

## **TRADITIONAL HEALTH CARE PRACTICES OF NEONATAL CARE IN KERALA**

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### **ABSTRACT**

Traditional health care practices are time honored rituals and cultural beliefs unique to every community and passed on through generations. These are largely influenced by educational level, socio-economic status and system of family and society values. There are ample evidences suggesting a definite link of traditional health care practices with the science of Ayurveda. The feud between Tradition and Modernity has now become a global scenario. Despite organizations like National Neonatology Forum working incessantly to educate the public, post-natal care remains a major issue of conflict between the torchbearers of tradition (including the elder generation) and the practitioners of Western medicine. Many of the practices are so deeply ingrained in the minds of the people that it is difficult to change their attitude easily even when such practices are identified to be useless or harmful. The review paper is an attempt to enlist and throw some light on some traditional health care practices of new born care in Kerala with due emphasis on utility, futility and possible hazards. The study focuses on the scientific facts and rational reasons to encourage and promote the beneficial practices eliminating the potential risks associated, if any.

**Key words:** Traditional health care, Ayurveda, National Neonatology Forum

### **INTRODUCTION**

Traditional practices are customs and cultures having a profound influence on the life style and health of an individual. Although traditional practices of neonatal care may vary from culture to culture, they do have a pivotal role in establishing the foundation of a healthy nation.

In India, the government, bilateral and multilateral agencies have made several efforts in the

area of maternal and child health welfare<sup>1</sup>. The National Neonatology Forum (NNF) and Indian Academy of Pediatrics (IAP) are leading professional bodies working on issues related to neonatal care and implementing training programs and interventions. The government has also introduced schemes like Janani Shishu Suraksha Karyakram, Navjat Shishu Suraksha Karyakram etc. to overcome the con-

straints in this sector and make a commitment towards the global agenda of attaining the Millennium Development Goals (MDGs) with priorities for the newborns.

### **Aims and Objectives**

The objective of the paper is to identify and analyze the traditional practices of newborn care used in Kerala, to chalk out the deviations from the WHO guidelines, to identify the areas of potential resistance for behavior change and to recommend the desired interventions necessary for improving newborn care.

### **Methods and Study design**

A preliminary data regarding neonatal practices was collected via literature review and random feedbacks from the various faculties in the campus of Ahalia Ayurveda Medical College. The study is descriptive and cross-sectional in design aimed to enlist some of the traditional practices followed in neonates in Kerala.

### **Classification of traditional practices<sup>2</sup>**

Based on utility and futility, National Neonatology Forum has classified traditional health care practices of neonatal care into four main groups. The practices followed in Kerala ones were assorted under the respective categories.

#### **I. Useful traditional practices**

1. Drinking milk and avoiding tea or coffee during pregnancy
2. Sexual abstinence during pregnancy
3. Confinement and delivery at mother's place
4. Oil massage of the duo
5. Universal and prolonged breast feeding
6. Use of 'gokarna' / 'paalada' for feeding
7. Nursing babies in sitting position
8. Putting 'Parnayavani' (Coleus aromaticus) leaf in the anterior fontanel of the infant.

9. Isolation of mother and child for the first 40 days following delivery.
10. The mother is encouraged to nurse the baby and sleep alongside her the whole day during the initial days of postpartum.
11. Restriction of heavy foods during the initial days following delivery.

#### **II. Harmful traditional practices**

1. Restriction of food intake of pregnant woman
2. Use of rags during delivery
3. Application of *kajal* to eyes
4. Use of pacifier/dummy nipple
5. Early/Delayed weaning
6. Typical massaging procedures
7. Bathing mother in steaming water during the first month after delivery
8. Giving pre-lacteal feeds like honey, tea etc.
9. Avoiding intake of certain foods during lactation
10. Giving water to breastfed babies

#### **III. Inconsequential traditional practices**

1. Circumcision
2. Giving pre-lacteal feeds like glucose water, jaggery water etc
3. Nose and ear piercing
4. Removing bad eye
5. Massaging of anterior fontanel of the newborn
6. Making or buying clothes for baby only after delivery
7. Blowing into the crown and ear of the baby after bath.
8. Keeping articles made of iron under the pillow of the mother.

#### **IV. Traditional practices of Doubtful utility**

1. 'URAMARUNNU'- a mixture of traditional medicines given to neonates on the 28<sup>th</sup> day following birth
2. Administration of Gripe water
3. Use of a variety of traditional galactagogues
4. Wearing of threads with *Panchaloha* around the hip of the infant

## DISCUSSION

Traditional health care practices are time honored rituals and cultural beliefs unique to every community and passed on through generations. These are largely influenced by educational level, socio-economic status, and system of family and society values. Optimal neonatal and postnatal care with improved survival of infants is essential for effective fertility control and stabilization of population dynamics, especially in a country like India.

Practices of pregnant mothers like drinking milk and avoiding tea or coffee are beneficial for both the mother and the baby. Ayurveda advocates the use of *madhura*, *snigdha*, *seetha*<sup>3</sup> (sweet, unctuous and cold) foods, milk and *ksheera kwatha*<sup>4</sup> (medicated milk decoction) during pregnancy for optimum health.

