

## NAVJAAT SHISHU PARICHARYA (NEONATAL CARE) IN AYURVEDA: A REVIEW

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### ABSTRACT

*Kaumarbhritya* is one of the branches in *Ashtang Ayurveda* which deals with care of infant, children; their disease and management. *Navjaat Shishu paricharya* (newborn care) has been mentioned in both *Ayurvedic* and modern texts. Following the delivery of the baby through the mother's vaginal canal, medical practitioners should follow these fundamental procedures. In *Ayurveda* texts *Acharyas* stated full description to care of new born from birth to full stability of new born. Different *Acharyas* advised various procedures for the stability of new born with a few differences in options regarding the sequence of that procedure. *Ayurveda* mentioned very scientific approach toward newborn care as *jatamatra paricharya*, means protocol. Neonatal period is very crucial phase of life. One has to provide systemic, luxurious and so phisticated neonatal care. This article deals with the various procedures advocated for early and specified management of

newborn as per *ayurvedic* samhitas like *Charak Samhita*, *Sushruta Samhita*, and *Ashtang Hridaya* and modern texts appellated as resuscitation procedures. The materials were collected from the classical *Ayurvedic* texts, pediatric textbooks, magazines and research journals. The measures care of new born described in our ancient texts indicate their wisdom regarding resuscitation, prevention of hypothermia, aspiration and infections and promotion of rooming in and early initiation of breast feeding.

**KEYWORDS:** *Navjaat Shishu paricharya*, resuscitation, hypothermia, neonatal protocols, care of the newborn, *jatamatra paricharya*.

## INTRODUCTION

Newborn care is extremely critical phase of life. This period is foundation of adult human life. Neonatal care is, therefore, very important area of health practices and practiced across the world since ancient time of human civilization. The difference in practices is because of difference in geographical conditions, climatic difference and evolution over period of time. Most of the traditional newborn rearing practices were adapted from ancient health system of *Ayurveda* which has explained the newborn care in sequential way. *Kaumarbhritya* is one of the eight branches of *Ayurveda*, formed by two word's Kumar and bhritya, branch which deals with the care of children, their diseases and respective treatment is called *Kaumarbhritya*. Acharya Charak placed *Kaumarbhritya* at 6<sup>th</sup> position in *Ashtang Ayurveda*. Acharya Sushruta placed *Kaumarbhritya* at 5<sup>th</sup> position in *Ashtang Ayurveda*. Acharya Vagbhata placed *Kaumarbhritya* at 2<sup>nd</sup> position Acharya Kasyapa Placed *Kaumarbhritya* at 1<sup>st</sup> position. The subject matter of this branch is available primarily in *Sharir Sthana* and *Uttar Tantra* of treatise comprising *Brihat Trayi*. It also includes neonatology, amongst which care of newborn (*Navjata Shishu Paricharya*) is described in detail. In *Ayurveda* texts Acharyas stated full description to care of new born from birth to full stability of new born. Different Acharyas advised various procedures for the stability of new born with a few difference in option regarding the sequence of those procedure.

## AIMS AND OBJECTIVES

- 1) To review and evaluate the importance of *Navjaat Shishu paricharya*.
- 2) To discuss the scientific background of *Navjaat Shishu paricharya*.

## MATERIALS AND METHODS

Data and information collected from different references from the different kinds of journals, articles, papers and websites, research papers, dissertations and thesis from different institutes. Reference and text books on pediatrics and neonatology, *Ayurveda Samhitas* and related texts, other electronic media sources.

