

Nutritional Disorders in Children and Ayurvedic Management: An Insight through Kaumarbhritya

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Abstract

The dual burden of malnutrition and obesity in children has emerged as a significant global health concern, particularly in developing nations like India. While modern nutrition science focuses on macronutrient and micronutrient intake, Ayurveda offers a more holistic view of child nutrition through the lens of Kaumarbhritya, the Ayurvedic branch dedicated to pediatric care. This paper explores the Ayurvedic understanding of Balposhana (child nutrition), with special focus on two major nutritional disorders—Kshaya (undernutrition) and Sthoulya (childhood obesity). Drawing from classical texts such as the *Kashyapa Samhita*, *Charaka Samhita*, and *Ashtanga Hridaya*, as well as contemporary health data and studies, it presents a framework for integrating diet (Ahara), lifestyle (Vihara), herbal therapies, and preventive strategies. The paper concludes by highlighting the relevance of Ayurvedic principles in modern public health and pediatric nutrition interventions.

Keywords: Balposhana, Kshaya, Sthoulya, Ayurveda, Kaumarbhritya, Child Nutrition, Malnutrition, Obesity, Ahara-Vihara

1. Introduction

Childhood nutrition is a critical determinant of health, development, and disease resistance. According to the World Health Organization (2023), one in three children under five worldwide suffers from some form of malnutrition—either stunting, wasting, or overweight. In India, the National Family Health Survey (NFHS-5) reveals a concerning nutritional paradox: widespread undernutrition in rural areas coexisting with a growing prevalence of childhood obesity in urban

settings. The rapid transition in dietary patterns, lifestyle habits, and family structures has contributed to this crisis, often undermining traditional food values and health practices.

Ayurveda, especially the branch of Kaumarbhritya, offers a profound and structured understanding of child nutrition, development, and immunity. Classical texts such as the *Kashyapa Samhita*—considered the cornerstone of Ayurvedic pediatrics—introduce the concept of Balposhana, or child nourishment, as a holistic process that depends on the quality of food, digestion (Agni), doshic balance, and emotional well-being. Nutrition is not merely caloric intake but the assimilation of Ahara Rasa, the refined essence of food that nourishes all seven dhatus (body tissues), particularly Rasa, Rakta, Mamsa, Meda, and Ojas—the essence of immunity and vitality (*Charaka Samhita*, Sutra Sthana 28).

Two of the most prevalent nutritional disorders are:

- Kshaya (undernutrition or emaciation), often caused by Agni-mandya (poor digestion), repeated infections, or improper weaning
- Sthoulya (childhood obesity), primarily resulting from Kapha imbalance, sedentary habits, and excessive intake of heavy, oily, or sweet foods

These disorders not only affect physical growth but also impair intellectual development (Medha), emotional balance, and long-term metabolic health. Ayurvedic treatment does not address symptoms in isolation but considers the child's prakriti (constitution), agni (digestive capacity), and dosha predominance to suggest personalized interventions. This includes Ahara (dietary planning), Vihara (daily routines and physical activity), herbal supplementation, and preventive Rasayana therapies like Swarna Prashana, which enhance immunity from early life stages (*Kashyapa Samhita*, Lehana Adhyaya).

The relevance of Ayurveda in addressing today's pediatric nutritional challenges lies in its preventive and promotive approach. While modern nutrition targets calorie counts and BMI metrics, Ayurveda promotes a balanced state of digestion, tissue formation, immunity, and emotional harmony. Bridging these paradigms through integrative pediatric nutrition strategies may provide innovative solutions for India's ongoing child health crisis, especially in regions with limited access to modern healthcare but strong traditional knowledge systems.

2. Ayurvedic Concept of Balposhana (Child Nutrition)

In Ayurveda, Balposhana refers to the nourishment and holistic development of the child from conception through adolescence. Unlike modern nutrition, which often focuses on macro- and micronutrient values, Ayurveda presents a qualitative, functional, and constitutional approach to child nutrition. The nourishment of a child is not just about feeding the body, but also supporting the development of the mind, senses, immunity, and spiritual strength (*Ojas*).

