

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)

- **Bṛ̥mhaṇa & 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.



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

4.1 Families of Prāśana (with common anupāna)

| Group | Prototype dravya (examples) | Classical idea | Typical anupāna |
|-------------------|---|--|---------------------------|
| Suvarṇa-prāśana | Purified Suvarṇa (gold) in micro-dose | <i>Medhā-agni-bala vardhana, grahāpaha</i> | Ghṛta + Madhu |
| Medhya-prāśana | Brāhmī, Śaṅkhaṣuṣpī, Mandūkapaṇī, Yaṣṭimadhu | Cognition/attention | Ghṛta/milk |
| Jīvaṇīya-br̥mhaṇa | Jīvanti, Vidārī, Śatāvarī, Balā | Weight gain, convalescence | Ghṛta, yavāgu |
| 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: “*Hareṇu-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, post-bath, small amount before feed).

5.2 Dose heuristics (remember this pattern)

- **0–3 mo:** *Hareṇu-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:** $\frac{1}{4}$ – $\frac{1}{2}$ **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). **Pushya-nakṣatra** 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.



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.
- **Suvarṇa 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*: doṣa-age-season logic

| Scenario (example) | Suitable <i>prāśana</i> idea | Why |
|---|---|-----------------------------------|
| Bottle-refusing, colicky 6-wk-old; mother has <i>ajātaragni</i> | Mother-centric: <i>Musta-jīraka</i> water; <i>stanya-śodhana</i> 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 | Jīvaniya-br̥mhaṇa (<i>Jīvantī/Śatāvarī</i> -based with <i>ghṛta</i>) | Tissue rebuild, appetite |
| Reflux/foremilk excess, kapha-features | Very tiny dīpana (e.g., <i>Śuṇṭhī-Pippalī</i> micro-anupāna via mother; infant <i>prāśana</i> delayed) | Avoid over-stimulating infant gut |

Exam line: “In *bāla*, the **mother’s regimen** (*mātr-āhāra-vihāra*) 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. *Suvarṇa-bhasma* products).
- **Observation log** (30–60 min) and **caregiver counselling** recorded.
- **Follow-up:** weight, appetite, stools, sleep; revisit after **7–14 days**.



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 *mātr-āhāra-vihāra* in infant *prāśana* decisions.**
3. **Medhya-prāśana vs. Jivaniya-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 **Suvarṇa-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) *Aṣṭāṅga 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



Classical

- **Kāśyapa Saṃhitā (Vṛddhajīvakiya Tantra) — Sūtrasthāna, Lehādhyāya** (lehana/prāśana formulations; **Suvarṇa-prāśana** verse quoted above).
- **Aṣṭāṅga Hṛdayam (Vāgbhaṭa) — Uttaratantra - Bālopacaraṇīya** (principles of infant nourishment, medhya-bālya lehyas).
- **Caraka Saṃhitā — Sūtrasthāna 27, Annapānavidhi** (dietary science supporting infant feeding transitions).
- **Suśruta Saṃhitā** — 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.”**