



CONTRIBUTION OF ASHTANGA HRIDAYA TO THE FIELD OF KAUMARBHRITYA

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ABSTRACT *Kaumarbhritya* is one of the eight branches (*Ashtanga*) of *Ayurveda* dealing with the care of *garbha*, *navjata shishu* and *bala*, along with prevention and management of *balaroga*. Though *Kashyapa Samhita* is considered the principal text of *Kaumarbhritya*, its incomplete availability necessitates reliance on other classical treatises. *Ashtanga Hridaya*, composed by *Acharya Vagbhata*, occupies a prominent position in Ayurvedic literature and contains extensive references related to *navjata paricharya*, *bala samskara*, *balaroga nidana*, *lakshana* and *chikitsa*. The present article aims to review and analyse the contribution of *Ashtanga Hridaya* in the field of *Kaumarbhritya* by compiling relevant references scattered throughout the text. This literary review highlights the significance of *Ashtanga Hridaya* as a valuable source for understanding classical Paediatric concepts in *Ayurveda*.

KEYWORDS : *Kaumarbhritya, Ashtanga Hridaya, Navjatashishu Paricharya, Balaroga, Bala Samskara*

INTRODUCTION

Acharya Vagbhata is regarded as one of the three eminent classical authors of *Ayurveda* associated with the composition of *Brihatrayi*. His celebrated treatise, *Ashtanga Hridaya*, represents a well-structured synthesis of the fundamental principles described in the earlier works of *Acharya Charaka* and *Acharya Sushruta*, along with his own original contributions. Historically, *Acharya Vagbhata* is placed around 600 A.D. His work has consistently attracted the attention of scholars due to its comprehensive nature and clarity of presentation, making it comparatively easier to understand and apply in clinical practice.

Ashtanga Hridaya, often described as the “heart or essence of the eight branches of *Ayurveda*,” serves as one of the principal classical texts of Ayurvedic literature. It encompasses extensive knowledge of *Ashtanga Ayurveda*, including concepts related to *Kaumarbhritya*. He placed *Kaumarbhritya (Bala)* in second place after *Kayachikitsa*.^[1] Although *Ashtanga Hridaya* does not contain a separate section exclusively devoted to *Kaumarbhritya*, it presents detailed references related to this branch throughout the text. A significant number of important topics pertaining to *Kaumarbhritya* are described in *Uttara Tantra* and *Shareera Sthana*, while other related concepts are scattered across different sections of the *Samhita*.

A comprehensive study of *Ashtanga Hridaya* reveals its substantial contribution to the understanding of *Kaumarbhritya*, including principles related to child care, disease prevention and therapeutic management. Even in the present era, *Ashtanga Hridaya* continues to function as a foundational source for Ayurvedic philosophy and clinical protocols, offering clear and systematic guidelines in various aspects of health care. Thus, an integrated review of this *Samhita* highlights its significant role and enduring relevance in the field of *Kaumarbhritya*.

Garbha Vyapada (Fetal Anomalies)

Acharya Vagbhata describes important *garbha vyapada* such as *Upavishtaka*, *Nagodara* and *Linagarbha* along with their respective management. These conditions represent complications of pregnancy characterized by post-dated gestation and intra-uterine growth retardation. *Upavishtaka* is described as a condition in which excessive vaginal discharge is present, and although the fetus remains alive within the uterus and produces throbbing movements, it fails to grow adequately. In *Nagodara*, the fetus becomes dry and emaciated, a condition associated with severe mental and physical stress in the mother along with persistent vaginal leakage, leading to aggravation of *Vata dosha* and a post-term fetus. *Lina garbha* is considered a more severe condition in which fetal throbbing is absent, indicating

compromised fetal vitality.^[2]

Navjata shishu Paricharya (Concept of Neonatal Care)

Ashtanga Hridaya provides a comprehensive description of *navjata shishu paricharya*, detailing systematic care of the newborn immediately after birth. The procedures include *ulva parimarjana* for removal of vernix caseosa, *pranapratyagamana* to initiate respiration, *nala chhedana* for cutting the umbilical cord, *snana*, *pichu dharana* for external oleation, *swarnaprashana*, *garbhodaka vamana* for cleansing of the stomach, and *jaata karma* for initiation of feeding.

