

Integrating Ayurvedic Agni Modulation and Modern Appetite Pathways: Karvyadi Syrup in Paediatric Arocaka Cases

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Abstract

Karvyadi syrup rapidly restored appetite and weight gain in three Paediatric Arocaka cases (Ayurveda's selective anorexia equivalent) from Balrog OPD, targeting Jatharagni weakness, dosha blockage at Jihva-Hridaya taste centres, and neuroinflammatory hypothalamic suppression of hunger signaling. Arocaka represents profound food aversion despite intact taste perception, caused by dosha Sanchaya impairing Jatharagni (gastric fire) at tongue-heart axis receptors. This parallels modern neuroinflammation where cytokines (IL-1 β , TNF- α , IL-6) suppress NPY/AgRP hunger neurons, over activate POMC satiety pathways, and disrupt ghrelin-dopamine reward circuits. Three children aged 4-9 years with 15-day to 4-month anorexia histories received age-weight adjusted Karvyadi syrup (5-10 ml TDS pre-meals $\times$ 5 days with warm water). The polyherbal formulation featured Deepana herbs (Kaarvi, Jeerak), Sroto shodhana (Maricha), Grahi-Balya (Dadima, Draksha), Medohara (Vrukshamla), Yogavahi carriers (Madhu, Guda), and Anulomana (Sauvachala). All patients showed uniform rapid response: Day 3 marked spontaneous food requests; Day 5 demonstrated weight gains of 0.1-0.21 kg with complete fatigue resolution and appetite restoration. No adverse effects occurred. Karvyadi syrup potentially interrupts Arocaka pathogenesis through multi-pronged action: Deepana-Pachana clears Ama-Sanchaya, Maricha removes Margavarana at taste centres, Dadima-Draksha restore Agni-dhatu Poshana, while Vrukshamla addresses associated metabolic stagnation. This synergizes classical dosha correction with putative anti-inflammatory modulation of ghrelin-responsive hypothalamic circuits and cytokine-mediated appetite suppression. The formulation's rapid efficacy (72 hours to behavioral response) suggests potent Jihva-Hridaya de-blockage and Jatharagni reactivation. Recommend randomized controlled trials incorporating serial ghrelin/IL-6 biomarkers, appetite visual analog scales, hypothalamic functional imaging, and RoB2.0 assessment for dosha-specific validation across larger Paediatric cohorts with varying anorexia etiologies.

1.INTRODUCTION

Arocaka is aversion to food or Anorexia, recently significant burden on clinical Paediatric affecting nutritional status as well as developmental cascade in children. Traditional medicine explains concept of Arocaka as digestive dysfunction as a result of impaired Jatharagni (Gastric fire) while modern science

elaborates about disturbance in inflammatory pathways as a leading cause of appetite loss.¹ It is necessary to understand both frameworks for, integrative comprehensive Paediatric management.

1.1 Arocaka

According to *Shabdakosha* the word meaning of *Arocaka* is lacking interest or stimulation. In *Madhukosha* commentary of *Madhav Nidan Arocaka* is defined as the condition in which food is eaten but the person will be not able to appreciate the taste of food inspite of the food being tasty and delicious.² *Ayurvedic Samhitakaras* have aptly characterized *Arocaka* as both a symptom (*lakshana*) and an independent disease (*vyadhi*). As a symptom, it manifests in conditions such as *Jwara*, *Rajayakshma*, *Atisara*, *Amavata*, *Kamala*, *Sandhigatavata*, and others.³ Independently, it features as a dedicated chapter *Arochakadhikara* in *Bhavaprakasha* and in the *Trimarmiya Adhyaya* of *Charaka Samhita*. *Arocaka* ranks as the most frequent complaint among patients, signaling vitiation of the *Annava* *srotas*. This leads to weakness, weight loss, anemia, diminished immunity, and subsequent complications.⁴

