

AYUSCRIPT

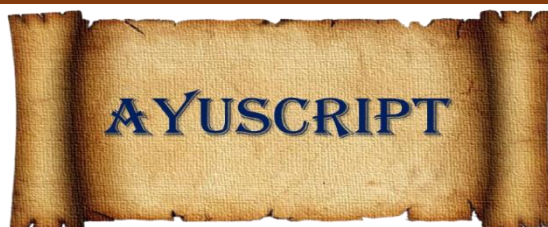
International Journal for Empirical Research in Ayurveda

www.ayuscript.com

Volume - 5, Issue - 1
January-March: 2026

यन्कल्पेन शरीरं समकल्पयन् ॥१॥ विश्वकर्मोणमाहूय पुरीहाटकानि
 र्मेना ॥ तत्र खोडशसहस्रस्त्रीणां चैव वराधिकम् ॥११॥ भवभानिसनो ज्ञानि
 यो मध्ये चकल्पयन् ॥ परिज्ञानतर्कवैवनासोभोगाय कल्पयन् ॥१२॥ या
 यानो गृह्णास्तत्र यद्दुपेचाशतकोटयः ॥ अन्यपि बहुवैलोक्यावसंनिधिगत
 राः ॥१३॥ यन्निर्विद्युत्सुक्तैश्च सुन्दरैश्च दृश्यते ॥ सर्वाङ्गिनप्रसूनास्यो पु
 त्रयुयस्य विद्युते ॥१४॥ यथापि नीरमासाद्य तन्मनस्कतया च सः ॥ सनाजि
 स्तपस्तेपस्वयं मुदिष्य बुद्धिमाका ॥१५॥ धनैरिष्यने म्मस्वयं स्वदुक्ता व
 नः ॥ प्रसन्नो भयवाच्यनोजितपुरस्थितः ॥१६॥ सनाजिनोपि तु ह्यावदृष्टा देवैर्द
 ाकरय ॥ निजोराशनमस्तु नमस्तु सर्वतो मुखः ॥१७॥ विश्वव्यापिन्नमस्तु
 मस्तु निस्तरुपिणः ॥ कल्पयेन्नमस्तु हरिद्वयनमस्तु ॥१८॥ गृह्राजन्म
 तस्तु नमस्तु चंद्रो जियो ॥ वेदत्रयनमस्तु सर्वदेवनमस्तु ॥१९॥ प्रसीद
 त्स्वित्वा सुदृष्टीमां दिवा करी ॥ २०॥ यस्मै कथमानो लोदेवदेवो दिवा करः ॥२
 १॥ यथाभीरुभर्तृसकलिनभवा ॥ २२॥ अर्चयति यस्मै तस्मै यस्मै





International Journal for Empirical Research in Ayurveda

Pranpratyagamana (Neonatal Resuscitation), an Emergency Management of Neonates according to Ayurveda

Rathod V.

Assistant professor in Rognidan avum vikriti vidnyan department
Jupiter Ayurveda medical college, Nagpur

ABSTRACT: Introduction: Neonatal emergencies remain a major cause of early mortality, particularly in low-resource settings. *Ayurveda* describes immediate life-restoring measures under the concept of *Pranpratyagaman*, literally meaning “restoration of life force”. Classical text of *Kaumarbriya* mention specific procedure to revive a non-crying or unconscious neonate soon after birth. [1] This study aims to explore and present the *Ayurveda* principles and practices of *Pranpratyagaman* as an emergency management approach. **Methods:** A classical literary review was conducted using primary *Ayurveda* sources including *Charak Samhita*, *Sushrut Samhita*, *Ashtang Hridaya* and *Kashyap Samhita*. Relevant verses describing immediate neonatal revival measures were collected, translated, and analyzed. [1-3] The procedure were interpreted in the context of modern neonatal resuscitation principles. [4-5,16] **Results:** *Ayurveda* texts recommend sequential steps for neonatal revival, including clearing airway obstruction, gentle stimulation, warming, sprinkling of warm or medicated liquid, tactile stimulation, and administration of mild herbal preparations to stimulate respiration and consciousness. Procedures such as *Utsadana* (gentle rubbing), *Pramarjana* (wiping), and nasal or oral stimulation are described as methods to activate *Prana Vayu*. [1-3] These steps correspond conceptually to airway management, thermal care, and tactile stimulation in contemporary neonatal resuscitation. [4-5,16] **Discussion:** *Pranpratyagaman*, reflects an organized, stepwise approach aimed at restoring vital functions immediately after birth. The emphasis on airway clearance, warmth, and stimulation demonstrates remarkable similarity to modern neonatal resuscitation protocols.

