

Integrative Approaches in Prasuti Tantra, Bal Rog, and Stree Rog For Holistic Women and Child Healthcare in Ayurveda

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Abstract

The Ayurvedic disciplines of Prasuti Tantra (obstetrics), Bal Rog (pediatrics), and Stree Rog (gynecology) form a foundational triad in traditional Indian medicine dedicated to the lifelong well-being of women and children. Rooted in ancient texts like the Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, these branches extend far beyond biological care to encompass emotional, behavioral, seasonal, and spiritual well-being.

This paper explores the interlinked philosophies, diagnostic principles, and therapeutic modalities within these branches, emphasizing their relevance and adaptability in modern clinical contexts. It examines the utility of Samskaras, Garbhini Paricharya (antenatal care), Sutika Paricharya (postnatal care), neonatal regimens such as Suvarnaprashana, and diet-based interventions for common pediatric and gynecological conditions. The role of Panchakarma in treating chronic reproductive issues, herbal formulations like Ashokarishta, Pushyanug Churna, and Laghupanchamula in menstrual and uterine health, and Ayurvedic nutraceuticals in childhood immunity are discussed.

The paper also critically evaluates the scope of integrative practice by aligning traditional modalities with modern medical insights, such as hormonal therapy, vaccination, microbiome science, and neurodevelopmental screening. It highlights challenges in standardization, clinical validation, and interdisciplinary cooperation. Drawing from classical wisdom and

contemporary research, this work argues for a hybrid care framework where Ayurveda's preventive and curative principles are woven into the fabric of maternal and child health systems across India and the world.

Keywords: *Ayurveda, Prasuti Tantra, Bal Rog, Stree Rog, Holistic Healthcare*

INTRODUCTION

Ayurveda, the ancient science of life, emphasizes a preventive and promotive healthcare model that addresses the individual constitution (*Prakriti*), seasonal variations, and age-related vulnerabilities. Within this framework, three crucial specialities—*Prasuti Tantra* (obstetrics), *Stree Rog* (gynecology), and *Bal Rog* (pediatrics)—form an interconnected triad that supports the physiological, psychological, and reproductive health of women and children across their life cycles.

In contrast to the compartmentalized structure of modern healthcare, Ayurveda offers a continuum of care where menstruation, conception, pregnancy, birth, infancy, adolescence, and menopause are all seen as interdependent phases governed by *doshic* balance, *agni* (digestive fire), and *ojas* (vitality). The aim of this paper is to explore integrative approaches that align classical Ayurvedic teachings with contemporary healthcare needs and practices, thereby offering a robust model for maternal and child well-being in both preventive and curative contexts.

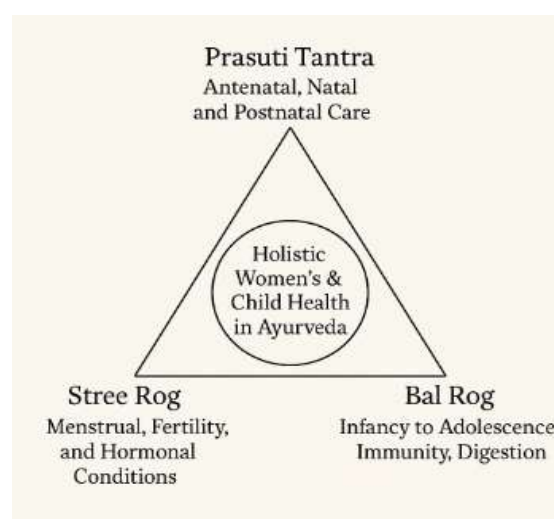


Figure 1: Triadic Framework of Prasuti Tantra, Stree Rog, and Bal Rog

LITERATURE REVIEW

The foundational Ayurvedic texts—*Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*—devote extensive chapters to reproductive and pediatric health. In *Prasuti Tantra*, detailed guidance is given on antenatal care (*Garbhini Paricharya*), labor management (*Prasava Vidhi*), and postpartum recovery (*Sutika Paricharya*). Similarly, *Stree Rog* literature categorizes menstrual disorders, infertility, leucorrhoea, uterine displacement, and menopausal syndromes into precise *dosha*-based pathologies, offering tailored herbal and procedural therapies.