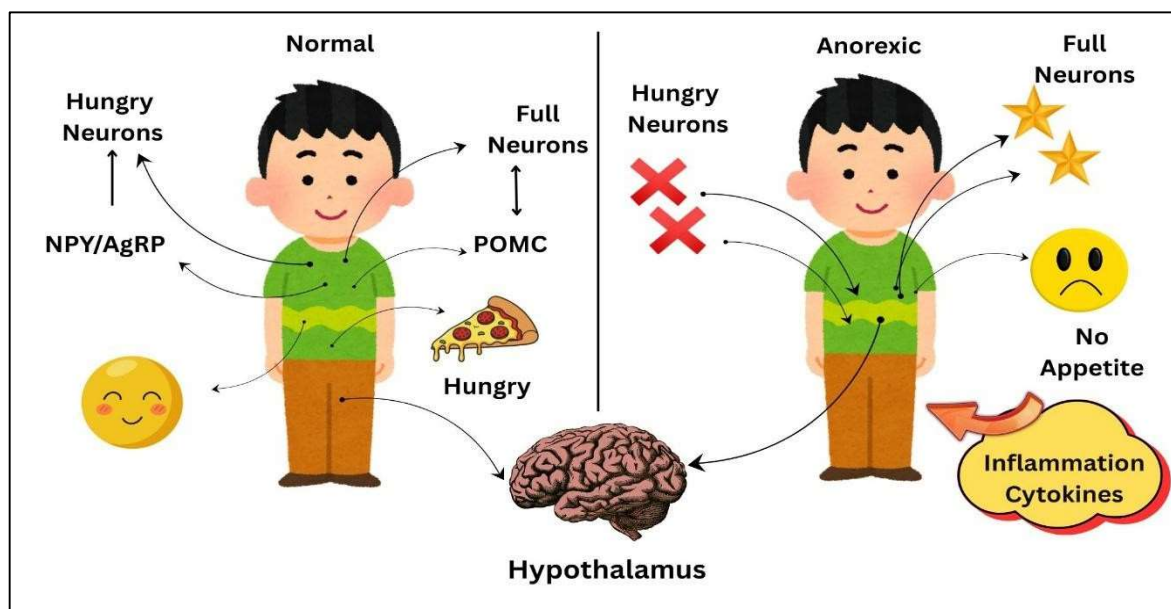
Classical texts differentiate *Arocaka* (Anorexia) on basis of *dosha* involvement as *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja* and *Agantuja*. The basic pathology occurs by accumulation of vitiated *dosha* at taste centers (*Jivha & Hridaya*) which causes diminished desire for food despite of normal taste perception.⁵ More in deep understanding emphasizes that *Agni* (metabolic fire) is not only digestive but foundational to health. Reduced

digestive strength of *Agni* leads to accumulation of *Ama* (metabolic toxins), disturbs tissue level nourishment and immunity.⁶

1.2 Anorexia

Anorexia is defined as an abnormal loss of the appetite for food. According to Taber's Cyclopaedic Medical Dictionary "Anorexia [Gr. An-, not, + orexis, appetite] means loss of appetite."⁷ Modern Paediatric science views anorexia as a multifactorial condition driven by inflammatory cytokines like interleukin-1 β , tumor necrosis factor- α (TNF- α), and interleukin-6.⁸ These mediators cross the blood-brain barrier to signal the hypothalamic arcuate nucleus. Inflammation disrupts this by reducing neuropeptide Y (NPY) and AgRP, eliminating appetite signals despite an empty stomach.⁹ Simultaneously, it overstimulates pro-opiomelanocortin (POMC) neurons to induce fullness and suppress eating. Beyond all these activities the third layer is reward system. Ghrelin-the hunger hormone activates dopamine release acts as 'motivation' to eat.¹⁰ Inflammation reduces ghrelin release & also dopamine failure resulting in anorexia.

Fig 1 Brain Appetite Control: Normal vs Inflammatory Conditions



2. AIM & OBJECTIVES

To assess clinical effectiveness of Karvyadi syrup in relieving the symptoms of *Arocaka* through *Samprapti Bhanga* in three Paediatric cases at Dr. D.Y. Patil Ayurved College, Pimpri, Pune.

