



THE CLINICAL IMPORTANCE OF VEDANA ADHYAYA AS ASSESSMENT CRITERIA FOR THE DIAGNOSIS OF DISEASES IN PAEDIATRIC POPULATION

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ABSTRACT :

Title: The Clinical Importance of Vedana Adhyaya as Assessment Criteria for the Diagnosis of Diseases in Paediatric Population.

Background: Vedana Adhyaya, an essential element of Ayurvedic medicine, focuses on the detailed study of pain, encompassing its nature, location, intensity, and duration. This traditional approach offers a comprehensive framework for understanding and diagnosing diseases, particularly in the paediatric population, where communication about symptoms can be limited or unclear

Objectives: This article explores the clinical importance of Vedana Adhyaya in diagnosing pediatric diseases, highlighting its potential to enhance early detection, improve diagnostic accuracy, and personalize treatment plans

Methodology: A thorough review of Vedana Adhyaya principles was conducted, with a focus on their application in paediatric diagnostics.

Results: Vedana Adhyaya provides a holistic approach to pain evaluation, considering physical, emotional, and psychological dimensions. This methodology aids in early detection of diseases through symptom recognition and preventive care. It enhances diagnostic accuracy through detailed pain analysis and precise localization. Non-verbal communication skills and parent-child interaction further support comprehensive assessments.

Conclusion: Integrating Vedana Adhyaya with modern diagnostic tools offers a robust framework for pediatric healthcare. Educating healthcare professionals and caregivers on these principles can improve early detection, diagnostic accuracy, and treatment efficacy, ultimately enhancing the quality of care for children. The holistic and detailed nature of Vedana Adhyaya makes it a valuable addition to pediatric diagnostic practices.

Keywords: Vedana Adhya, Assessment criteria in pediatric disorders , Diagnosis

INTRODUCTION :

Ayurveda is the oldest scientific, holistic and time tested rich medical science, which has been shielding the health of human beings since ages. It is systematically divided into eight clinical branches and clinical practice-oriented methodology has been adopted. Kaumarabhritya is one among the eight divisions of Ayurveda dealing with the treatment of children and is well explained by all the major samhitas of Ayurveda. Acharyas are well aware of the importance of Kaumarabhritya, hence compared it with Agni. Agni Devata receives all offerings given during, Homa, Havana, which will be later carried to all other Devatas. So, in the absence of Agni rest of the Devatas can't get their offerings. Hence, Agni acts as a mediator. Similarly, all other medical branches will have a scope of getting patients if physicians of Kaumarabhritya looks after the baby, treats the disease of Bala, makes them grow and survive up to 16 years as it is rightly said that "Today's children are citizens of tomorrow."

Even though all the classical texts describes about Kaumarabhritya, Kashyapa Samhita is considered as the significant text among them. Kashyapa Samhita highlights that:-

भिषग्धात्री च बालश्च त एव सुखः दुःखिताः।²

Here, it explains that there are three people in the world who performs their duty under stress one among them is Bhishak(Physician of Kaumarabhritya). One of the prime reasons is that children are not able to explain their difficulties which they undergo. There will always be a void wrt the informations regarding their diseases. Due to these existing limitations of a newborn and paucity of information, at times even the simplest of the

diseases becomes very difficult to treat. In spite of all these limitations the society and parents keep high hope and expectations over the physician of Kaumarabhritya as life and health status of their kid is an emotional and a sensitive issue for them which they never forgive if any mistakes are committed. Vedana Adhyaya, is a critical component of Ayurveda, which is explained in Kashyapa Samhita sutrastana 25th Chapter³ which delves into the study of pain (disease), exploring its nature, location, intensity, and duration. This traditional methodology provides a comprehensive approach to understand the disease, which is particularly beneficial in diagnosing diseases in the paediatric population. In children, where communication about symptoms may be limited or unclear, the principles of *Vedana Adhyaya* offer valuable insights and detailed assessment criteria, enhancing diagnostic accuracy and treatment outcomes.

