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AYURVEDIC INTERVENTIONS FOR MALNUTRITION: ENHANCING INDIA'S NUTRITION PROGRAMS FOR CHILDREN

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ABSTRACT: Malnutrition continues to be a significant public health concern, affecting the survival, growth, and well-being of both current and future generations, especially in developing nations such as India. This study examines the intricate characteristics of malnutrition, including insufficient and excessive nutrition, with a major emphasis on protein-energy malnutrition (PEM) in children, the high occurrence of stunting, wasting, and underweight conditions in children, based on data from the National Family Health Survey (NFHS-5) and multiple studies conducted in Jaipur. It emphasizes the notable gender discrepancies and socio-economic factors contributing to these conditions. Ayurveda emphasizes the significance of maintaining a well-balanced diet (*Aahara*) and recognizes the influence of *Vata dosha* in disturbing the process of digestion and absorption of nutrients, resulting in ailments like *Karshya*, *Balashosha*, and associated disorders. Ayurvedic therapies prioritize dietary alterations, herbal supplementation, and lifestyle adjustments to restore physiological equilibrium and enhance overall well-being. This article suggests incorporating Ayurvedic concepts into current government nutrition initiatives, such as POSHAN Abhiyaan and Pradhan Mantri Matru Vandana Yojana (PMMVY). Concrete suggestions encompass prenatal and postnatal care measures, guidelines for infant and toddler nutrition, and Ayurvedic therapeutic therapies aimed at improving maternal and child health outcomes. The integration includes customized nutrition regimens, prenatal yoga, herbal assistance, and educational workshops to promote comprehensive well-being. By integrating Ayurvedic principles with contemporary nutrition programs, this approach presents a hopeful plan to address the malnutrition epidemic in India by promoting long-term health and well-being, making a significant contribution to national development and the progress of public health.

INTRODUCTION: Growth and development are intimately correlated with nutrition. The greatest growth and development will occur throughout childhood. A child must receive appropriate nutrition supplements to meet the growing body's calorific needs.¹

Malnutrition, particularly protein energy malnutrition (PEM), poses significant challenges for children, exacerbated by various factors including poor habits and socio-economic issues. Malnutrition is referred to as a silent emergency².

The term malnutrition encompasses excessive and insufficient nourishment, ranging from severe dietary deficits to obesity³. Approximately 155 million children (22.9%) and 52 million children (7.7%) worldwide are wasted and stunted, respectively. Children under five are becoming less nourished, with 11 out of 17 states experiencing a rise in stunting or chronic malnutrition, defined as

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low height relative to age. Thirteen out of 17 states have seen an increase in severely wasted youngsters, a condition known as acute malnutrition or wasting. At least 40% of children under five in Gujarat and Bihar are underweight, highlighting the need for improved nutrition and health outcomes for these vulnerable children⁴. 36% of children under age five years are stunted (short for their age); 19 percent are wasted (thin for their height); 32 percent are underweight (thin for their age); and 3 percent are overweight (heavy for their height)⁵.

Malnutrition is mostly caused by a poor diet and recurrent infections, which result in insufficient protein intake, carbohydrates, fats, and minerals. Children who are undernourished are more likely to experience severe and frequent infectious infections; even modest undernutrition raises the risk of morbidity and mortality in children. Long-term developmental issues in children can also result from chronic undernutrition. Undernutrition symptoms include thinning and dry hair, moon face, low sleep, pituitary hormone abnormalities, thyroid function changes, low body temperature, heart fat loss, lightheadedness, slow heart rate, mild anemia, fine-raised white hair, constipation, amenorrhea, brittle nails, subcutaneous fat loss, diminished muscle mass, dry skin, slower reflux, and edema⁶.

