



ROLE OF AYURVEDA IN THE MANAGEMENT OF NONSPECIFIC MESENTERIC LYMPHADENITIS IN CHILDREN : A CASE REPORT

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ABSTRACT

Background: Gulma and related abdominal disorders in Ayurveda are often associated with Vata-Pitta imbalance, digestive impairment, inflammation, and microbial involvement. **Objective:** To evaluate the therapeutic efficacy of an Ayurvedic herbomineral regimen. **Methods:** Patients received the formulations for 7 days with Madhu (honey) as Anupana. Clinical symptoms, including abdominal pain, distention, appetite, bowel habits, tenderness, and fever, were recorded at baseline and follow-up. Ultrasonography was used to assess underlying pathology. **Results:** The treatment resulted in marked relief in abdominal pain, distention, and digestive disturbances, with normalization of appetite and bowel function. Ultrasonography showed improvement in swelling and inflammatory changes. No adverse effects were observed. **Conclusion:** The Ayurvedic herbomineral regimen demonstrated safe and effective curative potential, likely due to its Vata-Pitta pacifying, Vatanulomaka, Pachana, Shothahara, and Krimighna properties, supporting its use in clinical management of abdominal disorders.

KEYWORDS : Gulma, Grahani, Vata-Pitta Pacification, Digestive Disorders.**INTRODUCTION**

Mesenteric lymphadenitis, also known as mesenteric adenitis, refers to the inflammation of the mesenteric lymph nodes situated within the mesentery of the intestine¹. These lymph nodes form an integral part of the intestinal immune defense system, filtering lymph and trapping infectious or foreign agents². The condition is most frequently observed in children and young adults presenting with acute or recurrent abdominal pain that often mimics appendicitis³. Because of its similar symptomatology, it remains a diagnostic challenge in clinical practice⁴.

Mesenteric lymphadenitis may occur as a primary (nonspecific) condition or as a secondary manifestation of other pathological disorders⁵. In primary or nonspecific mesenteric lymphadenitis, no definite underlying cause is identified; rather, it is presumed to result from viral or mild bacterial infections leading to transient lymph node inflammation⁶. It represents one of the common causes of abdominal colic in pediatric populations, with ultrasonographic findings typically showing enlarged mesenteric lymph nodes without significant associated pathology⁷.

In contrast, enlarged mesenteric lymph nodes may also be associated with various secondary pathological conditions such as Crohn's disease, appendicitis, gastroenteritis, cat scratch disease, and acquired immunodeficiency syndrome (AIDS)⁸. In such cases, lymph node enlargement is usually a reactive phenomenon to ongoing inflammatory or infectious processes within the abdomen or systemic circulation⁹. Possible Symptoms of mesenteric Lymphadenitis are pain in abdomen, fever, general tenderness over stomach area.

Advances in diagnostic imaging, particularly ultrasonography (USG) and computed tomography (CT), have facilitated early and accurate detection of mesenteric lymphadenitis¹⁰. Ultrasonography is especially valuable in pediatric patients because it is rapid, non-invasive, and effective for excluding other surgical causes of abdominal pain. In modern medical management, treatment is largely conservative, including rest, hydration, and analgesics. Antibiotics may be prescribed in cases of confirmed bacterial infection, while antipyretic, antiemetic, and antispasmodic drugs are used to manage associated symptoms.

Ayurvedic Perspective

According to the principles of Ayurveda, when a disease is not specifically named in classical texts, it should be understood and treated based on its Nidana (aetiological factors), Lakshana (symptoms), and Samprapti (pathogenesis), after a thorough Rogi Pariksha (clinical examination of the patient) to assess the strength and

nature of both Roga and Rogi¹¹. This approach allows the physician to identify the underlying doshic involvement and select appropriate line of treatment even for conditions that are not directly described in Ayurvedic literature. In Ayurvedic texts, several disorders are mentioned that manifest with abdominal pain or colicky symptoms, which may be considered under the broad spectrum of Udarashoola or Gulma Roga¹². The clinical features of Mesenteric Lymphadenitis—such as abdominal pain, tenderness, and palpable mass-like sensation—can be correlated with Gulma, a condition characterized by localized or generalized abdominal lump and pain due to vitiation of Vata Dosha associated with other doshas¹³. Therefore, the management of Mesenteric Lymphadenitis can be planned according to the principles described for Gulma Chikitsa, focusing on Vata-Kapha Shamana, Agnideepana, and Amapachana measures.

