

NAGARADI YOGA IN CHILDHOOD ATISARA: A REVIEW

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ABSTRACT:

Atisara (diarrhoea) is very common disease in children and it is well-described in almost all textbooks of *Ayurveda*. However, a number of drugs / recipes in different textbooks of *Ayurveda* are mentioned for the treatment of diarrhoea, but it is difficult to decide which one recipe is more effective in particular *dosha* specific diarrhoea. *Nagaradi yoga* is described in *Chakradatta*, *Vrindamadhav* and *Bhaishjyarnavali*. This yoga contains five component i.e. *Nagar*, *Ativisha*, *Musta*, *Balaka*, and *Indrayava*. It is used for the treatment of all types of *Atisara* (Diarrhoea) in children. This literary review described about Modern and *Ayurvedic* aspect of *Atisara* (diarrhoea) in children.

Keywords: *Atisara*, Diarrhoea, *Nagaradi yoga*, *Dosha*, *Deepan– Pachan*.

INTRODUCTION: Diarrhoeal disorders in childhood account for a large proportion (18%) of childhood death, with an estimated 1.5 million deaths per year globally, making it the second most common cause of child deaths worldwide. WHO and UNICEF estimate that almost 2.5 billion episodes of diarrhoea occur annually in children <5 years of age in developing countries. Main etiological agents are *E.coli*, *Shigella*, *Campylobacter jejuni*, *Rotavirus*, *Norovirus*, *Giardia lamblia*, *E.histolytica*, *Salmonella*, and *Vibrio* species. Pathogenesis and severity of bacterial disease depend on whether organisms have preformed toxins (*Cholera*, *E.coli*, *Salmonella*, *Shigella*) or cytotoxic (*Shigella*, *S.aureus*, *Vibrio parahemolyticus*, *C. difficile*, *E. coli*, *C. jejuni*) toxins or are invasive and on whether they replicate in food. Enteropathogens can lead to either an inflammatory or non-inflammatory response in the intestinal mucosa. Diarrhoea is also a major contributory factor in childhood malnutrition. Most cases of acute diarrhoea are self-limited and resolve within 5 to 7 days. Acute Diarrhoeal disease can occur in any age group though

infants, between 3 months to 12 months of age are most vulnerable. The disease is common throughout preschool years. Mostly acute diarrhoea is infectious in origin in children. Bacterial pathogens were identified in majority of patients in developing countries. Etiological spectrum varies during different seasons and different geographic settings. In the developed countries, it is estimated that over 50% of acute diarrhoea are caused by viruses including *Rotavirus*, *Norwalk virus* and *Coronavirus*. Human *Rotavirus* is most important etiological agent of acquired diarrhoea in infants and young children worldwide. Rota viral diarrhoea in children is common in winter and between 1 month and 4 years of age. The bacterial agents that are known to cause diarrhoea are *E.coli*, *V.cholerae*, *Clostridium difficile*, *Shigella*, *Salmonella*, *Campylobacter* and *Yersinia enterocolitica*¹.

Atisara (diarrhoea) has been dealt in much detail in *Ayurvedic* literature, but not in term of children specially. It is of six types i.e. *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja*, *Bhayaja* and *Shokaja* (*Amaja*). However certain specific disorder in which diar-

rhoea is the major symptom have been reported in ancient *Ayurvedic* literature like *Ksheeralasaka*, *Graha Roga (Putana, Sheetputana, Andhaputana)*. The word 'Krimi' which is correlated with pathogenic and nonpathogenic organisms, mentioned in *Atharvaveda*. *Charaka* and *Sushruta* consider *krimi* is an important factor for the diarrhoea.

Atisara : *Vijayarakshita* defined that *Atisara* is excessive passage of liquid from anus. The description of *Atisara* is available in each text book of *Brihatrayi* but *Acharya Charaka* has described *Atisara* in very elaborate form.

The term *Atisara* is made up of two words-
Ati = Excessive
Sara =

This means excessive flow of watery stool through anus. *Dalhana* in his commentary on *Sushruta Samhita* stated that passing of watery stools in increased quantity is a characteristic feature of *Atisara*.

Synonyms: *Udaramaya, Trikandashoth, Bhinnavarcha*.

Etiology² :

- Excess intake of *Guru, Atisnigdha, Ushna, Drava, Sheeta* food items.
- Intake of incompatible food items.
- Taking of food in *Ajirna, Adhyasana, Vishmasana*.
- Drinking of contaminated water.
- Taking of excess alcohol.
- Suppression of natural urges.
- Suffering from *krimi*.

