

**THERAPEUTIC ROLE OF SNEHANA AND RUKSHANA IN KAUMARABHRITYA: AN
AYURVEDIC APPROACH TO PEDIATRIC CARE – A COMPREHENSIVE REVIEW**Suryana Gupta^{1*}, Divyasri R. A.² and Sudheer B. R.³Final Year PG Scholar¹, Professor and Guide², HOD³

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ABSTRACT

In *Kaumarabhritya* (Ayurvedic pediatrics), therapeutic approaches must be customized to the unique physiological constitution of children, who are inherently *Kapha*-dominant and possess immature *Dhatus* and incomplete *Bala*. Among the *Shadvidhopakrama*^[1] (Six therapeutic modalities), *Snehana* (Oleation) and *Rukshana* (Therapeutic drying) play foundational and complementary roles in supporting the development and health of the child. *Snehana* nourishes tissues, pacifies *Vata*, enhances neurodevelopment and strengthens immunity, while *Rukshana* reduces *Kapha* excess, stimulates *Agni*, clears bodily channels, and mitigates metabolic and respiratory conditions. This review synthesizes classical references and contemporary clinical insights to explore the detailed roles, types, mechanisms and clinical indications of *Snehana* and *Rukshana* therapies in pediatric care. Emphasis is placed on distinct pediatric considerations such as *Kleshasahatva* (Treatment tolerance), *Sneha Dvesha*, *Agni-Bala* and the modulation of therapies according to *Avasthika Kaala* (Condition-specific) and *Nityaga Kaala* (Routine use). The judicious selection and balanced application of *Snehana* and *Rukshana* help manage a wide range of conditions—from *Vata*-dominant neurodevelopmental disorders to *Kapha*-induced respiratory and nutritional disturbances—while minimizing adverse effects. When applied in alignment with *Ayurvedic* principles and individualized patient needs, these therapies offer a robust and integrative framework for both preventive and curative pediatric care.

KEYWORDS: *Shadvidhopakrama*, *Snehana*, *Rukshana*, *Kaumarabhritya*, *Kapha*, *Agni*, *Oleation*.**INTRODUCTION**

Ayurveda, the traditional Indian system of medicine, offers a holistic and individualized framework for child health management. In *Kaumarabhritya*, therapeutic strategies are tailored to the child's evolving physiological constitution, characterized by *Kapha* dominance, immature *Dhatus* (Body tissues) and developing *Agni* (Digestive/metabolic fire).^[2] Among the *Shadvidhopakrama* (Six fundamental therapeutic modalities), *Snehana* (Unctuous/oleation therapy) and *Rukshana* (Drying or scraping therapy) hold prime relevance in pediatric care for their capacity to nourish growth and regulate *Dosha* imbalances.

Snehana pacifies *Vata*, nurtures tissue, supports neurodevelopment, and promotes immunity, whereas *Rukshana* mitigates *Kapha* excess, stimulates *Agni*, removes *Ama* (Metabolic toxins) and improves metabolic resilience. These therapies act in complementary and integrative ways—nourishing and purifying, softening and stimulating—to maintain internal homeostasis. Importantly, they are not only employed for disease management but also integrated into daily, seasonal, and

developmental regimens for promoting vitality and preventing disorders.

Distinct pediatric physiology and therapeutic considerations in *kaumarabhritya*

In *Kaumarabhritya*, children are recognized as a unique physiological group requiring specialized therapeutic approaches. This distinction arises from several inherent characteristics such as immature tissues (*Aparipakva Dhatu*), absence of secondary sexual characteristics (*Ajata Vyanjana*), delicate constitution (*Sukumaratva*), low tolerance to therapeutic stress (*Akleshasahatva*), and incomplete development of immunity and strength (*Asampurana Bala*).^[3] Childhood is also marked by a natural predominance of *Kapha Dosha*,^[4] which significantly influences growth, development and disease susceptibility. Traditionally, this pediatric physiological framework applies up to the age of sixteen.

