

4.7. Concept and practice of Prashana (feeding)

Unit 4 · Topic 4.7. Prāśana (Feeding/ Lehana): Concept and Practice

1) Classical idea in a line

Prāśana/ Lehana = the deliberate, tiny "lickable" administration of selected substances to an infant/child for nourishment, protection and development—distinct from routine breastfeeding (stanyapāna) and complementary feeding. The most cited classical illustration is **Suvarṇa-prāśana** in **Kāśyapa Saṃhitā (Lehādhyāya)**:

"सुवर्णप्राशनं ह्येतन्मेधाग्निबलवर्धनम् । आयुष्यं मङ्गलं पुण्यं वृष्यं वर्ण्यं ग्रहापहम् ॥"

— Kāśyapa Saṃhitā, **Sūtrasthāna - Lehādhyāya** (on Suvarṇa-prāśana)

Sense: "Suvarṇa-prāśana promotes intellect (medhā), digestion (agni), strength (bala), longevity, auspiciousness and complexion; it is virilific and helps ward off graha (morbid influences)."

Vocabulary:

Prāśana = giving a tiny lickable dose; **Lehana/Lehya** = semisolid "lickable" formulation; **Anupāna** = vehicle (e.g., *ghṛta*, *madhu*).

2) Where Prāśana sits in infant-child nutrition

- Stanyapāna (0-6 mo): exclusive breastfeeding.
- Prāśana/Lehana (select indications/ages): micro-doses of medhya, jīvanīya, bālya agents; not a substitute for milk/foods.
- Annaprāśana/Phalaprāśana (≈6 mo onward): foods begin; breastfeeding continues (see Topic 4.3-4.4).

Take-home: In exams, state that Prāśana complements, never replaces, breastfeeding or complementary feeding.

3) Indications, goals and rationale (Ayurveda → modern correlation)

3.1 Core prayojana (goals)

- Bṛṃhaṇa & Bala: steady tissue building and resistance.
- Medhā & Smṛti: cognitive support (classically with medhya dravyas).
- Agni dīpana-pācana: gentle gut priming in the infant with mṛdu agni.
- Rogapratighāta: reduced illness susceptibility (ancient concept; today read as immuno-nutritive support).

3.2 Modern bridge

- Many lehya recipes are nutrient-dense fats + botanicals → energy, micronutrients, and phytochemicals.
- Evidence status (exam-wise honesty): For Suvarṇa-prāśana, classical authority is strong; clinical evidence is evolving/low-certainty; ensure pharmacopeial quality and ethical oversight.

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4) What exactly is given? (Classical groups & examples)

4.1 Families of Prāśana (with common anupāna)

| Group | Prototype dravya (examples) | Classical idea | Typical anupāna |
|------------------|--|--|------------------------------|
| Suvarņa-prāśana | Purified Suvarṇa (gold) in micro-dose | Medhā-agni-bala vardhana, grahāpaha | Ghṛta + Madhu |
| Medhya-prāśana | Brāhmī, Śaṅkhapuṣpī, Mandūkaparṇī, Yaṣṭimadhu | Cognition/attention | Ghṛta/milk |
| Jīvanīya-bṛṃhaṇa | ı Jīvantī, Vidārī, Śatāvarī, Balā | Weight gain, convalescence | Ghṛta, <i>yavāgu</i> |
| Dīpana-pācana | Muṣṭā, Pippalī, Śuṇṭhī (micro) | Colic/ajīrṇa-prone infants | Warm water/Takra (mother) |

Source backbone: Kāśyapa's **Lehādhyāya** lists *lehana-yogas* for infants; *Aṣṭāṅga Hṛdaya* (Uttaratantra—Bālopacaraṇīya) echoes **medhya-bālya** lehyas.

5) Age, dose and scheduling (how to actually do it)

Key exam phrase: "Harenu-mātrā / raktāṅkura-mātrā micro-dosing, titrated to age and agni."

5.1 Age windows (pragmatic, text-concordant)

- **0-6 months:** Priority is **exclusive breastfeeding**. Prāśana only when **indicated** (e.g., medhya/bālya support) as **pin-head quantities** under supervision; most actions are via the **mother** (diet, *stanya-śodhana*).
- ~6 months onward: As Annaprāśana/Phalaprāśana begins, lehana can be scheduled (e.g., morning, postbath, small amount before feed).

