



Review Article

**THE IMPORTANCE OF VEDNAADHYAYA IN CLINICAL DIAGNOSIS OF CHILDHOOD DISEASES**

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**ABSTRACT**

The knowledge of Ayurveda have been divided in eight branches i.e., *Ashtangayurveda*. Out of which *Kaumarbhritya* is the branch of Ayurveda, which deals with the knowledge of diseases and care of child right from conception till adolescence. *Kashyap Samhita* is the most important and main classical text of the *Kaumarbhritya*. The *Kashyap Samhita* is divided in various sections (*Sthana*) of which *Vedanadhyaya* is 25<sup>th</sup> Chapter of *Sutrasthana* where the symptomology of various diseases in children's are explained and it helps in pediatric examination and diagnosis as children are not capable to speak about their symptoms themselves. The present review article is the humble effort to investigate the classical text of the *Vedanadhyaya* and its modern aspects. It is observable that *Acharya Kashyap* has integrated a broad collection of diseases of different system like skin, ENT, gastro-biliary, hematology and urinary system and has also included the *Balgrahas*. The symptoms described are truthful and rational in modern logical era also. Therefore, a comprehensive study of *Vedanadhyaya* is necessary for appropriate understanding of Ayurvedic point of view for pediatric diseases and their ordinary discriminative symptoms. It reinforces the view, that children are not miniature adults and diseases in pediatric age group have different features and requires understanding of it. This review article highlights the importance of *Vednaadhyaya* in clinical diagnosis of childhood diseases.

**INTRODUCTION**

The *Kashyap samhita*, the most valuable source among classical textbooks available on *Kaumarbhritya*, is accessible in the form of compilation of the preaching's of *Acharya Kashyap* by his follower *Vridhha Jivaka*. With the lapse of time, the book was misplaced in oblivion and then resurrected by *Vatsya*, who procured it from an *Yaksha* named *Anayasa*.<sup>[1]</sup> The *Kashyap samhita* presented today is actually one fourth or even less than what it would have been in its original form. Luckily we have *Vedanadhyaya* intact, which describes the clinical manifestation of different diseases of children.

In this chapter *Vridhha Jivak* has ask a query to *Acharya Kashyap* on the methods of diagnosis of ill child, as of them are not able to clarify their sufferings properly, then *Kashyap* has solve his queries in detail.

Neonatal and infancy period is a very crucial stages of life where a child unable to explains his\her feelings or pains, so a pediatrician unable to diagnose his\her condition without proper history. *Acharya kashyap* has pile up their experiences with thousands of observations, which are very useful in day today clinical practice and sing and symptoms of disease are as similar as to modern pediatrics. This is humble effort to highlight the importance of *Vednaadhyaya* in clinical diagnosis of childhood diseases.

**MATERIALS AND METHODS**

**Source of data**

The data is collected from *Kashyap Samhita*, text books of *Kaumarbhritya* and text book of pediatrics, which are enlisted in references.

**Study design:** Literary study

The literature related to clinical diagnosis of neonatal and infancy period from Ayurveda text are collected and organized with its modern relevance.

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## Content of Vedanadhyaya and its Relevance

A variety of diseases described and their explanation in perspective of modern science is as follows:

### Shirahshoola (Headache)

According to *Acharya Kashyapa* in the episode of *Shirahshoola*, the child rolls the head too much (*Shirah: spandayati*), closes the eyes (*Nimiliyati chakshu*), moans (*Avakunjana*), becomes dull and insomniac (*Arti* and *Aswapanch*).<sup>[2]</sup>

### Relevance

Headache is a familiar problem in pediatric age group. It affects child's school performance, remembrance and personality by its nature of etiology, frequency and intensity. Recurrent episodes of headache may point toward a severe underlying illness. (e.g., a brain tumor), and therefore cautious examination of child with recurrent, severe or unconventional headache is mandatory. Modern science stated that infants and child react to a headache in an unpredictable manner. Nearly all toddlers can't express the characteristics of a headache; rather they get irritable and cranky, vomit, prefer to stay in dark room due to photophobia, or frequently massage their eyes and head. The most significant causes of headache in children consist of migraine, increased intracranial pressure and psychogenic factors or stress. Some additional factors comprises refractive errors, strabismus, sinusitis and malocclusion of teeth.<sup>[3]</sup>

*Acharya Kashyap* has also described similar features in which "*Bhrisham Shirah Spandayati*", it means excess of rolling or movement of head due to irritability. Closing of eyes is due to photophobia associated with headache. Moaning and insomnia signify headache of severe intensity.