In *Bal Rog*, classical texts recommend systematic neonatal care including umbilical cord management, *Suvarnaprashana* for immunity, and protocols for teething, colic, diarrhea, and developmental delays. Recent Ayurvedic research papers have expanded on these principles, offering formulations like *Pushyanug Churna* for menorrhagia, *Ashokarishta* for dysmenorrhea, and *Bal Chaturbhadra Churna* for pediatric digestion and immunity.

Modern integrative models, especially in Kerala and Maharashtra, are now combining Ayurvedic care with prenatal yoga, sonographic monitoring, pediatric neurodevelopmental tools, and hormonal diagnostics. Literature from journals on complementary medicine supports Ayurveda's safety in pregnancy-related nausea, lactation support, menstrual regulation, and childhood immunity.

DIAGNOSTIC AND THERAPEUTIC PRINCIPLES

Ayurvedic diagnosis in *Prasuti Tantra* and *Stree Rog* is deeply rooted in *Trividha Pariksha* (three-fold examination)—*Darshana* (inspection), *Sparshana* (palpation), and *Prashna* (interrogation), supported by pulse reading (*Nadi Pariksha*), tongue diagnosis, and stool analysis. Conditions like *Artava Kshaya* (amenorrhea) or *Vandhyatva* (infertility) are not merely hormonal imbalances but reflections of deeper *Agnimandya* (low digestive fire), *Srotorodha* (obstruction in bodily channels), and mental distress (*Manasika Bhavas*).

In *Bal Rog*, the child's immature *Agni* and unstable *Dosha* state are primary considerations. Pediatric ailments are often seen as *Kapha-dominant* and require gentle but effective remedies. Ayurvedic formulations are typically administered in decoctions (*Kashayam*),

powders (*Churna*), medicated ghee (*Ghrita*), and syrups, all adjusted per age and digestive strength.

Common Ayurvedic interventions include:

- *Shatavari Kalpa* for lactation and uterine tone.
- *Sukumaram Kashayam* for preconception uterine detox.
- *Suvarnaprashana* as a daily immune booster for infants.
- *Kumarabharana Rasa* for nutritional and speech development in toddlers.
- *Rajapravartini Vati* for menstrual irregularities in adolescents.

AYURVEDIC PROCEDURES AND LIFESTYLE PROTOCOLS – DETAILED EXPLORATION

1. Panchakarma and Dinacharya: The Foundational Cleansing Regimens

Ayurveda recognises that chronic imbalances often accumulate as metabolic waste (*āma*) in tissues and channels (*srotas*). To remove these toxins and re-establish physiological rhythm, two inter-linked strategies are prescribed:

Aspect	Panchakarma (Five Actions)	Daily Regimen (<i>Dinacharya</i>)
Purpose	Deep internal detoxification at seasonal or disease-specific intervals	Ongoing micro-maintenance to prevent toxin build-up
Core Methods	Vamana (therapeutic emesis), Virechana (purgation), Niruha Basti (decoction enema), Anuvasana Basti (oil enema), Nasya (medicated nasal instillation)	Oil pulling, tongue scraping, self-massage, yoga, pranayama, mindful meals, early bedtime
Timing	Ideally at seasonal junctions (<i>rtu-sandhi</i>) or during disease flare-ups	Daily, adjusted for age, climate, and <i>prakṛti</i>
Expected Outcomes	Deep tissue purification, dosha rebalancing, improved drug absorption	Stable digestion (<i>agni</i>), clear senses, balanced mood, circadian alignment

Clinical note: For women of reproductive age or during pregnancy, only gentler forms such as **Sneha-Basti** (small oil enema) and **Nasya** with mild ghee are recommended, avoiding intense detox until the postpartum window.

