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Review Article

AN INTEGRATIVE REVIEW OF *KARSHYA* IN CHILDREN

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ABSTRACT

Karshya is a classical Ayurvedic condition characterized by emaciation, leanness, and undernourishment, and is an important disorder described in *Kaumarbhritya*. In *Karshya*, there is progressive depletion of body tissues (*Dhatu Kshaya*), particularly *Rasa Dhatu* and *Mamsa Dhatu*, leading to loss of body weight, reduced strength, poor immunity, and delayed growth. The etiological factors responsible for *Karshya* include *Alpashana* (insufficient food intake), *Vishamashana* (irregular eating habits), consumption of nutritionally poor food, chronic infections, worm infestations, and psychological stress. Children are especially vulnerable due to their immature digestive capacity (*Mridu Agni*) and incompletely developed tissues (*Asampurna Dhatu Avastha*). *Karshya* closely correlates with modern paediatric malnutrition, particularly Protein-Energy Malnutrition (PEM). PEM includes clinical conditions such as underweight, wasting, and stunting, resulting from inadequate intake of calories and proteins. Common manifestations include weight loss, muscle wasting, developmental delay, recurrent infections, irritability, and reduced immunity. Management of *Karshya* in Ayurveda involves *Nidana Parivarjana* (elimination of causative factors), *Deepana-Pachana* (improving digestion), and *Brimhana Chikitsa* (nutritive therapy). Easily digestible and calorie-rich foods, along with *Rasayana* and *Balya* herbs, are recommended to promote growth and immunity. Modern treatment includes nutritional rehabilitation, micronutrient supplementation, treatment of infections, and counselling on appropriate feeding practices. Thus, *Karshya* provides a comprehensive Ayurvedic understanding of paediatric undernutrition. Integrating Ayurvedic principles with modern nutritional strategies offers a holistic and effective approach for the prevention and management of childhood malnutrition.

INTRODUCTION

Childhood undernutrition remains one of the most critical public health problems worldwide, especially in low and middle-income countries. It is associated with increased morbidity, mortality, impaired cognitive development, reduced immunity, and diminished productivity later in life. According to the World Health Organization, undernutrition contributes to nearly 45% of deaths among children under five years of age, with wasting, stunting, and underweight being the most common manifestations (WHO, 2024)[1]. From a biomedical perspective, paediatric malnutrition results from inadequate intake of macronutrients and micronutrients, recurrent infections, and adverse socioeconomic conditions. It is assessed using anthropometric indices such as weight-for-age, height-for-age, and weight-for-height, which identify underweight, stunting, and wasting, respectively. Protein-Energy Malnutrition (PEM) is a major form of undernutrition and remains a leading cause of growth failure in developing countries[2]. Ayurveda provides a holistic understanding of childhood undernutrition through the concept of *Karshya*. Described in classical texts such as the *Charaka Samhita* and *Sushruta Samhita*, *Karshya* denotes emaciation caused by *Apatarpana* (inadequate nourishment) and *Dhatu Kshaya* (depletion of body

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tissues), particularly *Rasa* and *Mamsa Dhatu*. The condition is rooted in *Agnimandya* (impaired digestive and metabolic capacity), *Vata Dosha* predominance, and reduced *Bala* (strength)[3]. Unlike the modern focus on body weight alone, *Karshya* encompasses digestive efficiency, tissue metabolism, lifestyle, and psychological factors. Children are particularly vulnerable because of their immature digestive capacity (*Mridu Agni*) and rapidly developing tissues. Ayurveda also describes related conditions such as *Phakka, Balashosha* and *Parigarbhika*, which correspond to severe nutritional deficiency states and growth retardation[4]. The similarities between *Karshya* and PEM are evident in etiology, pathogenesis, and clinical features. Both involve inadequate nutrition, impaired assimilation, tissue depletion, recurrent infections, and developmental delay[5]. Ayurveda emphasizes individualized management through *Ahara* (diet), *Vihara* (lifestyle), *Brimhana* and *Rasayana* therapy, whereas modern medicine focuses on nutritional rehabilitation, micronutrient supplementation, and infection control. An integrative approach combining Ayurvedic and modern paediatric principles may offer a comprehensive strategy for preventing and managing childhood malnutrition.[6]

