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Pharmaco-Therapeutic Study Of *Tankadi Yog (Kalpit Yog)* In The Management Of *Karshya* W.S.R. To Malnutrition.

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ABSTRACT: When body unable to get the proper diet and healthy food stuff that condition of body is termed as Malnutrition. A malnourished person finds that their body has difficulty doing normal things such as growing and resisting disease. Physical work becomes problematic and even learning abilities can be diminished. For women, pregnancy becomes risky and they cannot be sure of producing nourishing breast milk. In some cases, malnutrition is very mild and causes no symptoms. However, sometimes it can be so severe that the damage done to the body is permanent, even though you survive. Malnutrition continues to be significant problem all over the world, especially among children. Poverty, natural disasters, political problems, and war all contribute to conditions even epidemics of malnutrition and starvation, and not just in developing countries. Malnutrition also causes due to weak immunity. Main aim of the study is evaluate the efficacy of “Tankadi Yog” as internal medicine in the management of *Karshya*. It is randomized control clinical trial. The study was conducted on 40 clinically diagnosed Patients of *Karshya*. They are randomly allocated into two groups after screening. Group-A(Tankadi Yog), Group-B(Manoll Syrup as a standard drug). Observation & result assessed on the basis of difference in the score of sign and symptoms. All the details regarding the study are further detailed. There are many drugs mention in classical books of ayurveda for *Karshya*. One of them is Tankadi Yoga.

Keywords: *Tankadi Yog, Malnutrition, Karshya, Manoll Syrup.*

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INTRODUCTION

Ayurveda is the traditional science of medicine practiced in India since centuries. It is the science for long life which cures not only disease but also teaches how to live healthy & prevents the disease.

India is one of the quickest developing nations regarding populace. Remembering populace of 1139.96 million (2009) and developing at 10-14% yearly from (2001-2007). Its monetary status has been ordered as low-pay nation. Furthermore, its lion's share of populace is at or beneath destitution line. The blend of developing populace and low financial development rate prompts MALNUTRITION. The wellbeing of the country relies upon the soundness of its residents. Furthermore, the new up and coming medical issues are additionally anticipating their answer. To defeat these issues he needs to keep his body and psyche

solid and sound. The nourishing prerequisite of human body mirrors the dietary admission important to keep up ideal body work and to meet the body

every day vitality needs. Lack of healthy sustenance is assessed to add to more than 33% of all youngster passing's, Malnutrition is characterized as "a condition of nourishment where an insufficiency or overabundance of vitality, protein and micronutrients causes quantifiable antagonistic impacts on body structure (body shape, size and organization) and clinical result". At the worldwide level, a science and innovation activity is required to take care of the recorded issues, for example, expanding food costs, monetary downturn, expanded rivalry for characteristic assets and environmental change. Ayurveda is basically founded on

preventive viewpoint first instead of corrective.

Ayurveda, the study of life, proposed numerous *Siddhantas* (standards), one of the most significant standards is the three factors that is *Aahara* (diet), *Nidra* (rest) and *Brahmacharya* (chastity), are referenced as three *upastambha* (sub supporting columns) in Ayurveda keeping up the wellbeing. *Aahara* is the principal column which legitimately influences the wellbeing and brain by changing in diet propensities which may cause issues identified with stomach related plot and other arrangement of body.

As indicated by Ayurveda both *Ati-krish*¹ (Lean and slenderness) people and *Ati-sthul* individual are depicted under *Ashta-ninditiya Purusha*² (eight awful people) and both are consider under ailing health. *Ati-krish* can be connected with under-nourishment. Under-nourishment is a condition where there is deficient utilization, helpless assimilation or over the top loss of supplements. *Karshya* is dietary issues portrayed in Ayurveda and it is identified with under-sustenance. *Karshya* is an *Aptarpana janya vadhyi* (malady caused due to under sustenance) in which Vata dosh assumes a significant job in the pathogenesis alongside vitiated pitta,

particularly *pachak pitta* which prompts *Agni dushti* and undernourished *Dhatus* prompting *Anuloma-kashya* (*Karshya*).