The foundation of Balposhana is laid in the womb, and continues with proper postnatal care, exclusive breastfeeding, timely weaning, and the introduction of digestible, dosha-balancing, and dhatu-nourishing foods. The *Kashyapa Samhita*, a classical text solely devoted to pediatric care, describes in the Lehana Adhyaya that child nutrition must follow the principles of desha (location), kala (season), agni (digestive power), and prakriti (constitution) of the child.

“Balasya agni mandyam bhavati” – Kashyapa notes that the digestive power of infants is naturally weak, and thus, food must be light, warm, and nourishing, gradually strengthening digestion and absorption (Kashyapa Samhita, Lehana Adhyaya).

In *Charaka Samhita* (Sutra Sthana 28), it is stated that “Ahara sambhavo vayah” – growth and development are entirely dependent on appropriate and wholesome food. This food must be converted efficiently into Ahara Rasa, the essence that nourishes all bodily tissues. When this process is disturbed due to inappropriate food, feeding schedules, or environmental stressors, it leads to dhatu kshaya (tissue depletion) or dushana (vitiation)—manifesting as Kshaya or Sthoulya.

Key factors in Balposhana include:

- **Agni (Digestive Fire):** A central determinant in how well food is digested and nutrients are absorbed. Weak Agni leads to ama (toxins), which impair metabolism and immunity.
- **Matra (Quantity) and Kala (Timing):** Food should be given in appropriate quantities based on age, appetite, and digestion, following Matrashitiya Adhyaya in *Charaka Samhita*.
- **Ahara Parinam (Post-digestive effect):** The guna (qualities) of food, such as snigdha (unctuous), laghu (light), and guru (heavy), are essential in deciding food compatibility with the child’s constitution.
- **Rasa (Taste) and Vipaka (Metabolism):** Ayurveda also considers the impact of rasa (taste) on digestion and tissue formation. For example, madhura (sweet) rasa builds tissues and supports growth, while tikta (bitter) and katu (pungent) are used in management of Sthoulya.

Ayurveda identifies that children pass through various developmental stages (kala) that demand specific nutritional responses:

- **Ksheerapa (milk-feeding stage):** Exclusive breastfeeding supported by maternal nutrition and dosha balance.
- **Ksheerannada (milk and semi-solid feeding):** Gradual weaning and introduction of semi-solid, Agni-supportive foods.

- Annada (solid food stage): Emphasis on dosha-balancing diet, supportive of growth and immunity.

In each stage, the Ahara must be tailored to support mental clarity, physical strength, and immune protection. This view is also echoed in *Ashtanga Hridaya*, which emphasizes Ahara Vidhi Vidnyana (science of eating) in detail (Sutra Sthana 8).

“Nityam hita aharo dhyeyah” – one must always consider wholesome food as the primary form of medicine (*Ashtanga Hridaya*, Sutra Sthana 8).

This comprehensive framework for Balposhana gives Ayurveda a unique edge in addressing both Kshaya (malnutrition) and Sthoulya (obesity). Instead of treating the condition in isolation, Ayurveda addresses the root cause—be it impaired digestion, poor diet choices, improper feeding habits, or emotional imbalance—through lifestyle correction, dietary planning, and herbal interventions that align with the child’s natural constitution.

