's reserves of fat and muscle are depleted in this situation. Because of this, it is essential to treat in order to get the body back to normal. With its distinctive strategy for pharmaceutical therapy and lifestyle management. Ayurveda can help with this condition thanks to its holistic approach.

Keywords: Ayurveda, Karshya, Under Nutrition, Kushmanda Avaleha

1. Introduction

Diseases and health are interrelated on a continuum. It is evident that health varies from a state of optimal well-being to different degrees of dysfunction. Under nutrition is to blame for about half of all fatalities in children under the age of five. This results in the needless death of around 3 million young people each year ^[1]. There may be a need for BMI cut-off points tailored to particular populations, according to several reports from Asia population ^[2-5]. For the same age, sex, and BMI, Polynesians have a lower body fat percentage than do white individuals ^[6]. According to studies conducted in India, nutritional inadequacies are a widespread problem among adolescents, which causes them to lose weight (Krusha) and become physically and intellectually feeble (Durbala) Because of increased social stress, lifestyle changes have a negative impact on the adolescent population (Atichinta). The same is to blame for inappropriate food consumption. Over 40% of children are estimated to receive less food than they should, and almost a third of Indians are thought to be malnourished. In order to solve this issue, the Indian government is increasing food subsidies, yet problems still persist due to the fast increasing population in most of Northern India ^[7].

2. Case

Report a 6-year-old male child came with complaints of loss of weight for 2 months and associated complaints include loss of appetite, general weakness for 15 days. The patient was healthy 3 months back. Gradually he developed loss of appetite & general weakness in the body. For that he consulted local doctor and took allopathic treatment but could not get any relief. Se for further management patient was admitted to Ayurveda hospital for further treatment.

2.1 General Examination - Built

Under-weight, Pallor: Absent, Icterus: Absent, Clubbing: Absent, Cyanosis: Absent, Lymphadenopathy: Absent, Edema: Absent

2.2 Systemic Examination

Cardiovascular System: S1S2 Normal

Respiratory System: Air Entry Bilaterally Equal,

Gastro-Intestinal System: P/A Soft, No Organomegaly felt.

Central Nervous System: Conscious and Oriented,

Cranial Nerves: Within normal limits

2.3 Treatment plan

Kushmanda Avaleha 5 gm BD for 60 days

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3. Observation

Significantly increased in weight 3 Kg was observed after two months of regular intake of Kushmand avaleha. Also BMI increased.

4. Discussions

The majority of children's in impoverished nations have Kaarshya, which is a Rasapradoshaja Vikara. This happens as a result of poor nutrient intake and a lack of understanding of its significance. The emergence of the Kaarshya also caused by poverty and a lack of personal cleanliness. According to a historical Ayurvedic literature, Karshya is a Rasapradoshaja Vikara, meaning that the majority of adult populations in underdeveloped nations experience Dhatupusti, a change in metabolism that causes low body weight or underweight. Insufficient consumption of nutrient-rich foods and a lack of awareness of their significance are shown to be the primary causes. Other contributing variables that contribute to the emergence of underweight include poverty and poor personal cleanliness (Karshya). Since India is a developing nation with a low socioeconomic position for the vast majority of its citizens, nutrition dictates quality of life. On a global scale, the three main nutritional deficiency disorders that are being recorded as the highest priority actions are kwashiorkor, marasmus, and nutritional anaemia.

Avaleha is semi-solid dosage^[8] form, that have a longer shelf-life^[9] than primary dosage forms and is suitable for all three age groups, i.e., children (Bala), young (Yuva), and old (Vridhdha)^[10]. In total, ten different methods for the preparation of avaleha including both with heat (Saagni) and without heat (Niragni) have been documented in our classical texts. The fundamental components of this dosage form comprise liquid substance (Drava Dravya), sweet substance (Madhura Dravya), condiments (Prakshepa Dravya), and paste of drugs (Kalka Dravya). Kushmanda (Benincasa hispida Thumb.) is widely utilized vegetable crop particularly in Asian communities for both nutritional and therapeutic benefits. Its fruits have long been used as a nootropic (Medhya), diuretic (Mutravirechana), laxative (Malasodhaka) aphrodisiac (Vrisya), cardiogenic (Hridya) and in treatment for several respiratory, urinary, gastrointestinal ailments, etc.^[11-13]. The seeds and fruit juice of Kushmanda is claimed to be nootropic (Medhya) and Balya, it is recommended in Ayurveda for enhancing memory and other cognitive functions.

5. Conclusion

From this single case study we conclude Regular intake of Kushmanda avaleha significantly increases weight and body mass index in Karshya. Further study required for more details.

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