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A Survey Study to Evaluate Parents' Experiences with the Practice of Administering Suvarnabindu Prashan in Pediatric Population of India

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Abstract		
Background:	Suvarnabindu Prashan	
Suvarnabino	u Prashan	
Methods:	Suvarnabindu Prashan	
Result:		
Suvarnabindu Prasi	an	
Conclusion: Suva	rnabindu Prashan	

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Suvarnabindu Prashan		
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this information will help us to properly understand the unmet medical need that this practice of administering the formulation is addressing. is will further help to plan further systematic preclinical as well as clinical studies to generate more evidence about its bene cial e ect.

safety, and probable mechanism of action which can lead to systematic clinical recommendations in pediatric practice.

A prospective survey was carried out on 100 children at Rasayu Ayurved Clinic, Pune, Maharashtra. Ethical clearance was obtained and additional assent was taken from the children above 10 years. Children between 1-16 years of age, who took SBP for at least 12 months and whose parents/guardians provided consent to participate in the study willingly, were selected for the study. Children with chronic and acute illnesses which warranted intensive therapeutic intervention, children with developmental disorders like autism, ADHD, or having congenital anomalies and genetic disorders.

B: Detailed training was given to parents about the administration of SBP in the form of the package insert. SBP was administered for a period of 12 months, in the early morning time, with an empty stomach once a month (lunar month) on the day of Pushya constellation (pre-identi ed dates) for 12 months at Rasayu clinic, Pune. Parents were advised to avoid feeding their children for half an hour post-administration of Suvarnabinduprashan. Data related to parents' experience with the e ect of SBP administration on their children was collected with the help of a self-designed questionnaire based on all the clinical bene ts mentioned in Kashyap Samhita (Table 1). Besides this parents were given an open question to enlist any other bene t observed a er starting SBP intake. e dosage was determined according to the age of the child (Table 2). A er completion of the regimen, an overall health assessment of the children was done and an analysis of the data was carried out (Table 1).

Parents' subjective perception was recorded through a structural questionnaire (Table 1) and parents were provided with a selfadministered questionnaire having 13 questions of which 11 elicited e data obtained therein was assessed for the categorical responses. nal analysis (Table 2).

,. Suvarnabindu: Suvarnabindu Prashan (SBP), a herbo mineral formulation was prepared by Ayurved Rasayani, a GMP-certi ed Ayurveda pharmaceutical unit. e ingredients of the formulation were as follows

- 1. Pure ash of (Biocompatible gold or Suvarna Bhasma)
- 2. Pure honey
- 3. Extract of following herbs

Guduchi (Tinospora cardifolia),

Mandukparni (Centella asiatica).

Bramhi (Bacopa monnieri),

Yashti madhu (Glycyrrhiza glabra),

Vacha (Acorus calamus) etc.

4. Ghrita (clari ed butter prepared from cows milk)

Results were analyzed by using simple percentages and tables. (Table 3).

• ...

Based on the above questionnaire, the responses on reported observations of progress by the parents/guardians of the children participating in the study, across speci c parameters, were tabulated as given in Table 3 and (Figure 1).

While a few parameters were reported by direct estimation – such as duration of sleep, intake of food, and change in complexion, a couple

Та	ble	1:	

Sr no.	Questions	Yes	No	Can't say

Table 2:

Age wise Group	Dose

Table 3:

Sr. no	Parameter of progress	Progress reported (N=100)	No progress reported (N=100)	Progress ratio (N%)

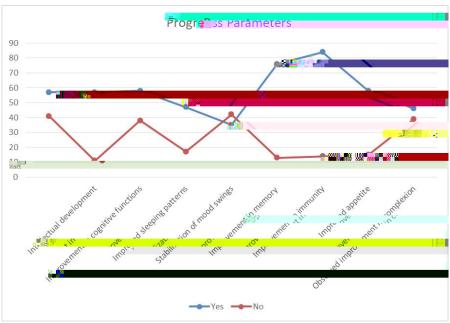


Figure 1:

of them were estimated based on proximal indicators. For example, an improvement in memory was estimated based on observed changes in the child's perception of space and directions, time, own body, or forms and gures.

60% of parents reported an overall improvement in all parameters while 21.8% of parents found no improvement and 74.3% of parents reported an improvement in the overall health of their children.

It is important to note that of the participating 100 children, 58 parents had administered SBP monthly to their children for 12 months, while 27 parents administered it uninterruptedly for 6 months only and 15 parents discontinued it before the completion of 6 months. SBP was reported to be well tolerated by all the children.

An improvement in playfulness, freshness & activeness of the child, improvement in multi-tasking ability in the child, and adaptability to the immediate surroundings were some of the reported additional improvements by parents, in their children, a er consecutive 12 months of administration of *Suvarnabinduprashan*.

e results need to be viewed in the light of the fact that full

compliance to the entire length of the study was just below 60% and that analysis has been done based on self-reported data. may not independently be su cient to establish temporality, the results provide pointers on the potential positive impact that SBP as a procedure can have on the developmental milestones as well as immunity of children. ough the mechanism of action is not yet well understood in terms of conventional pathophysiology, Ayurveda pathophysiology can explain the e ect of a compound based on the therapeutic properties of its ingredients. Ayurveda views the edi ce of a healthy existence through the critical entity of Agni which can be broadly understood as the metabolic prowess of an individual, with its varied functionalities of assimilation, conversion, conduction, and absorption. A well-performing status of Agni ensures a rich nutritional pool within the body which, as a corollary, further leads to healthy and well-endowed tissues and a robust immunity [4]. Drugs or formulations in Ayurveda which positively embellish Agni (Agni vardhana) are considered to be therapeutically superior. e primary ingredients of SBP - Suvarna and Ghrita, both have immense Agni boosting properties. e Suvarna bhasma used in the formulation is also known to be having properties to improve the quality of the tissue, improve the disease- ghting ability of an individual and improve cognitive functions [4]. Based on these e ects of the therapeutic ingredients mentioned in Ayurveda classics we can postulate a

probable mechanism of action that further needs to be evaluated using conventional scienti c methodology.

Improved Immunity, reduced frequency of illness, and improvement in cognitive functions stood out as reported parameters of progress by parents, in comparison with the others. is has been pointed out as a de nitive long-term outcome of the use of this formulation, in classical Ayurvedic treatises. A similar signi cant reduction of episodes of illness has been documented in other studies [5-11], while a randomized control trial had pointed out marked improvements in infant-toddler quality of life (ITQOL) parameters by virtue of administration of this formulation [12]. e ndings of this study support the ndings of other studies on suvarnabinduprashan. Other additional ndings of our study were playfulness, freshness & activeness of the child, improvement in multi-tasking ability, and adaptability to the immediate surroundings which indicates towards positive e ect on cognitive functioning. ese ndings from our study provide the direct perception of parents towards the bene cial e ect of ese factors could be the important reason behind the popularity of this formulation amongst parents for improving the overall health of their child. However further preclinical and clinical evidence through placebo-controlled clinical studies is required to understand better the e cacy, safety, and probable mechanism of action. is data will help in making evidence-based recommendations for the utilization of SBP in pediatric clinical practice.

: NIL
$$C_{1} \neq C_{2} \neq C_{3} = C_{3}$$

References