Sexual abstinence by the parents during pregnancy especially in the first and third trimester are so significant in that the foetus attains *sthiratha* (stability) only by the fourth month<sup>5</sup> and development of body nears completion in the seventh month of life<sup>6</sup>.

Delivery and confinement at the mother's home ensures psychological benefits and adequate rest to the mother promoting adequate milk production unaffected by psychological upsets and over-exertion<sup>7</sup>. Traditionally confinement, which eliminates potential risks of infection, is advised strictly for a period of 15 days following delivery and moderately for 28 days.

Oil massage is well proved to improve the emotional bondage, enhance blood circulation and provide the benefits of *Abhyanga* as mentioned in classics<sup>8</sup>. Several types of massaging procedures are done on the infant's eyes, brows, nose, cheeks, umbilicus, spine and extremities. Such practices should be done with adequate precautions and should nei-

ther harm the infant nor become a predisposing factor for infections. The massaging procedure on spine simulates the eliciting of Trunk Incurvation/ Galant's reflex which is absent in hemi syndromes and spinal cord damage. It is quite possible that the ancient dais were well aware of such techniques to identify the abnormalities. Another practice of putting steamed leaf of *Parnayavani* on the anterior fontanel of the child is widely practiced to combat various respiratory infections.

As stated in the Global strategy on infant and young child feeding<sup>9</sup>, breastfeeding is an unequalled way of providing ideal food for the healthy growth and development of infants. It is also an integral part of the reproductive process with important implications for the health of mothers. As a global public health recommendation, infants should be exclusively breastfed for the first six months of life and given complementary foods thereafter until 2 years of age or beyond.

The babies are nursed in sitting posture, which lowers the incidence of Sudden Infant Death Syndrome<sup>10</sup>. The mother is encouraged to stay together with the baby, nursing and sleeping alongside the whole day at least for first 15 days following delivery. Classical texts in Ayurveda mentions a minimum time span of 6 weeks postpartum for recovering from *dhathukshaya* (tissue deprivation)<sup>11</sup> and postpartum bloom, thus facilitating faster involution of uterus and recovery of the mother from the trauma of pregnancy.

The nursing mother is restricted from taking heavy foods or *lehyas* (lickables) during the initial days following delivery because of her low digestive fire. The science of Ayurveda advocates taking *deepana* (increasing digestive fire) medicines, *madya* [for *garbhakoshtasodhana* (cleansing the uterus) and *arthivismarana* (anesthetic property)<sup>12</sup>], *arishtas* (fermented decoctions) and *peya* (gruel) with pan-

chakola<sup>13</sup>. Nevertheless, avoiding pulses, legumes, vegetables, some fruits etc by mothers may interfere with nutrition and lactation. Insufficient intake of food during pregnancy is associated with low birth weight and complications in infants. Poor food intake would also cause flatulence resulting in acid peptic disorders of the mother.

Traditionally disinfected smooth cotton rags are used to swaddle the newborns soon after birth. In the Guidelines of *Essential Newborn Care and Breastfeeding*, WHO advocates loose swaddling of only the lower part of the body, leaving the arms and head free so that it doesn't interfere with neuromuscular co-ordination, breastfeeding, and establishment of lactation.

Application of *kajal* to newborn eyes meant for warding off the evil spirits is a matter of concern for new generation mothers. The application can be done by traditionally prepared ones, outside the sensitive part of the eye, on the forehead or behind the ears to eliminate the potential risks of lead poisoning by commercially available brands.

Giving a pacifier/dummy nipple/bottle can confuse a baby making it difficult to attach to the breast in a good position. The baby may lose interest in breastfeeding or may suckle less at the breast, thus decreasing breast milk production.

"Gokarna"/"Paalada" is an apparatus used traditionally in Kerala for feeding the neonates. Some traditional dais resort to giving "kurukku" (porridge made of *ragi*, banana etc) when the baby completes 28 days after birth. Such infants will be prone to digestive disorders, allergic disorders and infections due to low immunity as they are deprived of the benefits of exclusive breast-feeding.

Bathing the mother with hot water especially the lower abdomen and extremities during the initial

month of postpartum period facilitates pain relief, accelerates wound healing and faster involution of uterus in women<sup>14</sup>. Adequate care should be taken while pouring the steaming medicated water on abdomen to prevent the occurrence of scalds.

Giving pre-lacteal feeds like honey, tea, glucose water may interfere with effective suckling and exclusive breast-feeding. Honey should not be fed to babies less than one year of age since there are chances for Infant botulism. Tea or caffeinated drinks are known to retard the brain growth in infants. *Draksha* (grapes) is helpful in relieving colicky abdominal pain in infants due to constipation by virtue of its laxative property. Also, NNF has classified use of *gripe water* (fennel water mixed with sodium bicarbonate and syrup) under practices of doubtful utility and its long term ingestion is a known cause of the larche. Giving pre-lacteal feeds as glucose water, jaggery water etc., are also included under harmless practices as they do not pose serious problems as in the case of honey/tea.

