

Traditional Practices of Neonatal Care (Sadyojata Shishuparicharya)

Ram KB*

Department of Kaumarbhritya, MMM Govt Ayurvedic College, India

Review Article

***Corresponding author:** Ram Kumar Bhamu, Department of Kaumarbhritya, MMM Govt Ayurvedic College, Udaipur, Rajasthan, India, Tel: 9660012231; Email: drbhamuramkumar@gmail.com

Volume 1 Issue 1 Received Date: June 20, 2017 Published Date: July 18, 2017

Abstract

According to the Indian culture, much prominence is given to the post partum period. The term 'neonatal' means a child who is just born. Care of neonate right from just after birth till the first feeling has been described by various texts of Ayurveda. Though India has various cultures; basics of all the Neonatal care system (Sadyojata Shishuparicharya) in different Indian cultures are same, only the constituents change according to the climate and customs. Lot of instructions are available in classical Ayurvedic literature for the care of neonates in the form of traditional practices. The steps included in neonatal care or Sadyojata Shishuparicharya are Pranapratyagamnama (Resuscitation of new born), Nabhi nadi (care of the cord), Jatakarma Sanskara, Swarna Prashan Sanskara & Snan (Prelacteal Feeds and baby bath), Piyush & Stana Panama(colostrum and breast feeding), Breast milk purifiers & promoters (Lactagogues), Dhatri Gunas (wet nursing), Shishuabhyanagama(Baby massage), Anjana prayoga (corrylium application), modified medicinal preparation of Lehya (Janam Ghuntti), Karna & Nasa vedhan sanskar (Ear & Nose peircing) & the Rakshakarma (Protective measures) [1,2]. An attempt has been made by me, to present the traditional practices of the various procedures, included in neonatal care (Sadyojata Shishu Paricharya) through this article. The material helpful to this context was collected and compiled from different classical Ayurveda literatures and renowned paediatric textbooks.

Keywords: Sadyojata; Neonates; Rakshakarma; Paricharya; Lehya

Introduction

The term 'neonatal' means a child who is just born. A lot of instructions are available in classical Ayurvedic literatures for the care of neonates in the form of traditional practices. Most of the traditional practices of neonatal care appear to be based on experiences, logic & scientific justifications laid down by several Acharyas in different Ayurvedic classics. But these practices have undergone a lot of changes and twists over centuries and some of them have also become irrelevant in the present time. Those traditional procedures which are being still practiced throughout India are summarized below:

- Pranapratyagamnama (Resuscitation of New Born)
- Nabhi nadi (Care of the cord)
- Jatkarma sanskara, swarna prashana sanskara & snan (Prelacteal Feeds and Baby Bath)
- Piyush & Stana panama (Colostrum & Breast Feeding)
- Breast milk purifiers & promoters (Lactagogues)

- Dhatri Gunas (Wet Nursing)
- Shishuabhyanagama (Baby Massage)
- Anjana prayoga (Corrylium Application)
- Modified medicinal preparation of Lehya (Janama Ghuntti)
- Karna & Nasa vedhana sanskara (Ear & Nose piercing)
- Rakshakarma (Protective measures)

Pranapratyagamnama (Resuscitation of New Born)

The newborn baby is to be resuscitated before cutting the cord [3]. Here are few verses quoted from different Ayurvedic texts regarding resuscitation. They are two types of Resuscitative procedures:

- Routine
- For Resuscitation unconscious or asphyxiated neonate

Routine Resuscitation (Vishodhanama): Routine resuscitation is performed in following steps:

- Cleansing the face & oral cavity with ghee and rock salt [4].
- Swab soaked in Balataila to be applied on head (specially vertex) as pichudharana [4,5].
- Mukhparisheka i.e; whole face including eye, ear, nose & mouth should be cleaned with water [6].
- Pramarjanama i.e; tongue, lips, throat including palate should be gently cleaned with right index finger (which should have nails cut) properly washed, dried and wrapped with cotton [6].
- Anal & uretheral orifices should be cleaned properly.
- Chardnama Ghee & rock salt to be given again for emesis to vomit out swallowed amniotic fluid [7].