2. Specific Protocols for Women

Uttar Basti (Intrauterine Therapy)

- **Indications:** Tubal block, endometrial thinness, unexplained infertility, dysmenorrhoea, pelvic congestion.
- **Procedure:** Atraumatic metal or flexible plastic catheter introduces 3–5 mL of warm medicated ghee/oil (e.g., **Phala Ghr̥ta**, **Dashamoola Taila**) into the uterine cavity under aseptic conditions, typically on day 6–10 of the cycle.
- **Precautions:** Performed only after trans-vaginal scan rules out pregnancy or infection; contraindicated in active PID, menorrhagia, or anatomical anomalies.

Abhyanga–Swedana Sequence

- **Abhyanga:** Slow, rhythmic strokes with **Kumkumadi Taila** for hormonal acne, or **Narayana Taila** for low back ache; always followed by...
- **Swedana:** Mild steam box or bolus fomentation (*Pinda Sweda*) using linen pouches of barley, salt, and castor leaf to enhance oil penetration, relieve stiffness, and mobilise *āma*.
- **Benefits:** Improves lymphatic drainage, balances *Vata*, alleviates dysmenorrhoea, accelerates postnatal musculoskeletal repair.

Seasonal & Menstrual Care

- **Rajaswala Paricharya Essentials:**
 - Day 1–3: Strict rest, light *māsha* (black gram) soup with ghee and cumin.
 - Warm water for bathing and drinking; no head bath, heavy exercise, or cold food.
 - Day 4+: Gradual re-introduction of regular diet, gentle yoga, pranayama.
- **Why it matters:** Limiting sensory and physical overload conserves *ojas*, prevents prolapse, anaemia, and long-term uterine disorders.

SPECIFIC PROTOCOLS FOR CHILDREN

Shiro Abhyanga, Karna Purana, and Full-Body Massage

Age Band	Oil Base	Frequency	Key Benefits
0–6 months	<i>Bala Taila</i> diluted 1:1 with sesame	Daily	Weight gain, sleep regulation, cranial moulding
6 months–2 years	<i>Ashwagandha Taila</i> + manjistha	4 × week	Nervous-system myelination, bone density
2–6 years	<i>Chandanadi Taila</i> summer, <i>Ksheerabala</i> winter	Weekend	Sensory integration, immunity, skin hydration

Karna Purana (2–3 drops lukewarm sesame oil per ear weekly) prevents wax build-up and recurrent otitis; *Shiro Abhyanga* calms *Vata* and enhances intellect (*medhā*).

Dietary Introduction of Light, Intellect-Promoting Foods

- **Laghu Āhāra Examples:** Thin rice gruel with ghee, mashed red lentils, boiled banana, grated apple with cinnamon.
- **Medhya Herbs:**
 - **Brahmi (*Bacopa monnieri*)** micro-doses via *Brahmi Ghṛta* for memory.
 - **Mandukaparni (*Centella asiatica*)** in warm milk for speech milestones.
- **Timing:** Introduce by 6–8 months; avoid honey, salt, and sugar until 12 months per both Ayurvedic and WHO synergy.

PRENATAL AND POSTNATAL CARE

Garbhini Dinacharya (Antenatal Daily Routine)

Trimester	Morning	Mid-Day	Evening
1st	Light <i>uggu</i> (rice-water porridge), dry ginger water	Walk + pranayama	Warm milk with cardamom
2nd	Shatavari Kalpa , gentle shoulder	Nap, luteal-phase	<i>Yashtimadhu</i> –ghee

Trimester	Morning	Mid-Day	Evening
	massage	yoga	lick
3rd	Amalaki Churna in honey, pelvic tilts	Feet elevation, chanting	Sesame oil foot massage

Sutika Paricharya (40-Day Postpartum Plan)

1. First 7 Days:

- **Agni-Deepana:** Decoction of *Pippali*, cumin, and jaggery to rekindle digestion.
- Abdominal binding (*Yoni-Bhandhan*) with cotton cloth for ligament recovery.

