

**A CASE STUDY ON EFFICACY OF KUSHMANDA AVLEHA IN CHILDHOOD
KARSHYA****Prof. Dr. Priyanka Mehra*¹, Prof. Dr. Keerti Verma², Prof. Dr. Reena Dixit³**¹M.D Scholar, ²Head of Department, ³Prof. P.G
Department of Kaumarbhritya, Rishikul Campus, UAU, Haridwar.***Corresponding Author: Prof. Dr. Priyanka Mehra**

M.D Scholar Department of Kaumarbhritya, Rishikul Campus, UAU, Haridwar.

DOI: <https://doi.org/10.5281/zenodo.20021344>**How to cite this Article:** Prof. Dr. Priyanka Mehra*³, Prof. Dr. Keerti Verma², Prof. Dr. Reena Dixit³ (2026). A Case Study On Efficacy Of Kushmanda Avleha In Childhood Karshya. World Journal of Pharmaceutical and Medical Research, 12(5), 244–247.

This work is licensed under Creative Commons Attribution 4.0 International license.



Article Received on 05/04/2026

Article Revised on 25/04/2026

Article Published on 01/05/2026

ABSTRACT

Undernutrition is a major public health concern in many developing countries. It is estimated that about 21% of all global health impairments and 35% of deaths among children under five are linked to childhood undernutrition. A child's nutritional status serves as a key indicator of the overall health and well-being of a community. In Ayurveda, the condition of being underweight due to malnutrition is referred to as "Karshya." Individuals suffering from malnutrition often have weakened immunity, making them more vulnerable to infections and diseases. Ayurveda emphasizes prevention rather than merely treating symptoms. *Karshya* is classified as an *Aptarapanajanya Vyadhi* in Ayurvedic texts. Two primary contributing factors to its development are *Alpasana* (insufficient food intake) and *Vishamasana* (irregular or improper eating habits). These factors lead to disturbances in *Vata and Agni*, resulting in inadequate nourishment of the body. Classical Ayurvedic literature recommends managing *Karshya* through approaches such as *Nidana Parivarjana* (eliminating causative factors), *Mridu Samshodhana* (gentle purification), *Shamana* therapy (palliative treatment), and *Laghu Santarpana* (light nourishing diet), along with the use of medications rich in Madhura Rasa (sweet taste). Among these, *Kushmanda Avleha* has been selected as a therapeutic preparation for managing *Karshya*.

KEYWORDS: Malnutrition, *Aptarapanajanya Vyadhi*, *Alpasana*, *Vishamasana*, *Kushmanda Avleha*.**INTRODUCTION**

Malnutrition is known to be a major health risk problem for developing countries all over the world. *Karshya* is mentioned as *Aptarapanajanya vyadhis* in *Ayurveda*. The World Health Organization (WHO) defines malnutrition as "the cellular imbalance between the supply of nutrients and energy and the body's demand for them to ensure growth, maintenance, and specific functions."^[1] It covers imbalance, overnutrition, undernutrition, and specific deficiencies. Micronutrient deficiencies and protein energy inadequacy are the two main categories of malnutrition. Acharya Charaka classifies both extremely lean (*Karshya*) and excessively obese (*Medasvi*) individuals among the eight undesirable body types (*Ashtau-ninditiya*). In a person who is excessively lean, the buttocks, abdomen, and neck appear shrunken and wasted. The network of blood vessels becomes prominently visible, and the body is reduced almost to

just skin and bones. The joints also appear enlarged and knobby due to the severe lack of tissue^[2] Acharya Shushruta states that Rasa-dhatu determines whether a body is fat or lean^[3] The World Health Organization states that malnutrition is a worldwide issue that negatively impacts population group advancement, health outcomes, and survival.^[4] India is a developing nation where population growth, poverty, ignorance, and lack of education are the main issues that prevent many children from receiving food on a daily basis.

MATERIALS AND METHODS**Basic Information of Patient**

Name: Neha (Not real name)

- Age: 4 years
- Sex: Female
- Address: Haridwar (Uttarakhand) India
- Socio-Economic Status: Lower-Middle class

Presenting Complaints

A girl child of 4 years of age came to OPD with her mother with the complaints of poor appetite, poor weight and height gain, irritability and reduced physical activity since last 6 months.

History of Presenting Complaints

According to the patient's attendant, the patient was asymptomatic until about six months ago. She then gradually became irritable, followed by a decrease in appetite, which led to poor weight gain and stunted height growth. She also frequently experiences fatigue during physical activity. Although she received treatment, no improvement was observed. With these concerns, the patient presented to our hospital on 15 October 2025 for further management.

Past Medical & Surgical History: Typhoid (-), TB (-).