Soon after birth, the vernix is removed using *saindhava* and *ghee*, which helps dry the newborn, provides tactile stimulation necessary for breathing and prevents hypothermia; application of *bala taila* is also advocated. Auditory stimulation is produced by rubbing two stones near the base of the ear or mastoid region, which activates the auditory nerve and facilitates initiation of respiration, along with chanting of holy *mantras*.^[3] Once effective breathing and crying are established, the umbilical cord is cut at a distance of four *angula* from the umbilicus, tied with a thread, suspended around the neck, and *kustha taila* is applied to prevent sepsis.^[4] Subsequently, oil-soaked cotton is placed over the talu (anterior fontanelle) to protect against hypothermia and injury.^[5] Bathing of the newborn is advised using herbal decoctions possessing antiseptic properties and a pleasant fragrance.^[6] Cleansing of the stomach is achieved through *garbhodaka vamana* using *saindhava*, *ghee* and *vacha*, which removes swallowed amniotic fluid and blood and helps prevent post-feed vomiting.^[7] After gastric cleansing, feeding is initiated with *ghee* and honey to provide energy and support passive immunity.

On the second and third day, *lakshmana siddha ghee* is recommended, followed by initiation of exclusive breast feeding.^[8] Additionally, *raksha karma* is described,^[9] employing medicinal herbs to disinfect the surroundings, clothes, cot and ward area of the newborn, thereby preventing sepsis and ensuring protection during the early neonatal period.

Navjatashishu Parikshana (Examination of Newborn)

Acharya Vagbhata emphasizes that a wise physician should meticulously examine the child, beginning from the head, to assess the child's life span based on the features described in the *Prakriti bhediya* chapter.^[10] In this context, *Acharya Vagbhata* elaborates characteristic features of various body parts such as the forehead, veins, face, head, tongue, mouth, eyes, chest and other regions, and correlates these physical traits with the expected life span of the individual.^[11]

Shishurudana and Vedana (Concept of different activities during

cry and pain)

Acharya Vagbhata explains that pain in children should be understood primarily through careful observation, as they are unable to verbalize their discomfort. Sudden and repeated crying is considered the most important indicator of pain, while the specific site of pain is inferred from the child repeatedly touching a particular body part or resisting touch due to tenderness. Pain in the head is recognized by persistent closing of the eyelids, whereas pain in the chest is identified through signs such as biting of the tongue and lips, dyspnoea and clenching of the fists. Abdominal pain is assessed by features like constipation, vomiting, biting of the breast, intestinal gurgling sounds, flatulence, bending of the back and elevation of the abdomen. Pain involving the urinary bladder and genital region is interpreted by obstruction to the elimination of urine and faeces along with a frightened facial expression.^[12]

Vayo vibhajana (Classification of Age)

Acharya Vagbhata classifies human age into three distinct stages based on physiological changes. The period up to sixteen years of age is termed *bala*, or childhood, during which there is progressive increase of *dhatu*, *indriya* and *ojas*, the latter being the essence of *dhatu* responsible for strength and vitality. The stage extending up to seventy years is known as *madhya*, encompassing youth and middle age, in which there is neither increase nor decline of body tissues. Beyond seventy years of age, the individual enters the stage characterized by *kshaya*, or depletion of *dhatu*, signifying old age.^[13] *Acharya Vagbhata* further subdivides the *bala* stage into three nutritional phases, namely *kshiravartan*, *ubhayavartan* and *annavartan*. These stages represent a child feeding predominantly on milk, on both milk and solid food, and exclusively on solid food respectively.^[14]

Bala samskara (Childhood Sacraments)