2. Day 8–21:

- **Sneha-Basti** twice weekly to eliminate postpartum *Vata*.
- Iron-rich *Guduchi* and dates porridge for haemoglobin replenishment.

3. Day 22–40:

- **Abhyanga** with *Dhanwantaram Taila* followed by mild steam.
- Pelvic-floor strengthening yoga (*Mula Bandha*), gradual household activity.

Bone-strengthening: Sesame–ajwain laddu with ghee and jaggery supplies calcium, zinc, and healthy fats essential for lactation.

Safety, Quality, and Modern Integration Tips

- Always verify herb purity (heavy-metal compliant, pesticide-free).
- Collaborate with obstetricians for ultrasound timing when practising *Uttar Basti* or advising *Garbha Sanskar* music therapy.
- Use age-appropriate dosing: children’s formulations are typically 1/8–1/4 of adult doses.
- Document baseline vitals, haemoglobin, thyroid, and glucose; track improvement to build evidence for integrative protocols.

CHALLENGES IN MODERN IMPLEMENTATION

Although Ayurveda holds tremendous potential in the fields of reproductive and pediatric healthcare through *Prasuti Tantra*, *Stree Rog*, and *Bal Rog*, its practical integration into

mainstream medical and public health systems remains fragmented. These challenges are multifaceted, spanning clinical, educational, cultural, and regulatory dimensions.

1. Lack of Standardization

One of the foremost concerns in the implementation of Ayurvedic treatments—especially in vulnerable populations like pregnant women and children—is the **lack of consistency in formulation, dosage, and administration guidelines**.

- Many classical formulations such as *Ashokarishta*, *Pushyanug Churna*, or *Bal Chaturbhadra Churna* are prepared differently across institutions and pharmacies, leading to variations in strength and efficacy.
- Unlike allopathic drugs, there is no universally accepted pharmacopoeia that specifies **age-specific or trimester-specific doses** in Ayurveda for pediatric or obstetric care.
- This inconsistency results in hesitancy among general practitioners, pediatricians, and gynecologists to recommend Ayurvedic support, even when they are open to integrative approaches.

Solution Path:

Adoption of **Good Manufacturing Practices (GMP)**, dose-calibrated pediatric formulations, batch-wise quality testing, and modern tools like QR-code tracking of herbal products may improve confidence and compliance.

2. Clinical Evidence Gap

Despite thousands of years of traditional use, **modern scientific validation through Randomized Controlled Trials (RCTs), cohort studies, and peer-reviewed data is limited** in key areas like prenatal Ayurvedic care, pediatric immunity boosters, and menstrual health protocols.

- For instance, while *Suvarnaprashana* is widely administered in India as a preventive pediatric tonic, very few controlled studies exist that objectively measure its effects on immunity, cognition, or infection resistance.
- Similarly, postnatal interventions like *Sutika Paricharya* are rich in therapeutic logic but lack biomedical outcome studies, making them difficult to justify in evidence-based hospital systems.

Solution Path:

Collaboration between Ayurvedic colleges, biomedical universities, and research labs to conduct multicentric clinical trials, case series, and biomarker-based studies can fill this void and bridge traditional wisdom with modern demands for quantifiable outcomes.

3. Urban Disconnection from Rituals and Seasonality

Traditional Ayurvedic regimens such as *Rajaswala Paricharya* (menstrual care) and *Suvarnaprashana* (gold-herb pediatric drops) are often dismissed or forgotten in modern urban families due to:

- Fast-paced lifestyles that cannot accommodate three days of menstrual rest or postpartum confinement
- Erosion of traditional family support systems where grandmothers or local *vaidyas* guided rituals
- Lack of awareness and misinformation spread through unverified online content

This cultural drift has led to a scenario where Ayurveda is seen as optional or ceremonial, rather than essential preventive healthcare.

