



A Critical Review Of The Concept Of Bāl Graha In Ayurveda With Correlation On Modern Pediatric Disorders.

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Abstract-

Kaumarbhritya is one of the branches of the “*Ashtanga Ayurveda*”. *Balgraha* is an abstract that is a part of *Kaumarbhritya*. The concept is quite distinctive which portrays the disease caused by the invisible vectors. This idea of *Balgraha* is not very acceptable nowadays due to Modernization of this era. For that reason, an attempt has been made to relate it to the modern era on the basis of the science and clinical application that can be practically applied on the patients. This review critically examines the classical Ayurvedic understanding of Bāl Graha with a comparative analysis to modern pediatric disorders such as epilepsy, autism spectrum disorder (ASD), ADHD, night terrors, and psychosomatic disorders. By integrating Ayurvedic principles with contemporary scientific insights, this paper aims to contextualize the relevance of Bāl Graha in modern child healthcare, explore potential correlations, and evaluate the therapeutic significance of Ayurvedic management strategies. The study also highlights the scope of interdisciplinary research to bridge traditional pediatric wisdom with modern neurodevelopmental science.

Keywords: Bāl Graha, Ayurveda, *Kaumarbhritya*, *Balgraha*, *Graha Roga*, child psychiatry, pediatric neurology, behavioral disorders.

1. Introduction

Ayurveda, the ancient science of life, offers a profound understanding of pediatric health through the branch of Kaumarbhritya. Among its unique contributions is the concept of Bāl Graha, which encompasses a spectrum of physical and psychological disorders in children believed to be caused by invisible forces or grahas.

Balgraha is made up of two words Bal and Graha where Bal means Children and graha means to capture. These *Balgraha* seize or holds the child and causes various disorder They are unidentifiable and invisible. Their progress is very rapid and its pathogenesis is entirely different from the regular diseases.

The description of Balgrah at various places and historical texts such as firstly in Rig Veda and for instance in *Mahabharat, Kaushiksutra, Bhaishajya, Agnipurana, Markandeya purana, Brhadaranayaka Upanishada*. In Kashyap, it has been described in Revati *Kalpadhyaya*. These Balgraha seize or holds the child and causes various disorder They are unidentifiable and invisible. Their progress is very rapid and its pathogenesis is entirely different from the regular diseases. The description of bal grah at various places and historical texts such as firstly in Rig Veda and for instance in Mahabharat, Kaushiksutra, Bhaishajya, Agnipurana, Markandeya purana, Brhadaranayaka Upanishada. In Kashyap, it has been described in Revati Kalpadhyaya. These Grahas were made by lord Shiva and Parvati to protect their child Kartikeya. For instance, Lord Shiva made Skandagraha, Agni made SkandaApasmar, Parvati made Naigmesha and Kartikeya made Mukhmandika and Putrika. In modern Era, these Grahas can be correlated with microorganisms that are invisible to the eyes but they are responsible for various diseases that can be very fatal. So, these are none other than the bacteria and viruses that causes diseases This approach will help in identifying overlaps between traditional and modern perspectives and exploring the clinical potential of Ayurvedic management strategies in today's context.

2. Aims and objectives

- To review Graha Roga with the available ancient literatures/Ayurvedic texts.
- To Analyse the probable etiopathogenesis of different Graha Roga.
- To discuss scientific correlation of Graha Roga in present era of advancement.

3. Materials and Methods

3.1 Sources of Data • Classical Ayurvedic Texts: Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita, and other relevant Nighantus. • Modern Medical References: Standard pediatric and psychiatry textbooks (e.g., Nelson's Pediatrics, DSM-5), PubMed, and journal articles. • Review Type: Conceptual and critical literature review.

3.2 Method of Analysis • Comparative analysis of classical symptoms and etiologies of Bāl Graha with modern pediatric

- Interpretation of Graha characteristics in terms of modern science.
- Evaluation of Ayurvedic interventions for their possible relevance in modern clinical settings.

4. Results

4.1 Concept of Bāl Graha in Ayurveda In Ayurveda, Bāl Graha are classified entities that affect the child's mind and body, primarily in early infancy and childhood. Grahas such as Skanda Graha, Shakuni, Revati, Putana, Andhaputana, Sheetputana, Mukhmandika, and Kumbhand are associated with specific symptom clusters.

