

## UMBILICAL CORD CARE IN NEWBORNS WITH *RAJANIYASHTIYADI CHURNA* - A CASE SERIES

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### ABSTRACT

In life, everyone has to face different kinds of major and minor cuts and wounds. The first cut, which the newborn gets, is at birth i.e. cut of Umbilical cord. Improper care of the Umbilical cord – can arise many complications like local sepsis, septicemia, tetanus neonatorum, portal vein thrombosis, peritonitis, Umbilical hernia, exomphalos etc. The cutting and care of Umbilical cord is called as '*Nabhinal paricharya*' as mentioned in Charak Samhita which comprises of the preventive measures. A case study was done in three female newborns, who have the sign and symptoms of *Nabhipak* or Omphalitis. These three cases were treated with the sprinkle of *RajaniYashtiyadi Churna* and significant result was found in these three cases.

**KEYWORDS:** Omphalitis, *Nabhipak*, *Rajniyashtiyadi Churna*,

*Avchurnana*.

### INTRODUCTION

In life, everyone has to face different kinds of major and minor cuts and wounds. The first cut, which the newborn gets, is at birth i.e. cut of Umbilical cord. Improper care of the Umbilical cord – can arise many complications like local sepsis, septicemia, tetanus neonatorum, portal vein thrombosis, peritonitis, Umbilical hernia, exomphalos etc. The cutting and care of Umbilical cord is called as '*Nabhinal paricharya*' as mentioned in Charak Samhita which comprises of the preventive measures. Omphalitis incidence is < 1%, Incidence varies from 0.2% to 0.7% in developed countries. Incidence is higher in hospitalized preterm infants. Neonatal sepsis is an infection in the bloodstream that poses severe health risks to newborns, including permanent brain damage and disabilities such as cerebral palsy. It is most often

caused by Group B Streptococcus (GBS) and Escherichia coli (E. coli) bacteria, although there are a variety of other infectious agents that can also lead to sepsis.

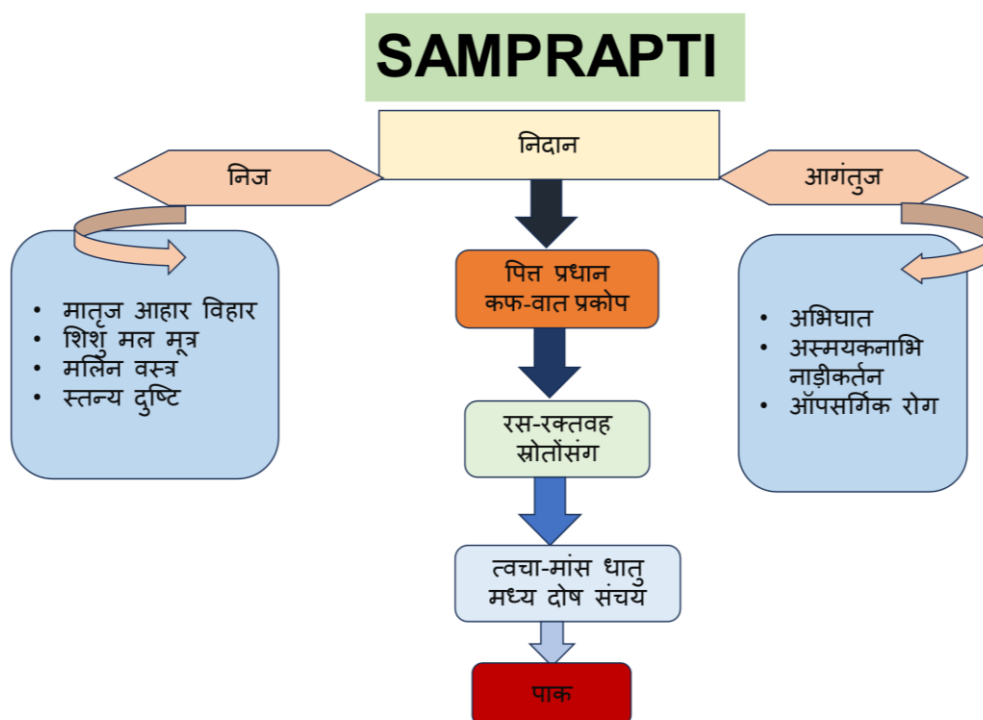
**OMPHALITIS:** Infection of the umbilical stump. Typically present as a superficial cellulitis i.e. as a red 'flare' in the periumbilical skin. The cellulitis may progress rapidly with potentially serious consequences including systemic diseases. Usually sporadic.

### CAUSATIVE ORGANISMS

Polymicrobial infection caused by –Aerobic (in 85%) and anaerobic organisms.