For Resuscitation Unconscious or Asphyxiated Neonate:

- If neonate is asphyxiated or doesn't cry after birth then two stones should be striken near the base of ears [8]. (Ashmanosanghattanam karnyormule)
- Mukhprisheka: should be done with hot & cold water (depending upon the season) should be sprinkled over the face [8]. ("Shitodaken ushnodaken va mukhaparishekha tatha sa kleshavehatan pranan punarlabhate")
- Fanning with blackened broken earthen pot or with winnowing basket made of Krishna kapalika should be done [8].

- After resuscitation following mantra should be spoken near the ear of neonate for his longevity [9].
- "Thou is born from different body parts and from heart, Atma itself is named as son. Thou line for hundred years in which each ear should be of hundred years. Thou attain longevity may the nakshatras (planet), Disha (directions), nights & days protect thee.

Nabhi Nadi (Care of the Cord)

After Resuscitation, cord care practices are to be adopted. There are few verses quoted in different Ayurvedic classics regarding cord care practices. Following conclusions can be drawn from those verses: Cord care practices which involve three procedures:

- Cord cutting
- Cord tying
- Cord dressing

Cord Cutting: Cord should be measured 4 fingers (2 inches) from the neonates umbilicus & tied the first thread: (Thread should be silken soft) [10]. Then tie the second thread at 8 fingers (4 inches) [11]. Then gently hold between the two threads and cut the cord with the knife or sickle shape (Ardhadhara – Mandalgrum Shastra) sharp edge instrument which should be made up of gold, silver or iron. Instrument should be sterlised in fire.

Cord Tying: The thread used for tying the end of stump should go around the neck in each a way that stump end faces upwards thereby eliminating chances of bleeding & oozing [11].

Cord Dressing: After cord tying dressing of the cord is advised which depends upon the condition of the cord? If the cord is dry then Kushtataila or Lodhrataila can be applied & if the cord is wet then Lodhradi churna should be applied [10]. According to Acharya Sushruta after cord cutting the child should be treated as a wounded person [11].

Jatkarma Sanskara, Swarna Prashana Sanskara and Sanan (Prelacteal Feeds and Baby Bath)

Administration of prelacteal feeds before breast feeding is advised in different Ayurvedic texts and is called Jatkarma samskara or Swarna prashans samskara [12,13]. Afterwards the neonate should be given paste of ghee, honey or ghee, honey and gold bhasma.

The paste should be given by father while chanting the mantra "Angad Angaad Sambhavasi" It increases the life span, intellect, strength, digestion, fair complexion of child along with enhancing the immune power. Then rock salt & ghee are to be given again for inducing vomiting. After the prashana the baby should be given massage with balataila and cover the anterior fontanelle with oily tampon. The baby is now bathed with hot or lukewarm decoction (depending upon the season) prepared from focus group of drugs and some fragment drugs which are easily available. The child should be wrapped with soft silken new cloth and made to sleep covered with soft cloths [14].

Piyush & Stana Panama (Colostrum & Breast Feeding):

After prelacteal feed, mother's milk should be given to baby. But before giving the feed a few drops should be discarded at every feed for purifying the breast tubules [15].

Acharya Charaka has advised breast feeding on the first day but Acharya Sushruta has advised breast feeding on the fourth day [16,17]. But before giving the breast milk breast should be slightly squeezed or milk should be drained for ensuring patency of lactiferous tubules and prevent complications like vomiting, dyspnea, cough and fever etc. in neonate which can occur if breast milk in not discarded but it does not mean that colostrums is to be discarded rather it should be encouraged in mother as it provides strength to different parts of body in neonate along the longevity and good health.

Breast Milk Purifiers & Promoters (Lactagogues)

Medicines or procedures that purify breast milk should be given before giving the galactagogues or along with galactagogues. These can further be classified in four groups:

Psychological: Here Sushruta explains that as the thought of female partner on hearing her voice or on feeling her touch, the male gets stimulated and the semen is discharged [18]. Likewise there is psychological impact of the child to his mother i.e. the sight or sound or even the touch of child is enough to promote lactation in mother. So there should be a feeling of affection towards child and she should avoid anger, depression etc.

