



TANTIA UNIVERSITY JOURNAL OF HOMOEOPATHY AND MEDICAL SCIENCE

www.tjhms.com

ORIGINAL ARTICLE

CLINICAL UNDERSTANDING FOR CONCEPTS OF VEDANA ADHYAYA OF KASHYAPA SAMHITA WITH SPECIAL REFERENCE TO NEONATAL AND INFANTILE EXAMINATION

Lovelesh Gupta^{1,3}, Karan Chugh², Shrinidhi Kumar K.³

¹Dept. Of Kaumarbhritya, ²Dept. Of Swasthavritta & Yoga, Sri Ganganagar college of Ayurvedic science & Hospital, Sri Ganganagar (Rajasthan), ³Department of Kaumarbhritya, NIA, Jaipur (Rajasthan)

Abstract

Received- 26/06/2022

Revised- 25/07/2022

Accepted- 30/07/2022

Key Word- Vedana Adhayay, Nithya Dhukhita, Neonatal and infantile examination,

Corresponding Author:- Lovelesh Gupta, Assistant Professor, Dept. Of Kaumarbhritya, Sri ganganagar college of Ayurvedic science & Hospital, Sri ganganagar (Rajasthan)

Kashyapa Samhita is the most authentic book of *Kaumarbhritya*, which explains the different facets of childhood in detail including the physiology, pathology and management of the childhood disorders. It is quite unfortunate that many of the important information have been missed due to loss of the book from time to time. Presently available *Kashyapa Samhita*, although not complete, some of the remaining portions of the book provide a very unique way of dealing with childhood problems and one among such vital information's available in the form of *Vedana Adhyaya*. *Vedana Adhyaya* is very unique chapter, which explains method of assessment of the different problems of the newborn or the infant which does not able to express the sufferings of disease. This provides an information guide for the physician to help in early and accurate diagnosis. *Vedana Adhayay* is explained in *Sutra Sthana* of the *Kashyapa Samhita*, and it explains presentations of the child in common neonatal problems like pain, diarrhoea, constipation, ear pain, eye disorders, infectious disorders etc.

INTRODUCTION

As we know that Children should not be treated like little adults as there body physic, biochemical value, maturity status of the organs, functional capacity of

body greatly differs from the adults. Hence rules of adults cannot be reduced to half and applied for children. Dosage, procedure will be calculated as per the body weight and other criteria's. Similarly

the disease and disease presentation is also very typical in children. All the symptoms which are shown by the adults cannot be exhibited by the child due to paucity of the symptoms, decreased functional status, lack of awareness of the presentations and ignorance and inability to express. Certain symptoms are absent in children compared to adults due to immaturity of the immune system and other body systems as it occurs in case of Tuberculosis, Pneumonia, etc.

Hence the physician of *Kaumarbhritya* has been referred as *Nithya Dhukhita*, which means he has to work under great stress. These limitations do the work of physician of *Kaumarbhritya* more challenging. It is rightly quoted that, three person in the world will perform their duties with stress one being Physician of *Kaumarbhritya* while other two are *Dhatri* and the *Garbhini Stree*, because they have to take care of two person at a time. Biggest problem is even after these limitations parents/society expects to render the duty with perfection, without committing any mistakes as kids are emotionally connected with them.¹

As we know examination of the newborn, infants and toddler is quite difficult as they are less cooperative, their dependency on parents for food, security, and other basic requirements, not able to express the sufferings, paucity of the symptoms (especially neonates/infants),

can't protect themselves from any danger and there will be no anticipation capacity of outcome of the events and don't know the outcome any events. Mean while they also have delicate body which is less tolerable to food, medicine and stress.

They also have the underdeveloped structural parts (liver, spleen palpation, lungs capacity) and there will be quantitatively and qualitatively less formed *Doshas*. *Doshas* are underdeveloped with less integrated functional capacity. This is reflected by underdeveloped body tissues which most of the time changes the presentation of the disease. There will be more *Kapha* with relative decrease in other two *Doshas*.²

Most of the time we rely on parents, guardian, or anyone who is in close association with child and it is obvious that they are not 100% reliable. There may be error in understanding the exact suffering, either over presented, or under presented and many times it may be overlooked or under looked.

As mother is emotionally connected with child, chances of proxy syndrome/exaggeration are seen many of the time. Hence mother who is not medically trained also gives the information by inference based on certain activities of the baby that she is witnessed.