According to ancient Ayurvedic texts, one of the *Trayopsthambha* of life is *Aahara* (food)⁷. *Ahara*, *Viharaja*, and *Mansika* are the causes of undernutrition, according to Ayurveda. Energy production and the maintenance of living tissues are the two primary objectives of the *Aahara*. *Vata dosha* is the primary element to make children malnourished. Vitiating *vata* results in *Rukshta* and *Agni mandyata* that proceeds to cause improper digestion of food. This leads to emaciation in children as the body will not get appropriate nutrients. Emaciation of body fat and muscles results from undernutrition, which vitiates bodily tissues, causes dryness, and interferes with their ability to absorb nutrients⁸. The primary risk factor for this condition is *Ahara Dosha*; in particular, erroneous intake habits called *Alpasana* and *Vishamasana* lead to the development of *Karshya*. *Karshya* is a *Vata-Pradhan Apatarpanjanya Vyadhi*⁹. Malnutrition is referred to in Ayurveda as

*Apatarpanjanya Vyadhis*¹⁰. These conditions can be classified as *Karshya*, *Phakka*, *Parigarbhika*, and *Balashosha* depending on their severity and cause.

Prevalence of Malnutrition in Jaipur:

1. A cross-sectional study on 1007 under 5-year children, was conducted by Sharma et al in 2021 in Jaipur, and they found that 22.8% of children were malnourished¹¹.
2. Gupta et al in their record-based retrospective analytical observational study which was conducted in Jaipur in the year 2023, found that 86% of children out of 264 enrolled malnourished children were below 2 years of age group¹².
3. Pragati Chaudhary et al. conducted a community-based cross-sectional study from 2016 to 2017 in a slum area of Jaipur city, Rajasthan. A total of 2007 children aged 6-59 months were selected for the study. Among the screened children, 35.7% were found to be underweight, 43% were stunted, and 10.5% were wasted. Additionally, 2.5% of the children had severe acute wasting, and 8.0% had moderate acute wasting¹³.

Different Disorders can be Correlated to Malnutrition in Ayurveda:

Karshya: It is a condition characterized by excessive emaciation, caused by factors such as a fat-free diet, excessive fasting, inadequate food intake, over-administering of *Sanshodhan* treatment or *Panchkarma* procedures, *Shoka*, *Ruksha udvartan*, *Krodha*, *Ativiyayam*, etc.

Clinical features include *Daurbalya*, *Dhamanijaladarshanam*, *Sthula parva*, *Nidra nasha*, *Shushka-sphika-udara-griva*. Excessive emaciation can lead to *Pleeharoga*, *Kasa*, *Kshaya*, *Shwasa*, *Gulma*, *Arsha*, *Udara roga*, *Grahani roga*¹⁴.

Principle of Treatment¹⁵: Acharya Charak has advised *Brimhana* and *Laghu Santarpan*.

1. *Daivyapashray- Gandha Malya Dharan*.
2. *Yuktivyapashray- Nava anna, Nava Madhya, Gramya-anupa-audakamansa rasa, Dadhi*,

Sarpi, shali, masha, godhuma, gud-vaikrit, Basti, Taila abhyanga, Udwartan, timely dosha-avasechan, rasayan.

3. *Satvavjaya- Swapna, Harsha, Sukh shaiyya, Chinta viram, Priya darshan.*

Balashosha: *Balashosha* is only described by *Acharya Vagbhatta* in his books *Astangasangraha* and *Astangahridaya*. Other *Acharya* like *Charak* and *Sushruta* discussed the term 'Shosha' and 'Krusha', *Sharangadhara* named it 'Gatrashosha' and 'Daurbalya' and *Yogaratanakara* termed it 'Karshyaroga'¹⁶.

*Ashtang Hridaya*¹⁷ and *Ashtang Sangraha*¹⁸ describe symptoms of *Bala Shosha*, including *Arochaka, Pratishyaya, Jwara, Kasa, Shosha, Snigdha mukha, Snigdha netra, Suklamukha, and Suklanetra.*

Principle of Treatment: *Acharya Vagbhatta* provides a comprehensive treatment plan for *Balashosha*, with a focus on addressing the root reasons, balancing the *Dosha*, and rejuvenating *Agni* at every level. The treatment is divided into two categories: one for the mother (*Dhatri*) and the other for the child.