Vyadhi-Sambhavaja Phakka portrayed by *Kashyap* is a condition of hunger because of complication of ailment *Balashosha* (Emaciation) and *Kshiraja Phakka* (lack of healthy sustenance due vitiated bosom milk) are nourishing insufficiency issue referenced by *Acharya Vagbhata*. Thus, *Parigarbhika* ailment creates is a condition of hunger because of vitiated bosom milk kids subsequent to taking pregnant mother feed. All the infection depicted in Ayurveda writings is identified with one another and conceivable to connect to ailing health like protein vitality unhealthiness. The World Health Organization (WHO) characterizes PEM as scope of obsessive condition emerging from unplanned need changing extent of protein and calories, happening generally visit in babies and small kids, and usually connected with disease.

As per Ayurveda, *nidan parivarjan*, *ausadhi* and *aahar* are capable to converse or break the *Samprapti* is ideal. The old creators have perceived the significance of home grown prescriptions; also, home grown drugs are having a fundamental job in wellbeing. They have concentrated on the plants and their arrangements for

conservation of wellbeing and fix of ailment. In this investigation an exertion is made to concentrate on *bal-karshya*. The study was planned to clinically evaluate “TANKADI YOG³” for their *brumghan* effect on *balkarshya*.

AIMS AND OBJECTIVES:

Clinical to know the efficacy of *Tankadi yog* in the management of *Karshya* (Under nutrition child)

MATERIAL & MATHODS:

Material and methods are discussed under following headings:

1. Collection of drugs
2. Preparation of Medicine
3. Counseling & Consent
4. Selection of Cases – inclusion & exclusion criteria
5. Administration of Drug
6. Follow- ups
7. Examination

ETHICAL APPROVAL & REGISTRATION OF TRAIL

- Ethical Clearance No. –
DSRRU/UCA/IEC/18-19/147

COLLECTION OF DRUGS

- Drug (Tanka, Shringatka) were collected by the scholar himself.

- Drugs are collected from Jodhpur.

PREPARATION OF MEDICINE

• INGREDIENTS

1. *Shringataka Flour*: 2.5 Kg
2. Tank Juice: 10 ltr.
3. Ghee: 1 Kg
4. Sugar: 10 Kg

METHOD

*Singhada*⁴ (*Trapa bispinosa Roxb.*) Flour & *Naspatti* (*Pyrus communis Linn.*) Fruit bought from local market of Jodhpur. First of all, iron cauldron was taken in which *Singhada* flour was baked with ghee. Meanwhile, Tanka juice and sugar were mixed well in different pan so as to convert them into *chashni*.

Paka Examination: (i) It will start fragrance. (ii) It would be taken between two fingers, result will be known by moving thumb in upside direction, if it comes to two layered *chashni* (2 taar) then it is ready for drug preparation. Then baked *Singhada* flour was mixed well into *chashni* to make them into *gudapak*, kept on moving scoop until it gets into thick form, after then it was kept for sometime to get it cold. Lastly, cold *gudapak* was sieve with sieve shaker to make them into granules. Granules were kept in Tray dryer with 25°C - 60°C

temperature for 24 hours. After 24 hours, Powder is ready. These all were prepared in the Pharmacy of Dr. S. R. Raj. Ayurved University Jodhpur. drugs were packed in air tight box and stored in OPD of *Dravyaguna* Department.

Counseling And Consent

All the volunteers that were interested to participate in present study were counseled. The purpose and procedure of research work was properly instructed to them. A well written consent was given to interpret and signed properly.

SELECTION OF CASES

The study was conducted on 40 clinically diagnosed patient of *Karshya*. The selection of patients will be made from OPD/IPD of Dr. Sarvepalli Radhakrishnan Rajasthan Ayurveda University, Jodhpur, voluntarily.