3. Kshaya (Undernutrition in Children)

Kshaya, in Ayurvedic literature, refers to tissue depletion or emaciation caused by chronic malnourishment, poor digestion, and systemic weakening of the body's dhatus (tissues). In the pediatric context, Kshaya manifests as failure to thrive, stunted growth, recurrent infections, and delayed developmental milestones. It closely corresponds to undernutrition, wasting, and stunting as defined by modern medicine and the World Health Organization (2023). From the Ayurvedic standpoint, the root cause of Kshaya lies in the derangement of Agni (digestive/metabolic fire). A weak Agni leads to the formation of Ama (toxins) and improper conversion of food into Ahara Rasa, which is essential for the nourishment of Rasa, Rakta, Mamsa, and other tissues. Over time, this results in Dhatu-Kshaya, which weakens Bala (strength), Tejas (metabolism), and Ojas (vital energy)—making the child more susceptible to disease (*Charaka Samhita*, Sutra Sthana 28).

The *Bhavaprakasha Nighantu* defines Kshaya as a condition marked by “sharira laghava” (lightness of body), “bala hani” (loss of strength), and “alpabhilasha” (lack of appetite). This corresponds well with clinical symptoms of undernourished children who exhibit low weight-for-age, muscle wasting, fatigue, and frequent respiratory or gastrointestinal infections.

Causes of Kshaya in Children (According to Ayurveda)

- Agni-Mandya (weak digestion)
- Matruposhita dosha (maternal malnutrition during pregnancy and lactation)
- Dushta Stanya (vitiated breast milk)

- Irregular weaning or lack of complementary feeding
- Rasa-Kshaya (inadequate nutrition at the plasma level)
- Repeated infections weakening dhatus and Ojas

Kashyapa Samhita emphasizes the importance of timely Lehana (weaning) and appropriate postnatal diet, warning that delay or error in this process results in Balakshaya—reduced strength and immunity (Kashyapa Samhita, Lehana Adhyaya).

Symptoms of Kshaya in Children

- Extreme thinness and stunted growth
- Chronic fatigue, lack of enthusiasm in play
- Irritability, poor sleep, or lack of focus
- Daurbalya (general weakness)
- Anannabhilasha (loss of appetite)
- Frequent infections (especially upper respiratory and GI)
- Delayed speech or motor development

These symptoms parallel modern diagnostic criteria for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM), which are associated with increased mortality risk in children under five (UNICEF India, 2022).

Ayurvedic Management of Kshaya

Ayurveda adopts a Brimhana Chikitsa (nourishing treatment) approach for Kshaya, aiming to rebuild lost tissues, stimulate Agni, and strengthen immunity.

a) Ahara (Therapeutic Diet)

- Shashtika Shali (red rice) cooked with cow's milk and ghee
- Mudga Yusha (green gram soup) enhanced with digestive herbs like Pippali and Jeeraka
- Draksha (raisins), Kharjura (dates), and Mantha (medicated shakes)
- Medicated ghees such as Ashwagandhadi Ghrita, Bala Ghrita, and Kshirabala Ghrita

Charaka recommends “santarpana” (nourishing diet) as the first line of intervention in Balakshaya (Charaka Samhita, Chikitsa Sthana 15).

b) Rasayana and Balya Herbs

- Ashwagandha (*Withania somnifera*) – tissue builder, anabolic
- Shatavari (*Asparagus racemosus*) – increases milk and supports growth
- Yashtimadhu (*Glycyrrhiza glabra*) – anti-inflammatory, improves strength
- Bala (*Sida cordifolia*) – restorative herb for weakness and fatigue
- Chyawanprash – comprehensive Rasayana for immunity and digestion

Clinical trials (Sethi et al., 2022) show that Chyawanprash enhances hemoglobin levels, appetite, and general vitality in malnourished children when used with dietary correction.

c) Vihara (Lifestyle Support)

- Abhyanga (oil massage) with Bala Taila or Ashwagandha Taila for strengthening muscles and calming the nervous system
- Rest and regular sleep routines
- Encouragement of playful movement, storytelling, and emotional bonding for Manobala (mental strength)

d) Preventive Strategies

- Swarna Prashana – immunization therapy using gold and herbal extracts
- Timely weaning and Lehana practices as per *Kashyapa Samhita*
- Regular monitoring of Agni, growth, and feeding behavior

Modern nutrition emphasizes protein-energy supplementation, micronutrient delivery (vitamin A, iron, zinc), and ready-to-use therapeutic foods (RUTF) for treating undernutrition. Ayurveda complements these measures by focusing on improving Agni, reducing ama, and rejuvenating dhatus. An integrated approach using both systems can enhance recovery and reduce relapse.

