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NAVJAT SHISHU AYUPARIKSHANA ACCORDING TO CHARAK AND ITS MODERN REMARKS

DR.VIJAY SURYAVANSHI.,DR.YASHASHRI SHRIRANG KULKARN & DR.SMITA JAGDISH AHIRE

S.M.B.T AYURVEDA COLLAGE AND RESERCH,DHAMANGAON ,NASHIK

EMAIL ID-yashashrikulkarni001@gmail.com

ABSTRACT

Ayurveda diagnosis is in depth process which not only diagnoses for diseases but also tells about longevity of life Knowledge of any subject is never static. Old theories are replaced by New ones, but in case of Aayurveda Hypothesis expounded by Sages are time tested and proven.In *Charak sharirshatana jatisutriya adhyay ayuparikshana* for child is described. The very purpose of this ayurparikshana is to decide longevity of child, with the help of *Shubh ashubh lakshnas* displayed.In this paper co-relation of this process with modern methodology is to be established. And relevance of Ayuparikshan in modern times is to be evaluated with modern techniques.This we can understand with the help of one little example, according to *Charak* the lips of child should neither thick or thin ,cover the mouth properly and red in colour .As per for today' modern medicine practices we know that thick lips are a definitive indicator of Acromegaly, Mexoedema and Cretinism. Early cyanosis is detectable over lips. This paper presentation is small effort to bring of topics like ayuparikshana in *balroga in light*

Key words-

navjaatshishu, ayushprakshana,charak,modern remark

Introduction

ज्ञान विज्ञानं सहितं यज्ञात्वा मोक्षस्ये
अशुभात्. | | भगवत गीता ९.१

One comes to undeniable logic that any correct knowledge, regardless of its source has tendency to liberate us from inauspicious prognosis. The history of medicine is same time very old and very young field of study .medical history tells us where we came from and where we stand in art of healing. Truly speaking ayurveda is compass that guides us into future and shows direction in which we are marching

Our ancient sages and their scriptures emphasis immensely on accurate clinical examinations for exemplary diagnosis. For the successful treatment, a physician must know about the general examination of patient. In case of a specialist of children diseases, it has great importance, because children are delicate in nature and unable to explain or express their problems . Child specialistis the person who makes its diagnosis mainly on basis of physical examination .Physical examination is not only necessary for diagnosis purpose but prediction of longevity in a way as described in ancient texts. Looking at literature of ancient period ,it is evident that scholars of that period particularly" Charaka and Kashyapa" ,have given much importance to the examination of children ,and their contributions are remarkable

In Charak sharirshatana jatisutriya adhyay "ayuparikshana" for

child is described. The very purpose of this ayurparikshana is to decide longevity of child, with the help of Shubh ashubh lakshnas displayed .Charak had described that a new born should be examined after 10th day or after namakarana sanskara . This implies that Acharya Charak opined that general examination should be performed from 10th day of birth up to full maturity .By regular examination one may easily detect physical deformity and various illnesses..Also due to regular examination we can monitor proper growth and

Development of child and this will help prevent as well as further management of disease, if any.

यच्च कचिदन्य दप्यनुक्त्वास्ति तदपि सर्वं प्रकृति
सम्पन्नमिष्टं ,विपरितम पुनर्निष्टम ॥ च.शा. ८/५१

According to Acharya charak in jatisutriya adhyayaa the observed signs ,if in correspondence to the prakruti these signs are said to be auspicious (shubha) ,if not in correspondence to prakruti then they are consider ashubha.

प्रत्यक्ष हि,अप्रत्यक्षं हि अनल्प। the hidden truth or meaning between line found at many places in ayurveda .

So it is important that by studying this topic with wider aspect we will lead to better applicability of "ayush parikshana"

- [Material and methods](#)

1. Materials were collected from ayurvedic text book,samhita.
2. For purpose of presentation we focused navjat shishu paricharya in ayurveda.
3. Clinical examination is studied from Modern literature .

4. we collected published information regarding clinical examination of newborn.
5. discussion with pioneers in subject.

- [Aim and objective](#)

- Elaboration of implicated topic like *ayush parikshana* and their relevance according to time.

- T

- o Body part Findings

- o A)General observation

- o Skin *स्थिरा बहला त्वक् ॥*

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- o Voice *माहनदीनःस्निग्धोअनूनादी गंभीर समुत्थो धीरः स्वरः।*

Remark

- Loose thin wrinkled skin is feature of malnutrition
- Acrocynosis
- Erythma toxicum

- Vocal resonance may be altered during states lung consolidation ,bronchopneumonia

B)The Head

- o Cranium or skull *प्रकृत्याअतिसंपन्नमीषत्यमाणावृत्तमनुरुपमातपत्रोपमं शिरः॥*

- Small skull in microcephaly
- Generalized craniostenosis
- acromegaly
- moulding
- unduly large in hydrocephalus cephalohematoma

- o Forehead *व्युद्धं द्रुद्धं संमं सुश्लिष्टशंखसधुर्ध्वव्यन्जन् संपन्नमुपचितं वलिभमर्धचन्द्राकृति ललाटं॥*

