



AYURVEDIC MANAGEMENT OF UDARSHOOLA W.S.R To INFANTILE COLIC - A REVIEW ARTICLE

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ABSTRACT

The whole world is fighting with pain whatever may be its source or origin. Pain is a protective body mechanism, which alerts the person about the harmful condition or experience that occurs in the body. Colic is common but poorly understood condition that affects babies. *Udarshoola* is considered to be the foremost complaint noticed in the infant, it can impact on poor weight gain, poor quality of life in infants, thus the major issue to be focused on is proper management. Pain is defined as an unpleasant sensory and emotional experience. *Ayurveda* explains the origin of pain is due to vitiated *Vata*. *Udarshoola* is a condition where one express high intensive pain in abdomen. *Stanya dushti* is one of the main causative factors for disease development in an infant. Hence the mother should also be treated along with the infant. This article explores the *Ayurvedic* management in infantile colic based on clinical experiences.

KEYWORDS: *Udarshoola*, infantile colic, *Ayurvedic* management.

INTRODUCTION

Infantile colic is one of the most common problems encountered by primary care physicians and childcare providers. Prevalence rates in prospective studies varies from 3% to 28% and in retrospective studies from 8% to 40%. *Udarshoola* (colic) as the child rejects the breast, cries, sleeps in supine position, has stiffness of abdomen, (feeling) of cold and perspiration of face. Whereas other texts described, the significant factor responsible for the genesis of *Shoola* as *Vata* (*vayu*), detailed etiopathogenesis about 8 types of *Shoola*, and the clue for the management of *Udarshoola*. The condition is more common among first born and active babies of anxious parents or grandparents. The incidence of disorders is equal among breastfed and formula fed infants. The cause of this diurnal rhythm is not known. The amount of crying is not related to an infant's sex; the mother's parity or the parents socioeconomic status, education but colicky crying differs from regular crying. *Udarshoola* is considered to be the foremost complaint noticed in the infant, which is expressed by incessant cry that disturbs the mother, care-takers and whole family. If not attended to, it can impact on poor weight gain poor quality of life in infants, thus the major issue to be focused on is proper management.

General etiological factors of infantile colic

Ayurvedic point of view: In *Ayurveda*, pain in and around the navel is called colic and is generally associated with constipation. In infants, the *dhatu* (body tissue) is still new and developing; Also, the *Agni* (digestive fire) is low or *mand*. This means that they cannot digest everything that is consumed by the mother or the formula food that is given to baby. Sometimes faulty feeding technique may develop Aerophagia. Thus, the mother has to be very careful about correct methods of feeding techniques. According to *Ayurveda*, aggravation of *vata dosha* causes the colic pain.

Infantile colic is unexplained, probably relates to aerophagia or behavioural problem. A voluntary retention of Flatus, Stool, Urine, over eating, indigestion, eating before the digestion of previous food, over exertion, foods which are incompatible in their combination, drinking water when hungry, use of germinated grains, dry food or cakes of dry meat as well as use of other such foods which aggravates the *Vata Dosh*, are the causative factor of *Shoola*. As infantile colic is concerned aerophagia, improper feeding posture of mother, evening time fast feeding from breast, and if mother takes incompatible foods etc. are the reason for *Vata* vitiation and causes colic.

General pathophysiology of infantile colic

Vata is aggravated because of these etiological factor & produces a violent cutting & spasmodic pain in the abdominal cavity (*Koshtha*). The patient complaints of pain as if he is being pierced with a spear (*Shanku*) inside and of a feeling of suffocation under the influence of that acute pain, which fact have determined the nomenclature of *Shoola*.