In the contemporary medical science, many times such situations are

handled either but trial and error method or the early investigations. Contemporary medical science gives very less importance, on expression of the child, body movements of the child, attitude and gesture, posture, decubitus of the child for the early diagnosis.

CLINICAL UNDERSTANDING OF VEDANA ADHYAYA-

The area where Ayurveda stood separate from other medical sciences that attempt to diagnose the disease of the child, with all limitations of examination. For this Kashyapa explained a separate chapter in *Sutra Sthana* of the Kashyapa samhita in the name of *Vedana Adhyaya*. This is Very important chapter of *Kashyapa Samhita* which is specially explained for *Avachasa shishu*³ that is those kids who are not able to express their suffering in words. This is unique concept and first of its kind and only explained by *Kashyapa*. This chapter includes certain points which help to understand the information yielded by general examination.

Vedana Adhyaya when analysed thoroughly we can find that certain points are given more importance. Posture of the baby, decubitus of the baby, abdominal movements of the baby, sleeping pattern of the baby, child Response to different sensations, change in response to the sensation (cold, hot etc), attitude, mood of

the baby, feeding pattern of the baby, excretion pattern of the baby, breathing pattern of the baby, crying pattern of the baby, behavioural pattern of the baby were considered as important parameters. In the examinations there will be examination of the sensory organs (Examination of smell/nose, touch/skin, taste/oral cavity, vision (Eyes), sound stimulus/ear), examination of the Motor organs, examination of speech/cry, examination of motor movements of the upper limb, examination of motor movements of the low limbs, assessment of excretory activities, examination of the genital areas (*Pancha Karmaendriya*), examination of involuntary movements (movement of the limbs towards the site of pain), involuntary movements of baby, movements of the limbs irrespective of any somatic/sensory stimulation and evidences of sudden spasm of smooth muscles of respiratory tract or sphincters etc.⁴

Simple observation of the baby yield many information's which helps to identify the underlying clinical problems. Observation of defecation and micturition habits, physical examination of the stool, urine, sweat etc gives valuable information regarding the disease. Abnormal head movements, Pain in different parts of the body specific to organs could be of important clinical value in diagnosis.

Certain pressure effects like eye closure in head disorders may also compel the physician to think about certain causes in the cranium leading to increased intra cranial tension. Certain symptoms like *Shawsa Krucchata* or difficulty in breathing will suggest certain conditions like reduced oxygen concentration in the blood. Bowel disorders like constipation, vomiting, *Anaha*, biting breast with abdominal pain etc can be also assted.⁵

Certain symptoms related to urinary disorders like urinary retention, incontinence, change in the flow; frequency etc can be also understood by close watching the symptomatology of the baby. In neonatal/infantile clinical practice maximum importance has to be given for observation before touching the baby. It is always advised to keenly observe the baby before touching the body. In case of *Aama* there will be appearance of child like a bathed child looks unbathed while unbathed child looks like bathed. Similarly abnormal facial movements can be observed In *Graha Rogas* of the child.

Baby having any type of pain typically shows sweating over the face as it is seen in *Shoola* which is due to sympathetic stimulation. Similarly, *Sthabda Udara* or the stiff abdomen will be seen in *Anaha* which can be taken as any abdominal distension. Similarly certain involuntary movements can be

appreciated by symptoms like *Osthadamsha* which is seen in *Graha Roga*.⁶

Similarly in certain hypersensitive disorders, or eruptive condition of skin there may be *Rakta bindu chitangasaya* or skin lesions as explained in insect bite. Mean while child is irritable in *Madatyaya* while yellowish decolourization will be seen in *Kamala*. There will be change in the abnormal abdominal counter in case of *Pandu* due to enlargement of spleen or liver. In case of *Visarpa* there will be *Raktamandalavat* reddish rashes over the skin.⁷

In case of ophthalmological problems in baby or *Chakshu Roga* there will be collection of sticky secretion over the eye lid (*Supthasaya cha Upalipayanthe*). This finding should further compel the physician to search for the other causes of *Netra Roga*. Similarly in *Shawsa* there will be *Shawasa Krucchta*, in Hiccup *Akasmath Maruthodagara*, and in *Anaha Vishala Stabda Nayana* will be seen. In case of *Apasmara* child shows sudden bouts of laughing (*Akasmath Attahasana*).⁸ In case of *Mutrakriccha* baby touches the *Basti* frequently which helps the physician to identify the site of pain. Similarly in *Prameha*, *Mutre Makshike Avakranthe* will be seen, and also the presentation like

Aksmath Mutranirgama, that is sudden passing of the urine.