Because of these factors, therapeutic strategies in children must be gentle yet effective. Careful calibration of formulations, dosages, intensity, and duration is essential to balance *Kapha* without disrupting critical

growth processes. Clinical monitoring of digestive/metabolic capacity (*Agni*) and strength (*Bala*) is vital during therapy.

Several specific pediatric considerations emerge from this distinct physiology

- **Immature *agni*:** Pediatric patients often have weak or variable digestive fire, especially neonates and infants, leading to the formation of *Ama* (metabolic toxins), digestive disturbances, and impaired nutrient absorption.
- **Kleshasahatva (Therapeutic tolerance):** Due to their delicate constitution, children have reduced tolerance to intensive therapies. Dosage, Frequency, and treatment methods must be adapted, considering the child's psychological and emotional state.
- **Dhatu Poshana (Tissue nourishment):** Adequate nourishment of *Dhatu*s is critical for physical and neurological development. Given incomplete maturation, children benefit from gentle yet nourishing therapies to ensure growth and immune competence.
- **Emotional and Neurological Sensitivity:** Heightened emotional reactivity and neurological vulnerabilities in children may present as irritability, sleep disturbances, or developmental delays. These factors must be considered during clinical assessment and treatment planning.

Kapha dominance in childhood: A physiological insight

Kapha Dosha predominance in childhood^[5] is a physiological norm that supports unctuousness, softness, emotional calmness, and resilience—qualities essential for healthy growth. This natural state facilitates *Dhatu Poshana*, *Deha Vriddhi* (growth) and the establishment of *Bala* (Strength and Immunity). However, excess or poorly metabolized *Kapha* can lead to digestive sluggishness, respiratory issues and metabolic imbalances.

Thus, pediatric *Ayurvedic* care requires a careful balance: supporting *Kapha*'s beneficial roles while preventing its pathological manifestations. Therapies like *Snehana* and *Rukshana* serve as dynamic tools to maintain this balance, addressing both deficiencies and excesses to promote homeostasis throughout childhood development.

Snehana in children

Snehana^[6] (Oleation therapy) is defined as the administration of oils or fats either internally (*Abhyantara Sneh*) or externally (*Bahya Sneh*) to pacify *Vata* and support tissue nutrition. These agents possess *Sukshma* (subtle), *Mridu* (softening), and *Medhya* (Cognition-enhancing) qualities, making them especially suited to the soft, sensitive, and developing constitution of children.

Types of *snehana*

1. *Bahya snehana* (External oleation) in children

Bahya Snehana or external oleation, includes therapies such as *Abhyanga* (therapeutic oil massage), *Murdhni Taila* (oleation of the head), *Mardana* (deep tissue massage), *Pichu* (oil-soaked cotton application), and *Avagaha* (medicated oil baths). These procedures improve circulation, soothe sensory pathways, and enhance motor development, offering both preventive and therapeutic benefits in pediatric care.

- *Abhyanga* promotes healthy circulation, improves skin texture, supports neuromuscular development, and is particularly beneficial in developmental delays and childhood debility.
- *Murdhni Taila*, involving oil application to the head, supports cognition, sensory processing, and sleep regulation; it is especially useful in children with attention deficit hyperactivity disorder (ADHD) and autism spectrum disorders.
- *Mardana* strengthens the musculature and is indicated in conditions like hypotonia where muscle tone is compromised.
- *Pichu* offers localized oleation, effectively relieving neuromuscular stiffness; it is used in neonatal care, cerebral palsy, spinal disorders, and pediatric skin diseases.
- *Avagaha*, or medicated oil baths, provides full-body relaxation, enhances tissue nourishment, and supports restorative sleep.

These gentle yet potent therapies contribute to emotional well-being, improved muscle tone, and balanced *Vata Dosha*, which is essential during the *Kapha*-dominant pediatric phase enhancing *Bala* (strength), *Ayu* (longevity), and *Arogyata* (health) in children.

