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CLINICAL EVALUATION OF SHUNTHI CHURNA IN AGNIMANDYA W.S.R TO LOSS OF APPETITE IN CHILDREN

Ayurveda

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ABSTRACT

BACKGROUND: In today's competitive era human being have a very irregular life style, it is becoming very fast and stressful especially children who are career oriented. This condition frequently leads people toward irregular and bad habits. Due to improper dietary habits, suppression of natural urges like Kshudha etc. create problems like Agnimandya, Aama dosha, Ajirna. This is the main reason for the increase in the incidence of the diseases of gastrointestinal system day by day. According to Aacharyas Mandagni is Root cause of every disease. Agni plays the key role in the process of bio-transformation. In pediatric age group, body needs proper nutrition & diet. During this phase body undergoes lot of changes as a result growth & development. Loss of appetite, dyspepsia is very common symptom found in pediatric age group accounting to 50% children. Loss of appetite is seen in association with constipation, worm infestation, B12 deficiency, UTI which are very common problems in children. Very few drugs are available in modern science which is very specific as appetizers like Cyproheptadine which has side effects like sedation etc. Loss of appetite is a very common symptom in adolescents. Therefore today there was a need to find a safe and effective drug in the management of Agnimandya. In present study, ekamooliya prayoga of shunthi churna is used to treat Agnimandya.

OBJECTIVE: This study was designed to evaluate the role of Shunthi churna in the management of loss of appetite in children.

METHODS: This was a open clinical trial. A total of 50 participants showing classical symptoms of Agnimandya between 14 and 16 years of age were assigned to receive treatment. This group practiced supervised intervention for 7 days and final assessment was done on 15th day. The signs and symptoms like loss of appetite, nausea, vomiting, heartburn, sour belching, burning sensation in epigastric region, pain in abdomen, sleep, thirst, abdominal distention, heaviness in abdomen, flatus were graded and interpreted at the end of the trial.

RESULTS: The result was found effective for treating Agnimandya w.s.r. to loss of appetite in children with Shunthi Churna. The results for the above criteria for the assessment were found statistically highly significant.

CONCLUSION: Shunthi churna with anupana madhu is effective in treating agnimandya (loss of appetite) in children. Agnimandya associated with flatus, malbaddhata, jwara, kasa, predominantly kapha vataja prakruti, pain in abdomen is effectively treated with Shunthi churna.

KEYWORDS

Agni, Agnimandya, Loss of Appetite, Shunthi, Children.

INTRODUCTION

In today's competitive era human being have a very irregular life style, it is becoming very fast and stressful especially children who are career oriented. Aahara, nidra, brahmacharya are the three upstambha (trayopthambha) which are important factors to sustain life.[1] In ayurvedic classics, asaatmendriyartha samyoga, kaala & pragyapradha are the three main etiological factors which cause development of different diseases.[2] Due to improper dietary habits, suppression of natural urges like Kshudha etc. create problems like Agnimandya, Aama dosha, Ajirna. Most of the diseases have direct or indirect link with the type of food we consume, our food habits and lifestyle, 80% of the top ten killing diseases of the world are due to wrong food habits.[3]

Agni is the unique concept of Ayurveda related to Pachana or conversion occurring in the body. So it indicates that it is a key factor in transformation of consumed Aahara Viharadi Dravya of Vijatiya (heterogeneous) origin into Sajatiya (Homogenous) nature. Jatharagni is the one of prime importance controlling other Agni[4] & responsible for initial digestion of ingested food and its conversion into Rasa Dhatu.The Jatharagni represents all the digestive chemicals and enzymes produced in gastrointestinal tract which are responsible for digestion of different components of ingested food. If the individual does not follow aahar vidhi visheshayatana, aahar vidhi vidhan Agni gets vitiated and vitiated Jatharagni is the cause of all diseases.[5]

Aacharya Vagbhata, Madhava has described that all diseases are caused due to Mandagni.[6,7] Aacharya Charaka has mentioned that if a individual is under psychological stress; even the wholesome food taken in proper quantity will not get properly digested.[8] Main causes for the Agnimandya are abhojana, atibhojana, vishamashana, asatmyabhojana etc.[9] Agnimandya is a clinical condition characterized by Kshudamandya, Aruchi, Avipak, Amashaya pradeshi gaurav & Shirogaurav, Antrakunjan Pravahan.[10] Agnimandya is a symptom and not a disease. Acharya has described Agnimandya as a main symptom in diseases like jwara, pandu, atisara, grahani, ajeerna, gulma, kamla, shotha, shwasa, pratishaya, arsha etc.[11]

