



Research Article

## AN INGENIOUS PORTRAYAL OF MYTHICAL TRAITS IN *BALA GRAHA*

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### ABSTRACT

*Bala grahas*, are a group of organisms, very magnificent divine non human forms that have capability to invade human beings and cause diseases attaining different forms and shapes. Invisible organisms that seize children to cause various illnesses especially those with unrecognized causes can be categorized under the scope of *Bala graha*. **Aim:** A novel portrayal of the manifestations of *Bala graha* to bring in a better opportunity to realize their trait in a more impressing and fascinating manner. **Materials and Methods:** *Bala graha* having colossal dimensions cannot be encapsulated easily which paved to the necessity of ingenious portrayal of the same. The approach consisted of thorough searching of several resources which includes Ayurvedic treatises, books, dissertations, conference proceedings and web based scientific databases. The key words that were used for the search consists of *Graha*, *Graha rogas*, *Bala graha*, scientific approach to *Bala graha*, *Bala graha* and infectious disorders, pictures of *Graha*, images of *Bala graha*. Doing proper literary review revealed that there is sparse tries to enfold *Graha rogas* and the need to depict the same was considered **Conclusion:** *Bala graha* being the untouched and less explored sector of *Kaumarabhritya*, can be considered eccentric in its origin, invasion, manifestation and management and has very much similarity with infectious disorders. As *Grahas* attain different size and forms, the depth of the features they produce also varies in its mightiness. Having scrutinized the literature sufficiently arise the need for a new pictorial representation to encapsulate the enormous information regarding the subject matter. This can make the topic much easier to lay hold on and help to recollect the same proficiently.

### INTRODUCTION

The genesis of *Graha* by Lord *Siva* and *Parvati* was to protect their child, Lord *Skanda (Guha)*, who was then a baby<sup>[1]</sup>. They are a group of organisms, very magnificent divine non human forms that have capability to invade human beings and cause diseases attaining different forms and shapes. Invisible organisms that seize children to cause various illnesses

especially those with unrecognized causes can be categorized under the scope of *Bala graha*.

Despite that, this offshoot of *Kaumarabhritya* is yet unexplored to its fullest. Critically analyzing the causes of affliction of *Graha*, role of *Satvritta palana*, *Suchitwa*, *Adharma*, *Matha pithru papa karma* determining the deterioration of health in their children, both physically and mentally can be spotted out. Like any microbes would invade body to cause diseases and protect the body from further infections by producing an antibody production, so is *Graha* being invading thus being functioning as protectors, providing immunity<sup>[2]</sup>. Rationale of entry of these *Graha* can be looked over as harming the host or troubling them, to help themselves complete their

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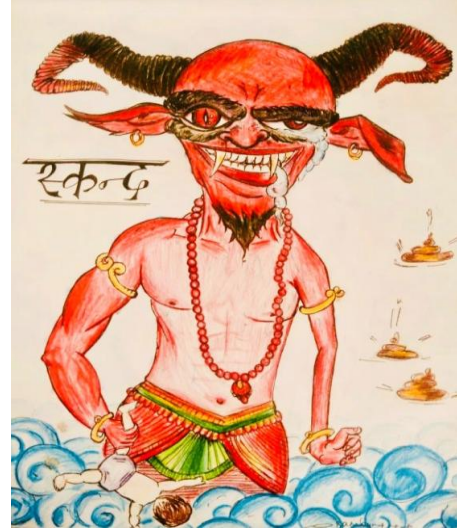
sexual cycle, and to get nourished well from the host they rely upon during the course of which disease manifestation can happen<sup>[3]</sup>. Their nature of onset, invasion, disease manifestation and management have very much similarity with infectious disorders which makes the locale untouched and nonetheless eccentric. The main grouping<sup>[4]</sup> of these *Bala graha* is based on their gender, seven being females and five remaining males which is displayed in Table: 1. As they can attain different size and forms, the depth of the symptoms they produce also varies in its mightiness. Furthermore is a novel portraying of the manifestations these *Graha* can produce in human body.

**Table 1: Classification of *Bala graha***

<i>Purusha graha</i>	<i>Sthree graha</i>
<i>Skanda</i>	<i>Poothana</i>
<i>Skandapasmara</i>	<i>Antha poothana</i>
<i>Naigamesha</i>	<i>Sheetha poothana</i>
<i>Shwa</i>	<i>Shakuni</i>
<i>Pithru</i>	<i>Mukhamandika</i>
	<i>Revati</i>
	<i>Shushka revati</i>