Types of Atisara: There are broadly six types of *Atisara* :

1. Vataja Atisara : *Atisara* due to the imbalance of *Vata*

2. Pittaja Atisara : *Atisara* due to the imbalance of *Pitta*

3. Kaphaja Atisara : *Atisara* due to the imbalance of *Kapha*

4. Sannipataja Atisara : *Atisara* due to the imbalance of *Tridosha*

5. Shokaja Atisara : *Atisara* due to emotional disturbances

6. Amaja Atisara : *Atisara* due to enterotoxin

Prodromal Symptoms² :

- Pricking type sensation in *Hridaya, Nabhi, Payu, Udar and Kukshi pradesh*.
- *Gatraavasada* (General malaise)
- *Vitsanga* (Constipation), *Anilsannirodha* (Non elimination of flatus)
- *Adhman* (Distention of abdomen), *Avipaka* (Indigestion)

SIGNS & SYMPTOMS² :

1. Vataja Atisara: Passing of stool, which is black colour, rough, small in amount, with froth and pain in abdomen.

2. Pittaja Atisara: Passing of frequent stool, which is yellowish, greenish or blackish colour, with foul smell & burning sensation, thirst, sweating and fainting.

3. Kaphaja Atisara: Passing of unctuous, white, slimy, thready and heavy stool with mucus. Horripilation, nausea and tenesmus are present.

4. Sannipataja Atisara: Due to aggravation all *dosha*, they passes stool which is yellow, greenish, bluish, or reddish in colour, may painful or painless.

5. Shokaja Atisara: The signs and symptoms are similar to *Vataja atisara*.

6. Amatisara: Passing of stool with difficulty, various in colour, large in number.

Various authors have enumerated six types *Atisara (Vataja, Pittaja, Kaphaja, Sannipataja, Shokaja, Bhayaja)* but with a slight variation in respect to *Bhayaja*

Atisara which has been replaced with *Amaja Atisara* by *Sushruta*. *Charaka* has included *Amaja-atisara* in *Sannipataja-Atisara* because grief and fear both have relation with psyche, so description of *Sushruta* seems to be more logical.

Keeping in with the line of treatment *Charaka* had divided each *Atisara* in *Ama* and *Pakva*. It may be presumed that due to this reason *Charaka* had not mentioned *Amaja Atisara* separately. Few texts have mentioned *Raktaja Atisara* separately also, which has been said to be caused by consumption of *Pitta* enhancing diet in *Pittaja Atisara*.

Atisara Nivriti Lakshana: Proper elimination of urine, flatus & stool, enhancement of *Agni*, feeling of lightness.

Chikitsa Sutra (Line of Treatment): As there can't be any treatment leaving the stage of *Aam* and *Pakva*, it is necessary to know the character of *Aam* and *Pakva* in all types *Atisara*.

Treatment of Aamatisara : In condition of *Aam* first of all one should abstain from food and take digestive remedy. Thereafter at the end of fasting, light and thinly liquid diet should be taken. Bowel-binding (*Samgrahi*) therapies in the beginning ie *Aam* stage of diarrhoea is not desirable.

Treatment of Pakvatisara : If due to laxity of *grahani* in diarrhoea, mature and frequent, the checking remedy should be applied immediately.

Pathya: *Mand, vilepi, bilva, dhanyaka, munga, daliya, goat-milk, langhna, sleep, rest.*

Apathya : *Pea, Urada, Nishpava, sugar-cane, barley, kshar, heavy and unctuous*

food, vastuka, dipping bath, over-eating, exertion, smoking.

Pharmacological action of Nagaradi yoga^{3,4,5} as follows:

1. Nagar (*Zingiber officinale Roscoe*)⁶:
Rasa: Katu, Guna : Laghu, Snigdha, Virya : Ushna, Vipaka : Madhur, Doshik Action: Kapha-Vata, Shamaka, Use : Rochan, Pachan, Grahi

2. Musta (*Cyperus rotundus Linn.*)⁶ :
Rasa : Katu, Tikta, Kashaya, Virya : Sheeta

Doshika Action : Kapha-Vata Shamak, Use : Deepan, Pachan, Grahi, Krimighna.

