

# Efficacy of Bilvadi Kwath {DIVITYA} In The Governance of Atisara {MILD}- A Case Study

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## ABSTRACT

Atisāra is one of the most commonly observed disorders in children, characterized by frequent passage of watery stool. In Ayurveda, it is described as the result of vitiation of Doṣha's, particularly Vāta, Pitta, and Kapha, leading to abnormal movement of Apāna Vāyu. It is a critical condition in children (Bāla) due to their delicate Dhātus and low immunity (Ojas). Management Principles of this diseases includes: 1. General Chikitsā Sūtra: Langhana (fasting/light diet), Pachana (digestives), Deepana (appetizers). 2. Use of specific herbs like Bilva, Mustā, Nāgakesara, Kutaja, etc. 3. Important Classical Formulations: Bilvādi Chūrṇa, Kutajarishta, Mustādi Sanjñāpanīya Gana (used for rehydration), Balachaturbhadra Chūrṇa for infants. 4. Basti (Enema): In chronic or complicated cases with Vāta predominance, Yapan Basti may be used in older children. 5. Pediatric Considerations (Kumāra Bhṛtya): According to Kāshyapa Samhitā, special attention should be paid to bāla-roga (pediatric diseases), as the child's body is still developing. Kṣīra-dosha (vitiated milk) and teething are common causative factors in infants. Recent research and modern correlation: Atisāra in children correlates with acute gastroenteritis. WHO recommends ORS (Oral Rehydration Solution) and zinc therapy; similarly, Ayurveda prescribes Sanjñāpanīya Gana and Ama Pachana herbs. Studies have shown that Bilvādi Kwātha and Kutaja preparations effectively reduce stool frequency and improve gut health. This case study highlights the efficacy of Bilvadi Kwath {Dvitiya} as mentioned in Charaka Samhita Chikitsa Sthana 19/78, and in Chakradatta to governance Atisara with Ayurvedic principles.

## INTRODUCTION:

Atisāra, the Ayurvedic correlate of acute diarrhoea, remains a significant pediatric health concern worldwide. In Ayurveda, Atisāra is characterized by increased frequency, fluidity, and volume of stools, often accompanied by associated features such as abdominal pain, tenesmus, and systemic signs like fever or dehydration. In children—owing to their developing physiology—Atisāra poses a higher risk of rapid dehydration, electrolyte imbalance, and consequent morbidity and mortality. Atisara is caused due to vitiation of Vata predominantly, and is often associated with Agni-mandya (digestive weakness). According to Ayurveda, Bilva (Aegle marmelos) is a prime herb in the management of Atisara due to its Grahi (absorbent), Deepana (digestive stimulant), and Sangrahaniya properties. Bilvadi Kwath {Dvitiya} is a classical formulation that acts effectively in controlling excessive bowel movements and restoring Agni.

**Incidence and Mortality:** Atisara {Diarrhoea} accounts for approximately 1.3 million deaths yearly among children beyond the neonatal period, making Atisara, the second leading cause of post-neonatal childhood mortality rate globally. The incidence of severe gastroenteritis is in peak level in the first two years of life, concentrated in resource-limited settings, especially in parts of Africa and South-East Asia.

**Hospitalization and Pathogen Distribution:** In 2024, India saw a notable increase in the reported cases of acute diarrhoeal diseases, with 1.95 lakh cases recorded, data collected from the Integrated diseases Surveillance Programme and the state epidemiology department. The most common pathogen associated with Atisara {Diarrhea} includes bacteria like E.coli and Salmonella, viruses like Rotavirus was the leading pathogen

(33.3% attributable fraction), followed by Shigella (9.7%), Norovirus (6.5%), and Adenovirus 40/41 (5.5%) and parasites like Entamoeba histolytica and Giardia lamblia. Sites with rotavirus vaccine introduction saw rotavirus-attributable hospitalizations halved compared to non-vaccinated sites (20.8% vs. 42.1%).

### **Nidāna (Etiology):**

According to *Charaka Samhitā* (*Chikitsā Sthāna* 19/4-5) and *Kāshyapa Samhitā* (*Khilasthāna* - *Kumārabhṛtya*): Overeating, indigestion, unwholesome food, suppression of natural urges, infections, and teething are major causes. Contaminated breast milk due to maternal *Doṣha* vitiation can cause *Atisāra* in infants. Host Factors : In *Ayurveda*, factors such as *Agnimandya* (reduced digestive fire) and *Avara-Satva* (diminished systemic resilience) are implicated in predisposition to *Atisāra*, correlating modern concepts of malnutrition and immunocompromise condition.