Samskara are ritualistic procedures intended to inculcate positive qualities in an individual by shaping disposition, character and behavioural traits that may be inherent at birth or gradually cultivated throughout life. Childhood *samskara* are primarily directed towards enabling the infant to adapt effectively to extra-uterine existence, establishing healthy feeding practices, ensuring proper nourishment, preventing disease occurrence, facilitating environmental adaptation, imparting personal identity and supporting overall education and development. According to *Acharya Vagbhata*, *Prajapatya vidhi* is advocated as a component of *jata karma samskara*, in accordance with descriptions found in *Dharmashastra* literature.^[15] He further specifies that *namakarana samskara* should be performed on either the 10th or 12th day after birth,^[16] while the 6th month is regarded as the appropriate period for *annaprashana*. *Karnavedhana*, involving perforation of the ear lobes, is recommended not only for ornamental purposes but also for protection against diseases, and *Ashtanga Hridaya* advises that this rite be conducted at six, seven or eight months of age, preferably during a cold season.^[17] Additionally, *Acharya Vagbhata* identifies the fifth month as the suitable time for *upavishatana samskara*, signifying the sitting ceremony. Through the systematic description of these rites, *Acharya Vagbhata* underscores the integral role of childhood *samskara* in fostering the physical, mental and social well-being of the child.

Dantudbhedjanya Vyadhi (Dentition related diseases)

Acharya Vagbhata considers the eruption of teeth to be a significant physiological event associated with the manifestation of several diseases in children. During this period, conditions such as *jwara*, *atisara*, *kasa*, *chardi*, *shirashoola*, *abhishtyanda*, *pothaki* and *visarpa* are described as commonly occurring. He emphasizes that there is no *dosha* which remains unvitiated at the time of dentition, indicating that the entire body experiences discomfort and pain during this phase.^[18] The predominance of *vata dosha* is identified as an important factor responsible for delayed eruption of teeth as well as grinding of teeth during sleep.^[19] *Acharya Vagbhata* further describes dental disorders such as *krimidanta*, corresponding to dental caries, and *dantaharsha*, which denotes hypersensitivity of teeth.^[20] In addition, he mentions a distinct eye disorder known as *kukunaka*, which occurs exclusively in children during the period of teething. This condition is characterized by swelling of the eyes, a coppery-red discoloration, difficulty in vision, pain and stickiness of the eyelids. Children affected by *kukunaka* frequently rub their ears, nose and eyes, reflecting the associated irritation and discomfort.^[21]

Concept Of Lehana

Acharya Vagbhata describes several medicinal drug combinations

containing *swarna* as a principal component, intended for use in paediatric care. These combinations include formulations consisting of *swarna* along with *shweta vacha* (*Acorus calamus*), *kushta* (*Saussuria lappa*) or *arkapushpi*; *swarna* combined with *matsyaksha* and *shankhapushpi* (*Convolvulus pluricaulis*) or *kaidarya* (*Murraya koenigi*); and *swarna* (Gold) administered together with *vacha* (*Acorus calamus*). When these four groups of drugs are consumed in combination with honey and *ghee* continuously for a period of one year, they are said to promote overall physical growth, enhance intelligence, improve strength, impart a well-toned complexion and contribute to the general well-being of the child. Such preparations form an integral part of *lehana karma*, a specialized paediatric therapeutic practice described by *Acharya Vagbhata*. In this context, classical formulations such as *ashtanga ghrita*, *saraswata ghrita* and *vachadi ghrita* are specifically recommended for use in *lehana karma*,^[22] highlighting their importance in supporting growth, nourishment and development during childhood.

