

**VEDANADHYAYA: IMPORTANCE IN PAEDIATRIC PRACTICE****<sup>1</sup>Dr. Smriti Sajwan and <sup>2</sup>Dr. Ajay Pratap Chauhan**

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Article Received on  
14 August 2023,

Revised on 04 Sept. 2023,  
Accepted on 25 Sept. 2023

DOI: 10. 20959/wjpr202317-29828

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**ABSTRACT**

The eight branches of Ashtangayurveda comprise the knowledge of Ayurveda. The branch of Ayurveda that deals with understanding ailments and caring for children from conception through growing up is called Kaumarbhritya. The most significant and main text of the Kaumarbhritya is the Kashyap Samhita. The Kashyap Samhita is divided into several sections (Sthana), of which Vedanadhyaya is the 25th Chapter of Sutrasthana. Vedanadhyaya explains the symptoms of 30 diseases in children and assists in paediatric examination and diagnosis because children cannot an explanation of the symptoms of 30 diseases in children and assists in paediatric examination and diagnosis because children are unable to express their symptoms on

their own behalf. The current review essay is an inadequate attempt at taking a look at both the traditional and contemporary components of the Vedanadhyaya text. It is obvious that Acharya Kashyap has incorporated a wide range of illnesses affecting several systems, such as the skin, ENT, gastro-biliary, haematology, urinary system, and the Balgrahas. The symptoms listed are also accurate and logical in today's logical time .I. Therefore, in order to properly comprehend the Ayurvedic point of view regarding paediatric disorders and their common discriminative signs, a thorough study of Vedanadhyaya is required. It supports the idea that kids are not small adults and that paediatric illnesses have unique characteristics that call for knowledge of them. The significance of Vednaadhyaya in the clinical diagnosis of paediatric illnesses is highlighted in this review paper.

**INTRODUCTION**

The most important source on Kaumarbhritya among the ancient textbooks is the Kashyap

Samhita, which is available as a collection of Acharya Kashyap's discourses compiled together through his disciple Vridhha Jivaka. The book had disappeared in time and subsequently recovered again by Vatsya, who acquired it from a Yaksha by the name of Anayasa.<sup>[1]</sup> In reality, the Kashyap samhita that is being offered now is only a quarter of what it would have been in its original form. Fortunately, Vedanadhyaya, which details the clinical appearance of several ailments in infants, is still intact. In this chapter, Vridhha Jivak questions Acharya Kashyap on how to diagnose sick children because they can't explain their sufferings well. Kashyap then needs to provide a detailed response to Jivak's questions. A child can't explain his or her emotions or pains during the neonatal and infant stages of life, making a pediatrician unable to assess the child's illness without a complete medical history.

The experiences and thousands of observations accumulated by Acharya Kashyap are highly helpful in clinical practice today, and his descriptions of illness signs and symptoms are on par with those of contemporary pediatrics. This is a modest attempt to draw attention to the value of Vednaadhyaya in the clinical diagnosis of pediatric illnesses. In the Vednaadhyaya of Kashyapa Samhita, Acharya Kashyapa detailed symptomatology of many diseases, and these symptoms are quite close to current symptomatology.<sup>[2]</sup>

## MATERIALS AND METHODS

Data is collected from classical 'Ayurvedic Grantha', different text books of pediatrics.

### Content of *Vedanadhyaya* and its perspective of modern science

#### 1. *Atisara* (Diarrhoea)

देहवैवर्ण्यमरति मुखं ग्लानिरनिद्रता ।

वातकर्मनिवृत्तिश्चेत्यतिसाराय वेदनाः ॥ ४॥

The infant with *atisara*, according to Acharya Kashyapa, may exhibit body discolouration (*Dehavaivarnyam*), sloth (*Arti*), mouth discomfort (*Mukhglani*), sleeplessness (*Anidrata*), and lack of flatus function (*Vatakarmanivrutti*). These are all indications of *Atisara*'s manifestation.<sup>[3]</sup>

