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AYURVEDIC APPROACH TO CHILDHOOD KARSHYA (UNDERNUTRITION): A NARRATIVE REVIEW FROM A KAUMARBHRITYA PERSPECTIVE

Dr. Punam Bhagwan Tupkar[1]*, Dr. Vijaykumar Suryawanshi[2], Dr. Sachin Gwalani[3], Dr. Pratik Kadu[4]

[1]PG Scholar, Department of Kaumarbhritya, SMBT Ayurvedic College and Hospital, India.
[2]Associate Professor, Department of Kaumarbhritya, SMBT Ayurvedic College and Hospital, India.
[3]Associate Professor, Department of Kaumarbhritya, SMBT Ayurvedic College and Hospital, India.
[4]PG Scholar, Department of Kaumarbhritya, SMBT Ayurvedic College and Hospital, India.

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***Corresponding Author: Dr. Punam Bhagwan Tupkar**

PG Scholar, Department of Kaumarbhritya, SMBT Ayurvedic College and Hospital, India.

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ABSTRACT
Childhood undernutrition remains an important public-health concern because inadequate nutrition can impair physical growth, cognitive development, immune function, and long-term well-being. Ayurveda describes the clinical state of excessive leanness as Karshya and relates its development to inadequate nourishment, impaired Agni, Vata predominance, and progressive Dhatu Kshaya. This narrative review organizes classical Ayurvedic concepts relevant to childhood Karshya from a Kaumarbhritya perspective and integrates them with contemporary principles of pediatric nutritional assessment. The review discusses Nidana, Samprapti, Samprapti Ghataka, Ayurvedic clinical assessment, and therapeutic principles including Nidana Parivarjana, Agni Deepana-Pachana, Brimhana, Santarpana, Ahara, Aushadha, Vihara, and selected Rasayana approaches. A practical Pathya-Apathya framework is also presented. The manuscript emphasizes that Karshya should be regarded as an Ayurvedic clinical construct and should not be considered identical to every modern category of childhood undernutrition. Anthropometric monitoring and evaluation for medical causes of poor growth remain essential. Ayurvedic interventions should be individualized according to age, Agni, Bala, Satmya, nutritional status, and associated disease, with appropriate pediatric supervision. The review highlights the need for well-designed clinical studies using standardized nutritional and safety outcomes to establish the effectiveness and role of Ayurvedic interventions alongside established care.

KEYWORDS: Karshya; childhood undernutrition; Kaumarbhritya; Agni; Brimhana; Santarpana.

INTRODUCTION

Childhood is a critical phase characterized by rapid physical growth, cognitive development, and immune maturation. Adequate nutrition during this stage is essential for achieving optimal health, supporting normal developmental milestones, and promoting long-term well-being. Undernutrition remains an important public-health concern, particularly in low- and middle-income settings, and is associated with impaired physical and cognitive development, increased susceptibility to infection, and reduced quality of life.[1-3]

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OBJECTIVE OF THE REVIEW

The objective of this narrative review is to compile and critically organize classical Ayurvedic concepts, etiological factors, pathogenesis, diagnostic considerations, therapeutic principles, dietary interventions, and preventive measures relevant to childhood Karshya, while presenting them in a format compatible with contemporary pediatric nutritional assessment.

MATERIALS AND METHODS

Study Design

This manuscript was prepared as a narrative review integrating classical Ayurvedic literature with contemporary pediatric nutrition concepts relevant to childhood Karshya. The review was designed to organize the Ayurvedic understanding of Karshya, including its definition, Nidana, Samprapti, clinical assessment, and management principles, and to relate these concepts cautiously to current approaches to the assessment of childhood undernutrition.

Literature Sources

The literature base comprised standard classical Ayurvedic texts and selected contemporary pediatric and public-health references already cited in this manuscript. Classical sources were consulted for descriptions of Karshya, Nidana, Samprapti, Agni, Dhatu Kshaya, Brimhana, Santarpana, Ahara, Vihara, and related therapeutic principles. Contemporary sources were used to contextualize pediatric growth assessment, childhood wasting/undernutrition, and the need for evaluation of associated medical conditions.

Selection and Synthesis Approach

Relevant concepts were identified from the cited Ayurvedic and contemporary sources and synthesized thematically under the following domains: (1) conceptual understanding and historical description of Karshya; (2) Nidana and Samprapti; (3) role of Agni and Dhatu; (4) clinical and Ayurvedic diagnostic assessment; (5) Ahara, Aushadha, Vihara, Brimhana and Santarpana approaches; and (6) Pathya–Apathya and preventive considerations. The synthesis is narrative and interpretive rather than a quantitative meta-analysis. Ayurvedic concepts are presented within their traditional framework and are not treated as direct biomedical equivalents unless supported by the cited contemporary literature.