Stanya and Stanya Dosha (Concept of Breast Milk and related Impurities)

Acharya Vagbhata provides a detailed description of the characteristics of unvitiated and vitiated breast milk, emphasizing its importance in infant health. Breast milk that is homogeneous, mixes uniformly with water and does not exhibit features indicative of any *dosha* is considered pure and unvitiated. Milk vitiated by *vata dosha* is described as floating on water, astringent in taste, frothy in nature, having reduced fat content and causing obstruction to the passage of faeces and urine in the child. When breast milk is vitiated by *pitta dosha*, it becomes hot, sour and pungent, produces yellow-coloured streaks when mixed with water, and leads to burning sensations in the alimentary tract of the infant. Milk affected by *kapha dosha* is characterized as slightly salty, thick, and slimy in consistency and sinking in water. In cases where two or three *doshas* are simultaneously vitiated, the milk exhibits combined features of the respective *doshas*. *Acharya Vagbhata* further states that consumption of breast milk possessing the qualities of vitiated *doshas* results in diseases corresponding to the involved *doshas*.^[23]

Prasvakaleenjanya Abhighat (Birth Injuries)

Ashtanga Hridaya describes a neonatal condition known as *upshirshaka*, which closely resembles birth injury or caput succedaneum. This condition is explained as occurring due to the entry of vitiated *vata dosha* into the scalp of the fetus during the process of delivery. As a result, a swelling develops over the scalp that is painless and maintains the same colour as the surrounding skin.^[24]

Congenital Anomalies

Acharya Vagbhata describes *khandoustha* (cleft lip which refers to the splitting of the lips into two parts) due to the action of vitiated *vata dosha*. This congenital anomaly is explained as a disorder arising from *vata* involvement affecting the normal formation of the lips. In addition to describing the condition, *Acharya Vagbhata* also elaborates upon the surgical procedure for its correction.^[25]

Balyakala Vyadhi (Common diseases of infancy and childhood)

Acharya Vagbhata describes several paediatric disorders with distinct clinical features and etiological factors. *Rajika* is explained as a painful and hard skin eruption resembling mustard seeds in shape, size and colour, arising over the entire body due to excessive sweat and heat.^[26] He further describes a condition known as *kshiralasaka*,^[27] which develops when breast milk vitiated by all three *doshas* is consumed; such milk is foul-smelling and watery in appearance, and its intake leads to passage of hard or thin frothy stools of varying colours accompanied by abdominal discomfort. The urine in this condition becomes yellow, white and thick, and the child develops fever, loss of appetite, thirst, vomiting, belching, yawning, twisting of the body, moaning, shivering, giddiness and ulceration of the nose, eyes and mouth. Another disorder affecting the anal region occurs due to adherence of feces or sweat, resulting in ulcers arising from *rakta* and *kapha*, which are coppery in colour, associated with itching and multiple secondary complications; this condition is variably termed *matrika dosha*, *ahiputana*, *prishtaru*, *gudakutta* or *anamaka* by different authors.^[28] *Acharya Vagbhata* also explains *ruddhaguda*^[29] as a disorder caused by aggravation of *apana vata* due to suppression of natural urges of *mala* and *vata*, leading to constriction of the anal canal with difficult and painful defecation. In addition, he enumerates specific medicinal herbs for the management of *mridbhakshanajanya Vyadhi* (diseases arising from pica).^[30]

Balashosha (Malnutrition in children)

Balashosha is described by *Acharya Vagbhata* as a disorder of malnutrition occurring in children. He explains that factors such as excessive sleeping during the daytime, intake of cold water, and consumption of breast milk vitiated by *kapha dosha* lead to obstruction of the *rasavaha srotasa*. As a result of this pathological process, the child develops loss of appetite, nasal catarrh, fever and cough. Progressive emaciation ensues, and the child exhibits a characteristic appearance marked by greasiness and whitish discoloration of the face and eyes. *Acharya Vagbhata* emphasizes that the management of *balashosha* should focus on the administration of medicinal herbs that stimulate *agni* and provide adequate nourishment.^[30]