Stiff and heavy body of the baby (*Sthaimithya*) is typical symptom of *Aama Dosh*a in child. Mean while observing the feeding habits of the infant/child is usually altered in most of the disorders. Information provided by mother also carries importance in this regard. Appetite may be increased, reduced or altered. Baby in case of *Mukha Roga* will have altered feeding in the form of vomiting and regurgitation (*Peetamudhgarati Kshiram*).⁹

In case of *Jwara* there will be sudden withdrawal from feeding (*Akasamath Stanya na Abhinandati*). Child in case of *Shoola* will have *Stanadwasha* or refusal to feed. Similarly in case of *Trishna* baby feels hungrier in spite of repeated feeding, while in *Alasaka* there will be total refusal to feed (*Stanyam Napibati*). In the feeding habits some time there may be tendency to take particular type of the food like, as in case of *Pandu* and *Kamala* there will be *Rudira Spruha*, which literally means that desire to drink the blood and should be understood as tendency to consume blood forming elements.¹⁰

Pain is one more common symptom in neonates and infants which helps to identify the different disease conditions. In case of *Visuchika*, there will be *Hrith Shoola* (pain in the chest area)

while pain in *Visarpa* is burning type of pain (*Daha*).¹¹ While pain in *Arsha* or *Guda Roags* are *Todavath* pain and in *Mutra Kriccha*, there will be pain while passing urine. In case of *Shoola* or different colicky pain conditions of or infantile colics there will be pain with cry and abnormal twisting and bending movements of the body. *Kantha Shotha* is usually associated with *Shiro Ruja* and *Chakshu Roga* is associated with *Netra Bhaga Shoola* and *Anaha* with *Parva Bheda*. In *Kanta Vedana*, there will be distension of abdomen and pain.

Similarly excessive salivation guides to identify many disorders like *Mukha Roga*, *Adhijihwika*, *Gala Graha*, *Kantha Vedana*, *Ardita* (deviation of one half of the face).¹² Similarly there will be certain abnormal deviations, asymmetric conditions and swellings in certain conditions which help in diagnosis. In *Adhijihwika*, there will be deviation of the face (*Mukha Vivruta*) while in *Pandu* there will be nail deformities). In case of *Jwara* there will be *Namayana* or abnormal bending of body parts. Abnormal Body postures are also seen in *Graha Roga*. In certain disorders the child assume certain typical postures as in *Shoola* it prefer to sleeps in supine position (*Uttana cha Avabudhyate*) with stiff abdomen voluntarily.

Certain conditions are associated with swellings in the body like in *Adhijihwika* there will be *Kapola Shwayathu* while in *Chakshu Roga* there will be *Netra Shotha*. Similarly *Nabhyasamatata Shotha* will be seen in chronic *Pandu Roga*. In case of Anaemia or *Pandu Akshikoota Shwayathu* or swelling around the orbital area is also evident.¹³

There are certain conditions where the sleeping patterns of the baby are altered. Some conditions like *Shirashoola*, *Karna Shoola*, *Aswapna*, *Chardhi*, *Atisara*, *Kandu*, *Graha Roga*. Similarly certain CNS related in the form of *Arati*, *Klama*, *Vyatha* are seen in *Karna Shoola* (*Arati*), *Mukha Roga* (*Vyatha*), *Madatyaya* (*Arati*), *Pandu-Kamala* (*Nirutsaha*), *Aama* (*Arati*, *Glani*), *Alasaka* (*Vishada*), *Unmada* (*Arati*), *Anaha* (*Atiklama*), *Atisara* (*Arati* and *Mukha Glani*) and in *AdhiJihwika* as *Arati*, *Glani*.¹⁴

There will be alteration in appetite of the baby in certain clinical conditions like, in *Karna Shoola* (*Arochaka*), *Kanthavedana* (*Aruchi*), *Adhijihwika* (*Aruchi*), *Gala Graha* (*Aruchi*), *Kantha Shotha* (*Aruchi*), *Pandu* and *Kamala* (*Nastaagni*) and in *Pandu* (*Agnisada*) and *Aama* (*Aruchi*), *Visarpa* (*Aruchi*) and *Jwara* (*Aruchi*).

