

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 *Satvabala*(threshold of mind) by way of *dhi*, *dhairya* and *atma vijnanam*. The various aetiological factors of diseases of body in pediatric practice include the *kshirdoshas*, *dantodbheda*, *mrityikabhakshana* 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-

- Shodhana* group which expels the vitiated humors out of the body and
- 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*, controlling 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 breastfeed and so the child should never be starved otherwise. *Kashyapa* describes “*dashamula*, *sathi*, *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 upto 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 *atisara*, 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 *niruhvasti* with the dose being increased gradually, under a keen vigil.

Ashtanga samgraha indicated the doses as follows.

- Niruhvasti* : upto 6yr of age – 4 *tulas*/yr of age; 7 to 18yr – 8 *tulas*/yr of age.
- Madhutailika vasti* : 3/4th of the above dose.
- Anuvasana vasti* : 1/4th of that of *niruhvasti*.

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 *aspamara* 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.

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