General Examination

GC: Average
Build & Nutrition: Not good
Pallor: Mild pallor seen
Cyanosis: Absent
Clubbing: Absent
Lymph Node: Not Enlarged
Hairs: Dry, thin hairs
Scalp: Normal
Skin: Dry
Nails: Pale coloured

Anthropometry

Weight: 15.85 Kgs	Expected weight: 16kgs
Height: 103 cms	Expected height: 101cms
MUAC: 11.6 cms	Expected MUAC: > 12.5cms
H.C.: 48cms	
C.C.: 54cms.	

Vital Signs

Temperature: 98.10F
Pulse Rate: 84/min
Respiratory Rate: 26 /min
SpO2: 98%

Birth History

Antenatal History: Uneventful

Natal History: Full term normal vaginal delivery of 3 kgs birth weight and immediate cried after birth.

Post Natal: not any history of jaundice, fever and convulsions.

Development History: Appropriate for age

Immunization History: Done till date (as per UIP)

Dietary History

Type of diet: Mixed
Qualitative: Vegetables, Pulses, Rice, Milk, Chapati.
Quantitative: milk 150ml twice a day and 1/2 bowl of Pulses or vegetable with rice,
1.5 chapati in a day and sometimes fruits.

Family History

No H/O consanguineous Marriage
Nuclear Family No. of Siblings: 01 (1yr and 5 months old Younger brother- healthy)

Personal History

Appetite: Reduced
Bowel Habit: Regular
Consistency of Stool: Wellformed
Micturition: Day- 2-3 times; Night 1-2 time
Physical Activity: Sedentary
Sleep: Sound
Addiction: Not any

Systemic Examination

Systemic examination showed that all the systems are within normal limits.

Investigations

Hb: 11.4 gm/dL
T.L.C.: 11,000/ mm³
D.L.C.: N-58%, L-36%, E-3%, M-8%, B-0%.
ESR- 10mm in first hr.
Serum Protein :5.8 gm%
Serum Albumin: 3.5 gm% Serum Globulin: 2.3gm%
A:G ratio: 1.52
LFT: Serum Bilirubin: Total: 0.5 mg%;
Direct:0.3mg%

Asthavidha Pariksha

Nadi: Vata pradhan
Mutra: Pitabh
Mala: Niram Jivha: Alipta
Shabda: Spastha
Sparsha: Ruksha, Samsheetoshana
Drikka: Samanya
Aakriti: Krishna

Dashvidha Pariksha

Prakriti: Vata pradhana kaphapittaj
Vikruti: Dosha- Vataj; Dushya- Rasa, Mansa & Meda
Sara: Madhyam
Samhanan: Madhyam
Pramana: Madhyam
Satmaya: Madhyam
Satva: Madhyam
Aaharshakti: Abhyavaran
Shakti: Avara; Jaran Shakti Avara Vyayamshakti Avara
Vaya: Annada Avastha

Samprapti Ghataka

Dosha: Vataj
Dushya: Rasa, Mansa, Meda
Srotosa: Rasavaha, Mansavaha & Medavaha
Adhithana: Sarva Sharira
Srotodushthi: Sanga
Agni-Dushti Prakara: Vishmagni

Diagnostic Parameter

Parameter	Grade(0)	Grade(1)	Grade(2)	Grade(3)
Daurbalya (Weakness)	Very Active	Active	Reduced Activity	Marked reduced activity
Aruchi (Loss of Appetite)	Normal diet intake, child himself ask food	Child ask for food but not take adequately	Reluctant to food	Reluctant to food considerably even by force
Mandchestha (Reduced Physical Activity)	Full active and playful	Playful on active commands	Less playful	Lethargy
Dhamani Jaal Darshana	Not visible easily	Visible on pressure	Visible without pressure	Visible & prominent without pressure
Shushyati (Poor Weight Gain)	Weight as expected to age	Weight >80% of expected weight	Weight b/w 80% 70% of expected weight	Weight b/w 70% - 60% of expected weight
Irritability	No irritability only	Irritable with reasonable cause only	Irritable without reasonable cause	Irritable without reasonable cause & cannot be helped by parents counselling
Sthoola Parva	Deeply seated with extra fat	Covered	Prominent	Relatively look larger

Final Diagnosis: Karshya

Treatment Protocol Drug given: Kushmanda Avleha

Dose: .6gms (twice a day)