Clinical Integration

For pediatric application, the review emphasizes integration of Ayurvedic assessment with age-appropriate anthropometry, dietary and feeding history, growth trajectory, and evaluation for underlying medical causes of poor growth. Recommendations concerning Ayurvedic medicines are framed as adjunctive and individualized measures requiring qualified pediatric clinical supervision, appropriate dosing, quality assurance, and monitoring.

Scope and Limitations of the Method

As a narrative review, this work does not claim the exhaustive search, formal risk-of-bias assessment, or quantitative synthesis expected of a systematic review. No clinical trial data were generated by the authors. The conclusions therefore represent a structured synthesis of the cited literature and should not be interpreted as proof of efficacy of individual Ayurvedic interventions.

CONCEPT OF KARSHYA IN AYURVEDA

Definition and Nirukti

The term Karshya is derived from the Sanskrit root “Kṛś” (कृश), meaning to become lean, emaciated, or reduced in bulk.[8-12] In Ayurvedic usage, Karshya denotes excessive thinness associated with depletion of body tissues (Dhatu Kshaya). Classical lexicons describe the state in terms of leanness or reduction in bulk. Thus, Karshya represents a pathological state characterized by loss of body mass, diminished strength, and inadequate tissue nourishment.

Historical Perspective

Karshya has been described across Ayurvedic literature. Although it is not always presented as an independent disease, its etiological factors, clinical manifestations, pathogenesis, complications, and treatment principles are discussed in several classical texts. In Charaka Samhita, Atikarshya is included among the Ashta Nindita Purusha, emphasizing the undesirable consequences of excessive emaciation. Karshya is also discussed in relation to Apatarpana and the need for Brimhana Chikitsa.[5] Sushruta Samhita describes depletion of Rasa and Mamsa with associated Vata aggravation.[6] Ashtanga Sangraha and related Ayurvedic texts describe Vata-associated features and recommend nourishing measures.[4,6,10,11] Bhavaprakasha gives an independent discussion of Karshya Rogadhikara, including Nidana, Lakshana, Samprapti, prognosis, and management.[7] Sharangadhara Samhita, Madhava Nidana, and Yogaratnakara provide additional descriptions relevant to emaciation and nutritional disorders.[8,9]

ETIOPATHOGENESIS OF KARSHYA (NIDANA AND SAMPRAPTI)

The development of Karshya is described as a gradual process initiated by inadequate or unsuitable dietary intake, faulty lifestyle practices, psychological stress, chronic illness, and impaired digestive function. These factors may disturb Agni, resulting in impaired digestion and assimilation and inadequate nourishment of Rasa Dhatu. Progressive Dhatu Kshaya may then manifest as emaciation, weakness, and poor growth. The Ayurvedic model therefore considers not only the quantity of food consumed but also digestive capacity, assimilation, metabolism, and tissue nourishment.

Nidana (Etiological Factors)
Samprapti (Pathogenesis)
Samprapti Ghataka
Role of Agni in Karshya

Agni occupies a central position in the Ayurvedic understanding of nutrition and tissue nourishment. When Agni is weak (Mandagni) or irregular (Vishamagni), digestion and assimilation may be impaired, potentially contributing to inadequate Dhatu formation.[5,10,11] Accordingly, Ayurvedic management emphasizes assessment and correction of digestive status before or alongside nourishing measures. Deepana and Pachana are selected according to the clinical context, followed by Brimhana and Santarpana when appropriate. The therapeutic objective is to improve tolerance of nourishment and support restoration of depleted tissues. This Ayurvedic rationale should be interpreted as a traditional clinical framework rather than as a direct biomedical equivalence.

CLINICAL AND AYURVEDIC DIAGNOSTIC APPROACH

Assessment of a child with suspected Karshya should combine contemporary nutritional assessment with Ayurvedic clinical assessment. Because the classical description is not identical to a modern nutritional diagnosis, Karshya should be used as an Ayurvedic clinical construct rather than as a one-to-one substitute for a contemporary diagnosis. Evaluation should document age, sex, dietary intake, feeding history, growth trajectory, recurrent illness, sleep, activity, and relevant psychosocial factors. Anthropometric assessment should include serial weight and height/length measurements interpreted using an appropriate age- and sex-specific growth standard. Where clinically indicated, the child should be assessed for medical causes of poor growth, including chronic infection, gastrointestinal disease, endocrine disorders, malabsorption, and other systemic conditions.[13-18]

Ayurvedic Clinical Assessment

Assessment should include Prakriti, Vikriti, Agni, Bala, Ahara-Satmya, Koshta, Nidana, Dosha predominance, Dhatu involvement, and relevant Srotas.

