

ROLE OF AYURVEDA IN NAVJATA SHISHU PARICHARYA W.S.R. TO NEONATAL CARE – A REVIEW STUDY**¹Vd. Manish G. Ishwarkar and ²Vd. Vijaykumar U. Gawai**¹P. G. Scholar, Department of Kaumarbhritya, Government Ayurved College, Nanded.²HOD, Professor, Department of Kaumarbhritya, Government Ayurved College, Nanded.***Corresponding Author: Vd. Manish G. Ishwarkar**

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ABSTARCT

Primary goal of Neonatal Resuscitation is to establish adequate respiration and cardiac output in asphyxiated New-born at birth to prevent early neonatal morbidity and mortality. Hence, every baby requires immediate care at birth. As Modern Science explained the procedures of New-born Care, our Ancient Ayurveda has explained the same in the literature. The term *Prana Pratyagaman* used in *Charaka Samhita* is very much similar to Resuscitation. It is defined as reappearance of *Prana* by respiratory effort, circulation and body movements. Most babies have a smooth transition from foetal to neonatal life and establish spontaneous breathing at birth without any active assistance. About 5 to 10% babies are likely to have difficulty in initiating spontaneous breathing at birth and need active resuscitation. Various procedures were advised in the management of New-born child by Acharyas with a few differences in opinion regarding the sequences of those procedures. The steps included in Neonatal Care or *Navjata Shishu Paricharya* are *Prana Pratyagaman* (neonatal resuscitation), *Ulva parimarjan* (wiping and drying of baby), *Mukh vishodhan* (oropharyngeal cleaning), *Naalchedan* (cutting of umbilical cord), *Snana* (bath), *Garbhodak vaman* (clearing of stomach), *Jatkarma* (birth rites), *Rakshakarma* (protective measures). The main aim and objective of this paper is to compare the ancient *Ayurvedic* and Modern methods of resuscitating a Newborn.

KEYWORDS: *Pranapratyagaman, Resuscitation, Mukh vishodhan, Garbhodak vaman, Jatkarma.***INTRODUCTION**

Navjata shishu paricharya (Care of the new-born) is described by both ayurvedic and modern science in detail. In ancient ayurvedic texts, Acharyas gave prime importance to *Navjata shishu paricharya* (care of the new-born) which starts from birth to viable stability of the new-born.

The care of new-born deals with various aspects related to new-born like resuscitation, feeding, protective measures and general care. Various procedures were advised in the management of new-born child by Acharyas with few differences in opinion regarding the sequences of those procedures. A thorough study of the texts reveals the scientific relevance and utility of neonatal care described in Ayurveda.

The description related to care of new-born can be divided into following-

Immediate care

- 1) Wiping and drying of baby
- 2) Resuscitation of new-born and asphyxiated baby
- 3) Cutting of umbilical cord

General care

- 1) Bath
- 2) Feeding
- 3) Protective measures

MATERIALS AND METHODS

The information's were collected from the classical ayurvedic literatures, paediatrics textbooks and research journals. The various steps in ayurvedic texts by different Acharyas which are to be followed for new-born care described below.

Ulva parimarjan

Acharya Sushruta opined that ulva (vernix caseosa and amniotic fluid) of baby should be clear immediately after birth by ghee and rocksalt. Vagbhata holds similar view. Rubbing ghee and rocksalt on baby's body for removal of vernix gives sufficient tactile stimulus to resuscitate a baby in primary asphyxia. The process of drying produce enough stimulation to initiate effective breathing in most new-born babies.

Cotton swab soaked in ghee should be placed on the head. Because it makes a layer between scalp and environment and prevents heat loss from the large surface area of neonate head and also protect it from

injury.

Pranapratyagaman

According to acharya Charaka the following general measures should be undertaken immediately after the birth of new-born, striking of stones near the child's ear produce intense sound which stimulate vestibulocochlear nerve, it is a sensory nerve whose afferent branch carries sensation to its nuclei situated on the floor of the fourth ventricle, near respiratory centre. Therefore, it also gets stimulated and respiration begins.

The sprinkling of cold and warm water on baby's face. By these means the child regains the life breath which was afflicted by the birth process. Sudden cooling after birth, when human new-born baby may lose up to 600 kcal/min at room temperature, provides respiratory drive by operating through trigeminal cold receptors located in the facial skin.

If it fails to revive by these methods then measures to increase air (oxygen) availability to the baby should be fanned with a winnowing basket made of reeds (*krisnakapalika surp*) until respiration is established. This provides artificial ventilation to the baby.

Mukhavishodhana

Acharya Charaka described *mukhavishodhan* scientifically. He advocated that the oral cavity (palate, lips, pharynx, tongue) of the new-born is first to be cleaned with nail trimmed forefinger wrapped with cotton. This can be correlated with modern technique, cleaning the oropharyngeal cavity first and thereafter the nasal cavity to avoid aspiration of amniotic fluid, blood, vernix, meconium into respiratory tract when baby starts breathing.

