

## 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**, **jīvaniya**, **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.

## 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 <b>Suvarṇa</b> (gold) in micro-dose	<i>Medhā-agni-bala vardhana, grahāpaha</i>	<b>Ghṛta + Madhu</b>
Medhya-prāśana	<b>Brāhmī, Śaṅkhaṣṭī, Mandūkapaṇī, Yaṣṭimadhu</b>	Cognition/attention	Ghṛta/milk
Jīvanīya-br̥mhaṇa	<b>Jīvantī, Vidārī, Śatāvārī, Balā</b>	Weight gain, convalescence	Ghṛta, <i>yavāgu</i>
Dīpana-pācana	<b>Muṣṭā, Pippalī, Śuṅṭhī</b> (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  $\geq 12$  months, or (ii) take **institutional policy-approved substitute** (*ghṛta* alone) for younger infants.
- **Suvarṇa preparations** must be **pharmacopeial (śodhit-mārīta 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>	<b>Mother-centric:</b> <i>Musta-jīraka</i> water; <i>stanya-śodhana</i> pathya; <b>infant:</b> none or <b>minimally</b>	Treat the milk loop first
7-mo infant starting solids, frequent infections	<b>Medhya-bālya lehya</b> (e.g., <i>Brāhmī-ghṛta</i> micro-smear)	Cognition + immune-nutritive
Post-illness convalescence	<b>Jīvaniya-br̥mhaṇa</b> ( <i>Jīvantī/Śatāvarī</i> -based with <i>ghṛta</i> )	Tissue rebuild, appetite
Reflux/foremilk excess, kapha-features	<b>Very tiny dīpana</b> (e.g., <i>Śuṅṭhī-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 (Vṛddhajīvākīya Tantra) — Sūtrasthāna, Lehādhyāya** (lehana/prāśana formulations; **Suvarṇa-prāśana** verse quoted above).
- **Aṣṭāṅga Hṛdayam (Vāgbhaṭa) — Uttaratāntra - Bālopacaraṇīya** (principles of infant nourishment, medhya-bālyā lehyas).
- **Caraka Saṃhitā — Sūtrasthāna 27, Annapānavidhi** (dietary science supporting infant feeding transitions).
- **Suśruta Saṃhitā** — contextual notes on infant care and nourishment within **Śārīrasthāna/Uttaratāntra**.

## Modern/Contemporary (critical reading)

- Jyothy KB et al. **A critical appraisal on Suvarṇaprashana 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/bālyā 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.”**