In pediatric age group, body needs proper nutrition & diet. During this phase body undergoes lot of changes as a result growth & development. Loss of appetite, dyspepsia is very common symptom found in pediatric age group accounting to 50% children.[12] Loss of appetite is seen in association with constipation, worm infestation, B12 deficiency, UTI which are very common problems in children.[13,14] Very few drugs are available in modern science which is very specific as appetizers like Cyproheptadine which has side effects like sedation etc.[15]

Therefore today there is a need to find a safe and effective drug in the management of Agnimandya. In present study, ekamooliya prayoga of shunthi churna is used to treat Agnimandya.[16] Shunthi is effectively used for Mandagni, Ajirna, Grahani, Atisara, Gulma etc. Anupana is very important factor for palatability of drug as well as in absorption, assimilation, efficacy of drug. In this study, honey is taken as anupana. Therefore, to ascertain its therapeutic effect in combating Agnimandya, a safe drug 'Shunthi churna' is considered for research. The study was planned including children under one group given shunthi churna with honey as Anupana.

Objective: This study was designed to evaluate the role of Shunthi churna in Agnimandya w.s.r. to loss of appetite in children.

MATERIALS AND METHODS

- Literary data was collected from Ayurvedic classics, various Ayurvedic text books, dissertations and scientific journals etc.
- Raw drug Shunthi was procured from AYUSH certified KAHER's Ayurveda Pharmacy, Khasbagh, Belgavi.
- Authentication of the raw drug i.e. Shunthi was done at KAHER's Central Research Facility, Shri B.M.K. Ayurveda Mahavidyalaya, Belgavi.
- Preparation of Shunthi churna was done in AYUSH certified KAHER's Ayurveda Pharmacy Belgavi.
- Analytical study of Shunthi churna was done in AYUSH Approved Central Research Facility of KAHER's Shri B.M.K Ayurveda Mahavidyalaya Belagavi.
- The trial drug – Shunthi churna has already been established for its standards, the results were analyzed and compared with the available standards and ensured the standards were complying with the established standards of the Shunthi churna.
- This study has registered under CTRI (central trials For Research investigation) with Registration no: CTRI/2017/12/010739
- Clinical Study certificate was issued from IEC (and study was carried out in KAHER's Shri B.M.K Ayurveda Mahavidhyalaya, Shahapur, Belgavi.
- Ethical clearance has obtained Protocol no. BMK/15/PG/KB/17

RESEARCH QUESTION

Is Shunthi churna effective in management of loss of appetite in children?

HYPOTHESIS

H0: Shunthi churna will be not effective in the management of loss of appetite in children

H1: Shunthi churna will be effective in management of loss of appetite in children.

SOURCE OF DATA: Patients fulfilling the inclusion criteria and devoid of exclusion criteria were selected from the OPD, IPD Dept. of Kaumarabhritya, KAHER's Shri B.M.K. Ayurveda Hospital and Research Centre, Belagavi for this study.

The patients were examined in detail as per proforma prepared for this study.

Patients were further subjected to the following criteria of inclusion, exclusion.

DIAGNOSTIC CRITERIA

Children having the Predominant complaint of loss of appetite.

INCLUSION CRITERIA:

1. Children having age in between 14 to 16 years, irrespective to sex and religion.
2. Children presenting the features Agnimandya.

EXCLUSION CRITERIA:

1. Children having age less than 14 years and more than 16 years.
2. Patients suffering from any known acute or chronic illnesses that might interfere with study e.g. acute infections, malignancies, thyroid problems etc.
3. Children having any associated life threatening medical or surgical disorders.

Children with any long term medications that may interfere with the result like for Diabetes etc will be excluded.

Table 01: Clinical trial Particulars

Group	Sample size	Intervention	Anupana	Duration of treatment	Days of FOLLOW UP
Single Trial Group	50	Shunthi Churna	Madhu	7 days	3rd, 7th & 15th

Table 02: Follow up Particulars

Days	Particulars
1st day	Baseline Filling the CRF, Assessment through assessment Criteria Commencement of Drug administration
3rd day	Assessment through assessment Criteria
7th day	Assessment through assessment Criteria Withdrawal of Drug
15th day	Assessment through assessment Criteria

Design: Open Clinical Trial
Groups: Single group

Sample size: Diagnosed 50 patients of Agnimandya (Loss of Appetite) were registered with the help of research proforma prepared for the study.

Interventation- Shunthi churna

Dose: Patients were treated with Shunthi churna 1gm twice a day for all age groups for 07 days.

Route of administration: Oral administration

Anupana: Honey

Aushadha Sevana Kala: Before food

Duration of study: 15 Days.