Treatment for Mother: In *Ksheerapa* and *Ksheerannada*, breastfeeding is the mother's primary source of nourishment for her child. However, imbalanced doshas can impact the child's health. To prevent this, the mother should follow three steps: 1) *Nidana Parivarjana*, which prioritizes prevention over cure, 2) *Samsodhan Chikitsa*, which treats impaired or corrupted breast milk, and 3) *Samsarjana karma*, which includes a healthy and nutritious diet and the use of "*Stanya Sodhaka*" and "*Stanya Janana*" medications.

Acharya Kashyapa classifies *Pathadi* and *Patoladigana* as "*Stanya Sodhaka*" *gana*, while *Acharya Charaka* recommends medications with *Tikta, Kashaya, Katu, and Madhura* tastes for *Stanya Shodhana*. The *Stanya Shodhaka Dasemani* formula includes *Patha, Shunthi, Devdaru, Musta, Murva, Guduchi, Kutaja, Kiratatikta, katuruhini, and Sariva.*

Treatment for Children: Ayurvedic treatment for children includes multiple modalities, including

Nidana Parivarjana, Samshodhana, and Basti treatment. In *Balashosha*, the *Amarasa* creation occurs due to the deterioration of *Jatharagni* states, leading to *srotasa* obstruction and increased *Kapha dosha*. *Deepana-Pachana* medicines, such as *Chitraka*, help disrupt the pathogenesis of *Balashosha*. *Balashosha* treatment prioritizes clean air, sunlight, proper cleanliness, and loving attention. *Aushadhi Chikitsa, Anupana*, powdered medications, and *Aushadha* can be used to treat *Balashosha*. Malnourished children and individuals with anorexia can also be treated using various herbal remedies and powdered substances.

Dusthaand Kshina Stanya: Nutritional deficit in children aged up to 1 year, known as *Ksheerapa*, is primarily caused by inadequate food or a lack of breast milk (referred to as *Kshina Stanya* or *Stanya Kshaya*). Malnutrition causes a decrease in both the amount and quality of breastfeeding, leading to insufficient production of bodily tissues (*Dhatus*) and imbalance of the *Vata dosha*¹⁹. As a result, this causes irregular digestion and extreme thinness. The *Kapha Dosha*²⁰, which is responsible for the growth and development of children, might be further weakened if it is already weakened.

Sushka Revati²¹: The condition is characterized by a gradual wasting away of all bodily parts, accompanied by symptoms such as diarrhea, loss of appetite, changes in the skin, swollen nodules in the abdomen, and a condition known as geographic tongue. Personal hygiene procedures like anointment, bathing, fumigation, seclusion, and cleaning of surrounds are employed to control it. Several medications such as *Swarna Basant Malti, Shilajatvadi Lauha, Shringa Bhasma, Vardhaman Pippali*, and medicated *Ghrita* are recommended.

Phakka Roga: *Phakka* is a term used to describe slow movement in children due to inadequate physical growth and alterations in psychomotor function. It is categorized into three groups: *Kshiraja Phakka, Garbhaja Phakka, and Vyadhija Phakka*. *Kshiraja Phakka* refers to malnutrition during infancy, while *Garbhaja Phakka* is a complication arising from various infant disorders. *Vyadhija Phakka* is marked by extreme malnourishment, weak limbs, subcutaneous fat mobilization, increased stool and urination

frequency, irritability. The chapter "Phakka Chikitsa Adhyaya ²²" by Acharya Kashyapa discusses the treatment of Phakkaroga by balancing the Kapha and Vatadoshas. The treatment can be divided into two main categories: one for Dhatri (wet nurse) and the other for Balaka (child). The severity of Stanya vitiation in Dhatri is

caused by Kapha Dosha, resulting in symptoms like Jadatva, Mukatva, and Pangutva Samprapti. Agnimandya, caused by Samprapti Vighatan, Dushta Stanya, Stanyabhava, and other ailments, leads to undernourished Dhātu, resulting in a frail and malnourished body in infants.