Key words: *Pranpratyagaman*, neonatal resuscitation, *Ayurveda*, *Kaumarabhriya*, birth asphyxia.

CORRESPONDING AUTHOR:

Dr. Vidya L. Rathod

Assistant professor in Rognidan avum vikriti vidnyan department
Jupiter Ayurveda medical college, Nagpur
Email: drvidyachavhan@gmail.com, Mobile no. 9637043171

How to cite this Article:

Rathod V. Pranpratyagamana (Neonatal Resuscitation), an Emergency Management of Neonates according to Ayurveda. AYUSCRIPT 2026;5(1):20-23
DOI: <http://doi.org/10.55552/AYUSCRIPT.2026.5104>

Introduction:

The neonatal period is the most important vulnerable phase of life and contributes significantly to infant mortality worldwide.

[4] Birth asphyxia, defined as failure to, initiate or sustain breathing at birth, is a major cause of neonatal death. [4]

Modern neonatal resuscitation protocols emphasize airway clearance, stimulation, thermal regulation, and assisted ventilation when necessary. [4, 5, 16]

Ayurveda's classics, especially under *Kaumarbritya*, describes procedures to revive a newborn who does not cry after birth, termed *Pranpratyagaman*-restoration of the life force. [1-3] Ancient *Ayurveda* scholars recognized the importance of immediate postnatal interventions and described systematic measures to stimulate respiration. [1]

Material and Methods:**Study design**

Literary review of classical *Ayurveda* texts and modern neonatal resuscitation literature.

Sources**Primary texts**

1. *Kashyapa Samhita*. [1]
2. *Charak Samhita*. [2]
3. *Sushruta Samhita*. [3]

Secondary sources

4. WHO neonatal resuscitation guidelines. [4]
5. Neonatal resuscitation Program recommendation. [5]
6. Standard pediatric literature. [6]

Methodology

1. Identification of references related to neonatal revival in classical texts. [1-3]
2. Compilation of described procedures.
3. Conceptual analysis using *Ayurveda's* principles.
4. Comparative evaluation with modern neonatal resuscitation protocols. [4, 5, 16]

Results**Concept of *Pranpratyagaman***

Prāṇapratyāgaman refers to restoration of respiration in a newborn who fails to cry or breathe after birth. [1]

Respiration is governed by *Prāṇa Vayu*, as described:

Prāṇa Vayu resides in the head and heart and sustains intellect, senses, and mind. [2]

Classical Description of Neonatal Revival**Kashyapa Samhita**

If the newborn does not cry, the mouth and throat should be cleaned, cold or warm water should be sprinkled, and sound should be produced near the ears. [1]

Sushruta Samhita

If the newborn does not cry, the airway should be cleaned and stimulation should be done using aromatic substances. [3]

Charaka Samhita

After birth, the physician should protect the newborn by providing warmth and protection from cold and wind. [2]

Sequential Steps of *Prāṇapratyāgaman*

1. Airway Clearance
2. Tactile Stimulation
3. Auditory Stimulation
4. Thermal Regulation
5. Aromatic Stimulation

Comparative Analysis with Modern Neonatal Resuscitation***Ayurveda's* Procedure and Modern Equivalent**

Airway suction. [4]

Tactile stimulation. [4]

Sensory stimulation. [4]

Thermal protection. [4]

Conceptual respiratory stimulation. [5]

Discussion:

The concept of *Prāṇapratyāgaman* described in *Ayurveda* classics reflects an early understanding of neonatal resuscitation principles. [1-3] The procedures outlined by *Kashyapa*,

Sushruta, and *Charaka* emphasize airway clearance, tactile stimulation, thermal protection, and sensory activation, which correspond closely to the initial steps of modern neonatal resuscitation protocols. [4-7] In *Ayurveda*, respiration is

governed by *Prāṇa Vayu*, and obstruction by *Kapha* in the upper respiratory passages is considered a major cause of delayed breathing.^[1,2] This concept is comparable to modern understanding of airway obstruction by mucus, amniotic fluid, or meconium leading to birth asphyxia.^[6,8] The classical instructions to clean the mouth and throat, sprinkle water, rub the body, and produce sound near the ears indicate a systematic sensory and tactile stimulation approach to initiate respiration.^[1-3] Modern neonatal resuscitation guidelines also recommend drying, stimulating, and clearing the airway as the first steps for a non-breathing newborn.^[4,5] Studies have shown that timely basic resuscitation measures can prevent a significant proportion of neonatal deaths, particularly in low-resource settings.^[9-12] The non-invasive nature of *Ayurveda's* techniques makes them potentially useful in community births and primary healthcare centers where advanced equipment may not be immediately available.^[13-15] However, severe cases of birth asphyxia require advanced interventions such as positive pressure ventilation, oxygen therapy, and neonatal intensive care.^[4,5,16] Therefore, *Ayurveda's* methods should be viewed as complementary to modern neonatal resuscitation rather than as substitutes.^[17-20] Integration of traditional knowledge with contemporary medical protocols may enhance culturally acceptable and holistic neonatal care.