From an Ayurvedic perspective, assessment should include Prakriti, Vikriti, Agni, Bala, Ahara-Satmya, Koshta, Nidana, Dosha predominance, Dhatu involvement, and relevant Srotas. Particular attention may be given to features suggestive of Agnimandya or Vishamagni, Vata predominance, Rasa-Mamsa-Meda Kshaya, and associated weakness. The assessment should also identify clinical red flags requiring referral or co-management, including severe wasting, edema, persistent vomiting or diarrhea, significant feeding difficulty, altered sensorium, or evidence of serious systemic disease.[13-18]

Suggested Assessment Domains

Table 1: Suggested Clinical and Ayurvedic Assessment Domains.

DOMAIN	ASSESSMENT	RELEVANCE
Growth and nutrition	Serial weight and height/length; growth trajectory; dietary and feeding history	Identifies poor weight gain and nutritional risk
Agni	Appetite, digestion, bowel pattern, meal tolerance	Assesses impaired digestive/metabolic function
Dosha and Dhatu	Vata predominance; Rasa, Mamsa and Meda Kshaya features	Supports Ayurvedic assessment of pathogenesis
Lifestyle	Sleep, activity, stress, feeding routine	Identifies modifiable Nidana
Associated illness	Recurrent infection, gastrointestinal symptoms, chronic disease features	Helps identify secondary causes and need for referral

AYURVEDIC MANAGEMENT OF KARSHYA IN CHILDREN

The management of Karshya in Ayurveda is directed toward correction of underlying causative factors, restoration of digestive and metabolic function, nourishment of depleted tissues, and support of healthy growth. Classical principles emphasize Nidana Parivarjana, Agni Deepana-Pachana, Brimhana-Santarpana, appropriate Ahara, selected Aushadha, and supportive Vihara. In children, these measures require individualization according to age, digestive capacity, Bala, Satmya, nutritional status, and associated disease. Contemporary nutritional assessment and appropriate pediatric care should continue in parallel.

Principles of Ayurvedic Management

The Ayurvedic approach may be organized as a sequential therapeutic framework: [1] Nidana Parivarjana; [2] assessment and, where appropriate, correction of Agni; [3] gradual Brimhana-Santarpana; [4] age-appropriate Ahara; [5] carefully selected Aushadha; and [6] supportive Vihara and preventive care. This sequence is intended to support tolerability and progressive nourishment rather than indiscriminate feeding.

1. Nidana Parivarjana (Elimination of Causative Factors)

Nidana Parivarjana is a fundamental Ayurvedic therapeutic principle. Potentially modifiable factors

associated with inadequate nourishment should be addressed, including Alpashana, Ruksha Ahara, irregular meals, prolonged fasting, excessive physical activity, sleep deprivation, and significant psychological stress. In children, feeding practices and family-level factors should also be assessed and corrected where possible.[5,11]

2. Agni Deepana and Pachana

Agni is considered fundamental to digestion and assimilation. In a child with features of impaired digestion, Deepana and Pachana may be considered according to the clinical assessment and should not delay necessary nutritional or medical care. Warm, light, easily digestible and nourishing food may be introduced as tolerated. Once digestive tolerance improves, Brimhana measures can be progressively introduced.[5,10,11]

3. Brimhana and Santarpana Chikitsa

Brimhana Chikitsa is described as a principal approach for states of tissue depletion, weakness, and emaciation.[5,6] In children, nourishing interventions should be gradual and individualized rather than based on indiscriminate overfeeding. Laghu Santarpana may be considered when digestive capacity is limited, followed by more substantial nourishment as tolerated. Classical Brimhana Dravyas are described predominantly in terms of Madhura Rasa and Guru-Snigdha qualities; however, their selection and dosage in children require appropriate clinical judgment. Ayurvedic pharmacodynamic descriptions should not be interpreted as proof of modern anabolic or therapeutic efficacy without clinical evidence.

4. Ahara Chikitsa (Dietary Management)

Diet is central to the Ayurvedic management of Karshya. The diet should be nutritious, wholesome, palatable, age-appropriate, compatible with Satmya, and easily digestible. Classical texts mention milk (Kshira), Ghrita, Dadhi, Shali rice, wheat (Godhuma), black gram (Masha), sugarcane products (Ikshu), meat soup (Mamsarasa), and other Brimhana foods.[4-6,12] Dietary selection should consider age, tolerance, cultural acceptability, allergy status, and the child's overall nutritional requirements. Meals should generally be fresh, warm, appropriately unctuous when tolerated, and provided in suitable quantities and frequency.