#### Corelation with modern

These clinical manifestations reflect dehydration symptoms as irritability, dry mouth, and paleness from hypovolemia and also anorexia and vomiting. In mild diarrhea irritability, pallor and somewhat sunken eyes, while in moderate diarrhea dry mucous membrane, dry and inelastic skin, and in severe diarrhea rapid or almost impalpable peripheral pulses, metabolic

acidosis which causes oliguria/anuria.<sup>[4]</sup>

## 2. *Mukha Roga* (Diseases of Oral Cavity)

लालास्रवणमत्यर्थं स्तनद्वेषारतिव्यथा

पीतमुद्गिरति क्षीरं नासा श्वासो मुखामये ॥ ८॥

According to Acharya Kashypa, an infant with Mukharoga exhibits nasal breathing (Nasashwaso), excessive salivation (Lalastravanamtyartha), a dislike of breastfeeding (Stanadvesha), dullness (Arti), and discomfort (Vyatha), as well as spitting up milk (Pitamudagirati kshiram).<sup>[5]</sup>

### Corelation with modern

A wide range of oral disorders, including gingivitis, dental caries, aphthous ulcers, gingivostomatitis, tonsillitis, and parotitis are characterized by the clinical characteristics listed here. In contrast to oral ulcers and tonsil inflammation, which can make it difficult to eat and cause painful deglutition, swollen gums generate profuse salivation. As a result, the infant refuses to eat and vomits the milk.

## 3. *Trishna* (Thirst)

स्तनं पिबति चात्यर्थं न च तृषि (ष्य) ति रोदिति ।

शुष्कौष्ठ तालुस्तोये प्सु दुर्बलसतृष्णया अर्दितः ॥ १८॥

According to Acharya Kashypa the child who is suffering from *Trishana*, lacks satisfaction despite receiving excessive amounts of breast milk (Stanm pibati chatyartham n cha trushyati), cries (Roditi), has dry lips and a dry mouth (Shushk oshta and Talu), craves water, and is feeble (Durbala).<sup>[6]</sup>

### Corelation with modern

The hypothalamic osmoreceptors control thirst and water intake. When the serum osmolality rises, these osmoreceptors, which are connected to the cerebral cortex, cause hunger to arise. Thus, a little rise in serum osmolality is accompanied by thirst. Additionally, it is activated by a little intravascular volume reduction, with angiotensin II and baroreceptors mediating the action.<sup>[5]</sup> This commonly happens with diarrhoea, which is India's number one cause of under-5 death. The youngster is thirsty and drinks eagerly, as well as restless, agitated, having a dry mouth, and having a flattened fontanelle due to the *Trishna* or thirst that Kashyap describes.<sup>[7]</sup>

#### 4. Karna Vedana (Pain in Ears)

कर्णो स्पृशति हस्ताभ्यां शिरो भ्रमयते भ्रुशम् ।  
आरत्य रोचका स्वप्नैर्जीनीयात कर्ण वेदनाम् ॥ ७ ॥

According to Acharya Kashyapa, a kid suffering from Karnavedana rubs his or her ears with his or her hands (Karno sprushati hastabhyam), rolls his or her head excessively (Shiro bhramayate bhrusham), suffers from dullness (Arati), anorexia (Arochaka), and sleeplessness (Anidra).<sup>[8]</sup>

#### Corelation with modern

Pain in the ear, also known as otalgia, is a typical symptom of ear infections such as otitis media and otitis externa. One of the most prevalent illnesses in childhood is otitis media. Some structural characteristics that predispose this age group to ear infections include shorter, wide, more horizontally situated, and compliant Eustachian tubes, which allow nasopharyngeal secretions to reflux into the middle ear.<sup>[9]</sup> Vedanadhyaya clinical aspects associate to otitis media, which is characterised by ear discomfort, ear pulling or scratching, poor appetite, and excessive weeping. The youngster is dull (Arati) as a result of systemic characteristics such as fever and is unable to sleep (Aswapna) as a result of constant discomfort.

#### 5. Shirahshoola (Headache)

भृशं शिरः स्पन्दयति निमीलयति चक्षुषी ।  
अवकूजत्यरतिमान स्वप्नश्च शिरोरुजि ॥ ६ ॥

According to Acharya Kashyapa in the period of Shirahshoola, the child head rolling too much (Shirah spandayati), closing of eyes (Nimiliyati chakshu), groan (Avakunjana), becomes dull and sleep less (Arti and Aswapanch).<sup>[10]</sup>

#### Corelation with modern

The paediatric age group is particularly susceptible to headache issues. By virtue of its aetiology, frequency, and degree of severity, it has an impact on children's academic performance, memory, and personality. Recurrent headaches may be a sign of a serious underlying condition (such as a brain tumour), thus it is imperative to carefully examine any youngster who experiences frequent, severe, or unusual headaches. According to contemporary knowledge, children and newborns respond to headaches in unanticipated ways. Most toddlers are unable to communicate the symptoms of a headache; instead, they

get agitated and grumpy, throw up, prefer to stay in a dark room owing to photophobia, or regularly rub their eyes and head.

