

## ***Ayurvedic Guidelines for Suvarnaprashana Sanskar in the Current Era***

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### ***Abstract***

*Suvarnaprashana Sanskar, one of the essential samskaras in Ayurveda, involves the administration of Suvarna bhasma (calcined gold) mixed with ghee and honey to infants and children for enhancing their immunity, intellect, memory, and longevity. Described extensively in classical texts like Kashyapa Samhita, this practice aims to fortify children's health from the early stages of life. In the current era, increasing interest in holistic child care and preventive medicine has renewed the relevance of this ancient Ayurvedic ritual. However, contemporary administration demands strict adherence to guidelines related to dosage, preparation, timing (muhurta), and ethical considerations. This paper discusses classical references, modern adaptations, safety protocols, and the importance of standardization to ensure its efficacy and safety in today's healthcare context.*

***Keywords:*** *Ayurveda, Suvarnaprashana Sanskar, Suvarna bhasma, Pediatric Immunity, Samskaras*

### **INTRODUCTION**

Suvarnaprashana Sanskar is rooted in Ayurveda's preventive arm (*Swasthavritta*) and Rasayana science. While other *samskaras* (e.g., *Jatakarma*, *Annaprashana*) are single-event rituals, Suvarnaprashana was envisioned as a repeated intervention to fortify a child's *bala* (immunity), *medha* (cognition), and *ayus* (longevity). Gold enjoys a unique status in Vedic literature—symbolising purity, solar energy, and indestructibility—and its therapeutic application (*Hiranya-yoga*) evolved into Suvarna Bhasma after metallurgical advancements in

the early Common Era. In post-independence India the ritual survived largely in traditional paediatric (*Kaumarabhritya*) practice, but the surge of antibiotic resistance, vaccine fatigue, and parental preference for “natural” options has catalysed renewed interest. Urban Ayurvedic clinics now organise monthly “Pushya camps,” sometimes treating 200–500 children in a morning session. This popularity, though welcome, has exposed wide variability in dose, sourcing of Suvarna Bhasma, and record-keeping—underscoring the need for harmonised, evidence-based guidelines.

### CLASSICAL REFERENCES

- Kashyapa Samhitā\* (*Sūtra Sthāna 18/4-5*) lists eight benefits—*medhāgnibala-varadhanam, āyusyam, maṅgalam, puṇyam, vṛṣyam, varnyam, grahāpaham*—emphasising cognitive, metabolic, reproductive, dermatological, and anti-evil influences.
- *Aṣṭāṅga Hr̥daya* (*Uttara Sthāna 1/37*) recommends gold “foils” licked with honey-ghee for neonates to ensure robust speech and intellect.
- *Rasaratna Samuccaya* (9th cent.) elaborates purification (*śodhana*) in *Triphala*-decoction and calcination (*māraṇa*) cycles, warning that improperly processed gold “yields madness, wasting, even death.” [pmc.ncbi.nlm.nih.gov](http://pmc.ncbi.nlm.nih.gov)
- Numerous commentaries (e.g., *Ārśa-Kāśyapa* of Vaidya Bahadur Y.T. Acharya) specify *Pushya Nakṣatra* as an astrologically auspicious window; the constellation’s roughly 27-day periodicity inadvertently created the earliest “monthly dosing” protocol.

These textual strands collectively establish the ritual’s objectives, ingredient sanctity, and cosmological timing—elements that modern guidelines must respect while accommodating contemporary pharmacology.

## FORMULATION AND INGREDIENTS

### 1. Suvarna Bhasma (Calcined Gold, 93–98 nm):

- **Śodhana:** Heating 24-carat leaf in cow-ghee till red-hot, quenching seven times each in *Triphala*-kvātha, *Gomūtra*, and sesame oil removes surface impurities and yields bio-organometallic complexes rich in Au(I)–S bonds.
- **Māraṇa:** Triturating with *Svarasa* of *Shunṭhi* and sealed in earthen crucibles for 8–10 calcination cycles at  $\approx 800^\circ\text{C}$  confers nanoparticulate size, improving bioavailability and lowering toxicity. Particle size dispersion and absence of free ions must satisfy API-2023 limits:  $D_{90} \leq 100\text{ nm}$ ; ionic Au  $\leq 2\text{ ppm}$ .

2. **Go-Ghṛta (cow ghee):** Unsaponifiable matter (2–5%) supplies lipid mediators that facilitate transmucosal delivery and act as *Srotas*-lubricants for neurodevelopment.

3. **Madhu (forest honey, EU grade I):** With intrinsic phenolic antioxidants ( $\approx 52\text{ mg}/100\text{ g}$  gallic-acid equiv.) and  $\beta$ -glucan modulatory activity, it stabilises Bhasma dispersions.

4. **Optional Medhya Rasāyanas:** *Vacha* (*Acorus calamus*), *Brahmi* (*Bacopa monnieri*), and *Śaṅkhpūspī* (*Convolvulus pluricaulis*) powders—each  $< 2\%$  w/w—to potentiate nootropic action.