Duration: 60 days

Assessments: 4 assessments at an interval of 15 days

Follow ups: 2 follow ups at an interval of 15 days without medicine

Route of Administration: Oral route

Sahpaana: Ushna Jal

OBNSERVATION

Evaluation of patient for 60 days on the basis of following parameters

Sr.No.	Target Symptoms	During Trial					A.t 15 th and 30 th day
		Baseline	15 th day	30 th day	45 th day	60 th day	
1.	Daurbalya and Mandchestha	3	3	2	2	1	1
2.	Aruchi	2	2	1	1	0	0
3.	Dhamni Jaal Darshan	1	1	1	0	0	0
4.	Shushyati (Poor Wt. Gain)	1	1	1	1	0	0
5.	Nidra	0	0	0	0	0	0
6.	Sthoola Parva	1	1	1	1	0	0
7.	Mala Vibandhata	0	0	0	0	0	0
8.	Weight for age (kgs)	15.85	15.85	16.5	16.5	17	17
9.	Height for age (cms)	103	103	103	104	104	104
10.	Mid arm circumference (cms)	11.6	11.6	11.8	11.8	11.8	12
11.	Hb%	11.4 gm/dl	-	-	-	11.9gm/dl	-

DISCUSSION

The patient was monitored over a period of 60 days while undergoing the prescribed *Ayurvedic* treatment. Based on the grading of the selected parameters, the following observations were noted: there was a gradual increase in body weight along with a significant improvement in appetite. Their parents also reported noticeable improvement changes in their behavior. Additionally, there was a marked reduction in fatigue during physical activity.

There is an increasing demand for a dependable, safe, and economical *Ayurvedic* formulation for managing *Karshya*. In this regard, *Kushmanda Avaleha*, as

described by *Acharya Shrangdhar*, has been selected for study due to its broad therapeutic potential. Its formulation contains multiple ingredients that exhibit immunomodulatory, hepatoprotective, anti-inflammatory, stimulant, digestive, and carminative properties, all of which help in interrupting the pathogenesis (*Samprapti*) of *Karshya*.

Kushmanda possesses *Kapha-Vata* pacifying, *Medhya* (cognitive enhancing), *Balya* (strength-promoting), *Brimhana* (nourishing), and *Deepana* (digestive-enhancing) qualities, thereby aiding in the digestion of *ama* and improving *agni*. *Pippali* acts as *Deepana* and *Pachana*, functions as a *Rasayana*, enhances nutrient

bioavailability (*Yogavahi* effect), supports weight gain by improving metabolism, and helps balance *Vata* and *Kapha*. *Sunthi* serves as a strong digestive stimulant, alleviates ama, enhances appetite, and reduces *Kapha* and *Vata*.

Shveta Jiraka promotes digestion and absorption, reduces bloating and gas, and supports proper tissue nourishment (*Dhatu poshana*). *Tvak* stimulates appetite, improves circulation and metabolism, and enhances *ojas*. *Ela* acts as a carminative and digestive agent, contributes to nourishment, improves taste perception, and mildly balances all three doshas. *Tejpatra* aids digestion, provides strength, reduces ama, and supports nutrient assimilation. *Maricha* has potent *Deepana-Pachana* properties, enhances absorption, and clears bodily channels (*Srotoshodhana*). *Dhanyaka* works as a mild digestive and cooling agent, balances *Pitta*, and supports metabolism without increasing heat.

Together, these pharmacological properties suggest that *Kushmanda Avaleha* can effectively address the pathogenesis of *Karshya* by improving digestion and metabolism, enhancing tissue nourishment, and supporting immune function. Hence, it shows promise as a safe and cost-effective therapeutic option for children with nutritional deficiencies.

CONCLUSION

After a 60-day clinical evaluation with *Kushmanda Avleha*, the patient experienced approximately 90% improvement. Noticeable progress was observed in both subjective symptoms and objective parameters. The properties of *Kushmanda Avelha*, as described earlier, likely acted at different stages of the disease process, thereby alleviating *Karshya*, promoting weight gain, and enhancing overall nourishment of the body.

REFERENCES

1. <http://www.reseachgate.net/publication/272159339>.
Review on *Karshya* (Nutritional disorder in Ayurveda) and Malnutrition, Authors:- Pravin Masram, Virendra Kumar Kori, Ks Patel, Rajagopala Shrikrishna, Article date, 2015; 7 june.
2. Charaka Samhita Savimarsh Vidhyotani Hindivyakhyopeta Pratham Bhaag by Kashinath Shastri & Dr Gorakhnath Chaturvedi Chaukhamba Bharti academy Varanasi 2014.
3. Sushruta Samhita with Ayurveda Tatvasandeeepika part 1 Hindi commentary by Kaviraj Ambikadutt Shastri, Chaukhamba Sanskrit series, Varanasi edition reprint 2016.
4. Malnutrition- World Health Organization; <https://www.who.int>.