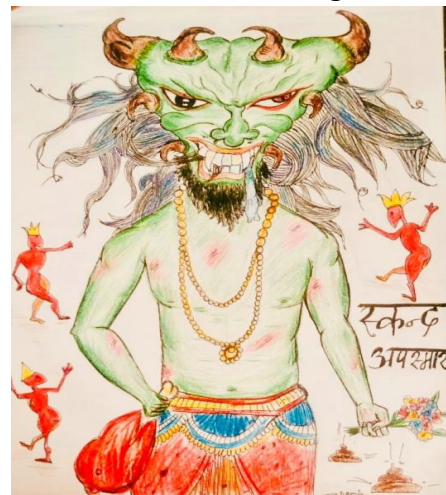
**Skanda Graha**

The commander of the *Graha* army, *Skanda* has special affection towards red colour garlands and clothes and has a divine red coloured body<sup>[5]</sup>. The child affected with, presents with *Ekanayana sravi* (lacrimation from the affected eye), *Shiro vikshipathe muhuhu* (involuntary movements of the head), *Hatveka paksha* (weakness of one side of the body), *Sthabdhang*a (spastic body parts), *Sa swedo* (with sweating), *Natha kanthara* (drooping of the affected side shoulders), *Danthakhadi* (biting of teeth), *Sthana dweshi* (aversion towards breast milk), *Thrasthan* (fearful look), *Rodhati viswaram* (crying in an altered voice), *Vakra vakthri* (deviated mouth towards affected side), *Vamana lalam* (dribbling of saliva), *Bhrisham urdwam nirikshyathe* (having an upward gaze), *Vasa asra gandhi* (smells like that of bone-marrow and blood), *Udwichna* (irritability), *Badha mushti* (making a fist), *Shakrin shishu* (constipation), *Chalitha eka akshi ganda bruh* (oscillatory movements of eye, neck & brow on affected side), *Samraktha ubhaya lochana* (reddish discolouration of eyes), *Vaikalyam/Maranam* (deformity/death)<sup>[6]</sup>. When mother or child dreams of red flowers, clothes and fragrances, riding on a peacock, goat or sheep, falling of a bell or a flag, sleeping on a blood smear bed indicates the affliction of *Skanda graha*<sup>[7]</sup>. The symptoms are paralleled with poliomyelitis, infantile hemiplegia or Bell’s palsy. The depiction of the same is shown in Fig. 1.



**Fig. 1 Portrayal of Skanda graha lakshanas Skandapasmara Graha**

*Vishakha*, friend of *Skanda* having distorted facial features<sup>[8]</sup> manifests with *Samjna nasho muhuhu* (frequent loss of consciousness), *Kesha lunjanam* (biting of hairs), *Kantharanathi* (stiff and drooping shoulders), *Vinamy*a (forward and backward movements of body), *Jhumbhamanasya* (repeated yawning), *Shakrit mutra pravarthanam* (sudden passage of urine and stools), *Phenodvamanam* (drooling of saliva), *Urdweksha* (upward gaze), *Hastha bruh pada narthanam* (facial grimacing with dancing movements), *Sthanam swa jihwa damsha* (biting breasts during feeds), *Samrambha* (restlessness), *Jwara* (raised temperature), *Jagara* (being awake at night), *Puya shonitha gandha* (smells like pus and blood)<sup>[9]</sup> can be resembled with childhood epilepsy, convulsive disorders or febrile seizures. The mother or child affected with this *Graha* dreaming of wearing red clothes and flowers, dancing with *Bhootha gana* serves as bad prognostic signs of the *Graha*<sup>[10]</sup>. They also dreams of *Rakthachandana lepana* to their body. The depiction of the same is shown in Fig. 2.



**Fig. 2 Potrayal of Skandapasmara lakshanas**

### Naigamesha Graha

Having a face of goat with unsteady brows and eyes, *Naigamesha* can take any form as he wishes to<sup>[11]</sup>. *Mesha graha* exhibits *Adhmana* (bloating of abdomen), *pani padasya spandhana* (pulsating movements in hands and legs), *Phena nirvamana* (drooling of saliva), *Thrishna* (thirst), *Mushtibandha* (making a fist), *Atisara* (frequent loose stools), *Swara dainya* (weakness of voice), *Vivarnatha* (discolouration of body parts), *Kujanam* (screaming), *Sthananam* (loss of temper), *Chardhi* (vomiting), *Kasa* (cough), *Hidhma* (hiccough), *Prajagara* (being awakened at night), *Oshta damsha* (biting of lips), *Anga sankocha* (contractures of body parts), *Sthambha* (stiffness of body parts), *Basthabha gandha* (smells like that of urinary bladder), *Urdwam nireekshya hasanam* (upward gaze and smile), *Madhye vinamanam jwara* (intermittent fever), *Murcha* (loss of consciousness), *Eka netra shopha* (swelling on one eye)<sup>[12]</sup>. The manifestations of this *Graha* can be related with meningitis in children. The depiction of the same is shown in Fig. 3.

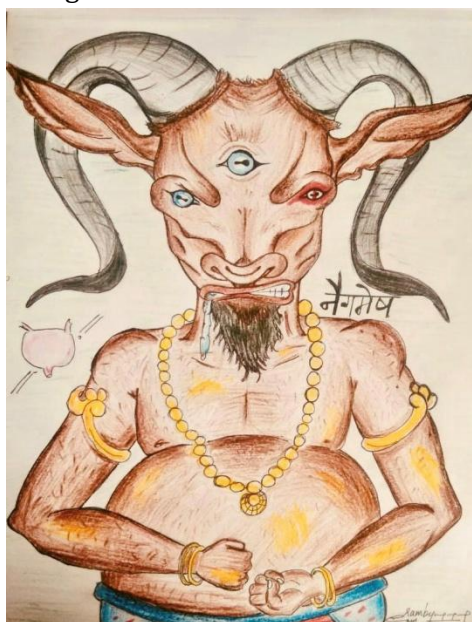


Fig. 3 Portrayal of Naigamesha graha lakshanas

### Shwa Graha

*Kampa* (tremors), *Hrishitha romathwam* (horripulation), *sweda* (sweating), *Chakshurun-meelanam* (closure of eyes frequently), *Bahirayamam* (backward bending), *Jihwa damsha* (biting own tongue), *Antah kanta kujanam* (loud noise from throat), *Dhavanam* (fast running), *Vit sa gandhatwam* (smells like faecal matter), *Kroshanam cha shwavat schuni* (producing sounds like that of dogs)<sup>[13]</sup> are the specifications of *Shwa graha* which can be related to Rabies. The depiction of the same is shown in Fig. 4.

