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## Karshyata (Underweight) Among Children: An Ayurvedic Perspective and Management

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### Abstract:

Karshyata (underweight) is a significant health concern affecting children worldwide, particularly in developing nations. According to Ayurveda, Karshyata is characterized by reduced body mass, poor immunity, and impaired physical and mental development. The condition often arises from improper dietary habits, malabsorption issues, or chronic illnesses. Ayurvedic texts describe Karshyata as a disorder rooted in Agnimandya (digestive weakness), Rasa Dhatu Kshaya (deficiency of nutritional essence), and Vata Prakopa (aggravated Vata dosha). This article explores the clinical presentation, prevalence, and health impacts of Karshyata among children. Further, it discusses Ayurvedic strategies for managing Karshyata, including dietary modifications, herbal interventions like Ashwagandha (*Withania somnifera*) and Bala (*Sida cordifolia*), and Panchakarma therapies such as Snehana (oleation) and Brimhana (nourishing treatments). Emphasis is placed on Rasayana therapies to promote immunity and enhance tissue development. Implementing these holistic measures can significantly improve the nutritional status and overall well-being of children suffering from Karshyata.

**Keywords:** Karshyata, Underweight, Ayurveda, Child Health, Agnimandya, Brimhana Chikitsa

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**INTRODUCTION:**

Karshyata is derived from the root word 'Karsha', meaning 'to become lean or emaciated'. It is described in Ayurveda as a disorder resulting from Rasa Dhatu Kshaya (deficiency of nutritional essence), Agnimandya (digestive impairment), and Vata Prakopa (aggravation of Vata dosha). According to Acharya Charaka, individuals who are extremely lean are categorized under 'Ashta Ninditiya Purusha' (eight undesirable body types) due to their increased risk of health complications. Karshyata, described in Ayurveda, corresponds to the modern concept of underweight and malnutrition. It is categorized as a nutritional deficiency disorder that arises due to improper dietary habits, poor digestion, and lifestyle imbalances. Ayurveda emphasizes prevention over cure, and Karshyata is often linked to inadequate nourishment, impaired metabolism, and vitiation of Vata dosha.

In children, Karshyata is particularly concerning as their nutritional status directly influences growth, immunity, and cognitive development. Malnutrition-related conditions like *Phakka Roga*, *Balashosha*, and *Shushka Revati* are also closely associated with Karshyata, leading to developmental delays and heightened susceptibility to infections.

Karshyata presents with characteristic features such as dry and thin skin, prominent bones and joints, reduced muscle mass, and general weakness. Its prevalence is significantly higher in regions with poor socio-economic conditions, inadequate healthcare access, and unbalanced nutrition. Studies indicate that nearly 35% of childhood deaths globally are linked to undernutrition, making it a pressing public health concern. Preventive measures such as promoting exclusive breastfeeding for the first six months, ensuring nutrient-

dense diets, and adopting Ayurvedic strategies like *Swarna Prashana*, *Abhyanga* (oil massage), and *Brimhana* (nourishing therapies) are crucial in mitigating the risks associated with Karshyata.

Childhood undernutrition remains a major public health concern, with underweight being one of the primary indicators of malnutrition. Karshyata, described in Ayurveda, mirrors the condition of underweight in modern medicine. It is characterized by features such as emaciation, dry and rough skin, weakness, and delayed milestones. The prevalence of underweight conditions is notably high in regions with socio-economic disadvantages and poor access to healthcare. Karshyata often leads to impaired immunity, increased susceptibility to infections, and stunted growth, which can affect a child's academic performance, social behavior, and long-term health.

**Objectives:**

1. To explore the Ayurvedic understanding of *Karshyata* (underweight) in children, including its causes, clinical presentation, and associated health risks.
2. To review Ayurvedic management strategies for *Karshyata*, including dietary interventions, herbal formulations, and Panchakarma therapies.
3. To highlight preventive measures for malnutrition and underweight conditions in children, integrating Ayurvedic principles with modern nutritional practices.

**Methods:**

A thorough review of classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya was conducted to understand the pathophysiology, clinical features, and management of Karshyata. Contemporary research articles from indexed journals were analyzed to correlate Ayurvedic insights with modern nutritional



strategies for improving underweight conditions in children.

### Results:

Ayurvedic literature attributes Karshyata to an imbalance in Agni (digestive fire) and deficiencies in Rasa Dhatu (primary nutritional fluid). Management involves enhancing Agni using Deepana (appetizer) and Pachana (digestive) herbs such as Pippali (Piper longum) and Shunthi (Zingiber officinale). Brimhana therapies employing nourishing foods like ghee, milk, and meat soup are emphasized. Herbal formulations such as Chyawanprash and Ashwagandha Avaleha have shown remarkable efficacy in improving weight gain and immunity. Panchakarma procedures like Abhyanga (oil massage) and Swedana (sudation therapy) are recommended to improve circulation and nourish tissues.

### DISCUSSION:

Karshyata management in Ayurveda adopts a holistic approach by addressing dietary deficiencies, enhancing digestion, and improving tissue nourishment. Nutritional interventions are customized based on Prakriti (constitution) and Bala (strength) of the child. Modern research validates the efficacy of Rasayana drugs in improving nutritional status and immunity. Combining these interventions with lifestyle modifications and yoga practices may offer sustainable improvements in managing childhood underweight. Preventing malnutrition and underweight conditions in children requires a multi-faceted approach. Ensuring a balanced diet rich in essential nutrients, proteins, and healthy fats is fundamental. Exclusive breastfeeding during the first six months and timely introduction of complementary feeding are crucial preventive strategies. Emphasis should be placed on hygiene practices to prevent

infections that impair nutrient absorption. Regular monitoring of growth parameters can help identify at-risk children early. Ayurvedic preventive measures such as administering Swarna Prashana to boost immunity, along with lifestyle practices like daily oil massage (Abhyanga) and promoting sound sleep patterns, can contribute significantly to preventing Karshyata. Incorporating yoga and pranayama practices enhances digestion, metabolism, and overall vitality in children.

### CONCLUSION:

Ayurveda presents a comprehensive strategy for the prevention and management of Karshyata in children. Integrating Ayurvedic principles with modern nutritional approaches can help achieve better health outcomes and improve the quality of life in underweight children. Further clinical research is essential to establish standardized protocols for Ayurvedic interventions in paediatric undernutrition.

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