### Trishna (Thirst)

According to *Acharya Kashyapa* the child suffering from *Trishana*, do not get satisfied in spite of too much breast milk feeding (*Stanm pibati chatyarthan cha trushyati*), make cry (*Roditi*), has dry lips and palate (*Shushk oshta* and *Talu*), is wishing for water and is weak (*Durbala*).<sup>[4]</sup>

### Relevance

The hypothalamic osmoreceptors are regulating water intake or thirst. These osmoreceptors by connecting to the cerebral cortex arouse thirst when the serum osmolality increases. Thus, thirst occurs with a small increase in serum osmolality. It is also stimulated by moderate intravascular volume depletion, the mechanism being mediated by angiotensin II and baroreceptors.<sup>[5]</sup> This is frequently occurs in diarrhea, which is the leading cause of under 5 mortality in India. The *Trishna* or thirst described by *Kashyap* resembles to moderate degree of dehydration,

in which the child is thirsty and drinks eagerly, restless, irritability, dry tongue and depressed fontanelle.<sup>[6]</sup>

### Karna Vedana (Pain in Ears)

According to *Acharya Kashyapa* the child suffering from *Karnavedana*, child touches ears with hands (*Karno sprushati hastabhyam*), rolls head too much (*Shiro bhramayate bhrusham*), has dullness (*Arati*), anorexia (*Arochaka*) and insomnia (*Anidra*).<sup>[7]</sup>

### Relevance

Pain in ear or otalgia is a common characteristic of ear infections like otitis media and otitis externa. Otitis media is one of the most common infections of early childhood. Some anatomical features which make this age group predominantly vulnerable to ear infections includes; shorter, more horizontally placed and compliant Eustachian tubes, which permit reflux of nasopharyngeal secretions into the middle ear.<sup>[8]</sup>

Clinical features given in *Vedanadhyaya* corresponds to that of otitis media where there is ear pain, ear tugging or rubbing, poor appetite, excessive crying. The child has dullness (*Arati*) due to systemic features like fever and is unable to sleep (*Aswapna*) due to constant pain.

### Chakshu Rog (Eye Diseases)

According to *Acharya Kashyapa* the child suffering from *Chakshuroga* have difficulty in looking (*Drustivyakulta*), pricking pain (*Toda*), inflammation (*Shotha*), pain (*Shul*), excessive lacrimation and redness (*Ashrarakata*), the eyes get smeared during sleep (*Suptasya choplipyante*).<sup>[9]</sup>

### Relevance

The symptom described concerning eye diseases is closer to that of conjunctivitis, blepharitis, hordeolum internum, ophthalmia neonatorum and other infective conditions of eyes. These are characterized by pain, inflammation, gluing of eyelids, increased lacrimation, thick discharges and redness.

### Mukha Roga (Diseases of Oral Cavity)

According to *Acharya Kashyapa* the child suffering from *Mukharoga* have excessive salivation (*Lalastravanamtyartha*), hate to breast feeding (*Stanadvesha*), dullness (*Arti*) and pain (*Vyatha*), vomits the ingested milk (*Pitamudagirati kshiram*) and has nasal breathing (*Nasashwaso*).<sup>[10]</sup>

### Relevance

The clinical features described here characterized by a range of diseases related to oral cavity like gingivitis, dental caries, aphthous ulcers, gingivostomatitis, tonsillitis and parotitis etc. Swelling of gums causes excessive salivation whereas oral ulcers and inflammation of tonsils causes difficulty in feeding and painful deglutition. So the baby is unwilling to feed and vomits the ingested milk.