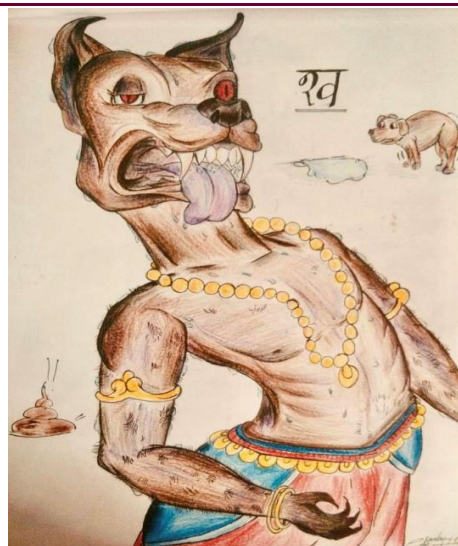


Fig. 4 Portrayal of Shwa graha lakshanas

### Pithru Graha

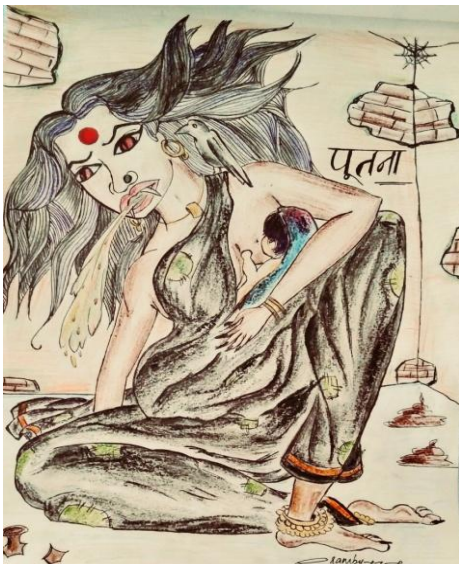
*Pithru graha* having the clinical features like *Roma harsha* (horripulation), *Muhurthrasa* (stare/fearful look), *Sahasa rodhanam* (always crying), *Jwara* (raised body temperature), *Kasa* (cough), *Atisara* (frequent loose stools), *Vamathu* (vomiting), *Jhrumbha* (yawning), *Thrit* (thirst), *Shava gandhitha* (smells like that of dead body), *Angeshu akshepa vikshepa* (tonic-clonic movements of body parts), *Shosha* (dryness), *Sthambha* (stiffness), *Vivarnatha* (discolouration), *Mushti bandha* (making a fist), *Shruthischa akshnou* (lacrimation)<sup>[14]</sup> is well in relation with *Skandapita*<sup>[15]</sup>. Mother or child dreaming of reaching a lotus garden and worshiping themselves with garlands of lotus denotes the attack of *Pithru graha* in the child<sup>[16]</sup>. The disease can be paralleled with severe dehydration and electrolyte imbalance. The depiction of the same is shown in Fig. 5.



Fig. 5 Portrayal of Pithru graha lakshanas

**Poothana Graha**

*Poothana*, residing at vacant broken houses, wears dirty cloths and has dirty rough hairs. She has an ugly appearance and looks like terrifying black coloured cloud<sup>[17]</sup>. *Vami* (vomiting), *Kampa* (tremors), *Tantra* (drowsiness), *Rathrou prajagara* (being awake at night), *Hidhma* (hiccough), *Adhmana* (distention of abdomen), *Shakrit bheda* (frequent loose stools), *Pipasa* (thirst), *Mutra nigraha* (retention of urine), *Srishta hrishtanga romatwam* (stiff & horripulated hairs), *Kakavat poothi gandha* (smells like that of crow)<sup>[18]</sup>. Dreaming of planets, stars, moon or pupil of the eye being fallen indicates that the child is affected with *Poothana*<sup>[19]</sup>. Diarrhoea associated with hypokalemia can be considered as the contemporary reference for the same. The depiction of the same is shown in Fig. 6.



**Fig. 6 Portrayal of Poothana graha lakshanas Antha Pootha Graha**

Wearing ochre coloured clothes with shaven head, who is having a terrifying brown coloured look, *Antha poothana*<sup>[20]</sup> presents *Chardhi* (vomiting), *Jwara* (raised body temperature), *Kasa* (cough), *Alpa nidratha* (reduced sleep), *Varchaso bhedha* (loose stools), *Vaivarnya* (discolouration of stools), *Dourgandhya* (foul smell), *Anga shoshanam* (weakness of body), *Drishti sada* (declining visual ability), *Akshiruk* (pain at eyes), *Kandu* (itching), *Pothaki* (blepharitis), *Janma shoonatha* (sunken eyes), *Hidhma* (hiccough), *Udwega* (irritability), *Sthana dwesha* (aversion towards feeds), *Vaivarnya* (discolouration of skin), *Swara theekshnatha* (sharpness of voice), *Vepathu* (involuntary movements), *Matsya gandhitwam* smells like that of fish), *Amla gandhitha* (putrified smell)<sup>[22]</sup>. This disease can be better paralleled with chronic diarrhoea leading to undernourishment and vitamin A deficiency. The depiction of the same is shown in Fig. 7.



