3.7. Ayu Pariksha Vidhi [Assessment of Longevity and Standard of Living]

Topic 7. Āyu Parīkṣā Vidhi (Assessment of Longevity & Standard of Living)

Learning goals

After this lesson you will be able to:

- define **Āyu Parīkṣā** and distinguish **longevity (life-span potential)** from **quality of living (standard of living)** in the pediatric–neonatal context;
- apply **Daśavidha Ātura Parīkṣā** factors to infer *bala/ojas* and survival potential in newborns and children;
- integrate classical indicators with **modern risk markers** (GA, birth weight, Apgar, KMC suitability, sepsis risks);
- use a structured **Āyu–SoL checklist** for anticipatory guidance and follow-up.

A. What is Āyu Parīkṣā?

Āyu Parīkṣā Vidhi is the **systematic evaluation of a person's life-span potential and quality of living** using classical clinical frameworks (especially **Daśavidha Ātura Parīkṣā** and **Indriya-pratyātmā-pravṛtti**–based prognostic cues), integrated in pediatrics with **perinatal/neonatal risk factors** and **social determinants** that sustain *bala/ojas*. In Kaumārabhṛtya, the goal is **not fortune-telling** but **stratifying risk**, guiding *bṛṃhaṇa* (nourishing) care, and planning follow-up.

Two dimensions to keep distinct in your answers

1. **Longevity potential (Dīrghāyu/ Madhyamāyu/ Hrasvāyu)** — inferred from *bala, ojas, agni, dhātu-pauṣṭi, prakṛti,* and early survival cues.
2. **Standard of Living (SoL)** — the **environmental & socio-behavioural supports** (food quality, sleep, hygiene, housing, maternal education, caregiving capacity) that **allow that potential to express**.

B. Classical frame you must remember

1) Daśavidha Ātura Parīkṣā (tenfold patient appraisal) — pediatric lens

(List these in Sanskrit in exams; add the pediatric correlate as below.)

Daśavidha factor	Pediatric/Neonatal correlate (how you will judge it)
Prakṛti (constitution)	Birth constitution; tendencies to kapha (mucus/anabolism), pitta (heat/reactivity), vāta (instability).
Vikṛti (current morbid state)	Illness load at birth/early life (asphyxia, sepsis, jaundice).
Sāra (tissue excellence)	Skin turgor, muscle tone, cry strength, *sahaja bala*; in infants, look for robust suck and spontaneous activity.
Saṃhanana (body build/compactness)	Anthropometry channel (weight/length/OFC), proportionality, absence of gross dysmorphism.
Pramāṇa (measurements)	Weight, length/height, OFC, MUAC; serial centiles/Z-scores.
Satmya (habituation)	Tolerance to feeds, routines; ability to adjust to schedule & textures during weaning.
Satva (psychic strength)	Neuro-behavioural stability: consolable crying, sleep–wake rhythm, social engagement as age advances.
Āhāra-śakti (capacity to take/digest food)	Latch & suck, feed frequency, weight gain; stooling & colic patterns (maternal diet if *stanya-doṣa* suspected).

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Daśavidha factor	Pediatric/Neonatal correlate (how you will judge it)
Vyayāma-śakti (capacity for activity)	Spontaneous movements, tone, endurance with feeds; later motor play & stamina.
Vayaḥ (age)	GA at birth; chronological age; critical windows like first 1000 days, pubertal surge.

How this serves Āyu Parīkṣā: strong **Sāra–Saṃhanana–Satva–Āhāra-śakti** predicts **better survival & growth**, i.e., higher expression of *bala/ ojas* → **longer/ healthier life trajectory** if SoL supports are in place.

2) Indriya/Darśana–Sparśana–Praśna logic

- **Darśana** (inspection): colour, lustre, posture, movements, affect.
- **Sparśana** (palpation): warmth, perfusion, tone, dehydration.
- **Praśna** (elicited history): in neonates, this is **maternal & birth history** (GA, labour, resuscitation, early feeds), **family/ social supports**.

Why an Ayurvedic examiner asks for these first: Many longevity cues in infants are **pattern recognitions** of *ojas* sufficiency (pink, warm, quietly alert neonate with strong suck) versus *ojas* depletion (cold, lethargic, poor suck, recurrent sepsis) — they directly influence survival probability.

C. Modern risk anchors you should weave into answers

Domain	High-yield markers	Āyurvedic meaning
Gestational age (GA)	Preterm <37 w; late preterm 34–36⁶⁄₇; term ≥37 w	*Apakva* → tender *agni*, fragile *prāṇa* & *ojas*; needs warmth, EBM/DHM, KMC.
Birth weight	LBW <2500 g; VLBW <1500; ELBW <1000	Low *Sāra–Saṃhanana*; higher infection/feeding risks.
Apgar	1 & 5 min scores	Immediate *prāṇa-sthiratā* (breath/HR/tone) → predicts early survival.
Early feeding	EIBF, EBF success, weight nadir <10%	*Āhāra-śakti* & maternal *stanya* adequacy → builds *rasa/bala*.
Thermal stability	Axillary 36.5–37.5 °C without warmer	Warmth = preservation of *agni*; hypothermia drains *ojas*.
Sepsis risks	PROM, maternal fever, foul liquor; danger signs	*Āma–doṣa* aggravations; threatens *ojas*.
Family/SoL	Safe housing, WASH, maternal education, caregiver time	The *upasthambhas* (diet-sleep-conduct) can be met or not, determining expression of *ayu*.

