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CASE REPORT

Role of Matra Basti in Restoring Apana Vata Function in Pediatric Bowel Incontinence: A Case Study

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ABSTRACT

Bowel incontinence (encopresis) in children is characterized by recurrent involuntary passage of faeces after the expected age of bowel control, It may result from constipation, stool retention, behavioural, neurological, or anorectal factors and can adversely affect the child's psychosocial well-being and quality of life for this modern management includes bowel evacuation, stool-softening agents, scheduled toileting, behavioural modification, and psychological support which are having the poor results in retaining. *Trimalas* are explained in Ayurveda in that *Purisha* is one which formed by different Nyaya which are explained in classics mainly monitored by *Vata* to be specific *Apana vata*, vigunata of that leads to dysfunction in the bowel in those cases *Basti* is Shrestha chikista it's been said by acharyas *Vatasya* Shrestha *Basti* shrestam in paediatric *Matra Basti* is particularly relevant due to its Vata-pacifying action and therapeutic influence on Pakwashaya is the principal sthana of Apana Vata.[1-4] The case which reported with us having complaints of involuntary stool passage despite toilet training at the age of school going was treated with *Matra Basti*, *Guda Pichu* with *Ksheerbala taila* along with Shamana Aushadhis and counselling. Thus, here presenting the same case.

KEYWORDS

• Bowel Incontinence • Apana Vata • Feceas • Matra Basti

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INTRODUCTION

Bowel incontinence also known as faecal incontinence, is the involuntary passage of stool in a child who has surpassed the expected age for bowel control, leading to distress that can negatively impact the child's psychological well-being, social interactions, and academic life, which has reported prevalence rate of 1.6 to 4.4%.[5] This condition may stem from various factors, including functional, behavioural, neurological, or structural issues. In Ayurveda, normal defecation is primarily regulated by *Apana Vata*, which facilitates the proper downward movement and expulsion of *Purisha*. Disruptions in the functioning of *Apana Vata* and impaired control of *Purisha Vega* are key considerations in understanding bowel incontinence from an Ayurvedic perspective which should be treated by controlling the *Chala* and *Sara* guna of *Vata* aiming[6], thus the treatment is aimed in *Vata* controlling as well as proper functioning of *Vata*.

CASE PRESENTATION

A 9-year-old male child brought by parents with the complaints of involuntary passage of stool during both day time (most of the time) and night time (rarely) since 4 years of age. He had initially started passing stools unknowingly during night time at around 2 years of age, and the episodes persisted despite appropriate toilet training till the date the, the was revealed no any school stress and any mental disorders. child is having the history born preterm with a birth weight of 900 gms along with the delayed crying after birth which required them to go for required NICU admission for two months monitoring till the weight reached 1.6 kg and child had a history of neonatal jaundice as complication of low birth weight, in family his elder sibling is healthy, born full-term, and had no similar complaints. No other significant complaints were reported, and the child had achieved developmental milestones appropriately and was immunized as per schedule. On local examination, the anal sphincters were intact and tight with a small anal opening. The child was provided counselling regarding school-related concerns and the treatment was planned *Vidanga Arishta* for deworming, followed by *Matra Basti* as a Panchakarma procedure and shaman aushadhis while discharge.[7]

SAMPRAPTI

Prematurity, very low birth weight, delayed crying after birth, prolonged NICU stay, and neonatal illness may be considered background factors that could have influenced the normal development and functional regulation of the nervous system and bowel control. These factors may contribute to ***Apana Vayu Dushti***, resulting in involvement of ***Purishavaha Srotas*** and impaired regulation of ***Purisha Vega***. This may further lead to ***Daurbalya of Purisha Vega Dharana***, causing difficulty in voluntary retention of stool and ultimately resulting in ***Anicchita Purisha Pravrutti***, i.e., involuntary passage of stool.

TREATMENT

Table 1: Panchakarma procedure used along with oil used, dosage and duration

Treatment	Dose	Duration
Sthanika abhyanga with Ksheerbala taila f/b Nadi sweda	Required Quantity	7 days
Matra Basti with Ksheerbala taila	20ml	7 days
Guda Pichu	Required Quantity	7 days

Note: Kostashodhan is given by using Vidangarista for three days at bed time - 10ml diluted with water.

Shamana Aushadhis

Table 2: Shamana aushadhis used during procedure along with dosage, duration and anupana

Shamana aushadhis	Dose	Duration	Anupana
Saraswati Arishta	10 ml Bd	25 days	Along with normal water in diluted form
Syp Balachaturbhadra	5ml Od	25 days	Water
Syp Memtone	5ml Bd	25 days	Water

Note: Same treatment was followed for two times in the gap of 25 days along with shamana aushadhis while Advice on discharge.

DISCUSSION

Bowel incontinency is the most offendful event for school going children which hampers school performance and carries the mental trauma badly, it should be treated with proper line of treatment along with the proper follow up and counselling to the parents as well as child. the same aim of treatment is focused and treated accordingly with Ayurvedic management. The encopresis is mainly happens due to the vata vigunata specifically *Apana vata* as Karma says-*Sukra artava sakranmutra*

Garbha nishkraman kriya (Apana vata karma) *Basti* is Shresta chikista in treating the vata vikara as karma says -Vatasya *Basti* shrestam , By administration of Basti the *snayu*, *sira* and *kanadara* of *guda* Pradesh gets bala as simile is given how routes of tress absorbs the nutrition in the same way nourishment helps thereby it supports in normal stool retention and controlled evacuation. The taila used in *Basti* is *Ksheerbala taila* which is best vatahara property which combat the treatment principles after every panchakarma treatment 25 days gap has been planned in that counselling along with *shamana aushadhis* are given which aimed towards CNS in controlling bowel, GI system and *krimihara* property *vidangarista* given for three days before administration of *Basti* for three days which does the *kostashodhan*, krimihara property by which in terms helps in removing the krimi and enhances the *Basti* absorption other shaman aushadhis such as syrup Memtone and *Saraswata arista* helps in controlling sphincter by acting on CNS level[8] and syrup Balachaturbhadra told for atisara which can be considered in restricting the excess *Chala* and *sara* property of *vata* in *mala* and helps and restoring of it physiologically, the components used in Balachaturbhadra are best act as Deepana as well malashoshana which controls the atipravritti of *mala* hence results are aimed perfectly.[9]

CONCLUSION

The present case highlights the potential of an individualized Ayurvedic approach in managing paediatric bowel incontinence, linking the condition to Apana Vata dysfunction and helps in regulating of sara guna and atichala guna of vata which indirectly helps in *purisha vega* atipravritti and restoration of purisha takes. The patient underwent a treatment regimen that included *Sthanika Abhyanga* with *Ksheerbala Taila*, followed by *Bashpa Sweda* and *Matra Basti with Ksheerbala Taila* over seven consecutive days. Additionally, oral medications such as *Saraswata Arishta, Syrup Memtone* and *Syrup Balachaturbhadra* were administered. This multimodal strategy may help regulate *Apana Vata* and enhance bowel control, suggesting that Ayurvedic management could play a beneficial role in paediatric bowel incontinence. However, further systematic clinical studies are necessary to confirm its efficacy and safety.

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