



Rasayana and Brimhana in Children

Rasayana and Brimhana have a respected place in pediatric care, but they are often misunderstood. Many families and even some practitioners assume that any weak, recurrently ill, or undernourished child immediately requires a tonic. Ayurveda takes a more refined approach. A child benefits from Rasayana and Brimhana only when the body is prepared to receive them. If digestion is poor, the tongue is coated, stool is irregular, appetite is absent, or the child is still carrying ama, then heavy nourishing measures may do more harm than good. Therefore, the real skill lies not only in knowing what strengthens a child, but **knowing when the child is ready to be strengthened**.

Brimhana means nourishing and building. Rasayana means supporting deeper tissue quality, resilience, and longevity of function. In children, these are meaningful goals only after:

- agni becomes more stable,
- active ama reduces,
- appetite begins returning,
- bowel movement becomes regular,
- and the child is no longer in an active draining phase of disease.

This lesson is therefore about rational strengthening, not blind tonic use.

Which children actually need Brimhana or Rasayana-oriented support?

Not every child needs classical Rasayana. It is especially considered in:

- recurrently ill children,
- low stamina children,
- poor post-illness recovery,
- undernourished children with low bala,
- children with repeated respiratory weakness,
- chronic weak appetite after digestive correction,
- and children who remain delicate despite acute illnesses being treated.

Some children first need only rhythm correction, sleep correction, and bowel regularity. Once those improve, the need for tonic support may reduce naturally.

When not to start Rasayana or Brimhana

This is one of the most important parts of the topic.

Do **not** start nourishing or heavy strengthening support when the child has:

- coated tongue,
- poor appetite,
- active cough with thick Kapha,
- recurrent nausea,
- bloating,
- sticky stool,
- constipation with loaded bowel,
- active fever,
- active ama signs.

At this stage, the body is not ready. Nourishment becomes a burden instead of support.



Signs that the child is ready for strengthening

A child is more ready for Brimhana or Rasayana when:

- appetite is naturally better,
- tongue is cleaner,
- stool is regular,
- active infection is over,
- sleep is improving,
- the child appears lighter, not loaded,
- there is no strong nausea or bloating,
- the child begins asking for food.

These are very practical clinical signs.

Chikitsa Siddhanta

The strengthening sequence is:

1. **remove draining factors**
2. **stabilize agni**
3. **clear ama**
4. **restore bowel rhythm**
5. **start light nourishing support**
6. **then introduce Rasayana / Brimhana progressively**
7. **observe digestion continuously**

A child's digestive response should always guide the intensity of strengthening.

Classical medicines and formulations commonly considered

1. Chyavanaprasha

Among the most widely used pediatric Rasayana formulations, especially in recurrent respiratory weakness and low stamina.

Approximate pediatric dose:

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

Most useful when:

- appetite is stable,
- no active heavy Kapha or ama is present,
- the child needs seasonal respiratory strengthening.

2. Ashwagandha-based support

Useful in selected undernourished, weak, Vata-prone, post-illness children with low stamina and poor tissue support.

**Approximate supervised pediatric dose:**

Depends on formulation and age. It should be individualized.

3. Draksharishta

Useful in selected weak children with low appetite and post-illness debility when digestion permits.

Approximate supervised pediatric dose:

- 3-6 years: 2.5-5 ml with equal water after meals
- 6-12 years: 5-10 ml with equal water after meals

4. Guduchi / Samshamani

Useful in recurrently ill children who need stronger recovery quality before heavier Rasayana is introduced.

Approximate pediatric dose:

- 1-3 years: ¼-½ tablet, 2-3 times daily
- 3-6 years: ½-1 tablet, 2-3 times daily
- 6-12 years: 1 tablet, 2-3 times daily

5. Bala-supportive and Vidaryadi-type nourishment

May be useful in selected weak children after proper digestive recovery, according to constitution and physician judgment.

6. Agastya Haritaki Avaleha

In selected older children with recurrent respiratory weakness, constipation tendency, and low recovery quality.

Approximate supervised pediatric dose:

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

It should not be used in active ama.

Food-based Brimhana

Many children do not need large numbers of classical formulations. They need:

- regular meals,
- digestible nourishment,
- proper convalescence,
- and consistent sleep.

Useful food-based strengthening includes:

- fresh home-cooked meals,
- chana sattu and jaggery
- khichari progressing to fuller meals,
- ghee in suitable children,
- milk in children who digest it well,
- soaked nuts in selected older children,
- rice-dal combinations,
- seasonal fruits according to digestion,
- and calm mealtime rhythm.



This is often more powerful than a tonic given on top of bad routine.

Mistakes in strengthening children

Common errors include:

- giving tonic in active ama,
- overfeeding heavy foods,
- giving milk repeatedly to a child with active congestion,
- starting Rasayana during fever recovery before appetite returns,
- ignoring constipation,
- expecting rapid change without correcting sleep and bowel rhythm.

These mistakes are responsible for many failed “strengthening” attempts.

Summary

Rasayana and Brimhana in children must always be stage-appropriate. They are most beneficial after agni improves, ama reduces, stool becomes regular, and active illness settles. Classical formulations such as Chyavanaprasha, Ashwagandha-based support, Draksharishta, Guduchi, and selected Avaleha forms have their place when chosen properly. The real success of strengthening lies not in giving a tonic quickly, but in preparing the child’s digestion and rhythm to actually receive nourishment.

Practice Questions

1. Why should Rasayana not be started in a child with coated tongue and poor appetite?
2. What signs show that a child is ready for Brimhana?
3. Which classical formulations are commonly considered for strengthening children?
4. Why is food-based nourishment often more important than tonics alone?
5. What are the common mistakes made while trying to strengthen weak children?