CRITERIA FOR ASSESSMENT OF RESULTS:

I. Assessment was done based on presence of following classical signs and symptoms[17,18,19]

- Indigestion Yes/No
- Loss of taste Yes/No
- Salivation Yes/No
- Eructation Yes/No
- Utsaah Yes/No
- Feeling of lightness in the body Yes/No

II. Pain in Abdomen was assessed by VAS scale

Assessments	Day 01	Day 03	Day 07	Day15
No. of stools per day				
Type of stools				

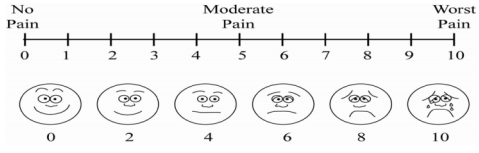


Table 03: Pain in abdomen score according to VAS scale

Assessment	Day 1	Day 3	Day 7	Day 15
Pain in abdomen				

III. Bowel habit was assessed by Bristol stool chart & no. of stools.

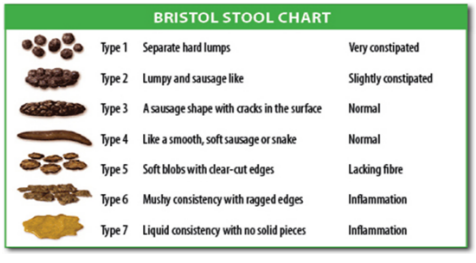


Table 04: Assessment of stools

IV. Symptoms[20] - Abdominal distention, appetite, nausea, vomiting, heartburn (Burning sensation in throat), sleep, heaviness in bdomen, thirst (Based on intake), sour belching, burning sensation in pigastric region, flatus were assessed by gradation.

Table – 05 Symptoms

Symptom	Score-0	Score-1	Score-2	Scoree-3
Abdominal distention	No distention	Change in abdominal girth upto1-2 cm and persists for 1-2 hrs after usual time of digestion, for 1-2 days.	Change in abdominal girth 2-3cm and persist for 2-3 hrs after usual time of digestion, for 2-3 days	Change in abdominal girth >3 cm and persists for >3 hr after usual time of digestion, for 3 days or more.
Appetite	Normal (Feeling of hunger as usual with complete digestion.)	Mild loss of appetite; (feeling of hunger appears after 2-3 hours of usual time with digestion, but not the normal, with reduced intake) (for1-2 days)	Moderate loss of appetite; (Feeling of hunger appears after 4-6 hours of usual time with digestion, but not the normal, with reduced intake.) (for 3-4 day)	Severe loss of appetite; (Feeling of hunger appears after >6 hr of usual time with digestion, but not the normal, with reduced intake) (Since> 4 d ay)
Nausea	No	Mild and occasional, nausea persists for 1-2 hrs of usual time of digestion, for1-2 days.	Moderate and frequent nausea persists for 3 hrs of usual time of digestion, for 2-4 days.	Moderate and persistent, nausea persists for >3hrs of usual time of digestion or even after ,for 4 days or more
Vomiting	Nil	Occasional (1-2 times/day) for one day	Frequent (3-5 times/day) for 2-3 days	Frequent (5-6 times/day). for 3 days or more
Heartburn (Burning sensation in throat)	Nil	Occasional and persists during the indigestion (for 1-2 days)	Frequent and persist during the indigestion (for 3-4 days)	Often and persist during the indigestion (for 4 days or more)
Sleep	Sound sleep in night as usual baby takes/ regain of normal sleep pattern.	Sleep in night 1-2 times awakening (Interrupted)	Sleep in night.&3-4 times awakening (Interrupted)	Sleep in night. &>4 times awakening. (Interrupted)
Heaviness in abdomen	No	Mild Heaviness persists for 1-2 hr after the usual time of digestion, for1-2days.	Moderate Heaviness persists for 2-3 hr after the usual time of digestion, for 2-3days.	Moderate to Severe Heaviness persists for >3 hr after the usual time of digestion, for 3days or more.
Thirst (Based on intake)	Normal/regain normal thirst	Mild (for 1-2 days)	Moderate (for 3-4 days)	Severe (for 4days or more)
Belching/Sour belching	Normal (no any type of smell)	Mild; Belching for 1-2 hours of usual digestion .having the smell similar to food as taken by the child/ Sour belching for 1-2 hours of usual digestion after taking food (for 1-2 day)	Moderate; Belching for 2-3 hours of usual digestion. Having the smell similar to food as taken by the child/ Sour belching for 2-3 hours of usual digestion after taking food. (for 3-4 day)	Severe; Belching for >3hr of usual digestion having the smell similar to food as taken by the child/ Sour belching for 3-4 hours of usual digestion after taking food. (for 4day and more)
Burning sensation in epigastric region	No/subside	Mild or occasional; during the phase of digestion (for1-2 days)	Moderate or frequent; during the phase of digestion. (for 3-4 days)	Moderate to severe; during the phase of digestion (for 4 days and more)
Flatus	Normally passed/regain normal flatus	Mildly increased and persists for1-2 days.	Moderately increased and persist for 3-4 days.	Significantly increased and persists for 4 days or more)

