

RETROSPECTIVE CONCEPT OF DHATRI THEN IN AACHARYAS TIME & NOW UNDER WHO

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ABSTRACT

Ayurveda, the native healthcare system of India, is a rich resource of well-documented ancient medical knowledge. In ancient science of Ayurveda, the concept of dhatri (wet nurse) is stated by many Acharyas as Charaka, Sushruta and Kashyapa. In deficiency of breast milk, the concept of dhatri- a wet nurse – to feed the baby gains its importance. Breastfeeding is well known, a Nature's gift and is the best nutrition for Human Infants even for Animals. There are several problems in motherhood so in such cases there is an alternative source for breastfeeding is mentioned by Acharyas. This is due to the fact that baby should not be supplemented with food but also be provided with an affection, by experienced and nurturing support. The best food for baby whose mother cannot breastfeed, should get milk expressed from the mother's breast or from any other healthy female. In Ayurveda Acharyas have described some characteristic features which are needed

to be considered for selecting the Dhatri. These features are of grave importance for the child. WHO on the other hand understands the concept of same for the care of baby. Understands the care of Infant from the birth to complete development of body in all segments let it be development, cultural adaptation, care in Prematurity, low birth weight, Growth and failure to thrive by the use of Caregiver, qualities of whom resembles to the qualities and responsibilities of Dhatri stated in Ayurveda. In today's world, there's one more advancement through which we can preserve mother's breast milk and form milk bank and formula feed for baby. But it lacks love, care, and nutritional values when compared to Breastmilk. So the purpose of this study is to review the concept of ancient Dhatri and Modern day Care

Givers seeking the characteristic features.

KEYWORDS: Dhatri, Ayurveda, Who, Care Giver, Wet Nurse.

INTRODUCTION

Breastfeeding is only natural mode designed whereby Infants get the nutrition, immunity and nurturing required for growth and development. If the mother does not have enough breast milk or if she is sick and /or her milk is grossly vitiated, in that case; Dhatri, A wet nurse must be required. In this situation human milk is replaced by human milk. In Ancient Times, it was better to employ a wet nurse as no other milk can be compared with mother's milk for proper growth and development of the child. In Ayurvedic context Our Acharyas has significantly described The formation of Stanya (breast milk)^[1] Causes of Stanya Pravrutti (or milk ejection)^[2], Dhatri (wet nurse)^[3], Dhatri-Pariksha (examination of wetnurse)^[4], Stanapan-Vidhi (breastfeeding)^[5], Stanyasampat (merits of breasts)^[6], Stanyanasha Hetu (causes of cessation of milk formation)^[7], Stanyaviridhi Dravyas^[8] (drugs increasing quantity of milk), Stanya Apanayakala^[9] (weaning period), abnormalities of breast-milk and its treatment, etc. are discussed in detail.

WHO also states like Children whose care is disturbed or distorted in some way, are at risk of not receiving sufficient nutrition, being subjected to stress, not growing well, not being psychologically stimulated and of developing malnutrition. Warm and responsive caregiving is now known to extend some protection to children in otherwise adverse situations.^[10]

Materials & Methods Source of Data

Many databases including Ayurvedic text books, Modern text books, WHO website, Pub med, Research Gate, Review of previous articles and API will be reviewed with the key words like Dhatri, Ayurveda, Who, Care Giver, Wet Nurse.

As Per Ayurveda Acharyas they had stated certain qualities for Dhatri.

अतो धात्री परीक्षाम् उपवेक्ष्यामः । अथ ब्रूयात् - धात्रीम् आनय समान वर्त्तां यौवनसथां ननभृतानां
अनातुराम् अव्यङ्गाम् अव्यसनाम् अनवरूपां अजुगुप्सितां देशे जातीयां अक्षुद्रां अक्षुद्रकममर्षीं कुले
जातां वत्सलां अरोगां जीवद् वत्सां पुं वत्सां दोग्धीं अप्रमत्तां अनुच्चारशानयनीं
अनन्त्यावसानयनीं कुशलोपचारां शुनचां अशुनच द्वेनिर्णीतं स्तन स्तन्य सम्पद् उपेतां इतः ।

