

## Unit 2 (continued). Bāla Saṃvardhana — Topics 6-10

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6. Childhood Saṃskāras · 7. Developmental Milestones · 8. Developmental Assessment · 9. Developmental Delay · 10. Danta Vijñāna

## 6) Childhood Saṃskāras (rationale & conduct)

**What they are.** *Saṃskāra* means a purificatory/right-of-passage act intended to prepare the child for the next developmental stage. In Kaumārabhr̥tya practice you will most often encounter the early *saṃskāras* that directly interface with nutrition, hygiene, and neuro-psycho-social development.

### Clinically relevant saṃskāras .

- **Jātakarma** (immediately after birth): clean, warm environment; initiation of breastfeeding (colostrum) as early as feasible; protection from cold/wet; gentle oiling as per season.
- **Nāmakaraṇa** (naming): family bonding; identity and records begin.
- **Niṣkramaṇa** (first outing / sun-viewing): graded environmental exposure; morning light for circadian entrainment, vitamin-D synthesis.
- **Annaprāśana / Phalaprāśana** (weaning): formal transition from exclusive milk → semi-solids; *phalaprāśana* (thin fruit preparations) is especially highlighted in the Kāśyapa tradition before cereal gruels, easing the gut into new tastes and textures.
- **Cūḍākaraṇa (mundana)**: hygiene and heat-regulation considerations; cultural.
- **Karṇavedha (ear piercing)**: cultural & immune system stimulation; perform only in healthy children under hygienic conditions with after-care to prevent infection.

Here's a quick, exam-ready timing chart for these six saṃskāras. Where classical schools differ, we have listed the common variants.

Saṃskāra	Proposed time / age (classical)	Notes / variants
<b>Jātakarma</b>	<b>Immediately after birth (same day)</b>	Post-natal rites (licking of ghee-madhu electuary etc.) are described right after delivery; functionally “at birth.”
<b>Nāmakaraṇa</b>	<b>11th or 12th day</b> after birth	Some traditions tie it to first new/full moon after the 10th day.
<b>Niṣkramaṇa</b> (first outing / sun-viewing)	<b>4th month</b>	Baby is ceremonially taken out and shown sun/moon.
<b>Phalaprāśana</b> (fruit introduction)	<b>6th month</b>	Kāśyapa's distinctive step <b>before cereals</b> ; thin fruit preps/juices first.
<b>Annaprāśana</b> (first cereals)	<b>6th month (Suśruta, Vāgbhaṭa); 10th month or after teething (Kāśyapa)</b>	Many modern compendia list 6-10 months overall; Kāśyapa prefers cereals when dentition starts (≈10th month).
<b>Cūḍākaraṇa</b> (mundan)	<b>End of 1st year or during 3rd year</b>	Some gṛhya lines allow 1st/3rd/5th year (odd years).
<b>Karṇavedha</b> (ear-piercing)	<b>6th-7th month (Suśruta); 6th-8th month (Vāgbhaṭa)</b>	Dharma granthas also allow odd years (3rd/5th). Do only when healthy; clean technique and after-care essential.

### Two quick clinician notes

- For **Annaprāśana/ Phalaprāśana**, you can justify either 6th-month solids (Suśruta/ Vāgbhaṭa) **or** Kashyapa's two-step (6th month fruits → 10th month cereals with dentition). In exams, state both and cite Kashyapa for the 10th-month option.



- **Karṇavedha/ Cūḍākaraṇa** are often anchored in **Gṛhya Sūtra/ Dharma** traditions; Ayurveda texts (e.g., Suśruta, Vāgbhaṭa) give the pediatric-safety windows that align with our practice.

Want me to turn this into a one-page “timing cheatsheet” for your LMS (with a tiny footnote on sources)?

**Diet-based staging which underpins saṃskāra timing (memorise):**

“ते त्रिविधाः—क्षीरपाः, क्षीरान्नादाः, अन्नादाः इति ।”

*Te trividāḥ—kṣīrapāḥ, kṣīrāṇṇādāḥ, annādā iti. — Suśruta Saṃhitā, Sūtrasthāna 35/29*

(Children are threefold by feeding stage: milk-fed, milk-plus-foods, food-fed.)

