



Contents lists available at ScienceDirect

Journal of Ayurveda and Integrative Medicine

journal homepage: <http://elsevier.com/locate/jaim>

Review Article

Unique contributions of Keraleeya Ayurveda in pediatric health care

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ARTICLE INFO

Article history:

Received 5 October 2016

Received in revised form

26 October 2017

Accepted 27 October 2017

Available online xxx

Keywords:

Ayurveda

Balacikitsa

Newborn

Kerala

Pediatric

ABSTRACT

Childhood is considered as the most important phase in life, which determines the quality of health, well being, learning and behaviour across the lifespan. This may be the reason for giving the foremost position for *Balacikitsa* among *Ashtangas* (8 branches) of Ayurveda. The regional growth of indigenous medicine gave significant contribution for the development of primary health care. Kerala has major contribution of many authentic textbooks of *Balacikitsa* like *Arogyakalpadruma*, *Vaidya Tarakam* etc. These are more practically oriented and it can be considered as a physician's quick reference hand book. Many new diseases which are not mentioned in classical textbooks have found their place in these books. Medications like *Praakaara yoga*, *Uramarunnuprayoga* were administered in children as a mode of immunization, which helps in the maintenance of health and prevention of disease. Many diseases like *Karappan* (*balavisarpa*), *Shakarogas* etc. were common in Kerala and various indigenous treatment modalities were developed for such diseases. Single drug *Prayogas* with herbs like *Mayaphal* (galls), *Tripadi* (*Desmodium triflorum* L.), etc. and *yogams* like *Nalikerakwatha* (*Putapakakalpana*), *Mukkuti* (*Takrakalpana*) etc. were practiced commonly. Many effective therapies like *Shashtikapindasweda*, *Thalapothichil* (*Sirolepa*) etc. are an inevitable part of *Balacikitsa*. In this paper, an attempt is made to compile the theoretical concepts and unique practices of *Balacikitsa* in Kerala and to convey its importance. The present article also addresses, how these vernacular books and traditional knowledge waned away from the Mainstream Ayurveda.

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1. Background

"*Kaumarabhrthy*" the branch which deals with *Balacikitsa* (pediatric health care), has been given the foremost position among *Ashtangas* of Ayurveda by Acharya Kashyapa [1]. *Kaumarabhrthy* deals with healthy upbringing of infants, purification of mother's milk and also cure for diseases of infants caused by intake of vitiated breast milk or *Balagraha* (evil demons) [2]. Acharya Hareeta included antenatal care and post natal care in this field [3]. Early childhood is a critical period in development, as rapid gain in physical, cognitive, and socio-emotional domains constitutes the "building blocks" of children's later growth [4]. Pediatric health care can be brought under the broad concept of *Kaumarabhrthy*.

Literature is the foundation and record of human experience. Ayurveda has a long history of being enriched by different types of contributions in different stages befitting the geographical, climatic and cultural situations of various regions, based on their thoughts and lifestyle. Considering classical literature as a base material and imbibing the wisdom from other indigenous knowledge, many regional books were compiled in different states of India periodically considering the contemporary needs. The earlier repositories of Ayurvedic knowledge like *Brihathrayi* have briefly documented the information on *Kaumarabhrthy*. Later on, Acharya Kashyapa wrote a detailed treatise on *Kaumarabhrthy Tantra*, which still remains as an important pediatric reference in Ayurveda. However, this is available only in an incomplete state. Now, *Kaumarabhrthy* has developed in to an important branch in Ayurveda.

The regional growth of indigenous medicine in Kerala significantly contributed to the development of primary child health care. The frame work of Ayurveda has an inherent capacity and flexibility to imbibe such changes. Many *kriyakramas* like *Patrapotalisweda*

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Peer review under responsibility of Transdisciplinary University, Bangalore.

<https://doi.org/10.1016/j.jaim.2017.10.008>0975-9476/© 2017 Transdisciplinary University, Bangalore and World Ayurveda Foundation. Publishing Services by Elsevier B.V. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

(fomentation with leaves of medicinal plants tied inside a cloth) and *Pizhichil* (oil bath), developed from the traditional practices in Kerala, are now practiced globally. This can be considered as unique contributions of those physicians who practiced in Kerala. Similarly, the knowledge hidden in regional textbooks should be adopted by the entire science community and brought to mainstream practice for further development of this speciality. Also, exclusive formulations, treatment modalities and many new diseases mentioned in these texts which are not found elsewhere make them unique and very much contributory. Application of such knowledge in clinical practice helps to tackle many of the serious epidemics, that our society is facing in the current era.

This paper provides a bird's eye view of the literary contributions and ancient traditional medical practices in the field of *Balacikitsa* in *Keraleeya*. The article also deals with, how these vernacular books and traditional knowledge waned away from the mainstream Ayurveda.

2. Review of related literature

Regional textbooks of *Balacikitsa* like *Arogyakalpadruma*, *Koumaramanjari*, *Balarogacikitsamanjari*, *Vaidyatarakam*, *Parambarya Balacikitsa* and *Balacikitsa Grantha* were analysed. Some other traditional books of Ayurveda, e-publications and journals were also referred for the present work. All these textbooks are unique to Kerala tradition and all the original versions were written in Malayalam language.

