

A Case Study of *Vamanatwa* w.s.r. to Short Stature in Children

Rutu V. Patel¹, S. Rajagopala² and S.N.Gupta³

¹Department of Kaumarabhritya, J. S. Ayurveda Mahavidyalaya, Nadiad, Gujarat, India

²Department of Kaumarabhritya, I.P.G.T. & R.A., Jamnagar, Gujarat, India

³Department of Kayachikitsa, J. S. Ayurveda Mahavidyalaya, Nadiad, Gujarat, India

Abstract

Normal growth and development of the child depends upon the environmental factors and genetic endowment. Environmental factors are divided into two categories, one is the proper nutritional supplementation and the other is the child's diseased condition. If the child does not get proper nutrition and disease free condition then the child cannot achieve proper growth, the reason behind this condition is the indigestion of the food taken by child. Short stature is considered as the height of the child is below 3rd percentile. According to Ayurveda, *Vamanatwa* is related with *VatikaNanatmajaVikara*. In the present case of short stature, the patient was found having the *Ajeerna*, the treatment given was only related to *Ajeerna* and the child started to gain height. During the whole course of treatment child gained a total of 14 cm of height along with subsidence of other symptoms. This particular case study shows the importance of Agni, and management of *Ajeerna* in disease manifestations.

Keywords

Vamanatwa, Short stature, Ajeerna, Children



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INTRODUCTION

Vamanatwa is a condition that is mainly caused by vitiation of *VataDosha* and it is described among one of the eighty *VatikaNanatmaja Vikara*¹. According to *CharakaSamhita* two types of diseases develop in the body, one is *Samanyaja* and the other is *Nanatmaja*¹, and *Vamanatwa* is explained under *VatikaNanatmajaVikara*. The *UdbhavaSthana* of *NanatmajaVikara* is *Pakvashaya*². The word short stature is considered when the height of the child is below 3rd percentile³. Short stature may be either proportionate or disproportionate. Familial short stature, constitutional delay in growth, nutritional dwarfism, chronic visceral disorders, endocrine disorders and psycho-social short stature are the causes of proportionate short stature. This condition can be correlated with *Vamanatwa*.

The treatment described in *Samhita* that the vitiated *Vata* should be treated with the drugs having *Madhura*, *Amla* and *Lavana Rasa*, *UshnaGuna* and by procedures such as *Abhyanga*, *Swedana*, *Aasthapana* and *Anuvasana Basti*⁴.

CASE REPORT

A 13 year old girl child came here in the OPD of Kaumarbhritya Department (Name

of Institute) on date 26/06/12 with the complaint of not achieving height according to the age. She also complained of impaired appetite and already consulted a modern hospital for the same. She was advised to take hormonal therapy for one year after which she may achieve one centimeter height per year.

On physical examination, she was 135 cm in height (expected height to her age is 155 cm⁵) and 31 kg in weight (expected weight 32 kg), had pallor with facial puffiness. No evidence of icterus, cyanosis, clubbing or lymphadenopathy was seen. On systemic examination, the abdomen was distended without any hepato - splenomegaly.

Biochemical investigations of Hb – 10 gms%, PCV – 31.3%, RBCs – 18 mil/cumm, S. TSH – 1.68, T₄–74.10 nmol/L, FSH – 2 mIU/ml. X-ray left hand (AP vie) showed epiphyseal base of 1st metacarpal as not fused, corresponding bone age is less than 14.9 +/- 1.7 years.

The treatment details are as below:

The medicines given were *KumarakalyanaGhrita* and Liv-52 tablets for one month on date 26/06/2012, but she

had not gained height at the time of follow-up. Later the medication was changed to *MaharasnadiKwatha* and Liv-52 tablets from 10/07/2012 to 29/12/2012. The rationale here is *Vamanatwa* is indicated in *Phalashruti* of *Maharasnadi Kwatha*⁶ and Liv-52 tablets were given for impaired appetite. With this intervention, she gained only 2 cm of height within a period of four months. At this time she had complaint of recurrent pain in abdomen, nausea and stool passed after taken meal since 2 months. On examination it was found that pain was perceived in epigastric region and USG abdomen (25/12/12) was normal. There was no improvement in short stature.

Table 1 Showing Growth chart of height:

Increasing in Height	26/6/12	10/07/12	18/08/12	27/10/12	29/12/12	13/4/13	08/06/13
	135cm	135 cm	137 cm	137 cm	137 cm	139 cm	140 cm
	27/07/13	10/09/13	14/11/13	27/01/14	15/03/14	26/04/14	16/08/14
	142 cm	143 cm	145 cm	146 cm	147 cm	148 cm	149 cm

