Panchakarma in Pediatrics of Current Scenario

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Introduction:

Panchakarma is an integral part of Chikitsa; its practice was on full swing at the time when other medical sciences even not on the germination. As per our classics it is the only method to cure the disease from its roots. Panchakarma process has efficiency to make equilibrium of Dosha which leads to inefficiency to get relapse again\(^1\).

Charaka quoted that Vasti process is the management of half of the Kayachikitsa\(^2\). Sushruta also defined that Rakta Mokshana\(^3\) process of management can cure half of the disease of Kayachikitsa. Vasti and Raktamokshana is a part of the Panchakarma procedure, by analyzing this quotation we can say that if only these two procedure claim for half of Kayachikitsa means there is all procedure having certainty to cure the diseases completely without any confusion. Panchakarma is a complete cure of so many diseases because it made the equilibrium of Dosha which responsible for health as per Sushruta told Sama Dosha Samagani is basic necessity for health\(^4\).

This therapy now days not more in practice or few portion of Panchakarma has to be practiced due to time consuming and inconvenient to the patient. In this era person has shortage of time and want fast relief in any way; this situation leads to decrease of immunity weakness and ultimately decrease in life span. Only chronic diseased person or rich and high status society prefers the Panchakarma procedure. Panchakarma not only meant for diseased person but it also helpful in healthy persons. In recent era by understanding of importance of Panchakarma in life, the public is showing interest towards it and majorly practiced in adult patient.

As Panchakarma is an inseparable part of Ayurvedic management. So it is unavoidable in pediatrics cases. Due to the lack of practical knowledge it practiced rarely in some part of India. Acharya Kashyapa told that Vasti is Amritam\(^5\) for the children. He wrote Kashyapa Samhita to defining the Kaumarbhritya to the Ayurvedic physician because it is very difficult Vasti procedure in children\(^6\). He has given full description of diseases and management along with the Panchakarma in pediatrics. When baby takes first breath Acharya advised that baby should be undergone the process of Garbhodaka Vamanam\(^7a\&b\) by the use of Saindhava and Ghritam. In other contest he told that those baby are vomiting the milk after breast feed, never suffers with the disease due to expulsion of excessive Kapha Dosha\(^7c\).

It proves importance of Panchakarma from pediatrics to geriatrics. This fact is well known to every Ayurvedic physician but due to lack of practical knowledge along with literature related to the pediatric Panchakarma; it seems to be very difficult practice of Panchakarma in pediatrics.

Deference of Panchakarma procedure in adult and children:

Children are not a small adult, they has great deference in body structure and physiology to. Charaka told that children are delicate, inability to tolerate heavy work, ill developed sexual character etc.\(^8\).
Babies are always Snigdha in nature due to the habitual of sweet (Madhura), Snigdha diet as milk, ghee, butter etc. so the Snehana is not needed in all pediatrics cases as compare to adult Panchakarma procedure.

Children are not co-operative as adult. Children’s skin has under developed sweet gland and delicate soft in nature, so during Swedana procedure it should be taken in mind. They have immature kidney and liver. Babies has chance to easily collapse due to large intestine in compare to body surface area, to the adult; so complication of Panchakarma procedures of Vamana, Virechana and Vasti should be keep in mind. All Panchakarma procedure can’t be used in pediatrics cases as routine process in adult, according to the need procedure should be taken.

**Panchakarma in children:**
The Panchakarma defined by all Acharya, but specification to the pediatric age for Panchakarma procedure and as Amrita for babies told by Kashyapa. Procedure followed before Panchakarma is Purvakarma and after is known as paschata karma.

**Purvakarma in pediatrics:**
*Deepana Pachana:* The process of improving Agni, has great importance in the normalizing the body physiology. Agni is responsible for Bala, Varna and Ayu. In pediatric cases we can use Musta, Ativisha, Trikatu etc medicine for the Deepana Pachana process.

*Snehana:* Snehana is very important for the making of Dosha in soluble state and by which they easily get fluidity, made easy removal of Dosha from natural orifices. In pediatrics cases the Abhyangam has great importance to make the baby Snigdha as it helps myelination of the nervous tissue because they are under the process of myelination. Internal Snehana is not needed in every case because they are already Snigdha due to their diet habit as milk, milk product and sweet items. If internal Snehana is compulsion then Snehana Pravicharana should be used.

**Swedana:** Swedana procedure alleviates the stiffness of body, relieves sense of heaviness, and cures feeling of cold is known as Swedana. It is of two type sagni and niragni. In pediatrics cases, during Swedana process proper care should be taken due to soft, delicate and ill developed sweet gland. Acharya Kashyapa told two specific sudation processes Hasta and Pata Sweda. By using this process we can save the baby from complication as burn, fainting, black reddish patch on skin, Trishna, Jwara etc. In children up to four month Sweda by hand applicable and after six year Sweda by cloth is applicable. Children above one year the Nadi Sweda, Pinda Sweda Avagaha Sweda can be used.

**Pradhana karma:**
*Vamana:* Vamana is indicated in pediatrics just after birth as Garbhodaka Vamana by using Vacha (Acorus calomus) and Saindhava Churna.

In ksheerad baby Vamana Sadhya diesases Vamana done by the apply Madanaphala on nipple along with areola i.e. dose of Madanaphala should not be more than that. Indication of Vamana is in baby above the age of five year. Kabala is more advisable in children as an alternative method of Vamana.