TABLE 1: PREVIOUS CLINICAL STUDIES

S. no.	Author	Journal Name	Title and Year	Study type, Interventional groups, Route, Anupam,	Findings
1	Renu B Rathi et al ²³	International Journal of Ayurvedic Medicine	A comparative study on the effectiveness of Pathadichurna and Protein powder in Karshya (Undernutrition) among preschool children 2023	Randomized parallel group open label, N=30, Group A-15, Pathadichurnawith one cup of milk, Group B-15, Protein powder with one cup of milk	With Pathadichurna, 66.67% of weight gain has been seen, while with Protein powder 60% of weight gain has been seen.
2	Neha Vats et al ²⁴	Ayushdhara-An International Journal of Research in AYUSH and Allied Systems	A clinical study to evaluate the effect of karshyahar yoga granules and ksheerbalatailaMatra Basti in karshyaw.s.r to undernutrition in children 2022	Open label, N=40 karshyahar yoga granules-130 mg/kg bd with milk & honey, ksheerbalataila Matra Basti- according to age, Age (years) -Dose 1. 2-3 - 15ml 2. 4-5 - 20ml 3. 6-11 - 40ml 4. 12-16 - 80ml Case study N=01	12.5% patients showed marked improvement, 42.5% patients showed moderate improvement and 45% patients showed mild improvement. No adverse effect of the trial drug was observed during the study
3	Sagar et al ²⁵	International Ayurvedic Medical Journal	Ayurvedic understanding and management of Karshya (malnutrition) in children: A case report. 2019	Case study N=01	Significant changes were found in different parameters, including body weight, bowel status, generalized weakness etc., after 10 days of treatment.
4	Bhagyashree et al ²⁶	Indian Journal of Applied Research	Effectiveness of ayurvedic nutritious therapy in prevention and management of malnutrition, illness reduction and health improvement of mothers and children. 2019	Randomized control trial N=2054 (1035-case, 1019-control), 4 groups A. 6 months-1 year child- 2.5 gm - ayurvedic kalp -twice a day. B. 1-3-year child- 2.5 gm - ayurvedic kalp - twice a day, 1 biscuit -5 gm - once a day. C. 3-6 years children- 2.5 gm ayurvedic kalp and 1 biscuit - 5 gm twice daily. D. In women- 5 gm kalpa, 2 biscuits twice daily.	It was found that, weight has been significantly increased (case-97.1%, control-82.2 %) Nutritional- increased (case-40%, control- 8.4 %) Hb%- increased (case-91%, control-36.51%)
5	Firke AR et al ²⁷	Journal of Ayurvedic and Herbal Medicine	An Exploratory Clinical Trial to Evaluate Efficacy of Kushmanda(Benincasa hispida) for weight gain in Malnourished Children. Journal of Ayurvedic and Herbal Medicine 2019	An open end, randomized, controlled clinical study 2 groups a. Kushmandkalpa with regular diet, 10gm b. Regular diet only	It has been found that the therapy used in the trial group, i.e. Kushmandakalpa, is more effective in increasing weight than the regular standard diet group
6	Kamlesh mali et al ²⁸	International Journal of Novel Research and development	Ayurvedic Management of Karshya -A case Report 2023	A Single case study N=01 Dashmooladilehya- 2 teaspoon with Sukhousnajala; 3 times a day, diet (Ahara) &	Significant improvement was seen as after treatment of one month there was 25.1 kg weight as compared to before treatment which was 22.8 kg. Greeva &