**Why these matter today.** They give you a **structured, anticipatory care pathway**: from warmth and early breastfeeding (*Jātakarma*), through **timely weaning** (*Annaprāsana*), to **graded sensory exposure** (*Niṣkramaṇa*). In viva, open your answer by tying each saṃskāra to a **developmental task** (feeding, sleep circadian rhythm, sensory stimulation, hygiene).

## 7) Developmental Milestones (what to expect, when)

**Definition.** Development = **qualitative** acquisition of functions/skills (gross motor, fine motor, language, social/personal, cognition). It is **age-linked** yet **range-based** (normal windows).

**High-yield anchors to memorise.**

### Developmental Milestones\*

Age	Behavior
Birth	Sleeps much of the time Sucks on a nipple or pacifier Clears airway Responds with crying to discomforts and intrusions
4 weeks	Brings hands toward eyes and mouth Lifts head when lying on stomach and moves head from side to side Eyes follow an object moved in an arc about 15 cm above face to the midline Responds to a noise in some way (eg, startling, crying, quieting) May turn toward familiar sounds and voices Focuses on a face
6 weeks	Regards objects in the line of vision Begins to smile when spoken to More aware of surroundings and may look around more Head lags when pulled to a sitting position
3 months	Holds head steady on sitting Raises head 45° when lying on stomach Opens and shuts hands Pushes down when feet are placed on a flat surface Swings at and reaches for dangling toys Follows an object moved in an arc above face from one side to the other Watches faces intently Smiles at sound of caretaker's voice Vocalizes sounds
5-6 months	Holds head steady when upright Sits with support Rolls over Reaches for objects Recognizes people at a distance Listens intently to human voices Smiles spontaneously Squeals in delight Babbles to toys
7 months	Sits without support Bears some weight on legs when held upright Transfers objects from hand to hand Holds own bottle Looks for dropped object Responds to own name Responds to being told “no” Combines vowels and consonants to babble Moves body with excitement in anticipation of playing Plays peekaboo
9 months	Sits well Crawls or creeps on hands and knees Pulls self up to standing position Works to get a toy that is out of reach; objects if toy is taken away Gets into a sitting position from stomach Stands holding on to someone or something Says “Mama” or “Dada” indiscriminately
12 months	Walks by holding furniture (“cruising”) or others’ hands May walk 1 or 2 steps without support Stands for a few moments at a time Says “Dada” and/or “Mama” to the appropriate people Drinks from a cup Claps hands and waves bye-bye Speaks several words
18 months	Walks well Can climb stairs holding on Draws a vertical stroke Makes a tower of 4 cubes Turns several book pages at a time Speaks about 10 words Pulls toys on strings Partially feeds self
2-2½ years	Runs well/with coordination Climbs on furniture Jumps Climbs up and down stairs without help Handles a spoon Turns single book pages Makes a tower of 7 cubes Opens doors Scribbles in a circular pattern Puts on simple clothing Makes 2- or 3-word sentences Verbalizes toilet needs



Age	Behavior
3 years	Mature gait while walking Rides a tricycle Favors using one hand over the other Copies a circle Dresses well except for buttons and laces Counts to 10 and uses plurals Recognizes at least 3 colors Questions constantly Feeds self well Can take care of toilet needs (in about half of children)
4 years	Alternates feet going up and down stairs Throws a ball overhand Hops on 1 foot Copies a cross Dresses self Washes hands and face
5 years	Skips Catches a bounced ball Copies a triangle Draws a person in 6 parts Knows 4 colors Dresses and undresses without help
6 years	Walks along a straight line from heel to toe Writes name

\* The sequence is fairly consistent, but the timing of milestones varies; times above represent median values.