The rituals of circumcision and waiting for buying clothes for the baby till delivery are definitely harmless/inconsequential. Practices like nose and ear piercing; keeping articles made of iron under the pillow of the mother, wearing chains with *pancha loha* (combination of 5 metals) around the hip, all are popular traditional practices with the objective of removing bad eye and protecting infants against the evil spirits. They are depicted as *Rakshogna* karma in the chapter '*Balopacharaneeya*' of Ashtanga Hridaya<sup>15</sup>. The massaging of anterior fontanel, and blowing into the crown and ear of the baby after bath are inconsequential practices.

Infants are usually fed with a paste of *Vacha* (*Acorus calamus*) on *irupathettu* ( the 28<sup>th</sup> day of birth). *Vacha*, given to infants immediately following bath in the morning, is well-known to improve memory and aid digestion. There are regional variations in the combination of drugs given on the 28<sup>th</sup>

day after birth. A traditional preparation called "URAMARUNNU" consisting of several *deepana* drugs is also given on *irupathettu*. All the combinations are targeted to alleviate the common ailments occurring in neonates. Both early and delayed weaning is associated with malnutrition and infections in children.

A variety of traditional galactagogues-garlic, ginger, coconut, jaggery, cumin seeds, ghee, fenugreek, turmeric and pepper are used in postpartum period by mothers because they are renowned for their antibacterial and analgesic properties, and for preventing excessive discharge of lochia, thereby enabling faster involution of uterus.

### Suggestions

Eradication of harmful newborn care practices and sustenance of good practices are not possible in immediate term without behavior change communication and regular counseling of mothers and relatives. The interventions should be deployed in a phased manner and integrated with the existing maternal and child healthcare programs. Continuous monitoring and evaluation will help in developing and sustaining the effective interventions.

### Results

Among the thirty-three neonatal practices considered for the study, 11 were identified as useful, 10 of them as harmful, 8 were found inconsequential and 4 of them as of doubtful utility.

### CONCLUSION

Traditional practices have been found to dominate newborn care in developing countries. Despite organizations like the National Neonatology Forum incessantly working to educate the public, it is a matter of serious concern that there are some harmful traditional practices followed blindly through generations. The targeted interventions and training programs should be introduced from the

primary level of family itself. The prevalent practices in each sector should be investigated, the useful ones preserved and the harmful ones be discarded to prevent the plausible hazards. It should also be borne in mind that it is the blind faith in traditions that has lead to the non-acceptance of the science of Ayurveda and its practices. The skepticism pervading the authenticity or genuineness of the conventional medicines used, and their quality is also a major constraint. Adequate measures taken in this regard will ensure quality control of herbal medicines and will serve as a giant leap towards a healthier nation.

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### REFERENCES

1. Shah B. D, Dwivedi L.K., New born care practices- a case study of tribal women, Gujarat, Health, Vol.5, No.8A4, 29-40 (2013)
2. Singh M., Care of the Newborn, Sagar Publications, New Delhi, 7<sup>th</sup> Edition 2010, Chapter-9
3. Vagbhata, Ashtanga Hridaya, Sareerasthana, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint Edition, 2011, Chapter 2, p.377, Sl no. 1
4. Susrutha, Susrutha Samhitha , Sareerasthana, Chaukhamba Sanskrit Sansthan,Varanasi, Reprint Edition, 2012, Chapter 10, p.394, Sl no. 63-64
5. Agnivesa, Charaka Samhitha, Sareerasthana, Chaukhamba Prakashan, Varanasi, Reprint Edition, 2013, Chapter 4, p.320, Sl. No.20
6. Vagbhata, Ashtanga Hridaya, Sareerasthana, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint Edition, 2011, Chapter 1, p.372, Sl no. 58
7. Vagbhata, Ashtanga Hridaya, Utharasthana, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint Edition, 2011, Chapter 1, p.778, Sl no. 17

8. Vagbhata, Ashtanga Hridaya, Sootrasthana, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint Edition, 2011, Chapter 2, p.26, Sl no. 8
9. WHO, WHO's Infant feeding recommendations, [www.who.int](http://www.who.int) accessed on 15/1/2016
10. Singh.M, Care of the Newborn, Sagar Publications, New Delhi, 7<sup>th</sup> Edition 2010, Chapter-9
11. Vagbhata, Ashtanga Sangraha, Sareerasthana, Chaukhamba Orientalia, Varanasi, Reprint Edition, 2009, Chapter 3, Sl no. 39
12. Vagbhata, Ashtanga Hridaya, Sareerasthana, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint Edition, 2011, Chapter 2, p.379, Sl no. 10
13. Vagbhata, Ashtanga Hridaya, Sareerasthana, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint Edition, 2011, Chapter 1, p.376, Sl no. 14,15
14. Vriddha Jeevaka, Kasyapa Samhitha, Khilasthana, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint Edition, 2012, Chapter 11, Sl no. 22
15. Vagbhata, Ashtanga Hridaya, Utharasthana, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint Edition, 2011, Chapter 1, p.778, Sl no. 21

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