



VEDANADHYAYA: A CRUCIAL CONTRIBUTION OF KASHYAP SAMHITA IN PEDIATRIC CLINICAL EXAMINATION

Deepshikha^{1*}, Amit Kumar Rai²

¹Assistant Professor, Dept. of Kaumarbhritya, Uttarakhand Ayurved University Campus, Gurukul Kangri, Haridwar, Uttarakhand, India.

²Medical Officer, Ch. Brahm Prakash Ayurved Charak Sansthan, Khera Dabar, New Delhi, India.

ABSTRACT

The field of Ayurveda is broadly divided into eight parts. *Kaumarbhritya* refers to the science of diseases and care of children, right from conception till adolescence. *Kashyap samhita* is undoubtedly the pioneer text in this branch of Ayurveda. The text is divided in various sections (*Sthanas*) of which *Vedanadhyaya* is twenty fifth chapter in *Sutra sthana*. It concerns the symptomatology of various diseases in children and serves as a great guidance for pediatric examination and diagnosis as children are unable to narrate their symptoms themselves. The present article reviews the original text of the chapter and critically analyses it in light of contemporary medical science. It is noticeable that *Acharya Kashyap* has included a wide range of diseases pertaining to various systems like skin, ENT, gastro-biliary, hematology and urinary system and has also included the *Bal grahas*. The symptoms described are accurate and reasonable in contemporary scientific era also. Thus, a thorough study of *Vedanadhyaya* is essential for proper understanding of Ayurvedic perspective of pediatric illness and their common demarcating symptoms. It reinforces the view that children are not miniature adults and diseases in pediatric population have distinct features and need to be understood separately.

KEYWORDS: *Vedanadhyaya*, pediatric clinical examination in Ayurveda, *Kashyap samhita*.

INTRODUCTION

Kashyap samhita, the most revered source book available on *Kaumarbhritya*, is presented in the form of compilations of the preachings of *Acharya Kashyap* by his disciple *Vridhha Jivaka*. With the lapse of time, the book was lost in oblivion and then resurrected by *Vatsya*, who procured it from an *Yaksha* named *Anayasa*.^[1] The *Kashyap samhita* available today is actually one fourth or even less than what it would have been in its original form. Fortunately we have *Vedanadhyaya* intact which describes the clinical manifestations of various diseases of children. In this chapter *Vridhha Jivak* has asked his *Guru Kashyap* about the methods of diagnosis of ill children, as most of them are unable to explain their complaints adequately. *Kashyap* has explained the answer very comprehensively.

Content of *Vedanadhyaya* and its relevance

The various diseases described and their interpretation in context of modern science is as follows:

a). *Shirah Shool (headache)*: In the event of headache, the child rolls the head too much, closes the eyes, moans, becomes dull and insomniac.^[2]

Relevance: Headache is a common problem in pediatrics. The effect of headaches on a child's academic performance, memory, personality as well as school attendance depends on their etiology, frequency and intensity. A headache may occasionally indicate a severe underlying disorder (e.g., a brain tumour), and thus

careful examination of children with recurrent, severe or unconventional headache is mandatory. Modern science holds that infants and children respond to a headache in an unpredictable fashion. Most toddlers cannot communicate the characteristics of a headache; rather they may become irritable and cranky, vomit, prefer a darkened room due to photophobia, or repeatedly rub their eyes and head. The most important causes of headache in children include migraine, increased intracranial pressure and psychogenic factors or stress. Other factors include refractive errors, strabismus, sinusitis and malocclusion of teeth.^[3] *Acharya Kashyap* has also described similar features wherein '*bhrisham shirah spandayati*' refers to excessive 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.

b). *Trishna (Thirst)*: The child suffering from thirst, does not get satisfied inspite of taking too much breast-milk, cries, has dry lips and palate, depressed *talv* (fontanelle) is desirous of water and is weak.^[4]