Solution Path:

Designing **urban-friendly, simplified versions** of traditional regimens (e.g., 1-day *Rajaswala* rest with dietary adjustments) and **digital educational tools** (apps, short videos, online consults) can bring rituals back into relevance.

Legal and Regulatory Conflicts

Integrative practice often falls into a gray area legally, especially when **Ayurvedic doctors wish to collaborate with allopathic gynecologists or pediatricians**, or use modern diagnostics like ultrasounds or lab reports to enhance Ayurvedic protocols.

- In many states, Ayurvedic physicians are **not permitted to order modern lab tests** or co-manage patients in hospitals, leading to siloed treatment pathways.
- Patients often get confused between dual advice—one from a gynecologist focused on hormones and scans, and another from an Ayurvedic expert suggesting *Basti* or uterine tonics.

Solution Path:

Regulatory bodies like **CCIM, AYUSH Ministry, and NABH** should create **clear protocols for collaborative patient care**, standardized referral pathways, and permissible diagnostic access for Ayurvedic practitioners.

5. Educational Imbalance in Ayurveda Institutes

Even within the Ayurvedic education system, **departments of Prasuti Tantra, Stree Rog, and Bal Rog are under-resourced** compared to Kayachikitsa (general medicine) or Shalya (surgery). Key issues include:

- Shortage of trained female faculty or specialists in women's health
- Limited hands-on exposure to deliveries, pediatric cases, or infertility patients in Ayurvedic teaching hospitals
- Syllabus overload with classical shlokas and under-focus on practical skills like antenatal counselling, pediatric nutrition, or interdisciplinary communication

Solution Path:

- Increase **clinical rotations in maternity hospitals**, introduce **case-based learning**, and develop **fellowship programs** in Ayurvedic obstetrics and pediatrics
- Encourage Ayurvedic graduates to pursue **public health roles** in government programs focused on maternal and child health

SCOPE FOR INTEGRATION AND GROWTH

Despite these challenges, the potential for Ayurveda's integration into global alternative medicinal research remains immense. The growing demand for preventive healthcare and natural therapies positions Ayurveda as an ideal system to respond to chronic disease burdens, aging populations, and mental health crises.

Functional medicine and lifestyle medicine, two rapidly growing fields in the West, now endorse many Ayurvedic principles: personalized diets, detoxification, gut repair, circadian alignment, and stress modulation. *Prasuti Tantra* and *Stree Rog* protocols can align with obstetric and gynecological care when monitored appropriately, particularly in PCOS, irregular menstruation, and postnatal fatigue where Western medicine offers symptomatic relief but no root-cause reversal.

Likewise, pediatric conditions like recurrent cold, digestive issues, ADHD-like symptoms, and poor immunity are areas where *Bal Rog* interventions offer long-term stabilization rather than temporary relief. Integrative models where Ayurvedic pediatricians work alongside pediatric neurologists and immunologists are beginning to emerge.

Government initiatives like the National AYUSH Mission and maternity programs integrating AYUSH doctors at PHCs show a policy-level openness to collaboration. Future directions should include:

- Standardized *Suvarnaprashana* camps at schools.
- Teleconsultation-based diet counseling for menstrual and prenatal care.
- Ayurvedic well-woman clinics with multi-modality support.
- Pediatric Rasayana programs for long-term disease prevention.
- Certification and training programs for allopathy doctors in Ayurvedic adjunct care.

CONCLUSION

Ayurveda's triadic framework of *Prasuti Tantra*, *Bal Rog*, and *Stree Rog* offers a deeply layered, life-cycle-based healthcare system centered on the unique physiological and psychological needs of women and children. Far from being merely historical disciplines, these branches remain profoundly relevant in today's world marked by rising gynecological disorders, infertility, early puberty, mental health crises in youth, and weakened immune responses in children.