	(IJNRD)		Vihara was planned	Udara circumference also increase	
7	Raj kumar et al ²⁹	International Journal of Research in Academic World	Role of Mashadi Yoga in the Management of Balashosha with Special Reference to Protein-Energy Malnutrition in Children: A Randomized Controlled Trial 2024	A Randomized Controlled Trial N=40(20 in each group) 2 groups a. Mashadi yoga A b. Mashadi yoga B	post one month treatment. Mashadi yoga B was more effective than Mashadi yoga A.
8	Arun Raj GR et al ³⁰	International Journal of Research in Ayurveda Pharmacy	Effectiveness of Ayurveda intervention in the management of Karshya (Grade I and II Under Nutrition) in children 2019	A clinical study N=27 2 groups a. Study group 1. Deworming 2. Chitrakadivati ½ BD for 3 days 3. Amritprashaghrita 6ml BD b. Home-based food along with 1. milk-150 ml 2. Seasonal fruit-1or2 3. egg - 1	The study group showed a statistically significant result in improving children's weight with Karshya than the control group. AmritapraashaGhrita is effective in improving weight and in reducing the associated complaints of Karshya like Dourbalya (general weakness) and improving Kshudha (appetite), Cheshta (interest in activities) and Aakruti (appearance)
9	Dinesh ram et al. ³¹	World Journal of Pharmaceutica l and Medical Research.	Clinical study to evaluate the efficacy of ashwagandhamodaka in karshya 2020.	A clinical study N=30 Ashwagandha Modaka orally	Ashwagandha Modaka has a Madhura Vipaka and exhibits Laghu and Snigdha qualities. These properties contribute to an increase in Kapha dosha in the body, making Ashwagandha Modaka particularly beneficial in managing Karshya (emaciation or undernourishment).
10	Divya S. Gupta et al ³²	International Journal of Pharmaceutica l Research and Applications 2022	An Approach towards Management of Balshosha(Moderate Acute Malnutrition) by Ayurveda regimen- A Single Case Study 2022	A single case study N=01 Lashunadivati 125 mg for 7 days with luke warm water Chaturjatisambharak4 gm BD with ghrita for 28 days RUTF+otherdiet for 28 days	Improvement was seen in terms of weight, height & MAC. Weight before treatment was 10 kg and after treatment was 10.8 kg, while height was 86 cm before treatment and 87.3 cm after treatment. MAC increased from 13 cm to 13.5 cm.
11	Dhanawa de et al ³³	International journal of research in Ayurveda and medical sciences	To study the effect of Shatavaryadichurna in balakarshyaw.s.r. to under-weight children 2019	An open randomized controlled trial design N=30 2 groups a. Shatavaryadichurna b. Vidaryadichurna	ShatavaryadiChurna provides greater relief than VidaryadiChurna in symptoms like weight gain, loss of appetite (Kshudhamandhya), and mid-upper arm circumference (MUAC) in cases of Balkarshya (childhood malnutrition). However, in terms of DhamanijalaPradarshan (visible veins), both groups showed equal effectiveness

Malnutrition, often known as *Karshya*, is a state marked by a sequence of physiological disturbances. The main dosha implicated is *Vata*, which can be exacerbated by circumstances such as inadequate food, stress, and excessive physical exertion. *Pitta* and *Kaphadoshas* may also have an influence. When *Vata* aggravation occurs, it impairs *Agni*, which is responsible for digestion and metabolism. This impairment leads to

difficulties in digestion and the absorption of nutrients. When *Agni* is not functioning properly, it leads to the creation of *Ama*, which blocks the digestive pathways and hinders the absorption of nutrients. Dysfunctional *Agni* disrupts tissue metabolism, resulting in insufficient feeding of bodily tissues, specifically muscle and adipose tissue. *Ama* and an imbalanced *Vata dosha* obstruct the body's pathways, leading to nutrient

insufficiency and subsequent weight loss. *Karshya* is characterized by the presence of symptoms such as extreme thinness, weakness, reduced desire to eat, dry skin, and overall physical weakness.

Government Schemes for Combating Malnutrition:

The Government has accorded high priority to the issue of malnutrition and is implementing several schemes/programs of different Ministries/Departments through States/UTs to address various aspects related to nutrition. The Ministry of WCD is implementing POSHAN Abhiyaan, 'Pradhan Mantri Matru Vandana Yojana', Anganwadi Services and Scheme for Adolescent Girls under the Umbrella Integrated Child Development Services Scheme as direct targeted interventions to address the problem of malnutrition in the country including the State of Rajasthan. Under the Anganwadi Services of the Umbrella ICDS Scheme, Supplementary Nutrition is provided to children under 6 years of age in the form of Take-Home Ration, Morning Snacks and Hot Cooked Meals as per the provisions of the National Food Security Act, 2013. The Supplementary Nutrition is provided to bridge the gap between the Recommended Dietary Allowances (RDA) and the Average Daily Intake (ADI) among this age group as per the nutritional norms provided under Schedule II of the Act. Severely malnourished children are provided additional nutrition in the form of food supplements providing 800 Kcal of energy and 20-25 g of protein³⁴.