Among these regional textbooks, *Arogyakalpadruma*, which belongs to the 19th century, is authored by Vaidya Kaikkulangara Ramavarier. This scripture is written in Sanskrit language using Malayalam script in the available textbooks. Text '*Koumaramanjari*' is written by K. Gopalapillai, who was a high school headmaster and it was published by K C Narayanapilla in 1934. '*Parambarya Balacikitsa- Sidhoushadangalum Cikitsanubavangalum*' of Samrat publishers is written by Kodiakattil K S Vasuvaidyar. This book was written on the basis of his treatment experience. The Kodaikattil family at Trichur is well known for *Balacikitsa*. '*Vaidyatarakam*' is written by Vaidya Kalanidi Sree N. Narayanan while '*Balarogacikitsamanjari*' is written by Panachirethu Krishnapilla. There are many textbooks published in the name of *Balacikitsa* in different regions of Kerala. The period and authors of those *Balacikitsa Granthas* are unavailable. The *Balacikitsa Grantha* that is quoted in this article was published by Vidyarambam Publishers, Alappuzha in 1982. Many traditional textbooks including *Balacikitsa Grantha* could be availed from the online library of Vaidyaratnam Moos. These textbooks were written in 20th century.

Even though an English version of text '*Arogyakalpadruma*' is available, translated version of other regional books mentioned above do not exist. Even though the text '*Arogyakalpadruma*' being included in schedule – 1 of Drugs & Cosmetic Act, it is not a part of graduate or post graduate curriculum of Ayurveda.

3. Observations

3.1. History of Balacikitsa in Kerala

Ayurveda got its present status, as the 'Unique practice of Kerala', during the course of systematization and institutionalization in the early twentieth century. The term 'Ayurveda' was not used anywhere in Kerala before that. Till that time, *Nattuvaidyam* (indigenous medicine) was the term used widely to represent all kinds of indigenous medicines like *Siddha*, *Ottamooli*, *Vishavaidyam* and *Balacikitsa*. Thus, amongst all the indigenous medical practices, it associated its identity with that of the region and also with the nation, elevating its role as a unique indigenous knowledge of the nation.

Ayurveda, practiced by the literate *Vaidyas* especially of upper caste, who knew Sanskrit was found to be more authentic than that which practiced by lower caste *Vaidyas*. The ambivalence existed in the attitude towards books written in vernacular languages and later they were marginalized as non-authentic sources. Learning of Ayurveda was purely based on Sanskrit text and all institutions started using *Brihathrayi* texts in teaching. The argument that, the vernacular texts were the redacted versions of the *Samhita* texts were used for this purpose. But upon analysing certain vernacular texts like *Cikitsamanjari*, *Sahasrayogam* and *Yogamritam*, it was observed that most of the texts are from *Alathyur Grantham* (a pre-eighteenth century text), which has affinity with home medicine rather than the *yogam*.

Caste based categorization helps in weeding out the lower caste practitioners (who were already part of the tradition) from the field of Ayurveda. They were specialists in particular areas of medical practice, such as *Balacikitsa* (paediatrics), *Vishavaidyam* (toxicology), *Ottamooli* (single remedy), and *Kannuvaidyam* (eye diseases). They strictly used particular texts and language for their transmission. By the second half of the twentieth century, Ayurveda became the classical medicine and other assorted medical practices became *Nattuvaidyam* [5].

3.2. Elite contributions of regional textbooks

These books were written with a purpose to provide a concise and simplified version of *Balacikitsa* to the physicians of Kerala. It is postulated on the basis of former literary works like *Mahasaara*, *Bhela Samhita*, local health traditions and folklore. They addressed issues such as health of an individual, contagious diseases, seasonal diseases and public health.

On analysing the existing literature on *Balacikitsa*, it can be classified into two categories:

- (1) Theoretical concepts mentioned in classical texts and contributions in the field of diagnosis.
- (2) Therapeutic contributions involving existing preventive measures in child health care, diseases prevalent in Kerala and its remedies through traditional medical practice.

Though they are mutually overlapping, this categorization is done for better understanding. The materials highlighted in this section are found missing in *Samhita Granthas*. Such information will be of great use in the present era.

3.2.1. Contributions in diagnostic perspectives

This section deals with the theory of knowledge and justified belief. The eleven fold classification of age in a different perspective like *Jathamatra*, *Pakshateeta*, *Ekaabdhā* are explained [6] and *Balacikitsa* is discussed in two perspectives i.e. preventive and treatment aspects [A.K.D 1/7]. Discussions regarding the treatment to infant in neonatal period especially before 15 days of age were also discussed. If any disease occurs in the new born within 15 days after birth, treatment is given to the mother because the child depends solely on mother's milk during the period. But *Hethuviparitha* (treatment against the cause of the disease) and *Samanacikitsa* (pacifying therapy) in very small doses can be administered in children, if they are seriously ill [A.K.D 1/58-60]. '*Prashana*' a unique way of *Prakaara*, the administration of such drugs even up to 12 years is mentioned here [A.K.D – Chapter 35]. Posology with respect to different therapeutic forms and in accordance with the age [month-wise and year-wise] is well explained [A.K.D 2/117-126].

Some of the diseases caused by unidentified vectors called *Balagraha/Skandha* (evil demons) like *Pakshipeeda*, *Ashtavidha Balapeeda*, *Bhootagraha* can be included under this heading.

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