2. *Abhyantara snehana* (Internal oleation) in children

Abhyantara Snehana refers to the internal administration of unctuous substances such as *Ghrita* (clarified butter), *Taila* (medicated oils) or other *Sneha* preparations, either alone or in combination with food or medicine.^[7] This therapy is indicated for both *Shamana* (palliative) and *Shodhana* (purificatory) purposes, depending on the child's health status and strength. It is also a preparatory step for *Panchakarma*, helping to loosen and mobilize *Doshas* from the *Sakha* (periphery) to the *Koshtha* (core) for effective elimination. Beyond purification, *Abhyantara Snehana* plays a crucial role in *Dhatu-Pushti* (tissue nourishment), *Agni Deepana* (digestive enhancement) and *Ojas Utpatti* (immune and vitality enhancement).

Clinical Considerations in Pediatrics

In children, *Sneha* administration should be individualized based on factors such as *Ayu* (age), *Agni* (digestive strength), *Klesha-sahatva* (tolerance), *Sneha-Dvesha* (aversion to fats), *Prakriti*, *Koshtha*, and disease status. Due to early exposure to breast milk and *Ghrita*, children naturally exhibit *Sneha-Satmyatva*, allowing for

cautious internal oleation when clinically indicated. This is especially beneficial in *Vata*-dominant conditions like neurodevelopmental delays, digestive disturbances, and malnutrition, where gentle *Sneha* therapy can support nourishment, growth and recovery.

Classifications of *abhyantara snehana*

i. *Accha Sneha*

- Pure *Sneha* administered directly, apart from meals.
- Suitable for children accustomed to *Ghrita* /milk early in life.
- Promotes deep tissue nourishment and *Dosha* pacification.

ii. *Pravicharana Sneha*

- *Sneha* mixed with food (like rice or gruel) or medicines.
- Used when pure *Sneha* causes aversion or intolerance.
- Useful in children with reduced *Klesha-Sahatva* or weak *Agni*.

Therapeutic indications

Shamana sneha (Palliative use)

In pediatric practice, *Shamana Sneha* refers to the administration of small, daily doses of medicated ghee to pacify aggravated *Doshas* without initiating evacuation. This modality is particularly beneficial in chronic, *Vata*-dominant conditions such as *Vataja Kasa*, *Grahani*, *Shwasa*, *Jirṇa Jvara*, *Asthi-Kshaya*. Several classical formulations are tailored to specific pediatric conditions. For example, *Abhirumuladi Ghrita* is indicated in children with ADHD and hyperactivity, while *Shatapushpa Ghrita* is suited for mild cognitive delays. Behavioural disturbances, including *Unmada*, may be managed with *Kalyanaka Ghrita*. For teething-related irritability, *Samangadi Ghrita* is preferred. In digestive and respiratory concerns like *Grahani*, *Kasa*, and *Shwasa*, *Shatphala Ghrita* proves useful. Likewise, *Durva Ghrita* is beneficial in pediatric eczema and other dermatological conditions.

Shodhananga sneha (Purificatory use)

Shodhananga Sneha is employed as a preparatory step prior to purification therapies such as *Vamana*, *Virechana* or *Basti*. It facilitates the mobilization of *Doshas* from the peripheral tissues to the gastrointestinal tract for effective elimination. Indications in children include *Kuṣṭha*, *Shwitra*, *Charmadala*, neurodevelopmental disorders, and *Medoroga* (childhood obesity). Formulations such as *Aṣṭamangala Ghrita* are used in children with mild IQ delays and cognitive sluggishness. *Vidanga Ghrita* is specifically indicated for *Krimi Roga* (parasitic infestations), while *Panchatiktaka* / *Mahatiktaka Ghrita* are employed in chronic inflammatory skin conditions. Respiratory complaints are addressed with *Shatphala Ghrita*, and metabolic concerns like *Sthoulya* and *Prameha* are managed with *Indukanta Ghrita*.

