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# EFFICACY OF SAMVARDHANA GHRITA IN THE MANAGEMENT OF VYADHIJA PHAKKA – A RARE CASE REPORT

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## **ABSTRACT**

Developmental disabilities are a gaggle of conditions caused because of an impairment in physical, learning, language or behaviour areas. These conditions start during the period of development and impact day-to-day functioning and usually last throughout a person's lifetime. In case of developmental delay, it's very important to follow up with their parents at the earliest opportunity to make sure that the referral has been activated. For children with mild developmental delays, in the absence of any red flags signs, advice on appropriate management and stimulation activities should be given. In this case study, *Samvardhana Ghrita* was given orally in the case of *Vyadhija Phakka* to evaluate its efficacy. By the end of the treatment, the condition has been markedly improved and further developmental milestones have been achieved. To conclude, *Samvardhana Ghrita* has promising benefits in the cases of *Samvardhana Vikaras* and proved to be very beneficial in treating the same.

**Keywords:** Samvardhana Ghrita, Phakka Roga, Vyadhija Phakka, Developmental delay in Ayurveda, Ayurveda case report

## INTRODUCTION

According to WHO about 5% of children under 14 years of age have some type of developmental delay or childhood disability.1 In India the prevalence of developmental delay under the age of 2 years is approximately 2%.<sup>2</sup> Phakka is a disease that characteristically involves walking inability in growing children. Malnourishment leads to improper formation of Rasa, Mamsa, Meda and Asthidhatu which may result in Phakka. Phakka is a disease classified under Kuposhanajanya Vyadhi. Based on the symptoms such as Lame, Dumb, Dunce etc it can be considered as "Bala Samvardhana Vikara" where Vata Dosha is the major involvement. In this experimental trial, Samvardhana Ghrita is given to a patient as per the indication by Acharya Kashyapa in the treatment of Lame, Dumb and Dunce.<sup>3,4</sup>

#### **PATIENT INFORMATION:**

Demographic details – 3 years old male patient from Bailahongala, Belagavi, Karnataka

Chief complaints – unable to speak and walk appropriate to age-associated with unable to gain weight appropriate to age.

History of present illness – 3 years old male child, born to non-consanguineous parents through normal vaginal delivery was healthy from birth till 5 months of age with a birth weight of 2.5 kgs. The child was on exclusive breast milk feed and the baby fed well without any serious illness. At the age of 5 months, parents noticed a delay in neck holding and unable to gain weight appropriate to age for which parents consulted a family physician and started with oral medication but there was no significant improvement. Then the patient was shown to the Pediatrician and underwent MRI Brain which was reported normal study and he was given oral medication but still, there was no significant outcome by the end of the treatment. So, the patient was brought to our hospital for better treatment.

History of past illness – The patient had a history of Grahani roga (IBS) two years ago and was treated for the same.

Birth history – Single live full-term male baby delivered to a G3P2L2 mother with a birth weight of

2.5kg, the baby cried immediately after birth. No history of NICU stay. Mother was diagnosed with Hypothyroidism, and she was on medication - Thyroxin – 80 mcg/day

Family history – No H/O consanguineous marriage. All the family members are said to be healthy.

Immunization history – Immunized as per schedule till date.

## DEVELOPMENTAL HISTORY

Gross motor development: Neck holding achieved at 1yr of age, Sitting with support at 1yr6months. Fine motor development: Bidextrous reach at 1yr8months, Undexterous reach at 1yr10months. Language development: Alert to sound at 2years, Coos by 2yrs2months of age. Social and adaptive development: Social smile by 10months, Recognizes mother by 1yr6months of age.

Clinical findings - Vitals were normal. Weight-6.5Kg. Respiratory system, Cardiovascular system and per abdomen examinations had shown no deformity. Central nervous system examination - The patient was hypotonic and had flaccidity. Muscle power was not elicited because the patient couldn't follow the command. Cranial nerve examination couldn't be done because of age. Babinski sign was positive. Constitution is Kapha Vataja. Impairment was Vata & Kapha. Astasthana Pariksha - Pulse was 96bpm. The frequency and colour of urine were normal. The stools were clear and regular. The tongue was not coated. Speech - affected (Monosyllables should have been learned by 6months of age). Touch - cold to touch. The vision was unsteady with poor eye contact. Built was lean.

## **DIAGNOSTIC ASSESSMENT:**

Investigations – MRI brain reported no significant intracranial abnormality.

Differential diagnosis: Differential diagnosis has been mentioned in Table 1 and the considerations & exclusions have been explained

Final diagnosis – The patient was diagnosed as *Grahani roga* before and was treated for the same. Secondary to *Grahani roga*, patient manifested with the above-said symptoms. So, the patient has been

diagnosed as *Vyadhija Phakka* secondary to *grahani* roga.