Mean time In some condition pain will be the striking symptom like in *Shira*

Shoola there will be cry with irritation (*Avakuajna*) in *Karna Shoola* there will be *Shiro Bhrama* and in *Kantha Vedana Ardita* (facial palsy), and in *AdhiJihwika* there will be *Mukha Vivrutha* (Nerve compression symptoms). Certain CNS symptoms causing the change in the consciousness level of the baby is also evident in many conditions, which should be very carefully analysed. In case of *Prameha* or the inborn and acquired errors of the metabolism, there will be *Gourava*, *Jadya* as the primary symptom, which helps to screen the metabolic errors of the child at the earliest. Similarly in case of eye problems there will be *Dristhi Vyakulata* will be there.¹⁵ In case of *Madathyaya* or any other withdrawal syndromes *Bhrama* and *Moorcha*, *Udwega*, *Vitrassa* are common. Similarly in *Graha Roga* one can witness many CNS symptoms with alteration of the consciousness.

Unmada or the mania conditions of the body which can leads serious neuropsychological manifestations in future can be asessed at the earliest by looking at symptoms like *Vaichithya*, *Pralapa* (irrelevant talk). Similarly in case of anal disorders of the child which are quite rare in children except congenital malformations and midline defects can be asessed by symptoms of *Arsha* which can be

presented as stool mixed with blood, and there will be *Guda Nishpeedana*.¹⁶

In *Ashmari Saraktha Atimutrata*, is one of the striking symptom and this should help as guide line for diagnosing many urological conditions with haematuria.

Mean while in case of *Anaha* there will be retention of the stool and *Mutra*. When there is alteration in the bowel habits either increased or incontinence of stool, which can be referred as *Vatakarma Nivruthi* (failure to withhold the stool) can be examined under the heading of *Atisara*. Mean time the typical respiratory distress syndrome ranging from minor to major severity can be assed by analysing the symptoms of *Shwasa*. *Nasa Shwasi* (Predominant nose breathing (neonates are compulsive nose breathers) which is seen in *Peenasa* or upper respiratory tract disorders. When severity is more as in acute respiratory disorders it is referred as *Shawsa Krucchata*.¹⁷ Rapid breathing leading loss of temperature from the body is evidenced by symptoms like *Uraso Ushnatwa*. This should be considered as guide line for diagnosing all breathing difficulties in child. Rapid breathing in *Shwasa* as mentioned may the diagnosing sign of the Pneumonia in children.

Assessment of change in the temperature is one more important diagnostic criteria of many disorders. As in

case of *Jwara* there will be hot forehead (*Lalata Abhitapyate*) and *Ushantwa* all over the body. *Jwara* with increased body temperature will be also seen in case of *Kantha Vedana*, *Galagraha*, *Kantha Shotha*. Nasal respiration with hot forehead is also seen in *Peenasa*.¹⁸ In case of *Uroghata* rapid hot breathing is evidenced. In case of *Shwasa* there will be expiration with hot air rapid breathing. Certain changes and decolourisation of body parts like sclera is evidenced in *Kamala*. With yellowish decolourisation of *Chakshu*, urine and the stool, which points towards the diagnosis of disorders related to hepato-billary system. Prominent Paleness in the Conjunctival area is seen in case of profound anaemic cases, which is referred as *Shweta Akshi*.¹⁹

Vomiting and regurgitation is one of the common problems in neonates and the infants. This will be seen as *Peeta Udhgarathi Ksheera* in *Mukha Roga* and can be considered as regurgitation. Similarly *Animitta Abhikshnam* is seen in *Chardhi Roga* which can be diagnosed as new born causes of vomiting and regurgitation or can be also considered as vomiting due to aerophagia. This can be also considered as *Akasamat Marutodgara* as explained in Hiccup and there will be expulsion of the milk along with air.

Crying is one of the most important presentations in many disorders of the

child. In most of the problems especially which cause pain, discomfort, irritation or itching like over sensation, will be presented as cry only by the children. In case of *Ashmari* or any other obstructive conditions for urinary flow will be presented as *Satata Rodana* or continuous crying especially while voiding the urine. Any conditions with pain specially the abdominal colic will be presented as intermittent crying and fisting. In *Graha Roga*, intractable, high pitched cry will be seen which is inconsolable and referred as *Pratata Rodana*. In any condition which cause irritation and hypersensitive reaction and cause itching and child may cry out.