5.2 Dose heuristics (remember this pattern)

- 0-3 mo: Harenu-mātrā (≈ a mustard seed smear) on clean finger; or a drop (if liquid).
- 4-6 mo: up to 2-3 drops/pea-size smear.
- 7-12 mo: pea to chick-pea size.
- >1 year: ¼-½ tsp depending on recipe, appetite, and season. (Always titrate to appetite, stools, and agni; avoid forcing.)

5.3 Time of day & frequency

- Ideal: Morning, light stomach, after baby is calm; followed by breastfeeding.
- Frequency: Many follow daily during convalescence and intermittent otherwise (e.g., weekly/monthly). Pushyanakṣatra scheduling is a later ritual accretion; not mandatory for clinical benefit—cite only as cultural practice, not as textual compulsion.

6) How to prepare and administer (clean steps you can write in OSCE)

- 1. Hygiene & consent: Wash hands; confirm no intercurrent fever/diarrhoea; check allergies.
- 2. **Dose ready:** Take the *lehya* on a clean spoon; check **room temperature**.
- 3. **Position:** Semi-upright in caregiver's lap; swaddle if needed.

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- 4. Give: Lightly touch the anterior tongue with the tiny smear (or use a clean fingertip).
- 5. Follow with the feed (breastmilk) within a minute.
- 6. **Observe 30-60 min:** look for rash, vomiting, unusual lethargy; record.

Storage: Small, airtight, amber container; away from heat; label name, batch, date, dose.

7) Safety, contraindications and red flags

7.1 General rules

- Never replace feeds with prāśana; do not give when febrile, dehydrated, or vomiting.
- Honey in infants <12 months: modern caution for botulism risk; if a classical formula specifies madhu, either
 (i) defer till ≥12 months, or (ii) take institutional policy-approved substitute (ghṛta alone) for younger infants.
- Suvarna preparations must be pharmacopeial (śodhit-mārita bhasma) from a licensed pharmacy; free metal filings/powders are unsafe. Monitor for GI intolerance/constipation; record brand and lot.
- Drug interactions/conditions: G6PD deficiency (avoid certain botanicals), known heavy-metal exposure risk, severe eczema/atopy flares—consult.
- Stop and review if: persistent vomiting, urticarial rash, blood in stools, inconsolable crying.

7.2 Who should not receive prāśana today?

- Unwell infants (acute gastroenteritis, high fever, severe cough/distress).
- Infants with poor weight trajectory where feeds are already marginal—fix feeding first.
- Any child under clinical trial/specialist regimen where added botanicals/metals are restricted.

8) Choosing the right prāśana: doşa-age-season logic

| Scenario (example) | Suitable prāśana idea | Why |
|--|---|-----------------------------------|
| Bottle-refusing, colicky 6-wk-old; mother has <i>ajāṭaragni</i> | Mother-centric : Musta-jīraka water; stanya-śodhana pathya; infant : none or minimally | Treat the milk loop first |
| 7-mo infant starting solids, frequent infections | Medhya-bālya lehya (e.g., <i>Brāhmī-ghṛta</i> micro-smear) | Cognition + immune- nutritive |
| Post-illness convalescence | Jīvanīya-bṛṃhaṇa (Jīvantī/Śatāvarī-based with ghṛta) | Tissue rebuild, appetite |
| Reflux/foremilk excess, kapha- features | Very tiny dīpana (e.g., Śuṇṭhī-Pippalī micro-anupāna via mother; infant prāśana delayed) | Avoid over-stimulating infant gut |

Exam line: "In $b\bar{a}la$, the mother's regimen ($m\bar{a}t\bar{r}$ - $\bar{a}h\bar{a}ra$ - $vih\bar{a}ra$) is often the primary lever; direct prāśana is truly micro-dosing."

9) Documentation

- Indication & chosen lehya (e.g., "medhya-prāśana—Brāhmī-ghṛta micro-dose").
- Age, weight, dose, anupāna, time.
- Batch/brand (esp. Suvarna-bhasma products).
- Observation log (30-60 min) and caregiver counselling recorded.
- Follow-up: weight, appetite, stools, sleep; revisit after 7-14 days.

