

# 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*<sup>[4]</sup> 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 *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 *Kartikkeya*. For instance, Lord *Shiva* made *Skandagraha*, *Agni* made *SkandaApasmar*, *Parvati* made *Naigmesha* and *Kartikkeya* 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 disease models.

- 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

➤ Shusruta<sup>ii</sup>: 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 Charak<sup>iii</sup> told about the *Grahas*. For example, Acharya Charak has considered innumerable numbers of *balagraha* Rogas

➤ Vagbhata<sup>iv</sup>: 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<sup>v</sup>: 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*

➤ Male<sup>vi</sup>- *Bala Graha*

- *Skanda*
- *Skanda Apasmara*
- *Shavgraha*
- *Pitra Graha*
- *Naigmesha*

➤ Female<sup>vii</sup>- *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*]

#### 5. Graha Roga with their modern aspect.

**Table:1. Comparative Analysis of Bāl Graha and Modern Pediatric Disorders**

Bāl Graha (Ayurvedic Entity)	Classical Symptoms	Probable Modern Correlates
Putana Graha	Refusal to suckle, excessive crying, swelling of breasts, skin discoloration	Neonatal Sepsis, Infantile Colic, Lactation Issues
Andhaputana Graha	Convulsions, stiff body, foaming from mouth, unconsciousness	Febrile Seizures, Epilepsy, Infantile Spasms
Mukhmandika Graha	Screaming at night, staring, fearfulness, drooling	Night Terrors, Autism Spectrum Disorder (ASD), Sensory Processing Disorder
Shakuni Graha	Sudden screaming, restlessness, hyperactivity, aggressive behavior	ADHD (Attention Deficit Hyperactivity Disorder), Childhood Anxiety Disorders
Revati Graha	Incoherent babbling, disturbed sleep, anxious behavior	Sleep Disorders, Childhood Schizophrenia, Delayed Language Development

Skanda Graha	Stammering, headache, eye twitching, mental instability	Migraine, Tic Disorders, Psychogenic Seizures
Kumbhand Graha	Swollen abdomen, constipation, gas retention	Gastrointestinal Dysmotility, Infantile Bloating Syndrome

### 5.1 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.

**Table-2 Clinical Features of Skanda Graha and Quadriplegia**

SKANDA GRAHA	QUADRIPLEGIA
<i>Kshataja Gandhi/vasa Asrk Gandhi</i> [odour of blood/flesh]	Improper neck holding, nuchal rigidity
Tearing from one eye	Spastic limbs due to hypertonicity
Frequent shaking of head, head banging	Difficulty in speech (dysphasia) due to laryngeal muscle paresis
Weakness in one half of body along with stiffness	Cortical thumb
Upward fixed Gaze, infrequent spasm in one eye	Scissoring at the level of knee / ankle
Grinding of teeth, clinching of fist	Higher mental function may be hampered/ preserved
Deviation of face, drooling of saliva	Quality of life disturbed

### 5.2 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.

**Table-3 Clinical features of Skandha apasmara and Infantile seizure/ spasm**

Skandha-apasmara	Infantile seizure/spasm
Upward eye movement	Up rolling eye balls
Sudden unconscious and regaining sense after a short interval	Altered consciousness/ unconscious for an interval
Abnormal body movements	Generalized/tonic/clonic/myoclonic/atypical/absent seizure pattern
Tightening of limbs	Limb tightening
Frothing of saliva	Salivation
Tongue bite	Tongue bite
Infrequent passing of urine and stool during spasm	Urine/stool incontinence
Post ictal drowsiness	Cyanosis may develop, mental retardation

### 5.3 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

**Table- 4 Clinical Features of *Naigamesha* And Bacterial Meningitis**

<i>Naigamesha</i>	Bacterial Meningitis
Frothing with vomitus	Projectile vomiting
smells of bladder of goat ( <i>basta gandhatwa</i> )	having Odour of urine
Depressed anterior fontanelle	Tense bulging anterior fontanelle
Irritability	poor feeding shrill cry
Febrile episode.	Fever
altered sense	lethargy