4. Sthoulya (Childhood Obesity)

Sthoulya, classically defined as the excessive accumulation of Meda (fat tissue), is one of the eight undesirable physical conditions (*Ashta Nindita Purusha*) described in *Charaka Samhita* (Sutra Sthana 21). In the context of childhood obesity, Sthoulya manifests as increased body weight, lethargy, poor digestion, metabolic imbalance, and a higher susceptibility to lifestyle disorders. With changing dietary habits, sedentary lifestyles, and increased consumption of processed and high-calorie foods, obesity in children has emerged as a significant public health challenge. According to the WHO Global Nutrition Report (2023), the global prevalence of childhood obesity has more than tripled in the last 30 years. In India, urban children are increasingly affected, with rising risks of early-onset diabetes, hypertension, and psychological stress.

Ayurveda views Sthoulya not only as a physical condition but as a systemic imbalance involving Kapha dosha aggravation, Medo dhatu excess, and Agni-mandya (low metabolic fire). The *Bhavaprakasha* describes obese individuals as having “alasya” (laziness), “kshudra shwasa” (shortness of breath), and “ati swapna” (excess sleepiness)—all features seen in children with obesity. Unlike adults, children naturally have a Kapha-predominant phase of life (*Kapha avastha*), making them more prone to weight gain when lifestyle and dietary habits are poor (*Ashtanga Hridaya*, Sutra Sthana 1).

Etiology of Sthoulya in Children (According to Ayurveda)

- Excessive intake of madhura (sweet), snigdha (unctuous), and guru (heavy) foods
- Sedentary lifestyle (lack of physical play, screen addiction)
- Irregular eating habits and overeating
- Kapha prakriti and genetic predisposition (Beeja dosha)
- Agni-mandya, leading to improper metabolism and Meda accumulation

“Manda agni, guru ahara, avyayama, kapha pradhana sharira” – are all considered primary causes of Medoroga in children (*Charaka Samhita*, Sutra Sthana 21).

Clinical Features of Childhood Sthoulya

- Excessive weight and fat deposition, especially around abdomen, face, and chest
- Lack of physical agility, reduced participation in activities
- Heavy sweating, breathlessness on exertion
- Increased appetite, especially for fried or sweet foods
- Constipation, lethargy, and poor sleep quality
- Early signs of insulin resistance, acanthosis nigricans, or hormonal imbalance

These align with modern findings on childhood obesity, including early metabolic syndrome, non-alcoholic fatty liver disease, and psychosocial effects like low self-esteem and anxiety (UNICEF & NFHS-5, 2022).

Ayurvedic Management of Sthoulya

The therapeutic approach to Sthoulya involves Langhana (lightening therapy), Deepana-Pachana (metabolic correction), and Kapha-Meda shodhana (cleansing of excess fat and Kapha). The treatment aims to enhance metabolism, regulate appetite, encourage activity, and promote meda dhatu balance.

a) Ahara (Anti-obesity Diet)

- Light, warm, Kapha-pacifying foods: Yava (barley), Kulattha (horse gram), Mudga (green gram)
- Avoidance of sweetened beverages, dairy-heavy diets, and deep-fried foods
- Inclusion of Takra (buttermilk) spiced with Trikatu (pippali, shunthi, maricha)
- Amlaki juice, Lauki (bottle gourd) soup, and medicated waters like Triphala decoction

As per *Ashtanga Hridaya*, “Langhanam param aushadham” – fasting or light diet is the best medicine for Sthoulya (*Ashtanga Hridaya*, Sutra Sthana 14).