Inclusion Criteria:

1. Age: - 1-12 years
2. Sex: - both male and females
3. Religions: - all
4. Socioeconomic status: - all

All Essential Inclusion Criteria:

Grade – I 71 – 80% of normal weight

Grade – II 61 – 70%

Grade –III 51 - 60%

Grade – IV < 50% (without any complications)

BMI - Normal- 18.5-22

Mild - 15-18.5

Moderate - 13-15

Severe- < 13

Exclusion Criteria:

Patient associated with,

1. Any secure systemic illness
2. Children below 3 years Secondary malnutrition
3. Congenital Diseases Inborn Errors of Metabolism

ADMINISTRATION OF DRUGS

1. 40 clinically diagnosed and registered patient of *Karshya* was selected.
2. *Tankadi Yog (Kalpit yog)* was given to group A and Manoll Syrup was given to group B.

| Particulars | Group A | Group B |
|----------------|---------------------------------|--------------|
| Drug | <i>Tankadi Yog (Kalpit Yog)</i> | Manoll Syrup |
| Dose | 500mg /kg/day BD | 1-2 TSF BD |
| No. of patient | 20 | 20 |
| Duration | 45 Days | 45 Days |
| Anupan | Milk | Milk |

Duration Of Clinical Trial And Follow Up Study

All patient were followed up weekly for 1.5 month.

EXAMINATION

40 cases were subjected through examinations. Complete *Dashvidha Pariksha*, General, Systemic and Local examination were done and findings were noted. *Dashvidha Pariksha: like Prakriti, Vikriti, Saara, Samhanana, Pramana, Satmya, Sattva, Aharashakti, Vyayamashakti, Vaya* were by interrogation and observation.

General Examination: Complete general examination like general condition, nutritional status, height, weight, icterus,

oedema, tongue, clubbing, cyanosis, lymphadenopathy, thyroid, temperature, pulse rate, respiratory rate and blood pressure was performed and noted.

Grouping & Administration of drugs:- 40 clinically diagnosed and registered patients of Malnutrition (*Karshya*) will be divided randomly in following two groups:

1. **Group-A (Trial Group)**- 10 registered patients of *Tankaadi yog* was given to the patients 500mg /kg/day in 2 divided doses with milk.
Duration – 45 days.
2. **Group-B (Trial Group)**-10 registered patients of Syrup Manoll was given to the patients 1-2 TSF BD with milk.
Duration – 45 days.

1) Trial Drugs- *Tankadi yog*:

Table Showing contents of *Tankadi Yog:-*

| Sr. No | Sanskrit name | Latin name | Used part | Quantity |
|--------|---------------|-------------------------------|-----------|---------------------|
| 1. | Tank | <i>Pyrus communis(Linn.)</i> | Fruit | 1 |
| 2. | Shringataka | <i>Trapa bispinosa(Roxb.)</i> | Fruit | 1 |
| 3. | Cheeni | | | Quantity sufficient |
| 4. | Ghee | | | Quantity sufficient |

Criteria for assessment-

Diagnosis was done on the basis of grading in these symptoms:-

Subjective Criteria:

1. Fat deposition on gluteal, abdominal & neck region
2. *Dhamani Jala*
3. *Darshana Sthula*
4. *Parva*
5. Appetite
6. Sleep
7. Appearance
8. *Daurbalya*

Manasa Bhava like

1. *Krodha*
2. *Shoka*
3. *Harsha*
4. *Bhaya*
5. *Shrama* - physical & mental Fatigue

The following pattern was adopted for the scoring as per previous research work.

1. Assessment of therapy did on a clinical Performa.
2. The result thus obtained had tabulated statistically and analyzed scientific critics.
3. Signs and symptoms of *Karshya* had given various gradations as per marking scheme, after completion of the course

of the treatment; the result assessed on the basis of difference in the score of sign and symptoms. Stage of the disease and overall improvement had taken into consideration while scoring. Investigations were done to evaluate healthy status & exclude other pathology according to necessity.