STATISTICALANALYSIS

All the observation made on various parameters of the group was noted and the data was analyzed by using Mann Whitney U test as suggested by the statistician and the result of statistical analysis was interpreted in terms of mean and P value.

The obtained results were interpreted in the statistically terms as –

- Significant : $P < 0.05$
- Highly Significant : $P < 0.001$

OBSERVATIONS AND RESULTS

In the present study, 50 patients undergoing treatment were observed thoroughly and noted neatly. The observations are recorded and results were calculated by Mann Whitney U test and necessary charts (Table no.06, 07, 08) and graphs (Figure no. 01 to 20) were made.

Table -06 Showing result on the basis of Symptoms

Symptoms	Day 01	Day 03			Day 07			Day 15			NP-BT	NP-AT
	Mean	Mean	Z Value	P value	Mean	Z Value	P value	Mean	Z Value	P value		
Indigestion	1.0	1.0	----	----	1.6	4.6226	0.0001*	2.0	6.0927	0.0001*	34	1
Loss of taste	1.2	1.8	4.8599	0.0001*	2.0	5.6454	0.0001*	2.0	5.6454	0.0001*	19	0
Salivation	1.0	1.3	3.2958	0.0010*	2.0	5.9683	0.0001*	2.0	6.0308	0.0001*	13	0
Utsaah	2.0	1.9	1.8257	0.0679	1.3	5.0862	0.0001*	1.1	5.9052	0.0001*	36	1
Feeling of lightness in body	2.0	1.9	1.8257	0.0679	1.3	5.0862	0.0001*	1.1	5.9052	0.0001*	36	1
Pain in abdomen	1.4	1.3	1.6036	0.1088	0.7	4.0145	0.0001*	0.4	4.1973	0.0001*	26	9
No. of Stools	1.12	1.14	0.5345	0.5930	1.54	3.8323	0.0001*	1.72	4.6280	0.0001*	50	50
Type of stool	2.44	2.60	2.5205	0.0117*	3.14	5.0862	0.0001*	3.52	5.5786	0.0001*	50	50
Abdominal distention	0.46	0.32	2.3664	0.0180*	0.20	3.0594	0.0022*	0.20	3.0594	0.0022*	16	7
Appetite	2.10	2.08	----	----	0.98	5.9683	0.0001*	0.36	6.1540	0.0001*	50	14
Nausea	0.92	0.56	3.7236	0.0002*	0.12	5.3731	0.0001*	0.16	5.1594	0.0001*	19	3
Vomiting	0.28	0.10	2.4006	0.0164*	0.02	3.1798	0.0015*	0.04	2.7255	0.0064*	07	1
Heartburn (Burning sensation in throat)	0.52	0.38	2.3664	0.0180	0.06	4.1973	0.0001*	0.06	4.1069	0.0001*	16	2
Sleep	0.36	0.12	3.0594	0.0022*	0.04	3.5162	0.0004*	0.04	3.5162	0.0004*	08	1

Heaviness in abdomen	1.20	0.88	3.5162	0.0004*	0.26	5.7115	0.0001*	0.16	5.7115	0.0001*	23	4
Thirst(Based on intake)	0.68	0.46	2.9341	0.0033*	0.04	4.7821	0.0001*	0.04	4.7030	0.0001*	15	1
Belching/Sour belching	1.24	0.90	3.6214	0.0003*	0.38	5.5109	0.0001*	0.32	5.1594	0.0001*	23	7
Burning sensation in epigastric region	0.94	0.56	3.8230	0.0001*	0.16	5.1594	0.0001*	0.20	5.1594	0.0001*	19	4
Flatus	1.10	0.70	3.7236	0.0002*	0.10	5.6454	0.0001*	0.08	5.5109	0.0001*	26	3

