Lesson 7.5 Stage-wise Medicine Selection in Pediatric Gastrointestinal Disorders

One of the most common mistakes in pediatric gastrointestinal practice is not choosing the wrong medicine, but choosing the right medicine at the wrong stage. A child with foul loose stools, coated tongue, poor appetite, abdominal heaviness, and ama should not be treated in the same way as a child whose stools have reduced but who is now weak, dry, constipated, and recovering slowly. In the first child, the priority is to lighten the digestive burden and restore agni. In the second, the priority is to protect against Vata aggravation and gradually rebuild digestive strength. If this difference is not understood, treatment becomes inconsistent and recovery remains incomplete.

In Kaumarbhritya, successful management of Atisara, Chhardi, Udarashoola, and Grahani tendency depends upon **correct sequencing**. Medicines are not chosen merely on the basis of the disease label. They are selected according to:

- whether ama is present,
- whether agni is weak or beginning to recover,
- whether the bowel is too loose or too dry,
- whether the child is heavy and loaded or weak and depleted,
- and whether the child is still in the acute phase or has entered convalescence.

This lesson is therefore not about one disease. It is about the Ayurvedic logic of medicine selection across pediatric gastrointestinal illness.

The four major therapeutic directions

In practical pediatric gastrointestinal management, most medicine selection falls into four broad directions:

1. **Deepana** — to kindle appetite and support digestive fire
2. **Pachana** — to digest ama and reduce foul, heavy, incomplete digestion
3. **Grahi** — to support proper stool formation and reduce excessive looseness after ama begins clearing
4. **Brimhana / restorative support** — to rebuild strength once digestion is stable

These are not rigid compartments. They are phases of intelligent management. A child may need one strongly and another lightly. The central point is that **deepana-pachana usually comes before grahi, and grahi usually comes before brimhana** when the case begins in ama.

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1. Deepana — when the child has weak appetite and unstable digestion

Deepana becomes important when the child’s hunger is absent or unreliable, stool is irregular, food does not digest properly, and the gastrointestinal system has clearly lost its rhythm. In children, deepana must be gentle. The goal is not to “stimulate strongly,” but to help the child regain natural appetite without burdening the intestine.

Deepana is usually needed when there is:

- poor appetite,
- dislike for food,
- mild bloating,
- slow digestion after illness,
- recurrent digestive weakness after Atisara or Chhardi,
- low enthusiasm for meals,
- weak digestive recovery.

Classical medicines commonly used for deepana support

Musta Churna

Useful when low appetite, ama tendency, foul loose stool, fever-associated digestive weakness, and mild bloating are present.

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

Dadimashtaka Churna

Very useful when the child is weak in digestion, stool is unstable, appetite is poor, and the bowel requires gentle support without harshness.

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

Hingvashtaka Churna

Useful especially in older children where weak appetite is associated with gas, abdominal gurgling, Vata predominance, and post-meal discomfort.

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

This is not preferred in clearly burning, Pitta-irritative digestive states.

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2. Pachana — when ama is present and digestion is loaded

Pachana is required when the child is not merely appetite-poor, but ama-heavy. This is a very important distinction. Ama signs include:

- coated tongue,
- foul or sticky stools,
- heaviness,
- bloating,
- nausea,
- abdominal discomfort,
- food intolerance,
- dullness after eating,
- foul smell,
- incomplete digestion.

In such children, if one begins immediately with grahi or brimhana, the condition often worsens. Ama must be reduced first.

Classical medicines commonly used in the pachana stage

Musta Churna

Again important here, especially when fever, diarrhea, nausea, and ama coexist.

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

Balachaturbhadra Churna

Especially relevant in younger children with fever, digestive upset, loose stools, vomiting tendency, and ama.

Approximate pediatric dose:

- below 1 year: 100–125 mg, 2–3 times daily
- 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, 2–3 times daily

Shankha Bhasma

Useful under supervision in indigestion, nausea, bloating, and weak digestive tolerance.

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

Pachana should always be supported by light pathya. Medicines alone cannot digest ama if heavy food continues.

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3. Grahi — when stool remains loose after ama begins reducing

Grahi chikitsa is often misunderstood. It is not used merely because stools are loose. It is used when the bowel needs support toward proper formation **after the initial ama-heavy burden has begun to reduce**. If grahi is used too early, it may suppress pathology without correcting digestion. If used at the proper stage, it helps restore bowel steadiness.

Grahi becomes relevant when:

- stool frequency has reduced somewhat but remains soft or unstable,
- appetite is slowly returning,
- heaviness is less,
- ama signs are decreasing,
- the child is not actively vomiting,
- the bowel needs support to regain proper consistency.

Classical medicines commonly used for grahi support

Bilva-based formulations

Classically important in Atisara and bowel weakness after the more active stage reduces.

Approximate supervised 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

Kutaja-based formulations

Very important in recurrent loose stools, Grahani tendency, and bowel weakness after diarrheal illness.

