Lesson 7.3 Udarshoola (Abdominal pain) in children

Udarashoola is one of the most common and yet one of the most easily misunderstood complaints in pediatric practice. A child says “stomach pain,” the family becomes worried, and the physician is expected to decide quickly whether this is a minor digestive disturbance, a recurrent functional pattern, a krimi-related complaint, a stool-retention problem, or a more serious abdominal condition requiring urgent evaluation. This is why abdominal pain in children should never be managed casually and never be oversimplified. In Kaumarbhritya, Udarashoola is not treated as a single disease entity. It is understood as a **symptom-complex arising from different doshic and functional disturbances**, especially involving annavaha and purishavaha srotas.

A child may develop abdominal pain because of Vata aggravation with gas and stool retention. Another child may have ama-related heaviness, nausea, and cramp-like discomfort after improper food. A third child may show recurrent abdominal pain associated with appetite irregularity, anal itching, pallor, disturbed sleep, and krimi tendency. Some children develop pain before passing stool and feel better afterward. Others complain mostly around meals. Some become pale and lethargic with the pain. Some remain playful in between. These differences matter, because the management changes accordingly.

The first duty of the physician is therefore not to name a medicine, but to understand the nature of the pain. Is it colicky or constant? Does it come with gas, constipation, loose stools, nausea, fever, vomiting, or abdominal distension? Is the child active in between, or progressively worsening? Does the pain improve after stool or flatus? These details are central to diagnosis.

Why abdominal pain is so common in children

Children frequently develop abdominal pain because the gastrointestinal system in childhood is highly sensitive to routine errors. Irregular eating, repeated snacks, processed foods, constipation, poor hydration, low physical movement, sleep disturbance, krimi tendency, and repeated minor infections all influence digestion. Since pediatric agni is not always stable, even small dietary mistakes may produce noticeable abdominal symptoms.

Another reason Udarashoola is common is that many children cannot describe discomfort precisely. Instead of saying, “I feel bloated,” they simply say, “stomach pain.” Therefore, the physician must reconstruct the story carefully from associated signs:

- appetite,
- stool pattern,
- timing of pain,
- relation to meals,
- passage of gas,
- sleep disturbance,
- nausea,
- itching,
- pallor,
- and family reports of bowel habits.

This is where pediatric Ayurvedic clinical reasoning becomes very useful.

Nidana of Udarashoola

The causative factors of abdominal pain in children are varied, but several patterns appear repeatedly.

Aharaja nidana include:

- overeating,
- irregular meal timings,
- eating in the absence of hunger,
- heavy, fried, junk, or packaged foods,
- excessive sweets,
- cold drinks,
- incompatible food combinations,
- repeated snacking causing agnimandya,
- insufficient water intake,
- sudden dietary indiscretion.

Viharaja nidana include:

- irregular sleep,
- suppression of natural urges,
- stool holding,
- inadequate movement,
- excessive sitting,
- mental stress in older children,
- poor toilet habits, especially school-related stool retention.

Krimi-related nidana include:

- poor hygiene,
- contaminated food,
- dirty nail habits,
- geophagia or pica tendencies in some children,
- chronic low-grade digestive disturbance.

Post-illness nidana are also important. After fever, vomiting, or diarrhea, some children develop Vata aggravation with gas, dryness, and constipation, leading to recurrent abdominal pain.

Thus, abdominal pain in children should always be linked back to diet, stool, routine, and associated signs rather than viewed as an isolated event.

Purvarupa

Before full Udarashoola develops, children often show smaller warning signs such as:

- reduced appetite,
- abdominal fullness,
- repeated passing of gas,
- irritability around mealtime,
- refusal to eat,
- stool delay,
- nausea,
- burping,
- bloating,
- restlessness at night,
- crying before stool in younger children.

Recognition of these signs is useful because many episodes can be reduced early by correcting diet and elimination.

Rupa

The fully expressed presentation may include:

- abdominal pain,
- colicky cramps,
- central abdominal discomfort,
- pain around the umbilical region,
- bloating,
- gas,
- constipation,
- loose stools in some cases,
- nausea,
- vomiting,
- fever in some acute conditions,
- visible abdominal distension,
- stool holding behavior,
- anal itching in krimi patterns,
- pallor or fatigue in long-standing cases.

The quality of pain is extremely important.

A pain that comes and goes in waves with gas and relief after stool or flatus usually suggests Vata predominance.

A heavier dull pain with coating, nausea, and low appetite suggests ama.

Pain recurring with itching, appetite irregularity, disturbed sleep, and pallor raises suspicion of krimi.

Pain with vomiting, fever, marked tenderness, guarding, or progressive worsening demands greater caution and sometimes urgent evaluation.

