



Review Article

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A CRITICAL REVIEW ON CONTRIBUTIONS OF LAGHUTRAYIS TO KAUMARABHRITYA AND ITS RELEVANCE IN CURRENT SCENARIO

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ABSTRACT

Kaumarabhritya is one among the Ashtangas (eight branches) of Ayurveda. It deals with the maintenance of Health of the Bala (child), purification of Dushta Stanya (vitiated breastmilk) of Dhatri (mother/wetnurse) and alleviation of Graha roga. All the samhithas of ayurveda have given importance for Bala roga (pediatrics) and have mentioned references regarding diseases of bala and their treatment. Though all the brihatrayis (Charaka samhitha, Sushruta Samhitha and Ashtanga hridaya) have emphasized on this aspect, there are some of the concepts like Aushadhi matra (drug dosages), few diseases which occur specifically in children like Kukunaka (eye diseases), Ahiputana (Napkin rashes), Ajagallika (skin disease specific children), Parigarbhika (Malnutrition), Tundi (throat infections) etc. are explained in laghutrayis (Madhava nidana, Bhavaprakasa Samhitha, Sharangdhara Samhitha). Acharya charaka mentions that all the diseases that occur in adult are also occurring even in children, but the specific treatment of those diseases are mentioned in laghutrayi like Bhavaprakasha. So, all the laghutrayis were thoroughly searched and references related to kaumarabhritya were collected and analyzed in the current article.

Keywords: Kaumarabhritya, Brihatrayi, Laghutrayi, Madhava nidana, Sharangdhara Samhitha, Bhavaprakasa.

INTRODUCTION

Kaumarabhritya is one among the eight important branches of Ayurveda. It deals with the maintenance of Health of the Bala (child), purification of Dushta Stanya of Dhatri and alleviation of Graha roga.¹ There are scattered references available in all the samhithas. Here is an attempt made to collect all the references related to Kaumarabhritya in laghutrayi i.e., Madhava nidana, Sharangdhara Samhitha, Bhavaprakasha.

Madhava nidana is written by Acharya Madhava kara. He belonged to the period of 12th century. This book is considered to be the best for study of Nidana. The book comprises of 69 adhyayas. It mainly deals with nidana panchakas of many of the diseases.

Sharangdhara samhitha is written by Acharya Sharangdhara. He belonged to the time period between 12th and 13th Century AD. The samhitha is divided into 3 Khandas. In Poorva khanda there are references of Bala roga Sankhya and aushadhi matra nirdharana in children.

Bhavaprakasha is written by Acharya Bhavamishra. He belonged to 16th century AD. The treatise contains 3 khandas, Poorva khanda, Madhyma khanda, Uttara khanda. In Madhyama khanda there is a separate chapter for Balaroga chikitsa.²

Source of Data

Madhava nidana, Sharangdhara Samhitha and Bhavaprakasa Samhitha. The concepts explained by the laghutrayis can be categorized under major heading like, nutrition, diseases, diagnosis, swastha bala paricharya and atura bala chikitsa.

Nutrition

Nutritional demands of the child from birth includes mainly breast milk and later the complimentary foods. The concepts like Stanya utpatti (production of breastmilk), pravrutthi (secretion), reasons for stanya abhava (insufficiency), the treatment options for stanya abhava where the psychological aspects are given lot of importance are explained.³ The assessment of normalcy of stanya like when put in water spreading evenly, indicates the type of stanya the child should be given.^{3,4} The position for breastfeeding and other precautions to be taken are also explained in detail in Bhavaprakasha.⁵ Both Madhava kara and bhavamishra explains the type of vitiation of breastmilk as Vataja – Pittaja – Kaphaja – dwandwaja – sannipataja.^{4,6} whereas sharangdhara explains ksheelasaka which is a type of tridosha dushitha stanya sevana janitha roga in children.⁷ Bhavaprakasha explains the treatment options for the mother, if at all she is suffering with dushitha stanya, she has to consume Mudga yusha and various combinations of medicines in the form of kalka and kwatha. He also explains regarding the characteristics of dhatri who can provide and who cannot provide breastmilk to the child.⁸