Cautions in pediatric administration

While administering *Sneha* in children, several precautions are essential. Monitoring for signs of *Agnimandya* (weakened digestion) is critical. Dosage must be adjusted in accordance with the child's *Bala* (strength), *Klesha-sahatva* (treatment tolerance) and the nature of the disease. Special care is necessary in toddlers and neonates, where titration must be done gradually. *Sneha* administration should be accompanied by suitable *Anupana* such as warm milk, honey, or warm water to aid digestion and absorption.

Vicharana sneha: Adaptation for pediatric tolerance

Vicharana Sneha is a modified form of internal oleation tailored for children, wherein medicated ghee is administered in small or diluted doses, often mixed with food or liquids to improve palatability and compliance. This approach is particularly useful in infants, toddlers, or children with *Sneha-Dvesha* (aversion to fat), delicate digestion, who are *Krusha* (emaciated) or *Klesha-Asahatva* (poor treatment tolerance). This method delivers the therapeutic benefits of *Sneha* in a gentle, digestible form, making it ideal for pediatric use.

In clinical practice, *Vicharana Sneha* supports *Agni*, nourishes *Dhatus*, pacifies *Doshas*, and enhances cognition—especially in constitutionally sensitive children. It addresses practical challenges in pediatric administration, such as dislike for taste or texture, behavioural resistance (e.g., anxiety or irritability), and parental concerns. To improve acceptance, *Ghritas* are commonly blended with warm milk, honey, or food preparations. Thus, *Vicharana Sneha* represents a pragmatic and effective adaptation of *Snehana* in *Kaumarabhritya*.

Commonly used formulations include *Kushmanda Ghrita*, which is given with warm milk for managing hyperactivity and Attention Deficit Hyperactivity Disorder (ADHD). *Vasa Ghrita*, administered with warm milk or meat soup, benefits children suffering from emaciation and respiratory weakness. *Brahmi Ghrita* can be taken directly or mixed with milk/rice gruel, making it effective in autism and delayed speech. *Sarasvata Ghrita*, typically combined with honey and warm milk, is useful in managing speech delay and learning disabilities. *Panchagavya Ghrita*, often given with warm water, is recommended in chronic fevers and metabolic imbalances.

Vicharana Sneha and Its *Kaala* of Administration in Children

According to Acharya Dalhaṇa, *Vicharana Sneha* can be administered in two distinct *Kaalas* or timings: *Nityaga Kaala* (Daily use) and *Avasthika Kaala* (Condition-specific).^[8]

Nityaga kaala sneha in pediatrics

Daily *Sneha* administration, even in the absence of disease, forms a preventive and promotive strategy in

pediatric *Ayurveda*. Due to the innate *Sleshmadhikya* and *Sukumaratva* in children, regular *Sneha* usage strengthens *Agni*, supports *Dhatu* development and enhances neurological maturity and immunity. *Ghrita* is particularly recommended during infancy and toddlerhood for its *Medhya*, *Agnideepana* and *Vatahara* properties.

In neonates and infants (0–1 year), *Madhu-Ghrita Prashana* is administered immediately after birth, as advocated in *Kashyapa Samhita*,^[9] to kindle digestion, stimulate sucking reflexes, and promote vitality. *Swarna Prashana*—with *Ghrita* as *Anupana*—is practiced routinely to enhance intellect (*Buddhi*), memory (*Medha*), and disease resistance (*Vyadhi-Kshamatva*). Daily *Ghrita* supplementation, including plain or medicated variants like *Samvardhana Ghrita*, supports brain development, weight gain, and tissue growth.

External *Sneha* therapies such as *Bala Taila Abhyanga* and *Shiro Pichu* (placement of a cotton pad soaked in warm medicated *Ghrita* over the anterior fontanelle) help regulate sleep, improve tone, and promote neurodevelopment. *Abhyanga* and *Parisheka* (gentle pouring of oil or decoction) further aid thermoregulation, *Vata*-pacification, and adaptation to the external environment.