Bala Graha

Bala graha are described as supernatural entities believed to have been created in ancient times by Lord *Shiva* for the protection of *Kartikeya*, and they are classified into twelve types, comprising five masculine and seven feminine forms. The names of these *balagraha* include *Skanda*, *Vishakha* or *Skandapsmara*, *Meshakhya* or *Naigmesha*, *Shvagraha* or *Shava*, *Pitragraha* or *Pitra*, *Shakuni*, *Putana* or *Pootana*, *Sheetaputana* or *Sheetpootana*, *Adrishtaputana* or *Adrishtpootana*, *Mukhamandika* or *Mukhmandika*, *Revati* and *Sushkarevati* or *Shushkarevati*. Among these, the first five are considered *purusha graha* or male entities, while the remaining seven are regarded as *strigraha* or female entities. *Acharya Vagbhata* provides an elaborate description of *balagraha*, detailing their general characteristics, specific clinical manifestations associated with each individual *graha*, etiological factors, *gandha* or modes of affliction, and their respective therapeutic measures.^[32]

Aushdhiya Yoga (Formulations)

Acharya Vagbhata describes a unique therapeutic principle in *Kaumarbhritiya* wherein specific drugs indicated for particular diseases are applied externally over the mother's breast for one *muhurta* (approximately forty-eight minutes), after which the breast is washed with water and breastfeeding is initiated, resulting in protection of the infant from the corresponding disease.^[33] In addition, *Acharya Vagbhata* has enumerated several important *aushadhiya yoga* used in paediatric practice.^[34]

- *Rajanyadi churna* is indicated in *atisara*, *jwara*, *kamala* and *pandu*, while *Kashyapa ghrita* is prescribed for *Dantoudbhedjanya vikara* and *Dantoudbhedaka ghrita* is advised to facilitate *dantoutpatti*.
- *Shishu-shoshanashaka ghrita* and *Shoshnashaka taila* are recommended in *balashosha*, whereas *Dadiam chatusama* and *Lavanga chatusama* are used in *atisara*.
- *Lakshadi taila* is indicated in *jwara*, *ummada* and *apasmara*. *Balakutajavaleha* is described for *aamashoola* due to indigestion and *raktastrava*.
- *Kumarkalyana rasa* is useful in *jwara*, *shwasa*, *paarigarbika roga* and *atisara*. *Ashwagandha ghrita* is indicated as a *pushtikara*, while *Kumarkalyana ghrita* serves as both *pushtikara* and *agnidiptikara*.
- *Pippalyadi ghrita* is advised in *Dantoudbhavajanya roga*. *Arvindasava* is described as *Grahadoshanivaraka*, and *Shishukalyanaka ghrita* is indicated in *bhooto ummada*.
- Furthermore, *Ashtanga ghrita*, *Saraswata ghrita*, *Vachadi ghrita* and *Vachadi churna* are recommended as *lehana dravya* possessing *medhya* and *smritikara* properties.

CONCLUSION

Ashtanga Hridaya is regarded as the third major classical treatise of *Ayurveda* and stands as one of the most authentic and comprehensive summaries of Ayurvedic principles. It is neither an overly concise work nor an elaborate expansion of *Ashtanga Samgraha*, but rather a balanced and systematic presentation of the eight *angas*, among which *bala chikitsa* occupies an important place. *Kaumarbhritiya*, the branch of *Ayurveda* concerned with the care of infants and children, their diseases and therapeutic management, finds detailed and practical exposition in *Ashtanga Hridaya*. Although *Kashyapa Samhita* is traditionally regarded as the principal text of *Kaumarbhritiya*, its incomplete availability necessitates reliance on other authoritative works. In this context, *Ashtanga Hridaya*, being a part of the *Brihatrayi*, aptly fulfils the need for comprehensive knowledge by describing essential concepts of *Kaumarbhritiya*, paediatric diseases and their practical treatment approaches. Composed by *Acharya Vagbhata* in a lucid, verse-based and sequential manner, the text rightfully occupies a distinguished position within the *Brihatrayi* and

serves as an epitome of *Ayurveda*, catering effectively to the academic and clinical requirements of students, scholars and practitioners alike.

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