Similarly one physical binding in newborn is haematuria. This is seen in *Ashmari* where there is *Atimutrata* with blood. While excess passing of urine without haematuria is seen in *Prameha* or different metabolic errors. Sudden passing of urine and ants will be attracted towards the urine is also seen in *Prameha*. But *Mutra Kriccha* will be presented as *Mutra Kale cha Vedana*, Touches the *Basti* area frequently that is there will be acute pain while voiding with baby frequently touching the bladder area. Similarly *Anaha* there will be Retention of the urine.²⁰

Similarly excessive yawning is one more physical observation in neonates. In case of vomiting with fluid loss may leads yawning like symptoms as explained in

Chardhi. Similarly *Alasaka* which is *Mandagni* condition with collection of *Aama* may also leads to yawning and reduced bodily activities of the child. Excessive yawning is also seen in *Graha Rogas* suggesting the probable involvement of the central nervous system. In *Kantha Shotha Kandū* in *Kantha Pradesha* (internal) will be found.²¹ Rubbing of particular part of the body is another important observational finding in infants. In case of hypersensitivity disorders there will be continuous rubbing and this will be referred as *Satata Kandū*. *Kandū* may be with dry itch or wet itch. Anyhow presence of this symptom will helps to patient to find out different allergic, hypersensitive and the insect bite, animal bite like causes.

One of the most common causes of sudden itching and continuous cry in otherwise normal child especially in night hours is suggestive of insect bite which is referred as *Keeta Damsha*. Child in case of electrolyte imbalance and dehydration in the beginning will be presented with excessive intake of the fluid and not satisfied by repeated feeding. Neglected *Trishana* may leads to deterioration with consciousness alteration. In this case, along with *Pipasa* dryness of the oral cavity and absence of tears on crying will be also seen. One of the common tendencies in children is to remove the

cause of pain. So when there is earache child frequently touches the ear, in headache it touches head, in abdominal pain it touches the abdomen, in bladder pain it touches the bladder and so on. This is quite beneficial to physician to have an idea for site of the pathology and to think further possibilities.

Let us discuss about certain important and interesting findings in the baby which is explained in *Vedana Adhyaya* and its interpretation as guide line for the diagnosis of many problems in early childhood. One of the finding is Bathed child looks unbathed and vice versa. Definitely this arises the question how it is possible and what is its significance. This symptom is explained in *Aama* and this is quite difficult to explain.

As we know that *Aama* is the root cause of many disorders and *Aama* will give the bad smell and dirty appearance. *Aama* leading to *Kaphavridhi* and *Agni Mandhya* and become the root cause for many disorders. There will be collection of the abnormal metabolic waste in the body. *Guruta*, *Snigdhatata*, *Pooti Gandha*, Stickiness of the *Aama* may leads to an error in outlook of the child.²² More importantly when we consider the *Aama* as abnormal metabolic waste, we need to look in acquired and inborn errors of metabolism. Early identification of the *Aama* helps in early identification of the

inborn errors of metabolism as they are quite common in children. We also know that different metabolic errors leads to different colours in the urine and also when collected over the skin surface. This may impart an odd look in the baby. So at times child looks unbathed although it is bathed and vice versa. We also find similar type of presentation in *Mukhamandika Graha* like *Pani Padasya Ramaneeyata Jyothisha eva Darshana* and *Srimad darshana Lochana* in *Kshyaja kasa*. This should be taken as guide line for early identification of inborn errors of metabolism in newborn and infants. Early detection of metabolic errors carries good prognosis in certain conditions.²³

One more symptom which is mentioned in *Vedana Adhyaya* is related to *Pandu* and *Kamala*, where it says child is interested to drink the blood. This abnormal feeding behaviour is also difficult to explain. Rather this should be understood in a different way. As we believe in *Loka Purushavada*, *Rakta* from Outside when taken in side will leads to increase in *Rakta* of the body. In this situation it is blood forming elements like vitamin C, folic acid, vitamin B12 etc should be taken as blood forming elements and child has got increased tendency to consume it. Similar type of presentation is also seen in *Rakta Kshaya* where patient

exhibit *Amla Preeti*,²⁴ which is nothing but Vitamin C supplementation.