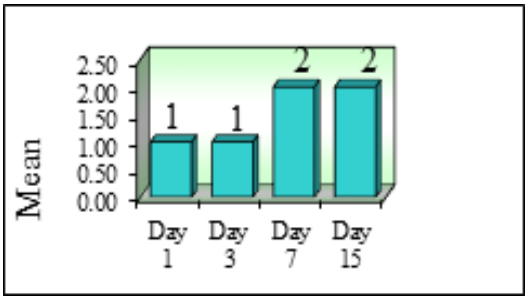
*p<0.05
NP-BT – Number of patients before treatment, NP-AT – Number of patients after treatment

Table 07: Total no. of cases into which change is seen with respect to type of stool

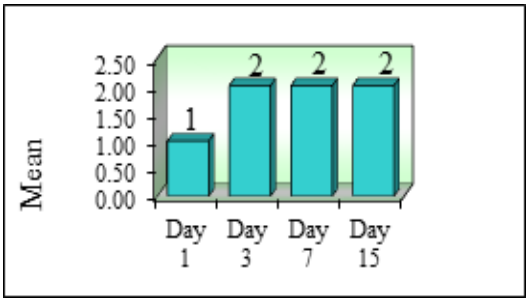
B.T. BRISTOL SCORE	A.T. BRISTOL SCORE	Total no. of cases into which change is seen
1	3	1
3	3	7
3	4	15
2	3	14
2	4	12

Table 08: Prakruti-wise assessment of improvement in patients w.s.r. to loss of appetite

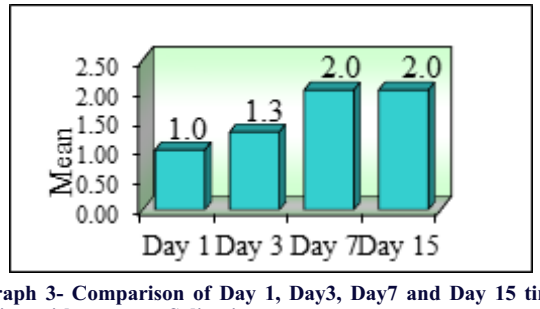
Prakruti	No. of Patients	No. of Patients improved	Percentage % of Improvement
KV	28	21	75
PK	03	02	66.66
VP	19	13	68.42
Prakruti	**No. of Patients**	**No. of Patients improved**	**Percentage % of Improvement**
KV	28	21	75
PK	03	02	66.66
VP	19	13	68.42



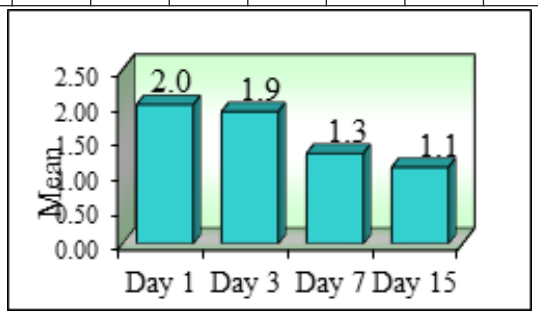
Graph 1- Comparison of Day 1, Day3, Day7 and Day 15 time points with respect to Indigestion scores



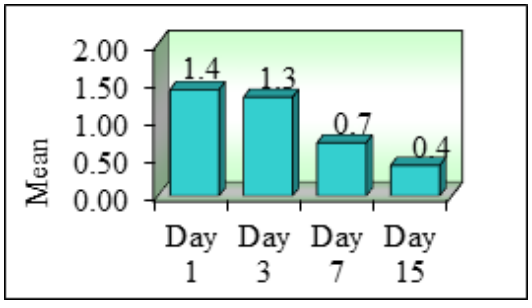
Graph 2- Comparison of Day 1, Day3, Day7 and Day 15 time points with respect to Loss of taste scores



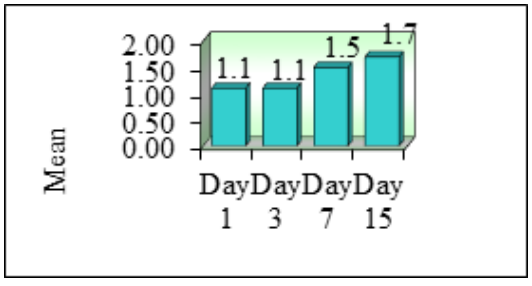
Graph 3- Comparison of Day 1, Day3, Day7 and Day 15 time points with respect to Salivation scores



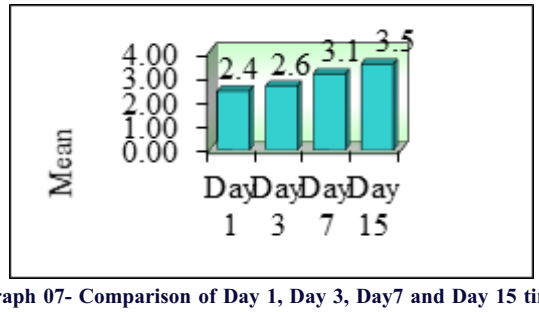
Graph 4- Figure:Comparison of Day 1, Day3, Day7 and Day 15 time points with respect to Utsaah scores