DISCUSSION: Malnutrition remains a significant public health challenge, especially in developing nations like India. This condition, encompassing both undernutrition and overnutrition, detrimentally impacts children's immune systems and mental development, contributing to high rates of infant and child mortality. Protein-energy malnutrition (PEM), a prevalent form of undernutrition, is particularly concerning as it leads to various health complications. In India, the prevalence of malnutrition is alarming, with numerous children suffering from stunting, wasting, and being underweight, as highlighted by the National Family Health Survey (NFHS-4). These conditions are predominantly driven by inadequate diets and recurrent infections, resulting in insufficient intake of essential nutrients. Ayurveda, an ancient system

of medicine, offers valuable insights into addressing malnutrition. According to Ayurvedic principles, factors like improper diet and lifestyle choices contribute to conditions like *Karshya*, *Balashosha*, and other related disorders. Ayurvedic texts emphasize the significance of a balanced diet (*Ahara*) and suggest that imbalances in Vata dosha can lead to malnutrition by impairing digestion and nutrient absorption. Ayurvedic treatments focus on holistic approaches, including dietary modifications, herbal supplements, and lifestyle interventions, to restore balance and promote optimal health.

Malnutrition, mostly caused by *Vata*, can be alleviated by the use of different herbs and practices. Herbs infused with *Guru*, *Shlakshan*, *Ushna*, *Pichila*, and *Guna* are employed to alleviate *Vata*. *Deepana* and *Pachana* substances are utilized to augment *Agni*. To rectify *Rasavahasrotodushiti*, *Langhanchikitsa* is indicated. *Balya* and *Brimhana Chikitsa* are therapeutic approaches aimed at addressing conditions such as *Daurbalyata* (weakness), *Oja kshaya* (depletion of vital essence), and stunted stature along with low body mass. *Nidana Parivarjana* encompasses changes in nutrition, lifestyle, and dietary interventions. *Ahara* encompasses a nourishing diet that include easily digestible foods like as milk, ghee, fruits, vegetables, whole grains, and pulses.

Medhya Rasayana incorporates cognitive-enhancing herbs such as *Brahmi* and *Shankhapushpi* to improve memory and cognition. *Vihara* encompasses a daily regimen that includes sufficient rest, physical activity, and methods for relaxing. Engaging in *Yoga* and *Pranayama* exercises helps aid digestion, alleviate stress, and promote general well-being. Herbal medications encompass *Balya* and *Brimhana* herbs, *Agni Deepana* and *AmaPachana*, as well as *Panchakarma*, which refers to cleansing therapy. *Rasayana* Therapy utilizes revitalizing herbs and formulations such as *Chyawanprash* and *Triphala*. Tonics are specialized remedies designed to enhance the body's immune system and promote optimal feeding of tissues. In Jaipur, the prevalence of malnutrition among children is notably high, with significant percentages suffering from varying degrees of underweight, stunting, and wasting.

Studies indicate that malnutrition rates are higher among female children compared to males, underscoring the need for targeted interventions. These interventions should address both the immediate nutritional needs and the underlying socio-economic factors contributing to malnutrition.

Integrating Ayurvedic principles into existing government nutrition programs can significantly enhance their effectiveness. Initiatives like POSHAN Abhiyaan and Pradhan Mantri Matru Vandana Yojana (PMMVY) can incorporate Ayurvedic dietary plans, prenatal yoga, and herbal support to improve maternal and child health outcomes.