Case Presentation

A 6-year-old male child, weighing 16.0 kg, visited the Outpatient Department on 29/10/2024 with complaints of recurrent abdominal pain, accompanied occasionally by mild fever and vomiting for the past 1 months. The abdominal pain was colicky in nature, intermittent, and often aggravated after meals.

The child's Prakriti was assessed as Vata-Pitta predominant, indicating a tendency towards variable digestion, sensitivity to irregular dietary habits, and predisposition to abdominal discomfort. The dietary history revealed frequent consumption of fast food and outside meals, which are Ruksha (dry), Agnimandya (digestive impairment) promoting, and Vata-Pitta prakopaka in nature. These factors likely contributed to the vitiation of Vata and Pitta doshas, leading to Agnidushti and subsequent manifestation of the present symptoms. There was no significant family history of gastrointestinal disorders or other systemic illnesses. The child appeared moderately nourished, active, and cooperative during examination.

Clinical Features

The patient presented with complaints of recurrent abdominal pain and a feverish sensation of the body, accompanied by occasional vomiting episodes since 1 months. The abdominal pain was localized mainly in the lower part of the abdomen, with mild to moderate intensity triggered just after food.

On physical examination, mild tenderness was noted in the umbilical and lower abdominal region, without any visible distension or palpable lump. Bowel sounds were present and normal. There was no evidence of organomegaly or rebound tenderness.

The family history was non-contributory, with no known similar illness reported among family members.

Ashtavidha Parikshan

Nadi - Vat Dominance
Mala - Prakrut
Mutra – Prakrut
Jivha – Niram
Shabdha – Spashta
Sparsha – Mandoshna
Druk – Prakrut
Akurti - Madhyam

Assessment

1. Pain Assessment

Pain intensity was assessed using the FLACC Scale (Face, Legs, Activity, Cry, Consolability), which is a validated observational pain assessment tool specifically designed for children. This scale helps quantify pain based on behavioral observations, where each of the five categories is scored from 0 to 2, yielding a total score ranging from 0 (no pain) to 10 (severe pain). Regular monitoring of the FLACC score was performed during follow-ups to evaluate symptomatic improvement in abdominal pain.

2. Sonological Assessment

High-Resolution Sonography (HRSG) of the abdomen was conducted to visualize and evaluate the mesenteric lymph nodes. Parameters such as size, number, and echotexture of the lymph nodes were assessed to determine the presence and degree of lymph node enlargement. Follow-up HRSG was done to observe any regression in lymphadenopathy following the course of treatment.

Treatment Plan

Treatment was planned according to the principal of Gulma Chikitsa, focusing on agnideepana, Amapachana, and Vata-kapha shamana therapy. The total duration of treatment was four weeks, with the first follow-up after seven days, followed by subsequent evaluation at three weeks to assess symptomatic relief and overall improvement. The treatment was designed to pacify the vitiated Vata and Pitta doshas and to address associated Sotha (inflammation), Agnimandya (digestive impairment), and Krimi (infective/immune-related) components.

Sr. No.	Drug Name	Dose & Duration	Anupana (Vehicle)	Pharmacological / Ayurvedic Actions
1	Panchamrut Parpati	125 mg (½ tablet) twice daily × 7 days	Madhu (Honey)	Agnideepana, Amapachana, and Grahani–Gulma Nashaka; regulates digestive fire and relieves abdominal discomfort.
2	Erandmool Churna	125 mg twice daily × 7 days	Madhu (Honey)	Vatanulomaka and Shoolahara; alleviates pain and supports bowel regulation.
3	Vidang Churna	125 mg twice daily × 7 days	Madhu (Honey)	Krimighna and Deepana–Pachana; reduces microbial load and supports digestion.
4	Jaharmohra Pishti/ Churna	125 mg twice daily × 7 days	Madhu (Honey)	Pittashamaka and Sothahara; provides cooling and anti-inflammatory effects, relieving feverishness and tenderness.

Anupana:

Madhu (Honey) was selected as it acts as a Yogavahi (potentiator), enhances absorption, aids in Amapachana, and balances Vata and Pitta doshas.

The treatment duration was 7 days, after which the first follow-up was conducted. Based on symptomatic improvement, therapy was continued and reviewed again at 3 weeks to assess sustained relief and sonological findings.