Doshic understanding

Vataja Udarashoola

This is one of the most common pediatric patterns. The pain is colicky, shifting, associated with gas, constipation, gurgling, dryness, or irregular bowel movement. The child may bend, twist, become restless, or feel temporary relief after passing stool or flatus. Sleep may be disturbed, appetite may vary, and the pain often worsens with irregular meals or stool retention.

Amaja Udarashoola

In this pattern, the child has heaviness, coating on the tongue, low appetite, foul smell, nausea, bloating, and discomfort that feels more loaded than spasmodic. Such children often have a history of overeating, junk food, or eating without hunger. Stool may be sticky or incomplete.

Pittaja abdominal pain

This is less about gas and more about irritation, heat, or loose stool association. The child may complain more after spicy or unsuitable food, may have thirst, burning, irritability, or accompanying loose motions. Inflammatory conditions must also be kept in mind in such cases.

Kaphaja pattern

This is usually dull, heavy, sluggish abdominal discomfort with nausea, fullness, low appetite, and sleepiness. The child

may not point to severe pain but appears uncomfortable and uninterested in food.

Krimija pattern

Krimi-related abdominal pain is especially important in pediatrics. The child may have recurrent pain, appetite fluctuation, anal itching, disturbed sleep, teeth grinding, pallor, irritability, craving for unsuitable foods, abdominal discomfort around the navel, and sometimes irregular stools. The pain may not be severe every day, but the pattern persists.

Mixed patterns

In actual practice, mixed states are very common. A child may begin with ama and later develop Vata from incomplete digestion and constipation. Another may have krimi tendency with Vata pain and poor rakta quality. Therefore, stage and associated signs are always more important than rigid classification.

Samprapti

The samprapti of Udarashoola in children is best understood through a few common pathways.

In many children, agni becomes disturbed because of irregular ahara and viharaja factors. Improperly digested food produces ama. Ama disturbs normal digestion and bowel movement, creating bloating, heaviness, nausea, and pain. If Vata becomes aggravated in this state, the pain becomes colicky and irregular.

In another group, constipation and stool retention dry the intestinal tract and obstruct the normal downward movement of Vata. This produces repeated gas, abdominal cramping, and pain relieved by stool.

In krimi-related cases, impaired digestion and contamination create an internal environment favorable for parasitic disturbance. This leads to appetite irregularity, recurrent abdominal pain, itching, pallor, and weakened nourishment.

Thus, Udarashoola is usually not an isolated local complaint; it is the expression of disturbed agni, dosha, and elimination.

Chikitsa Siddhanta

Management should be based on the underlying pattern. The broad principles are:

1. **Assess severity and exclude danger**
2. **Correct causative ahara-vihara**
3. **Ama pachana where ama is present**
4. **Vata anulomana in gas-constipation-dominant cases**
5. **Krimighna chikitsa where krimi signs are strong**
6. **Restore appetite and stool rhythm**
7. **Protect bala in recurrent cases**
8. **Prevent recurrence through diet and routine correction**

A very important point should be remembered: abdominal pain due to constipation and gas should not be treated with heavy grahi measures. Similarly, ama-heavy pain should not be treated with premature brimhana. And krimi-related cases should not be mistaken for simple “weak digestion” only.

Classical medicines commonly used in pediatric Udarashoola

1. Hingvashtaka Churna

Useful in Vata-dominant abdominal pain with gas, bloating, and weak digestion, especially in older children where ama is not extremely heavy and constipation or flatus retention is present.

Approximate pediatric dose:

- 1–3 years: 60–125 mg, 2 times daily
- 3–6 years: 125–250 mg, 2 times daily
- 6–12 years: 250–500 mg, 2 times daily

Usually used after food or with suitable adjuvant according to stage and physician judgment.

2. Ajmodadi Churna

Useful in Vata-Kapha abdominal pain, bloating, and sluggish digestion in older children.

Approximate pediatric dose:

- 3–6 years: 125–250 mg, 2 times daily
- 6–12 years: 250–500 mg, 2 times daily

3. Shankha Bhasma

Useful in indigestion-related abdominal discomfort, acidity-like symptoms, gas, and weak digestive tolerance under physician supervision.

Approximate supervised pediatric dose:

- 1–3 years: 30–60 mg, 2 times daily
- 3–6 years: 60–125 mg, 2 times daily
- 6–12 years: 125–250 mg, 2 times daily

4. Musta Churna

Useful where ama, low appetite, bloating, and abdominal uneasiness are prominent.

Approximate pediatric dose:

- 1–3 years: 125–250 mg, 2–3 times daily
- 3–6 years: 250–500 mg, 2–3 times daily
- 6–12 years: 500 mg–1 g, 2–3 times daily

5. Dadimashtaka Churna

Useful when the child has weak digestion, recurrent abdominal discomfort after food, and poor appetite, especially in the recovery stage.