Age	Gross motor	Fine motor	Language	Social/Personal
3 mo	Head control partial	Hands to midline	Coos	Social smile
6 mo	Sits tripod	Reaches, transfers	Babbles	Stranger awareness
9 mo	Pulls to stand, crawls	Immature pincer	Understands "no"	Peek-a-boo, waves
12 mo	Walks with support / few steps	Pincer grasp mature	1-2 meaningful words	Simple gestures
18 mo	Runs, climbs	Scribbles	10-15 words	Points to body parts
24 mo	Jumps with two feet	Tower 6-7 blocks	2-word phrases	Parallel play
3 y	Tricycle, stairs alt feet	Copies circle	3-4 word sentences	Toilet day-time
5 y	Skips	Copies triangle	Storytelling	Group play, rules

**Ayurvedic rationale.** Milestones reflect progressive nourishment of **majja-asthi-māṃsa dhātus** and maturing **agni**. In *bālya* (kapha-pradhāna kāla), provide **snigdha-laghu** foods, abundant sleep, massage (*abhyanga*), sunlight, and affectionate interaction to support *ojas* and neuro-plasticity.

## 8) Developmental Assessment (how to examine and document)

### Principles.

1. Use **structured tools** appropriate to age; 2) evaluate **all five domains**; 3) confirm with **serial observation**; 4) always screen **hearing and vision** when language/learning concerns appear; 5) correlate with **growth**, illness burden, psycho-social context, and **Dhātu** status.

### Toolbox (know at least three with purpose).

- **DDST/Denver II**: quick screen birth-6 years (gross motor, fine motor-adaptive, language, personal-social).
- **ASQ®** (Ages & Stages Questionnaires): parent-completed screening across domains.
- **M-CHAT-R/F**: autism red-flag screen (16-30 months).
- **Bayley Scales** (gold-standard detailed assessment in infants/toddlers).
- **Screening audiometry / OAE-ABR** and **vision** checks as indicated.
- **School-age**: academic achievement, attention/executive functions, behaviour scales.

### Examination script (OSCE-ready).

- Observe **posture, tone, symmetry, spontaneous activity**.
- Elicit age-appropriate **gross motor** (pull-to-sit, sitting, standing, gait).
- Test **fine motor** (reach, pincer, drawing shapes).
- Check **language** (receptive — follows command; expressive — vocabulary, sentences).
- Assess **social** (eye contact, joint attention, pretend play).
- Document with **dated entries**; advise re-screen at set intervals if borderline.

### Dhātu-Doṣa lens to add depth.

- **Majjā** concerns → language/cognition delays, OFC deviation.

- **Māmsa** weakness → delayed gross motor; low MUAC.
- **Rasa/Agni** compromise → lethargy, poor attention.  
Add gentle **dīpana-pācana** when *āma* features are present and advance diet textures slowly; prioritise **sleep routines**.

## 9) Developmental Delay (recognition, work-up, first-line plan)

### Definitions.

- **Global Developmental Delay (GDD)**: delay in **≥2 domains** (<5 y).
- **Isolated** delays: speech-language, motor, or social-communication.
- **Regression** (loss of previously acquired skills) = **red flag** → urgent referral.

### Red-flag list (memorise 6).

- No social smile by **3 months**.
- Not sitting by **9 months**; not walking by **18 months**.
- No single words by **16 months**; no 2-word phrases by **24 months**.
- Loss of language or social skills at **any age**.
- Persistent toe-walking, abnormal handedness **before 18 months**.
- Poor eye contact, no joint attention, **no pointing** by **18 months**.

### Evaluation framework.

- **History**: antenatal/perinatal events (asphyxia, prematurity), recurrent infections, seizures, nutrition (iron-iodine-B12), psycho-social deprivation, screen time excess, family history.
- **Examination**: growth parameters (including OFC), dysmorphology, neurology, hearing/vision.
- **Investigations** (tailored): CBC, iron studies, TSH; hearing/vision tests; if indicated — metabolic panel, genetic tests; imaging when focal deficits/regression.
- **Ayurveda-informed plan**: correct **Agni** and **Rasa** deprivation with **laghu-br̥ṃhaṇa** (energy-dense but easy to digest: rice-dal *peya/maṇḍa/yūṣa*, ghee in drops, mashed pulses/veg, dates/til preparations in older kids), maintain **Nidrā**, structured day routine, daily outdoor play/sun.
- **Therapies**: early **speech-language, occupational** and **physiotherapy**; parental coaching (responsiveness, reading, serve-and-return).
- **When to refer urgently**: regression; seizures; failure to thrive; macro/microcephaly trends; focal deficits; suspected ASD with severe impairment.