OBSERVATION

Age: In present study shows that maximum no. of patients i.e. 19 (47.5%) were from 03-06 age group & 9(22.5%) patients were from 03-06 and 09-12 age group & rest of them 3 (7.5%) were from 06-09 age group.

Sex: In present study shows that maximum no. of patients i.e. 22 (55%) were female & 18 (45%) patients were male.

Religion: Present study reveals that maximum no. of patients was Hindu 40 (100%).

Habitat: Present study reveals that maximum no. of patients 24 (60%) were from Rural areas, 16(40%) from Urban areas.

Education status: Present study reveals that maximum no. of patients 31

(77.5%) were from Primary and 09(22.5%) from Play Group.

Dietary Habits: Present study reveals that in present clinical trial most of the patients were 27 (68%) vegetarian while, 13 (32%) patients were mixed.

Agni: Present study reveals that most of the patients 19 (47.5%) were having *Mandagni*, 18 (45%) were having *Vishmagni* and 3 (7.50%) were having *Samagni*.

Koshtha: Present study reveals maximum patients 5 (12.5%) were having *Madhyama koshtha*, 31 (77.50%) patients were having *Krura koshtha* and 4 (10%) patients were having *Mridu koshtha*.

Nidra: Present study shows that maximum no. of patients i.e. 31 (77.5%) were having *Ati nidra*, 5 (12.50 %) patients were having *Samyaka nidra* and 4 (10 %) were having *Alpa nidra*.

Sharira Prakriti: Present study reveals that indicates maximum 27 (67.5%) patients were having *Vata- pittaja Prakriti* followed by 9 (22.50%) patients were having *Vata- kaphaja*

Prakriti while 4 (10%) patients were having *Kapha-Pittaja Prakriti*.

Manasika Prakriti: Present study reveals that while assessing the *Manasika prakriti* of patients, it was observed that majority of patients 23 (57.5%) were *Tamaskia*, while 15 (37.5%) patients were *Rajasika* and same 2 (5%) was of *Satvika prakriti*.

Sara: Present study reveals that in present study maximum no. of patients 26 (65%) each were of *Avara sara*, followed by 9 (22.5%) of *Madhyama sara* and 5 (12.5%) each patient was of *Pravara sara*.

Samhanana: Present study reveals that maximum no. of patients 29 (72.5%) were having *Avara Samhanana*, followed by 8 (20%) were *Madhyama Samhanana* and 3 (7.50%) were categorized *Pravra samhana*

Satmya: Present study reveals that out of patients, 28 (70%) were on *Avara satmya* and 10 (25%) on *Madhyama satmya* and 2 (5%) were *Pravar satmya*.

Satva: Present study reveals that out of patients 33 (82.50%) were of *Avara satva* followed by 7 (17.5%) were of *Madhyama Satva* and 0 (00.00%) were of *Pravar Satva*

Ahara Jarana shakti: Present study reveals that maximum patients 31 (77.5%) were having *Avara Ahara jarana Shakti*, followed by 7 (17.50%) were having *Madhyama Ahara Jarana Shakti* and 2 (5%) were *Pravara Ahara jarana Shakti*.

RESULTS:

All the result was calculated by using Graph Pad Instate 3 Trial software:

| Comparisons | Nonparametric data | Parametric data |
|-------------------|---|-------------------|
| Intra group study | Wilcoxon matched-pair signed ranks test | Paired 't' Test |
| Inter group study | Mann-Whitney Test | Unpaired 't' Test |

The results were calculated as follows-

- Non-significant (NS) $p > 0.05$
- Significant (S) $p < 0.05$
- Very significant (VS) $p < 0.001$
- Extremely significant (ES) $p < 0.001$

