



VEDANAADHYAYA THROUGH MODERN PERSPECTIVE: A REVIEW ARTICLE

Wankhede Prashant¹, Patil Surbhi², Singh Sudha³, Deodas Madhavi⁴, Ghadge Neha²

¹Assistant professor department of Kaumarbhritya, ²Scholar department of Kaumarbhritya, ³Associate professor department of Kaumarbhritya, ⁴Professor and HOD department of Kaumarbhritya PDEA's College of Ayurveda and Research Centre, Nigdi, Pune - 411044

Corresponding Author: dr.prash30@gmail.com<https://doi.org/10.46607/iamj1511102023>

(Published Online: October 2023)

Open Access

© International Ayurvedic Medical Journal, India 2023

Article Received: 08/09/2023 - Peer Reviewed: 25/09/2023 - Accepted for Publication: 10/10/2023.



ABSTRACT

Vedana (pain) is considered to be one of the primary symptoms of disease and therefore a thorough understanding of pain is required in order to diagnose or effectively treat the illness. *Acharya Kashyapa* emphasizes the importance of identifying the root cause of pain. Treating the underlying condition is essential for effective pain management. *Kashyapa Samhita* has provided a diagnostic tool useful in day-to-day practice based on observations. In *Vedanaadhyaya purvarooopa* (prodromal symptoms) and *roopa* (presenting symptoms) of nearly 30 diseases are mentioned. Overall, *Vedanaadhyaya* is a comprehensive and detailed exploration of the concept of pain through *ayurvedic* diagnostic tools and it is a valuable resource for practitioners who thrive to understand better and treat the disease effectively in infants and young children.

Keywords: *Vedana, Vedanaadhyaya, Kashyapa samhita.*

INTRODUCTION

Vedanaadhyaya is explained in *sutrasthana* of *Kashyapa Samhita*¹. *Kashyapa* has comprehensively explained ways to identify complaints in the infantile and pediatric age group. This chapter includes vari-

ous systemic ailments including that of skin, ENT, Gastrointestinal diseases, hematology, Urinary system, and *Balagrahas*. Examination of newborns and children is quite difficult as they are less cooperative

and unable to express their suffering well. For instance, crying is a symptom depicting multiple pathology and pediatrician should have adequate knowledge and presence of mind to identify the exact cause of suffering. In contemporary medicine, such situations are usually managed by trial and error or followed by unnecessary investigations. Ayurveda focuses on diagnosing the disease based on a child's expression, posture, attitude, and body movements focusing on clinical examination. This chapter aids in the detection of pathology and diagnosis of ailments with minimum possible intervention.

Material and methods:

Source-*Kashyapa Samhita* and relevant books.

Common pediatric diseases described in Vedana Adhyaya

Shirahshoola (Headache)

Symptoms- *Bhrisham Shirah Spandayati* (The child uncomfortably moves/ rolls the head too much), *Nimiliyati Chakshushi* (Closures of eyes), *Avkujayati* (irritability, grunting without any cause), *Arati* (Discomfort), *Asawapan* (Disturbed sleep)².

Relevance- Headache is a pain/ discomfort in head. Headache can be individual or associated with symptoms like irritability, vomiting or inconsolable crying, or even photophobia. The most common causes of headaches in children include migraine, increased intracranial pressure, and psychogenic factors or stress³. *Acharya Kashyapa* has described similar symptoms as rolling or moving the head excessively may be present as a result of irritability and the child's reaction to the local pain. Closing of eyes can be photophobia associated with headache which can be seen in migraine.

Karna vedana (Earache)

Symptoms- *Karnosparshyati Hastabhayam* (Child repeatedly touching the ear by hand), *Shirah Bharmayati* (Tossing of head), *Arati* (Discomfort), *Arochaka* (Loss of taste), *Aswapana* (Insomnia)⁴.

Relevance- Otalgia (pain in the ear) can be associated with common ear infections such as otitis media and otitis externa. Clinical symptoms can be compared to otitis media, and it is a very common ear infection in neonates. Symptoms are generally asso-

ciated with the presence of cold. Characteristic features of otitis media include marked earache which may disturb sleep and is of throbbing nature. Usually, children run a high degree of fever and are restless⁵. These symptoms are also explained by *Kashyapa* in *Vedanaadhyaya* as *arati*, *swapanam*.

Mukha Roga (Diseases of oral cavity)

Symptoms- *Lalastravan* (Excessive salivation), *Sata Dwesh* (Refusal to feed), *Peetam Udagiriti Ksheeram* (Regurgitation of feed), *Nasashwashi* (Mouth breathing), *Arati* (Dullness), *Vyatha* (Pain)⁶.

