Therapeutic Principles in Pediatric Practice

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Abstract: The definition of health (swasthata) includes a state of tranquility and equilibrium of all humors both mind and body. Thus the diseases involving the mind are called Adhi and those of the body are called Vyadhi. Ayurveda is a natural healthcare system that originated in India more than 5000 years ago. Its main objective is to achieve optimal health and well-being through a comprehensive approach that addresses mind, body, behavior and environment. Ayurveda emphasizes prevention and health promotion, and provides treatment for disease. A group of purification procedures known as Panchakarma removes toxins from the body. Panchakarma measures are similarly effective in a pediatric patient as they are done in adults; only precaution should be taken in the prevention of complication.

Keywords: Swasthata, Adhi, Vyadhi, Panchakarma

1. Introduction

The definition of health (swasthata) includes a state of tranquility and equilibrium of all humors both mind and body. Thus the diseases involving the mind are called Adhi and those of the body are called Vyadhi. Mental diseases are said to be managed by increasing the Satvatbala (threshold of mind) by way of dhi, dhairyta and atma vijnanam. The various aetiological factors of diseases in body practice include the kshirdoshas, dantodheda, mrittikabhakshana and the grehavesha apart from genetic factors and viruddhahara. In children, the status of dosha, dushya and malas in various diseases are similar to that of adults but in small quantities (alpa matra); hence the drugs administered should also be proportionately in smaller quantities based on the body weight, age and agni of the child. The drugs and principles of treatment as well should be mild and soft in pediatric practice. The following are the two chief objectives for medicinal administration:

1) Urjaskara: Urja is a synonym to ojas, hence urjaskara medicines do develop growth, strength, energy and resistance. Any treatment employed against the child should not disturb the normal growth and development. Milk being urjaskara substance, should be continued to be given to a child even in diseased state.

2) Rogaghna: this includes-

a. Shodhana group which expels the vitiated humors out of the body and
b. Shamana group which palliates immediately the excited doshas within the body itself.

Hence the former is considered drastic and latter soft. The Shamana chikitsa is described as seven types. The vitiated humors in the body when in small quantities can be metabolized by adopting the measures of Deepana, Pachana, vyayama, contolling thirst hunger, exposing sun and air. This treatment keeps the body light and hence is called Langhana otherwise. Fasting of mother is the fasting of child on breastfeeding and so the child should never be starved otherwise. Kashyapa describes “dashamula, sati, rasana, Haritaki and panchkola etc.” as samana drugs which are to be selectively used in the particular diseased state.

The Shodhana chikitsa includes the panchkarmas (vamana, virechana, raktmokshana, niruha, sirovirechana) which are rarely adopted in a child. Vacha, koshataki, nimbi & pippali etc. are described to eliminate the vitiated humors from the body. Snehana and swedana are to be preceded any of the panchkarmas. But a kshirapa is never to be administered a sneha for this purpose; instead ghrita in prescribed doses is indicated as is known satmya to an infant. Varying degrees of swedana can be practiced on a child right from the birth up to the age of six years. Hastasweda (fomentation with hand) is advised and later Pattasweda (with a cloth) are advised but never the heat is applied directly.

There is no necessity of snehana as the child is always of Snigdha from the intake of milk and ghee. In case of aitisara, one should not wait till ama Pachana in a child as his body fluid volume is very less but should administer stambhana drugs directly. Thus virechana is usually not practiced in a child, but when necessity arises, a mild laxative or the vastikarma can be used. Kashyapa in a group discussion reveals vastikarma to be practiced when the child acquires the milestone of walking and after the initiation of weaning. Yet, asthapana is advised every alternate day besides niruvastri with the dose being increased gradually, under a keen vigil.

Ashtanga samgraha indicated the doses as follows.

a) Niruvastri: upto 6yr of age – 4 tulas/yr of age; 7 to 18yr – 8 tulas/yr of age.

b) Madhutailika vasti: 3/4th of the above dose.

c) Anuvasana vasti: 1/4th of that of niruvastri.

Agnipurana advises ‘mardana, snana and vyayama’ as against ‘vasti, rechana vamana’ for children to expel vata, pitta and kapha respectively. Nasya and raktamokshana are rarely indicated in children.

Dhupana karma (Fumigation) is another important way of managing many of the diseases specially the grahrogas. Various amulets, japa, bali and homa are also advised
additionally, *Dashanga dhupa* is used in various diseases including *asparama* and *Kashyapa* describes in *Dhupa kalpadhyaya* the different dhupas for jwara etc. (K.S. page 170).

2. Discussion

Besides selection of a drug in therapeutics, the dosage schedule of the same has more significance. Smaller doses fail to achieve the result like a little water on a big fire while higher doses harm the body like excess water in a crop field. The medicine is to be administered to a child in sweet form or with milk or with ghee and honey probably to mobilize the defense mechanism. The medicine should be continued for at least 2-3 days after the disease subsides.

References