3. Ativisha (*Aconitum heterophyllum Wall.*)⁶: *Rasa :Tikta , Katu, Virya : Ushna, Vipaka : Katu*

Doshika Action : Kapha-Pitta Shamak, Use : Aam, Atisara, Visha, Kriminashak

4. Indrayava (*Holarrhena antidysenterica Wall.*)⁶ : *Rasa: Katu, Virya : Sheeta, Doshika Action: Tridosh Shamak Use: Jwar, Atisara, Deepan, Raktarsha.*

5. Balaka (*Coleus vettiveroides K.C. Jacob*)⁷ : *Rasa: Madhur, Tikta, Guna : Laghu, Ruksha*

Virya: Sheeta, Doshika Action: Kapha-Pitta Shamak, Use: Jwar, Atisara, Trishna.

Diarrhoea : The Term Diarrhoea is composed of two Greek words – Dia plus Rhein. Dia means “through” and Rhein means “to flow”.

Diarrhoea may be defined as- Frequent passage of watery stools, an increase in frequency, of stool through increased bowel movements relative to usual habit of each individual or an increase in frequency and fluidity of stool. One other definition of Diarrhoea is an alteration in a normal bowel movement characterized by an increase in the water content, volume or frequency of stool.

Definition of diarrhoea (WHO): Diarrhoea is defined as the passage of three or more loose or liquid stools per day (or more frequent passage than is normal for the individual). Frequent passing of formed stools is not diarrhoea, nor is the passing of loose, “pasty” stools by breast-fed babies.

Types of diarrhoea⁸ : Diarrhoeal disease has at least three well known clinical spectrum, namely acute diarrhoea, chronic diarrhoea and persistent diarrhoea .The term bloody diarrhoea is employed to loose stools containing frank blood, usually with mucus and pus. When bloody diarrhoea is accompanied with complaints such as pyrexia, tenesmus and crampy abdominal pain, it is termed as **dysentery**.

Acute diarrhoea: Acute diarrhoea is presence of three or more stool, which is loose & watery in nature within 24 hrs. These acute episodes subside within seven days.

Chronic diarrhoea: It is defined as an insidious onset diarrhoea of more than two weeks duration in children & more than four weeks in adult. It is common problem in children.

Persistent diarrhoea: It is an episode of diarrhoea, of presumed infectious etiology, which start acutely but last for more than 14 days.

Dysentery: When bloody diarrhoea accompanied with complain of pyrexia, tenesmus, suprapubic discomfort and crampy abdominal pain known as dysentery.

CONCLUSION: *Atisara* is one of the most frequent presenting diseases in children. *Atisara* is well described in almost all *samhita*. *Nagaradi Yoga* is described in *Chakradatta*, *Vrindamadhav*, *Bhaishjya ratnavali* for the management of different types of *Atisara* in children. Due to *Dee-pan*, *Pachan*, *Grahi*, *Krimighna* and

Atisaraghna property, this *yoga* is used in children’s *Atisara* (diarrhoea).

REFERENCES:

1. Kliegman, Stanton, ST. Geme, Schor, Behrman, Nelson Textbook of Pediatrics, 19th edition, vol. II, Published by Elsevier, New Delhi, Reprint 2012, Chap. 332, p. 1323
2. Sushruta Samhita, Ayurved tatvasandipika Hindi commentary by Ambikadatta Shastri, Part-II, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint 2012, chap. 40, p. 271-309
3. Vrindamadhava of Siddhyoga Edited & Translated by Dr. (Km.) Premvati Tewari Chaukhambha Vishvabharati, Varanasi, 1st Edition 2007, Siddh Yoga 66 / 23
4. Chakradatta “Vaidha Prabha” Hindi Commentary by Indradeva Tripathi, Edited by Prof. Ramanath Dwivedi, Chaukhambha Sanskrita Bhawan Varanasi, up Reprint 2010, Balroga Chi. 64 / 33
5. Bhaishjya Ratnavali, of Govindas Sen, Edited & Enlarged by Brahmshankar Mishra ‘Vidyotini’ Hindi commentary by Shri Ambikadatta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint 2012, Balrogadhikar 71 / 52
6. Bhavaprakash Nighantu of Bhava Mishra, Commentary by Prof. K.C. Chunekar and Edited by Late Dr. Gangasahaya Pandey, Chaukhambha Bharati Academy, Varanasi, Revised & Enlarged Edition 2010, P. 13, 73, 122, 233.
7. Kaiyadeva-Nighantuh (Pathyapathya - Vibodhaka), Edited and translated by Prof. P. V. Sharma and Dr. Guru Prasad Sharma, Chaukhamba Orientalia, Varanasi, Reprint 2009, p. 253

8. Ghai Essential Pediatrics, O. P. Ghai, V. K. Paul, A. Bagga, 8th Edition, CBS Publishers & Distributors Pvt. Ltd, New Delhi, 2013, Chap. 11, p. 291- 299

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