#### 5.4 *Swagraha* and Rabies Vs. Hydrophobia

- **Swagraha:-** it is defined as tremor, horripilation, excess cry, tongue bite, abnormal bending of body etc and typical odour of stool/faeces which points toward Rabies.
- **Rabies/Hydrophobia:-** Rabies is a zoonotic disease transmitted to human usually by bite and scratch by an infected animal, mainly dogs, cats,

cattle, pigs, mongoose and jackals. Licks on broken skin or intact mucous membrane may transmit rabies. Rare causes include aerosol, transmission in bats infested caves and human to human transmission by organ/tissue transplant (corneal transplant). Rabies virus is a neurotropic, single stranded RNA virus of genus *Lyssa virus* & family *Rhabdoviridae*.

**Table-5 Clinical features of *swagraha* and Rabies/Hydrophobia**

<i>Swagraha</i>	Rabies/Hydrophobia
Tremor, rigor/chill	3 stages= prodromal, excitatory and paralytic phase
Opisthotonos bending of body	Painful spasm of body Lock jaw
Tongue bite	Fever Agitation Excess salivation
Fearful running	Fear of seeing or touching water, which provoked by any stimulus
Smell of faeces [ <i>vid Gandhi</i> ]	Respiratory failure and death

#### 5.5. *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 gram-negative bacteria such as *Klebsiella*, *E. coli* and gram-positive organisms like pneumococci.

**Table-6 Clinical features of *pitrigraha* and pneumonia.**

<i>Pitrigraha</i>	Pneumonia
Smell of cadaver [ <i>swa Gandhi</i> ]	Poor breast feeding/refusal to feed
Anxiety, severe cry	Grunting Visible retraction of chest Nasal flaring
Acute fever	Fever with or without chill
Discoloration of face	Cyanosis
Poor growth and physique	Tachycardia Tachypnea Failure to thrive

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**Table-7 Clinical features of *pitrigraha* and pneumonia.**

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### 5.7 *Sakuni* Vs. *Impetigo*.

- ***Sakuni***<sup>viii</sup>- 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.

**Table-8 Clinical features of *Sakuni* and *Impetigo*.**

<i>Sakuni</i>	<i>Impetigo</i>
Smell of birds specially vulture [ <i>sakuni Gandhi/ bihangaGandhi</i> ]	Crust formation
Multiple ulcer with pus discharge	Sore on chancre formation
Blisters with burning sensation	Bullae/blisters formation
Ulceration mainly in oral and anal region	Itching, painful lesion with systemic features like fever etc

### 5.8 *Putana* Vs. *Diarrhea*.

- ***Putana***<sup>-</sup>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**<sup>-</sup>any change in consistency, frequency or characteristics of stool other than normal is termed as diarrhea.It is classified 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

**Table-9 Clinical Feature of *Putana* and *Diarrhea*.**

<i>Putana</i>	<i>Diarrhea</i>
Day sleep but night awakening	Disturbed sleep
Profuse loose stool, vomiting, thirst	Loose stool with change in consistency and frequency
Oliguria or retention of urine, general weakness	Sign of dehydration has to be assessed

- ***Sitaputana***<sup>-</sup>it is described as restlessness, shivering, excess cry, intestinal gurgling, foul smell from body, severe loose stool etc.
- ***Andhaputana***<sup>-</sup>it is described as aversion to breast milk, loose stool, cough, vomiting, fever, discolouration of body, often lies with prone position, odour of sour substances from body(*amla Gandhi*)



Table-10 Clinical Feature of *Sitaputana* and Diarrhea

<i>Sitaputana</i>	Diarrhea with dehydration
One side of body become warm while other side cold	Fever if associated with secondary infection
Irritability	Sensorium is alert/excess cry/irritable/lethargic in severe case
Profuse watery loose stool with foul smell, intestinal gurgling	Loose/watery stool, mix with blood/mucus, dryness of oral mucosa, oliguria or anuria, skin turgor Diminished
Ocular complications	Shrunken eyes, tear may be absent