Bhavaprakasha explains annaprashana samskara from 6th month onwards which shows the importance given by the acharya towards introduction of the complimentary foods.⁹

In the current scenario as per WHO guidelines for nutritional supplementation of children, exclusive breast feeding is to be followed for the first six months. The various positions for breastfeeding are also explained.¹⁰ Which is in detailly emphasized by Bhavaprakasha. In order to continue obtaining the nutrition provided by human breastmilk, Indian academy of pediatrics suggests to go for human milk banking which is almost similar to the concept explained as Dhatri in bhavaprakasha. The characteristics of dhatri like Bahuksheera (good amount of

breastmilk), should not be suffering with any diseases are also the criteria for donating the breastmilk to human milk bank as per Indian academy of pediatrics.¹¹

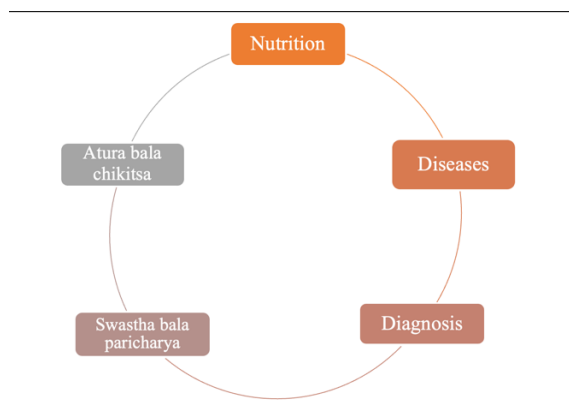


Diagram 1: The concepts explained by Laghutrayis.

The concept of dushitha stanya is a less researched area of kaumarabhritya, which still needs further exploration in terms of

any changes in the chemical composition with respect to the Doshaja lakshana mentioned by the acharyas. Also requires observational studies for a longer duration where the effect of dushitha stanya sevana over the child can be understood.

As per WHO Exclusive breast feeding is followed by introduction of nutritionally adequate and safe complimentary foods at 6 months along with the continuation of breastmilk up to 2 years of age. After 6 months the child's energy needs increases beyond the nutrition provided by breastmilk. So, if adequate nutrition is not started at this age may affect the growth and in turn development of the child.¹² Which is also explained by the term "Anna prashana samskara" by Bhavaprakasha from 6th to 8th month, he specifies that gradually the foods have to be introduced to the child. The concept of continuation of breastmilk till 2 years of age emphasised by WHO is almost similar to concept where vaya vargeekarana of Bala done in Bhavaprakasha as Dugdhashi (upto 1 year), Dugdha annashi (upto 2 years), Annabhuk (after 2 years).¹³

Diseases

Almost similar diseases are explained by all the three authors.

Table 1: The enumeration of diseases by all the Acharyas.

Madhava Nidana ¹⁴	Bhavaprakasa ¹⁵	Sharangdhara ¹⁶
1.Kukunaka; Parigarbhika; Talukantaka; Mahapadma (Shishuvisarpa); Ajagallika; Ahiputana	1.Talukantaka; Mahapadma; Kukunaka; Tundi; Gudapaka; Ahiputana; Ajagallika; Parigarbhika; Dantodheda janita rogas	1.Vataja – Pittaja – Kaphaja Ksheeralasaka; Dantodbheda; Dantaghata; Dantashabda; Akaladanta; Ahiputana; Mukhapaka; Mukhasrava; Gudapaka; Upashirshaka; Parshvaruna; Talukanta; Vicchinna; Parigarbhika; Daurbalya; Gatrashosha; Sayyamura; Kukunaka; Rodana; Ajagalli.
2.Jwara adi rogas occurring in the children are understood by their specific symptoms explained earlier in text.	2. Jwara adi rogas occurring in the children are understood by their specific symptoms explained earlier in text.	Enumeration of these diseases is done in original samhitha, the explanation of the features of the diseases is done by the later commentators