Relevance- The symptoms described here can include various conditions like common diseases of the oral cavity namely thrush, mouth ulcers, sores, leukoplakia, cavities, toothache, pharyngitis and uvulitis, aphthous ulcer, and tonsillitis. Excessive salivation may be present in gingivitis, toothache, etc. Excessive crying, refusal to feed and expulsion of milk/regurgitation of feeds may be due to mouth ulcers, oral thrush, or pharyngitis.

Kantha vedana (Pain in throat)

Symptoms- *Peetam Udagireeti Satanyam* (Vomits out ingested milk), *Vistambhi* (constipated), *Ishatjwara* (Mild fever), *Aruchi* (Anorexia), *Glani* (Lethargy)⁷.

Relevance- *Kantha vedana* may refer to any disease with throat pain as symptoms commonly suggestive of tonsillitis, diphtheria, or pharyngitis. Localized inflammation or dysphagia is present in diphtheria. Ejecting out feeds, mild fever (*Jwara*), and lethargy (*Glani*) can be commonly seen in children suffering from tonsillitis, and pharyngitis. Tonsillitis predominant symptoms are unexplained fever, and constitutional symptoms include body ache, malaise, and constipation⁸. Tender cervical lymphadenopathy is also found in viral pharyngitis which can be denoted as *Kantha vedana*.

Jwara (Fever)

Symptoms- *Muhurnamayate Angaani* (Bending of body parts with abnormal postures), *Jrambhte Kashte* (Excessive yawning and often coughing), *Dhatrimaleeyate Aksamat* (Suddenly embraces the mother), *Stanyam Naatiabhinadanti* (Dislike towards sucking the breasts), *Prasharvan* (Excessive salivary secre-

tion), *Ushantavam* (Burning sensation in the body), *Vaivarnya* (Discoloration), *Lalatsaya Atitaptata* (Hot forehead region), *Padyo Shetya* (Coldness of the feet), *Aruchi* (Discomfort)⁹.

Relevance- Fever is not an illness, it is a normal physiological response to illness. Fever in neonates usually indicates upper respiratory infection, flu, ear infections, tonsillitis, UTI, etc¹⁰. Symptoms of fever may vary from excessive irritability and fatigue to complaints of hot/ cold feeling, shivering similar to those explained in *Kashyapa Samhita*.

Atisara (Diarrhea)

Symptoms- *Vaivarnaya* (Discoloration), *Arati* (Discomfort), *Mukh Glani* (Dryness of mouth, dull look), *Anidrata* (Loss of sleep), *Vatakarma Nivarti* (Disturbances in passing of flatus)¹¹.

Relevance- Diarrhea in children is a common clinical illness in practice and in severe cases a leading cause of morbidity and mortality among children. Diarrhea is more dangerous in neonates and malnourished children. The neonate has increased susceptibility to complications related to diarrhea due to immaturity of the systems that regulate fluid homeostasis and immunologic response¹². The symptoms *vaivarnya*, *glani*, *arati* denote paleness, dullness, dryness of mouth, anorexia, and fatigue found in early signs of dehydration and are critically important for starting treatment.

Udarashoola (Pain in abdomen)

Symptoms- *Satanam Vyudsyte* (avoids breastfeeding), *Rotee* (Constant cries), *Utanshch Avabhjyte* (Lying in a supine position), *Udarstabhd* (Stiffness of abdomen), *Mukhsweda* (Sweating over the face)¹³.

Relevance- These symptoms can be correlated with infantile colic and can primarily be found in the age group 2-3 weeks to 4 months. Crying episodes are frequent and associated with inconsolable crying and irritability with an aversion to feeds.¹⁴ Acute abdominal pain in children can be due to infections, gastrointestinal immaturity or allergy, intolerance of cow's milk, malabsorption, and gastroesophageal reflux.

Chhardi (Vomiting)

Symptoms- *Animmitamabhikshanam* (Regurgitation of feeds), *Udgarapravartate* (involuntary retching), *Nidra* (sleepiness), *Jrumbha* (Excessive yawning)¹⁵.

Relevance- Vomiting is a coordinated reflex event that starts with involuntary retching and may be preceded by increased salivation. It is one of the common problems in neonates and infants. *Animittaabhikshanam* and *akasmatarutodgar* can be seen in vomiting due to aerophagia.

Trishna (Thirst)

Symptoms- *Stanyampibati Atyartham cha trishyati* (Child often sucks the breast but not satisfied), *Ati-Rodati* (Cries), *Shushka Oshtha Talu* (Child has dry lips and palate depressed), *Toyeapsudurbala* (Desirous of water and is weak)¹⁶.