OBJECTIVES

- To analyze the clinical importance of Vedana Adhyaya in pediatric population
- To understand the role of Veda Adhyaya as Assessment criterias in Pediatric population

METHODOLOGY

- **Source of data.** The data is collected from Kashyap Samhita, text books of Kaumarabhritya and text book of paediatrics, that have been enlisted in the references.
- **Study design.** Literary study
The literature related to clinical diagnosis of neonatal and infancy period from Ayurveda text are collected and organized with its modern relevance
- **The diseases and its clinical importance-** Almost 36 diseases has been elaborately discussed by Acharya Kashyapa on his Vedana adhyaya . This paper is an attempt to analyze the clinical important of Vedana adhyaya for the diagnosis of diseases in infants.

RESULT AND DISCUSSION

1. Shirashoola (Head Ache). According to Kashyapa Acharya in the episode of Shirashoola, the child rolls the head too much (Shirah: spandayati), closes the eyes (Nimiliyati chakshu), moans (Avakunjana), becomes dull and insomniac (Arti and Aswapanch)⁴

Clinical Correlation and its importance

Headache is a common disorder in paediatric age group. In grown-ups ,it affects child's school performance, remembrance and personality by its nature of etiology, frequency and intensity. Modern science stated that infants and child react to a headache in an unpredictable manner. Nearly all toddlers can't express the characteristics of a headache; rather they get irritable and cranky, vomit, prefer to in dark room due to photophobia, or frequently massage their eyes and head. The most important causes of headache in children are because of migraine, increased intracranial pressure and psychogenic factors or stress. Some additional factors comprises refractive errors, strabismus, sinusitis and malocclusion of teeth⁵. Acharya Kashyap has also described similar features in which "Bhrisham Shirah Spandayati", it means excess of rolling or movement of head due to irritability. Closing of eyes is due to photophobia (निमीलयति चक्षुषि) associated with headache. Moaning and insomnia signify severe intensity headache

2. Karnavedna (Ear Ache). According to Kashyapa Acharya the child suffering from Karnavedana, Karno sprushati Hastabhyam (child touches ears with hands), Shiro bhramayate bhrusham (Rolls the head too much), Arati (has dullness), Arochaka (anorexia) and Anidra (insomnia)⁶

Clinical correlation and its Importance

Otitis media is the most common infections of early childhood, which can lead to otalgia (Karna vedana). Anatomic features of ear of children are entirely different from an adult and is shorter and more horizontally placed Eustachian tubes⁷ can permit the nasopharyngeal secretions into the middle ear which can easily lead to otitis media in children.

Regurgitation is very common in newborns, which can also affect the ear too. Improper feeding techniques can lead to ear infection where nose is blocked and can lead to otalgia. We can correlate Karno sprushati Hastabhyam (due to pain the infant may do ear tugging or continuous rubbing of ear) Arochaka (Loss of taste/Poor appetite) It may not be regarding appetite, but can consider as the difficulty in gulping of food due to pain. Arati (dullness) Arati is a symptom of Jwara so we can correlate with the systemic features like fever Aswapna (Lack of sleep) due to constant pain.

3. Mukhamaya (Diseases of Mouth). According to Acharya Kashyapa the child suffering from Mukharoga Lalastravanamatyarth (have excessive salivation), Stanadvesha (hate to breast feeding), Arti (dullness) and Vyatha (pain), Pitamudagirati kshiram (vomits the ingested milk) and Nasashwasati (has nasal breathing)⁸.

Clinical correlation and its Importance

There are a wide range of diseases related to mouth such as Gingivitis, dental caries, aphthous ulcers, gingivostomatitis, tonsillitis, parotitis etc. Swelling of gums can lead to excessive salivation (Lalastavanamatyarthā). Oral ulcers and tonsillar inflammation are leading to difficulty in feeding or painful deglutition which can lead to Stanadvēsha. Reluctant to feed can be correlated with the expellation of the ingested milk or can be considered as more mucous secretion due to inflammation. Nasaaswasi can be correlated with Nasal breathing which means Nasal flaring due to inflammation of gums and mouth diseases⁹.

