

Unit 6 Kupōṣaṇa Rogas (Nutritional Disorders) in Bāla Topic 1. Phakka Roga, Kumārashoṣa, Karśya, Parigarbhikā, Sthaulya

Topics: Phakka Roga, Kumārashoṣa, Karśya, Parigarbhikā, Sthaulya

Classical anchors:

Karśya (emaciation) etiologies & signs

“सेवा रूक्षान्नपानानां लङ्घनं प्रमिताशनम्... कुर्वन्त्यतिकृशं नरम्” — *Caraka Saṃhitā*, Sūtrasthāna 21/11-12 (dry foods, fasting, overexertion, sleep/urge suppression etc. cause **atikṛśa**).

“शुष्कस्फिगुदरपीवो... त्वगस्थिशेषोऽतिकृशः” — *Caraka Saṃhitā*, Sūtrasthāna 21/15 (phenotype of extreme leanness).

Sthaulya (obesity) definition & risk

“मेदोमांसातिवृद्धत्वाच्चलस्फिगुदरस्तनः... अतिस्थूल उच्यते” — *Caraka Saṃhitā*, Sūtrasthāna 21/9.

Therapeutic principles

“गुरु चातर्पणं चेष्टं स्थूलानां कर्शनं प्रति। कृशानां बृंहणार्थं च लघु सन्तर्पणं च यत्” — *Caraka Saṃhitā*, Sūtrasthāna 21/20 (heavy-non-nourishing for obese; light-nourishing for lean).

“वातघ्नान्यन्नपानानि श्लेष्ममेदोहराणि च... रूक्षाण्युद्धर्तनानि च” — *Caraka Saṃhitā*, Sūtrasthāna 21/21 (Sthaulya management).

Santarpana-Apatarpana logic

“सन्तर्पयति यः स्निग्धैर्मधुरैर्गुरुपिच्छिलैः...” & “रोगास्तस्योपजायन्ते सन्तर्पणमित्तजाः...” — *Caraka Saṃhitā*, Sūtrasthāna 23/3-5 (overnutrition causes Kapha-Meda disorders including prameha, etc.).

“श्रोत्रदौर्बल्यमुन्मादः... विण्मूत्रसंग्रहः...” — *Caraka Saṃhitā*, Sūtrasthāna 23/28 (features of **apatarpana**—undernutrition).

1) Phakka Roga (Kāśyapa's contribution)

Working definition (Ayurveda): A pediatric kupōṣaṇa complex described in *Kāśyapa Saṃhitā*, classically grouped into **Kṣīrāja**, **Garbha-ja**, and **Vyādhi-ja** types based on cause (milk-related, antenatal, or disease-associated).

Classical symptom flavor (compiled from Kāśyapa descriptions in secondary exegesis): wasting of **sphik/buttocks**, arms and thighs with **udara-vridhhi** (protuberant abdomen), fever, and delayed functions; various authors correlate its clusters with rickets/PEM spectrum.

Modern correlation (exam stance): **Rickets ± PEM** / developmental delay spectrum depending on predominance of bony vs global growth features (be cautious: correlation varies across commentaries).

Nidāna (likely):

- **Kṣīrāja:** *Stanya-doṣa* (esp. Kapha-duṣṭa milk), improper feeding.
- **Garbha-ja:** maternal malnutrition, in-utero insults (maps to antenatal deficiency).
- **Vyādhi-ja:** chronic illness → malabsorption.

Lakṣaṇa (look for): underweight, **abdomen protuberant**, hypotonia, delayed dentition/milestones, **widened wrists/costochondral joints** if rickets-like.

Samprāpti (Ayurvedic): Agni-manda → rasa-dhātu kṣaya → *srotorodha* at asthi-majja in rickets-predominant cases; **vāta-prakopa** in global wasting.