**Fig. 7 Portrayal of Andhapoothana graha lakshanas Sheetha Poothana Graha**

Having consuming the rice cooked with green gram, drinking beer and blood, *Sheetha poothana graha*<sup>[23]</sup> afflicted child presents with *Kopam* (anger), *Rodhanam* (crying), *Thiryak ikshanam* (sidewise gaze), *Trishna* (thirst), *Antrakujanam* (gurgling sounds of abdomen), *Atisara* (loose stools), *Vasavatvisra gandha* (smells like that of slimy bone marrow), *Parshwam ekasya sheetham ushnatwam aparasya cha* (few body parts are cold where as other parts are warm)<sup>[24]</sup>. These manifestations have a similarity with severe dehydration with hyper magnesemia, amoebic dysentery or cholera. The depiction of the same is shown in Fig. 8.



**Fig. 8 Portrayal of Sheetha poothana graha lakshanas**

### Shakuni Graha

Moving in sky adorned with all ornaments, *Shakuni* has a face of iron with sharp beak, drooping abdomen and hook like ears<sup>[25]</sup>. *Srastangatwam* (debilitated body parts), *Atisara* (loose stools), *Jihwa talu gale vrana* (ulcerations at tongue, palate and throat), *Sphota* (blisters), *Daha ruk paka nishahani pravilyanthe sandhishu* (burning sensation, pain and suppuration at nights at joints which relieves during day), *Pako vakthre gude api cha* (suppuration at mouth, anal region), *Bhayam* (fear), *Shakuni gandha* (foetid bird like smell), *Jwara* (raised body temperature) are the clinical features of a child afflicted with the *Graha*<sup>[26]</sup>. If mother or child dreams of a carnivorous bird, it might indicate the child afflicted with *Shakuni graha*<sup>[27]</sup>. The presentations of this *Graha* can be coordinated with impetigo. The depiction of the same is shown in Fig. 9.



**Fig. 9 Portrayal of Shakuni graha lakshanas Mukhamandika Graha**

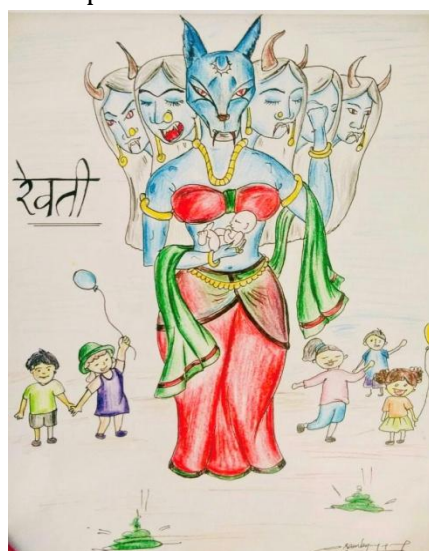
Beautiful looking *Mukhamandika*, wears ornaments and has ability to take which ever form she wish to have. She resides at places where cows are taken care of<sup>[28]</sup>. *Pani padasya ramaniyatha* (beautiful upper and lower limbs), *Sirabhi asithabhabhihi* (engorged vessels making it visible), *Chithodaratha* (fluid accumulation in abdomen), *Jwara* (raised body temperature), *Arochaka* (loss of appetite), *Anga glapanam* (tiredness of body parts), *Gomutra sama gandhatha* (smells like that of cow's urine) are the characteristics of *Mukhamandika*<sup>[29]</sup> which resembles Indian childhood cirrhosis. Dreaming of a bird flying downwards and biting the child, wearing *Haratala* (yellow) coloured apparels and being fleshy and adorned signifies the bad prognostic signs of this *Graha*<sup>[30]</sup>. The depiction of the same is shown in Fig. 10.



**Fig. 10 Portrayal of Mukhamandika graha lakshanas**

### Revati Graha

Terrified faced *Revati* with long earrings and head bent down, wears different coloured garlands and clothes<sup>[31]</sup>. She is always surrounded with children and shows symptoms like *Shyava neela twak* (greyish blue skin discolouration), *Karna nasa akshi mardhanam* (frequent rubbing of ears, nose, eyes). Respiratory symptoms like *Kasa* (cough), *Hidhma* (hiccough), *Akshi vikshepa* (frequent opening and closing of eyes) along with *Vakra vakthratwam* and *Rakthatha* (deviated and reddish discoloured mouth) indicating blister formation or ulcers in mouth. *Bastha gandha* (smells like that of urine), *Jwara* (raised body temperature), *Shopha* (swelling of body), *Purisham haritham dravam* (loose and green frequent stools) are other manifestations if afflicted<sup>[32]</sup>. Mother or child afflicted with *Revati* dreams of getting drowned in a sea or water place<sup>[33]</sup>. Clinical manifestation of pernicious anaemia is relatable with *Revati graha lakshana*. The depiction of the same is shown in Fig. 11.