Physical: So mother should avoid physical exertion, hunger and sexual excitement etc [19].

Diet: Diet plays a very important role in lactation as nutritionally healthy mother can give healthy milk [19]. So mother should be given high nourishing diet. There are a few dietary recommendations – So mother should be given wheat, shali and shashtika rice, guda, ghee, oil, milk, green leafy vegetables, garlic, fish, onion but she should avoid excessive fat diet with sour, salty and astringent tasting foods.

Medicine: A lot of references are available in different Ayurvedic texts for producing and enhancing mother's milk [20]. But these should be practiced when the above three recommendations don't work.

Dhatri Gunas (Wet Nursing)

In ancient period, there were many dynasties [21]. Wet nurse was arranged for breast feeding of royal and elite children. Although, there is no other substitute for mother's milk but there are some reasons for which wet nurse should be arranged. Wet nurse is advised in special situations only where the mother has died, seriously ill or having some serious heart disease or abnormal milk. Physiological & psychological assessment of qualifications and disqualifications should be carried out for the wet nurse. (Dhatri Pariksha)

Shishuabhyanagama (Baby Massage)

After giving bath, massage with any medicated oil or Tiltaila or Balataila should be done in neonates. Acharya Charaka has mentioned in detail, regarding the importance of massage [22]. Similarly in all Ayurvedic Samhitas a detailed description regarding importance of massage is available. In neonates massage has two benefits: that are –

- Regularly massaging a baby gives the opportunity to keep a check and find out any area of the body that consistently gives rise to pain, discomfort or tension.
- During early months of life baby uncurl from their position and stretch their muscles and joint to coordinate their movement, massage is especially beneficial in this situation. Hence, massage should be given by mother herself as this makes close and contact of mother and child and creates affectionate relationship between them.

Anjana Prayoga (Corrylium Application)

In the Indian system of medicine, two types of Anjana application are described:

• Sauviranjana (Lead Sulphide)

• Resanjanama (Herbal preparation from Turmeric)

The Anjana preparation is used in a powder or in suppository form [23]. Application of Rasanjana is advised once a week for secretion of eye doshas and application of Sauviranjan is advised as a regimen to prevent the diseases above clavicle. These cure the pain and the itching sensation in eye. It should be applied at night [24].

Modified Medicinal Preparation of Lehaya (Janama Ghuntti)

Janama Ghuntti available today are the modified medicinal preparation of Lehaya mention in different Ayurvedic texts for keeping the baby healthy and for some minor ailments like constipation, tympanitis in baby. Acharya Kashyap has mentioned in detail about the indication of lehana in Lehadhyaya. "Akshira Janani Yeshamalapkhiraapi...... leyhaditi". Most of these medicinal preparation are made up of Haritaki and Soya as the main constituents as these increase digestion, tone the heart, cure constipation, kill worms, increase the appetite and cure cough and maintain the balance of tridoshas [25]. Along with the above mentioned Ghunttis, medicated Ghee like Brahami Ghrita, Kalyanakghrita or Panchagavya Ghrita can also be used.

Karna & Nasa Vedhana Sanskara (Ear & Nose Piercing) – "Raksha Bhushan Neemitam ... Tadadesh Vidhyamiti"

Although there are several references of ear piercing available in different Avurvedic texts but the act of nose piercing is a very common traditional practice. Both of these practices are believed to prevent the ill effect of evil spirits or protection from the omens. This ceremony is performed during 6th to 7th month of life on auspicious day (like in Pushya nakshatra, Ashwin nakshatra etc.,) after performing religious rituals. The child is seated in the lap of mother or wet nurse. Toys like horses, elephants and sweets, eatables should be given to child to lure him and the doctor is supposed to pierce the ear by hinding it with his left hand, the anatomical orifice facing the sunlight and properly drawn so that it is easily visualized and then with the right hand a sharp needle is gently passed through it. The right ear is pierced first in male child while the left in female [26].