- excessive
- prominence of forehead or supraorbital

ridges may due to acromegaly

- leontiasis ossium or to parrots node frontal boosing

C)THE EYES

EYES	समे समाहित् दर्शने व्यक्तभागविभागो बलवती तेजसोपपत्रे स्वंगःपांगेः चक्षुषी॥	<ul style="list-style-type: none"> • In ptosis eyes will appear unequal also in case of unilateral exophthalmos • Cellulities • Orbital hemorrhage • Bitots spots
D) The ear		
Ears	बहलो विपुलसमपीर्णो समोनिचेवृ पृश्टतोवनतो सुश्लिष्टकर्णपुत्रको महाछिद्रो कर्णो।	<ul style="list-style-type: none"> • Boils or furuncles • Local hematoma • Cirroid anyurism
e)The nose		
Nose	ऋज्वि महोच्छवासा वंशसंपत्रेषवदनतागात्रा नासिका॥	<ul style="list-style-type: none"> • Saddle nose is common in congenital syphillis
f)The Lips		
Lip	नातिस्थुलो नातिकृशो विस्तारोपपत्रावास्यप्रच्छदनो रक्तवोष्टो॥	<ul style="list-style-type: none"> • Too thick lips are common in acromegaly ,myxoedema, cretinism • Congenital anamoly cleft lip • Early cyanosis is detectable

g)the oral cavity

Tongue	आयामविस्तारोपपन्ना श्लष्णा तन्वी प्रकृति वर्णयुक्त जिह्वा॥	<ul style="list-style-type: none"> • The large tongue may be due to congenital macroglossia • Change in colour also indicative in anemia ,cyanosis,fungus infection
Teeth	महद् रुजु सुनिविष्ट दन्त मास्यम॥	<ul style="list-style-type: none"> • Change in shape in condition like hutchinsonian teeth(congenital syphilis) • Moon malars (deficient devlopment) • Pitted (flurosis)
Palate	श्लष्णं युक्तो पयचमूष्णोपप्प रक्तं तालु॥	<ul style="list-style-type: none"> • Cleft palate • High arch palate
H)the neck		
Nec	वृत्ता नातिमहाती ग्रिवा	<ul style="list-style-type: none"> • Much long in state of wasting • Emaciation or cachexia • Bronchial asthma • Pulmonary t.b
I)upper extremities		
Shoulder and Vertebral column	व्युद्धमुपचि तमुरः गुढ जत्रु पृष्ठ्वंशश्च विप्रकृष्टांतरो स्तनो अंसपातनिनी स्थिरे पार्श्वे	<ul style="list-style-type: none"> • Wasting of flesh in malnutrition • Spinal malposition like khyposis,scoliosis,lordosis, • spina bifida
Arms fingers and hand	बहुसक्थानि अङ्गुल्याश्च, पाणिपादं॥	<ul style="list-style-type: none"> • deformity In shape in various condition like down's syndrome • hurlers syndrome

		<ul style="list-style-type: none"> • ape hand(muscular deformity) • fingers should be observed for polydactaly,syndactyly ,arachnodactyly • clubbing
Nails	स्थिरा वृत्ता स्त्रिग्धाताम्रास्तुंगा कुर्माकाराः करजा	<ul style="list-style-type: none"> • nails become hallow ,concave,saucer shaped(koylonchia) in iron deficiency anemia some time in rheumatic fever and liver disease
Trunk		
Chest	व्युढमुपचितमुरःगुढ जत्रु पृष्टवंशमच॥	<ul style="list-style-type: none"> • Abnormality in shape like • Flat chest in ricket • Pigeon chest in (congenital rickets) • Rachitis,barrel chest in (asthama bronchitis) • Funnel chest (rickets)
Navel	प्रदक्षिणावर्तो सोत्संगाच नाभिः।	<ul style="list-style-type: none"> • In ascitis umbilicus become transversally stretched ,everted or ballooned out
J)lower extrimities		
Buttocks	वृत्तो स्थिरोपचितमांसो नात्युनतो नात्यवनतो स्फिचो॥	<ul style="list-style-type: none"> • In malnutrition there is severe wasting of gluteal fat
Thighs	अनुपूर्व वृत्तावुपचययुक्तावुरु॥	<ul style="list-style-type: none"> • In various problem normal shape of thigh is altered coxavera coxavalga,genuvarum,ge nuvalgum
Calves	नात्युपपचिते नात्यपचितीऐणी पदे प्रगुढ सिरास्थिसंधी जंघे।	<ul style="list-style-type: none"> • In Psuedohypertrophy calf muscles apper hypertrophic • Varicose veins • Deep veinThrombosis

Feet	महद उपचितं पाणिपादं॥	<ul style="list-style-type: none"> • In acromegaly, normal shape is changed. • Talipes equinovarus • Falt foot
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Conclusion

On the basis of the above description of signs sated in clinical examination in jatisutria aadhaya about their contradictions

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च.शा. ८/५१

it is theorized that ,if lakshanas are not in accordance with prakruti then they are considered as ashubha and for the purpose of better understanding, subsequent modern remarks have been given ashubha signs .

Thes

e conditions in modern remark can be correlated to ashubha signs which may help in wider acceptance and understanding and applicability of *ayushaparikshana*.

More over the diseases and conditions stated in modern remarks may be found fatal and incoherent with future well being of child.

It is concluded that the brief analysis of topic *ayushaparikshanam* clearly reviews the depth of knowledge regarding clinical understanding of *Acharya Charaka*.

This is important to understand that the accurate and timely diagnosis is necessary to prevent morbidity and mortality in children so it become evidently clear that the features included in *ayusha parikshan* about pediatric illnesses are closely related and matching with symptomology of modern medical science.

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