Table.11.Clinical Features Of *Andhaputana* And Chronic Diarrhea

<i>Andhaputana</i>	Chronic diarrhea
✓ Aversion to breast milk, malnourished, loose stool	✓ Early introduction of cow milk is a major cause of chronic diarrhea[cow milk protein allergy]
✓ Fever, vomiting, cough, sleep disturbance, visible oedema	✓ Failure to thrive with oedema
✓ Constant lying down in prone position, ✓ trachoma in eyes[ <i>pothaki</i> ]	✓ loose stool with more than 2 weeks is defined as chronic diarrhea[etiology-Tb, celiacdisease, immunocompromised, IBD etc]

- **Mukhamandika**:-it is defined as affected by graha having features like apparently well looking physique, voracious hunger, venous prominence over abdomen, bad odour cow urine/urine from body etc.
- **Juvenile onset diabetes**:- Type 1 diabetes (T1D), formerly known as juvenile diabetes, is an autoimmune disease that originates when cells that make insulin (beta cells) are destroyed by the immune system. Insulin is a hormone required for the cells to use blood sugar for energy and it helps regulate glucose levels in the bloodstream.

Table-12 Clinical Features Of *Mukhamandika* And Juvenile Onset Diabetes<sup>ix</sup>.

<i>Mukhamandika</i>	Juvenile Onset Diabetes
✓ Lusturous body	✓ Apparently healthy looking but failure to thrive
✓ Smooth hands, leg, face	✓ Unexplained loss of weight
✓ Prominent veins over abdomen	✓ Fatigue, opportunistic infections
✓ Voracious eater ✓ Smell of cow urine from body[ <i>gomutra Gandhi</i> ]	✓ Polyuria ✓ polydipsia ✓ polyphagia ✓ Acetone/fruity smell from breathe[Diabetic keto acidosis]

### 5.9 *Revati* Vs. Pernicious anemia.

- **Revati**:- it is defined as facial redness, greenish loose stool, fever, ulceration in mouth/body, odour of foul clay from body etc.

- **Pernicious anemia**:- Pernicious anemia is a disease in which insufficient RBCs are produced due to a deficiency of vitamin B12. Those often have a gradual onset.

Table-13.Clinical Features Of *Revati* And Pernicious anemia.

<i>Revati</i>	Pernicious Anemia
✓ Redness in face ✓ Frequent rubbing of face by child	✓ Palpitation, fatigue, irritability, pallor, opportunistic infections
✓ Fever, fatigue, diffuse ulceration/blisters over body	✓ Mouth ulcers[glossitis, cheilosis, stomatitis]
✓ Greenish loose stool ✓ Smell of mud/foul clay[ <i>panka Gandhi</i> ]	✓ Sudden diarrhea, anorexia, vertigo ✓ Brittle nails

### 5.10 *Suska Revati* Vs. Abdominal Tuberculosis<sup>x</sup>.

- **Shuska revti**:- it is defined as gradual consumption of body, falling of hair, anorexia discolouration of body, varying colour stool, nodular appearance and venous prominence over abdomen, odour of vulture from body.

- **Abdominal tuberculosis**:- The gastrointestinal tract, peritoneum, lymph nodes and/ or solid viscera can be involved in abdominal tuberculosis. The peritoneal involvement is of two types: wet (or ascitic) and dry (or plastic) type. On the other hand, the intestinal involvement may be ulcerative, hypertrophic or ulcerohypertrophic.

Table-14.Clinical Features of *Suska Revati* And Abdominal Tuberculosis.<sup>xi</sup>

<i>Suska Revati</i>	Abdominal Tuberculosis
✓ Gradual cachexic/malnourished, anorexia	✓ Loss of body weight
✓ Premature hair fall, hoarseness of voice/feeble voice	✓ Opportunistic infections
✓ Discolouration of body, varying coloured stool, venous prominence/nodule over abdomen	✓ Doughy feeling abdomen, abdominal lump, ascites, abdominal pain, vomiting, absolute constipation /Chronic diarrhea
✓ Smell of vulture from body[ <i>gridhvi Gandhi</i> ]	✓ Fever, fatigue

## 6. 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.

## 7. 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

## 8. 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.

## 9. 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 picornaviridae 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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  12. <sup>xi</sup> Ghai essential paediatrics by op ghai, piyush gupta and v. K. Paul, revised 6th edition 2005, page no. 210, dr. O. P. Ghai.