

Ayurvedic Perspective of Infantile Colic: A Conceptual Review of Udarashoola

Pavan G. Aglave¹, Jayprakash A. Khairnar², Vikram A. Shelvale³

¹PG Scholar, Balrog Dept, Ashvin Rural Ayurved College, Manchi Hill, Sangamner MH

²HOD, Balrog Dept, Ashvin Rural Ayurved College, Manchi Hill, Sangamner MH

³Asso.Professor Balrog Dept, Ashvin Rural Ayurved College, Manchi Hill, Sangamner MH

Abstract: *Infantile colic is a common functional disorder of early infancy characterized by recurrent episodes of excessive crying and irritability in an otherwise healthy infant. Although modern medicine recognizes infantile colic as a self-limiting functional condition, classical Ayurveda does not describe an exact equivalent of the modern diagnostic entity. Its clinical manifestations, however, can be conceptually correlated with Udarashoola, particularly Vataja Udarashoola.*

Ayurveda considers Vata Dosha to be the principal factor responsible for pain and abnormal movement. In infancy, the developing digestive system, feeding practices, maternal factors and the quality of breast milk (Stanya) may further influence gastrointestinal health. Recent Ayurvedic literature has explored the relationship between Udarashoola and infantile colic and has investigated selected traditional formulations. This review presents an Ayurvedic interpretation of infantile colic, including its possible Nidana, Samprapti, clinical features and principles of management, while emphasizing the need for appropriate pediatric assessment and evidence-based safety..

Keywords: Infantile colic, Udarashoola, Vata, Vataja Udarashoola, Apana Vayu, Agni, Stanya, Kaumarabhritya

I. INTRODUCTION

Infantile colic is one of the commonest causes of excessive crying during early infancy. Episodes typically occur in an otherwise healthy infant and may be accompanied by facial grimacing, drawing up of the legs, abdominal discomfort, irritability and difficulty settling. Symptoms generally become prominent during the first few weeks of life and improve spontaneously with maturation.

The condition can nevertheless cause considerable parental anxiety and may lead to repeated consultations and unnecessary medication.

Ayurveda approaches infant health through the principles of **Kaumarabhritya**, emphasizing nourishment, digestion, developmental maturity and maternal factors. There is no single classical Ayurvedic disease entity that precisely corresponds to modern infantile colic. However, the symptom complex can be interpreted through **Udarashoola**, particularly when abdominal discomfort and excessive crying predominate.

Recent Ayurvedic reviews have proposed *Udarashoola* as a conceptual correlate of infantile colic and identify Vata as the predominant Dosha involved. International Journal of AYUSH review on Udarashoola and infantile colic

Ayurvedic Concept of Udarashoola

Shoola broadly denotes pain or colicky discomfort, while *Udarashoola* refers to pain involving the abdominal region. Vata is traditionally considered the principal Dosha responsible for pain.

The clinical manifestations of infantile colic—recurrent crying, apparent abdominal discomfort, restlessness, drawing up of the legs and disturbed sleep—can therefore be interpreted within the framework of **Vataja Udarashoola**.



This should be regarded as a **conceptual correlation rather than an exact diagnostic equivalence** between Ayurveda and modern pediatrics.

Role of Vata and Apana Vayu

The central Ayurvedic explanation for infantile colic is **Vata prakopa**.

Vata governs movement and functional activity within the body. Disturbance of Vata is traditionally associated with pain, irregular movement and functional abnormalities.

Among its five subdivisions, **Apana Vayu** has particular relevance to the lower gastrointestinal tract and elimination. Disturbance in its normal function may be conceptually associated with:

- Abdominal discomfort
- Difficulty passing flatus
- Altered bowel movements
- Abdominal distension
- Colicky symptoms

Thus, a possible Ayurvedic sequence is:

Vata prakopa → Apana Vayu dushti → gastrointestinal disturbance → Udarashoola → excessive crying

This represents an Ayurvedic pathophysiological model and should not be interpreted as a proven biomedical mechanism.