In toddlers (1–3 years), the diet becomes semi-solid and diverse. *Ghrita*-enriched food preparations like *Mocchadi Peya*,^[10] *Rakta Shali Peya*,^[11] *Dadimadi Yusha*, and *Panchaprasrutika Peya* help maintain digestive balance and promote growth. During the *Ksheera-Annada* stage, *Vishmagni* is commonly observed. In such cases, *Sneha* with *Ushna Ahara* supports *Agni-Bala* and helps maintain homeostasis without overburdening digestion. Thus, *Nityaga Kaala Sneha* serves not only a nourishing role but also a foundational role in preventive pediatrics.

Avasthika kaala sneha in pediatrics

In contrast, *Avasthika Kaala Sneha* is prescribed in disease-specific or pathological contexts, based on clinical discretion. This includes growth delays, neurodevelopmental issues, behavioural disorders, and chronic systemic diseases.

Classical *Ghrita* formulations used in such contexts include *Samvardhana Ghrita* (for undernourished children), *Maha Kalyanaka Ghrita* (for cognitive development in autism spectrum disorder and ADHD) and *Kumarakalyana Ghrita* (in mild neurological delays and failure to thrive). Other examples include *Aṣṭamangala Ghrita* (in *Graha Rogas*), *Panchabhoutika Ghrita* (for enhancing intellect and immunity), and *Ashwagandha Ghrita* (in hypotonia and poor muscle tone). *Mahatiktaka Ghrita* is indicated in *Twak Vikaras*, while *Shatavari Ghrita* and *Panchagavya Ghrita* are recommended for *Unmada*, *Apasmara*, and neurobehavioural imbalances.

These *Snehas* are typically administered with warm milk or water, often in low-dose regimens as per the child's digestive capacity. They combine the roles of *Snehana*, *Medhya Rasayana*, and disease-specific therapy.

Pediatric specifics of snehana

In pediatric practice, *Snehana* must be gentle, light, and easily digestible to avoid *Kapha* aggravation or lethargy. Internally, *Ghrita* is preferred for its *Sattva-Prasadana* properties, aiding neurodevelopment, cognition, and emotional stability. Externally, regular *Abhyanga* using warm medicated oils enhances sensory integration, sleep quality, and motor coordination. Therapeutically, *Snehana* is indicated in *Vata* disorders, neurodevelopmental delays, hypotonia, and digestive intolerance. Age-appropriate protocols such as *Madhu-Ghrita Prashana* and *Swarna Prashana* are introduced in infancy to promote immunity and mental development.

Clinically, *Snehana* is employed in the management of developmental delays, including autism spectrum disorder and speech delay, as well as in chronic pediatric illnesses. It serves as a preventive and supportive therapy for *Vataja* conditions, improves sleep and appetite, and helps regulate emotional behavior in children.

Rukshana in children

Rukshana, one of the *Shadvidhopakrama* (Six fundamental treatment modalities), refers to the therapeutic induction of dryness to counteract excess *Snigdhatva* (Unctuousness), *Kleda* (Moisture), and *Ama* (metabolic toxins). In *Ayurvedic* pediatrics, this is particularly relevant because children possess an inherent *Kapha* dominance, predisposing them to sluggish *Agni*, mucosal hypersecretion, and *Meda*-predominant disorders.^[12]

As described by *Acharya Charaka*, *Rukshana* causes absorption of *Kleda* and reduction of *Snigdhatva*, thereby aiding metabolic enhancement and digestion of *Ama*. *Chakrapani*^[13] indicates *Rukshana* in *Kapha-Meda Samsrishta* conditions, especially when *Snigdhatva* arises from excess *Snehapana* or an innate *Kapha Prakriti*. According to *Acharya Charaka*,^[14] substances with qualities such as *Ruksha* (dry), *Laghu* (light), *Tikshana* (sharp) and *Ushna* (hot) are ideal for *Rukshana* therapy, as they reduce tissue *Snigdhatva* and help clear obstructed channels (*Srotas*).