Children especially Ksheerada vomits spontaneously even in the presence of small Doshdusti hence they require no forced vomiting.
The number of *Vamana Vega* for expelling *Dosha* in *Kanistha* 2-3, *Madhyama* 4-5, *Uttama* 6-7 for children in place of 4,6,8 in adult respectively \[^{16}\]. The number and quantity is pediatric cases only has literally value, *Lakshana of Samyaka* *Vamana* is more important.

**Virechana:**

Generally *Virechana* contraindicated in children, if needed used as a last resort; all other measure failing to cure the disease. This procedure should be administered with extreme caution as there lays a potent danger of dehydration which the children more prone to *mridu verechnoushadha* as *trvritta, chaturangula* can be logistically used.

The *Vega of Virechana is* 2, 3, and 4, in place of 10, 20, and 30 for adult *Kanistha, Madhyama, and Uttama* respectively \[^{17}\].

*Vasti* can be used as alternative of *Virechana* \[^{18}\].

**Vasti:**

In general of all *Shodhana Chikitsa, Vasti* is supreme as *Amritama*. The age of administer of *Vasti* about one year baby. It is very effective in development of baby as it developed paraneuron (gastro endopancreatic endocrinal system) which stimulate the nervous system for better thriving, now days it is known as gut brain. It is also proved in many research work found to be statistical significant improvement in case of cerebral palsy.

The *Niruha vasti* can cause the *Karshana* in child which leads to the poor development so the Acharya Kashyapa told the *Anuvasana vasti or vasti* in which oil more than quantity of kashaya should be used. To prevent complication of *Vasti Chaturbhadra kalpa* \[^{19}\] should be require. The addition of *Gomutra* in *Vasti* leads to the early emulsification oil in water and *Srotoshodhana* which led to better effect in children as per my experience.

**General method preparation of Vasti for children:**

This procedure and amount and quantity decided after critical study of literature and practiced about 10 year without any complication in case of cerebral palsy Pesigatavata, Arditavata, Pakshaghata, Amavata etc.

**Table No. 1 Quantity of drugs in preparation of Vasti**

<table>
<thead>
<tr>
<th>S/No</th>
<th>Total quantity (ml)</th>
<th>Oil</th>
<th>Kashaya</th>
<th>Gomutra (m.l.)</th>
<th>Saindhava (gram)</th>
<th>Mishreya (gram)</th>
<th>Madhu (gram)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>200</td>
<td>100</td>
<td>80</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>2</td>
<td>150</td>
<td>75</td>
<td>60</td>
<td>7.5</td>
<td>1.5</td>
<td>1.5</td>
<td>4.5</td>
</tr>
<tr>
<td>3</td>
<td>120</td>
<td>60</td>
<td>48</td>
<td>6</td>
<td>1.2</td>
<td>1.2</td>
<td>3.6</td>
</tr>
<tr>
<td>4</td>
<td>100</td>
<td>50</td>
<td>40</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>5</td>
<td>60</td>
<td>30</td>
<td>20</td>
<td>2.5</td>
<td>0.6</td>
<td>0.6</td>
<td>1.8</td>
</tr>
</tbody>
</table>

**Table No 2 quantity with respect to age of children:**

<table>
<thead>
<tr>
<th>S/No</th>
<th>Age in year</th>
<th>Vasti Matra</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>1-3</td>
<td>100 ml</td>
</tr>
<tr>
<td>2</td>
<td>3-5</td>
<td>120 ml</td>
</tr>
<tr>
<td>3</td>
<td>5-8</td>
<td>250 ml</td>
</tr>
<tr>
<td>5</td>
<td>8-12</td>
<td>350 ml</td>
</tr>
</tbody>
</table>
Nasyama:
Administration of medicine through nasal route is known as Nasya. “Nasa hi shirasho dwara” so all the disease related to head is best treated by this procedure. Kashyapa told nasyama two types Shodhana and Purana. The indication of Nasyama is 8 to 80 year[20].

Pratimarsha Nasya can be used from the birth and ideal for the children on regular basis it is traditionally practiced by mother during massage with oil to the baby. Its matra is 2 drops.

Raktamokshana:
Sushruta told that Shira vyadha is half of Chikitsa of surgery[21]. In our Shastra the methods of Raktu Mokshana as shriga, jaluka, alabu and shira vyadhya mentioned. Children have aparipakwa Dhatu so in first step this procedure not indicated. If disease is not cured by Shamana and other method then Raktu Mokshana is indicated as in Gudakutta, ajagallika[21], neelika, mukhapaka, charmadala. The jalauka is the only mean for Raktavasechana in pediatrics cases.

Conclusion:
Panchakarma is part of Ayurvedic management, it can’t be ignore in pediatric cases. In Ayurvedic literature full description of Panchakarma in pediatrics is available it is not practiced due lack of practical exposure along with improper understanding of principles of Panchakarma in pediatrics.

References:
2. Kashi Natha, Gorakhanatha chhturvedi Charaka Samhita Siddhi Sthana kalpanasidhiadhhyaya 1/39 P.971 Chaukhambha bharati Prakashan, Varanasi
8. Astanga Hridaya Uttara Tantra 1/10
13. Kashinath Shasti and Gorakhanath Chaturvedi Charaka Samhita Chikitsa Sthana 15/3-4 P.452, Chaukhambha Bharti Academy Varanasi