Approximate supervised pediatric dose:

- Kutaja Ghana type preparations:
  - 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
- Kutajarishta in suitable older children only, and only where indicated:
  - 3–6 years: 2.5–5 ml with equal water after meals
  - 6–12 years: 5–10 ml with equal water after meals

Dadimashtaka Churna

Useful here as well, especially when the child still has weak digestion but is moving toward recovery.

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

This is one of the most elegant formulations in children because it can support digestion while also helping stool formation.

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4. Brimhana and restorative support — only after digestion is stable

Brimhana has a very important place in pediatric gastrointestinal recovery, but only in the proper stage. A child who has passed through Atisara, Chhardi, or prolonged weak digestion may become thin, tired, low in bala, and reluctant to eat. At that stage, nourishment is required. But it must be introduced only after:

- appetite has returned,
- the tongue is cleaner,
- stools are becoming regular,
- the child is not nauseated,
- and active ama has reduced.

If brimhana is started too early, the result is often relapse.

Restorative formulations considered in recovery-stage children

Chyavanaprasha

In selected children after acute digestive weakness has clearly resolved and appetite is stable, this may be considered for bala support.

Approximate pediatric dose:

- 2–5 years: 2–3 g once daily
- 5–12 years: 5–10 g once daily

It is not suitable in active ama, coated tongue, or ongoing loose stools.

Agastya Haritaki Avaleha

In selected older children with recurrent weakness, constipation tendency, and poor recovery after illness, when digestion permits.

Approximate supervised pediatric dose:

- 5–12 years: 3–6 g once or twice daily

Gentle nutritive diet rather than immediate heavy avaleha

In many children, food itself should be the first brimhana—light khichari, gradually improving meals, peya transitioning to more formed food, and structured meal timing.

Medicine selection in common pediatric gastrointestinal situations

Child with foul loose stool, coated tongue, nausea, and poor appetite

This is an ama-predominant state. Deepana-pachana is primary. Grahi is not the first choice.

Child with reduced stool frequency but still soft stool and weak digestion

This is the stage where Dadimashtaka, Bilva, or Kutaja-based support may be more appropriate.

Child with no loose stool now, but persistent weakness, dryness, and low appetite after diarrhea

This is no longer a pure Atisara stage. Vata and post-illness depletion are prominent. Over-reduction should stop. Gentle digestive restoration and later brimhana are needed.

Child with alternating loose stool and constipation, gas, poor weight gain, weak appetite

Think of Grahani tendency with Vata involvement. Medicine should not be selected only as if it is acute diarrhea.

Child with abdominal pain, gas, and stool retention

This is not a grahi case. Vatanulomana and digestive correction are needed.

Home measures according to stage

In ama-heavy phase

- warm water in small amounts
- peya, manda, laja-manda
- no heavy food
- no milk-heavy or fried food
- no force-feeding

In stool-stabilizing phase

- rice gruel

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- pomegranate support
- light bel fruit support where suitable
- small frequent structured meals
- cautious return of food only with appetite

In recovery phase

- simple warm meals
- small but regular food
- attention to bowel movement
- no abrupt return to junk food or outside food
- gradual strengthening only when digestion clearly improves

Practical caution in sequencing

A useful clinical principle is this:

- **If ama is obvious, think pachana first.**
- **If stool is loose but ama is reducing, think grahi carefully.**
- **If the child is dry and weak after illness, think Vata and restoration.**
- **If the child is hungry again and stool is stable, only then think of nourishing support.**

This simple sequence prevents many mistakes.

Pathya and Apathya in medicine sequencing

Pathya

- warm light food according to stage
- peya, manda, laja-manda in acute digestive upset
- gradually thicker but digestible food in recovery
- warm water
- fixed meal timing
- proper stool routine
- rest and sleep

Apathya

- heavy sweets, fried foods, bakery foods
- cold drinks
- curd in unsuitable stages
- force-feeding
- restarting heavy food too early
- repeated outside food during recovery
- irregular snacking that prevents true hunger

Summary

The management of pediatric gastrointestinal disease becomes much more effective when medicines are selected according to therapeutic direction rather than disease name alone. Deepana is for weak appetite, pachana for ama, grahi for the stage where stools remain loose after ama begins clearing, and brimhana for the child who is genuinely ready for

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rebuilding. Classical medicines such as Musta, Balachaturbhadra, Dadimashtaka, Bilva, Kutaja, Hingvashtaka, Shankha Bhasma, and suitable restorative formulations become meaningful only when matched to the correct stage. The physician must therefore think in sequence, not in habit.

Practice Questions

1. Why should grahi medicines not be started immediately in every child with loose stools?
2. Explain the difference between deepana and pachana in practical pediatric gastrointestinal management.
3. In which stage are Kutaja and Bilva-based formulations most useful?
4. Why can brimhana worsen a child if started too early after diarrhea or vomiting?
5. How does stage-wise sequencing improve the outcome of pediatric digestive disorders?