Management (principles):

- **Bṛ̥ṃhaṇa** (nourishing) with age-appropriate, energy-dense *mādhura-snigdha* foods (milk/curd/ghṛta, *mudga*, rice/śaṣṭika), add **visible fat** to raise kcal density.
- **Agni-dīpana/pācana** first in anorectic child (jeeraka/ajwain water in weaning ages; avoid strong spices).
- **Stanya-śodhana & mātṛ-pathya** if breastfed (mother's diet correction).
- **Sūrya-sevana** (morning light) & safe outdoor play (vitamin-D logic).
- **Modern dovetail:** treat rickets/PEM as per pediatric protocols (dietary prescription; **vitamin D + calcium** when indicated; deworm; infection control; physiotherapy).

Prognosis: good with early correction; watch for residual skeletal deformities if late.

2) Kumārashoṣa / Bāla-śoṣa (Childhood wasting)

Definition: Progressive **dhātu-kṣaya** in a child presenting with **weight faltering**, anorexia, recurrent infections, irritability; commonly apatarpaṇa-janya (undernutrition) or chronic disease-related. Secondary literature equates "Bālaśoṣa/Kumāraśoṣa" with PEM.

Rationale (classical): Apatarpaṇa features in Sūtra 23—neuro-somatic weakness, stool/urine retention, limb pains—mirror severe undernutrition.

Assessment: plot **weight-for-age, length/height-for-age, MUAC**; edema, hair/skin changes; look for TB/CHD/CKD.

Management:

- **Laghu-santarpana** → **Bṛ̥ṃhaṇa**: frequent, thick, energy-dense feeds (add ½-1 tsp ghee/oil per katori), **iron-zinc-protein** focus; correct **micronutrients**.
- **Rasāyana-anukūla āhāra** (dates, sesame/ragi, milk, ghṛta) within age-safety.
- **Treat intercurrent infection**, deworm, vaccinations up-to-date; developmental stimulation.
- **Mother-infant dyad:** if breastfeeding, **mātṛ-āhāra** counselling.

3) Karśya (generalized thinness/emaciation)

Definition (proven by śloka): Excessive leanness from **rūkṣa āhāra**, fasting, over-exertion, sleep & urge suppression, chronic illness; phenotype "*śuṣka-sphig-udara-grīva... tvag-asthi-śeṣa*."

Exam-friendly list (from Caraka 21/11-15):

- **Hetu:** rūkṣa āhāra; **laṅghana** overuse; *kriyātiyoga*; śoka; *vega-nidrā-vinigraha*.
- **Lakṣaṇa:** **dry/flattened buttocks-abdomen-neck**, prominent veins, "skin-and-bone," poor exercise & thermotolerance, and association with **pliha/kāsa/kṣaya/śvāsa**.

Chikitsā-sūtra:

- "कृशानां... लघु सन्तर्पणं" — light yet nourishing; build **rasa** → **māṃsa** steadily.
- Meals: warm, *snigdha* gruels (*yavāgu*), milk/curd/paneer, *māṃsa-rasa* where acceptable; bedtime milk with ghṛta; **day-sleep permitted** in undernourished if needed (contrast with sthavara).
- Avoid excess vyāyāma; institute **abhyanga-snigdha sveda** to pacify vāta.

4) Parigarbhikā

Definition (Ayurveda): A pediatric disorder arising when an infant is breast-fed by a **pregnant woman**, linked to **alpa-poṣaṇāmśa** (reduced nutritive value) and *stanya-doṣa*, described in Kāśyapa/Āṣṭāṅga tradition; features include



anorexia, vomiting, fever, cough, indigestion.

(A precise root-text śloka in Devanāgarī is variably transmitted in editions; since a secure pāṭha was not available in the public domain, it is not quoted here.)

Clinical stance: Failure to thrive/ill-health temporally associated with feeding from a pregnant mother.

Management:

- Prefer **exclusive mother's milk** if mother is not pregnant; when **pregnancy occurs**, closely monitor infant growth; if **ill-health** temporally linked, consider **wet-nursing/donor human milk** or expressed milk from a non-pregnant healthy mother per modern lactation ethics; correct **mātr āhāra** and treat any *stanya-doṣa* in the mother.
- Treat the child symptomatically (fever/cough, *dīpana-pācana* for *ajeerna* in age-appropriate form), then **br̥ṃhaṇa**.