Conceptual Understanding of *Karshya* in Ayurveda

Karshya is a classical Ayurvedic condition denoting excessive leanness or emaciation, arising primarily due to *Apatarpana* (undernourishment) and depletion of body tissues (*Dhatu Kshaya*)[7]. It is characterized by reduced muscle mass, prominence of bones, dryness of the body, and diminished strength (*Bala*). The fundamental pathology involves impairment of digestive fire (*Agni*), leading to inadequate formation and nourishment of successive *Dhatus*, beginning with *Rasa*. This results in a cascade of tissue depletion and predominance of *Vata Dosha*, which accelerates catabolic processes in the body. *Karshya* is not merely a physical state but reflects systemic imbalance involving nutritional, metabolic, and functional aspects. It may occur as an independent disorder or as a manifestation of chronic diseases. In children, due to immature digestive capacity and higher nutritional demands. *Karshya* develops rapidly and significantly affects growth, immunity, and overall development, making early recognition and management essential[8].

Ayurvedic Classification of *Karshya*

Karshya is classified in Ayurveda under *Apatarpanjanya Vyadhi*, a group of disorders caused by inadequate nourishment and deficient dietary intake. It is predominantly a *Vata Pradhana* condition, as the depletion of body tissues (*Dhatu Kshaya*) leads to aggravation of *Vata Dosha*, resulting in emaciation and weakness. Classical texts like the *Charaka Samhita* describe *Karshya* as both a primary disease arising directly from nutritional deficiency and a secondary manifestation associated with chronic illnesses, prolonged infections, or systemic disorders, where progressive tissue depletion becomes a prominent clinical feature[9].

Importance in Paediatrics

In pediatrics, children in the *Ksheerapa* and *Ksheerannada Avastha* are highly dependent on adequate nutrition. Because of their immature digestive capacity (*Mridu Agni*), rapid growth demands, and limited tissue reserves, even minor disturbances in diet or digestion can quickly result in *Karshya* and impaired development[10].

Nirukti

कार्श्य- "कृशस् भावः कार्श्यं"[11] According to this, *Karshya* means a person who is lean and emaciated.

Nidana

In Ayurveda, *Karshya* develops due to multiple interacting factors. *Aharaja Nidana* include *Alpahara* (insufficient food intake), *Ruksha* and *Laghu Ahara* (dry, light, low-calorie foods), and *Vishama Ahara* (irregular eating habits). *Viharaja Nidana* such as *Ati Vyayama* (excessive physical activity) and *Ratrijagarana* (sleep deprivation) aggravate *Vata* and promote tissue depletion. *Manasika Nidana*, including *Shoka* (grief) and *Chinta* (stress), impair digestion and appetite. Central to pathogenesis is *Mandagni*, which leads to poor digestion and inadequate tissue nourishment. Modern etiological factors parallel these concepts and include inadequate calorie and protein intake, recurrent infections, poor sanitation, maternal malnutrition, and socioeconomic deprivation[12].

***Samprapti* of *Karshya*[13]**

Nidana Sevana

(*Vata Vardhaka Aahara Vihara*) — *Aahara Sevana* in *Alpa Matra* and that not enriched with *Saddha Rasa*

↓ ↓

Vitation of *Vata* → *Upshoshita Rasa Dhatu*

↓ ↓

Mandagni, Ama Utapatti — Under Nourished *Rasa Dhatu* circulates in whole body

↓ ↓

Srotorodha — All *Dhatu* or tissue not gets nourishment due to *Alpa Shushka Rasadhatu*