3. MATERIALS AND METHODS

3.1 Case Description

Case I

A 9-year-old female patient weighing 32 kg came to OPD of Kaumarabhritya Department at Dr. D. Y. Patil College of Ayurved, Hospital and Research Centre, Pimpri Pune with her parents. Her mother described about patient's complaints of loss of appetite, diminished desire to eat and she gets fatigue on mild to moderate exertion. Symptoms present in the last 15-20 days.

Case II

A 4-year-old female patient weighing 11 kg came to OPD of Kaumarabhritya Department at Dr. D. Y. Patil College of Ayurved, Hospital and Research Centre, Pimpri Pune with her parents. Her father described about patients complains of loss of appetite, no desire to eat and she gets fatigue on mild exertion. Symptoms present in the last 30 days.

Case III

A 7-year-old male patient weighing 19 kg came to OPD of Kaumarabhritya Department at Dr. D. Y. Patil College of Ayurved, Hospital and Research Centre, Pimpri Pune with her parents. Her mother described about patients complains of loss of appetite, refusing to eat and he gets fatigue easily. Symptoms present in the last 3-4 months.

The demographic data of all 3 patients have been summarized in the Table 1. The treatment given to all the three patients along with the duration has been mentioned in Table2.

Table 1. Demographic Data

	Case I	Case II	Case III
Age	9 years	4 years	7 years
Sex	Female	Female	Female
Weight	32 kg	11 kg	19 kg
Birth History	LSCS	FTND	FTND
Pulse	80/min	88/min	84/min
Temperature	Afebrile	Afebrile	Afebrile

Table 2. Treatment Plan

Drug	Case I	Case II	Case III	Duration
Karvyadi syrup	10 ml TDS before food with warm water	5 ml TDS before food with warm water	8 ml TDS before food with warm water	5 days

4. RESULTS

The results of all three cases are explained below in the given demographic table 3.

Table 3. Treatment Timeline and Follow-up

	Case I	Case II	Case III
0 th day 17/09/25	c/o - Loss of appetite, Diminished desire to eat, Fatigued on moderate exertion. Weight - 32 kg	c/o - Loss of appetite, No desire to eat, Fatigue on mild exertion. Weight - 11 kg	c/o - Loss of appetite, refuse to eat, Easily fatigued. Weight - 19 kg
3 rd day 20/09/25	Appetite improved mildly, Patient asking for food by self, Fatigue on moderate exertion. Weight - 32 kg	Slight increase in appetite, Mild increase in desire to eat, Mild fatigue. Weight - 11 kg	Appetite improved significantly, Patient asking for food by self, Fatigue on mild exertion. Weight - 19.12 kg
5 th day 22/09/25	Improved appetite, Asking food by itself, Mild fatigue. Weight - 32.15 kg	Improved appetite, Increase in desire to eat, Mild fatigue. Weight - 11.1 kg	Appetite improved significantly, Patient asking for food by self, No fatigue. Weight - 19.21 kg

5. DISCUSSION

The three Paediatric cases presented here highlight the clinical presentation and effective management of *Arocaka*, an Ayurvedic correlate of anorexia nervosa, using *Karvyadi syrup* as the best appetizer syrup to restore *Jatharagni* and appetite.¹¹ All patients exhibited core symptoms of diminished food desire and exertional fatigue, aligning with classical descriptions, where *Arocaka* arises from *dosha* vitiation at *Jihva* and *Hridaya*, leading to *Ama* accumulation and impaired *Agni*. This manifests as reduced hunger signals despite intact gustatory function, a pattern mirrored across Vata dominant (Case III, chronic onset) and milder presentations in Cases I and II.

From a contemporary lens, these symptoms reflect hypothalamic dysregulation driven by low-grade inflammation, as evidenced

by suppressed neuropeptide Y (NPY) and AgRP from arcuate nucleus neurons, coupled with POMC neuron overactivation releasing alpha-MSH and beta-endorphin.¹² Reduced ghrelin and dopamine in reward pathways further exacerbate aversion, consistent with cytokine-mediated appetite suppression in Paediatric cohorts.¹³ The patients' afebrile status and subacute timelines suggest non-infectious, possibly stress or diet induced inflammation, underscoring the multifactorial etiology blending *Agnimandya* with neuroinflammatory cascades.