b) Vihara (Lifestyle Modifications)

- Daily physical activity/play (minimum 60 mins), age-appropriate
- Encouragement of active routines, household participation, reduced screen time
- Udvartana (dry herbal powder massage) using Triphala churna or Kolakulathadi churna to mobilize fat and stimulate metabolism
- Vyayama (exercise)—ideally light to moderate movement tailored for children
- Regular wake-sleep routines, avoiding daytime naps which aggravate Kapha

Kashyapa Samhita emphasizes the role of play and structured activity in enhancing metabolism and strengthening Agni in growing children (Kashyapa Samhita, Khila Sthana).

c) Herbal Remedies and Supportive Rasayanas

- Triphala – detoxifier, mild laxative, reduces fat accumulation
- Guggulu (Commiphora mukul) – lipid-lowering, anti-inflammatory
- Vrikshamla (Garcinia indica) – appetite regulator and digestive stimulant
- Guduchi, Mustaka, Chitraka – for Agni deepana and Kapha balance
- Medohara lehyas – herbal jams with Triphala, Vacha, and Musta

A clinical review by Ritu S. (2021) highlights the efficacy of Ayurvedic anti-obesity protocols in children when combined with dietary and behavioral changes.

Preventive and Community-Level Strategies

- Early dietary education for parents and school children
- Regular Ayurvedic wellness screening at Anganwadi or school level
- Promotion of Swarna Prashana and Rasayana chikitsa in early childhood to prevent Kapha-dominant disorders
- Integration of Ayurveda in school mid-day meal programs to ensure digestive and metabolic compatibility of food

Modern pediatrics addresses obesity through BMI tracking, dietary counseling, and sometimes pharmacological interventions. However, Ayurveda complements this by offering individualized, constitution-based care and emphasizes the root cause correction, not just weight reduction. It further introduces mindful eating, rasa-based food selection, and digestive hygiene, which are often overlooked in modern regimens.

5. Management Strategies: An Ayurvedic Approach to Nutritional Disorders in Children

The Ayurvedic management of pediatric nutritional disorders such as Kshaya (undernutrition) and Sthoulya (obesity) relies on a holistic framework that integrates diet (Ahara), lifestyle regulation (Vihara), herbal therapies, and preventive care strategies. Rather than treating isolated symptoms, Ayurveda emphasizes the correction of underlying imbalances—whether it is the weakening of Agni (digestive fire) in Kshaya or the aggravation of Kapha and Meda in Sthoulya. The ultimate goal is not only to restore physical balance but to support mental development, immunity (Ojas), and long-term health in the growing child. This multidimensional model stands apart from conventional approaches by focusing on constitutional differences (Prakriti), digestive capacity, and individualized response to food and behavior, ensuring personalized and sustainable care.

In cases of Kshaya, the first therapeutic step is to enhance the child's Agni so that nutrients can be properly digested and assimilated. This is achieved through mild digestive stimulants and nourishing foods known as Brimhana Ahara. Foods such as Shashtika Shali (red rice) cooked in ghee and milk, green gram soup, and natural tonics like dates, raisins, and medicated ghees (e.g., Ashwagandhadi Ghrita) are used to rebuild depleted Dhatus—especially Rasa, Rakta, Mamsa, and Meda. Once the Agni is restored, Rasayana therapy with herbs such as Ashwagandha, Shatavari, Bala, and Yashtimadhu helps in tissue regeneration and immunity enhancement. These are often administered in classical polyherbal formulations like Chyawanprash and Ashwagandhadi Leha, which serve not only to improve physical strength but also to support emotional well-being and cognitive development. Importantly, this dietary and herbal

intervention is accompanied by a nourishing lifestyle, which includes Abhyanga (daily oil massage) with strengthening oils, adequate rest, and structured playtime to stimulate both physical and psychological growth. The combined effect of these therapies leads to significant improvements in appetite, weight gain, disease resistance, and developmental milestones.