In this context acharya Sushruta described that for removal of swallowed *Garbhodaka*, emesis should be induced by administering *ghrita* with *saidhav* to new-born.

Naalchedana

Acharya Charaka described *Naalchedana* to be undertaken after *Pranapratyagaman*. He elaborates that the cord should be marked at a distance of eight *angula* (approximately 25.5cm) from its root. Both the side of this mark should be carefully occluded by hand and cord should be cut at this mark by *ardhadhara shastra*, made of gold, silver or iron. The cut end of cord should be tied properly by the thread and hanged loosely with the neck. This will prevent the chances of contamination from urine and stool and oozing due to antigravity position. If there is suppuration of umbilical cord, oil medicated by paste of *lodhra*, *madhuka*, *priyangu*, *suradaru*, *haridra* should be applied. Powder of the medicines prescribed for oil preparation should be sprinkled over suppurated umbilicus.

Clamping of cord is followed by sudden rise in systemic

blood pressure and stimulation of aortic baroreceptors and sympathetic nervous system, which activates the respiratory centre in medulla to initiate respiration.

Bath

Acharya Charaka recommended that after proper stabilisation of new-born, the new-born has to be bathed (*snana*). Acharya Sushruta said massage the baby with *bala* oil and thereafter bathed the baby. The oil massage is both culturally and scientifically acceptable as it provides insulation against heat and insensible water loss. Research also corroborates that the *Bala* (*sida cordifolia*) showed following properties – anti-inflammatory effect, it removes excess mucous from the body.

The baby should be given bath with decoction of *Kshirivriksha* (*Ashvatha*, *Vat*, *Udumbar* etc.) water of aromatic drugs (*Eladi gana*) or water heated with silver or gold or warm decoction of *Kapittha* leaves in accordance with *kala*, *dosha* and *bala* of the baby. Medications used to prepare the bathing water promote healing of umbilical stump and have *dosha* pacifying properties.

Jaatkarma

It involves the first feeding of baby.

According to Charaka on first day of birth, baby should be offered honey and ghee as first feed and from next feed right breast should be offered for sucking. An earthen jar filled with water should be impregnated with mantra's and kept near the head of the child.

Most of the mothers do not have sufficient secretion of milk. For that, ancient Acharyas have specially prescribed feeding schedule of neonate for first 4 days. Sushruta and Vagbhata says that on first day honey, *ghrita* and *Ananta* should be administered three times in a day. On second and third day *ghrita* medicated by Lakshmana should be administered three times a day while on fourth day honey and *ghrita* should be offer two times a day in an amount of *swapanitalasamitta* and after that breast feeding should be started.

This licking of medicine preparations also gives an opportunity to physician to assess the rooting and sucking reflex of neonate.

Ghrita - According to Sushruta *ghrita* enhances *smriti*, *medha*, *kanti*, *swara*, *sukumarta*, *ojas*, *bala*, *vayasthapaka*, *netraya*, *rakshoghna* etc.

Madhu – According to Charaka *madhu* is *sandhankara*, *chedana*, cures *raktapitta* (Haemorrhagic disorder) and *kaphaja roga*.

Swarnaprashan given to baby by gold *bhasma*, honey and ghee serves the purpose of both nutrition and immunisation. Honey and ghee have a high caloric value, giving energy to baby.

Rakshakarma

Acharya Charaka describes the *Rakshakarma* procedure in detail for the protection of new-born. He describes antiseptics of bedding, clothing and aseptic measures to prevent infections from surroundings. Branches of *Aadani, Pilu, Khadira, Parushka* should be placed all around the *Sutikagara* and *Sarshapa, Atasi, Tandula, Kankanika* should be scattered on its floor. A packet containing *Vacha, Kustha, Kshomka, Hingu, Sarshapa, Atasi, Lashuna, Guggulu* etc. *Rakshoghna dravyas* should be hanged on the door and similar *dravya* should be tied around the neck of mother and child. Inside *Sutikagara*, fire lit from *Tinduka* should be constantly kept burning. Well-wishing caretaker women should be remained vigilant and attentive in the *Sutikagara* for the initial 10 to 12 days. Placing of herbs in wardroom and tying it to neonate reduces chances of infection as these medicines have *Rakshoghna* (antimicrobial) properties. Lighting fire inside the wardroom provides better visibility of neonate for its care specially at night. Sushruta and Vagbhata told to use *kshauma* clothes for wrapping the new-born babies. The fumigation of the *Sutikagara* (labour room) by various drugs is mentioned to protect the baby from various infections. The various drugs mentioned in *dhupana karma* have antiseptic and antimicrobial properties.

CONCLUSION

The measures of care of new-born described in ancient ayurvedic texts indicate their wisdom regarding resuscitation, prevention of hypothermia, aspiration and early initiation of breast feeding. The modern protocol for resuscitating a new-born is very similar to the methods given in Ayurveda.

There is an urgent need to strengthen the ayurvedic knowledge by accepting newer approaches couched upon our own concepts. If these things are practiced along with the instruments and the principles of modern science it will be highly beneficial to new-born baby.

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