One more special symptom which is mentioned in *Jwara* is hot forehead with relatively colder extremities. As we know in case of newborns the cranial circulation is always more compared to rest of the body and forehead preferably hotter than other part of the body in normalcy also. But in case of fever, there will be increase in core temperature with relative decrease in peripheral temperature. Mean time in newborn temperature distribution mechanism is also not well developed due to immaturity of the temperature regulation and distribution system. There may be certain reflex vascular phenomenon leading to sudden hemodynamic changes in body. At time inadequate feeding leading to fluid deficiency may also leads to irregularities in temperature distribution. Similar presentation we will also see in *Sheeta putana Graha* where one half of the body is cold while other half of the body is hot. This can be considered as core and peripheral temperature differences as it occurs in hypovolemic shock. Forehead is relatively hotter than other part hence the cold sponging will be most commonly done over the forehead area.

In *Vedana Adhyaya* one of the diseases mentioned is *Madatyaya* which arouse many questions in the mind of

physician. How come small child will be victim of *Madatyaya*, without apparent history of intake of *Madhya* or the alcohol, and also it looks impossible. But again this should be understood in different prospective. Pregnant lady who is consuming the alcohol or any other narcotics during the antenatal period may leads to certain adverse effects to foetus in the form of foetal alcohol syndrome and child may be facing the its sequel in Childhood. Mean while consumption of the narcotic derivatives, psychotic drugs, etc by the pregnant lady may leads to certain problem similar to *Madatyaya* in child. Similarly certain sedative drugs taken by the mother during postnatal period may also pass through the breast milk and can cause the *Madatyaya* like symptoms. Certain withdrawal symptoms may also cause similar presentations like in pyridoxine withdrawal etc.²⁵ Toxic dose of antiepileptic treatment and other narcotics to the child may also leads to similar presentations. The other hypnotics, benzodiazepams etc or over doses of *Ahiphena*, *Dattura*, *Vatsanabha* etc may also cause similar presentations. Hence the disease *Madatyaya* should be taken in wide perspective to understand this.

One more symptom explained in *Vedana Adhyaya* which need elaborate analysis is that a normal child doing well during day time is not sleeping and crying

throughout night. Neonate crying at night hours is a common finding due to In utero phenomenon. Such night and evening bouts of crying is also possible due to evening colic. Neonate and infant cries during night due to feeding irregularities also and also due to feeling of hot or cold. Night crying when seen pathological consideration, certain congenital cardiac problems may cause dyspnoea and discomfort and crying in baby when it lies in horizontal position. As thymus remain enlarged in babies on lying down it may irritates the trachea and larynx and may cause crying in baby. But sudden bouts of crying in otherwise normal child, which evoke the suspicion of certain sudden allergic or hypersensitive reactions due to contacts with irritatives, toxins, insect bite or some other causes.²⁶ In *Vedana Adhyaya* the Insect bite has been mentioned as example. We need to infer many of such causes in case of sudden crying at night.

One more interesting symptoms/obsevation is ants are attracted towards the urine voided by the child. In Ayurveda this is mentioned as *Poorvaroopa* of disease *Prameha* and *Vedana Adhyaya* also mentioned same under *Prameha*. But in infants and newborn, as renal functions are not up to the mark, physiological renal glycosuria is quite common, which should not be over

diagnosed. Colour, smell, taste, ph and the specific gravity of the urine will go to alter in many metabolic disorders as undigested, toxic metabolic wastes including nitrogenous materials are excreted through the urine. This is evidenced in Phenyl ketonuria, mapple syrup syndrome, Alkaptonuria etc. Hence passing of glucose in urine should alert certain inborn errors of carbohydrate metabolism like galactosemia, glycogen storage disorders etc.²⁷

Vedana Adhyaya also gives much importance for voiding method of the child. It is mentioned that *Satata Rodana* is seen in *Mutrakriccha*. That is continuous crying during the passing of urine is seen. This can be possible due to obstructive or infective conditions of the urinary tract. Certain congenital anomalies of the urinary tract may also leads to this. In such conditions history of oligohydroamniosis, other congenital problems like epispadaisis, tiny urethral opening has to be enquired. Normally baby cries during voiding urine (Before–at–After) which is quite physiological and this should be differentiated. At time burning sensation while voiding may also cause crying in baby.