Anganwadi centers can offer Ayurvedic-inspired meals and snacks, along with herbal liquids such as decoctions of specific medicines, specific *Yusha/Ksheerpak* preparations etc. indicated in *Karshya Chikitsa*, *Rasayan* and *Brimhana* formulations, to provide holistic nutritional support. For adolescent girls, personalized nutrition plans and workshops on Ayurvedic lifestyle practices can address specific needs related to growth, development, and menstrual health.

Implementing Ayurveda to Address Malnutrition:

Antenatal Care:

Ayurvedic Dietary Guidelines for Pregnant Women: Promote a well-rounded diet which is abundant in whole grains, vegetables, fruits and dairy products. Incorporate *Garbhini Paricharya*. It includes month wise dietary plan for the mother and each month has different pattern of herbal and dairy supplements to fulfill needs of growing fetus.

Prenatal Yoga and Meditation: Advocate for the adoption of prenatal yoga and meditation practices to guarantee the mother's physical and emotional well-being.

Education and Training: Organize educational workshops for pregnant women, providing guidance on Ayurvedic nutrition and lifestyle practices to promote a healthy pregnancy.

Postnatal Care:

Postpartum Nutrition: Recommend a diet including of readily digested foods such as khichdi,

soups, and herbal teas to facilitate recuperation and promote lactation. *Sutikaparicharya* can be followed for better health of the mother.

Ayurvedic Postpartum Therapies: Implement *Abhyanga* (oil massages) and other Ayurvedic therapies to facilitate recuperation and alleviate postpartum depression.

Herbal Supplements for New Mothers: Offer Ayurvedic tonics and supplements such as *Dashamoola* and *Bala* to aid in postpartum recuperation and enhance lactation. Care for Infants (Ages 0-6 Months).

Breastfeeding Support: Encourage the practice of exclusively breastfeeding for the initial six months, with the aid of Ayurvedic techniques to improve the quality and quantity of breast milk. *Shatavari churna* should be used to enhance lactation. In non-availability of breast milk, milk from *Dhatri* should be taken.

Maternal Nutrition: It is important for the mother to consume a nourishing and well-balanced diet that includes Ayurvedic foods. This will help in the baby's development through breast milk. Childcare for Toddlers (Ages 6 Months - 3 Years).

Introduction of Solid Foods: Gradually incorporate semi-solid foods made using Ayurvedic principles, such as rice porridge, pureed fruits, and vegetables. *Acharya Kashyapa* prescribed to give Anna (solid food) in 10th month of life.

Nutrient-Rich Foods: Incorporate Ayurvedic foods that are high in nutrients, such as ragi (finger millet), ghee, and seasonal fruits, to promote healthy growth and development.

Natural drinks and Decoctions: Give moderate herbal teas such as fennel or cumin water to improve digestion and enhance immunity.

Establishing Regularity and Discipline: Implement consistent meal schedules and routines based on Ayurvedic principles to foster healthy eating habits and optimize digestion.

Monitoring Growth and Development: Consistently observe and evaluate the progress and nutritional condition of toddlers, administering

supplementary Ayurvedic supplements as necessary.

Parental Education: Provide parents with information about the significance of adopting an Ayurvedic lifestyle for their children's overall well-being, with a specific emphasis on dietary choices, sleep patterns, and daily routines Integrated Approach.

Partnership with Healthcare Providers: Provide comprehensive training to Anganwadi workers and healthcare personnel in Ayurvedic practices to enhance their ability to provide knowledgeable guidance and assistance.

Holistic Health Camps: Arrange camps that offer comprehensive Ayurvedic health evaluations, dietary guidance, and botanical supplements for expectant mothers and young individuals.

Community Outreach Programs: Conduct awareness campaigns and seminars to educate

communities about the advantages of Ayurvedic nutrition and lifestyle practices from pregnancy to early childhood.

CONCLUSION: Incorporating Ayurvedic concepts into current government nutrition programs may provide a comprehensive method for tackling malnutrition in India. Ayurveda places great importance on maintaining a harmonious diet, ensuring efficient digestion, and adopting lifestyle habits that contribute to general well-being.