Key Features of Bāl Graha:

- Unprovoked crying, irritability
- Restlessness, fear, altered sleep
- Convulsions or unconsciousness
- Feeding difficulties, refusal to suck
- Delayed milestones or regression

4.2 Types of Bal grah

- Shusrutaii: Acharya Shusruta has shown more importance to Bala graha and detail account on this aspect. Bala graha are nine in number named as Shakuni, Revati, Putana, Andhaputana, Shitputana, Skanda, Skandapasmara, Mukhmandika and Naigamesa
- Acharya Charakiii told about the Grahas. For example, Acharya Charak has considered innumerable numbers of balagraha Rogas
 - Vagbhata:iv Acharya Vagbhata has told twelve graha roga, out of which seven as male graha roga and five as female Graha Roga. These male and female Bala Graha Roga is considered as Gram positive and Gram negative microbes. Male Graha are Skanda, Vishakha, Mesha, Swagraha, Ptragraha while female grhasa are Putana, Shitputana, Andhaputana, Shakuni, Revati, Shushkrevati and Mukhamandika.
 - Kashyapa: In kashyapa Samhita, Bala Graha references are scattered at many places namely first reference is in Sutra sthana where monk described the vitiation of breast milk of wet nurse by Graha like Putana, Shakuni, Skanda and Shasthi which is the only contribution of Kashyapa but the description is incomplete due to extinction of manuscript.
 - These Grahas are classified into male and female categories. Males can be correlated with the Gram positive bacteria and females as Gram negative bacteria. Gender distribution of Bal Grahas
 - Malevi- Bala Graha • Skanda • Skanda Apasmara • Shavgraha • Pitra Graha • Naigmesha
 - Femalevii- Bala Graha • Shakuni • Revati • Putna • Andha Putna • Sheetaputna • Mukhmandika • Shushka Revti

4.3 Grahabadha- As per Acharya vagbhata in the ancient texts, there are 3 main etiology behind grahabadha

i.e. • Hinsa (victimize) means This is pathogenic in nature and causes disease e.g. DIC, bleeding disorder, Sepsis. • Rati (worshipped) means This illustrate microbes reproduce and increase their progeny in host (child), complete their life cycle and produces diseases e.g. Typhoid, Malaria etc • Archana (sexual demand) means The host are exploited by microbes for their nutrition. e.g. Worm.

- 4.4 Sadhya-Asadhyatwa Graha Roga occurred due to • Himsa – incurable [asadhya] • Rati – difficult to cure [krcchrasadhya] • Archana – easily curable [Sadhya]

❖ **Skandha graha Vs Quadriplegia**

- **Skandha graha:-** Skanda is the commander-in-chief of army of *Devataas* and pierced with his weapon through the heart of *Raakshas Krouncha* with a single shot. He has an effulgent red body decked with garlands and red flowers. His body is smeared with red sandal paste and he receives all the energies produced by austerities. Skanda Graha is having Teja, Swastha Shareera, Putra of Mahadeva, Agni & Ganga may be suggesting a pathogen which is very potent having complete cell structures, survive in aquatic medium and resistant to heat and cold (Susruta Samhita)
- **Quadriplegia:-** Cerebral palsy (CP) is defined as a nonprogressive neuromotor disorder of cerebral origin. It includes heterogeneous clinical states of variable etiology and severity ranging from minor incapacitation to total handicap. Most of the cases have multiple neurological deficits and variable mental handicap

❖ **Skandha – apasmara Vs. Infantile seizure/spasm**

- Skandha - apasmara:- it is ment of limbs and features of upward gaze, frothy salivation, tightness of limbs, vacant look etc which point towards seizure disorder
- Infantile seizure/spasm:- Seizures (convulsions, fits) are caused by abnormal electrical discharges from termed as visakha by acharyas. in texts it is described as involuntary move the brain resulting in abnormal involuntary, paroxysmal, motor, sensory, autonomic or sensorial activity. About 5 percent children experience convulsions during the first five years of life.

❖ **Naigamesha Vs. Bacterial Meningitis**

- **Naigamesha:-** it is associated with fever having seizure activity, with upward eye movements, vomiting, clenched fist and typical odour of smell of bladder of goat which can be correlated with meningitis.
- **Bacterial meningitis:-** Acute bacterial meningitis, a major cause of morbidity and mortality in young children, occurs both in epidemic and sporadic pattern. Acute bacterial meningitis is commoner in neonates and infants than in older children because of poorer immunity. Organisms in neonates are *Escherichia coli*, *Streptococcus pneumoniae*, *Salmonella* species, *Pseudomonas aeruginosa*, *Streptococcus fecalis* and *Staphylococcus aureus*. Three months to 3 yr, the infection is most often due to *Haemophiles influenzae*, *S. pneumoniae* and meningococci (*Neisseria meningitidis*). Beyond 3 yr, the two most common organisms are *S. pneumoniae* and *N. meningitidis*. Host. Patients with diminished host resistance (complement, immunoglobulin or neutrophil function defects), malignancies, on immunosuppressive drugs are more susceptible to develop meningitis, by fungi, *Listeria* and *Mycoplasma*. The infection spreads hematogenously to meninges from distant foci, e.g. pneumonia, empyema, pyoderma and osteomyelitis. Purulent meningitis may follow head injury. Rarely, the infection may extend from contiguous septic foci, e.g. infected paranasal sinuses, mastoiditis, osteomyelitis and fracture of the base of skull. Recurrent meningitis may be associated with pilonidal sinus, CSF rhinorrhea, traumatic lesions of the cribriform plate and ethmoidal sinus

❖ Pitrigraha Vs. pneumonia.