One more common finding we see in children that the child usually touches the site of pain or discomfort frequently. This is the natural tendency of the baby to

remove the cause of pain. In headache baby touches the head/close the eyes while in earache or the otitis media like conditions frequently touches the ear. Anal itching, baby touches the anal area frequently. During abdominal pain baby makes the abdomen stiff and beats the thighs against the abdomen with frequent touching. Some time child assumes typical position when there is pain. *Udara Stabdhatta* which is mentioned in *Anaha* where the child Keep the abdomen stiff (movement cause the pain). Assume certain posture like knee chest position in cyanotic cardiac disorders to minimise the discomfort, while keep the chest stable in pleurisy and in meningitis it keep the spine stiff as movement causes the pain. Many times deep respiration is converted into shallow respiration to avoid the painful conditions of the chest.

Observing the rate of respiration is important physical examination in baby and this carries much more importance in neonatal examination. There may be apnoea where there is pause in respiration, gasping, or bradypnoea like conditions. In contrary there may be increased respiratory rate of the baby which helps in early diagnosis of the pneumonia, or other respiratory distress syndromes. Decreased respiratory rate may be suggestive of collapsing/ventilation problems. Foreign body inhalation causes dyspnoea with

choking. During feeding or breathing problems with mild activity may have suggestive of in congenital cardiac problems. In *Vedana Adhyaya* certain words like *Shwasa kricchata*, *Uraso Ustnatwa*, etc. are mentioned and should be understood likewise.

One more interesting observational finding mentioned in *Vedana Adhyaya* is child/baby is not responding for pampering by mother. This has been mentioned as early presentation of the *Aama*. Baby will not stop crying in spite of pampering and feeding. Physician should think that if this happens cause is not related to simple emotional, functional, fear complex related, Hungry related pathologies rather there is a definite physical problem that baby is suffering. Cause may be related to CNS causing certain involuntary actions which is out of baby control. Any way this is mentioned in relation to *Aama*, so early digestive and metabolic error should be identified, as later *Aama* may leads to serious disorders So Irritable, restless, less feeding, less sleeping child, more crying child should evaluated for certain metabolic error in the child.

One more important finding which is mentioned is swelling around the abdomen. The word mentioned in classics is *Nabhya Samantata Shotha*. This should be considered in broad perspective that, a swelling will going to cross the *Nabhi*

Pradesha. As we know Splenic swelling usually cross the midline and pass through the umbilicus and may reach up to right iliac fossa. This is possible in massive splenic swellings, which is most commonly seen in children with congenital and hereditary hemolytic disorders. Thalassemia, sickle cell anaemia, spherocytosis, metabolic errors may be cause of same. So anaemia, loss of appetite with massive splenomegaly is typical finding of hereditary hemolytic anaemia, and it is rightly included under *Pandu* in *Vedana Adhyaya*.²⁸

In *Vedana Adhyaya* there will be mentioning of certain abnormal behavioural symptoms like *Pralapa*, *Udwignata*, *Osthadamshan*, *Akshamath Attahasana*, Abnormal behaviours in *Graha Roga* etc. These symptoms when present for more than a week or month should be seriously considered as these may acts as early markers of cerebral palsy, autism spectrum disorders, attention deficit disorders, learning disorders and different stages of mental retardation.

CONCLUSION-

Finally it is concluded that the concept of *Vedana Adhyaya* can be well adopted in the present day Pedaitric clinical practice and symptomatology explained may serve as useful method for

diagnosis of certain neonatal, infantile and toddler disorders. Keen observation of the child as explained in *Vedana Adhyaya* also helps in early identification of certain disorders and helps in early intervention and serves as screening method. *Vedana Adhyaya* serve as guide line for early diagnosis of certain hereditary, neuro-developmental and neuro behavioral disorders, and hereditary hemolytic disorders which can be diagnosed early to prevent the complications.

REFERENCES-

1. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Vimana Sthana 1/10, P 89.
2. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Chikitsa Sthana 58-62, P 217
3. Meharban Singh, Pediatric clinical methods fifth edition, CBS publishers and distributors pg 31-52.
4. Charaka Samhita, edited by R. k. Sharma, Bhagwan Dash Vol. I, Choukhmbha Sanskrit Series, Varanasi, Sutra Sthana 30/8.