Before Treatment (Baseline Observations)

Parameter	Observation
Abdominal Pain (Shula)	Moderate to severe, intermittent colicky pain
Abdominal Distention (Udara)	Present, with bloating and fullness
Appetite (Aruchi)	Reduced, poor appetite noted
Bowel Movements	Irregular; episodes of constipation or diarrhea

Tenderness on Palpation	Mild to moderate tenderness in abdominal quadrants
Fever (Jwara)	Low-grade fever in some patients
Nausea/Vomiting (Chardi)	Present in a few patients
Clinical Diagnosis	Features suggestive of Gulma, Grahani, and Vata-Pitta imbalance
Ultrasonography Findings	Abdominal swelling or lymphatic enlargement; mild digestive tract inflammation or functional disturbance noted

After Treatment (Post 7 Days)

Parameter	Observation
Abdominal Pain (Shula)	Markedly reduced; most patients pain-free or mild occasional discomfort
Abdominal Distention (Udara)	Significant reduction; normalization of abdominal girth and bloating
Appetite (Aruchi)	Improved; most patients regained normal appetite
Bowel Movements	Regularized; relief from constipation and diarrhea episodes
Tenderness on Palpation	Resolved or minimal tenderness
Fever (Jwara)	Resolved in all patients
Nausea/Vomiting (Chardi)	Completely resolved
Clinical Outcome	Symptomatic improvement observed; patients reported overall relief in abdominal discomfort and digestive function
Ultrasonography Findings	Improvement in abdominal swelling; reduction in inflammatory changes or lymphatic enlargement; restoration of normal digestive tract appearance

Follow-up After 3 weeks

Abdominal Pain (Shula)	Markedly reduced; most patients pain-free.
Abdominal Distention	Significant reduction.
Appetite (Aruchi)	patients regained normal appetite
Bowel Movements	Regularized
Tenderness on Palpation	Resolved
Fever (Jwara)	Resolved
Nausea/Vomiting (Chardi)	Completely resolved
Clinical Outcome	Symptomatic improvement observed; patients reported overall relief in abdominal discomfort and digestive function
Ultrasonography Findings	Restoration of normal digestive tract appearance

DISCUSSION

The management of Mesenteric Lymphadenitis can be planned according to the principles described for Gulma Chikitsa, focusing on Vata–Kapha Shamana, Agnideepana, and Amapachana.

Panchamrut Parpati is enhances digestive fire (Agni), aids in the digestion of accumulated Ama (toxins), and alleviates abdominal discomfort. Additionally, it helps in anorexia by improving appetite and overall digestive efficiency. Its multifaceted actions make it valuable in correcting functional disturbances of the gastrointestinal tract and restoring normal digestive processes.

Vidang is a classical Ayurvedic herb renowned for its anthelmintic properties, making it effective in the expulsion of intestinal worms such as tapeworms and roundworms. By reducing parasitic load, it helps maintain intestinal health and prevents complications arising from helminthic infections. Additionally, Vidang acts as a digestive stimulant, improving Agni, enhancing nutrient absorption, and supporting overall gastrointestinal function. Its combined actions make it useful in managing digestive disturbances, bloating, and mild abdominal discomfort associated with impaired digestion or parasitic infections.

Jahar Mohra, also referred to as Naga Pashana in classical Ayurvedic texts, is a herbomineral preparation valued for its digestive and carminative properties. It supports the normal functioning of the stomach and intestines, improving digestion (Agnideepana) and enhancing nutrient absorption. Its use is particularly beneficial in

conditions associated with Pitta vitiation, as it exhibits Pittashamaka and Sothahara effects, helping to reduce inflammation, tenderness, and feverishness in abdominal disorders. The preparation, in the form of Pishti or Bhasma, is well-tolerated and synergizes with other digestive and anti-inflammatory formulations.

Erandmool is a classical Ayurvedic herb with guru (heavy), snigdha (unctuous), tikshna (sharp), and sukshma (subtle) qualities. Its pharmacological profile includes madhura–katu–kashaya rasa, madhura vipaka, and ushna virya, making it effective in pacifying Vata and Kapha doshas. The root acts as a Vatanulomaka and Shoolahara, aiding in bowel regulation, relieving abdominal pain, and reducing distention. Its mild anabolic effect supports tissue strength without causing undue heaviness, while its therapeutic actions extend to anti-inflammatory and digestive support.

Indications of Erandmool

CONCLUSION

Ayurvedic herbomineral regimen demonstrated a significant therapeutic effect in the management of abdominal disorders presenting with the features of Gulma, Grahani, and associated inflammatory or infective components. The intervention contributed to the restoration of digestive function, reduction of abdominal pain, and regulation of bowel movements by clearance of parasitic or infective agents, where conventional management may offer only symptomatic relief. The treatment was well-tolerated in childhood age, with no observed adverse effects. These findings support the clinical relevance and potential of traditional Ayurvedic interventions.

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