## NAVJAAT SHISHU PARICHARYA

<i>Acharya charaka</i>	<i>Acharya shushruta</i>	<i>Acharya vagbhata</i>
<i>Pranapartayagamana</i>	<i>Ulva parimarjana</i>	<i>Ulva parimarjana</i>
<i>Snana</i>	<i>Mukha vishodana</i>	<i>Pranapartayagamana</i>
<i>Mukha vishodhna</i>	<i>Pichudharna</i>	<i>Nala chedana</i>
<i>Pichudharna</i>	<i>Nala chedana</i>	<i>Snana</i>
<i>Garbhodaka vamaana</i>	<i>Jatakarma</i>	<i>Pichudharna</i>

<i>Nala chedana</i>	<i>Snana</i>	<i>Suvaranaprashana</i>
<i>Jatakarma</i>		<i>Garbhodaka vama</i>
<i>Raksha karma.</i>		<i>Jatakarma</i>

### 1) *Prana pratyagamana* (neonatal resuscitation)

*Acharya Charaka* opines that immediately after birth of baby, while taking steps to bring out placenta, the following measures should be taken for the resuscitation of the fetus: striking of stones near the base of ears of baby, sprinkling cold water in summer and hot water in winter on the face of baby. By these measures, baby will regain consciousness. If baby does not stabilize, waving a *krishankapalika* shoop (a blackened surface broken earthen pot) near it until the baby is fully revived.<sup>[1]</sup> *Astanga Hridaya* stated this process after *Ulvaparimarjana*. *Acharya Vagbhata* gave the sign & symptoms of an asphyxiated newborn. *Acharya Vagbhata* stated that for proper revival (resuscitation) of newborn, first the child should be *Parisheka* with Bala oil along with striking of two stones near the base of the ears of the newborn. If these steps do not regain the stability of the child, then provide oxygen to the child by *krishankapalika shupa* and chanting of *Mantras* in the right ear of newborn.<sup>[2]</sup>

### Clinical Importance

*Acharya Charaka* has emphasised the need of initiating *Prana Pratyagamana* measures as soon as possible after birth, as well as attempts to detach the placenta as soon as possible. It appears that hitting two stones and spraying water on the face produces sensory, tactile, and audible stimulation. Striking two stones at the mastoid or base of the ear produces a loud sound that stimulates the vestibule cochlear nerve. It is a sensory neuron whose afferent branch conveys feeling to its nucleus on the fourth ventricle's floor, near the respiratory centre, which is also activated and breathing commences. Sprinkling hot or cold water may activate the sensory filaments of the facial nerve, which in turn stimulates the brain's respiratory area. Rubbing Bala taila on a baby's body provides tactile stimulation and temperature regulation.

### 2) *Snana*

When the neonate's breathing is established and he is in a stable state, his oropharynx route should be washed with water and he should be bathed, according to *Acharya Charaka*.<sup>[3]</sup> *Sushruta* recommends washing the newborn after *Jata karma*. He recommends bathing the newborn with a decoction of laticiferous trees, fragrant medicine water, or water heated with silver or gold, or a warm decoction of kapittha leaves, depending on the *season*, *dosha*, and

means.<sup>[4]</sup> *Acharya Vagbhata* recommended that *snana* be performed based on the baby's *doshas*, *kala*, and *Bala*. *Vagbhata* also lists lukewarm, *ksheerivriksha kwatha*, *sarvagandha dravyas*, medicinal water, water in which hot *rajat* or *swarna* has been quenched, or water in *kapith patra kwatha* for *Snana*.<sup>[5]</sup>

### Clinical Importance

Baby bathing maintains hygiene and Bathing in medicated water promotes healing of the umbilical stump and has calming benefits. The majority of the medications recommended by *acharyas* contain antibacterial, anti-inflammatory, and analgesic properties.<sup>[6]</sup>

### 3) Mukh Vishodhan (Cleaning Of Oral Cavity)

*Acharya Charaka* stated that neonate *taalu*, *ostha*, *jivaha*, *kantha* should be wiped with properly clipped off, well cleaned and covered with cotton swabs attendant's finger then *shiras talu* of baby should be covered with unctuous substances cotton swab.<sup>[7]</sup> Similar description is given by *Vagbhata*.<sup>[8]</sup> Use of ghee and rock salt for oral cleaning prescribed by *acharya Sushruta*.<sup>[9]</sup> Covering fontanel by ghee soaked cotton has been advocated by both *Sushruta* and *Vagbhata*.

