

A Clinical Trial of Bonnisan in 100 Babies

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INTRODUCTION

The newborn child has to adjust from an aquatic, dependent and parasitic life to an aerobic, independent and non-parasitic existence.

Even though breast milk is a complete satisfactory and nutritive food for a child for the first six months of life, still, however, certain minor gastrointestinal problems upset the child. Crying is the only language through which a child expresses the discomfort of minor upsets like flatulence, colicky pain, indigestion, constipation and distension of the abdomen. Naturally these give him a poor appetite. These complaints may be aggravated if the quality, quantity, composition and cleanliness of artificial feeding is not maintained.

A clinical trial of Bonnisan was undertaken: (i) to evaluate its effect on these minor abdominal upsets and (ii) to study the weight gain in the babies who were given Bonnisan.

Each teaspoonful (5 ml) of Bonnisan contains:

Dill oil 0.0018 ml plus 0.5 mg of each of the following significant extracts:

Tinospora cordifolia	Capparis spinosa
Piper longum	Phyllanthus emblica
Cichorium intybus	Cassia occidentalis
Terminalia chebula	Elettaria cardamomum
Achillea millefolium	Tamarix gallica
Tribulus terrestris	Boerhaavia diffusa

Processed in fresh juices and decoctions of various stomachics, digestives and hepatic stimulants.

MATERIAL AND METHODS

A study was undertaken with Bonnisan on 100 babies to study its effect on the general health, appetite, digestion, flatulence, constipation, colicky pain and weight gain in newborns and infants. This was carried out at Sheth Vadilal Sarabhai General Hospital, Ahmedabad.

One hundred babies ranging from ten days to six months of age were taken up for the study. Mostly these infants were selected from poor and middle class families and their nutritional status and that of their mothers was poor.

All the children were followed up regularly at frequent intervals. The observations were noted as per the *pro forma*, at the end of one week, two weeks, one month, two months, three months and four months after starting the drug.

The dose employed was:

Upto three months - ½ teaspoonful q.i.d.

4 months to 1 year -1 teaspoonful t.i.d.

General health was judged by the sense of well being manifested by the child and appreciated by the mother and interpreted by us.

Appetite was judged by the desire for feeds, the readiness of the child to suck and to accept other foods, and the amount of food intake observed by the mother.

Improvement in digestion was gauged by the absence of flatulence or colic, the resulting normal stools and general feeling of satisfaction observed in the child.

The presence of flatulence and/or colic was judged by distension of the abdomen, passage of large amount of flatus, a feeling of uneasiness in the abdomen and continuous crying.

The following observations have been made in the present series:

Table I: Age of the babies			
	Less than month	1 to 3 months	3 to 6 months
No.	33	24	43

Table II: Sex distribution	
Male	65
Female	35

Table III: Type of feeding	
Breast	61
Artificial	22
Both	17

Table IV: General Health		
	Before therapy	After therapy
Good	20	85
Fair	60	14
Poor	20	1

Table V: Appetite						
	Before therapy	Two weeks	One month	Two months	Three months	Four months
Good	15	20	31	48	60	70
Fair	60	60	54	42	40	30
Poor	25	20	15	10	Nil	Nil

Table VI: Digestion						
	Before therapy	Two weeks	One month	Two months	Three months	Four months
Good	19	20	35	51	66	74
Fair	56	60	49	38	31	26
Poor	25	20	16	11	3	Nil

Table VII: Flatulence						
	Before therapy	Two weeks	One month	Two months	Three months	Four months
Absent	31	70	75	90	92	100

Present	69	30	25	10	8	Nil
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	Before therapy	Two weeks	One month	Two months	Three months	Four months
Regular	79	82	90	93	95	100
Constipation	21	18	10	7	5	Nil
Diarrhoea	—	—	—	—	—	—
Loose stool	—	—	—	—	—	—

Weight gain	Two weeks	One month	Two months	Three months	Four months
Nil	5	—	—	—	—
4 oz	49	—	—	—	—
8 oz	30	15	—	—	—
12 oz	10	5	—	—	—
1 lb.	6	66	—	—	—
1¼ lb.	—	5	—	—	—
1½ lb.	—	5	—	—	—
2 lb.	—	4	70	—	—
2½ lb.	—	—	13	—	—
3 lb.	—	—	17	69	—
4 lb.	—	—	—	31	70
5 lb.	—	—	—	—	30

DISCUSSION

Bonnisan was found effective in all the cases as can be seen from the above data. The weight gain was the direct evidence of good digestive function.

This confirms the earlier findings of Rangwala and Anjaneyulu (1974), Dhurandhar (1973), Indira Bai *et al.* (1973), Kulsreshtha *et al.* (1975), Satyanarayana and Murthy (1975) and Shirole *et al.* (1974).

In the present series also the improvement in the symptomatology was found in almost all cases. The weight gain is an objective criterion of adequate nutrition and growth. Adequate supply of nutrition alone is not an answer to better growth, but its proper digestion and utilisation is very essential and useful.

Those babies who needed supplementary feeding or were entirely breast-fed always posed problems due to the mothers' poor hygiene and poor knowledge of feeding. However, when Bonnisan was started their problems were reduced and they gained more weight as compared to previous records.

The other complaints in early infancy like flatulence, colic, distension of abdomen, vomiting were reduced considerably by Bonnisan. This was no doubt a subjective phenomenon but on direct questioning 90% of mothers were satisfied about the appetite and general well being of their babies. They themselves came and asked for another bottle of Bonnisan before the earlier one was completely finished. The babies also thrived well, gained in weight and progressed normally.

No side effects were observed in any of the babies.

CONCLUSION

In the present study of 100 newborns and infants Bonnisan proved to be a highly effective digestive tonic on both counts: (a) treatment of common abdominal symptoms in infancy (b) weight gain.

After 4 months of Bonnisan therapy: (i) the appetite and digestion were found good in over 70% cases (ii) symptoms of flatulence and constipation were relieved in all cases studied (iii) steady weight gain of a pound a month was observed in 70% of the cases. Although majority of the cases were drawn from families with poor nutritional status, the general health was good in 85% of the children after Bonnisan therapy.

Judging by this study, Bonnisan could be considered a good digestive tonic and appetite stimulant. Bonnisan is palatable, well accepted and well tolerated by children and devoid of any side effects. Bonnisan also seems to exert a preventive action on gastrointestinal disturbances, because none of the babies receiving Bonnisan developed such complaints.

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