INTRA- GROUP STUDY

Analysis of Subjective parameters reveals following points:-

Table: showing Effect of therapeutic trial on clinical symptoms in 40 patients of *Karshya* (Malnutrition) disease based on Intra Group comparison (Wilcox on matched-pairs signed-ranks test)

| Variable | Gro ups | “n” | Mean | | | Relief % | S.D. | S.E. | “p” | Result |
|--|---------|-----|------|------|------|----------|--------|--------|---------|--------|
| | | | BT | AT | X | | | | | |
| Fat deposition on gluteal, abdominal & neck region | A | 20 | 1.45 | 0.90 | 0.55 | 62.07% | 0.5104 | 0.1141 | <0.0001 | ES |
| | B | 20 | 1.4 | 0.65 | 0.75 | 46.43% | 0.5501 | 0.1230 | <0.0001 | ES |
| <i>Dhamani Jala Darshan</i> | A | 20 | 1.55 | 1 | 0.55 | 64.52% | 0.6048 | 0.1352 | <0.0001 | ES |
| | B | 20 | 1.2 | 0.55 | 0.65 | 48.83% | 0.4894 | 0.1094 | <0.0001 | ES |
| Sthula Parva | A | 20 | 1.30 | 0.70 | 0.60 | 53.85% | 0.5026 | 0.1124 | <0.0001 | ES |
| | B | 20 | 1.25 | 0.60 | 0.70 | 44.00% | 0.4702 | 0.1051 | <0.0001 | ES |
| Appetite | A | 20 | 1.65 | 1 | 0.65 | 60.61% | 0.4894 | 0.1094 | <0.0001 | ES |

| | | | | | | | | | | |
|---------------------------------|---|----|------|------|------|--------|---------|---------|---------|----|
| | B | 20 | 1.4 | 0.55 | 0.85 | 39.29% | 0.4894 | 0.1094 | <0.0001 | ES |
| Sleep | A | 20 | 1.65 | 0.90 | 0.75 | 54.55% | 0.5501 | 0.1230 | <0.0001 | ES |
| | B | 20 | 1.50 | 0.65 | 0.85 | 43.33% | 0.5871 | 0.1313 | <0.0001 | ES |
| Appearance | A | 20 | 1.60 | 0.75 | 0.85 | 46.88% | 0.4894 | 0.1094 | <0.0001 | ES |
| | B | 20 | 1.40 | 0.45 | 0.95 | 32.14% | 0.3940 | 0.08811 | <0.0001 | ES |
| Daurbalya (Weakness) | A | 20 | 1.95 | 1.00 | 0.95 | 51.28% | 0.3940 | 0.08811 | <0.0001 | ES |
| | B | 20 | 1.95 | 0.95 | 1.00 | 48.72% | 0.0000 | 0.000 | 0 | ES |
| Bhaya | A | 20 | 1.35 | 0.55 | 0.80 | 40.74% | 0.4104 | 0.09177 | <0.0001 | ES |
| | B | 20 | 1 | 0.35 | 0.65 | 35.00% | 0.4894 | 0.1094 | <0.0001 | ES |
| Fatigue | A | 20 | 1.60 | 0.80 | 0.80 | 50.00% | 0.09177 | 0.09177 | <0.0001 | ES |
| | B | 20 | 1.20 | 0.45 | 0.75 | 37.50% | 0.09934 | 0.09934 | <0.0001 | ES |

ABBREVIATION - BT: Before treatment, AT: After treatment, Diff.: Difference, S.D.: Standard Deviation, S.E.: Standard Error, P: P value, V.S.: Very Significant, S: Significant, E.S.: Extremely-Significant)

Effect of Therapy

➤ **Group-A** In Patient of Group-A showed statistically **Extremely significant** Result changes in all of the above symptoms.(P<0.0001)

➤ **Group-B** In Patient of Group- B showed statistically **Extremely significant** Result changes in all of the above symptoms.(P<0.0001)

Table: Showing the % Relief in Both Groups in Subjective parameters

| Subjective parameters | % Relief in Group-A | % Relief in Group-B |
|---|---------------------|---------------------|
| Fat deposition on gluteal, abdominal & neck region | 62.07% | 46.43% |
| Dhamani Jala Darshan | 64.52% | 48.83% |

| | | |
|-----------------------------|--------|--------|
| <i>Shutla Parva</i> | 53.85% | 44.00% |
| Appetite | 60.61% | 39.29% |
| Sleep | 54.55% | 43.33% |
| Appearance | 46.88% | 32.14% |
| <i>Daurbalya (Weakness)</i> | 51.28% | 48.72% |
| <i>Bhaya</i> | 40.74% | 35.00% |
| Fatigue | 50.00% | 37.50% |