By integrating Ayurvedic dietary principles, herbal supplements, and therapies into initiatives such as POSHAN Abhiyaan and Pradhan Mantri Matru Vandana Yojana (PMMVY), the nutritional and health results for mothers, children, and adolescents can be greatly enhanced. This collaboration will address current dietary requirements and promote long-term health and well-being, ultimately contributing to the country's progress.

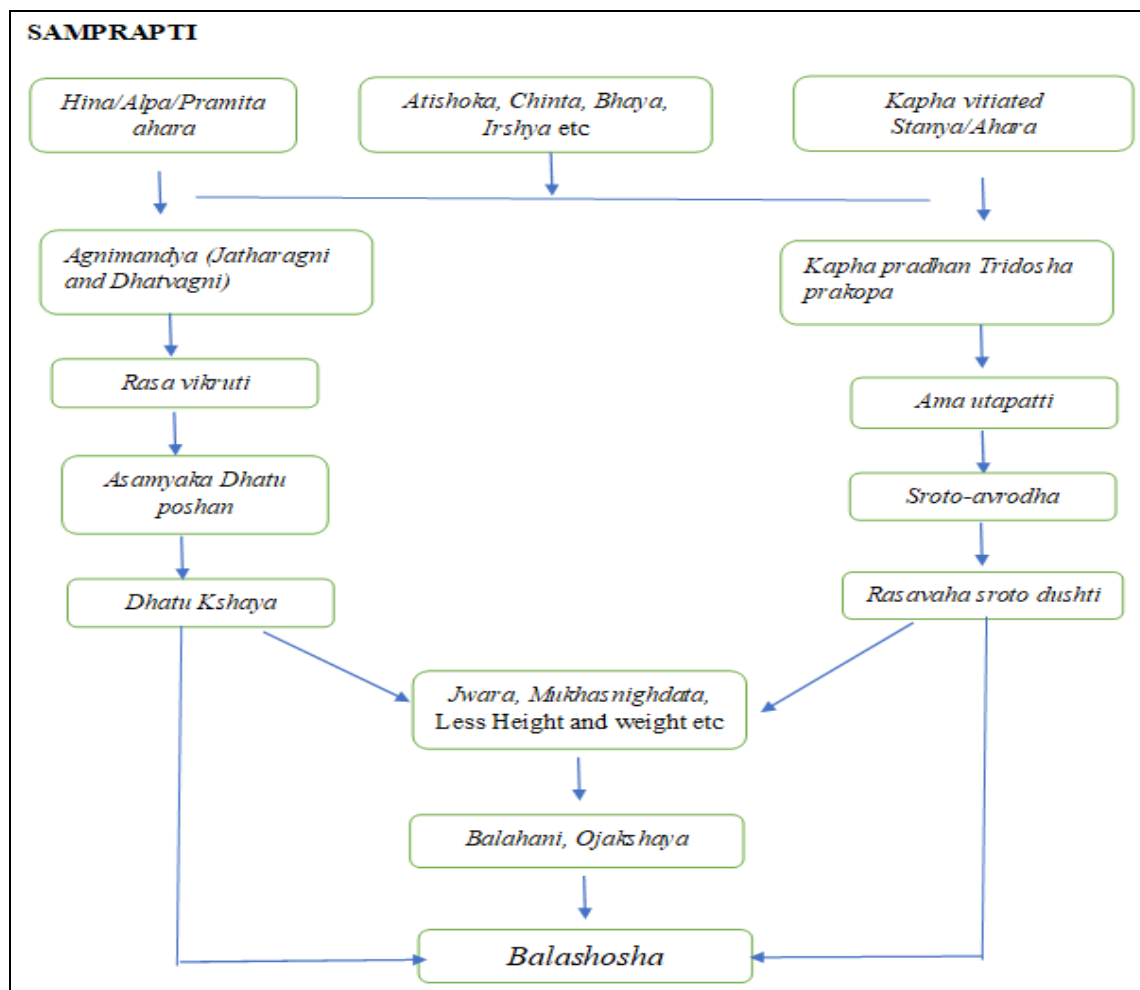


FIG. 1: PROBABLE SAMPRAPTI OF MALNUTRITION

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