↓

Karshya

Samprapti Ghataka

- *Dosha – Vata Pradhana*
- *Dushya – Rasa, Mamsa, Meda*
- *Agni- Mandagni, Vishama*
- *Koshth- Krura Koshtha*
- *Udbhava Sthana- Pakvashaya*
- *Adhishtana- Sarva Sharira*
- *Srotas – Rasavaha, Mamsavaha, Medavaha*
- *Sroto Dushti – Sanga*
- *Rogamarga – Aabhyantara*
- *Vyadhi Sambhav- Naveen –Mridu, Jeerna-Daaruna*
- *Saadhya-Asaadhyata- Kashta Sadhya*

Types of Malnutrition and Ayurvedic Correlation

Ayurveda provides a holistic framework to understand modern forms of malnutrition through the concepts of *Karshya* and *Dhatu Kshaya*. Conditions like Marasmus closely resemble severe *Karshya*, characterized by extreme emaciation due to profound depletion of body tissues. Kwashiorkor shows partial correlation, as it involves nutritional deficiency but differs due to the presence of edema, which is not a classical feature of *Karshya*. Stunting reflects long-term *Dhatu Kshaya*, indicating chronic undernutrition affecting growth and development. This comparative understanding bridges Ayurvedic and modern perspectives for clinical interpretation[14].

Table 1: Modern condition Ayurvedic correlation

Marasmus	Severe *Karshya*	Extreme wasting, fat and muscle loss.
Kwashiorkor	Partial correlation	Edema, protein deficiency, differs from classical *Karshya.*
Stunting	Chronic *Dhatu Kshaya*	Long-term growth retardation, tissue depletion.

Antropometrical classifications

Gomez's Classification

It was the first classification of Protein energy malnutrition (PEM) which came in 1956.

Grade I	90-75% of expected weight (Harvard St.)
Grade II	75-60% of expected weight (Harvard St.)
Grade III	<60% of expected weight (Harvard St.)

Indian Academy of Paediatrics Classification

Grade I	70-80% of expected weight (mild malnutrition)
Grade II	60-70% of expected weight (moderate malnutrition)
Grade III	50-60% of expected weight (severe malnutrition)
Grade IV	<50% of expected weight (very severe malnutrition)

IAP Classification of Malnutrition: This classification is based on weight for age values.

Grade of Malnutrition	Weight for Age of standard (%)
Normal	> 80%
Grade I	70-80% of expected weight (mild malnutrition)
Grade II	60-70% of expected weight (moderate malnutrition)
Grade III	50-60% of expected weight (severe malnutrition)
Grade IV	<50% of expected weight (very severe malnutrition)

Complications

Growth failure, cognitive impairment, Weak immunity, increased susceptibility to infections, delayed puberty, untreated *Karshya* significantly increases morbidity and mortality in children[15].

Management of *Karshya* in Children

Management of *Karshya* (paediatric malnutrition) requires a multidimensional approach combining Ayurvedic principles with modern paediatric care. In Ayurveda, the cornerstone begins with *Nidana Parivarjana*, i.e., elimination of etiological factors such as improper diet, chronic illness, and psychological stress[16]. This helps prevent further *Dhatu Kshaya* and restores metabolic balance.

Ahara Chikitsa plays a vital role, focusing on *Brimhana Ahara*- nutrient-rich, anabolic diet. Foods like milk, ghee, pulses, and meat soup provide essential calories and proteins to promote tissue nourishment. Easily digestible and wholesome foods are preferred to improve *Agni* and assimilation.

In *Aushadhi Chikitsa*, *Balya* and *Rasayana* drugs are administered to enhance strength, immunity, and tissue regeneration. These therapies aim at improving overall vitality and preventing recurrent illness. *Panchakarma* procedures such as *Abhyanga* (oil massage) help improve circulation and muscle tone, while *Basti* is selectively used to correct *Vata Dosha* imbalance, which is predominant in *Karshya*.