Classification and Types

Rukshana can probably be classified into two main categories, which can be applied locally (*Sthanika*) or systemically (*Sarvadehika*):

- **Bahya rukshana (External drying)**

Includes therapies such as *Udvartana* (dry herbal powder massage), *Lepa* (topical pastes), *Dhuma* (herbal fumigation), and *Takradhara* (therapeutic pouring of buttermilk). These are effective in skin disorders, excessive sweating, obesity, and sleep disturbances. For example, *Udvartana* with *Kolakulathadi* or *Triphaladi*

powders is commonly used in overweight children to reduce subcutaneous moisture and enhance peripheral circulation.

- **Abhyantara rukshana (Internal drying)**

Achieved through diet (*Ahara*), lifestyle (*Vihara*), and medicines (*Aushadha*). Diet recommendations include dry and scraping grains such as *Yava* (barley), *Kodrava* (kodo millet), and pulses like *Kulattha* (horse gram), along with *Takra* (buttermilk) and *Madhu* (honey), which possess natural *Kleda-Shoshana* (moisture absorbing) properties. Lifestyle measures include exposure to sunlight and wind, regulated physical activity, avoidance of daytime sleep (*Divaswapna*), and moderate fasting (*Upavasa*). Medicinal preparations like *Pañcakola Churna*, *Vaishvanara Churna*, and *Abhayaarista* stimulate digestion and reduce *Medo* and *Sleshma*, often used before *Snehapana* or *Shodhana* in children with *Ama* or *Meda-Vridhi*.

Features of Proper and Excessive Rukshana

- *Samyak Rukshana*^[15] (proper drying) results in lightness of the body, enhanced *Agni*, improved appetite, clarity of sensory organs (*Indriyas*), and enthusiasm.
- *Ati-Rukshana* (excessive drying) can cause fatigue, rough skin, joint pain, dryness of mucous membranes, and decreased strength. Therefore, in children, *Rukshana* must be carefully titrated according to age, strength, and specific condition.

Clinical Indications in Pediatrics

Rukshana therapy has broad applications in childhood disorders, particularly those related to *Kapha* and *Meda* imbalance:

- *Kapha-Pitta* dominant skin disorders such as *Sravi Kustha* and eczema.
- Pediatric obesity and metabolic syndrome.
- Recurrent digestive issues including *Grahani* (mal-absorption) and *Ajeerna* (indigestion).
- Neurodevelopmental conditions characterized by hyperactivity or *Kaphaja Unmada* (psychosomatic disturbances).
- Preparation of the child's system prior to *Snehana* or *Shodhana* therapies, especially in the presence of *Ama* or excessive *Snigdhatata*.
- Respiratory conditions like *Kasa* (cough) and *Shwasa* (asthma).
- Sluggish metabolism and hypotonia, where *Rukshana* helps stimulate circulation and digestion.

Pediatric considerations

Given the physiological immaturity of children and their evolving digestive capacity, *Rukshana* therapies must balance dryness with preservation of strength (*Bala*). Procedures should be mild, such as gentle *Udvardana* with fine powders, minimal pressure, and shorter durations. Internal drying therapies are adjusted for tolerance, and the child's general constitution is always

taken into account. Monitoring is essential to avoid excessive dryness that can lead to complications.

DISCUSSION

Kaumarabhritya/Ayurvedic pediatrics employs an integrative dual therapeutic approach through *Snehana* (oleation) and *Rukshana* (drying), which together create a dynamic balance tailored to the child's unique constitution and clinical status. While *Snehana* nourishes, strengthens, and pacifies *Vata Dosha*, *Rukshana* stimulates metabolism and clears excess *Kapha*, thereby complementing each other in maintaining health and preventing disease.

Mode of action of snehana

Snehana is pivotal in pacifying *Vata*, which is particularly important in children due to ongoing neurological and musculoskeletal development. Its *Sukshma* (subtle) and *Vyapi* (pervasive) qualities enable deep penetration, facilitating effective *Dhatu-Poshana* (tissue nourishment) and systemic nourishment. Internally, *Ghrita* is the preferred oleation medium, which enhances *Agni*, aids digestion of *Ama*, and promotes nutrient assimilation without aggravating *Kapha*. This property makes it highly suitable in conditions like *Vishamagni* (irregular digestive fire), developmental delays, and digestive intolerance.