5) Sthaulya (Pediatric Obesity)

Definition (proven by śloka): “मेदोमांसातिवृद्धत्वात् चल-स्फिग्-उदर-स्तनः... नरोऽतिस्थूल” — excess **meda+māṃsa**, pendulous buttocks-abdomen-breasts, low drive for proper metabolism.

Why it matters (classical risk comparison): Of **sthūla** and **kṛśa**, Caraka prioritizes reducing **sthūla** first because of higher suffering/risk. “स्थौल्यकार्श्ये वरं कार्श्यम्...”

Nidāna (Sūtra 23): **Snigdha-madhura-guru-picchila** foods, new grains, sweets, dairy excess, sedentary life, day-sleep → **santarpaniya vyādhis**.

Lakṣaṇa (Ayurveda + pediatrics): central adiposity, fatigue/“alpa-utsāha,” **atidāha/atisveda/kṣudra-śvāsa** (commonly described), snoring; BMI-for-age ≥95th centile; comorbid HTN, dyslipidaemia, insulin resistance.

Chikitsā-sūtra (core lines you can write):

- **Apatarpana/Laṅghana** guided by: “वातघ्नान्यन्नपानानि श्लेष्ममेदोहराणि... रूक्षाण्युद्वर्तनानि” (Vāta-pacifying, **Kapha-Meda-hara, rukṣa-uṣṇa** basti where appropriate; **udvartana**).
- **Pathya āhāra:** barley/millet/old grains, **mudga/kulattha**, buttermilk; Caraka lists **prashātikā, śyāmākā, yava, kodrava, mudga, kulattha** as ideal staples (21/25).
- **Vihāra: no day-sleep** for medasvin—“मेदस्विनः... दिवा न शयीरण् कदाचन” (21/45).
- **Modern dovetail:** family-based lifestyle change; ≥60 min/day **MVPA**, screen-time limits, sleep hygiene; dietitian-led energy deficit without compromising micronutrients.

Differential snapshots

Disorder	Core clue	Age/setting	Overlap	First steps
Phakka	Wasting with protuberant abdomen ; wrist/costochondral widening if rickets-like	6–24 mo	Rickets/PEM	Br̥ṃhaṇa + Ca/Vit-D , sunshine, treat <i>stanya</i> issues
Kumārashoṣa	Progressive weight faltering ± infections	Any	Marasmus/secondary malnutrition	Laghu-santarpana → Br̥ṃhaṇa , deworm; investigate chronic disease

Disorder	Core clue	Age/setting	Overlap	First steps
Karśya	Rūkṣa-ahara/ fasting history, "skin-and-bone" look	Any	Constitutional thinness	Snigdha-br̥mhaṇa, reduce exertion; abhyanga
Parigarbhikā	Ill-health in infant fed by pregnant mother	Lactation	Stanya-duṣṭi disorders	Consider wet-nurse/donor milk; treat mother & child
Sthaulya	Central adiposity, sedentary/day-sleep, sweet-fat diet	School-age/adolescence rising	Hypothyroid, Cushing rare	Apatarṇa, grains/legumes, udvartana, activity

Treatment planning templates (how to write your answer)

A. Karśya 10-step plan (Caraka-aligned)

1. Classify severity (Z-scores/MUAC).
2. Rule out TB, CHD, CKD, malabsorption.
3. Start **laghu-santarṇa** (21/20): small, frequent, thick feeds.
4. *Dīpana-pācana* if anorexia (*jeeraka-ambu*).
5. **Br̥mhaṇa** recipes (khichri+ghṛta, *māṃsa-rasa* where acceptable).
6. **Micronutrients**: iron, zinc, vitamin A per age.
7. **Abhyanga-snāna**, gentle play.
8. Treat intercurrent infections.
9. Parental counselling (appetite cycling, responsive feeding).
10. Follow-up on **weight velocity**.