5. Kashyap Samhita, edited by Shri Satyapal Bhishagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra Sthana 25/6-49. P. 34.
6. Kashyap Samhita, edited by Shri Satyapal Bhishagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra Sthana 28/3-49. P. 68-82.
7. Kashyap Samhita, edited by Shri Satyapal Bhishagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra Sthana 25/1. P. 34.
8. Charaka Samhita , edited by R. k. Sharma ,Bhagwan Dash Vol. I , Choukhmbha Sanskrit Series, Varanasi, Vimana Sthana 8/59 page no. 1062.
9. Robert M. Kliegman. Nelson textbook of pediatrics. Saunders publication. 17th edition, P.2012.
10. Kashyapa, Vriddhajivaka, Vatsya, Kashyapa Samhita, English translation and edited by PV Tiwari, published by Chaukhambha Vishvabharti, Varanasi, 1st edition, 1996, Introduction- p17
11. Kashyapa, Vriddhajivaka, Vatsya, Kashyapa Samhita, English translation and edited by PV Tiwari, published by Chaukhambha Vishvabharti, Varanasi, 1st edition, 1996, Introduction- p 8
12. Kashyapa, Vriddhajivaka, Vatsya, Kashyapa Samhita, English translation and edited by PV Tiwari, published by Chaukhambha Vishvabharti, Varanasi, 1st edition, 1996, Introduction- p 33
13. Kashyapa, Vriddhajivaka, Vatsya, Kashyapa Samhita, English translation and edited by PV Tiwari, published by Chaukhambha Vishvabharti, Varanasi, 1st edition, 1996, Introduction- p 33
14. Kashyapa, Vriddhajivaka, Vatsya, Kashyapa Samhita, English translation and edited by PV Tiwari, published by Chaukhambha Vishvabharti, Varanasi, 1st edition, 1996, Introduction- p 33
15. Kashyapa, Vriddhajivaka, Vatsya, Kashyapa Samhita, English translation and edited by PV Tiwari, published by Chaukhambha Vishvabharti, Varanasi, 1st edition, 1996, Introduction- p 33

- Varanasi, 1st edition, 1996, Introduction- p 33
16. R Vidyanath, K Nishteswar, A Handbook of History of Ayurveda, 1st edition, 2004, published by Chowkhambha Sanskrit Series Office, Varanasi, p 93
 17. Dr. Deepshikha, Kashyapa Samhita: A review of history & its contribution to Kaumarbhritya, International Journal of Ayurveda and herbal Medicine, 2014, 4(5): 1569-1578
 18. Dr. Deepshikha, Kashyapa Samhita: A review of history & its contribution to Kaumarbhritya, International Journal of Ayurveda and herbal Medicine, 2014, 4(5): 1569-1578
 19. Fanaroff and Martin's Neonatal-Perinatal Medicine, Diseases of the Fetus and Infant (Current Therapy in Neonatal-Perinatal Medicine) by Richard J.Martin, Avroy A. Fanaroff, Michele C. Walsh, eleventh edition published in July 2019, 2ed Volume, page no. 453
 20. Pediatric Disorders: Current Topics and Interventions for Educators, by McCabe, Steven R. Shaw, third edition published in April 2010, page no. 231
 21. Zitelli and Davis' Atlas of Pediatric Physical Diagnosis, by Zitelli, sixth edition published in April 2012, page no. 751
 22. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra Sthana 25/6-49. P. 52.
 23. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra Sthana 28/3-49. P. 72-82.
 24. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra Sthana 25/1. P. 39.
 25. Nelson Essentials of Pediatrics, by Karen Macdante, Robert M. Kliegman, O P Misra, Shankuntla Prabhu, Surjit Singh, First South Asia Edition published in September 2016, page no. 956-957
 26. Guyton & Hall Textbook of Medical Physiology, by Mario Vaz, Anura Kurpad, Tony Raj, Second South Asia Edition published in July 2016 page no. 675

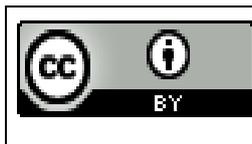
27. Guyton & Hall Textbook of Medical Physiology, by Mario Vaz, Anura Kurpad, Tony Raj, Second South Asia Edition published in July 2016 page no. 674
28. Kashyapa, Vriddhajivaka, Vatsya, Kashyapa Samhita, English

translation and edited by PV Tiwari, published by Chaukhambha Vishvabharti, Varanasi, 1st edition, 1996, Introduction- p 26

How to Cite this Article- Gupta L., Chugh K., Shrinidhi K. K., Clinical Understanding For Concepts Of Vedana Adhyaya Of Kashyapa Samhita With Special Reference To Neonatal And Infantile Examination. TUJ. Homo & Medi. Sci. 2022;5(3):60-75.

Conflict of Interest: None

Source of Support: Nil



This work is licensed under a
Creative Commons Attribution
4.0 International License