General features of infantile colic

Udarashoola is mentioned as *Kosthavibandha* (constipation), *Chhardi* (vomiting), *Stanadamsha* (biting the breast), *Antrakujana* (gurgling sound in the abdomen), *Adhmana* (flatulence), *Pristanamana* (bending back), and *Jathara unnamana* (elevation of the abdomen). Whereas colic in children is explained as *Stana Vyudasyate* (rejects breast), *Ruti* (cries), *Uttana schava bajyate* (sleeps in supine position), *Udarasthabdhata* (stiffness of the abdomen), *Shaityam* (coldness), *Mukhasweda* (perspiration of the face).

Management

Management can be done by:

- 1) External Management (*Bahya Chikitsa*)
- 2) Internal Management (*Abhyantara Chikitsa*)

1) External management

- a) Burping b) Exercise c) *Abhyanga* (Baby Massage) d) *Swedana* (Fomentation) e) *Lepana*

2) Internal Management

- a) Treatment to child b) Treatment to mother
- a) **Burping:** babies swallow lot of air during breast feeding, especially if not properly attached to the breast. This aerophagia, may lead abdominal discomfort, colicky pain. This method is done to help a baby let out air from the stomach specially to patting or rubbing the baby's back.
- b) **Exercise:** Both the legs of the baby must be held straight at first and then flexed from the knee, in this flexed position the thighs should be pressed against the abdomen. This manoeuvre creates pressure on the abdomen which aids in releasing the accumulated air via the anal orifice which helps in alleviating the pain.
- c) **Abhyanga:** Soft touch and pressure massage should be given to the infants especially on the abdomen and back slightly heated oils.

d) **Swedana:** Swedana can be performed on a baby in 2 ways i.e. *Hasta sweda* and *Pata sweda*.

1) **Hasta Sweda:** This type of *Sweda* is specifically indicated in colic.

Procedure: while performing this procedure first the hands must be heated by placing the open palms near smokeless flames of fire, *Vidhoomaagnyaushmana*, in a setting with a radiant warmer the hands can be heated on

the heat source of the radiant warmer and placed on the baby's abdomen. The procedure should be repeated for at least 5 times.

2) **Patasweda:** *Swedana* is done with warm cloth.

Procedure: A thick warmed cloth is placed on the baby's abdomen for getting the *Swedana* effect.

Warming can be done in 2 ways, by using:

- i) Dry heat – cloth is kept on a hot dry surface.
- ii) Wet heat – cloth is dipped in hot water.

e) **Lepana:** Fine powder of dry drugs with *ushna veerya* such as *hingu*, *vacha*, *rasna* etc should be made into a fine sticky paste by mixing water and a thick layer of this paste of 2-3mm should be smeared on the baby's abdomen.

2. Internal Management (*Abhyantara chikitsa*)

1. Treatment to the baby

Drugs can be applied as a *lepa* externally on mothers nipple before sucking. Drugs with *deepana*, *pachana* and *anuloma* effect are chosen for internal administration in *Udarashoola* like *Ajamoda*, *Shunthi*, *Jeeraka*, *Vacha*, *Shatapushpa*, *Hingu* etc. *Arka kalpana* is a liquid preparation obtained by distillation of certain liquids or of drugs soaked in water using the *Arka yantra* or any convenient modern distillation apparatus. *Arkas* are distilled essences, which contain the volatile constituents of drugs used in the preparation in a medium of water.

2. Treatment to the mother

Treatment to the mother should only be given after diagnosis of infantile colic has been made. *Draksharishhta*, *Drakshadi kashaya*, *Jeerakarishhta*, *Dashamoolarishta* and *Haritaki Khanda* can be used with an aim of *Amapachana*, *Agnideepana*, *Vatanulomana*, *Stanyashodhana*. *Shatavari Lehya/ Guda* can be used for *Stanyavardhana/Janana* effect.

Dos and don'ts in managing the infantile colic

Apart from management discussed above, following factors prove helpful in dealing with the baby of infantile colic,

- ✓ Do try things that usually stop your baby crying such as offering a pacifier, singing, walking etc.
- ✓ Do try snug wrapping of your baby and holding the baby in your arms or lap.
- ✓ Do hold the baby upright and walk the baby around.
- ✓ Do put your baby on your lap and gently massage the baby's back.
- Do not worry too much about colic.
- Do not ever shake a baby.
- Do not ever cover a baby's face with pillow or other object to quite a crying.