**Kantha Vedana (Pain in Throat)**

According to *Acharya Kashyapa* the child suffering from *Kanthavedana* may vomits the ingested milk (*Pitamudagirati stanyam*), suffers from constipation on taking substances having predominance of *Sleshma* (*Vishtambhi shleshma-sevanam*), have mild fever (*Ishatjwara*), anorexia (*Aruchi*) and lethargy (*Glani*).<sup>[11]</sup>

**Relevance**

*Kantha Vedana* here refers to any disease in which pain in throat is a important feature like diphtheria, pharyngitis or tonsillitis. Diphtheria infection is characterized by local inflammation of the epithelial surface, formation of membrane and toxemia.<sup>[12]</sup> The child has fever and malaise as described by *Jwara*, *Aruchi* and *Glani*. Dysphagia is a common symptom in diphtheria and tonsillitis which leads to vomiting of ingested milk as described in *Vedanadhyaya*. Tender cervical lymphadenopathy is also observed in viral pharyngitis, which can be denoted as *Kantha vedana*.

**Adhijihvika Roga (Diseases of Epiglottitis)**

According to *Acharya Kashyapa* the child suffering from *Adhijihvikaroga* may have salivation (*Lalastravo*), anorexia (*Aruchi*) and lethargy (*Glani*), inflammation and pain on cheeks (*Kapole shwayathurvyatha*) and child usually keeps his mouth open (*Mukhasya vivrutatvamcha*).<sup>[13]</sup>

**Relevance**

*Adhijivikaroga* means nearly similar to acute epiglottitis on basis of symptoms. Epiglottitis exhibits noticeable dysphagia and high-grade fever. This is described in classics as aversion from food and lethargy. Child typically sits up bending forwards in tripod position with his neck extended and saliva dribbling from his chin, as also enumerated in the text. Cough is frequently absent.<sup>[14]</sup> Opening of mouth suggests compensatory mechanism to maintain airway.

**Kanthashotha (Inflammation in Throat)**

According to *Acharya Kashyapa* the child suffering from *Kanthashotha* may have itching (*Kandu*) and inflammation (*Shwayathu*) in throat, fever (*Jwara*), anorexia (*Aruchi*) and headache (*Shiroruja*).<sup>[15]</sup>

**Relevance**

*Kanthashotha* can be correlated with pharyngitis as both have similar features of itching, sore throat and pharyngeal erythema. Fever is mostly present in pharyngitis and itching of throat is considered a prodromal feature of *Kasa* (cough) which is also the usual upper respiratory complaint in pharyngitis. The symptom headache may present due to associated cold, rhinorrhea and nasal obstruction.

**Gala Graha (Diseases of Throat)**

According to *Acharya Kashyapa* the child suffering from *Galagraha* has fever (*Jwara*), anorexia (*Aruchi*), salivation (*Mukhastrava*) and labored breathing.<sup>[16]</sup>

**Relevance**

*Galagraha* may comprise the severe form of various diseases associated to throat which demonstrate dyspnea as a feature. This may include laryngotracheitis, supraglottitis, bacterial tracheitis and pharyngotonsillitis.

**Pandu (Anemia)**

According to *Acharya Kashyapa* the child suffering from *Pandu* there is *Periumbilical* swelling (*Nabhyam samntatah shothah*), whiteness of eyes (*Shwetakshi*), deformity of nails (*Nakhawakrata*), loss of appetite (*Agnisadacha*) and periorbital edema (*Shwayathushchakshikutayo*).<sup>[17]</sup>

**Relevance**

The clinical features described here are similar to that of severe anemia which manifests as severe pallor of skin and nails. Periorbital edema is also a sign of severe anemia while distension of abdomen may be due to hepatosplenomegaly in hemolytic anemia. Koilonychia is specific to iron deficiency anemia. Loss of appetite and fatigue are also general signs of anemia.

**Jwara (Fever)**

According to *Acharya Kashyapa* the child suffering from *Jwara* may flexes 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*), has salivation (*Prasravo*), heat (*Ushnatva*), discoloration (*Vaivarnye*), excessive heating of forehead (*Lalatasyatitaptata*), anorexia (*Aruchi*) and coldness of feet (*Padayohshaityam*). This are all *Poorvrupa* of *Jwara*.<sup>[18]</sup>

**Relevance**

The above symptoms signify irritability, hyperthermia, refusal to feed, malaise and associated respiratory infection before the onset of fever.