- In Group-A patients shows up maximum relief percentage respectively in *Dhamani Jala Darshan* (64.52%) & Fat deposition on gluteal, abdominal & neck region (62.07%).
- In Group-B patients shows up maximum relief percentage respectively in *Dhamani Jala Darshan* (48.83%) *Daurbalya* (Weakness) (48.72%).

Analysis of Objective Parameters reveals following points:-

- **Group-A** showed statistically **Extremely significant** result in ESR($P < 0.0003$) and HB($P < 0.0001$), **Not Significant** result in TLC($P > 0.10$).
- **Group-B** showed statistically **significant** result in ESR($P < 0.0061$) and HB($P < 0.0351$), **Not significant** result in TLC($P > 0.10$).

Table: Showing the % Relief in Both Groups in objective parameters

| Subjective parameters | % Relief in Group-A | % Relief in Group-B |
|-----------------------|---------------------|---------------------|
| Haemoglobin | 57.84% | 55.37% |
| ESR | 56.17% | 51.28% |
| TLC | 119.66% | 116.39% |

INTER GROUP STUDY

Analysis of Subjective Parameters reveals following points:-

In inter group comparison, Non Significant result in all parameters i.e. *Dhamani Jala Darshan* (P=0.2429), Fat deposition on gluteal, abdominal & neck region (P=0.4480), Appetite (P=0.4932), Sleep (P=0.3612), *Shutla Parva* (0.4938), *Daurbalya*– weakness (less activeness) (0.4939), Fatigue (P=0.4930), Appearance (0.4518), Bhaya (0.4487).

Analysis of Objective Parameters reveals following points:-

In inter group comparison **significant** result in ESR (P value 0.0498), **Not Significant** result in TLC (P value 0.8350), HB% (P value 0.9516).

DISCUSSION

According to **Aacharya Charaka** *Ati Karshya* persons are described under *Ashtau- ninditiya* (eight despicable persons) along with over obese (*Ati Sthula*) person. According to **Sushruta**, lean and fattiness of body depends upon *Rasa-dhatu*⁵. An over lean person has *Shushka-sphic, udar, greeva*(dried up buttocks, abdomen, neck), *Dhamanijal santataha* (prominent vascular network),*Twagasthi shesho, Ati krusha* (remnant of skin and bone) and *Sthool parva* (thick joints). In Ayurveda no much description is found regarding *Karshya* especially in Children. Detailed information about *Karshyadhikar* is given in **Bhavprakasha** but *Chikitsa* of *Karshya* in children is explained by **Yogaratanakar** only. *Aahara Dosha* like *Alpashana* and *Vishamashana*⁶ ; *Vihara Dosha* like

Atishrama and *Manasika Bhava* like *Shoka*, *Bhaya*, *Krodha* are the main etiological factors for *Karshya*. *Karshya* is including whole of diseases which are undertaken malnutrition. Now-a-days malnutrition is classified according to weight, BMI, etc. *Karshya* can be a *Swatantra Vyadhi* and it also can be as a symptom or complication of other diseases. The *Samprapti of Karshya* is like this: *Nidana Sevana* → *Vata prakopa* → *Shoshita Rasadhātu* → *All Dhatu Utpati Alpa* → *Karshya utpati*. The Disease is assessed by Dietary History, Subjective Parameters – clinical signs, Anthropometry and Hematological & Biochemical Investigations. *Karshya* is an *Apatarpana Janya Vyadhi* So, its management is done by *Santarpana – Brumhana*. The management is done by *Aahara* like *Dadhi*, *Sharpi*, *Paya*, *Ikshu*, *Shali*, *Masha*, *Godhuma* (Curd, ghee, milk, sugarcane, rice, black gram, wheat), *gudavaikrutama* (Products of jaggery), *Snigdha & Madhura Dravya* (Sweet and unctuous food), *Sanskrita mansa* (Well-cooked meat); *Vihara* like *Sukha Shayya* (Comfortable bed) for sleep, *Priyadarshanama* (To live amongst the people and the environment one likes), *Tailabhyanga* (daily oil massage), *Snana* (bath) and *Manaso Nivrutti* (Relaxation of mind), *Chinta- Vyavaya – Vyayama virama*