**Fig. 11 Portrayal of Revati graha lakshanas**

### Sushka Revati Graha

*Kramat sarvanga samkshaya* (chronic and gradual emaciation of body parts), *Kesha shatha* (hair fall), *Anna vidhwesha* (aversion towards food), *Swara dainya* (weakness of voice), *Vivarnatha* (discolouration of skin), *Nana varna purishatwam* (passing stools of varying colour), *Udare granthayaha siraha* (dilated veins in the abdomen), *Rodhanam* (crying), *Gridhra gandhitwam* (smells like that of eagle), *Dheergha kalanubandhanam* (chronic in nature)<sup>[34]</sup> are the *Lakshanas* of a child affected with *Shushka revati graha*. Unlike in *Revati graha*, mother and child dreams of a dry well or dry river in the affliction of this *Graha*<sup>[35]</sup>. Clinical features of this *Graha* can be paralleled with abdominal tuberculosis with ascites or marasmus in protein energy malnutrition. The depiction of the same is shown in Fig. 12.



**Fig. 12 Portrayal of Shushka revati graha lakshanas**

### MATERIALS AND METHODS

*Bala graha* having colossal dimensions cannot be encapsulated easily which paved to the necessity of ingenious portrayal of the same. The approach consisted of thorough searching of several resources which includes Ayurvedic treatises, books, dissertations, conference proceedings and web based scientific databases. The key words that were used for the search consists of *Graha*, *Graha rogas*, *Bala graha*, scientific approach to *Bala graha*, *Bala graha* and infectious disorders, pictures of *Graha*, images of *Bala graha*. Doing proper literary review revealed that there is sparse tries to enfold *Graha rogas* and the need to depict the same was considered.

### DISCUSSION

Being vast in its facets, *Graha* can be acknowledged as invisible entities that produce a prodromal state of incubation, presenting with repeated cry and rise in body temperature. Indirectly it reveals that these disorders are infectious in nature presenting with variety of clinical features which is indistinguishable with many common paediatric

illness. Early appropriate intervention can avert the possible untoward effect of these disorders. Memory is the signature attribute of the immune system which helps in resisting re-infection of a specific pathogen, which strikingly is the key for vaccination. An adaptive immune system that can learn to recognize a new infection in a few weeks rather than having to wait a lifetime to develop an effective defence<sup>[36]</sup> can be understood with reference to *Bala graha roga*.

*Grahas*, each one having a typical smell of its own, can be appreciated with reference to certain metabolic disorders. The odour emitted by the person may be one of the first important clues leading to an early diagnosis<sup>[37]</sup>. There are a group of disorders in metabolism which leads to unusual odour of the body or urine which individually are rare but collectively make up a sizable portion of acute life threatening illness of infancy. Early and accurate diagnosis of these disorders is inevitable as late diagnosis may lead to permanent neurological sequel or even to death<sup>[38]</sup>. Among twelve *Balagrahas*, seven have manifestations mainly in the gastrointestinal tract, four of them have symptoms of central nervous system and only one with features on skin. The involvement of various systems in the presentation implies that these are systemic illness which can sometimes cause various deformities and complications or if inappropriately diagnosed and considered can lead to death of children. This article gives a better opportunity to realize the traits of *Bala graha rogas* in a more impressing and fascinating manner.

Poliomyelitis is a highly infectious disease caused by a virus belonging to the *Picornaviridae* family having clinical features that vary ranging from mild cases of respiratory illness, gastroenteritis and malaise to severe forms of paralysis. These have been categorized into unapparent infection without symptoms, mild illness (abortive poliomyelitis), aseptic meningitis (non-paralytic poliomyelitis), and paralytic poliomyelitis<sup>[39]</sup>. Infantile hemiplegia refers to brain injuries that occur before or at birth and lead to hemiplegia/total paralysis of one side of the body, including the face, arm and leg<sup>[40]</sup>. Peripheral paralysis of the seventh cranial nerve (facial nerve), Bells's palsy having a rapid onset is unilateral in its presentation. This is an idiopathic condition causing partial or complete weakness of one half of the face along with changes in taste, sensitivity to sound and alteration in lacrimation and salivation<sup>[41]</sup>. Since *Skanda graha* has an affinity towards red colour, it can be correlated with haematogenous bacteria<sup>[42]</sup>. Manifestations of *Skanda graha* can be inferred with respect to raised intracranial pressure resulting in spasticity of limbs and face and hence be paralleled with any of the three disorders stated above.

Seizures, defined as a transient occurrence of signs and symptoms due to the abnormal, excessive or synchronous neuronal activity in the brain characterized by abrupt and involuntary skeletal muscle activity; status epilepticus, a condition resulting either from the failure of the mechanisms responsible for seizure termination or from the initiation of a mechanism which leads to abnormally prolonged seizures (for a time period of 5 min or more), which can have long-term consequences (especially if its duration is more than 30 min) including neuronal death, neuronal injury, and alteration of neuronal network, depending on the type and duration of seizures and febrile seizures, which are defined as critical seizures which occurs in children aged between 1 month and 6 years with temperature rise over 38°C and without signs of infectious disease of the central nervous system can be related with *Skandapasmara graha*<sup>[43]</sup>. The symptoms of *Skandapasmara* can be well appreciated with a tonic-clonic seizure episode with altered sensorium. Since it presents with *Jwara*, it can be deduced that the microbes residing at an unhygienic place<sup>[44]</sup> are causing an infection to produce acute features of febrile convulsions.