Approximate pediatric dose:

- 1–3 years: 125–250 mg, 2 times daily
- 3–6 years: 250–500 mg, 2 times daily
- 6–12 years: 500 mg–1 g, 2 times daily

6. Vidang-based formulations

Classically important in Krimi disorders and useful where krimija symptoms are prominent.

Approximate supervised pediatric dose:

Depends on the exact formulation. For Vidanga Churna-type use:

- 3–6 years: 125–250 mg, 1–2 times daily
- 6–12 years: 250–500 mg, 1–2 times daily

These should be used under physician guidance, particularly in smaller children.

7. Krimimudgara Rasa or Krimighna formulations

May be considered in selected krimi-dominant cases under supervision.

Approximate supervised pediatric dose:

- 3–6 years: 15–30 mg once or twice daily
- 6–12 years: 30–60 mg once or twice daily

8. Castor oil or mild Vatanulomana support in selected constipation cases

Only in suitable children, appropriate age, and under careful judgment. Not for indiscriminate use.

These medicines must always be chosen according to:

- whether pain is ama-heavy or Vata-colicky,
- whether constipation is present,
- whether krimi signs are present,
- whether the child is otherwise stable.

Home remedies and supportive measures

Warm water

Very helpful in gas, bloating, and sluggish digestion in older children.

Ajwain water or mild ajwain support

In selected older children with gas and Vata-type abdominal pain, mild ajwain-based household support can be helpful.

Practical household use:

- 3–6 years: a few teaspoons of weak ajwain water
- 6–12 years: 5–10 ml weak warm ajwain water, 1–2 times daily

This should not be overused in clearly Pitta-dominant or highly irritable stomach states.

Hing application externally

A traditional household practice in younger children is the external application of hing mixed appropriately around the umbilical region for gas-related colicky discomfort. It is a local supportive measure, not a substitute for proper evaluation.

Warm compress

A mild warm compress over the abdomen may help in gas-related colicky pain in selected children.

Pomegranate support

Useful in selected weak-digestion cases after the acute ama-heavy stage begins to reduce.

Encourage bowel movement routine

Children who habitually hold stool need routine correction as part of treatment.

Pathya and Apathya

Pathya

- warm, simple, freshly prepared food
- light digestible meals
- proper meal timing
- adequate hydration
- warm water in Vata-gas patterns
- peya or thin gruels in ama-heavy stage
- bowel regularity
- physical movement appropriate to age

Apathya

- repeated packaged snacks
- cold drinks
- junk food
- overeating
- feeding without hunger
- suppressing stool
- late sleep
- very heavy sweets and fried foods
- excessive dry food in constipated children

Stage-wise understanding

Vata-gas-constipation stage

Pain is colicky, stool is delayed, gas is present, child may improve after flatus or stool. The focus is on Vatanulomana, warm pathya, and stool correction.

Ama-heavy digestive pain

Pain is associated with low appetite, heaviness, coating, nausea, and food intolerance. The focus is on light pathya and ama pachana.

Krimi-suspect recurrent pain

Pain repeats, appetite is irregular, itching and pallor may be present, sleep may be disturbed. Here krimi chikitsa becomes important along with hygiene and diet correction.

Post-illness Vata abdominal pain

Occurs after fever, diarrhea, or vomiting. Child is weak, dry, constipated, and sleep-disturbed. Here excessive digestive reduction is no longer suitable; gradual restoration is needed.

When abdominal pain becomes urgent

Urgent evaluation is required when:

- pain is severe and progressive,
- the child has repeated vomiting,
- abdominal swelling is marked,
- there is guarding or inability to tolerate touch,
- fever accompanies severe pain,
- blood appears in stool or vomit,
- the child becomes lethargic,
- urine output decreases,
- pain localizes strongly and does not ease,
- the child cannot walk or move comfortably because of pain.

These situations should never be treated as routine “gas pain” without proper assessment.

Summary

Udarashoola in children must always be evaluated through the combined lens of Vata, ama, stool rhythm, digestion, and krimi suspicion. The same complaint of “stomach pain” may arise from gas, constipation, indigestion, ama, or parasitic tendency. Proper history and stage recognition are therefore essential. Classical medicines such as Hingvashtaka, Ajmodadi, Musta, Shankha Bhasma, Dadimashtaka, and krimighna formulations may be used according to the child’s pattern and stage. The success of treatment lies not only in pain relief, but in correcting the digestive and eliminatory basis of the complaint.

Practice Questions

1. Why should pediatric abdominal pain never be reduced to a single diagnosis without stage and stool assessment?
2. Explain the difference between Vataja Udarashoola and Amaja Udarashoola.
3. What features make Krimija abdominal pain likely in a child?
4. Which classical medicines are commonly considered in gas-constipation pain and in krimi-suspect cases?
5. What signs make abdominal pain an urgent pediatric problem rather than a routine digestive complaint?

PDF generated on 11 Apr 2026, 03:43 pm IST