**Kamala (Jaundice)**

According to *Acharya Kashyapa* the child suffering from *Kamala* may have yellowness of eyes, nails, face, feces and urine (*Pitachakshurnakhamukhavinmutrah*). In both i.e., *Pandu* and *Kamala* the child may have apathetic (*Nirutsaho*) and loss of appetite (*Nashtagni*) and willing to drink blood (*Rudhirspruh*).<sup>[19]</sup>

**Relevance**

Above description signifies the appropriate knowledge of *Acharya* regarding sites for inspection of icterus and pallor in baby and clinical manifestation of jaundice and also anemia.

**Atisara (Diarrhoea)**

According to *Acharya Kashyapa* the child suffering from *Atisara*, may have discoloration of body (*Dehavaivarnyam*), laziness (*Arti*), uneasiness in mouth (*Mukhglani*), insomnia (*Anidrata*), absence of functions of flatus (*Vatakarmanivruti*). This all are the signs of manifestation of *Atisara*.<sup>[20]</sup>

**Relevance**

These clinical manifestations resemble signs of dehydration like dryness of mouth, irritability and paleness due to hypovolemia.

**Udara Shula (Pain in Abdomen)**

According to *Acharya Kashyapa* the child suffering from *Udara shool*, he/she rejects the breastfeeding (*Stanam vyudasyate*), cries (*Rauti*), sleeps in supine position (*Uttanashchavabhajyate*), has stiffness of abdomen (*Udarstabdhata*), filling cold (*Saitya*) and perspiration of face (*Mukhaswedacha*).<sup>[21]</sup>

**Relevance**

These symptoms are similar to that of infant colic wherein the baby has inconsolable cry, hard abdomen and refusal to feed.

**Arsha (Piles)**

According to *Acharya Kashyapa* the child suffering from *Arsha* may get emaciated (*Krushatmanh*), has well-formed solid stool or stool with blood (*Baddhpakvapurishatvam saraktam va*), feeling of compression in anal region (*Gudanishpidanam*), itching (*Kandu*) and pricking pain (*Toda*) in anal region.<sup>[22]</sup>

**Relevance**

Above is an appropriate description of development of pile mass in children due to chronic constipation. Hard stool causes difficulty in defecation, erosion of anal mucosa leading to blood in stool.

**Pinasa (Coryza)**

Baby suffering from *Pinasa* is mouth-breathing repeatedly during sucking of breast, has running-nose, hot forehead, child frequently touches nasal orifices, sneezes and coughs.<sup>[23]</sup>

**Relevance**

Above is a clear picture of common cold in children with associated secondary bacterial infection of respiratory tract. The chapter also include description of several other diseases like *Chardi roga* (vomiting), *Mutrakrichha* (dysuria), *Ashmari* (vesical calculus), *Jantu dansha* (insect-bite) etc.

**DISCUSSION**

Neonatal and infancy period is a very crucial period as the baby is dependent on the mother for fulfilling all its external demands. Healthy neonates are thrives well, feeds well, plays and sleeps well. But, discomfort experience by the baby could not be easily express as it faces paucity of symptoms. Newborn has got paucity of words as well as symptoms leading to difficulty and confusion in exact underline clinical condition. It has to express all its suffering, pain, discomfort, and demand by using minimum symptoms. Cry is one such a symptom which indicates hundreds of pathology and pediatrician should have an analytic mind with high degree of suspicion in identifying the exact cause of suffering and this makes his job very challenging. These neonates are called as *Awachasa* child by *Kashyapa*. He gives many useful guidelines to diagnose the diseases in an *Awachasa* child. Identification of underline pathology of the baby by observation, activity, sleep pattern, gesture, attitude, body language, posture has been explained for diagnosing neonatal problems.

**CONCLUSION**

A study of the chapter *Vedanadhyaya* undoubtedly discloses the depth and simplicity of clinical understanding of *Acharya Kashyapa*. The features given about pediatric diseases thoroughly match that of modern pediatrics. *Acharya Kashyapa* has provided us a strong diagnostic tool which is useful in day to day practice of pediatrics. He unquestionably set the foundation stone of clinical pediatrics.

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