D. Putting it together: Āyu–SoL Stratification Sheet (clinically useful)

Use this as a **one-page tool** in wards/clinics. (Scores are for teaching; they focus attention and **do not replace** clinical judgement.)

1) Longevity potential (LP) score — 0 to 10 (higher is better)

Item (observe/measure)	0	1	2
GA	<34 w	34–36⁶⁄₇	≥37 w
Birth weight	<1.5 kg	1.5–2.49 kg	≥2.5 kg
Apgar (5 min)	≤6	7–8	9–10
Thermal state at 2 h	<36.5 °C	fluctuating	36.5–37.5 °C
Feeding at 24 h	poor suck/IV	partial EBM/NG	EIBF on breast

Interpretation: LP ≤4 = **high early-risk**; 5–7 = **moderate**; 8–10 = **low early-risk**.
Action: lower LP → **intensify KMC, EBM/DHM, thermal care, glucose/jaundice screening**; daily review.

2) Standard-of-Living support (SoL-S) score — 0 to 10

Item (ask/ inspect)	0	1	2
Maternal diet/rest	poor	inconsistent	adequate
WASH (water/sanitation)	unsafe	partial	safe
Housing warmth/crowding	cold/crowded	either issue	warm/uncrowded
Caregiver availability	<4 h/day	4–8 h	>8 h
Follow-up access	none	distant/irregular	reliable nearby

Interpretation: SoL-S ≤4 → **home-visit/tele-follow-up**, social support, targeted counselling; 5–7 → standard counselling; 8–10 → reinforce good practices.

> **Ayurvedic justification for scoring & support**
> The **Sāmānya-Viśeṣa** principle tells you *bala* grows when **similar supports** (warmth, human milk, rest, satmya diet) are provided and shrinks with **dissimilar** inputs (cold, incompatible feeds, sleep loss).

E. Reasoned approach to Āyu Parīkṣā in neonates & children

Step 1 — Describe what you see (Darśana-Sparśana)

- Pink, warm, quiet-alert infant, rooting, strong suck → **good *ojas/bala***.
- Cold, mottled, weak cry, poor suck → **ojas depletion** → urgent thermal & feeding support.

Step 2 — Overlay Daśavidha

- **Sāra/Saṃhanana/Pramāṇa** from anthropometry & tone;
- **Āhāra-śakti/Vyayāma-śakti** from feeds, stamina;
- **Satva/Satmya** from consolability & tolerance.

Step 3 — Add modern risk anchors (GA, weight, Apgar, sepsis risk).

Step 4 — Plan to convert potential into reality

- **Warmth:** Warm chain + **KMC**; delay bath; oiling only after thermal stability.
- **Milk:** EIBF, EBM/DHM if needed; correct *stanya-doṣa* by **maternal diet/rest**.
- **Sleep:** protect newborn sleep windows (major *ojas* builder).
- **Infection:** hand hygiene, dry cord care; early danger sign recognition.
- **SoL supports:** WASH, smoke-free home, caregiver time; schedule **frequent early follow-ups** for low LP/SoL-S.

F. Special contexts

1) Preterm/ LBW

- Lower baseline *Sāra* and *agni*; **ojas-sparśa** is fragile.
- **Thermal care, KMC, graded feeds** (trophic → full), glucose checks; avoid overstimulation.
- Counsel parents that **longevity potential improves** with **consistent similar supports** (warmth, human milk, sleep).

2) SGA/ IUGR

- Watch for hypoglycaemia, hypothermia; **bṛṃhaṇa** with energy-dense EBM, frequent feeds; growth monitoring.
- Long-term: micronutrients (iron, vit-D) and **play-based activity** to build *māṃsa–asthi* without overfeeding.

3) Socio-economic adversity

- Poor SoL-S depresses realised *ayu* even when biology is favourable.
- Interventions: **community support**, lactation counselling, **clean water**, ORS knowledge, and **contact-point immunisation & growth monitoring**.

G. Documentation you can use in hospital

1. **Day-1 Āyu–SoL note** (copy-paste template):

- **GA/Weight/Apgar:** … / … / …
- **Thermal state 2 h:** … | **Feeding status 24 h:** …
- **Daśavidha cues (infant):** Sāra … / Saṃhanana … / Pramāṇa … / Āhāra-śakti … / Vyayāma-śakti … / Satva … / Satmya … / Prakṛti … / Vikṛti … / Vaya …
- **LP score:** …/10 | **SoL-S:** …/10
- **Plan:** KMC … h/day; EIBF/EBM/DHM; thermal …; follow-up on day …; caregiver counselling given (sleep/WASH/danger signs).