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10) Exam-ready pearls

- **Definition:** Prāśana/Lehana = deliberate micro-administration of **lehya** for **bāla** to enhance *medhā-bala-agni* and for protection; **not** a meal.
- Classical anchor: Kāśyapa's Lehādhyāya with Suvarṇa-prāśana verse (quote).
- Safety mantra: "Fix milk & meals first; prāśana is adjunct." Honey <12 mo—avoid; metal preparations—licensed only.
- Scheduling: Morning, calm infant, then breastfeeding; tiny dose; observe; document.
- Cultural: Pushya-nakṣatra is optional ritual, not compulsory in clinical care.

Assessment

A. Long answer (10 marks)

Explain the concept of Prāśana/Lehana in Kaumarabhritya—definition, classical sources, indications, doṣa-age logic, formulation groups (medhya/jīvanīya/dīpana; Suvarṇa-prāśana), dose and timing, safety and contraindications, and documentation. Add a note on reconciling classical *madhu* with modern <12-month honey caution.

B. Short essays (5 marks each)

- 1. Suvarṇa-prāśana: classical claim, preparation safeguards, ethical/quality considerations.
- 2. Role of mātṛ-āhāra-vihāra in infant prāśana decisions.
- 3. **Medhya-prāśana vs. Jīvanīya-prāśana:** aims, examples, anupāna.

C. Short answers (3 marks each)

- 1. Define **Lehya** and **Anupāna** with one example suitable for infants.
- 2. List four situations where prāśana is deferred.
- 3. Write the **two lines** of the **Suvarna-prāśana** śloka and attribute correctly.
- 4. State three documentation points mandatory after prāśana.

D. MCQs (1 mark each)

- 1. Prāśana primarily aims at:
 - a) Replacing a feed b) Micro-support of medhā-bala-agni c) Hydration only d) Purgation
- 2. The classical seat of Suvarṇa-prāśana is:
 - a) Caraka Cikitsā b) Suśruta Nidāna c) Kāśyapa Sūtrasthāna—Lehādhyāya d) Aṣṭānga Kalpasthāna
- 3. For infants <12 mo, **madhu** use should be:
 - a) Encouraged daily b) Avoided (botulism risk) c) Given with hot milk d) Mixed with water
- 4. Pushya-nakṣatra timing is:
 - a) Classical compulsion b) Cultural/optional c) Contraindicated d) Evidence-mandatory
- 5. A red flag **after** prāśana is:
 - a) Normal nap b) Urticaria/vomiting c) Mild burp d) Smiling

Answers: 1-b, 2-c, 3-b, 4-b, 5-b.

References

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Classical

- Kāśyapa Samhitā (Vrddhajīvakīya Tantra) Sūtrasthāna, Lehādhyāya (lehana/prāśana formulations;
 Suvarna-prāśana verse quoted above).
- Aṣṭāṅga Hṛdayam (Vāgbhaṭa) Uttaratantra Bālopacaraṇīya (principles of infant nourishment, medhya-bālya lehyas).
- Caraka Samhitā Sūtrasthāna 27, Annapānavidhi (dietary science supporting infant feeding transitions).
- Suśruta Samhitā contextual notes on infant care and nourishment within Śārīrasthāna/Uttaratantra.

Modern/Contemporary (critical reading)

- Jyothy KB et al. **A critical appraisal on Suvarnaprashana in children.** *Anc Sci Life* (PMC). overview & evidence gaps.
- Nelaturi P et al. **Swarna Bindu Prashana—Ancient approach to improve health in children.** *J Ayurveda Integr Med* (PMC). conceptual synthesis; safety emphasis.
- Reviews on Lehādhyāya & Lehana-yogas (selection). profiles of medhya/bālya herbs and traditional preparations; use for background only.
- WHO/UNICEF IYCF guidance to reaffirm that Prāśana is adjunct; milk/foods remain central.

60-second recap

Prāśana = micro-dosing *lehya* to support **medhā-bala-agni**. Anchor your answer on **Kāśyapa's Lehādhyāya** (quote the **Suvarṇa-prāśana** verse). Remember: **adjunct** to breastfeeding and complementary feeding, tiny **age-titrated** quantities, **morning** dosing with **post-dose breastfeed**, and **strict safety/quality** (especially for *madhu* and *Suvarṇa-bhasma*). In viva, first say **"Fix feeds first; use prāśana judiciously."**

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