B. Sthaulya 8-step plan (Caraka-aligned)

1. Growth/BMI-for-age plotting.
2. Identify **santarṇa** hetus (23/3-5).
3. **Apatarṇa** diet swap: old grains, pulses; avoid day-sleep (21/45).
4. **Udvartana** (powder massage) & activity prescription (≥60 min/day).
5. Behavioural contracts (family meals, no TV-meals).
6. Screen lipids/BP in adolescents.
7. Address psychosocial aspects (bullying, self-image).
8. Longitudinal review (3-monthly).

Assessment

Long Answer (10 marks)

Describe and differentiate **Phakka Roga**, **Kumārashoṣa**, **Karśya**, **Parigarbhikā** and **Sthaulya** under headings—definition, nidāna, lakṣaṇa, samprāpti, chikitsā-sūtra—quoting relevant *Caraka Sūtras* 21/11-15 (Karśya), 21/9 & 21/21 (Sthaulya), and Sūtra 23/3-5 & 23/28 (Santarṇa/Apatarṇa). Correlate with modern PEM/rickets/obesity.

Short Essays (5 marks each)

1. **Phakka Roga**—types (Kṣīrāja/Garbha-ja/Vyādhi-ja), clinical picture, and integrative management.
2. **Parigarbhikā**—definition, symptom set, and counselling algorithm for lactation during pregnancy.
3. **Karśya**—etiologies per *Caraka* and a step-wise br̥mhaṇa plan for a 2-year-old.

Short Answers (3 marks each)

- Write the *Caraka śloka* that states diet rules for **sthūla vs kṛśa** (21/20) and explain it.



- List **three** santarpanīya hetus and **three** apatarpaṇa features.
- Name the **three types of Phakka** and one key clinical sign of each.

MCQs (1 mark each)

1. **Parigarbhikā** is classically associated with:
a) Feeding by a **pregnant** mother b) Teething c) Weaning d) Vaccination
Ans: a.
2. The śloka “वातघ्नान्यन्नपानानि... रूक्षाण्युद्वर्तनानि” pertains to management of:
a) Karśya b) **Sthaulya** c) Phakka d) Parigarbhikā. **Ans:** b.
3. “शुष्कस्फिग्दरपीवो... त्वगस्थिशेषः” describes:
a) Sthaulya b) **Karśya** c) Udara-roga d) Rakta-kṣaya. **Ans:** b.

References

Classical (primary)

- **Caraka Saṃhitā**, Sūtrasthāna **21** (*Aṣṭauninditīya*): verses **6-10, 11-15, 16-20, 21-25, 45** (features & management of **Sthaulya/Karśya**).
- **Caraka Saṃhitā**, Sūtrasthāna **23** (*Santarpanīya*): verses **3-5** (hetus & disorders of over-nutrition) and **28** (apatarpaṇa features).
- **Kāśyapa Saṃhitā (Vṛddhajivakīya Tantra) — Phakka Roga** (Chikitsā sthāna; traditional tri-classification). (Critical details summarized from peer-reviewed reviews due to limited open-access pāṭha.)

Modern / Standard & Reviews

- JAIMS & WJPR reviews on **Phakka Roga**—definitions, types, and correlations to rickets/PEM.
- IJMHS / WJPMR articles on **Phakka** and **Parigarbhikā** (infant of pregnant lactating mother).
- Carakasamhitaonline & Siva.sh digital texts for authenticated **Devanāgarī** ślokas and translations (Sūtrasthāna 21 & 23).
- IAP/Ghai Textbook of Pediatrics — PEM, rickets, and pediatric obesity management (for modern benchmarks).

Quick self-check (2 minutes)

- Can you **quote** the line prescribing opposite regimens for **sthūla** vs **kṛśa** and apply it to a 5-year-old with BMI >95th centile? (21/20).
- If a breastfed infant loses weight after the mother conceives, what **Ayurvedic term** flags this association and what is the **first corrective step**? (Parigarbhikā → consider **wet-nurse/donor milk** + treat *stanya-doṣa*).