### **Lakṣaṇa (Symptoms):**

*Mala-pravarti* {Watery or semi-solid stools}

*Udara shola* {Abdominal pain}

*Aam* {Undigested food particles in stool}

Fever, vomiting, dehydration

Lethargy and weight loss in chronic cases

### **Types of Atisāra:**

According to *Charaka Samhitā* and *Bhāva Prakāśa*, it is classified into:

*Vātaja Atisāra*: Thin, frothy, frequent stool, abdominal cramps

*Pittaja Atisāra*: Foul-smelling, yellowish stools, burning sensation

*Kaphaja Atisāra*: Mucus-laden, sticky, white stools

*Sannipātaja* and *Amaja Atisāra* are considered more severe types

*Kṣīrabala Atisāra* (in infants): Associated with improper breast milk

**Supportive Measures:** *Ayurveda* emphasizes *Samsōdhana* (gentle cleansing), *Santāpaṇa* (cooling therapies), and *Uṣṇāpāna* (warm fluid intake). Dietary management with BRAT-like regimens (rice gruel, boiled yams) and avoidance of heavy, cold foods complement pharmacotherapy.

Modern Supportive Care Integration: Oral rehydration therapy (ORT) remains the cornerstone for preventing dehydration-related mortality. Integration of *Ayurvedic* herbal adjuncts with ORT and zinc supplementation could offer synergistic benefits, although robust clinical trials are needed to establish standardized combined protocols.

### **Patient Information:**

Age/Sex: 4yr

Occupation: nil

Chief Complaint: Loose motions 3–4 times/day, mild abdominal pain and mild dehydration since 2 days.

History: No history of chronic illness. Patient reported intake of stale food prior to onset.

**Clinical Findings:**

Frequency /Bowel Movement: 3-4 times/day.

Swaroop/consistency of stool: watery.

Pureesha Ganndha/smell in stool :Visra Gandha

Annavdesh/loss of appetite: Reduced

Varna/colour of stool:whitish-yellow.

Quantity of water intake :Mild increased.

Mutrapravarti/frequency of urine:4-7times/24hrs.

Other Symptoms: restless.

Tongue and oral mucosa : Dry

Pulse & BP: Normal

Lab.investigations :

C.B.C.-Hb:11.8gm%,TLC:7000/cumm, ESR:06

S.electrolyte :  $\text{Na}^{2+}$  147mEq/L , $\text{K}^{+}$  3 mEq/L ,chloride 102mEq/L

Diagnosis: Atisara {Mild}

**Ayurvedic Assessment (Nidana Panchaka):**

Nidana (Etiology): Consumption of contaminated/stale food

Purvarupa (Prodromal): Aruchi, Mandagni

Rupa (Symptoms): Drava Mala Pravritti, Shoola, Trishna

Samprapti: Vitiation of Vata and Kapha dosha leading to improper digestion and expulsion of undigested material

Rogamarga: Kosta

Sadhyasadhyata: Sadhya (easily curable if treated early)

Treatment Administered:

Main Formulation:

Bilvadi Kwath {Divitya}

Reference: Chakradatta 64/35

Ingredients: Bilva, Amra, Laja, Sarkara.

Dosage: 10 ml twice daily before meals {30min} with warm water

Duration: 10 days

Anupana (Adjuvant):

Warm water

Pathya:

Laghu (light) diet: Yavagu, moong dal soup.

Apathya:

Avoid heavy, oily, spicy, or fermented food

Follow-up and Outcome:

Day 3: Frequency reduced to 4 times/day, less watery

Day 5: No abdominal pain, appetite improved

Day 7: Complete relief in bowel frequency (1–2/day), normal consistency

## DISCUSSION

The convergence of classical *Ayurvedic* insights and modern epidemiological data underscores the multifactorial nature of paediatric diarrhoea. While preliminary clinical studies demonstrate promise for formulations like *Bilvadi Kwath {Divitya}* larger randomized controlled trials with standardized endpoints are warranted.

## CONCLUSION:

*Atisāra* in children remains a global health challenge. It is a potentially serious condition in children that requires timely intervention. *Ayurveda* emphasizes *Doshic* assessment, dietary correction, and use of age-appropriate herbal formulations. *Bilvadi Kwath {Dvitiya}* is *Grahi*, *Deepana*, and *Pachana*, making it's effective in the *Samprapti Vighatana* of *Atisara*. The combination acts synergistically to improve digestion, absorb excess intestinal fluids, and correct vitiated *Vata* and *Kapha Dosha*.

Integration of *Ayurvedic* and modern approaches especially in dehydration management can yield safe and effective outcomes in pediatric care. *Ayurveda* offers a spectrum of classical formulations and individualized approaches that, when validated through rigorous research and integrated appropriately with modern care, may enhance therapeutic outcomes and reduce childhood morbidity and mortality. *Bilvadi Kwath {Dvitiya}* proved effective in treating *Atisara* without any side effects. This case supports the traditional use of *Bilvadi Kwath (Divitya)* and related herbs in the management of gastrointestinal disorders.

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