Relevance: Water intake or thirst is regulated by hypothalamic osmoreceptors. These osmoreceptors by linking to the cerebral cortex, stimulate 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.^[5] This is usually encountered in diarrhea, which is the leading cause of under five mortality in India. The *Trishna* or thirst described by *Kashyap* correlates to moderate degree of dehydration, in which the child is thirsty and drinks eagerly, restless, irritable, dry tongue and depressed fontanelle.^[6]

c). Karna Vedana (Pain in ears): Child touches ears with hands, rolls head too much, has dullness, anorexia and insomnia.^[7]

Relevance: Pain in ear or otalgia is a common feature of ear infections like otitis media and otitis externa. Otitis media is one of the most common infections of early childhood. Anatomic features which make this age group particularly susceptible to ear infections include shorter, more horizontally placed and compliant Eustachian tubes, which permit reflux of nasopharyngeal secretions into the middle ear.^[8] Clinical features given in *Vedanadhyaya* correspond to that of otitis media where there is ear pain, ear tugging or rubbing, poor appetite, excessive crying. The child has *Arati* or dullness due to systemic features like fever and *Aswapna* or is unable to sleep due to constant pain.

d). Chakshu Rog (Eye Diseases): In the diseases of eyes (the features are) difficulty in looking, pricking pain, inflammation, pain, excessive lacrimation, redness and the eyes get smeared during sleep.^[9]

Relevance: The symptoms described regarding 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.

e). Mukha Roga (diseases of oral cavity): Excessive salivation, aversion to breast, dullness and pain, ejects the ingested milk and has nasal breathing.^[10]

Relevance: The clinical features described here represent a range of diseases associated with oral cavity like gingivitis, dental caries, aphthous ulcers, gingivostomatitis, tonsillitis and parotitis. Swelling of gums causes excessive salivation whereas oral ulcers and tonsillar inflammation causes difficulty in feeding and painful deglutition. So the baby is reluctant to feed and expels the ingested milk.

f). Kantha Vedana (Pain In Throat): Ejects the ingested milk, suffers from constipation on taking substances having predominance of *Sleshma*, mild fever, anorexia and lethargy.^[11]

Relevance: *Kantha Vedana* here refers to any disease in which pain in throat is a prominent feature like diphtheria, pharyngitis or tonsillitis. Diphtheria infection is characterized by local inflammation of the epithelial surface, formation of membrane and toxemia.^[12] The child has fever and malaise as described by *Jwara*, *Aruchi* and *Gani*. Dysphagia is a usual symptom in diphtheria and tonsillitis which leads to ejection of ingested milk as described in *Vedanadhyaya*. Tender cervical lymphade-

nopathy is also found in viral pharyngitis which can be denoted as *Kantha vedana*.

g). Adhijhivika Roga (Diseases of epiglottitis): Excessive salivation, aversion from food and nausea, inflammation and pain on cheeks and child usually keeps his mouth open.^[13]

Relevance: *Adhijhivika roga* corelates to acute epiglottitis on basis of symptoms. Epiglottitis exhibits marked dysphagia and high fever. This is described in classics as aversion from food and nausea. Child usually sits up leaning forwards in tripod position with his neck extended and saliva dribbling from his chin, as also enumerated in the text. Cough is frequently absent.^[14] Opening of mouth suggests compensatory mechanism to maintain airway.

h). Kanthashotha (Inflammation in throat): Itching and inflammation in throat, fever, anorexia and headache.^[15]

Relevance: *Kanthashotha* can be understood as pharyngitis since both have similar features of itching, sore throat and pharyngeal erythema. Fever is frequently associated 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 be due to associated cold, rhinorrhea and nasal obstruction.

i). Gala Graha (Diseases of throat): The child has fever, anorexia, salivation and labored breathing.^[16]

Relevance: *Gala graha* may include the severe form of various diseases related to throat which exhibit dyspnea as a feature. This may include laryngotracheitis, supraglottitis, bacterial tracheitis and pharyngotonsillitis.

(j). Pandu (Anemia): In anemia there is swelling around umbilicus, whiteness of eyes, deformity of nails, loss of appetite and swelling in both eye-pits.^[17]

Relevance: The clinical features described here resemble that of severe anemia which manifests as severe pallor of skin and nails. Periorbital swelling is also a feature of severe anemia while distension of abdomen may be due to hepatosplenomegaly of hemolytic anemia. Koilonychia is specific to iron deficiency anemia. Decreased appetite and fatigue are also general features of anemia.