## **INTERVENTION:**

Samvardhana Ghrita is given orally with a proper dosage after the *Panchakarma* therapy. Treatment given to the patient is summarized in table 2.

FOLLOW-UP AND OUTCOMES: There was a cessation in attaining the developmental milestones in a patient almost from past 2 years and there was not any improvement in the overall condition of a patient. After the 2 months of oral intervention of Samvardhana Ghrita, the following clinical changes were seen in the patient. The patient can be able to stand with support, Pincer grasp has been achieved, the patient can imitate scribbling, started to speak Monosyllables and can recognize strangers. Overall activity and movement have been improved and started attaining newer milestones. Weight has been increased markedly. Before treatment. – 6.5kg, After the treatment (2 months of Samvahana ghrita orally) - 8.7 kg, Next month's follow up - 9.4 kg, succeeding month follow up – 10.2 kg.

## **DISCUSSION:**

Samvardhana Vikaras mainly arise with the Dhatukshaya pathologies like Shosha. and Masthiskaghatha. Samvardhana Vikaras can be a lifelong condition without swift and intensive intervention. If children are identified and start to receive proper care, the developmental milestones might improve. However, depending on the cause of the disease, a child may not be able to develop appropriately. The result in the child may be an inability to live independently, regulate emotionally, sustain healthy relationships. If a child has this disease, time is the essence in terms of treatment. The earlier we can treat the child, the better is the prognosis for recovery. These pathologies can't be treated completely but are often restored to close normalcy with the administration of Samvardhana Ghrita. Ghee is an excellent sahapana / Anupana (Therapeutic vehicle) for transporting the properties of herbs to the deeper tissue layers of the body. Proper digestion, absorption and delivery to the target

organ system are very important for obtaining the maximum benefit from any therapeutic formulation<sup>5</sup>. As the active ingredients are mixed with ghee, because of its Yogawahi guna, it imparts the Rasa, Guna of the drugs and on whole, Samvardhana ghrita becomes Swadu, Patu, Kashaya Rasa, Guru Snigdha Guna, Madhura Vipaka which are contrary to the properties of Vata Dosha. The lipophilic action of ghee facilitates transportation to the target organ and final delivery inside the cell via the cell membrane which also contains lipids. In the present case, Vata being the dominant dosha involved, Samvardhana ghrita having the above said properties do the samprapti vighatana chikitsa and help in normalising the *vata dosha* and in turn helps restoring the motor functions of the body as Chalatwa (Movement) is the prime function of vata dosha. Vata is the main causative factor and hence by the usage of this Ghrita probable correction takes place at the vitiated Vata level and thereby improving the health condition of a child. However, the Guru, Snigdha Guna, Brimhana, Medhya, Hridya and Tridosha Shamaka properties also influence Vata for the best prognosis.

## CONCLUSION

An overall assessment of the treatment shows that oral administration of Samvardhana Ghrita has promising reults in the management of samvardhana vikaras. Among the different parameters evaluated in the present study, gross motor functions and language were comparatively better improved. The difference within the improvement was markedly notable. It is clear that Samvardhana Ghrita is beneficial and acts as a nectar in restoring the normalcy of a children who are suffering from Phakka roga.

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Table 1: Vyavachhedaka Nidana

Diseases	Symptoms present	Symptoms absent
Ksheeraja Phakka	Pangu, Mooka, Jadata	Stanyadusti
Garbhaja Phakka	Ksheenatwa	Garbhinimatru
Vyadhija Phakka	Kleeshabaala, Ksheenamamsa, Ksheenabala,	
	Drushyamaana Asthi Panjara, Nityapureeshakruta,	
	Nischesta Adharakaaya, Dourbalya	
Pakshaghata	Chesta Nivrutti, Vaksthambha	Ruja
Shiromarmabhighata	Chestanasha, Mooka, Akshinimeelana, Swarahaani	Manyastambha, Ardita, Chakshuvibhrama,
		Moha, Shwasa, Kasa, Hanugraha, Laalasrava

## **Table 2:** Treatment given during hospital stay

Panchakarma therapies	Oral intervention		
Udwarthana with Triphala Churna followed by Nadi Sweda with Dashamoola Kashaya for 3 days	Samvardhana Ghrita is		
Sarvanga Abhyanga with Ksheera Bala Taila for 7 days	given orally with a		
Shastikashali Pinda Sweda for 7 days	dosage of 5ml BD with		
Matra Basti with Kalyanaka Ghrita for 7 days	Madhu for 2 months		

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**Conflict of Interest: None Declared** 

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