### Clinical Importance

This procedure involves cleansing the oro-pharyngeal cavity first, then the nasal cavity, to avoid secretion aspiration into the respiratory system when the newborn begins breathing. As a result, this strategy eliminates the danger of aspiration pneumonia (*Ulvaka*). Placing a ghee-soaked cotton patch on the anterior fontanel minimises heat loss from the neonate's enormous surface area while also protecting it from harm.

### 4) PICHUDHARNA (Tampon application)

*Acharya sushruta* has also advised after *mukhavishodhan* the use of tampon soaked in *ghrita* on *murdha*.<sup>[9]</sup> Cover the *talupradesh* with *sneha pichhu* recommend by *Acharya Vagbhata*.<sup>[10]</sup>

### Clinical Importance

*Murdha/ brhamarandra*, also known as anterior fontanelle, are soft intracranial structures of the newborn that remain unprotected at birth due to unfused cranial sutures. As a preventive strategy, *acharyas* recommends wrapping the anterior fontanelle with a *sneha-pichhu*.

### 5) GARBHODAKA VAMANA (Stomach wash)

According to *Acharya Charaka*, the kid should be administered *vamana* (emesis) as *saindhava* and *ghrita* immediately after performing the *pichhudharana*.<sup>[11]</sup> *Acharya Vagbhata* recommended combining *saindhava*, *ghrita*, and *Vacha*.<sup>[12]</sup>

#### Clinical Importance

*Garbhodaka vamana* reduces the likelihood of regurgitation and aspiration of regurgitated materials. It also reduces vomiting after feedings, which can occur as a result of the irritating action of meconium, blood, or amniotic fluid in the stomach. *Lavana* and *vacha* have *swadu*, *dip anum*, *pach anum*, *sheet*, *tridosh hara*, *vamankarka*, *malamutra shodhaka*, and treat *vibanda* (constipation), *adhymana*, according to *Acharyas Saindhava*.<sup>[13]</sup> As a result, these drugs are recommended for *Garbhodakavamana* (stomach wash).

### 6) NALA CHEDANA (Cutting & Care of Umbilical Cord)

*Acharya Charaka* prescribes *Naalchedan* after *Garbhodak vamana* while *Acharya Sushruta* recommends it after *Mukha vishodhana* and *Pichu dharana*. *Acharya Vagbhata* has described cutting of umbilical cord after *Ulva parimarjan*. *Charaka* stated that the *Umbilical* cord should be cut at eight *Angula* distance from baby's umbilicus with help of an *Ardhadhara* type of instrument, made of from *swarna*, *rajat*, *ayasa* and 108 followed by tying cut end with a clean thread. The free end of the clamped cord should be hung onto the neck of the baby. If there is production of pus formation over umbilical cord, oil prepared with paste of *lodhra*, *madhuka*, *priyangu*, *suradaru* and *haridra* should be applied. Powder of the medicines prescribed for oil preparation should be sprinkled over suppurated Umbilical cord.<sup>[14]</sup> *Sushruta* has also mentioned same process for *nala-chedana* in *navajat shishu-paricharya*.<sup>[15]</sup> similar technique of *nalachedana* stated by *Acharya Vagbhata* regarding the procedure he is advised that the umbilical cord cut at a distance of four angulas from umbilicus and *kustha* medicated oil used to prevent it from *paka* (inflammation).<sup>[16]</sup>

#### Clinical Importance

*Acharyas* suggested after the newborn has been stabilised and all resuscitative activities have been completed, the umbilical cord is cut to cut off the baby's blood supply and nutrients. In order to stop the bleeding that might result in hypovolemic shock, it is recommended to clamp the cord with thread. After the chord is cut, the umbilical cord should be placed around the neck to stop bleeding and to stop infections from things like faeces and urine. *lodhra*, *suradaru*, *haridra*, *madhuka*, and *priyangu*. *Kushtha* are known to possess anti-inflammatory

qualities such as shotha hara, *vedana sthapana*, and *jantughan*.<sup>[17]</sup> Thus, the purpose of these medications is to prevent infections.