Relevance- Symptoms described in *Kashyapa samhita* can be precisely correlated with features of some dehydration (moderate dehydration) in which the child is thirsty and drinks eagerly, restless, irritable, dry tongue and depressed fontanelle¹⁷. Symptoms of *trishna* are mainly associated with diarrhea, vomiting or poor feeding practices.

Chakshu roga (Diseases of the Eye)

Symptoms- *Dristiviyakulta* (disturbed vision), *Todashothashulaashraktataa* (Pricking pain, inflammation, excessive lacrimation, redness), *Suptasya Uplipyante Chakshushi* (Thick discharge from eyes/ sticky eyes)¹⁸.

Relevance- The symptoms mentioned in this shloka describe eye diseases characterized by inflammation, pain, thick discharge, redness, suggestive of allergic conditions, conjunctivitis, blepharitis, ophthalmia neonatorum, or other infective conditions of the eye, blurred vision, photophobia. Symptoms due to these diseases are pain, redness, sensitivity to light, and excess tearing in eyes, thick yellow sticky discharge as mentioned by *Kashyapa*. Prompt diagnosis and treatment of these disorders can prevent various complications in ophthalmology.

Pandu (Anemia)

Symptoms- *Nabhya Samantatshotha* (Swelling around umbilicus), *Shwetaakshi* (Pale eyes, conjunctiva), *Nakhvakarta* (Deformity of nails), *Agnisaad*

(Loss of appetite), *Shyavathu Akshikutyo* (Swelling around the eyes)¹⁹.

Relevance- Symptoms can be correlated with iron deficiency anemia and it is a very common issue in infancy and pediatrics due to milk dependency, inadequacy of proper contemporary foods, malnutrition, and poor iron source in prematurity leading to anemia by 3 months of age. The affected child shows pallor, irritability, loss of appetite, weakness, koilonychia, and platonychia²⁰. Periorbital swelling is also present in severe anemia while distension of the abdomen may be due to hepatosplenomegaly of hemolytic anemia, and it is rightfully included in *Pandu*.

Kamala (Jaundice)

Symptoms- *Peetchakshu Nakhmukh Vinamutra* (Yellowish discoloration of eyes, nails, face, stool and urine), *Nasta Agni Rudhiraspruha* (decreased digestive and metabolic rate and longing for blood)²¹.

Relevance-The symptoms described by *Acharya Kashyapa* in Kamala are similar to those found in neonatal hyperbilirubinemia. Common clinical features are yellowish discoloration of the eye, face, nail, feces and urine with loss of appetite. Jaundice in neonates develops in the cephalocaudal direction²². It is commonly seen that babies with hyperbilirubinemia have loss of appetite and dullness (*nirutsaho*).

Pinasa (Coryza)

Symptoms- *Muhurmuhu Uchvsitipitvapitvasatanam* (Mouth-breathing repeatedly during breastfeeding), *Sarvadaihika* (Runny-nose), *Lalatom Abhitapyate* (Hot forehead), *Shrotansi Abhikshanam Sparshati* (Child frequently touches the nose)²³.

Relevance- It can be correlated with the common cold and might be associated with secondary bacterial infections. Overcrowding and abrupt exposure to chilly air are risk factors. Rhinitis could also be due to allergies. In older children and adults, rhinorrhea, nasal obstruction, and sore or scratchy throat are typical. Rhinorrhea, nasal blockage, and painful or scratchy throat are frequent in older children and adults. Patients can cough or sneeze, and the rhinorrhea is initially clear but may turn colored as the sickness worsens. Nasal congestion is the most prominent symptom. Acute nasopharyngitis is caused by

virus and self-limiting requires no specific treatment. This condition can occasionally be complicated by secondary bacterial; infection, sinusitis, and otitis media²⁴.

Vedanadhyaya also contains descriptions of other diseases like *Unmada*, *Apasmara*, *Prameha*, *Ashmari*, *Visarpa*, *Jantudansha* and even *Balagrahas*.