DISCUSSION

When evaluating a crying infant, physicians should conduct a thorough history and physical examination to assess for underlying medical disorders and to determine the need for further testing. Colic should only be

diagnosed after exclusion of organic causes. The cause of excessive cry can be as simple as diaper poking the baby to CNS infections leading to shrill cry. Exclusive factors for Colic like improper feeding technique, aerophagia, wet diapers, sleeping hours etc should be considered. Once concerning causes have been ruled out, the physician can safely diagnose colic in an infant who meets the rule of three criteria. Parents typically report that paroxysms occur in the evening and are unprovoked. It is important to explore the family's perceptions of their infant's crying, listen to their worries, acknowledge their feelings of anger, frustration and exhaustion, and avoid being dismissive of their concerns.

For reducing crying episode soothing the child with a pacifier, playing repetitive sounds like soothing music, or placing a warm heating pad on the infant's abdomen helps. Most babies respond to rhythmic rocking or pats on the back. Some likes to be placed on their front. Some babies settle with a car ride. A quiet environment with minimal unnecessary handling and correction of faulty feeding techniques are helpful. The changing of milk formula is usually not necessary.

Burping helps in expulsion of excess air in the stomach due to aerophagia during breast feeding. The excess air in the gut may be a causative factor for pain during hyper peristalsis. Expulsion of this excess air gives relief.

Many studies have proved that *Abhyanga* is effective in reducing severity of colic symptoms *Abhyanga* influences the emotional status also its efficacy can be enhanced by using certain medicated oils. *Mridu Samvahana* with light strokes can induce tranquillity. *Anuloma Gati* of the strokes also help in *Vatanulomana*. This may be the mechanism of pain relief in colic by *Abhyanga*.

Swedana in any form causes vasodilatation which increases arterial blood flow to and venous emptying from the area. On the other hand the nerve impulses will also activate the descending pain suppression system which releases an endogenous opiate substance β endorphin or enkephalin into the substantia gelatinosa at a spinal cord level. These substances inhibit the transmission in the nociceptive circuit synapses by blocking the release of the substance causing pain, thus relieving pain.

Internally *arka kalpana* is found to be effective in treating GIT disorders in infants. *Arkas* are distilled essences, which contain the volatile constituents of drugs used in the preparation in a medium of water. The stability of *arka kalpana* is comparatively more than *swarasa*, *kalka*, *kwatha*, *phanta*, *heema* and *churna*. Moreover, *arka* possess good palatability and more acceptance as it is given in small quantity. Drugs having *deepana*, *pachana* and *anulomana* should be selected accordingly.

CONCLUSION

Udarshoola or infantile colic is benign self-limiting disorder characterised by episodes of incessant crying 3 hours a day, for 3 days in a week or 3 weeks in a month. General advice and counselling should be offered to all families. Other signs frequently associated to inconsolable crying are flushing, abdominal distension and leg contracture. Though being self limiting, pain management is necessary, as the incessant crying may be a cause of anxiety for the parents. It can be managed with modalities of treatment i.e *abhyantar* and *bahya karma*, which consists of burping, physical therapy, *abhyanga*, and *swedana*, internal administration of various formulations and drugs with *deepana*, *pachana* and *anuloma* effect to the baby as well as the mother. There are the five manoeuvres (the five S's), a group of reflexes (vestibular, auditory, and tactile) that work together to calm the baby: swaddling, shushing, stomach position, swinging, and sucking. The mainstay of management for colic is to help families cope with their infant's symptoms, reduce the risks of parental depression, child abuse and early breastfeeding cessation, and to prevent the possibility of long-term adverse effects. The above mentioned ways of management shows promising positive results in large number of babies.

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