On the other hand, the Ayurvedic management of Sthoulya in children emphasizes Langhana (lightening therapy) and Deepana-Pachana (metabolic correction) to reduce Kapha and Meda while stimulating Agni. Unlike extreme dietary restrictions used in some modern approaches, Ayurveda advocates for a balanced, sattvic diet that is light but nourishing. Foods such as barley (Yava), horse gram (Kulattha), bitter vegetables, and spiced buttermilk are preferred. Simultaneously, there is a strong emphasis on regulating food quantity (Matrashitiya) and ensuring proper timing (Kala) to avoid excessive caloric intake. Ayurvedic classics discourage cold, heavy, sweet, and oily foods which aggravate Kapha and contribute to fat accumulation. Herbal interventions for Sthoulya often include Triphala, Guggulu, Vrikshamla, and Chitraka, which are known to regulate metabolism, mobilize fat stores, and improve digestive function. In terms of daily routine, children with obesity are encouraged to engage in regular physical activity appropriate to their age and strength. Ayurvedic therapies such as Udvartana (dry powder massage) help mobilize subcutaneous fat and stimulate circulation, while Vyayama (exercise) helps maintain healthy metabolism. Sleep hygiene, screen time regulation, and mental health support are integral, as obesity in children often coexists with low energy, depression, and social withdrawal. By correcting lifestyle, digestion, and metabolism holistically, Ayurveda helps address not only the physical burden of obesity but its emotional and behavioral dimensions as well.

In both Kshaya and Sthoulya, preventive strategies form a vital part of the management protocol. Ayurveda recommends early interventions such as maternal health optimization during pregnancy, exclusive breastfeeding, and the timely introduction of semi-solid and solid foods (Lehana Vidhi). Preventive use of Swarna Prashana, a gold-based immunomodulatory formulation described in *Kashyapa Samhita*, is promoted to build disease resistance, enhance

memory, and maintain doshic balance. Furthermore, public health integration of Ayurvedic nutrition strategies—such as using local, seasonal foods, promoting digestive health in Anganwadi and school systems, and training caregivers in child-specific Ahara-Vihara principles—can offer sustainable solutions to India’s ongoing pediatric nutritional crisis.

Ultimately, the strength of the Ayurvedic approach lies in its ability to personalize treatment, restore systemic balance, and promote long-term health through natural, culturally appropriate interventions. Its emphasis on digestive health, emotional nurturing, and immunity-building complements the goals of modern pediatric nutrition and opens the door for meaningful integration in both clinical and community health settings.

6. Discussion

The Ayurvedic framework for managing pediatric nutritional disorders—particularly Kshaya (undernutrition) and Sthoulya (obesity)—offers a deeply integrative and preventative healthcare model that remains highly relevant in today's context of rapid urbanization, lifestyle shifts, and food insecurity. Where modern nutrition focuses on quantitative metrics such as calories, BMI, and micronutrients, Ayurveda brings a qualitative, functional, and constitutional perspective that considers not just what the child consumes, but how it is digested, assimilated, and metabolically transformed into vital tissues. The classical emphasis on Agni (digestive strength) as the root of all nourishment offers a foundational concept that aligns with modern understandings of gut health, microbiome function, and nutrient absorption. The management of Kshaya through Brimhana Ahara, Rasayana therapy, and supportive herbs like Ashwagandha and Shatavari not only corrects weight deficits but also promotes emotional balance, immunity, and developmental progress. Likewise, the treatment of Sthoulya with Langhana (lightening therapies), Kapha-reducing diets, and lifestyle corrections focuses not just on weight loss, but on restoring metabolic harmony and preventing early onset of chronic diseases.