- Pitrigraha:-findings mentioned in texts are sudden fear, sudden crying, horripilation, fever coughing, discolouration of body/cyanosis etc and typical odour of dead body/cadaver. We can correlate to pneumonia in neonates.

- Pneumonia:- Pneumonia may be classified anatomically as lobar or lobular pneumonia, bronchopneumonia and interstitial pneumonia. Pathologically, there is a consolidation of alveoli or infiltration of the interstitial tissue with inflammatory cells or both. Viral pneumonia caused by respiratory syncytial virus, influenza, parainfluenza or adenovirus may be responsible for about 40% of the cases. In over two-thirds of the cases, common bacteria cause pneumonia. In the first 2 months, the common agents include gramnegative bacteria such as Klebsiella, E. coli and gram-positive organisms like pneumococci.

❖ Sakuni Vs. Impetigo.

- **Sakuni:-** The word *Shakuni* in Ayurveda means bird. The typical body odour emitted from the body of a child suffering from *Shakuni Graha* is name as *Vihanga/ Shakuni Gandha* (odour similar to bird). The disease, Impetigo is a highly contagious bacterial disorder in children with similar presentation of *Shakuni Graha*. This graha roga occurs due to vitiated breast milk by *katu, tikta rasa*.

- **Impetigo** -Bullous and non bullous. But most common type in younger children is bullous impetigo where small vesicles are seen which turn to blisters. The content of the blister is generally clear which become purulent later. The blisters later rupture forming a wet, shiny and itchy area which forms scales. In Impetigo the early lesions are vesicles that rupture quickly leaving red wet erosions or dry to form gummatous lesions, golden yellow/ reddish brown crusts. The crusts eventually separate and leave erythematic that fades without scarring.

Putana Vs. Diarrhea.

- **Putana:-**This *balgraha* described as laxity of body, day sleep but night awakening, loose stool, odour of crow like smell(*kaktulya Gandhi*), vomiting, dehydrated, thirsty etc.this graha roga occurs due to vitiation of breast milk by *Madhur, katu rasa*

- **Diarrhea with dehydration:-**any change in consistency, frequency or characteristics of stool other than normal is termed as diarrhea.It is classifies into acute, persistent and chronic diarrhea. Acute diarrhea is >3times/day for <2 weeks. persistent diarrhea lasts >2 weeks with infectious pathology. chronic diarrhea lasts>4 weeks, insidious onset

Psychological and Psychosomatic Dimensions

Graha are often associated with psychological and spiritual disturbances, reflecting early Ayurvedic attempts at explaining what we now categorize as mental illnesses. The child's Manas (mind) and Prana (vital force) are affected, leading to disturbances in vata dosha a notion comparable to nervous system dysregulation. Recent studies in child psychiatry also

acknowledge psychosomatic illness, stress-induced disorders, and early onset psychiatric disorders, which align with the Ayurvedic concept of Manovaha Srotas involvement in Bāl Graha.

Role of Rituals, Mantras, and Ayurvedic Medicines

Classical management includes:

- **Graha Nashak Karma** – use of Homa, Mantra, Raksha
- **Herbal medicines** – Medhya Rasayana like Brahmi, Mandukaparni
- **Abhyanga, Snehana, Swedana** – for calming vata
- **Rakshoghna Dravyas** – anti-microbial, anti-anxiety herbs
- These may be interpreted as:
- **Mantras and rituals** = psychological reassurance/placebo effect
- **Herbal drugs** = adaptogens, neuroprotectives
- **Abhyanga** = sensory integration therapy or parasympathetic activation

Discussion

There was no cuttingedge equipment for diagnosis or treatment in the ancient world. Modern terminology is more precise and causally stated. diseasecausing organism. In order to see germs and classify them as bacteria, viruses, etc., modern science procedures are more advanced. One of the key parts of the Ayurvedic book is the balagraha, which requires a thorough explanation in order to comprehend the balagraha rogas. Therefore, graha rogas may be simply understood and identified with the use of contemporary scientific procedures.

Conclusion

The precise relationship between *Graha Roga* and illnesses or germs is unknown because this topic has not yet been thoroughly researched. Though isolation as the primary mode of treatment now seems absurd, the conceptual study of the picornaviredae includes enteroviruses since its subclass resembles the *Graha Roga* the most in the past. As a result, various non- infectious disorders were also related to the *Graha Roga*. Furthermore, I'm trying to support the *Asadhya* symptoms as well as the common symptoms. By outlining the connections between each *Graha* and It is very obvious that different microbiological infections and *Balagraha* are comparable. Treatment for *Balagraha Roga* might involve both therapeutic and psychiatric treatment.

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