### Sāmānya-Viśeṣa principle to justify nutrition in delay:

“सर्वदा सर्वभावानां सामान्यं वृद्धिकारणम् ।

ह्रासहेतुविशेषश्च, प्रवृत्तिरुभयस्य तु ॥” — *Caraka Saṃhitā, Sūtrasthāna 1/44*

(Similarity promotes growth; dissimilarity reduces it.)

Use this verse to defend **br̥ṃhaṇa** choices in undernourished delayed children.

## 10) Danta Vijñāna (dentition, teething, oral care)

**Why this matters in Kaumārabhṛtya.** Dentition is both a **milestone** and a **nutrition gateway** (texture progression, chewing learning). It also influences **speech, facial growth**, and infection risk.

### A) Eruption chronology (know this table cold)

**Deciduous (20 teeth)** — usually 6–30 months:



Tooth	Emerges (mo)
Central incisors	6-10
Lateral incisors	9-13
First molars	12-16
Canines	16-20
Second molars	20-30

**Permanent (32 teeth)** — broadly 6-12 years (third molars later):

Tooth	Emerges (yr)
First molars, central incisors	6-7
Lateral incisors	7-8
First premolars	10-11
Second premolars	10-12
Canines	11-12
Second molars	12-13
Third molars	17-25 (variable)

**Classical link to feeding stage.** Begin *annaprāsana* and textures **around the *kṣīrāṇṇada* phase** as digestive and oral-motor readiness improves, aligning with **early dentition**.

### B) Teething (*dantodbhava*) — what is normal, what is not

- **Usual symptoms:** drooling, gum discomfort, mouthing behaviour, mild irritability; **no high fever or diarrhoea** solely due to teething — always rule out infection.
- **Ayurveda-informed comfort:** gentle gum massage with clean finger; age-appropriate **cold but not icy** teething aids; keep diet **laghu-snigdha**; ensure hydration and sleep. Avoid topical anaesthetics.
- **Oral hygiene:** wipe gums from birth; brush with smear of fluoride toothpaste after tooth eruption; limit nighttime bottle/feeding sugars; schedule first dental visit by **1 year**.

### C) Malocclusion & habits

- Discourage prolonged pacifier/thumb sucking beyond **2-3 years**; promote nasal breathing; ensure adequate iron and ENT evaluation if mouth-breathing and snoring.

## Putting it together (exam-style synthesis)

- **Saṃskāras** are not mere rituals; they scaffold **developmental tasks**: early breast-feeding (*jātakarma*), **circadian and sensory exposure** (*Niṣkramaṇa*), **weaning** (*Annaprāsana/Phalaprāsana*).
- **Milestones** must be tracked across **five domains**; always consider **Dhātu** correlates (*majja* ↔ language/cognition; *māṃsa* ↔ motor).
- **Assessment** = structured tools + serial observation + hearing/vision + growth.
- **Delay** → identify red flags, correct nutrition/**Agni**, begin early therapies, and refer when indicated.
- **Teeth** are a visible barometer of maturation; use eruption to cue **texture progression** and **oral-motor learning**.