Moreover, *Ghrita's Sattva-Prasadana* (mind-purifying) effects support cognitive function and emotional stability, playing a crucial role in managing neurodevelopmental disorders such as autism spectrum disorders, ADHD, and speech delays. Externally, *Bahya Snehana* (e.g., *Abhyanga*) improves sensory regulation, enhances sleep quality, and supports motor coordination. During preparatory phases of *Shodhana* (purification therapies), *Snehana* mobilizes *Doshas* from *Shakha* (peripheral tissues) to the *Kostha* (gastrointestinal tract), thereby enhancing the effectiveness of subsequent purification—an essential step in managing chronic pediatric conditions.

Mode of action of rukshana

Children are naturally *Kapha*-dominant, which predisposes them to mucous congestion, sluggish digestion, lethargy, and metabolic imbalances. *Rukshana* therapy employs dry, light, and heating substances and procedures to eliminate excess *Kapha* and restore physiological balance. In recurrent respiratory disorders such as *Kasa* and *Shwasa*, *Rukshana* clears mucous obstructions, enhancing pulmonary function and immunity.

This therapy activates *Agni*, aids digestion of *Ama*, and prevents pathological accumulation of *Meda* (fat) and *Mamsa* (muscle tissue), making it especially relevant in pediatric obesity and metabolic syndromes. External methods like *Udvardana* improve peripheral circulation, reduce channel obstruction (*Srotorodha*), and increase physical agility. These effects are particularly beneficial

in managing hypotonia, lethargy, and early metabolic dysfunctions, and they also support improved attention, activity levels, and motor coordination.

Synergistic application

The combined and judicious use of *Snehana* and *Rukshana* therapies, guided by the child's *Doshika Prakriti*, *Agni Bala*, and *Klesha Sahatva*, provides a personalized approach that prevents disease manifestation (*Vyadhi-Utpatti*) while promoting growth, vitality, and mental clarity.

Modern pediatric challenges such as neurodevelopmental disorders benefit greatly from early initiation of *Snehana* protocols like *Madhu-Ghrita Prashana* and *Swarna Prashana*, which have demonstrated sustained cognitive and immunomodulatory benefits.^[33] Meanwhile, rising trends in childhood obesity, frequent infections, and sedentary lifestyles underscore the need for safe, non-invasive *Rukshana* therapies such as *Udvartana* to improve metabolic health and prevent future morbidity.

Together, these therapies form a foundational, balanced treatment strategy in *Kaumarabhritya* that addresses both nourishment and detoxification, respecting the delicate physiology of children.

CONCLUSION

Snehana and *Rukshana* stand as foundational therapies in *Kaumarabhritya*, embodying *Ayurveda's* dual approach of nourishment and purification. These complementary modalities serve to maintain *Dosha-Samya*, enhance *Agni-Deepana*, and promote *Dhatu-Poshana*—cornerstones of healthy pediatric development, disease prevention, and the effective management of chronic disorders.

Early incorporation of protocols such as *Swarna Prashana* and *Madhu-Ghrita Prashana* exemplifies *Ayurveda's* preventive vision, aligning ancient principles with modern pediatric goals and supporting systemic immunity, cognition, and growth from infancy.

The therapeutic integration of *Snehana* and *Rukshana* reflects the essence of individualized care in *Ayurveda*. While *Snehana* builds strength, resilience, and stability, *Rukshana*, though often underutilized, plays a pivotal role in sharpening metabolic function, stimulating digestion, and reducing *Kapha-Meda* excesses—especially in conditions like childhood obesity, allergies, or developmental stagnation.

When applied in a child-centric, *Doshic*-guided, and context-specific manner, these therapies not only correct imbalances but also prime the child's body for further interventions. Their combined use showcases the sophistication of *Ayurvedic* pediatrics in harmonizing growth with internal equilibrium.