4. Jwara (Fever)

According to Acharya Kashyapa the child suffering from Jwara may flexes the child's body parts repeatedly (Muhurnamayeteangani), yawns (Jrumbhate), coughs frequently (Kasatemuhuh) and all of a sudden clings to the wet nurse (Dhatrimaliyateakasmāt), does not like to hold breast (Stanam natyabhinandati), has salivation (Prasravo), heat (Ushnatva), discoloration (Vaivarnye), excessive heating of forehead (Lalatsyatitaptata), anorexia (Aruchi) and coldness of feet (Padayohshaityam). This are all Poorvrupa of Jwara¹⁰

Clinical correlation and its Importance

Irritability, rise in temperature, refusal to feed, malaise and associated respiratory infections are explained by Acharya. Muhurnamayeteangani the child may flexes the body to maintain the thermoregulation during fever and Dhatrimaliyateakasmāt can be correlated with the attachment/comfort zone of mother during disease condition or for the maintenance of thermoregulation. Lalatsyatitaptata and Padayohshaityam may be due to obstruction to the passage by dosavarana and upward movement of doshas, the head became very hot. By excessively increased teja the compressed somadhatu reaches down side coldness appears in feet by which it can lead to Padayohshaityam in Jwara¹¹

5. Kandavedana and Ardita (Throat Pain And Facial Palsy). According to Acharya Kashyapa the child suffering from Kanthavedana and Ardita vomits the ingested milk (Pitamudagiratistanyam), suffers from constipation on taking substances having predominance of Sleshma (Vishambhishleshm-sevanam), have mild fever (Ishatjwara), anorexia (Aruchi) and lethargy (Glani)^{12,9}

Clinical Correlation and its Importance

Drooling of saliva is commonly observed as there is muscle weakness in Ardita and in Kandavedana can be correlated with the inflammation so there will be excess mucous secretion or due to muscle weakness the child may not be able to swallow milk which can be correlated with Pitamudagiratistanyam. Constipation may be due to excessive drooling and water loss and inability to drink water, pain in throat, on sleshma sevana more mucous will be secreted. In throat infection Fever, anorexia, laziness can be associated. Wide range of diseases like Diphtheria (toxemia), pharyngitis or tonsillitis. Dysphagia is a common symptom in diphtheria and tonsillitis which can lead to Ejection of ingested milk

6. Adhijihvika Roga (Diseases of Epiglottitis). According to Acharya Kashyapa the child suffering from Adhijihvikaroga (may have salivation (Lalastravo), anorexia (Aruchi) and Lethargy (Glani), inflammation and pain on cheeks (Kapole shwayathuryatha) and child usually keeps his mouth open (Mukhasya vivrutatvamcha)¹³

Clinical correlation and its Importance

Acute epiglottitis can be correlated with adhijihvika roga. In any oral cavity/ throat infection can lead to more salivation. Other symptoms like marked dysphagia and high fever (रलानि). Which leads to aversion to food and nausea. Child usually sits up leaning forwards in tripod position with his neck extended and saliva dribbling from chin. Opening of mouth will be there as a mechanism to maintain airway which can be correlated with Mukhasya vivrutatvamcha¹⁴.

7. Kanthashotha (Inflammation in Throat). According to Acharya Kashyapa the child suffering from Kanthashotha may have itching (Kandu) and inflammation (Shwayathu) in throat, fever (Jwara), anorexia (Aruchi) and headache (Shiroruja)¹³

Clinical correlation and its importance

Kanthashotha can be correlated with pharyngitis as both have similar features of itching, sore throat and pharyngeal erythema. Fever is mostly present 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 present due to associated cold, rhinorrhea and nasal obstruction.¹⁵

8. Atisara (Diarrhoea). According to Acharya Kashyapa, a child suffering from Atisara, may have discoloration of body (Dehavaivarnyam), laziness (Arti), uneasiness in mouth (Mukhglani), insomnia (Anidrata), absence of functions of flatus (Vatakarmanivrutti). These are all the signs of manifestation of Atisara¹⁶.