Migraine, elevated intracranial pressure, and psychogenic factors or stress are the primary causes of headaches in children. Some other elements include sinusitis, strabismus, malocclusion of the teeth, and refractive problems.<sup>[11]</sup>

Similar characteristics were also mentioned by Acharya Kashyap, whose term "Bhrisham Shirah Spandayati" refers to excessive head rolling or movement brought on by irritation. The cause of eye closure is headache-related photophobia. Moaning and sleeplessness indicate an intense headache.

Vertigo, shortly the aura is followed by throbbing headache with nausea and vomiting.<sup>[12]</sup>

## 6. Chakshu Rog (Eye Diseases)

दृष्टिव्याकुलता तोदशोथशूलाश्रक्तताः ।  
सुप्तस्य चोपलिप्यन्ते चक्षुषी चक्षुरामये ॥ २९॥

According to Acharya Kashyapa, children with Chakshuroga have trouble gazing (Drustivyakulta), pricking discomfort (Toda), inflammation (Shotha), pain (Shul), excessive lacrimation and redness (Ashraraktata), and eyes become smudged when sleeping (Suptasya choplipyante).<sup>[13]</sup>

## Corelation with modern

The symptoms stated for eye disorders are more similar to conjunctivitis, blepharitis, hordeolum internum, ophthalmia neonatorum, and other infective eye diseases. These are distinguished by discomfort, inflammation, eyelid gluing, increased lacrimation, thick discharges, and redness.

In blepharitis most common symptoms are- irritation, burning, itching, erythma., Whereas In hordeolum which is the infection of gland of eyelids manifest as tender, focal swelling, and errythma.<sup>[14]</sup> which are similar to symptoms of chakshu rog given by acharya kashyapa.

## 7. Kantha Vedana (Pain in Throat)

पीतमुद्गिरति स्तन्यं विष्टंभि श्लेष्मसेवनं ।  
ईषज्ज्वरोअरुचिग्लानीः कंठवेदनयाअर्दिते ॥ ९॥

Acharya Kashyap states that children suffering from kanthavedana may vomit milk

(Pitamudagirati stanyam), have constipation after ingesting things with a high Sleshma content, exhibit moderate fever (Ishatjwara), anorexia (Aruchi), and lethargy (Glani), among other symptoms.<sup>[15]</sup>

### Corelation with modern

Here, the term "Kantha Vedana" refers to any illness where irritation of the throat is a prominent symptom, such as diphtheria, pharyngitis, or tonsillitis. Localized epithelial surface inflammation, membrane development, and toxemia are symptoms of diphtheria infection.<sup>[16]</sup> According to Jwara, Aruchi, and Glani, the infant exhibits symptoms of fever and malaise. According to Vedanadhyaya, dysphagia, a typical sign of tonsillitis and diphtheria, causes patients to vomit milk that has been consumed. In viral pharyngitis, commonly known as Kantha vedana, tender cervical lymphadenopathy is also seen. Tonsils and adenoids are the most common causes of upper airway blockage in children, symptoms include malaise, fever, dysphasia, and headache are founds jwar, Aruchi, Glani.<sup>[17]</sup>

### 8. Adhijihvika Roga (Diseases of Epiglottitis)

लालासावोअरुचिग्लानि : कपोले श्वयथु व्यथा |  
मुखस्य विवृतत्वं च जानीयादधिजिह्वीकाम || १० ||

According to Acharya Kashypa, children with Adhijihvikaroga may have salivation (Lalastravo), anorexia (Aruchi) and lethargy (Glani), inflammation and soreness on the cheeks (Kapole shwayathurvyatha), and the child generally keeps his mouth open (Mukhasya vivrutatvamcha).<sup>[18]</sup>

### Corelation with modern

Adhijivikaroga refers to symptoms that are comparable to acute epiglottitis. Epiglottitis causes dysphagia, noisy breathing, sore throat, brassy cough, and a high-grade fever, respiratory distress with chest retractions.<sup>[19]</sup> The classics characterise this as aversion to eating and lethargy. As described in the book, the child normally sits up, leaning forward in a tripod stance, his neck stretched, and saliva trickling down his chin. Coughing is rarely present.<sup>[20]</sup> The opening of the mouth reveals a compensating mechanism to keep the airway open.