## Self-Assessment

### A. MCQs (mark one best answer)

1. The **single most useful classical line** to justify timing of *annaprāsana* in exams is:  
A. “Panchamahābhūta” verse (C.Su.1)



- B. “Te trividāḥ—kṣīrapāḥ, kṣīrānṇādāḥ, annādā iti.” (Su.Su.35/29)  
C. “Dinacaryā” verse (A.H. Su.2)  
D. “Ayuḥ kāmayaṁāna” verse (C.Su.1)
2. A **red flag** for autism risk at 18 months is:  
A. Parallel play  
B. Scribbling  
C. **No pointing/joint attention**  
D. Stranger anxiety
3. *Global developmental delay* is suspected when delays are present in:  
A. **Two or more domains** (<5 y)  
B. Only language  
C. Only gross motor  
D. Only social
4. A 9-month child with drooling and gum swelling but **fever 39.5°C** for 2 days should be managed as:  
A. Normal teething  
B. Give topical anaesthetic  
C. **Evaluate for infection; teething does not cause high fever**  
D. No action
5. Which pair correctly matches **Dhātu ↔ growth sign**?  
A. Meda ↔ OFC growth  
B. **Asthī ↔ linear height**  
C. Māṁsa ↔ language  
D. Rasa ↔ tooth eruption

**Answers:** 1-B, 2-C, 3-A, 4-C, 5-B.

### B. Short-answer (3-5 lines)

- List **four** childhood *saṁskāras* and the developmental task each supports.
- Outline **Denver II domains** and one example test item per domain.
- Write **six red flags** for developmental delay/regression.
- Give the **eruption schedule** of primary molars and canines.
- Explain how you would integrate **Sāmānya-Viśeṣa** to plan diet in a child with under-nutrition and speech delay.

### C. Long-answer (10-12 marks)

- “*Saṁskāras* are anticipatory pediatrics.” Discuss with emphasis on **Annaprāśana/Phalaprāśana**, their timing relative to **feeding-stage (Su.Su.35/29)**, and your regimen for safe weaning in Indian settings.
- A 2-year-old has **no two-word phrases**, recurrent infections, and weight-for-age –2 SD. Present your **developmental assessment**, Dhātu-Agni interpretation, **nutrition/therapy plan**, and **referral criteria**.

## Shlokas to quote in this chapter

### 1. Diet-based pediatric staging

ते त्रिविधाः—क्षीरपाः, क्षीरान्नादाः, अन्नादाः इति । — *Suśruta Saṁhitā, Sūtrasthāna 35/29*

### 2. Principle explaining why bṛṁhaṇa builds growth

“सर्वदा सर्वभावानां सामान्यं वृद्धिकारणम् । ह्यासहेतुर्विशेषश्च, प्रवृत्तिरुभयस्य तु ॥” — *Caraka Saṁhitā, Sūtrasthāna 1/44*

(Only accurately sourced verses are included.)



## References

### Classical sources

- **Suśruta Saṃhitā**, Sūtrasthāna 35/29 — diet-based classification **kṣīrapa, kṣīrāṇṇada, annāda**.
- **Caraka Saṃhitā**, Sūtrasthāna 1/44 — **Sāmānya-Viśeṣa** siddhānta (growth rationale).
- **Kāśyapa Saṃhitā (Vṛddhajīvakiya Tantra)** — early infant-child care, *phalaprāśana/annaprāśana, stanya* and *dhātṛi* discussions (consult Vidyotini edition for detailed procedure and timing passages).
- **Aṣṭāṅga Hṛdayam**, Uttaratāntra (Bālaroga sections) — practical cautions for pediatric care.

### Modern & standard texts

- **WHO Child Growth Standards** (0-5 y) & **WHO 5-19 y** reference; **IAP Growth Charts (2015)**.
- **Nelson Textbook of Pediatrics** — growth, development, developmental assessment & delay.
- **IAP Textbook of Pediatrics** — dentition charts, oral health guidance, clinical red flags.
- **AAP/Indian Academy of Pediatrics** statements on teething, fluoride, and early dental visits.

### 60-second recap

- *Saṃskāras* = **structured, anticipatory steps** aligning with developmental tasks (feeding, sensory, hygiene).
- Track **milestones** across 5 domains; assess with **DDST/ASQ/M-CHAT/Bayley** plus hearing/vision.
- **Red flags & regression** need prompt referral; integrate **Dhātu-Agni** thinking into nutrition and routines.
- **Danta Vijñāna**—use eruption windows to plan textures/chewing and oral hygiene from year one.