Agni and Infantile Digestion

Agni represents the principle of digestion and metabolism in Ayurveda. Infancy is a period of physiological immaturity, and the infant's nutrition is predominantly dependent on milk.

From an Ayurvedic perspective, disturbances in feeding and digestion may contribute to gastrointestinal discomfort and subsequent Vata aggravation.

A conceptual sequence may therefore be described as:

Feeding/digestive disturbance → Agni vaishamya → gastrointestinal dysfunction → Vata prakopa → Udarashoola

The Ayurvedic concept of Agni should be interpreted within its traditional framework rather than equated directly with a single modern physiological process.

Role of Stanya

A distinctive feature of the Ayurvedic approach is the importance attributed to **Stanya**, or breast milk.

Since breast milk constitutes the principal nourishment of the young infant, Ayurvedic literature considers maternal health and factors affecting Stanya when evaluating certain pediatric disorders. Recent Ayurvedic reviews of infantile colic have particularly discussed **Stanya dushti** as a possible contributing factor. International Journal of AYUSH review

This provides a broader mother–infant framework:

Maternal factors → Stanya → Infant nourishment → Digestive response → Vata/Udarashoola

From a contemporary pediatric perspective, this can be approached through assessment of breastfeeding technique, latch, feeding adequacy, growth and selected maternal or infant dietary factors.

Routine maternal dietary restriction, however, should not be recommended solely because an infant has colic.

Nidana

Ayurveda emphasizes **Nidana Parivarjana**, or identification and avoidance of causative factors.

Potential factors relevant to the Ayurvedic interpretation of infantile colic include:



Feeding-related factors

- Improper feeding practices
- Inadequate or excessive feeding
- Feeding difficulties
- Improper breastfeeding technique

Maternal factors

Maternal health and dietary factors may be considered because of the importance of Stanya in infant nutrition.

Vata-provoking factors

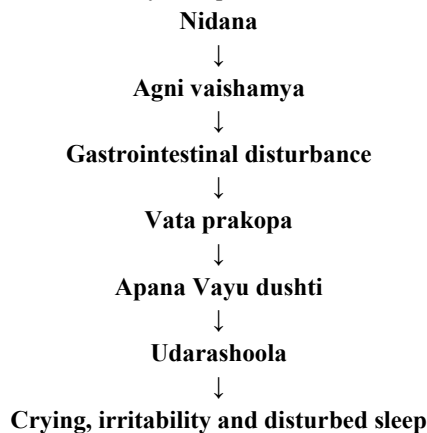
Disturbances of routine, excessive stimulation and other factors traditionally associated with Vata aggravation may contribute to the clinical picture.

Digestive factors

Disturbances of digestion are considered capable of producing gastrointestinal discomfort and subsequent Vata aggravation.

Samprapti

A synthesized Ayurvedic model of infantile colic may be represented as:



This is a conceptual synthesis based on Ayurvedic principles and should not be considered a verbatim classical *Samprapti*.

Clinical Features

From an Ayurvedic perspective, an infant with Vata-predominant *Udarashoola* may demonstrate:

- Recurrent excessive crying
- Irritability and restlessness
- Apparent abdominal discomfort
- Drawing up of the legs
- Abdominal tightness or distension
- Feeding interruption or refusal during episodes
- Difficulty settling
- Sleep disturbance

Recent Ayurvedic clinical studies have used excessive crying and abdominal symptoms as important outcome parameters when studying *Udarashoola*. Journal of Ayurveda and Integrated Medical Sciences study



Chikitsa Siddhanta

The Ayurvedic management of infantile colic can broadly be organized around three principles:

Nidana Parivarjana

Identification and correction of modifiable factors should be the initial step. Feeding technique, feeding adequacy, maternal factors and infant growth should be assessed.

