



A REVIEW ARTICLE ON AYURVEDIC APPROCH TOWORD BALATISAR

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ABSTRACT

In contemporary science, watery diarrhoea and Atisara are closely related. Ayurveda defines Atisara as excessive frequency and volume of watery stools passing, where Atisara is ATI (excessive) and Saranam (flow). According to folklore, Atisara first appeared as a result of eating flesh from cows and bulls. Agnidushti is brought on by the Guru and Ushna Guna of cow and bull flesh. Bhaya, Shoka and other Mansika Doshas, among others, develop Atisara. Atisara has Krimi as a significant cause. According to Ayurvedic science, Agnidushti is the main cause of Atisara. Agni's primary location is Grahani. Between Amashaya and Pakwashaya, it is located. Food particle digestion is incomplete when Mandagni is present. Ama is created as a result of this. Ama is considered like toxins or pathogens which is responsible for etiology of all disease. This Ama leads to vitiation of Vata like Saman Vata and Apana Vata Dushiti. In Samyawashtha of Apana Vata is responsible for defecation, micturition, and Nishkramana of Shukra and Artava, A 9 year male patient diagnosed with Atisara and treated with Ayurvedic management.

KEYWORDS: Ayurved, Atisara, Agnimandya, diarrhea.

INTRODUCTION

Balatisara meaning Atisara in Bala or childhood diarrhoea. It is one of the commonest & serious disease during childhood. These liquid stools are usually passed more than three times a day. However, diarrhoea is the recent change in consistency and character of stool is most important rather than number of stool passed. A child suffers from an average 10 to 15 episodes of diarrhoea in the first five year of life, out of these three to five episodes occurs during very infancy. i.e., 1st year of age. In the tropical belt 15 to 40% of all deaths among children below 5 years are due to diarrhoea. Diarrhoea has its main impact on infants and young children in the poor section of the developing countries. Existence of mal-nutrition makes the child much vulnerable to suffer from diarrhoea. Diarrhoea has also been shown to have significant effect on nutrition. According to a conservative estimate, almost 500 million children suffer from acute diarrhoea annually, of them 5 million die every year. In India alone, nearly 1.5 million children die due to acute diarrhoea every year. The seriousness of the disease owes to the commonest complication i.e., dehydration which the most fatal one. A child may lose almost and much water and electrolytes from the body during an episode of diarrhoea as in an adult, since the length and surface area of intestinal mucosa of a child from where the diarrhoeal fluids are secreted are fairly large.

CASE STUDY

A 9 -year-old thin built male patient visited the outpatient department for the complaints of Atisara like Dravamalavega (diarrohea lasting for more than 2 weeks), Vivarnata (moderate), Udara Shoola (continuous moderate pain), Trishna (moderate-drinks poorly), Kshudhahani (appetite decreased), Daurbalya (weakness), Nidralpata (reduced sleep) for more than two weeks. A history of the present illness revealed that the patient was apparently normal before one weeks. He had episodic passing watery loose stools for 4 to 5 times per day. The problem increased day by day, and the patient suffered from fever and severe abdominal pain, then consulted with family physician and was on some antibiotic medicine which relieved the condition for a time being. After two days he feels pain in abdomen, with frequent watery stool 3-4 times a day with some associated symptoms. Looking into the signs and symptoms of the patient diagnosed as a case of Kaphaja Atisara.

General Examination

Pallor - absent, Icterus- absent, Cyanosis- absent, Clubbing-absent, Lymph node- nonpalpable, Oedema -absent, Oral mucosa- normal
BP - 100/70 mm of Hg
Pulse - 78/min
Temperature - 96.4°F

Systemic Examination

RS - Air Entry Bilaterally Equal, no any abnormality.
 CVS - No any abnormality detected in cardiovascular system
 CNS - Conscious and oriented
 P/A - Abdomen was shrunken and diffuse tenderness present all over abdomen.