Rakshakarma (Protective Measures)

Protective measures were advocated by various ancient Acharyas to protect the new born from influence of various evil powers (infections) for so long the child remains in uterus so it is kept at a regular temperature of the body by the mother, protected from the outside forces[27,28]. Once the child is born it has to maintain its temperature by its own regulation, and should be protected from environmental influences to keep the body at a normal temperature. So to help the neonate adopt himself from the outside forces various protective measures should be adopted [29].

Conclusion

It is important to note that the Ayurvedic practices of 3,500 BC were based primarily on observation and experiences. Various profounder of Ayurveda have described the care of newborn in their own measures yet its essence is the same and moreover in its intet heralds the modern day neonatology. Thus immediate management of a newborn needs greatest care without wasting time, while various protective measures and nursing care have been advocated later to the slowly acclimatizing child with the environment. The principles of revival of a new born are same as that of the modern medicine Like:-

- It is justified to take mechanical help in suction of the inhaled contents (pramarjanama & chardnama)
- The nabhi nadi kartan benefits in holding of a neonate, an extra amount of blood, nutrients and the antibodies.
- Then comes our practice of different sanskars to enhance the immune system and an overall vitality of the child.
- Piyush & Stana panama shows how our ancient Acharyas potrayed its importance all centuries before the modern concept of colostrum came into existence.
- The breast milk purifiers & promoters is of utmost use for the mother as well as for the baby's well being, as the breast feeder is only dependent on the mother's milk as his whole nutrition and for mother's physical & mental health (mother child bond) it is important.
- The concept of wet nursing, well prevalent from hundreds of year back shows how important the nourishment of the child is & how it is affected by the quality of the dhatri as well.
- Shishuabhyanagama shows how massage is helpful in improving blood circulation, growth and other prospects discussed before.
- Anjana Prayoga for the eye care.
- The Lehana karma could be co-related with the modern concepts of vaccination.

- Ear & Nose piercing practice had its own importance like to make the child resistant to the external & sudden pain stimuli.
- To take care of the child like that of a wounded person; suggests the care to be taken by isolation and preventing (Rakshakarma) the numerous infections to which he may be vulnerable. These traditional neonatal practices are being practical throughout India and all these have scientific rationale behind them both in prevention as well as management of different type of neonatal disorders. So, there is a growing need to popularize these traditional neonatal practices which are now disappearing in a thing-"light of modern system of medicine".

References

- 1. Kasinatha Sastri, Gorakhanatha Chaturvedi (1998) Charak Samhita Shareersthana by Agnivesha, Chaukhambha Bharti Academy, India, pp: 947.
- Ghai OP (2008) Essential pediatrics 6th (Edn.), CBS Publishers & Distributors, India, pp: 137-145.
- Gupta Suraj (2016) The short textbook of pediatrics 12th (Edn.), Jaypee Brothers medical publishers (p) Ltd, pp: 271-276.
- Sushruta samhita shareersathana (1997) 11th (Edn.), Ayurved Tattva Sandipika, Kaviraj Ambika data Shastri Sanskrit sansthan, India, pp: 75.
- 5. Astanga harydya uttara tantra (2003) 4th (Edn.), vidyotini Bhasa tika kaviraj Atrideva Gupta, chaukhambha sanskrit sansthan, India, pp: 452.
- 6. Kasinatha Sastri, Gorakhnatha Chaturvedi (1998) Charak Samhita Shareersthana by Agnivesha, Chaukhambha Bharti Academy, India, pp: 948.
- Astanga harydya uttara tantra (2003) 4th (Edn.), vidyotini Bhasa tika kaviraj Atrideva Gupta, chaukhambha sanskrit sansthan, India, pp: 453.
- 8. Kasinatha Sastri ,Gorakhnatha Chaturvedi (1998) Charak Samhita Shareersthana by Agnivesha, Chaukhambha Bharti Academy, India, pp: 947.
- 9. Astanga harydya uttara tantra (2003) 4th (Edn.), vidyotini Bhasa tika kaviraj Atrideva Gupta, chaukhambha sanskrit sansthan, India, pp: 452.