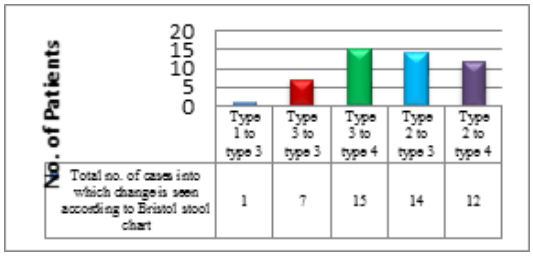
Graph 05- Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Pain in abdomen scores



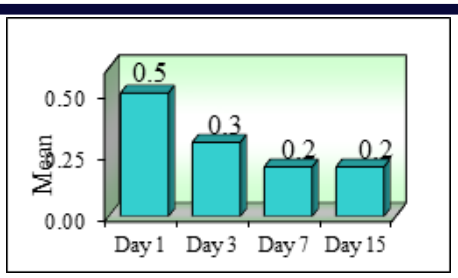
Graph 06- Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Bowel habit-no of stools scores



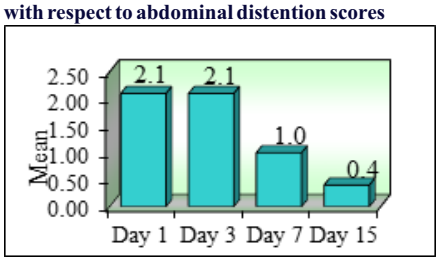
Graph 07- Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Bowel habit-types of stools scores



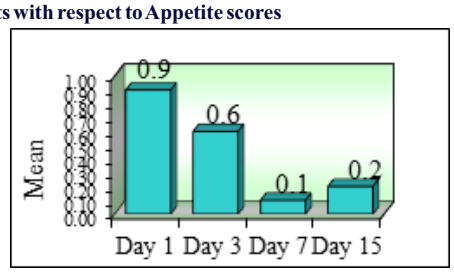
Graph 08- Total no. of cases into which change is seen according to Bristol stool chart



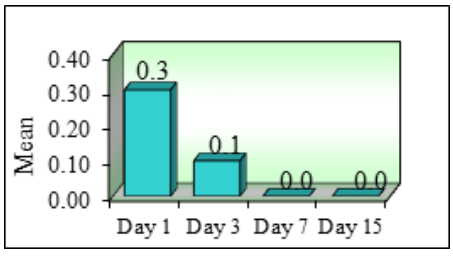
Graph 09-Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to abdominal distention scores



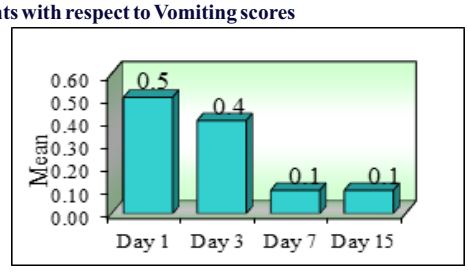
Graph 10-Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Appetite scores



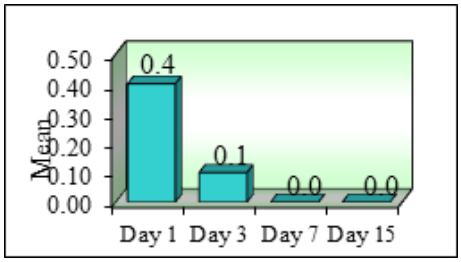
Graph 11-Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Nausea scores



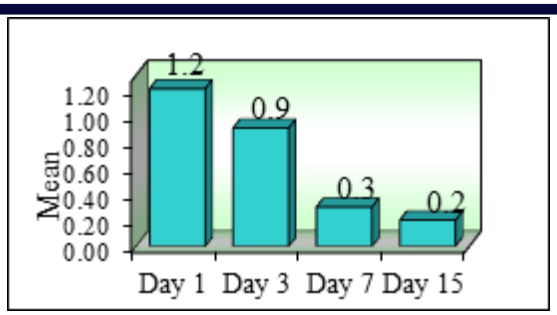
Graph 12-Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Vomiting scores



