



Lesson 5.5 Classical medicines used in pediatric fever care

In pediatric jvara, medicines should never be selected merely because the child has fever. The prescription must always be based on the stage of jvara, the presence or absence of ama, the dominant dosha, the associated symptoms, the digestive state of the child, and the child's bala. A child with coated tongue, absent appetite, nausea, heaviness, and thick mucus is not in the same stage as a child whose fever has reduced, appetite is slowly returning, and weakness is now more prominent. If the same medicine is used in both situations, results will naturally be inconsistent.

For this reason, the study of classical formulations in pediatric jvara should always begin with clinical assessment. First observe whether the child is stable enough for oral management. Then decide whether the picture is ama-dominant or whether the child is entering nirama avastha. Next identify the associated system involvement—respiratory, gastrointestinal, or post-fever depletion. Only after this should medicine be selected.

Medicines in ama-dominant jvara

When fever is associated with marked anorexia, coated tongue, heaviness, nausea, sluggishness, foul stools, and thick secretions, the first therapeutic objective is to reduce ama and restore agni. In such a state, formulations with deepana-pachana orientation are more appropriate than nourishing or heavy preparations.

The Ministry of AYUSH child guidance includes **AYUSH-64, Godanti Bhasma, and Samshamani Vati** among commonly used Ayurvedic options in stable pediatric fever care.

The guidance gives age-based dose ranges as follows:

- for children below 1 year, AYUSH-64 $\frac{1}{2}$ **tablet crushed, 2-3 times daily,**
- Godanti Bhasma **125 mg, 2-3 times daily,** and
- Samshamani Vati $\frac{1}{2}$ **tablet three times daily.**

For children 1-3 years, AYUSH-64 $\frac{1}{2}$ -**1 tablet, 2-3 times daily.** For 3-6 years, **1 tablet, 2-3 times daily.** For 6-12 years, **1-2 tablets twice daily.** These ranges are intended for physician-guided pediatric use and must be matched with bala, agni, and oral tolerance.

In clinical understanding, these medicines are not to be used as “fever tablets” in a mechanical way. They are most relevant when the fever is occurring on a background of agni disturbance and ama. When appetite improves and the child becomes lighter, the stage changes, and the prescription may also need to change.

Medicines when fever is associated with gastrointestinal disturbance

Many children present with fever along with loose stools, abdominal discomfort, vomiting tendency, or marked digestive collapse. In such children, the gastrointestinal component is central to the pathogenesis and not merely incidental.

For such situations, the AYUSH pediatric guidance includes **Balachaturbhadrha Churna** with the following age-wise ranges: **100-125 mg, 2-3 times daily** below 1 year; **125-250 mg, 2-3 times daily** for 1-3 years; **250-500 mg, 2-3 times daily** for 3-6 years; and **500 mg, 2-3 times daily** for 6-12 years.

Whenever gastrointestinal symptoms accompany fever, hydration assessment becomes essential. If vomiting is repeated, oral tolerance is poor, or urine output is dropping, the priority immediately shifts to stability and dehydration prevention.

Medicines when fever is associated with cough, cold, and respiratory congestion

In a large number of children, fever comes with pratishyaya, kasa, throat irritation, or kapha-laden respiratory symptoms. In such cases, the child is not suffering from isolated jvara. The clinical picture is one of jvara with pranavaha involvement, often on a background of annavaha disturbance.

The AYUSH child guidance includes **Sitopaladi Churna** and **Talishadi Churna** in such symptom complexes. The age-wise ranges given are: **250-500 mg with appropriate adjuvant, 2-3 times daily** below 1 year; **500 mg-1 g, 2-3 times daily** for 1-3 years; **1-2 g, 2-3 times daily** for 3-6 years; and **2-3 g, 2-3 times daily** for 6-12 years. The same guidance includes **Haridra Khanda** for cough-cold or allergy-associated patterns: **1 g, 2-3 times daily** for 1-3 years;



1-2 g, 2-3 times daily for 3-6 years; and **2-3 g, 2-3 times daily** for 6-12 years.

These formulations should still be selected only after stage assessment. If the child is heavily ama-laden with no appetite, that must guide the prescription. If the fever is declining but dryness, constipation, and light sleep are appearing, then Vata is rising and over-clearing must be avoided.

Medicines in the recovery phase of jvara

A very important stage in pediatric jvara is the period after fever reduces. Many children are declared “better” as soon as the temperature falls, but clinically they are not yet recovered. Appetite may still be weak, stools may be irregular, sleep may be disturbed, and the child may remain dull or weak. This is the stage in which recurrence often begins.

In this phase, treatment logic changes. Strong ama-clearing measures may no longer be appropriate. The physician must now focus on restoring appetite properly, preventing post-fever constipation and dryness, and gradually preparing the child for rebuilding. If a child in this stage is treated exactly like a child in active ama-jvara, weakness may deepen. If heavy brimhana is started too early, ama may return. Therefore, this transition phase requires careful judgment.

Supportive home measures in pediatric jvara

Supportive home care is an essential part of pediatric fever management. Medicines work best when the internal environment is supported properly.

The AYUSH child guidance describes **AYUSH Bal Kwath**, prepared from **Tulasi, Dalchini, Shunthi, Haridra, Draksha, and Jaggery**. The preparation is made by boiling the powder in four times water and reducing it to one-fourth, then using it lukewarm. The age-wise dose of the prepared kwath is given as **2-5 ml twice daily** below 1 year, **5-15 ml twice daily** for 1-3 years, **15-30 ml twice daily** for 3-6 years, and **30-60 ml twice daily** for 6-12 years.

Another commonly used household support is **turmeric milk** in appropriate older children. The same child guidance gives practical household measures of $\frac{1}{4}$ **teaspoon turmeric powder in 100 ml hot milk once or twice daily** for younger children and $\frac{1}{2}$ **teaspoon in 100 ml hot milk once or twice daily** for older children in the 6-12 year group.

For older children with throat irritation, warm water gargling with **a pinch of Haridra and Saindhava Lavana** is also described as a supportive measure.

Important caution regarding honey in infants

Ayurveda recommends honey for infants to make medicines palatable, but a very important safety point must be remembered according to modern pediatric practice - Honey should **not** be given to infants below 12 months of age because of the risk of infant botulism. Current CDC guidance clearly advises that honey must not be given before 12 months.

Therefore, even if older traditional household practices mention honey as an adjuvant, infant safety takes priority and honey must be avoided in that age group. Only qualified Ayurvedic physician should prescribe as per their experience and knowledge.

Practical understanding

In ama-dominant jvara, the focus is on reducing heaviness and restoring digestion. In fever with loose stools or vomiting, digestive involvement becomes central. In fever with cough and congestion, pranavaha involvement must be incorporated into medicine selection. In post-fever weakness, the physician must stop thinking only of temperature and begin thinking of recovery quality.

The success of Ayurvedic management in pediatric jvara does not depend only on knowing formulations. It depends on selecting them according to stage, dosha, associated symptoms, and the child's capacity to tolerate them.