Depending on the age of children and the chronicity of the disease, features of bacterial meningitis can vary. Non-specific signs include abnormal vital signs such as tachycardia, fever, poor feeding, irritability, lethargy, and vomiting. Signs of fulminant sepsis such as shock, disseminated intra vascular coagulation, purpuric rash and coma may be present and are more common in meningococcal meningitis. Classical signs of meningitis such as nuchal rigidity, bulging fontanelle, photophobia and a positive Kernig's or Brudzinski's sign (more common in children older than 12 to 18 months) may also be present<sup>[45]</sup>. Microorganisms resulting from cattle borne diseases<sup>[46]</sup> can be compared with *Naigamesha graha* and have mixed manifestations of gastro intestinal system and predominantly central nervous system which is similar with meningitis in children.

Fever, itching and pain at the bite site serves as prodromal features of Rabies where as hydrophobia, violent jerky muscle spasms, hyper extension of the body, indescribable terror that provokes on attempts to drink water, phases of arousal and temporary improvements in child's conditions, spontaneous contractions and flickering movements represent as typical manifestations of the disease<sup>[47]</sup>. Production of sounds like that of dogs gives a clue for its comparison with the disease rabies, which usually happen due to a dog bite. The clinical features of *Shwa graha* holds good with this consideration.

Dehydration is a condition that results from excessive loss of body water for which the most common causes are vomiting and diarrhoea. Infants and young children are particularly susceptible to this as they have a higher metabolic rate, inability to communicate their needs or hydrate themselves and increased insensible losses. They lose chloride, sodium, potassium in addition to volume resulting in hypochloremic, hypokalemic metabolic alkalosis<sup>[48]</sup>. Anaerobic bacteria, bacteria or fungi grown in fermented medium<sup>[49]</sup> etc. can be considered as causative organisms that produce these manifestations in children which is relatable with *Pithru graha*, *Poothana*, *Antha poothana* and *Sheetha poothana grahas*.

Impetigo, for which the primary sites affected with blisters are face, neck, hands and diaper area, is a highly contagious bacterial disorder in children with similar presentation of *Shakuni Graha*. Micro organisms that uses birds as a host, aerobic bacteria<sup>[50]</sup> can be paralleled with this *Graha* as it has resemblance with a bird.

Indian childhood cirrhosis, an unusual form of serious liver disease affecting infants and young children in India<sup>[51]</sup> is characterized by jaundice, pruritus, lethargy, and hepatosplenomegaly with rapid progression to cirrhosis. This disease can appear through family and result in high mortality as it causes copper overload<sup>[52]</sup>. Acid resistant bacteria can be recognized as those which reside in *Goshala*<sup>[53]</sup>. The disease shares resemblance with *Mukamandika graha lakshana*.

Pernicious anaemia, an insidious and under diagnosed disorder with a variety of presentations, mostly consisting of non-specific symptoms, is an autoimmune disease that manifests with a triad of jaundice, glossitis and myeloneuropathy<sup>[54]</sup>. Being a macrocytic anaemia caused by a vitamin B12 deficiency which is the result of intrinsic factor deficiency (a protein that binds avidly to dietary vitamin B12 and promotes its transport to the terminal ileum for absorption), it presents with anaemia, pallor, fatigue, light headedness or tachycardia, decreased mental concentration and involvement of small-bowel epithelium may result in malabsorption and diarrhoea ending in weight loss. Dyspeptic symptoms, epigastric discomfort, fullness and bloating after food serve to be associated symptoms<sup>[55]</sup>. These varieties of clinical features can be related to *Revati graha*.

Abdominal tuberculosis is difficult to diagnose when compared with other frequent varieties of tuberculosis and has immense challenge is identifying the same. It manifests in four forms: tuberculosis lymphadenopathy, peritoneal tuberculosis, gastro-

intestinal tuberculosis and visceral tuberculosis involving the solid organs<sup>[56]</sup>. Abdominal pain, fever, loss of appetite, weight loss, ascites, cough, loose motion or constipation serves as manifestations of the disease<sup>[57]</sup>. *Shushka revati graha* can be related well with this disease and hence compared with.

### CONCLUSION

*Bala graha* being the untouched and less explored sector of *Kaumrabhritya*, can be considered eccentric in its origin, invasion, manifestation and management and has very much similarity with infectious disorders. As *Grahas* attain different size and forms, the depth of the features they produce also varies in its mightiness. Having scrutinized the literature sufficiently arise the need for a new pictorial representation to encapsulate the enormous information regarding the subject matter. This can make the topic much easier to lay hold on and help to recollect the same proficiently.