2. **Follow-up flags** (tick): inadequate weight gain ☐; hypothermia episodes ☐; jaundice ☐; feeding problems ☐; caregiver constraints ☐.

H. Case vignettes (practice writing)

Case 1 (Term, low SoL): 39 w, 2.9 kg, Apgar 9/10; home is cold & crowded; mother returns to work in 2 weeks.

- **LP 9/10, SoL-S 3/10.**
- **Plan:** teach KMC, ensure EBM expression & cup feeding plan, community support for warmth, early follow-up (48–72 h), assign danger-sign checklist.
- **Justification:** strong biology but **dissimilar environment** will erode *bala* unless corrected.

Case 2 (Late preterm, good SoL): 35 $^{5}/_{7}$ w, 2.2 kg, Apgar 8/9; parents available 24/7; warm housing; proximity to clinic.

- **LP 6/10, SoL-S 9/10.**
- **Plan:** KMC >12 h/day; EBM by cup 8–10 feeds; thermal monitoring; glucose checks; weekly weight charting; transition to direct BF as stamina improves.
- **Justification:** *Sāmānya* supports will **upgrade longevity expression** despite initial immaturity.

I. Common viva prompts & how to answer in 2–3 sentences

- **Q:** “Define Āyu Parīkṣā in Kaumārabhṛtya.”
  A: It is the **evaluation of survival and healthy life-span potential** by integrating **Daśavidha Parīkṣā** indicators of *bala/ojas/agni* with **perinatal risk markers** and **SoL supports**, then tailoring *bṛṃhaṇa* care and follow-up.
- **Q:** “Which Daśavidha factors carry the most weight in neonates?”
  A: Sāra, Saṃhanana, Pramāṇa, Āhāra-śakti, Satva—because they directly reflect *ojas* and *agni* in the first days.

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- **Q:** “Quote one śloka to justify your emphasis on warm human milk and sleep.”
  A: *“[illegible] [illegible] [illegible] [illegible] …”* — similar inputs (warmth, human milk, rest) **increase** *bala/ojas*.

J. Summary (60-second recall)

- **Āyu Parīkṣā** = **Longevity potential** (biology) × **Standard-of-Living supports** (environment).
- Use **Daśavidha** to read *bala–ojas–agni*; add GA, weight, Apgar, feeding, thermal state.
- Apply **LP** and **SoL-S** as quick stratifiers; then deliver **KMC, EBM/DHM, warmth, sleep, WASH & counselling**.
- Quote **C.Su. 1/41** (scope of Āyurveda) and **C.Su. 1/44** (Sāmānya–Viśeṣa) confidently.

Self-Assessment

MCQs (choose one best answer)

1. The **Daśavidha** element that most directly reflects newborn survival capacity is:
   A. Prakṛti B. **Āhāra-śakti** C. Satmya D. Vayaḥ
2. A neonate with GA 38 w, 2.7 kg, Apgar 9/10, temp 36.8 °C, poor latch needs:
   A. No action B. **Lactation support/EBM while training latch** C. Routine formula D. Early bath
3. Low **SoL-S** but high **LP** indicates:
   A. No risk B. **Risk of unrealised potential; intensify counselling & follow-up** C. Immediate NICU D. Growth hormone therapy
4. The verse **“Sāmānya… Vṛddhi…”** is used in this context to justify:
   A. Antibiotic use B. **Providing similar supports (warmth, human milk, sleep) to build bala** C. Early weaning D. Deep suction
5. Which **pair** is **mismatched**?
   A. Sāra—tissue excellence B. Saṃhanana—compaction C. Satmya—habituation D. Pramāṇa—psychic strength (**Answer: D**; psychic strength = **Satva**)

Answer key: 1-B, 2-B, 3-B, 4-B, 5-D.

Short-answer (3–5 lines)

1. Define **Āyu Parīkṣā** and list **four** neonatal variables you will always record.
2. Explain the role of **Satva** and **Satmya** in predicting feeding success and routine adherence.
3. Outline your **counselling plan** for a baby with **LP 6/10** and **SoL-S 3/10**.
4. Give the **Daśavidha** list in Sanskrit with a one-line pediatric correlate.
5. How does **KMC** operationalise classical goals of **ojas preservation**?

Long-answer (10–12 marks)

1. Discuss **Āyu Parīkṣā Vidhi** in neonates: integrate **Daśavidha Parīkṣā**, GA/weight/Apgar/feeding/thermal markers, and propose a **follow-up algorithm** for low-support households.
2. “Longevity potential is biological, but its expression is environmental.” Substantiate using **Sāmānya–Viśeṣa**, *upasthambhas* (diet, sleep, conduct), and **case-based plans** for preterm vs term neonates.

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