Modern management aligns with these goals through structured nutritional rehabilitation. Therapeutic feeding using ready-to-use therapeutic food, micronutrient supplementation (iron, zinc, vitamin A), and prompt infection control form the backbone of treatment for conditions like severe acute malnutrition. Monitoring growth parameters and managing complications are essential components. Preventive strategies include exclusive breastfeeding for the first six months, timely introduction of complementary feeding, ensuring a balanced diet, maintaining hygiene and sanitation, and improving maternal nutrition to break the intergenerational cycle of malnutrition.

An integrative approach merges Ayurvedic *Brimhana* therapy with modern nutritional protocols. This combined strategy enhances weight gain, strengthens immunity, and supports holistic growth and development. By addressing both root causes and clinical manifestations, it provides a sustainable and effective model for managing paediatric *Karshya*[17].

DISCUSSION

Karshya, as described in the *Charaka Samhita*, represents a comprehensive and functional understanding of undernutrition that extends beyond the anthropometric focus of modern pediatrics. While contemporary medicine defines malnutrition using measurable indicators such as weight-for-age, height-for-age, and mid-upper arm circumference. Ayurveda interprets *Karshya* through disturbances in *Agni* (digestive fire), *Dhatu Poshana* (tissue nourishment) and *Bala* (overall strength and immunity). This functional perspective allows early recognition of subtle metabolic imbalances even before gross clinical signs appear[18]. From an integrative standpoint, *Karshya* encompasses both qualitative and quantitative aspects of malnutrition. Modern classifications such as Marasmus and Kwashiorkor primarily reflect the advanced stages of nutritional deficiency, whereas Ayurveda emphasizes the progressive depletion of *Rasa Dhatu* through to *Shukra Dhatu*, highlighting the dynamic and sequential nature of tissue nourishment and disease progression. This makes the Ayurvedic framework particularly valuable in preventive pediatrics[19]. Integration of both systems helps bridge critical gaps in diagnosis and management. Ayurveda contributes a preventive and holistic framework focusing on *Pathya-Apathya* (dietary regulation), correction of *Agni*, and lifestyle modification tailored to the child's *Prakriti* (constitution). It also emphasizes maternal nutrition, breastfeeding practices, and seasonal regimens (*Ritucharya*), all of which are crucial in early childhood health and development[20]. On the other hand, modern medicine provides objective, standardized, and evidence- based tools for screening, classification and monitoring outcomes, including growth charts, biochemical markers, and therapeutic nutritional interventions such as ready-to-use therapeutic foods. These ensure measurable and reproducible clinical care[21].

Therefore, an integrative approach combining Ayurvedic principles of *Agni* and *Dhatu* balance with modern diagnostic precision can enhance early detection, individualized treatment and long-term recovery. Such a model not only addresses malnutrition as a disease state but also promotes sustained child health, resilience and optimal developmental outcomes particularly in resource-limited settings.

CONCLUSION

Karshya in children represents a complex and multifactorial condition that closely parallels modern pediatric malnutrition, both in etiology and clinical expression. From an Ayurvedic perspective, *Karshya* arises due to impaired *Agni* (digestive and metabolic fire), leading to inadequate nourishment of *Dhatus* and progressive tissue depletion. Similarly modern medicine identifies insufficient dietary intake, poor absorption, recurrent infections and socio-economic determinants as key contributors to childhood malnutrition. Despite differences in conceptual frameworks, both systems converge on the understanding that disrupted nutrition and metabolism are central to disease progression[22]. An integrative approach offers a promising pathway for effective management and prevention. *Ayurvedic* interventions such as *Balya, Brimhana* and *Rasayana* therapies aim to restore digestive strength, enhance tissue nourishment and improve overall vitality. When combined with modern strategies like nutritional rehabilitation, micronutrient supplementation and infection control, a more comprehensive and sustainable model of care can be achieved. This is particularly relevant in limited settings where holistic, cost-effective, and culturally acceptable interventions are essential. Therefore, bridging Ayurveda and Modern pediatrics can significantly contribute to reducing the burden of childhood malnutrition and promoting optimal growth and development[23].

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