(च.शा.८/५२)^[11]

ततो यथावर्त्तां धात्री ंउपेयान् मध्यम प्रमार्त्तां मध्यम वयस्त्तां अरोगां शीलावती ं
अचपलां अलोलुपां अकृशां असथूलां प्रसन्न क्षीरां अलम्ब ओष्ठी अम्लम्ब ऊर्ध्व स्तनी ं
अव्यङ्गां अव्यसनननी ंजीवद् वत्सां दोग्धी ंवत्सलां अक्षुद्र कममर्त्तीं कुले जातां अतो भूनयष्ठः
गुरुः अप्सितां श्यामां आरोग्यां बलवृद्धये बालस्य। (सु.शा.१०/२५).^[12]

SAMANA VARNA – It refers to the same caste and the religion.

AUVANASTHAAM – The dhatri should be a middle aged adult. If the dhatri is a young girl, she will not be responsible enough to take care of the child nor can she give desired love and affection to the child.

NIHBRUTAAM – Dhatri should be trust worthy woman.

ANATURA – Dhatri should be healthy and devoid of any disease. If she is diseased she may be mentally and physically upset, lacking energy and enthusiasm.

AVYANGAM – Shouldn't have deficit body parts, she shouldn't be handicapped, this points towards physical completeness and fitness.

AVYASANAM/ NIRVYASANA – Dhatri should be devoid of bad habits like smoking, drinking alcohol etc.

AJUGUPSITAM – Devoid of bad character, shouldn't have a character which is disguised. Ajugupsita also mean a woman who doesn't get annoyed, frustrated easily. The which she taking care of would sometimes be diseased, irritated, agitated, mischievous, cranky etc. In such conditions dhatri shouldn't lose her temper and remain calm.

DESHA – JATEEYAM – Should have been born in the same region, place in which the child is born or which the child belongs to. If the dhatri is from the different region her lifestyle, attitude, behaviour, language etc may not be compatible.

AKSHUDRAM – Dhatri shouldn't be wild wicked or witch.

AKSHUDRA KARMINI – Dhatri shouldn't be a woman who carries black magic.

KULEJATAM – Should have been born in a good and noble family.

VAATSALAM – Dhatri should have the ability to impart love, concern, affection, sympathy, care, security to the baby.

JIVAT VATSA – Dhatri should have a living child, preferably should have a living male child.

DOGDHREE – Dhatri with good amount of breast milk is selected. She has to feed her baby and also to other babies. Child is only dependent on breast milk, so she should feed the baby on demand. She should take Stanyavardhaka Ahara.

ANUCHARASHAYANEE – Shouldn't have habit of excessive or over sleeping. Baby may be neglected, especially at night hours. Personal care of the baby is not possible. May be injurious to the baby at times.

KUSHALOPACHARA – Well versed in child health care and nutrition. Can handle certain emergencies in day to day routine.

SHUCHIM ASHUCHI DWESHINEE – Dhatri should be clean and a woman who loves to keep her surroundings clean.

STANA STANYA SAMPAT/ BAHUKSHEERA – Dhatri should have large breasts and also should be producing large quantities of breast milk which would be sufficient for the nutrition of the child. She should be without any mechanical problem of feeding like retraction, inversion and stanadoshas.

BRAHAMCHARANI – She should not indulge in illegal sexual activities during the time of lactational period.

KSHYAMA STREE – Dhatri of black coloured complexion is good and appreciated. She should not be excessively black then it becomes ashtanindit doshas. Factors related with vitamin D production, relationship with melanocyte stimulating hormones, pituitary and pineal glands, with breast milk secreting hormones need to be evaluated.

WHO Concept Of Care-Giver / Wet-Nurse

As per WHO^[13], Nearly 11 million children died before reaching their fifth birthday in the past year. Almost 40% of these children die within the first month of life. Millions of children survive but face diminished lives, unable to develop to their full potential. Poor nutrition and frequent bouts of illness limit the young child's opportunities to explore the world during a critical period for learning basic intellectual and social skills. Often neither the caregiver nor health personnel are aware of what to do to prevent or lessen the worst effects of illness, nor how to provide compensatory experiences to get the child's growth and psychological development back on track.