REFERENCES

1. Agniveśa. *Caraka Samhitā*, revised by Caraka and Dr̥ḍhabala, with the *Āyurveda Dīpikā* commentary by Cakrapāṇidatta. Acharya JT, editor. Varanasi: Chaukhambha Prakashan. Sūtrasthāna, Chapter, 2013; 22: 116–122.
2. Vāgbhaṭa. *Aṣṭāṅga Hṛdaya*, Sūtrasthāna. Srikantha Murthy KR, editor. Varanasi: Chaukhamba Sanskrit Pratishthan, 2011; 1-28.
3. Agniveśa. *Caraka Samhitā*, revised by Caraka and Dr̥ḍhabala, with the *Āyurveda Dīpikā* commentary by Cakrapāṇidatta. Acharya JT, editor. Varanasi: Chaukhambha Prakashan. Vimānasthāna, 2013; 8-122.
4. Vāgbhaṭa. *Aṣṭāṅga Hṛdaya*, Śārīrasthāna. Varanasi: Chaukhamba Sanskrit Pratishthan, 2011; 3-105. (Arunadatta commentary).
5. Vāgbhaṭa. *Aṣṭāṅga Hṛdaya*, Śārīrasthāna. Varanasi: Chaukhamba Sanskrit Pratishthan, 2011; 3-105. (Arunadatta commentary).
6. Agniveśa. *Caraka Samhitā*, revised by Caraka and Dr̥ḍhabala, with the *Āyurveda Dīpikā* commentary by Cakrapāṇidatta. Acharya JT, editor. Varanasi: Chaukhambha Prakashan. Sūtrasthāna, 2013; 22-11.
7. Suśruta. *Suśruta Samhitā*, Cikitsāsthāna. Sharma PV, translator. Varanasi: Chaukhamba Sanskrit Pratishthan, 2011; 31-37. (Dalhana commentary).
8. Suśruta. *Suśruta Samhitā*, Cikitsāsthāna. Sharma PV, translator. Varanasi: Chaukhamba Sanskrit Pratishthan, 2011; 31-37. (Dalhana commentary).
9. Vṛddha Jīvaka. *Kāśyapa Samhitā*, Sūtrasthāna Chapter. Tewari PV, editor. Varanasi: Chaukhamba Viśvabhāratī, 2002; 18.
10. Sreejit PE, Sabu M. *Edible Bananas of South India: Taxonomy and Phytochemistry*. Calicut: Indian Association of Angiosperm Taxonomy, 2017; 1.
11. Vāgbhaṭa. *Aṣṭāṅga Hṛdaya*, Sūtrasthāna Chapter Verses. Shastri HS, editor. Varanasi: Chaukhamba Surbharati Prakashan, 2007; 6: 26-27.
12. Agniveśa. *Caraka Samhitā*, revised by Caraka and Dr̥ḍhabala, with the *Āyurveda Dīpikā* commentary by Cakrapāṇidatta. Acharya JT, editor. Varanasi: Chaukhambha Prakashan. Sūtrasthāna, 2013; 22-10.
13. Agniveśa. *Caraka Samhitā*, revised by Caraka and Dr̥ḍhabala, with the *Āyurveda Dīpikā* commentary by Cakrapāṇidatta. Acharya JT, editor. Varanasi: Chaukhambha Prakashan. Sūtrasthāna, 2013; 22-10.
14. Agniveśa. *Caraka Samhitā*, revised by Caraka and Dr̥ḍhabala, with the *Āyurveda Dīpikā* commentary by Cakrapāṇidatta. Acharya JT, editor. Varanasi: Chaukhambha Prakashan. Sūtrasthāna, 2013; 22-15.
15. Agniveśa. *Caraka Samhitā*, revised by Caraka and Dr̥ḍhabala, with the *Āyurveda Dīpikā* commentary by Cakrapāṇidatta. Acharya JT, editor. Varanasi: Chaukhambha Prakashan. Sūtrasthāna, Chapter, 2013; 22.