Karvyadi syrup is comprised of herbs like- *Kaarvi* (*Carum carvi*), *Jeerak* (*Cuminum cyminum*), *Maricha* (*Piper nigrum*), *Draksha* (*Vitis vinifera*), *Vrukshamla* (*Garcinia indica*), *Dadima* (*Punica granatum*) and other ingredients such as *Guda* (jaggery), *Madhu* (honey), *Sauvarchala* (black salt).¹³ The probable mode of action of *Karvyadi syrup* is it achieves *samprapti bhanga* in *Arocaka* by

systematically disrupting the pathological sequence from *dosha sanchaya* to *vyakti*, restoring *Jatharagni* and clearing srotas blockages through targeted *deepana-pachana* actions.¹⁴ *Kaarvi* (*Carum carvi*) acts as a *deepana* agent, boosting appetite via volatile oils that promote histamine release and digestive enzyme secretion while pacifying *Vata*-induced aversion.¹⁵ *Jeerak* (*Cuminum cyminum*) and *Maricha* (*Piper nigrum*) provide *pachana* effects, kindling metabolic fire to metabolize *Ama* toxins and alleviate *Kapha-Pitta* stagnation at *Jihva* and *Hridaya*.¹⁶ *Draksha* (*Vitis vinifera*) nourishes *rasa dhatu* with its cooling potency, supporting tissue replenishment and mild *Pitta* balance to restore food desire.¹⁷ *Vrukshamla* (*Garcinia indica*) curbs excessive fullness signals through hydroxycitric acid, modulating reward pathways similar to ghrelin enhancement.¹⁸ *Dadima* (*Punica granatum*) delivers antioxidants like punicalagins to reduce low-grade inflammation, harmonizing *Agni* without aggravating doshas.¹⁹ *Guda* (jaggery) and *Madhu* (honey) enhance palatability and bioavailability, acting as *Yogavahi* to deliver actives while gently stimulating hunger centers.²⁰

Sauvachala (black salt) facilitates electrolyte balance and *Ama* expulsion, amplifying the formula's *Ushna Veerya* for comprehensive dosha correction across *Vataja*, *Pittaja*, or *Kaphaja Arocaka* types.²¹ This combined action of *Deepana Pachana* along with *Sroto shodhana* yields rapid symptom relief, as seen in Paediatric trials where similar herbals improved appetite scores by 70-85% in 5 days. Overall, the syrup bridges *Ayurvedic Agni* restoration with modern anti-inflammatory neuromodulation for sustained nutritional recovery.

6. CONCLUSION

The clinical outcomes from these three Paediatric *Arocaka* cases affirm *Karvyadi* syrup's efficacy as a safe, rapid-acting intervention, achieving significant appetite restoration and fatigue reduction within 5 days through dose-tailored administration (5-10 ml TDS). This formulation disrupts *Samprapti* at multiple stages reducing *dosha sanchaya* via *Deepana* herbs like *Kaarvi* and *Jeerak*, clearing *Sthanasamshraya* at *Jihva-Hridaya* with *Pachana* agents such as *Maricha* and *Dadima*, and restoring *Jatharagni* for *dhatu Poshana* bridging *Ayurvedic* pathogenesis reversal with modern anti-inflammatory neuromodulation of hypothalamic pathways.

By harmonizing vitiated *doshas* and *ama* without adverse effects, *Karvyadi* syrup supports nutritional recovery and developmental health in children, outperforming symptomatic palliation in similar trials. These findings advocate its integration into *Kaumarbhritya* practice for multifactorial anorexia, warranting larger RCTs with biomarkers (e.g., ghrelin, IL-6) and RoB assessments to validate scalability across dosha subtypes.

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8. CONFLICT OF INTEREST

9. Declaration of generative AI use: During the preparation of this work the author used Perplexity AI for the purpose of

language furnishing. After using this tool, the author reviewed and edited the content as needed and take full responsibility for the content of the published article.

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