To sum this up WHO came up with certain requirements of abilities for the caregiver which can help to improve status of the children

■ Sensitive and responsive caregiving is a requirement for the healthy neurophysiological, physical and psychological development of a child^[14] - To ensure the child's health and growth, caregivers need to be sensitive to the physical state of the young child, to be able to judge whether the child is hungry, tired, needs toileting, or is becoming sick. Responsive caregivers are able to make these judgements because they monitor the child's movements, expressions, colour, temperature, and the like. By continuously taking account of the child's response, they are able to adjust their own actions to achieve an optimum outcome – for example, to comfort the child's fretfulness, put the child to sleep, and encourage the child to feed when ill. In addition, the capacity of infants and young children to cope with biologically challenging conditions, including low birth weight and illness, is dependent on the ability of caregivers to adjust their caregiving to the special needs of the child.

■ Inadequate, disrupted and negligent care has adverse consequences for the child's survival, health and development^[15] – The quality of caregiving relationships has an impact on children's health and development. These effects occur because children, whose care is less than adequate or whose care is disrupted in some way, may not receive sufficient nutrition; they may be subjected to stress; they may be physically abused and neglected; they may develop malnutrition; they may not grow well; and early signs of illness may not be detected.

■ Factors directly affecting the caregiver and child, as well as underlying social and economic issues, influence the quality of caregiver^[16]-child relationships. Barriers to the natural emergence of a caring relationship disrupt the care a child needs. Caregiver mood and emotional state are critical determinants of caregiver behaviour, for example, with

consequences for the child's health and development. Studies of maternal depression illustrate how self pre occupation and a negative mood can disrupt caregiving. Faced with chronic stress or anxiety, the caregiver may withdraw from her infant and become inattentive to the child's physical and psychological states. With a lack of attention and poor surveillance.

■ The link^[17] between the qualities of the caregiving relationship and the child's survival and health, in addition to psychosocial development. The strongest empirical evidence on the importance of sensitive and responsive caregiving is from developed countries, where the greatest effects have been demonstrated in school performance and later behavioural outcomes.

Research priorities^[18]

The review exposes several areas of much needed research, including on

- The nature and determinants of child care by caregivers in poor communities, especially in developing countries.
- The link between the qualities of the caregiving relationship and the child's survival and health, in addition to psychosocial development.
- The effectiveness of interventions in changing the basic skills in caregiving and the qualities of the caregiver-child relationship.

CONCLUSION

From an ancient era to the present era there are lots of changes (in the absence of mother and mother's milk) that occur in the nourishment of baby from mother milk. But there is no other food that gives full nourishment to the baby as mother milk, In ancient time Acharyas knows very well and aware about newborn baby nutrition. In case If mother did not feed in adequate quantity, if mother had disease, or if mother died. They solved problem of feeding and care of newborn as arrangement of Dhatri. Same has been forwarded by WHO stating importance and qualities of caregiver along with The impact of Dhatri and Caregiver-child interactions on the development and health of children improves the Child development outcomes initiates for Follow-up studies from early interactions, Saves child from Psychopathology and child abuse, Provides Institutional care, Improves Child health outcomes, Saves Premature and low birth weight babies, Growth and failure to thrive and Malnutrition in the absence of mother. Seeking this all we can conclude saying might be the terms explained by the different systems the Retro perceptive or Looking Back or Seeing Front both the Pathies want the survival of the children even in absence of the Mother with said conclusions.

- Sensitive and responsive caregiving is a requirement for the healthy neurophysiological, physical and psychological development of a child.^[19]
- Infants and caregivers are prepared, by evolutionary adaptation, for caring interactions through which the child's potential human capacities are realized.^[20]
- Inadequate, disrupted and negligent care has adverse consequences for the child's survival, health and development.^[21]
- Factors directly affecting the caregiver and child, as well as underlying social and economic issues, influence the quality of caregiver-child relationships.^[22]
- The link between the qualities of the caregiving relationship and the child's survival and health, in addition to psychosocial development.^[23]
- Nurturant caregiver-child relationships have universal features across cultures, regardless of differences in specific child care practices.^[24]

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