### 9. Kanthashotha (Inflammation in Throat)

कण्डू के श्वयथु : कण्ठे ज्वरा रुचिशिरोरुजः || ११ ||

According to Acharya Kashypa, a child with Kanthashotha may have throat itching (Kandu)

and inflammation (Shwayathu), fever (Jwara), anorexia (Aruchi), and headache (Shiroruja).<sup>[21]</sup>

### Corelation with modern

Kanthashotha and pharyngitis similar symptoms such as itching, painful throat, and pharyngeal erythema. Fever is commonly present in pharyngitis, and throat irritation is regarded as a prodromal symptom of Kasa (cough), which is also the most common upper respiratory complaint in pharyngitis. Headache may occur as a result of a cold, rhinorrhea, or nasal blockage.

### 10. Gala Graha (Diseases of Throat)

ज्वरारुचिमुखसावा निष्टनेच्च गलग्रहे || ११ ||

According to Acharya Kashyap. The infant with Galagrha exhibits fever (Jwara), anorexia (Aruchi), salivation (Mukhastrava), and labored breathing.<sup>[22]</sup>

### Corelation with modern

Galagraha is a severe variant of a variety of throat disorders characterised by dyspnea. Laryngotracheitis, supraglottitis, bacterial tracheitis, and pharyngotonsillitis are examples of such conditions.

### 11. Jwara (Fever)

मुहुर्नम्यतेअङ्गानि जृम्भते कासते मुहुः |  
धात्री मालीयते अकस्मात् स्तनं (न्यं) नात्यभिनन्दति || १२ ||

According to Acharya Kashyapa, a child suffering from Jwara may flex his/her body parts repeatedly (Muhurnamayeteangani), yawns (Jrumbhate), coughs frequently (Kasate muhuh), and all of a sudden clings to the wet-nurse (Dhatrimaliyateakasmata), does not like to hold breast (Stanam natyabhinandati), Salivation (Prasravo), heat (Ushnatva), discolouration (Vaivarnye), excessive warmth of the forehead (Lalatasyatitaptata), anorexia (Aruchi), and foot coldness (Padayohshaityam) are all symptoms. All of these are Poorvrupe from Jwara.<sup>[23]</sup>

### Corelation with modern

Before a fever develops, the previously mentioned signs denote irritability, overheating, more sleepy than usual, vomiting or refusing to drink, shivering, unwillingness to feed, lethargy, and a related respiratory illness.<sup>[24]</sup>



## 12. Pandu (Anemia)

नाभ्यां समन्ततः शोथः श्वेताक्षिणखवक्रता ।

पाण्डुरोगेअग्निसादश्च श्वयथुश्चाक्षि कूटयोः॥ ३४ ॥

Periumbilical swelling (Nabhyam samntatah shothah), whiteness of the eyes (Shwetakshi), nail deformity (Nakhawakrata), loss of appetite (Agnisadacha), and periorbital edoema (Shwayathushchakshikutayo) are symptoms of Pandu, according to Acharya Kashyapa.<sup>[25]</sup>

### Corelation with modern

The clinical symptoms indicated here are comparable to those of severe anaemia, with progression anemia,<sup>[26]</sup> pallor of palms becomes pronounced, with near whitening of palmar creases. Periorbital oedema is another symptom of severe anaemia, whereas abdominal distension may be caused by hepatosplenomegaly in hemolytic anaemia.

Koilonychia is only found in iron-deficient anaemia. Anaemia can also cause loss of appetite and weariness.

## 13. Kamala (Jaundice)

पीतचक्षुर्नख मुखविण्मूत्रः कामलादितः । उभयत्र निरुत्साहो नष्टाग्नि रुधिर स्पृहः॥ ५॥

The infant with Kamala may have yellow eyes, nails, skin, faeces, and urine, according to Acharya Kashyapa (Pitachakshurnakhamukhavinmutrah). The infant may exhibit signs of apathy (Nirutsaho), loss of appetite (Nashtagni), and a desire to consume blood (Rudhirspruh) in both Pandu and Kamala.<sup>[27]</sup>

### Corelation with modern

The data mentioned in the earlier paragraph demonstrates Acharya's correct understanding of the locations to check for icterus and pallor in infants as well as the clinical signs of anaemia and jaundice.