### REFERENCES

1. Acharya Vagbhata. Uttara tantra 3/2, Ashtanga sangraha. Dr.P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 40
2. Snehal Vinayak Kale & Mangesh Madhusudan Pawar: Grahadha- A Study of Microbial Infection In Ancient Times. International Ayurvedic Medical Journal {online} 2021 {cited February, 2021} Available from: [http://www.iamj.in/posts/images/upload/466\\_472.pdf](http://www.iamj.in/posts/images/upload/466_472.pdf).
3. Acharya Vagbhata. Uttara tantra 3/24, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 44
4. Acharya Vagbhata. Uttara tantra 3/24, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 44
5. Acharya Sushrutha. Uttara tantra 28/10-14, Sushrutha samhitha. Prof. K R Srikantha murthy. Chaukhamba orientalia, ed 2017. Varanasi; pg no 150
6. Acharya Vagbhata. Uttara tantra 3/10, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 41
7. Acharya Vriddha Jeevaka. Indriya sthana, Oushadha bhashya indriyam/11-14. Kashyapa samhitha. P V Tewari. Chaukhamba orientalia. Reprint ed 2013; pg no 152
8. Acharya Sushrutha. Uttara tantra 29/9, Sushrutha samhitha. Prof. K R Srikantha murthy. Chaukhamba orientalia, ed 2017. Varanasi; pg no 152
9. Acharya Vagbhata. Uttara tantra 3/11, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 42
10. Acharya Vriddha Jeevaka. Indriya sthana, Oushadha bhashya indriyam/14-15. Kashyapa samhitha. P V Tewari. Chaukhamba orientalia. reprint ed 2013; pg no 153
11. Acharya Sushrutha. Uttara tantra 36/11, Sushrutha samhitha. Prof. K R Srikantha murthy. Chaukhamba orientalia, ed 2017. Varanasi; pg no 166
12. Acharya Vagbhata. Uttara tantra 3/12, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 44
13. Acharya Vagbhata. Uttara tantra 3/13, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 44
14. Acharya Vagbhata. Uttara tantra 3/14, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 44
15. Acharya Vriddha Jeevaka. Indriya sthana, Oushadha bhashya indriyam/15-16. Kashyapa samhitha. P V Tewari. Chaukhamba orientalia. reprint ed 2013; pg no 153
16. Acharya Vriddha Jeevaka. Indriya sthana, Oushadha bhashya indriyam/15-16. Kashyapa samhitha. P V Tewari. Chaukhamba orientalia. reprint ed 2013; pg no 153
17. Acharya Sushrutha. Uttara tantra 32/11, Sushrutha samhitha. Prof. K R Srikantha murthy. Chaukhamba orientalia, ed 2017. Varanasi; pg no 158
18. Acharya Vagbhata. Uttara tantra 3/16, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 43
19. Acharya Vriddha Jeevaka. Indriya sthana, Oushadha bhashya indriyam/20-21. Kashyapa samhitha. P V Tewari. Chaukhamba orientalia. reprint ed 2013; pg no 154
20. Acharya Sushrutha. Uttara tantra 33/9, Sushrutha samhitha. Prof. K R Srikantha murthy. Chaukhamba orientalia, ed 2017. Varanasi; pg no 160
21. Acharya Vagbhata. Uttara tantra 3/18, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 43
22. Acharya Vagbhata. Uttara tantra 3/18, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 43



23. Acharya Sushrutha. Uttara tantra 34/9, Sushrutha samhitha. Prof. K R Srikantha murthy. Chaukhamba orientalia, ed 2017. Varanasi; pg no 162
24. Acharya Vagbhata. Uttara tantra 3/17, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 43
25. Acharya Sushrutha. Uttara tantra 30/10-11, Sushrutha samhitha. Prof. K R Srikantha murthy. Chaukhamba orientalia, ed 2017. Varanasi; pg no 154
26. Acharya Vagbhata. Uttara tantra 3/15, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 43
27. Acharya Vriddha Jeevaka. Indriya sthana, Oushadha bhashya indriyam/18. Kashyapa samhitha. P V Tewari. Chaukhamba orientalia. reprint ed 2013; pg no 153
28. Acharya Sushrutha. Uttara tantra 35/9, Sushrutha samhitha. Prof. K R Srikantha murthy. Chaukhamba orientalia, ed 2017. Varanasi; pg no 164
29. Acharya Vagbhata. Uttara tantra 3/19, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 43
30. Acharya Vriddha Jeevaka. Indriya sthana, Oushadha bhashya indriyam/19-20. Kashyapa samhitha. P V Tewari. Chaukhamba orientalia. reprint ed 2013; pg no 153
31. Acharya Sushrutha. Uttara tantra 31/11, Sushrutha samhitha. Prof. K R Srikantha murthy. Chaukhamba orientalia, ed 2017. Varanasi; pg no 156
32. Acharya Vagbhata. Uttara tantra 3/20, Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 44
33. Acharya Vriddha Jeevaka. Indriya sthana, Oushadha bhashya indriyam/17. Kashyapa samhitha. P V Tewari. Chaukhamba orientalia. reprint ed 2013; pg no 153
34. Acharya Vagbhata. Uttara tantra 3/21 Ashtanga sangraha. Dr P Srinivasa Rao. Chowkhamba Krishnadas academy. ed 2, Varanasi. 2019; pg no 44
35. Acharya Vriddha Jeevaka. Indriya sthana, Oushadha bhashya indriyam/18. Kashyapa samhitha. P V Tewari. Chaukhamba orientalia. reprint ed 2013; pg no 153
36. Nicholson LB. The immune system. *Essays Biochem.* 2016 Oct 31; 60(3): 275-301. doi: 10.1042/EBC20160017. PMID: 27784777; PMCID: PMC5091071.)
37. Liddell K. Smell as a diagnostic marker. *Postgrad Med J.* 1976 Mar; 52(605): 136-8. doi: 10.1136/pgmj.52.605.136. PMID: 1264934; PMCID: PMC2496390.)
38. Mace JW, Goodman SI, Centerwall WR, Chinnock RF. The Child with an Unusual Odor: A Clinical Resume. *Clinical Pediatrics.* 1976; 15(1): 57-62. doi:10.1177/000992287601500110)
39. Mehndiratta MM, Mehndiratta P, Pande R. Poliomyelitis: historical facts, epidemiology, and current challenges in eradication. *Neurohospitalist.* 2014 Oct; 4(4): 223-9. doi: 10.1177/1941874414533352. PMID: 25360208; PMCID: PMC4212416)
40. Syed G, Benni D, Naik SV, Surendra P. Infantile hemiplegia in pediatric dental set-up. *Dent Res J (Isfahan).* 2012 Sep; 9(5): 651-4. doi: 10.4103/1735-3327.104890. PMID: 23559936; PMCID: PMC3612208.)
41. Warner MJ, Hutchison J, Varacallo M. Bell Palsy. [Updated 2022 Sep 4]. In: Stat Pearls [Internet]. Treasure Island (FL): StatPearls publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK482290/>)
42. Snehal Vinayak Kale & Mangesh Madhusudan Pawar: Grahabadha- A Study Of Microbial Infection In Ancient Times. *International Ayurvedic Medical Journal [online]* 2021 {cited February, 2021} Available from: [http://www.iamj.in/posts/images/upload/466\\_472.pdf](http://www.iamj.in/posts/images/upload/466_472.pdf))
43. Minardi C, Minacapelli R, Valastro P, Vasile F, Pitino S, Pavone P, Astuto M, Murabito P. Epilepsy in Children: From Diagnosis to Treatment with Focus on Emergency. *J Clin Med.* 2019 Jan 2; 8(1): 39. doi: 10.3390/jcm8010039. PMID: 30609770; PMCID: PMC6352402.)
44. Snehal Vinayak Kale & Mangesh Madhusudan Pawar: Grahabadha- A Study Of Microbial Infection In Ancient Times. *International Ayurvedic Medical Journal [online]* 2021 {cited February, 2021} Available from: [http://www.iamj.in/posts/images/upload/466\\_472.pdf](http://www.iamj.in/posts/images/upload/466_472.pdf))
45. Tacon CL, Flower O. Diagnosis and management of bacterial meningitis in the paediatric population: a review. *Emerg Med Int.* 2012; 2012: 320309. doi: 10.1155/2012/320309. Epub 2012 Sep 20. PMID: 23050153; PMCID: PMC3461291.)
46. Snehal Vinayak Kale & Mangesh Madhusudan Pawar: Grahabadha- A Study Of Microbial Infection In Ancient Times. *International Ayurvedic Medical Journal [online]* 2021 {cited February, 2021} Available from: [http://www.iamj.in/posts/images/upload/466\\_472.pdf](http://www.iamj.in/posts/images/upload/466_472.pdf))