(Keeping away from mental work, sexual intercourse and physical exercise). WHO has portrayed lack of healthy sustenance as a "worldwide issue ", effectly affecting the endurance well being execution and progress of populace gatherings. The impacts are of the most noteworthy request in the creating nations. The most critical in the preventive measures for this sickness is "nourishment instruction" which including great antenatal consideration, support to the moms to breastfeed the newborn children, reciprocal taking care of, enhancements ought to be blend of oats, protein-rich food sources and natural products, National Nutrition Programs and so forth. In Ayurveda, preventive measures for this illness are given like *Yatha-kala dosha-vasechana* (ideal waste of dosha), Regular utilization of *rasayana* (mass advancing) and *Vajikarana* (love potion) details, *Samadhur basti* (utilization of unctuous and sweet douche) and so forth.

Probable mode of action of *Tankadi Yog*:

Karshya is an *Apatarpana Janya Vyadhi* So, its management is done by *Santarpana– Brumhan*. *Brumhan Dravya* has *Parthiva* and *Apya Bhavas*. In *Karshya* Patients *Vata dosha* is *PrakuPitta* and so *Brumhana Dravya* which has *Parthiva* and *Apya Bhavas* are increased *Kapha* and decreased

Vata and thus decreased the disease. In present study, *Brumhana* therapy has been administered in the form of *Tankadi Yog*. *Tankadi Yog* also work as Immune modulator. In Ayurveda, the action of drugs is determined on Pharmacodynamics factors as *Rasa, Guna, Veerya and Vipaka* along with certain specific properties called *Prabhava* (Karma), which cannot be explained on these principles inherited by the drugs. These drugs in combination act as antagonist to the main morbid factors i.e. *Dosha and Dushya* to cause *Samprapti Vighatana* to all of the symptoms of the disease. On the basis of *Madhura Rasa: Madhura Rasa* by their *Brumhana* property, it works on a *karshya*, acts as a controller of pitta and kapha produce. On the basis of *Kashaya Rasa: kashaya Rasa* by their *Stambhana* properties, its works on *srotodushti*, acts as a controller of pitta and kapha produce. On the basis of *Guru Guna: Guru Guna* helps to increase the level of *Kapha*. And *Kapha* also helps to manage *karshya*. On the basis of *Vipaka: Madhura rasa have Madhura vipaka*.

Both drugs (*Shringataka* and *Tanka*) works on the basis of *Madhura Vipaka*.

On the basis of *Veerya: Sheeta Veerya* having *Kapha-Vata Janana*, and *Brumhana*

properties. So it's useful in *Samprapti Vighatana* (breaks the pathogenesis) of *Karshya* and reduces the symptoms of *Dhamani Jala Darshana*, Sleep, Apperance, *Daurbalya*.

CONCLUSION

Group-A (*Tankadi Yog*) shows 59.85% over all result and Group- B (*Manoll syrup*) shows 49.87% over all result. This result shows *Tankadi Yog* is better than *Manoll Syrup* for controlling symptoms and curing *Karshya Disease* (Malnutrition). Inter group comparison shows that there is no major difference in efficacy of trial drug. Finally on the basis of above result, it can be concluded that action as compared to administration of *Tankadi Yog* and also have better action in *Manoll syrup*. In overall assessment it has been found that *Tankadi Yog* have beneficial role for the management of Malnutrition as compare to *Manoll syrup*.

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