Vata Shamana

Since Vata is considered predominant, supportive measures aimed at maintaining Vata balance are emphasized. These may include:

- Appropriate warmth
- Gentle handling
- Regular feeding
- Reduction of excessive stimulation
- Soothing measures
- Gentle infant massage

Maintenance of Agni

The objective is to support normal digestion and avoid factors that may disturb gastrointestinal function. In young infants, aggressive digestive stimulation should be avoided.

Abhyanga and Supportive Measures

Abhyanga, or gentle oil massage, is traditionally used in infant care and may be considered a supportive Vata-shamana measure.

Gentle tactile stimulation may also promote relaxation and parent–infant interaction.

However, abdominal massage should not be performed in an infant with significant abdominal distension, tenderness, suspected intestinal obstruction or acute illness.

Ayurvedic Formulations Studied in Infantile Colic

The Ayurvedic literature contains clinical studies evaluating traditional interventions for *Udarashoola*.

A clinical study investigated **Kuberaksha Beejamajja** in infants with colic and evaluated clinical parameters related to excessive crying. JAISMS study on Kuberaksha

Another randomized active-controlled clinical study evaluated **Vyoshadi Yoga** against simethicone drops in infants diagnosed with *Udarashoola (infantile colic)*. Study of Vyoshadi Yoga versus simethicone

More recent research has evaluated **Ajamoda Arka with Yava Kshara** and **Shatapushpa Arka** in Vataja Udarashoola. Journal of Ayurveda and Holistic Medicine study

These studies indicate increasing interest in evaluating Ayurvedic approaches through clinical research. However, the available evidence remains limited, and these preparations cannot currently be regarded as universally established standard therapy for infantile colic.

Modern Pediatric Safety Perspective

An Ayurvedic interpretation should not replace pediatric evaluation.

Excessive crying in a young infant may occasionally indicate significant underlying disease. Red flags include:

- Fever
- Lethargy
- Poor feeding
- Persistent or bilious vomiting
- Abdominal distension
- Blood in stool



- Poor weight gain
- Respiratory difficulty
- Seizures
- Abnormal neurological findings
- Sudden severe unexplained crying
- Evidence of trauma

Such findings require prompt pediatric assessment.

Similarly, oral herbal preparations should not be assumed to be safe simply because they are traditionally used. Neonates have immature hepatic and renal function, and the quality and composition of commercially available products may vary.

Discussion

The Ayurvedic interpretation of infantile colic is primarily centered on **Vata**, with *Udarashoola* providing the closest conceptual clinical framework. Apana Vayu, Agni and Stanya provide additional dimensions to the Ayurvedic understanding.

An important strength of this framework is its emphasis on identifying contributing factors rather than focusing solely on pharmacological treatment. Feeding assessment, maternal factors, appropriate infant care and Vata-shamana measures can be incorporated into supportive management.

At the same time, it is important to distinguish between **traditional Ayurvedic concepts and evidence generated through modern clinical research**. Although several studies have reported beneficial effects of Ayurvedic interventions, larger randomized and adequately controlled studies with standardized preparations and objective outcome measures are needed.

II. CONCLUSION

Infantile colic has no exact one-to-one equivalent in classical Ayurvedic disease classification. Nevertheless, its clinical presentation can be conceptually understood through **Udarashoola**, particularly **Vataja Udarashoola**.

The Ayurvedic framework emphasizes Vata prakopa, Apana Vayu dysfunction, digestive factors, Stanya and maternal influences. Management is centered on Nidana Parivarjana, Vata Shamana, appropriate feeding and supportive infant care.

Emerging Ayurvedic clinical research on formulations such as Kuberaksha, Vyoshadi Yoga, Ajamoda Arka–Yava Kshara and Shatapushpa Arka provides an initial evidence base, but further rigorous research is required.

An appropriate integrative approach is therefore to use the Ayurvedic framework as a complementary perspective while maintaining modern pediatric assessment, exclusion of serious pathology and strict attention to neonatal safety.

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