47. Warrell MJ, Warrell DA. Rabies: the clinical features, management and prevention of the classic zoonosis. Clin Med (Lond). 2015 Feb; 15(1):78-81. doi: 10.7861/clinmedicine.14-6-78. PMID: 25650205; PMCID: PMC4954532.)
48. Vega RM, Avva U. Pediatric Dehydration. [Updated 2022 Aug 1]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK436022/>
49. Snehal Vinayak Kale & Mangesh Madhusudan Pawar: Grahabadha- A Study of Microbial Infection In Ancient Times. International Ayurvedic Medical Journal {online} 2021 {cited February, 2021} Available from: [http://www.iamj.in/posts/images/upload/466\\_472.pdf](http://www.iamj.in/posts/images/upload/466_472.pdf)
50. Snehal Vinayak Kale & Mangesh Madhusudan Pawar: Grahabadha- A Study of Microbial Infection In Ancient Times. International Ayurvedic Medical Journal {online} 2021 {cited February, 2021} Available from: [http://www.iamj.in/posts/images/upload/466\\_472.pdf](http://www.iamj.in/posts/images/upload/466_472.pdf)
51. Nayak NC, Chitale AR. Indian childhood cirrhosis (ICC) & ICC-like diseases: the changing scenario of facts versus notions. Indian J Med Res. 2013 Jun; 137(6): 1029-42. PMID: 23852284; PMCID: PMC3734708.
52. Robert M. Kliegman MD Joseph St.Geme, Nelson Textbook of Pediatrics, Int.ed 21. 2020
53. Snehal Vinayak Kale & Mangesh Madhusudan Pawar: Grahabadha- A Study of Microbial Infection In Ancient Times. International Ayurvedic Medical Journal {online} 2021 {cited February, 2021} Available from: [http://www.iamj.in/posts/images/upload/466\\_472.pdf](http://www.iamj.in/posts/images/upload/466_472.pdf)
54. Vaqar S, Shackelford K. Pernicious Anemia. [Updated 2022 Nov 21]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK540989/>
55. <https://www.emjreviews.com/hematology/article/pernicious-anaemia-mechanisms-diagnosis-and-management>
56. Debi U, Ravisankar V, Prasad KK, Sinha SK, Sharma AK. Abdominal tuberculosis of the gastrointestinal tract: revisited. World J Gastroenterol. 2014 Oct 28; 20(40): 14831-40. doi: 10.3748/wjg.v20.i40.14831. PMID: 25356043; PMCID: PMC4209546.)
57. Ayaskanta Singh, Manoj Kumar Sahu, Manas Panigrahi, Manas Kumar Behera, Kanishka UthanSingh, Chinmayee Kar, Jimmy Narayan, Abdominal tuberculosis in Indians: Still very pertinent, Journal of Clinical Tuberculosis and Other Mycobacterial Diseases, Volume 15, 2019, 100097,

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