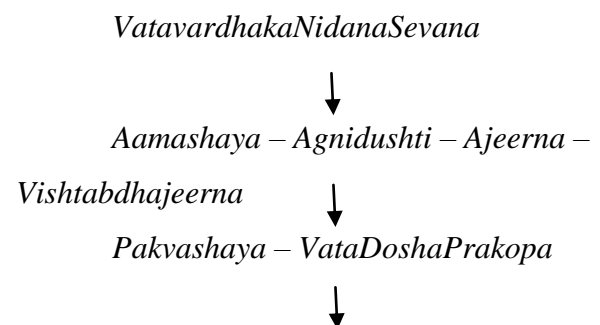
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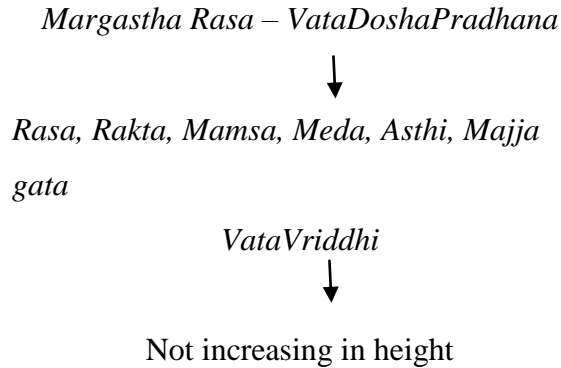
Probable Pathology of *Vamanatwa*:

Due to *VatavardhakaNidanaSevana*, it creates *Agnimandhya* and *Vatadosha Prakopa*⁷. The *Margastha Rasa* generated in such condition is *VataDoshaPradhana* and this *VataPradhanaMargastha Rasa*

On follow up (29/12/12), considering the state of *Ajeerna*, therapy was started with *Haritaki* and *Sunthi Churna* each 500 mg three times a day with warm water and *Haritaki* tablets 3 nos. at night with warm water at bed time. In the very next follow up (13/4/13) she had no complaint of abdominal pain and also gained a height of 2 cm. The same treatment regimen was continued for next one year. During this period, she gained a total of 9 cm height. Then again *MaharasnadiKwatha* was reinstated in the treatment regimen from 15/03/14, as she had no complaints of *Ajeerna*.

nourishes all *Dhatus*, responsible for not increase in height.





Probable mode of action of drug:

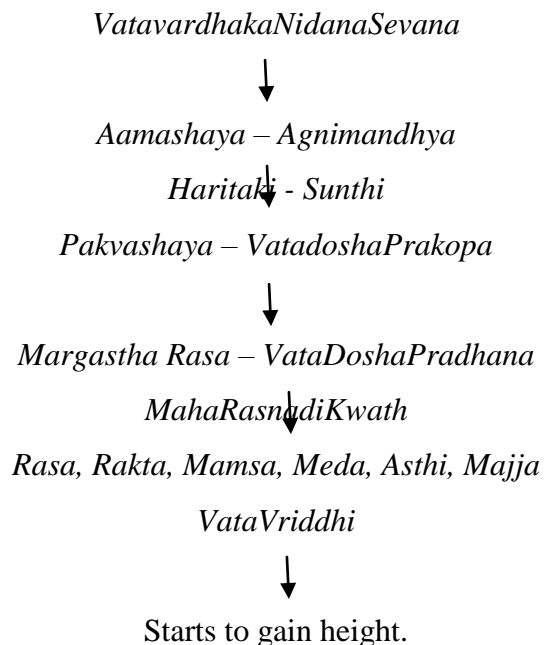
The physical condition of *Vamanatwais* included under *VatikaNanatmajaVikara*, and hence the treatment also should be initiated with *VatashamanaAushadhi*. But in the state of *Ajeerna* – indigestion, *Aushadhi* should not be given in the *AgnimandhyaAvastha* because it cannot digest the medicine and not give the required therapeutic effect⁸.

Increasing in the height depends upon proper formation and circulation of *Rasa Dhatu* because *Rasa Dhatu* nourishes all *Dhatu*.

In the condition of *Ajeerna*, the *Margastha Rasa* (*Aahara Rasa*) and *Kitta* are not separated properly and due to this *AaharaRasa* is not able to give nourishment to all the following *Dhatu*. *ApakvaAahara Rasa* creates *Srotorodha*. *Sunthi Churna* worked as *Deepana Pachana*⁹ and *Haritaki* given for *Doshanulomana*¹⁰. These *Dravyas* are used as *Aahara Dravya*¹¹, as *AaharaDravyas* are *Satmyato* the body and

give quick response. Once the *DeepanaPachana* and *Doshanulomanam Karma* are established, the ingested diet gets easily digested by *Agni* and also reduces the *Srotorodha*, leading to proper *Rasa Dhatu* formation and able to nourish other succeeding *Dhatu*.

After this *Srotoshodhana*, specific disease treatment started with *MaharasnadiKwath* which is indicated in *Vamanatwa*. When the pathway is clear, this decoction easily reaches to the *Samprapti* and starts *SampraptiVighatana*, viz.



CONCLUSION

Vamanatwa is included in *VatikaNanatmajaVikara*. It is considered that *VatashamanaAushadhi* gives relief in

VatikaNanatmajaVikara, but in the condition of *Ajeerna*, *Aushadhi* cannot reach to the target site and break the process of *Samprapti*. So, first *Ajeerna* should be treated and once *Agni* is in its proper state and formation of *Dhatu* are made properly, then the specific medicines for specific disease are to be introduced i.e., *VyadhiprashamanChikitsa*. Normally the girl child gains 7 - 9 cm height per year during the adolescence age¹². In this case, the girl has achieved 14 cm height within 2 years by Ayurvedic treatment.

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