Clinical correlation and its Importance

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

9. Trishna (Thirst). According to Acharya Kashyapa the child suffering from Trishana, do not get satisfied in spite of too much breast milk feeding (Stanm pibati chatyarthā n cha trushyati), make cry (Roditi), has dry lips and palate (Shushk oshta and Talu), is wishing for water and is weak (Durbala).¹⁶

Clinical correlation and its importance

The hypothalamic osmoreceptors are regulating water intake or thirst. These osmoreceptors by connecting to the cerebral cortex arouse 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. This is frequently occurs in diarrhea, which is the leading cause of under 5 mortality in India. The Trishna or thirst described by Kashyap resembles to moderate degree of dehydration. In which the child is thirsty and drinks eagerly, restless, irritability, dry tongue and depressed fontanelle.^{17,9}

10.Chakshu Roga (Eye Diseases). According to Acharya Kashyapa the child suffering from Chakshuroga have difficulty in looking (Drustivakulta), pricking pain (Toda), inflammation (Shotha), pain (Shul), excessive lacrimation and redness (Ashrarakata), the eyes get smeared during sleep (Suptasyachoplipyante)¹⁸

Clinical correlation and importance

The symptom described concerning eye diseases are 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 redness⁹.

All the other diseases has been comprehensively discussed by Acharya Kashyapa, some of which have been enlisted as under:- **(Table-1)**

Table-1. Clinical importance of other diseases mentioned in Vedana adhyaya 16,19,20

Sr No.	Diseases	Clinical importance
1.	Shoola <ul style="list-style-type: none"> • Stanam Vyudasyate • Roudi • Udarastabdata • Saitya 	Infant colic <ul style="list-style-type: none"> • Inconsolable cry • Hard abdomen • Refusal to feed. • Cold extremities • Perspiration of upper body (AF)
2.	Chardi <ul style="list-style-type: none"> • Animittamabheekshanam yasyodgara pravartate • Nidrajrimbapareetasya 	<ul style="list-style-type: none"> • Nausea • Yawning and sleepy since increased kapha
3.	Pandu <ul style="list-style-type: none"> • Nabhyam samtatah shothah • Shwetakshi • Nakhawakrata • Agnisadacha • Shwayathushchakshikutayo 	<ul style="list-style-type: none"> • Severe pallor of skin and nails • Periorbital edema • Koilonychia • Loss of appetite and fatigue are also general signs of anemia
4.	Kamala <ul style="list-style-type: none"> • Pitachakshurnakhamukhavinmutrah • Nirutsaho • Nashtagni • Rudhirspruh 	<ul style="list-style-type: none"> • Icterus • Pallor
5.	Unmada <ul style="list-style-type: none"> • Pralapa • Arati • Vaichitya 	<ul style="list-style-type: none"> • Anxiety disorders • ADHD/ ASD • Eating disorders • Depression and other mood disorders. • Delirium/मलमल – is reduced awareness of surroundings. • Withdrawing from or avoiding social interactions • Dullness/अरति - Persistent sadness, Loss of weight, Difficulty concentrating • वैचित्यं - Hurting oneself, change in mood, behavior

Identification of underline pathology of the baby by observation, activity, sleep pattern, gesture, attitude, body language, posture has been explained for diagnosing neonatal problems. Veda adhyaya helps for the differential diagnosis of diseases for e.g. **Detailed Pain Analysis:** Understanding the specific characteristics of pain (e.g., sharp, dull, intermittent) can aid in distinguishing between different diseases that present similarly, enhancing diagnostic accuracy. **Localization:** Identifying the exact location of pain helps in pinpointing the affected organ or system, facilitating targeted investigations and treatments. Vedana adhyaya helps in the holistic diagnosis, early detection of diseases, non-verbal communication and for differential diagnosis.

CONCLUSION

Vedana Adhyaya offers valuable insights and assessment criteria for diagnosing diseases in the pediatric population. Its holistic approach, emphasis on detailed pain evaluation, and integration with modern medical practices provide a comprehensive framework for improving pediatric healthcare outcomes. By incorporating Vedana Adhyaya into routine pediatric assessments, healthcare providers can achieve more accurate diagnoses, early interventions, and personalized treatments, ultimately enhancing the quality care of children.

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