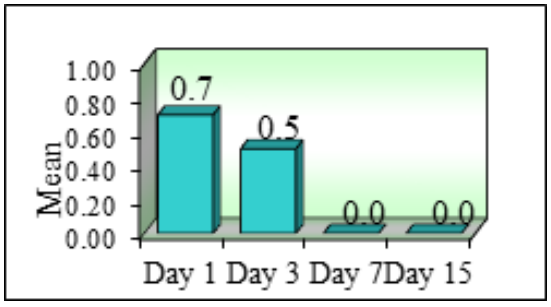
Graph 13- Comparison of Day 1, Day3, Day7 and Day 15 time poi nts with respect to Heartburn scores



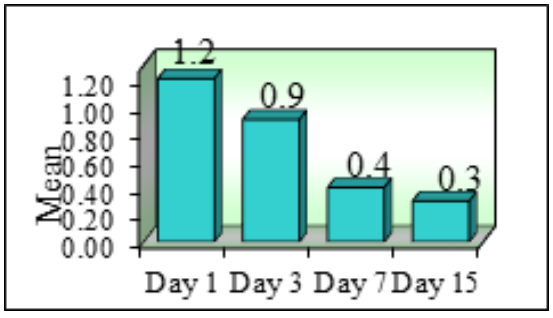
Graph 14- Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Sleep scores



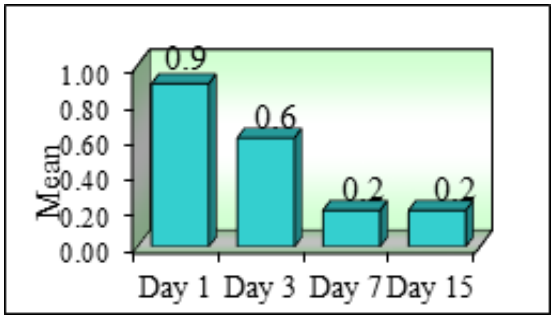
Graph 15-Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Heaviness in abdomen scores



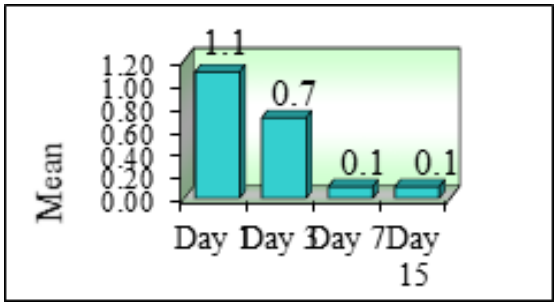
Graph 16- Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Thirst scores



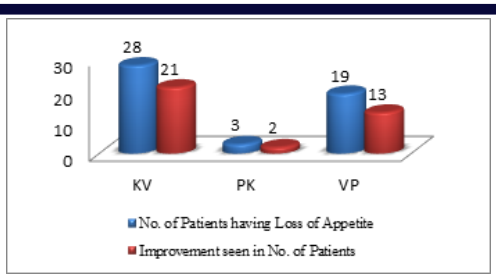
Graph 17- Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Sour belching scores



Graph 18- Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Burning sensation in epigastric region scores



Graph 19- Comparison of Day 1, Day 3, Day7 and Day 15 time points with respect to Flatus scores



Graph 20- Showing Prakruti-wise effect on Loss of Appetite

DISCUSSION

Effect on Indigestion

34 patients had complaint of indigestion out of 50 patients. Statistical analysis showed statistically highly significant change. In Indigestion, predominantly kapha dosha is involved. Shunthi is of katu rasa, ushna virya & laghu gunatmaka dravya which is opposite to gunas of kapha dosha. Also Shunthi is having deepana-pachana property.[21] Also anupana Madhu is having uttam shlemapitta prashamana property mentioned in agrya by Aacharya Charaka.[22] Hence statistically it showed highly significant result.

Effect on Utsaah and Feeling of lightness in the body

36 patients had complaint of reduced utsaah and decreased feeling of lightness in body out of 50 patients. Balbhransha and klama are the lakshanas of aama.[23] As shunthi has aamapachak gunas these results in decreasing Balbhransha, Klama and increase in utsaah in patients which was statistically highly significant.

Gauravta and aalasya are the lakshanas of aama.[24] As Shunthi has aamapachak gunas these results in decreasing gauravta, aalasya & hence increase in feeling of lightness of body in patients showing statistically highly significant result.

Effect on Loss of taste

19 patients had complaint of loss of taste out of 50 patients. In Loss of taste, kapha dosha is predominantly involved. As Shunthi is of katu rasa,[25] it is having vaktra shodhana property[26] therefore it probably helped in loss of taste and showing statistically significant result.

