



## Lesson 7.6 Krimi in children: signs, prevention, chikitsa principles

Krimi in children is a topic that should never be handled superficially. In ordinary conversation, families often describe every abdominal complaint, anal itching, or poor appetite as “worms,” but a careful physician cannot depend on assumption alone. At the same time, it is equally incorrect to ignore krimi whenever a child presents with recurrent abdominal pain, irregular appetite, disturbed sleep, pallor, anal itching, teeth grinding, or repeated digestive complaints. In Kaumarbhryta, krimi is understood as a disturbance arising in a body where digestion has become weak, food is not processed properly, hygiene is poor, and the internal environment has become suitable for parasitic or worm-related disturbance.

A very important point must be understood from the beginning: krimi in children is not only a matter of infestation. It is also a matter of **terrain**. Some children repeatedly return with the same abdominal and appetite complaints because their agni remains weak, ama persists, hygiene is poor, and recovery is incomplete. Therefore, the management of krimi does not end with removing worms. It must include correction of digestion, bowel regularity, diet, hygiene, and recurrence prevention.

The physician must think carefully in every such case. Is the child truly showing krimi-lakshana? Is there abdominal pain around the umbilicus? Is appetite irregular rather than simply low? Is there anal itching, especially at night? Is sleep disturbed? Is pallor present? Is the child weak despite eating? Is there a habit of nail-biting, soil-eating, or poor hand hygiene? These clues together build the diagnosis.

### Why children are especially vulnerable to krimi

Children are particularly vulnerable because of several natural and practical reasons. Their hygiene is often imperfect. They play on the ground, put hands in the mouth, bite nails, share food casually, and may not wash properly before eating. At the same time, their digestion is often unstable because of irregular eating, repeated sweets, junk snacks, and low meal discipline. When agni is weak and ama is repeatedly formed, the internal environment becomes more suitable for krimi.

Another important reason is that children often show the signs indirectly. A child may not say, “I have anal itching at night.” Instead, the parent may notice poor sleep, repeated scratching, irritability, disturbed appetite, or unexplained abdominal pain. Therefore, the physician must actively ask for these details.

A long-standing krimi problem can slowly affect:

- appetite,
- sleep,
- bowel movement,
- rakta quality,
- bala,
- growth,
- and mental steadiness.

This is why krimi is not a trivial topic in pediatric practice.

### Nidana of Krimi

The most important nidana in pediatric krimi include:

#### Aharaja factors

- excessive sweets,



- heavy and unclean food,
- stale food,
- outside food handled unhygienically,
- irregular meals,
- repeated snacking,
- indigestion,
- poor-quality water or contaminated food.

### **Viharaja factors**

- poor hand-washing,
- untrimmed nails,
- nail biting,
- geophagia or soil-eating tendencies,
- not washing after toilet,
- poor household hygiene,
- sleeping in unclean surroundings.

### **Agnimandya and Ama**

This is the deeper Ayurvedic basis. When digestion is weak and ama is repeatedly produced, the body becomes a more favorable environment for krimi. This is why some children suffer repeatedly even after deworming unless digestion and hygiene are both corrected.

Thus, krimi in children is sustained by both **external contamination** and **internal digestive weakness**.

### **Purvarupa**

Early signs may be mild and easily overlooked:

- reduced appetite,
- sudden irregular hunger,
- unexplained dislike for food,
- abdominal uneasiness,
- bloating,
- disturbed sleep,
- irritability,
- restlessness at night,
- mild itching near the anal region,
- occasional grinding of teeth in sleep,
- mild pallor.

If the physician observes these carefully, the condition can often be identified before the child becomes more weak and symptomatic.

### **Rupa**

Once the picture becomes clearer, the child may present with:

- recurrent abdominal pain, often around the umbilicus,
- anal itching, especially at night,
- irregular appetite,
- nausea or dislike for food,



- bloating,
- disturbed sleep,
- teeth grinding,
- pallor,
- weakness or low stamina,
- recurrent loose stool or constipation,
- foul smell from stool,
- irritability,
- craving for unusual things in some children,
- weight not increasing properly,
- recurrent digestive complaints despite repeated treatment.

No single symptom proves krimi, but the combination is highly suggestive.

## Doshic understanding

### Kaphaja-Ama dominant background

Many pediatric krimi cases arise on a background of weak agni, sticky digestion, low appetite, coating, and Kapha-ama accumulation. These children are often dull in appetite and repeatedly digestive-sensitive.

### Vata association

Vata becomes prominent when the child has colicky abdominal pain, gas, irregular bowel pattern, disturbed sleep, and weakness. Long-standing krimi often develops Vata features because of poor nourishment and repeated irritation.

### Pitta association

In some children there may be more irritation, burning, loose stools, or increased restlessness. This is less common as an isolated pattern but can appear in mixed presentations.

In practical terms, most pediatric krimi cases are best understood as **Ama-Kapha supported, later Vata-disturbing conditions**.

## Samprapti

Improper diet and hygiene, together with weak digestion, create ama and an internal environment favorable to krimi. Once krimi becomes established, it disturbs digestion further, causing irregular appetite, abdominal pain, bowel changes, poor absorption, and reduced bala. Continued digestive weakness then maintains the condition. Thus a self-perpetuating cycle is formed:

- weak agni,
- ama,
- krimi tendency,
- further digestive disturbance,
- poor nourishment,
- lowered bala,
- recurrence.