Personal History of Patient

Kshudha (appetite) - reduced
 Nidra (Sleep) - disturbed
 Mala (Bowel) - loose watery stool 8-10 times per day
 Mutra (Bladder) - normal
 Addiction - no any addiction
 Ahara (Diet) - vegetarian and non-vegetarian food (taking very spicy, hot and fast food)

Investigation

Lab investigation - CBC
 Hb - 11.0 gm%
 TLC - 5400 cells/cu mm
 RBC - 3.5million cells/cu mm
 PLT - 275000 cells/cu mm DLC and other haematological parameters were normal

Treatment Given

1. Bilvadileha 7ml BD
2. Kutaja Ghanavati 125 mg BD
3. Shunthi, Musta, Indrayava Churna 1gm each with like warm water BD

OBSERVATIONS

Lakshana	Before treatment	After Treatment
<i>Dravamalavega</i>	++	+
<i>Udara Shoola</i>	+++	+
<i>Daurbalya</i>	++	-

DISCUSSION

As mentioned in Ayurvedic text, Dosha Dushti in this patient is Pittapradhan Tridoshdushti, as there is Amlodgar, Urodaha, Trushna Lakshnas were present. Due to increased Drava, Sara and Ushna Guna of Pitta leads to Agninish and Purishbheda. This leads to Pittaja Atisara. So, the Samprapti in this patient was postulated as follows:

Ati Ushna, Tiksha, Lavan, Katu Ahara Sevan → Tridosh Dushti (Pitta Dushti Adhik) → Drava, Sara and Ushna Guna of Pitta increased) Apa Dhatu is increased in excess → Downward movement in Purishashay by Vata → Leading to development of excess watery stool → Atisara.

Most of the patients were suffering from Mandagni, which clearly indicate that Agnimandya is the prior stage of almost all the diseases. Here in case of Atisara also Mandagni leads to Ama formation which further leads to Atisara. Dravamala Pravrutti was nothing but the cardinal signs of the Atisara. Udarshool was present in the patient followed by Aruchi. Jivha Pariksha and Jalnimajan Pariksha were very important tools of Ayurveda to decide Sama or Nirama Avastha.

Bilvadileha

Bilva due to its Kashaya Tikta Rasa, Katu Vipaka and Laghu Guna act as Agnideepan and also Amapachak. Kashaya Rasa and Ushna Virya help in reducing the colonic motility. Sangrahi property of Bilva is very useful to treat the increased frequency of defecation and the consistency of the stool. In Bilvadileha in addition to Bilva, Prakshepa Dravyas like Dhanyaka, Jeeraka, Ela, Keshara, Twaka, Trikatu, Musta, have properties like Deepan, Pachana, Kaphghna, Vedanasthapaka, Rasayana. Thus, due to different properties of its ingredients, Bilvadileha has property like Tridoshahar,

Deepan, Pachana, Aamnashaka, Grahi, Vibandhahar and Vatanuloman which checks the Samprapti and pacify the symptoms of Atisara.

Kutaja Ghanavati

It is polyherbal preparation containing two ingredients namely Kutaja and Ativisha. Kutaja has Tikta, Kashaya Rasa, Laghu, Ruksha Guna, Katu Vipaka and Sheeta Virya. It is Pitta Kapha Shamak drug. It possesses Deepan, Pachana, Grahi and Stambhaka properties. Various research studies conducted on Kutaj Ghanvati proved its antidiarrheal, anti-dysenteric, bactericidal, antifungal and haemostatic properties.

Shunthi, Indrayava, Musta Churna - Shunthi due to its Grahi nature, absorb excessive amount of liquid Purisha and corrected its pathology and it is Amapachak and Agnideepak. Indrayava and Musta are Deepana, Pachana and Sangrahi helped to decrease the frequency of bowel and increase appetite.

Pathya and Apathya advised

Pathya: Light foods, Moong-dal khichdi, rice-once/day, mixed aatta roti, kache papitha sabji (raw papaya), kacha kela sabji (raw banana) with more haldi. Guda (desi jaggery) Fruits – Pomegranate (anar), apple, gooseberry (Amla), Diluted goats milk, Musta Siddha Jala (50g boiled with 3lt water, reduced to 1.5lt) for drinking, Laghu Vyayama 45 min, Pranayama.

Apathya: Spicy foods, fast foods, Dadhi, Matsya, Mamsa, strenuous work.

CONCLUSION

This brief case study illustrates that patients taking Atisara can significantly improve their symptoms in only a few weeks. However, our goal is to serve as an

example of the beneficial effects that can result from using readily available herbal medications, as indicated in traditional Ayurvedic texts.

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