Effect on Salivation

13 patients had complaint of salivation out of 50 patients. In Salivation, kapha dosha is involved predominantly. Shunthi is of katu rasa, ushna virya & laghu gunatmaka dravya which is opposite to gunas of kapha dosha.[27] Also anupana Madhu is of kashaya, madhura rasa.[28] Kashaya rasa is having shoshan property.[29] Therefore, improvement was seen which showed statistically highly significant result.

Effect on Appetite

All 50 patients were having predominant complaint of loss of appetite. Shunthi churna is having katu rasa which is having vaktra shodhana property. Due to ushna virya and rochana property it induces ruchi(desire) to eat food.[30] Due to katu rasa, ushna virya, laghu guna, agnideepana and aamapachana properties it digest the aama present in the body which was formed due to Agnimandya and samyaka pachana of aahara is done due to agnideepana property.[31] Hence, Shunthi with anupana Madhu increased the appetite in subjects which was statistically significant.

Effect on Nausea and vomiting

19 patients and 07 patients out of 50 patients had complaint of nausea and vomiting respectively. Shunthi churna is having katu rasa[32] which is possessing property of vaktra shodhana resulting in mukha shodhana, due to agnideepana, aamapachana properties it digest the food properly and due bhukta shoshana[33] proper absorption of aahara rasa occurs which probably helped in reducing Nausea and vomiting. According to modern system of medical science, Galanolactone is one of the constituent of Ginger, which is a competitive antagonist at ileal 5-HT_3 receptors. Thus antiemesis could be brought about by effects on the gastric system through 5-HT_3 antagonism.[34]

Effect on the heartburn, sour belching & burning sensation in epigastric region

16 patients, 23 patients and 19 patients had complaint of heartburn, sour belching and burning sensation in epigastric region out of 50 patients respectively. Heartburn, sour belching & burning sensation in epigastric region are predominant lakshanas of pitta dosha. Due to Madhura vipaka of Shunthi[35] and shleshmapitta prashamana property of anupana Madhu as described by Aacharya Charaka,[36] it may have reduced the symptoms heartburn, sour belching & burning sensation in epigastric region which was statistically highly significant.

Effect on Pain in abdomen

26 patients had complaint of pain in abdomen out of 50 patients. Shunthi is having properties like udarshoola rogaghnata, vatanulomana, shoola prahasmana & vedna sthapana.[37] Also according to modern science of medicine, Shunthi contains Gingerol and their derivatives which especially have a strong analgesic action which in many cases acts by cyclo–oxygenase-1 (COX-1) inhibition.[38] Hence it may have reduced the pain in abdomen which showed statistically highly significant result.

Effect on Sleep

08 patients had complaint of disturbed sleep out of 50 patients. As Shunthi relieves different symptoms for e.g. burning sensation in epigastric region, sour belching, vomiting, pain in abdomen etc., and Aacharyas have mentioned Shunthi as hridya[39] hence it may have helped in disturbed sleep which showed statistically highly significant result.

Effect on Thirst

15 patients had complaint of increased feeling of thirst out of 50 patients. Aacharyas have mentioned Shunthi as one of the medicine of Trushna nigrahana gana and having hridya property.[40] With the help of madhura vipaka of Shunthi and Anupana honey which is of madhura rasa[41] might have helped in decreasing thirst sensation in patients which was statistically highly significant.

Effect on Abdominal distention, heaviness in abdomen and flatus

16 patients, 23 patients and 26 patients had complaint of abdominal distention, heaviness in abdomen, excessive flatus out of 50 patients respectively. There were no any cases of pathological abdominal distention. Although it is statistically significant, it is because of regularisation of bowel due to ushna virya, vata anulomaka property and property of breaking hard fecal matter[42], Shunthi churna relieves vibandha (Vibandhanuta)[43] and abdominal distension and subsequently heaviness in abdomen which was statistically highly significant.

Shunthi is said to be grahi as well as vibandhanuta. When the mala pravrutti is more, Shunthi being agni dominant, it absorbs the excess apyamsha. As a result it binds the mala, which has excess fluid and gives grahi effect and act as vibandhanuta, due to its Prabhava.[44]

Discussion on Prakruti-wise improvement

75% of Kaphavataja prakruti were having improvement in loss of appetite condition whereas 68.42% in Vatapittaja prakruti and 66.66% in Pittakaphaja prakruti was seen. Shunthi is having kapha-vatahara property[45] due to its gunas and also anupana Madhu is having sleshmapittahara property according to Aacharya Charaka.[46] Hence, the improvement was seen more in the Kaphavataja prakruti rather than Vatapittaja and Pittakaphaja prakruti.

CONCLUSION

Thus, we can conclude that the drug Shunthi churna is highly effective in treating Agnimandya w.s.r. to loss of appetite in children.

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