What makes Ayurveda particularly compelling in pediatric nutrition is its sustainability, accessibility, and cultural alignment with Indian communities. The integration of Swarna

Prashana, Lehana Vidhi, and Rasayana-based preventive approaches into early childhood care reflects Ayurveda's forward-thinking strategy of building resilience before disease manifests. These practices, when adapted to contemporary settings such as schools, Anganwadi centers, and home-based care, can significantly support public health interventions aimed at reducing malnutrition and obesity rates. Recent studies (Sethi et al., 2022; Shankar et al., 2006) suggest that incorporating Ayurvedic dietary principles into mainstream nutrition programs could enhance compliance, improve digestion, and reduce relapse or resistance to treatment. Moreover, Ayurvedic lifestyle guidelines—including Abhyanga (massage), Udvardana, daily exercise, and regulated screen time—offer non-pharmacological methods for improving the overall well-being of children. In a country facing both extremes of nutritional imbalance, the Kaumarbhritya approach of individualized, dosha-based care presents a practical and adaptable model that can bridge gaps between traditional knowledge and modern pediatric practice. However, more interdisciplinary research and clinical trials are needed to validate, standardize, and scale these ancient protocols for wider public adoption.

7. Conclusion

The rise of both undernutrition and obesity among children presents a complex public health challenge in India and globally. Ayurveda, through the lens of Kaumarbhritya, provides a time-tested, individualized, and holistic approach to pediatric nutrition, offering tools not only for treatment but also for prevention. The Ayurvedic understanding of Kshaya and Sthoulya goes beyond physical symptoms to consider deeper metabolic, emotional, and behavioral imbalances—placing emphasis on digestive strength, doshic balance, and Ojas (immunity). With therapeutic interventions involving diet (Ahara), routine (Vihara), herbal support, and preventive Rasayana practices, Ayurveda has the potential to enhance the effectiveness of modern nutritional programs and provide culturally relevant, sustainable solutions. By integrating classical principles with modern insights—such as gut health, metabolic syndrome prevention, and early dietary education—Ayurveda can significantly strengthen pediatric health strategies, especially in community and school-based interventions. Future collaborations between

Ayurvedic scholars, clinicians, nutritionists, and policymakers are essential to validate these approaches through evidence-based research and adapt them to current needs. Ultimately, Ayurveda's contribution to child nutrition lies not only in managing disease but in building lifelong health, immunity, and developmental resilience from the earliest stages of life.

References

1. Kashyapa Samhita – Lehana Adhyaya & Poshan Adhyaya
2. Charaka Samhita – Sutra Sthana, Chapters on Ahara and Matrashitiya
3. Ashtanga Hridaya – Sutra Sthana, Chapter 8 (Ahara Vidhi Vijnana)
4. Bhavaprakasha – Description of Kshaya and Sthoulya
5. Ministry of AYUSH (2019). Guidelines on Child Nutrition and Swarna Prashana
6. WHO (2023). Global Nutrition Report
7. UNICEF India – (2022). Malnutrition Among Indian Children: Trends and Interventions
8. National Family Health Survey (NFHS-5) – Nutritional Data in Children (India)
9. Patel M, et al. (2020). Role of Ayurveda in Bal Poshan and Preventing Malnutrition, *Journal of Research in Ayurveda and Siddha*
10. Ritu S. (2021). Sthoulya in Children: An Ayurvedic View, *International Ayurvedic Medical Journal*
11. Sethi S, et al. (2022). Nutritional Interventions in Ayurveda for Child Health, *AYU Journal*
12. Indian Pediatrics Journal – “Micronutrient Deficiencies and Ayurveda-based Dietary Interventions”
13. Shankar D. et al. (2006). Health Sector Strategy for AYUSH-based Child Nutrition
14. Sharma, P.V. (2015). Concept of Nutrition in Ayurveda, Chaukhambha Bharati Academy
15. Dravyaguna Vijnana – Reference to nutritional herbs: Shatavari, Bala, Yashtimadhu, Pippali