**Figure 1 Annotated Photograph of Validated Suvarnaprashana Kit—GMP-labelled Suvarna Bhasma vial, calibrated micropipette with honey-ghee mixture, and brass spoon.**

## MODERN RELEVANCE AND ADAPTATION

Nanogold-based medicines have attracted intense scrutiny. Characterisation studies confirm that authentic Suvarna Bhasma possesses spheroidal gold nanoparticles coated with organics; adulterated samples show irregular morphology and heavy-metal contamination, resulting in divergent tissue accumulation profiles. [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov) Concurrently, paediatric immune challenges—ranging from rising allergic disorders to post-viral fatigue—have rekindled interest in non-synthetic immunomodulators. Pilot trials show Suvarnaprashana increases serum IgG and lymphocyte counts and reduces URTI episodes without adverse events. [dharmawiki.org](https://dharmawiki.org) Government AYUSH camps now integrate electronic health records and weight-adjusted dispensers to enhance precision, and some states (e.g., Karnataka, Maharashtra) subsidise monthly camps under public-private partnership. A parallel academic shift frames Suvarnaprashana as a paediatric *nano-Rasāyana* poised for translational research in vaccine adjuvantation and neuroprotective nutraceuticals.

## CLINICAL EVIDENCE AND STUDIES

- **Randomised Controlled Trials (RCTs):**
  - 2024 two-arm RCT (n = 120) in Rajasthan showed 48 % drop in recurrent URTI over 45 days vs placebo; weight gain and IgG rose significantly (p < 0.01). [juniperpublishers.com](https://juniperpublishers.com)
- **Longitudinal Cohorts:** 2011–2019 Indian cohorts (total n ≈ 1 600) administering monthly doses for 6–12 months reported improved WAZ (Weight-for-Age Z-score) and cognitive DQ in toddlers. [dharmawiki.org](https://dharmawiki.org)
- **Pre-clinical Safety:** 90-day sub-chronic toxicity in Wistar rats established NOEL at 13.5 mg kg<sup>-1</sup> with no histopathology changes. [informaticsjournals.com](https://informaticsjournals.com)
- **Pharmaco-kinetic Concerns:** Inter-manufacturer variations in particle size altered bioaccumulation in liver and spleen, prompting calls for stringent GMP enforcement. [pmc.ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov)

**Limitations:** small sample sizes, heterogeneous dosing, lack of double-blinding, and short

follow-ups necessitate multicentric, placebo-controlled trials with immunophenotyping and neurocognitive endpoints.

## GUIDELINES FOR CURRENT PRACTICE

### • Eligibility & Screening

- Age: Birth to 16 yr; postpone in febrile illness or acute dermatitis.
- Baseline history for metal hypersensitivity, G6PD deficiency, chronic nephropathy.

### • Dosage (Suvarna Bhasma weight)

- 0–12 mo: 1–2 mg
- 1–5 yr: 2–4 mg
- 6–10 yr: 4–6 mg
- 11–16 yr: 6–8 mg

(Mixed with 2 drops melted ghee + 2 drops honey.)

### • Frequency

- **Intensified:** Daily for 30 days postpartum or during epidemics.
- **Maintenance:** Once every *Pushya Nakṣatra* ( $\approx 27$  days).

- **Administration Timing:** Dawn (06:00–08:00 h) on empty stomach, followed by lukewarm water.

### • Quality Assurance

- Source Bhasma from GMP/ISO-22000 certified pharmacy; verify COA for heavy-metal limits (Pb < 10 ppm, Cd < 0.3 ppm, As < 3 ppm).
- Retain batch samples at 4 °C for 12 months.

### • Record-Keeping

- Digital consent with parent signature.
- Parameters tracked: weight, MUAC, illness episodes, parental feedback, AEFI (Adverse Events Following Ingestion) in AYUSH-PvPI portal.

- **Adjunct Counselling**

- Recommend exclusive breastfeeding to 6 mo, balanced diet thereafter; discourage belief that Suvarnaprashana replaces vaccinations.

## ETHICAL AND SAFETY CONSIDERATIONS

1. **Informed Consent & Autonomy** – Guardians must receive balanced information: classical claims, contemporary evidence, potential risks. Commercial exaggeration (e.g., “guaranteed IQ boost”) violates Ayurvedic ethics (*rajju-śastrasya nyāya*).
2. **Pharmacovigilance** – All clinics should link to the AYUSH-Suraksha online ADR portal; routine liver-renal panels in high-dose protocols safeguard against cumulative metal burden. [suraksha.ayush.gov.in](http://suraksha.ayush.gov.in)
3. **Manufacturing Integrity** – Nanogold heterogeneity among brands calls for random batch audits by State Drug Controllers; deviation beyond  $\pm 10\%$  particle size mandates product recall. [pmc.ncbi.nlm.nih.gov](http://pmc.ncbi.nlm.nih.gov)
4. **Environmental Sustainability** – Encourage sourcing from recycled dental/industrial gold; artisanal mining exposes communities to mercury—contravening Ayurveda’s tenet of *Ahimsa* (non-harm).
5. **Equity & Access** – Offer tiered pricing or CSR sponsorship so economically weaker families are not excluded, avoiding a two-tier system criticised in parallel CAM services.
6. **Inter-system Integration** – Paediatricians should be notified when children receive Suvarnaprashana to monitor drug-nutrient interactions (e.g., concurrent iron drops).
7. **Cultural Sensitivity** – Respect regional variations (e.g., Kerala’s *Pūjyārāmbham* vs Maharashtra’s *Swarna-Prashan Paushtik*), but ensure core safety standards are uniform nationwide.

## CONCLUSION

Suvarnaprashana Sanskar is an ancient Ayurvedic immunization-like ritual with growing relevance in today's pediatric wellness framework. When administered with standardized methods, authentic ingredients, and ethical protocols, it may serve as a valuable preventive strategy. However, its full potential can only be realized through scientific validation, public awareness, and alignment with modern healthcare practices.

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