- 10. Astanga samgraha uttara tantra (1993) Kaviraj Atrideva Gupta, Chaukhambha Sanskrit Sansthan, India, pp: 175-176.
- 11. Kasinatha Sastri , Gorakhnatha Chaturvedi (1998) Charak Samhita Shareersthana by Agnivesha, Chaukhambha Bharti Academy, India, pp: 948-949.
- 12. Kasinatha Sastri, Gorakhnatha Chaturvedi (1998) Charak Samhita Shareerasthana by Agnivesha, Chaukhambha Bharti Academy, India, pp: 950.
- Kashyapa Samhita Vridhajeevaktantra (2004) 9th (Edn.), Lehaya Adhayaya edited by Hemraj Sharma, Chaukhambha Sanskrit Publication, India, pp. 4-5.
- 14. Sushruta samhita shareersathana (1997) 11th (Edn.), Ayurved Tatva Sandipika, Kaviraj Ambika data Shastri Sanskrit sansthan, India, pp: 76.
- 15. Ashtanga harydya uttara tantra (1993) Kaviraj Atrideva Gupta, Chaukhambha Sanskrit Sansthan, India, pp: 177.
- 16. Kasinatha Sastri, Gorakhnatha Chaturvedi (1998) Charak Samhita Shareersthana by Agnivesha, Chaukhambha Bharti Academy, India, pp: 950.
- 17. Sushruta samhita shareersathana (1997) 11th (Edn.), Ayurved Tatva Sandipika, Kaviraj Ambika data Shastri Sanskrit sansthan, India, pp: 76.
- 18. Sushruta samhita nidansathana (1997) 11th (Edn.), Ayurved Tatva Sandipika, Kaviraj Ambika data Shastri Sanskrit sansthan, India, pp: 269-270.
- 19. Sushruta samhita shareersathana (1997) 11th (Edn.), Ayurved Tatva Sandipika, Kaviraj Ambika data Shastri Sanskrit sansthan, India, pp: 79.
- 20. Kashyapa Samhita Vridhajeevaktantra, sutrasthan (2004) 9th (Edn.), edited by Hemraj Sharma Chaukambha Sanskrit Publication, pp: 7-8.
- 21. Kasinatha Sastri, Gorakhnatha Chaturvedi (1998) Charak Samhita Shareersthana by Agnivesha, Chaukhambha Bharti Academy, India, pp: 957.
- 22. Kasinatha Sastri, Gorakhnatha Chaturvedi (1998) Charak Samhita Sutrasthana by Agnivesha, Chaukhambha Bharti Academy, India, pp: 128-129.
- 23. Kasinatha Sastri, Gorakhnatha Chaturvedi (1998) Charak Samhita sutrasthana by Agnivesha, Chaukhambha Bharti Academy, India, pp: 113.

- 24. Astanga sangraha sutrasathan (1994) Srimad Vrddhavagbhada edited by Ravidutt Tripathi, Chaukhambha Sanskrit Pratishthan, pp. 41-42.
- 25. Kashyapa Samhita Vridhajeevak tantra (2004) 9th (Edn.), Sutrasthan, edited by Hemraj Sharma, Chaukhambha Sanskrit Publication, pp: 1-6.
- 26. Sushruta samhita sutrasthana (1997) 11th (Edn.), Ayurved Tatva Sandipika, Kaviraj Ambika data Shastri Sanskrit sansthan, India, pp. 64-65.
- 27. Kasinatha Sastri, Gorakhnatha Chaturvedi (1998) Charak Samhita Shareersthana by Agnivesha, Chaukhambha Bharti Academy, India, pp. 950-951.
- 28. Abhimanyu Kumar (1999) Child health care in Ayurveda (chapter 1) Sri satguru publications, India, pp: 1-14.
- 29. C.H.S. Sastry (2006) Principles and practice of Pediatrics in Ayurveda, SDM college of Ayurveda & Hospital Hassan, India, pp: 42-57.