## 14. Udara Shula (Pain in Abdomen)

स्तनं व्युदस्यते रौति चोत्तानश्चावभज्यते ।

उदरस्तब्धता शैत्यं मुखस्वेदश्च शूलिनः॥ १५॥

According to Acharya Kashyapa, a child with Udara shool refuses to breastfeed (Stanam vyudasyate), cries (Rauti), sleeps supine (Uttanashchavabhajyate), exhibits abdominal rigidity (Udarstabdhatata), filling cold (Saitya), and facial sweat (Mukhaswedacha).<sup>[28]</sup>



### Corelation with modern

These signs resemble those of newborn colic, in which the baby cries uncontrollably, has a hard abdomen, and refuses to eat, fussiness, irritability, and difficulty consoling the infant.<sup>[29]</sup>

### 15. Arsha (Piles)

बद्धपक्वपुरीषत्वं सरक्तं वा कृशात्मनः ।  
गुदनिष्पीडनम कण्डू तोदं चार्शसि लक्षयेत् ॥ २३॥

According to Acharya Kashyapa, children with arsha may become underweight (Krushatmanh), have firm, well-formed stools or stools containing blood (Baddhpakvapurishatvam saraktam va), have compression in the anal area (Gudanishpidanam), itch in the anal region, and experience pricking pain (Toda).<sup>[30]</sup>

### Corelation with modern

The explanation of how pile mass develops in children who have persistent constipation is accurate. In addition to making it difficult to defecate, hard faeces can erode the anal mucosa and result in blood in the stool, extreme pain and itching (in external piles.) and bleeding, prolapse and occasional incarceration (In internal piles).<sup>[31]</sup>

### 15. Pinasa (Coryza)

मुहुर्मुखेनोच्छ्वसिति पीत्वा पीत्वा स्तनं तु यः । स्रवतो नासिके चास्य ललाटं  
चाभितप्यते ॥ ३७॥ स्रोतांस्यभीक्षणं स्पृशति पीनसे क्षौंति कासते ।

A baby with Pinasa regularly mouth breathes while sucking on the breast, has a runny nose, a warmed forehead, frequently touches the nasal orifices, sneezes, and coughs.<sup>[32]</sup>

### Corelation with modern

The above image shows a toddler with a common cold and a subsequent respiratory tract bacterial infection. Typical symptoms of sneezing, nasal congestion, rhinorrhea, and sore throat developed, cough and hoarseness are present in one third of cases.

A description of a number of additional illnesses, including Chardi roga (vomiting), Mutrakrichha (dysuria), Ashmari (vesical calculus), Jantu dansha (bug bite), etc., is also included in this chapter.

## DISCCSSION

The newborn stage and early childhood years are highly important since the infant depends

on the mother to provide all of its needs from the outside. Newborns in good health thrive, eat, play, and sleep normally. However, the baby's suffering cannot be clearly expressed because it exhibits few signs. The lack of speech and symptoms in newborns makes it difficult and confusing to define the precise clinical condition. It must use the fewest symptoms possible to convey all of its anguish, discomfort, pain, and demand. One of these symptoms, crying, might signify a wide range of pathologies. Pediatricians must have analytic skills and a high level of suspicion to determine the precise reason for suffering, which makes their work extremely difficult. Kashyapa refers to these newborns as Awachasa children. He provides a lot of helpful advice on how to identify ailments in Awachasa children. Neonatal disorders can be diagnosed by identifying the baby's primary disease through observation, activity, sleep patterns, gestures, attitude, body language, and posture.

## CONCLUSION

A study of the chapter Vedanadhyaya reveals the depth and simplicity of Acharya Kashyap's therapeutic insight. The knowledge provided concerning paediatric disorders is completely accurate. Acharya Kashyap has presented us with an effective tool for diagnosis that will be valuable in our day-to-day paediatric practice. He undoubtedly provided the groundwork for clinical pediatrics. The concepts of Vedana Adhyaya will be useful in understanding the disease of children in the early stages as well as their treatment without consequences.

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