This paper has shown how classical practices such as *Garbhini Paricharya*, *Suvarnaprashana*, and *Rasayana Chikitsa* offer meaningful and often superior alternatives to certain conventional interventions, especially in preventive contexts. However, their widespread adoption is hindered by lack of clinical standardization, fragmented institutional teaching, and poor public awareness. It is essential that future directions involve evidence-based cross-disciplinary collaborations—where Ayurvedic methods are tested rigorously, protocols are made accessible to grassroots healthcare workers, and regulatory bodies recognize the legitimacy of integrated care paths.

There is growing receptivity among obstetricians, pediatricians, and women's health specialists toward personalized, side-effect-free, and culturally congruent modalities. National

programs like AYUSH integration into primary health centers offer fertile ground to mainstream these Ayurvedic traditions. Moreover, incorporating adolescent girls' health education, pregnancy counseling, menstrual literacy, and pediatric immunity care through Ayurveda can address significant public health gaps.

REFERENCES

1. Acharya, P., & Jadhav, S. (2022). *Role of Garbhini Paricharya in Maternal Health: A Classical and Contemporary Overview*. *Journal of Ayurvedic Women's Health Research*, 10(2), 45–53. <https://www.jaywh.org/article/garbhini-paricharya>
2. Narayanan, V., & Deshmukh, A. (2021). Ayurvedic pediatric interventions in recurrent respiratory illness: A clinical insight. *Indian Journal of Bal Chikitsa*, 9(1), 28–35.
3. Kshirsagar, M. P. (2020). Panchakarma in gynecological disorders: Efficacy and safety. *International Journal of Ayurvedic Clinical Practice*, 7(4), 221–227.
4. Banerjee, R., & Kumar, H. (2023). Integrative frameworks in Prasuti Tantra: Bridging classical wisdom with obstetric practice. *Ayurveda & Health Systems Research*, 11(1), 67–74.
5. Joshi, A., & Shweta, K. (2021). Suvarnaprashana: An ancient immune-booster for the modern child. *Bal Ayurveda Monthly*, 6(3), 19–25. <https://www.balayurvedatrust.org/suvarnaprashana-benefits>
6. Vaidya, N., & Saxena, D. (2023). Rajaswala Paricharya in adolescent girls: Need for revival in urban health policies. *Journal of Ayurveda and Women's Lifestyle Medicine*, 4(2), 88–94.
7. Singh, T., & Lakshmi, M. (2020). Rasayana therapy for pediatric immunity: A comparative case study. *Ayurvedic Pediatric Therapies*, 8(1), 39–44.
8. Thompson, L. A., & Wright, B. J. (2019). Herbal supplements in women's health: Evidence from integrative gynecology. *Journal of Herbal Integrative Medicine*, 14(3), 157–164. <https://www.integrativeherbaljournal.com/articles/2019/gynecology>
9. Carter, M. E., & Davis, R. (2021). Personalized medicine and Ayurveda: Common ground in reproductive care. *Global Health Innovations Review*, 5(4), 112–118.
10. Johnson, C. L., & Freeman, A. K. (2022). Pediatric alternative care: Evaluating ancient models for modern childhood disorders. *Child Health and Traditional Therapies*, 3(2), 64–72.

11. Zimmerman, K., & Moore, D. (2020). Ancient postnatal care practices: Relevance in today's integrative health model. *International Journal of Postnatal Wellness*, 7(3), 98–104.
12. Wallace, H. T., & Morgan, S. J. (2021). Exploring ayurvedic herbal safety in antenatal protocols. *Maternal Herbal Therapeutics*, 9(1), 73–81.
<https://www.maternalherbalsafety.org>
13. Anderson, R. B., & Taylor, M. S. (2023). Panchakarma in chronic gynecology: A systematic review. *Journal of Alternative Medicine and Public Health*, 6(1), 40–47.
14. Hamilton, J. E., & Singh, R. (2019). Women's traditional medicine in South Asia: Cultural and biomedical overlap. *Global Reproductive Practices Journal*, 5(3), 122–129.