Staphylococcus aureus, Group A Streptococcus, Escherichia coli, Klebsiella pneumoniae and Proteus mirabilis.

### SAMPRAPTI



**CLINICAL FEATURES:** Mean age of onset is 5-9 days in term babies; 3-5 days in preterm babies.

Presenting complaints: Redness and swelling (cellulitis) around the umbilicus. Purulent or fowl smelling discharge from the umbilicus. Baby is highly irritable. Rapid in progression and may lead to necrotizing fasciitis.

नाभेःपिच्छिलदुर्गन्धजलस्रावोत्र कथ्यते। नाभिपाको

**CHIKITSA INCLUDES:** नाभिपाके प्रलेप्तव्यं सिक्तं तैलेन भूरिशः।

रजनीयष्टिकालोध्रप्रियङ्गणाञ्च कल्कतः॥

चूर्णेनैषां सतैलेन नाभिपाकं शमं नयेत् ॥

## CASE REPORT

### Case 1

#### ❖ Birth History:

- FTNVD ,female child, 36 hrs of life
- On date -30-7-23
- Birth weight: 2.6 kg
- CSAB
- Exclusive B/F on demand

#### ❖ O/E:

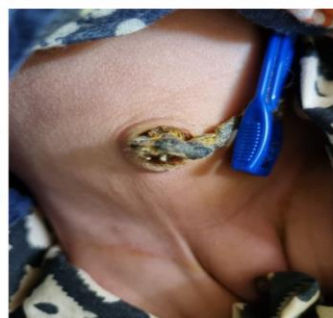
- Vitals are normal
- Umbilicus – **redness and swelling around base of umbilical stump**

❖ P/H: Stool - 2 to 3 times /24 hrs  
Urine - 7 to 8 times/ 24 hours  
Sleep - Adequate

B.T



A.T



### Case 2

#### ❖ Birth history-

- FTNVD ,female child ,30 hrs of life
- Birth wt : 2.2 kg.
- CSAB
- Exclusive breast feeding -On demand

#### ❖ O/E :

- Vitals- normal
- Skin - Mild discoloration of cheeks, chin and tip of nose
- Umbilical area - **Redness and swelling around umbilical cord**

❖ P/H-Stool - 2 to 3 times /24 hrs  
Urine - 7 to 8 times/ 24 hours  
Sleep - Adequate

B.T



A.T



## Case 3

## ❖ Birth history:

- FTNVD, female
- 5/8/23
- Birth wt. : 2.6 kg.
- CSAB
- Breastfeeding -  
Improper establishment of breast feed; hence initiated top feeding.

## ❖ O/E :

- Skin- yellowish discoloration on face and chest
- Umbilicus- **elongation, redness and swelling**
- Baby was irritable

## ❖ P/H :

Stool: 1 to 2 times /24 hrs (soft, yellowish in colour)

Urine – 3 to 4 times/ 24 hours

Sleep – Sound



B.T



A.T

**TREATMENT:** Procedure- *Avachurnan* / sprinkling

Dose-1 pinch, 3times/day at the umbilical stump.

Duration of treatment: 5 to 7 days.

## DISCUSSION

If *Nabhi Rogas* are not treated properly it might lead to serious complications like umbilical sepsis and threaten the life of baby. Proper education regarding cord care should be given to mother and relatives for a healthy baby. According to *Nabhinal Paricharya*, *RajaniYashtiyadi Churna* is used for the local application at Umbilical stump. The allopathic medications used in umbilical sepsis has many adverse effects. So, to establish the importance of Ayurvedic concepts and remedies related to *Nabhipaka*, the disease is selected for study. This study is also important in view of enhancing the scope of Ayurvedic treatment, since large numbers of patients suffering from this disease are unsatisfactory with existing management. As per the prepared drug all ingredients have anti-inflammatory properties.

Antibacterial- *Yastimadhu*, *Priyangu*, *Haridra*

Wound healing – *Yastimadhu*, *Lodhra*

The before and after images attached above – clear cut indication that the signs of inflammation present before was completely reversed after medicinal application.

पित्तानिलास्त्रजित् (यष्टिमधु), अनिलपित्तहृत् (प्रियंगु), कफपित्तनुत् (हरिद्रा), कफपित्तनुत् (लोध्र)

All above drugs have *Pitta-Kapha Shamak* properties which helps in *Samprapti Vighattan* for *Paka*.



## CONCLUSION

*RajaniYashtiyadi Churna* is used to reduce umbilicus swelling and redness, and it also prevents pus formation. Effective in *Nabhipaak* due to कृमिघ्ना, शोथहत्, व्रणापहा property of its ingredients. Ingredients are inexpensive and easily accessible.