(k). Jwara (Fever): Before onset of fever, the child flexes the body parts repeatedly, yawns, coughs frequently and suddenly clings to the wet-nurse, does not like to hold breast, has salivation, heat, discolouration, excessive warmth in forehead, anorexia and coldness of feet.^[18]

Relevance: The above symptoms signify irritability, hyperthermia, refusal to feed, malaise and associated respiratory infection.

(l). Kamala (Jaundice): Yellowness of eyes, nails, face, feces and urine is found in the child suffering from jaundice. In both the conditions (the child) becomes apathetic and loses digestive capacity.^[19]

Relevance: Above description signifies the appropriate knowledge of Acharya regarding sites for inspection of icterus in baby and clinical manifestation of jaundice.

(m). Atisara (Diarrhoea): Discolouration of body, uneasiness in mouth, languor, insomnia, absence of functions of *Vayu* (flatus) etc. features develops as manifestation of diarrhea.^[20]

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

(n). Udara Shula (Pain in abdomen): In *Udara shool*, the child rejects the breast, cries, sleeps in supine position, has stiffness of abdomen and perspiration of face.^[21]

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

(o). Arsha (Piles): The emaciated child, suffering from piles has well formed solid stool or stool with blood, feeling of compression in anal region, itching and pricking pain in anal region.^[22]

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.

(p). 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.^[23]

Relevance: Above is a clear picture of common cold in children with associated secondary bacterial infection of respiratory tract.

The chapter also includes apt description of several other diseases like *Chardi roga* (Vomiting), *Mutrakrichha* (Dysuria), *Ashmari* (Vesical Calculus), *Jantu dansha* (Insect-bite) etc.

CONCLUSION

A study of the chapter *Vedanadhyaya* clearly reveals the depth and clarity of clinical understanding of *Acharya Kashyap*. The features given about pediatric illnesses closely match that of present day medical science. *Acharya Kashyap* has provided us a strong diagnostic tool which is useful in day to day practice of pediatrics. He undoubtedly laid the foundation stone of clinical pediatrics.

REFERENCES

1. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Kalpa sthana 18/26, P.227.
2. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/6. P.33.

3. Robert M. Kliegman. Nelson textbook of pediatrics. Saunders publication. 17th edition, P.2012.
4. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/18. P.34.
5. Robert M. Kliegman. Nelson textbook of Pediatrics. Saunders publication. 19th edition. P.194.
6. Ghai O.P. Essential Pediatrics. Seventh edition 2010. New Delhi. CBS Publishers & Distributers. P.264.
7. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/7, P.33.
8. Ghai O.P. Essential Pediatrics. Seventh edition 2010. New Delhi. CBS Publishers & Distributers. P.329.
9. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/29. P.35.
10. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/8. P.33.
11. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/9. P.33.
12. Ghai O.P. Essential Pediatrics. Seventh edition 2010. New Delhi. CBS Publishers & Distributers. P.219.
13. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/10. P.33.
14. Ghai O.P. Essential Pediatrics. Seventh edition 2010. New Delhi. CBS Publishers & Distributers. P. 351.
15. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/11. P.33.
16. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/11. P.33.
17. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/34. P.35.
18. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini,

Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/13. P.33.

19. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/35. P.35.
20. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/14. P.34.
21. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini,

Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/15. P.34.

22. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/23. P.35.
23. Kashyap Samhita, edited by Shri Satyapal Bhashagacharya with Hindi commentary Vidyotini, Reprint edition, Choukhmbha Sanskrit Series, Varanasi, Sutra sthana 25/37. P.36.

Cite this article as:

Deepshikha, Amit Kumar Rai. Vedanadhyaya: A Crucial Contribution of Kashyap Samhita in Pediatric Clinical Examination. International Journal of Ayurveda and Pharma Research. 2016;4(1):7-10.

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Deepshikha

Assistant Professor,
Dept. of Kaumarbhritya,
Uttarakhand Ayurved
University Campus, Gurukul
Kangri, Haridwar, Uttarakhand,
India.

E mail: deepbhu10@gmail.com