This is why treatment must be twofold: **krimighna** and **agni-sandhana**.



## Chikitsa Siddhanta

The principles of management are:

1. **Krimighna chikitsa** where the signs strongly support worm involvement
2. **Ama pachana and agni dipana**
3. **Correction of bowel irregularity**
4. **Pathya discipline**
5. **Strict hygiene correction**
6. **Support of rakta and bala if pallor or weakness is present**
7. **Recurrence prevention**

A very important clinical rule must be remembered: if the child is heavily ama-laden with poor appetite, bloating, coating, and food intolerance, simply giving krimighna medicine without correcting digestion may produce incomplete relief. Likewise, if the child is weak and pale after long-standing krimi, recovery measures must follow treatment.

## Classical medicines commonly used in pediatric Krimi

### 1. Vidanga-based formulations

Vidanga is classically one of the foremost dravyas in Krimi chikitsa. It is useful where the symptom picture is strongly suggestive of worm-related digestive disturbance.

#### Approximate supervised pediatric dose:

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

The exact form and schedule depend on the formulation and the physician's judgment.

### 2. Krimimudgara Rasa

Traditionally used in krimi disorders under proper supervision. Since it is a specialized formulation, it should not be treated as a casual household medicine.

#### Approximate supervised pediatric dose:

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

### 3. Palasha-based krimighna support

Palasha has classical importance in krimi conditions. In children, use depends on the preparation and requires supervision.

### 4. Musta Churna

Useful when krimi signs are present along with ama, poor appetite, bloating, and stool irregularity.

#### 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. Hingvashtaka Churna

Useful where abdominal gas, Vata pain, and weak digestion accompany suspected krimi.

### 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

## 6. Dadimashtaka Churna

Useful after the active krimi-disturbance begins settling, especially in children with weak digestion and poor appetite.

### 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

## 7. Kutaja-based support

Where krimi is associated with repeated loose stools or weak bowel function, Kutaja-based preparations may be helpful according to stage.

All these medicines must be chosen according to:

- the child's age,
- digestive state,
- bowel pattern,
- bala,
- and the strength of krimi signs.

## Supportive household measures

### Strict nail hygiene

Nails should be cut short and kept clean. This is a practical but essential preventive measure.

### Hand washing before meals and after toilet

This should be treated as part of treatment, not merely as advice.

### Washing fruits and food properly

Especially important in children who repeatedly eat outside food or cut fruits from uncertain sources.

### Daily bathing and anal hygiene

Children with nighttime itching require extra attention to local cleanliness.

### Warm simple food

During active digestive disturbance, food should be simple, warm, and digestible.



## **Avoid excess sweets and junk food**

These foods often perpetuate both agnimandya and recurrence tendency.

## **Bed linen and undergarment hygiene**

In recurrent anal itching cases, these practical measures are very important.

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## **Pathya and Apathya**

### **Pathya**

- warm, freshly prepared food
- simple digestible meals
- fixed meal timing
- proper bowel movement
- adequate hydration
- hand-washing routine
- nail hygiene
- rest and proper sleep

### **Apathya**

- excessive sweets
- chocolates and sticky junk food in excess
- stale food
- poor hand hygiene
- nail biting
- geophagia
- irregular meals
- repeated outside food
- ignoring constipation or loose stool patterns

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## **After krimi treatment – what must be corrected**

A common mistake is to stop management as soon as itching or pain reduces. A child with krimi tendency often still has:

- weak appetite,
- poor stool rhythm,
- mild pallor,
- reduced bala,
- and digestive instability.

Therefore, after active krimighna treatment, the next step is:

- restore appetite,
- regulate bowels,
- improve meal rhythm,
- correct pathya,
- and support the child's strength if needed.

If this is not done, recurrence is common.



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## When greater concern is needed

Greater concern is required when:

- the child becomes pale and weak,
- weight does not improve,
- abdominal pain is persistent,
- loose stool or constipation is recurrent,
- sleep remains poor,
- food refusal is significant,
- vomiting occurs repeatedly,
- fever accompanies abdominal symptoms,
- or the child appears significantly undernourished.

These children require more careful evaluation and should not be managed casually.

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## Summary

Krimi in children should be understood as a disorder sustained by both hygiene failure and digestive weakness. The physician must recognize the classical clues—anal itching, disturbed sleep, irregular appetite, abdominal pain, bloating, pallor, and weak growth—and manage the condition through krimighna treatment, agni correction, bowel regulation, hygiene discipline, and post-treatment digestive recovery. Classical medicines such as Vidanga-based preparations, Krimimudgara Rasa, Musta, Hingvashtaka, and selected supportive formulations have their place when chosen carefully. Lasting relief comes only when both the worms and the terrain that supports them are addressed.

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## Practice Questions

1. Why is krimi in children not only a hygiene problem but also a digestion problem?
2. What symptom pattern most strongly suggests krimi in a child?
3. Which classical medicines are commonly considered in pediatric krimi, and why must stage and bala still be assessed?
4. Why is hygiene correction considered part of treatment rather than general advice?
5. What should be done after the active krimi symptoms reduce in order to prevent recurrence?