DISCUSSION

The newborn and early childhood years are highly important since the infant depends on the mother for fulfilling all of its needs. The reason for the baby's discomfort is mostly interpreted as irritability or crying and cannot be easily voiced due to lack of obvious manifestations. The child should be carefully observed before being examined. The crying and irritability at night could be due to the in-utero phenomenon in neonates or maybe due to evening colic. Infants and newborn crying at night could include reasons such as inconsistent feeding or changes in environment including temperature difference or increased humidity. This crying in a pathological point of view could be due to some congenital cardiac anomalies causing dyspnea and discomfort or simply nasal block or expected crying fits in an otherwise normal infant could be a result of allergic reaction or insect bite as rightly mentioned in *Jantudansha* by *Kashyapa*. For the purpose of detecting neonatal issues, the identification of the baby's underlying pathology by the means of activity, gesture, body movements and posture has been described. For instance, conditions involving colic pain will be accompanied by refusal to feed, crying and unusual bending of hands and body depicting the discomfort. Consequently, the child with earache will constantly touch the ear, the one with headache would touch the head or bang it against a surface and so on. Excessive salivation and refusal to feed (despite being hungry) may indicate pathology involving the oral cavity. In *Chakshu Rogas* (eye diseases) the crying will be accompanied by rubbing of eyes, swelling over the eyes or discharge. To have a general notion of the placement of the pathology through simple observation is very beneficial to the clinician. *Vedanadhyaya* pro-

vides this comprehensive understanding of pain and its management in infants and young children.

CONCLUSION

Vedanadhyaya provides a comprehensive understanding of pain and its management in *Ayurveda*. In this chapter, *Kashyapa* has precisely described types of pain, causes, and symptoms, and outlined principles of pain management through *Ayurveda* therapies and herbal remedies mentioned in *chikitsasthana*. This keen observation and compilation depict the profound knowledge and clinical observations in ancient times which can still be correlated to modern findings. In conclusion, this is a valuable resource for practitioners seeking to diagnose and prevent significant mortality and morbidity in children based on characteristic features. *Acharya Kashyapa* has laid the most important groundwork for clinical practice in pediatrics.

REFERENCES

1. Bhashagacharya SS. *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edn 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.1-5. p. 33.
2. Bhashagacharya SS. *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edn 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.6. P.33
3. Kliegman, ST Geme, Nelson Textbook of Pediatrics, 21st Edn, Elsevier, p. 12201.
4. Bhashagacharya SS (2006) *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edition 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.7. p.33
5. S. D. PL Dhingra, Diseases of Ear, Nose and Throat & Head and Neck Surgery, 5th edition ed., Elsevier, p. p 69
6. Bhashagacharya SS (2006) *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edition 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.8. P.33
7. Bhashagacharya SS. *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edition 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.9. P.33
8. S. D. PL Dhingra, "Diseases of Ear, Nose and Throat & Head and Neck Surgery," 5th Edition ed., Elsevier, p. 273
9. Bhashagacharya SS (2006) *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edition 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.12-13. p. 33.
10. Robert M. Kliegman Nelson textbook of pediatrics, Saunders publication. 17th edition, P.2012.
11. Bhashagacharya SS. *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edition 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.14. p.34
12. Fanaroff AA, Stoll, B. J., Wright, L. L., Carlo, W. A., Ehrenkranz, R. A., Stark, A. R., ... & NICHD Neonatal Research Network. (2007). Trends in neonatal morbidity and mortality for very low birthweight infants. American journal of obstetrics and gynecology, 196(2), 147-e1.
13. Bhashagacharya SS. *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edition 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.15. p. 34
14. Kliegman, Geme ST, Nelson Textbook of Pediatrics, 21st Edn, Elsevier.
15. Bhashagacharya SS. *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edn 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.16. p. 34
16. Bhashagacharya SS. *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edition 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.18. p. 34.
17. Ghai OP. Essential Pediatrics. Seventh ed.2010. New Delhi. CBS Publishers & Distributers.P.264
18. Bhashagacharya SS (2006) *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edn 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.29. p. 35.
19. Bhashagacharya SS (2006) *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edition 2006, published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.34, p. 35.
20. Gupte Suraj: The short Textbook of Pediatrics, 13th edition published by Jaypee Brothers Medical Publishers, New Delhi pp. 680-681.
21. . Bhashagacharya SS (2006) *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edition 2006,

published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.35, p. 35

22. Vinod K Paul, Arvind Bagga, OP Ghai Essential Pediatrics, 9th Edition 2019 CBS publication, pp. 333.
23. Bhashagacharya SS (2006) *Kashyapa Samhita* with Hindi commentary Vidyotini, Reprint edition 2006,

published by Chaukhambha Sanskrit Series, Varanasi, Sutra Sthana, Chapter 25, Verse no.37-38 p. 36.

24. Parthasarathy A; IAP Textbook of Pediatrics, fourth edition 2009, published by Jaypee Brothers Medical Publishers (P) Ltd, New Delhi, pp. 573.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Wankhede Prashant et al: Vedanaadhyaya through modern perspective: a review article. International Ayurvedic Medical Journal {online} 2023 {cited October 2023} Available from: http://www.iamj.in/posts/images/upload/2486_2491.pdf