## 7) JATAKARMA

*Jatakarma* is first sacrament done after birth. *acharya Charaka* stated that on the first day neonate feed with mantra sanctified *madhu* (honey) and *ghrita* thereafter the mother should give her right breast for feeding to the baby after placing by the side of baby's head, An earthen jar filled with water should be impregnated with mantras and kept near the head of the child.<sup>[18]</sup> *Acharya Sushruta* advised to lick *madhu*, *ghrita* and *ananta* with index finger. On second and third day *Lakshmana* with *ghrita*, while on fourth day *shavapanitalasamitta* (or amount which fills the neonate palm) *madhu* and *ghrita* is to be offered to the newborn after this, the baby can be exclusively breast-fed.<sup>[19]</sup> *Acharya Vagbhata* follows *Sushruta's* with a slight variation where on the fourth day, he has advocated offering *ghrita* (*sarpi*) and *navnita* (butter) to the newborn and thereafter initiating breast feeding. *Acharya vagbhata* also stated that *Jatakarma* should be performed by *prajapatya* method described in religious text.<sup>[20]</sup>

## Clinical Importance

The birth ritual known as *jatakarma* supports the baby's transition from utero to extrauterine life. Because they are abundant in calories and provide the newborn with energy, honey, and ghee serve as nutrition for the infant. Gold powder protects and improves a baby's brain development. The first meal stimulates the gastrointestinal system and starts motions in the gut. We may evaluate a newborn's rooting and sucking response during *Jatakarma*. Breastfeeding should begin as soon as possible after delivery, from the first day of life, according to *Jatakarma*, who gave mother *Charaka* psychological support and protective immunoglobulins found in colostrums. This is important for both nourishment and immunoglobulin protection.

## 8) RAKSHAKARMA (PROTECTIVE MEASURES)

*Rakshakarma*, which *Acharya Charaka* describes in detail, refers to the protection of a baby. *Sarshapa*, *atasi*, *tandula*, and *kan-kanika* should be spread on the floor of the labour room (*sutikagara*), and the branches of *adani*, *khadira*, *karakndu*, *pilu*, and *parushaka* should be strung all about. A package of *raksoghana* dravyas, such as *vacha*, *kustha*, *kshomka*, *hingu*, *sarspa*, *atasi*, *lasuna*, *guggulu*, etc., ought to be hanging on the door. Additionally, the mother and child should wear the same dravyas around their necks. A fire started with *tinduka* should



always be maintained inside the *sutikagara*. Mother's friends who are female attendants should maintain a continuous watch by staying up for ten to twelve days. There should be festivities and a loving crowd of people throughout the entire home. To bless the mother with good fortune.

### Clinical Importance

*Rakshakarma's* goal is to shield the infant from diseases by using clean bedding, clothing, and other items. The many medications prescribed in *dhupana karma* have antiseptic and antibacterial qualities; the *sutikagara* is said to be fumigated by these medications in order to shield the infant from a range of opportunistic infections and illnesses.

### 10) Suwarnaprashan

We apply *Madhu*, *ghee*, *Anantmool churna*, and *Suwarnabhasma* with our little finger on the baby's tongue. In addition, *Suwarnaprashan* demonstrates specific advantages such as enhancing strength, hunger, and mental clarity. Furthermore, *Suwarnaprashan* helps to give skin sheen, boost vitality, and protect the unborn child from harmful items. In addition, using it for a month increases the child's intelligence and, over the course of six months, enhances their recollection of what they have heard.

### CONCLUSION

Our *Acharyas* have imparted a basic understanding of neonatology. Following a review of our *samhitas*, it was discovered that the text under consideration covered every significant facet of *kaumarbhritya*, including newborn care, breastfeeding, child protection, neonatal nurseries, etc. This is sufficient to cover the fundamentals and should be understood by mothers, students, scholars, and medical professionals. While different *Ayurvedic* practitioners have given different accounts of how to care for a baby, the fundamental principles remain the same, and the intention behind them also foreshadows contemporary neonatology. Although this practise has grown outdated due to the development of modern scientific information and technology, a comprehension of *Navjata Shishu Paricharya* demonstrates that it remains the cornerstone and basis of newborn care.

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