Conclusion:

Prāṇapratyāgaman represents a systematic and rational approach to neonatal resuscitation described in *Ayurveda's* classics.^[1-3] The procedures, including airway cleansing, tactile stimulation, thermal protection, and sensory activation, show remarkable similarity to the initial steps of modern neonatal resuscitation.^[4-7] This reflects the advanced observational knowledge of ancient *Ayurveda's* scholars regarding neonatal physiology.

The non-invasive and easily applicable nature of these measures makes them particularly relevant in community settings and resource-limited environments.^[9-12] However, modern resuscitation techniques remain essential in cases of severe birth asphyxia.^[4,5,16]

An integrative approach combining *Ayurveda's* principles with evidence-based neonatal resuscitation protocols may contribute to improved neonatal outcomes and culturally sensitive healthcare delivery.^[17-20]

References:

1. Sharma PV. Kashyapa Samhita. Varanasi: Chaukhambha Sanskrit Series Office; Reprint edition. Khilasthana, Jatakarma Adhyaya.
2. Sharma PV. Charaka Samhita. Varanasi: Chaukhambha Orientalia; Reprint edition. Sharira Sthana 8; Chikitsa Sthana 28.
3. Sharma PV. Sushruta Samhita. Varanasi: Chaukhambha Vishvabharati; Reprint edition. Sharira Sthana 10.
4. World Health Organization. Guidelines on Basic Newborn Resuscitation. Geneva: WHO; 2012.
5. American Academy of Pediatrics. Textbook of Neonatal Resuscitation. 8th ed. Elk Grove Village, IL: AAP; 2021.
6. Kliegman RM, St Geme JW. Nelson Textbook of Pediatrics. 21st ed. Philadelphia: Elsevier; 2020.
7. Wyckoff MH, Wyllie J, Aziz K, et al. Neonatal Life Support: 2020 International Consensus. Circulation. 2020.
8. Lawn JE, Blencowe H, Oza S, et al. Every Newborn: progress and challenges. Lancet. 2014.
9. Lee AC, Cousens S, Wall SN, et al. Neonatal resuscitation and mortality. Int J Epidemiol. 2011.
10. Bhutta ZA, Das JK, Bahl R, et al. Can available interventions end preventable deaths? Lancet. 2014.

11. Wall SN, Lee AC, Carlo W, et al. Reducing neonatal mortality with resuscitation. *Pediatrics*. 2010.
12. WHO. *Newborns: reducing mortality*. Geneva: WHO; 2020.
13. Bang AT, Bang RA, Baitule SB, et al. Effect of home-based neonatal care. *Lancet*. 1999.
14. Darmstadt GL, Bhutta ZA, Cousens S, et al. Evidence-based newborn care. *Lancet*. 2005.
15. Kumar V, Mohanty S, Kumar A, et al. Effect of community-based behaviour change. *Lancet*. 2008.
16. Perlman JM, Wyllie J, Kattwinkel J, et al. Neonatal resuscitation guidelines. *Resuscitation*. 2015.
17. Patwardhan B, Warude D, Pushpangadan P, Bhatt N. Ayurveda and traditional medicine. *J Ethnopharmacol*. 2005.
18. WHO. *Traditional Medicine Strategy 2014–2023*. Geneva: WHO; 2013.
19. Lad V. *Textbook of Ayurveda*. Albuquerque: Ayurvedic Press; 2002.
20. Dash B, Sharma BK. *Principles of Ayurveda*. New Delhi: Concept Publishing; 1997.

Authors Contribution: All authors have contributed equally.

Financial Support and Sponsorship: None declared

Conflict of Interest: There are no conflicts of interest.

Declaration of Generative AI and AI Assisted Technologies in the writing process: The author has not used generative AI/AI assisted technologies in the writing process.

International Journal for Empirical Research in Ayurveda

©2026 AYUSCRIPT (International Journal for Empirical Research in Ayurveda) An Official Publication of ARCA- AYURVEDA RESEARCH & CAREER ACADEMY

Website: <https://ayuscript.com/>

Email: ayuscriptjournal@gmail.com

IIFS Impact Factor: 2.125