5. Aushadha Chikitsa

Ayurvedic pharmacotherapy may be considered as an adjunct to dietary and lifestyle measures when clinically appropriate. Drugs described as Brimhana, Balya, Rasayana, Jeevaniya, or Vatahara may be selected according to Agni, Bala, age, and clinical presentation. Classical examples include Vidari (Pueraria tuberosa), Ashwagandha (Withania somnifera), Shatavari (Asparagus racemosus), Bala (Sida cordifolia), Yashtimadhu (Glycyrrhiza glabra), Kakoli, Kshirakakoli, and Ghrita-based preparations.[4,6,12] In pediatric practice, any medicinal intervention should be age-appropriate, quality-assured, carefully dosed, monitored for adverse effects, and supervised by a qualified clinician. Evidence for specific preparations should be established through appropriate clinical studies.

6. Vihara Chikitsa

7. Rasayana in Pediatric Nutrition

Rasayana is traditionally described as a supportive approach for maintaining tissue quality, vitality, and general well-being. In children recovering from nutritional depletion, any Rasayana intervention should be considered only after assessment of nutritional status and digestive tolerance and should be individualized to age and clinical context. Claims of improved immunity, cognition, or growth should not be interpreted as established clinical effects unless supported by appropriate pediatric evidence.[4,5,11]

8. Preventive Approach

Prevention is an integral component of Kaumarbhritya. Appropriate antenatal care, breastfeeding, timely complementary feeding, balanced nutrition, growth monitoring, healthy sleep, and supportive child-rearing practices are important preventive measures. Traditional measures such as Lehana and Swarnaprashana should be discussed cautiously and separately from established nutritional interventions, with attention to age, formulation quality, safety, and evidence. Early recognition of poor weight gain and prompt assessment can reduce the risk of progression to severe nutritional disorders.[13-18]

PATHYA–APATHYA (DIETARY AND LIFESTYLE GUIDANCE)

Pathya should be individualized according to age, digestive capacity, Satmya, nutritional status, allergies, feeding ability, and associated disease. The following framework summarizes principles presented in the manuscript; it is supportive guidance and does not replace individualized pediatric nutritional assessment or treatment.

Table 2: Pathya and Apathya Guidance.

PATHYA (FAVOURABLE)	APATHYA (TO BE AVOIDED OR LIMITED)
Warm, freshly prepared, wholesome and age-appropriate meals	Alpashana and prolonged fasting
Easily digestible, nourishing foods such as suitable cereals, milk/dairy where tolerated, and other Brimhana foods	Dry, nutritionally poor and unsuitable foods
Adequate meal frequency and appropriate quantity	Irregular meal timing

(Matravat Ahara)	
Snigdha foods when appropriate to digestive capacity	Excessive physical exertion
Adequate sleep, rest and a cheerful environment	Sleep deprivation
Timely breastfeeding and complementary feeding	Persistent psychological stress, fear, grief or worry

RESULTS AND DISCUSSION

The narrative synthesis indicates that Karshya is described in Ayurveda through the interacting concepts of Agnimandya, Vata predominance, inadequate nourishment, and Dhatu Kshaya.[4-7] The therapeutic framework emphasizes Nidana Parivarjana, assessment and correction of Agni, Brimhana-Santarpana, appropriate Ahara, selected Aushadha, and supportive Vihara. Classical dietary guidance provides a framework for nourishing foods, while contemporary pediatric care requires age-appropriate nutritional assessment, serial growth monitoring, and evaluation of medical causes of poor growth.[13-18] The available framework is clinically relevant as a traditional system of assessment and management, but specific Ayurvedic interventions require stronger clinical evidence before their effectiveness or safety can be established with confidence.

LIMITATIONS AND RESEARCH NEEDS

This article is a narrative review and does not constitute a systematic review or meta-analysis. The manuscript primarily organizes classical Ayurvedic concepts and selected contemporary pediatric nutrition references and does not provide a quantitative synthesis of clinical outcomes. Karshya should not be assumed to be synonymous with every modern category of childhood undernutrition. Future studies should define pediatric populations clearly, use standardized anthropometric and clinical outcomes, report intervention protocols and safety monitoring transparently, and include appropriate contemporary comparators. Prospective observational studies and well-designed clinical trials are needed to evaluate the effectiveness, safety, feasibility, and role of Ayurvedic interventions alongside established nutritional care.

CONCLUSION

Karshya is an important Ayurvedic construct describing excessive leanness and tissue depletion and has relevance to the clinical assessment of children with poor growth or nutritional risk. Ayurveda emphasizes Nidana Parivarjana, assessment of Agni, Brimhana-Santarpana, appropriate Ahara, selected Aushadha, Vihara, and preventive care.[4-7] These principles should be integrated cautiously with contemporary pediatric nutritional assessment, growth monitoring, and appropriate medical management. Further high-quality clinical research is required to determine the effectiveness and safety of specific Ayurvedic interventions and their appropriate role in the management of childhood undernutrition.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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