

### 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 Kaumārabhr̥tya, the goal is **not fortune-telling** but **stratifying risk**, guiding *br̥mhaṇa* (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)
<b>Prakṛti</b> (constitution)	Birth constitution; tendencies to kapha (mucus/anabolism), pitta (heat/reactivity), vāta (instability).
<b>Vikṛti</b> (current morbid state)	Illness load at birth/early life (asphyxia, sepsis, jaundice).
<b>Sāra</b> (tissue excellence)	Skin turgor, muscle tone, cry strength, <i>sahaja bala</i> ; in infants, look for robust suck and spontaneous activity.
<b>Samhanana</b> (body build/compactness)	Anthropometry channel (weight/length/OFC), proportionality, absence of gross dysmorphism.
<b>Pramāṇa</b> (measurements)	Weight, length/height, OFC, MUAC; serial centiles/Z-scores.
<b>Satmya</b> (habituation)	Tolerance to feeds, routines; ability to adjust to schedule & textures during weaning.
<b>Satva</b> (psychic strength)	Neuro-behavioural stability: consolable crying, sleep-wake rhythm, social engagement as age advances.
<b>Āhāra-śakti</b> (capacity to take/digest food)	Latch & suck, feed frequency, weight gain; stooling & colic patterns (maternal diet if <i>stanya-doṣa</i> suspected).



**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.

**Vayah** (age)

GA at birth; chronological age; critical windows like first 1000 days, pubertal surge.

**How this serves Āyu Parīkṣā:** strong **Sāra-Samhanana-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
<b>Gestational age (GA)</b>	Preterm <37 w; late preterm 34-36%; term ≥37 w	<i>Apakva</i> → tender <i>agni</i> , fragile <i>prāṇa</i> & <i>ojas</i> ; needs warmth, EBM/DHM, KMC.
<b>Birth weight</b>	LBW <2500 g; VLBW <1500; ELBW <1000	Low <i>Sāra-Samhanana</i> ; higher infection/feeding risks.
<b>Apgar</b>	1 & 5 min scores	Immediate <i>prāṇa-sthiratā</i> (breath/HR/tone) → predicts early survival.
<b>Early feeding</b>	EIBF, EBF success, weight nadir <10%	<i>Āhāra-śakti</i> & maternal <i>stanya</i> adequacy → builds <i>rasa/bala</i> .
<b>Thermal stability</b>	Axillary 36.5-37.5 °C without warmer	Warmth = preservation of <i>agni</i> ; hypothermia drains <i>ojas</i> .
<b>Sepsis risks</b>	PROM, maternal fever, foul liquor; danger signs	<i>Āma-doṣa</i> aggravations; threatens <i>ojas</i> .
<b>Family/SoL</b>	Safe housing, WASH, maternal education, caregiver time	The <i>upasthambhas</i> (diet-sleep-conduct) can be met or not, determining expression of <i>ayu</i> .

**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	34-36%	≥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  $\leq 4$  = **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  $\leq 4$  → **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; **br̥mhaṇa** 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 <sup>5/7</sup> 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 *br̥mhaṇa* 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.