If we try to categorise the diseases enumerated, the acharyas have explained diseases pertaining to different systems, like nutritional deficiency disorders (Parigarbhika, Dourbalya, Gatra shosha); skin diseases (Mahapadma, Ajagallika, Parshvaruna); Diseases of perianal region (Ahiputana, Gudapaka); eye diseases (Kukunaka); Diseases of GIT (Ksheeralasaka, Dantaghata, Akaladanta, Mukhapaka, Mukhasrava, Dantodbheda); Diseases of Talu pradasha (Talukantaka, Vicchinna); Behavioural diseases (Shayyamura, Rodana); Birth injury (Upasheershaka). After explaining the diseases very specific to children the authors also mention that jwara and other diseases occur in children as well and the symptoms have to be understood based on their specific features.

Parigarbhika is the disease specific to children where there is nutritional insufficiency leading to compromise in the overall health of the child. The disease Kwashiorkor also has the similar cause and clinical presentation. The word kwashiorkor is an African term meaning "the disease that occurs when the child is displaced from breast by another child" the clinical picture is anorexia, vomiting, diarrhea, edema in the internal organs, lethargic, emaciated, apathy¹⁷; which is similar explanation of parigarbhika Koshta vrudhhi, Agnisada, Tandra, Karshya, Aruchi.^{14,15}

Ajagallika is a skin manifestation presenting with the features of Mudga sannibha(lesion are of the size of mudga), snigdha, savarna (no discoloration), grathitha (hard boil), niruja (no pain).^{14,15} The explanation is similar to the disease Molluscum contagiosum, a viral disease with lesions 2 to 4 mm size, discrete,

waxy, pearly white to skin coloured papules with umbilicated centre.¹⁸

Mahapadma/ parshvaruna presents as a very fast spreading disease, the lesions appear like reddish petals of lotus, over hrudaya pradasha and basti pradasha.^{14,15} The urticarial rashes of children which might have caused due to food/medicine/drug. May also present as round reddish wheel like lesions and are fast spreading in nature.¹⁹

Ahiputana presents with Kandu (excessive itching), due to continuous itching – kshipra sphota (eruption will start), srava (secretions from these), these wounds join together and form a bigger wound.^{14,15} It can be corelated with Diaper dermatitis which occurs due to prolonged contact with feces and ammonia (produced by the action of urea splitting organisms of urine). The area in contact shows glazed erythematous lesions.²⁰ The presentation and causes are similar.

The disease kukunaka having the symptoms of Shuna vartma (Swollen eye lids); kandu and Ruja in netra; Bahu srava (excessive secretion); child rubs lalata – akshikuta – Nasa due to irritation; na arka Prabha drashtu (photophobia); na Akshi unmilanakshama (not able keep the eyes open).^{14,15} It can be corelated with Conjunctivitis in infantile period which presents with the symptoms like itching/ burning, sticky eyes, oedematous around lids, hyperemic and presence of discharge.²¹

Ksheeralasaka is explained by Acharya Sharangadhara, the symptoms of which is explained by commentator in Deepika commentary as - Vataja ksheeralasaka – Kshama swara

(weakened swara), Krushanga (emaciated), Baddha Vit – mutra – marutha (obstruction to Faeces – Urine - flatus); Pittaja ksheeralasaka presents with – Svinna (excessive sweating), Bhinnamala (loose stools), Kamala – Pandu roga can afflict; Kapha ksheeralasaka – Lalalu (excessive salivation), afflicted with kaphaja rogas, Nidra (sleepy), Jada (laziness or intellectual disability), Chardi (vomiting), Shuna vaktra – Aksha (swelling in the mouth – eyes).²²

Children are more prone for dental disorders as it's the period of eruption and fall of temporary tooth and eruption of permanent tooth. Acharya sharangadhara also gives various diseases in relation to dentition and also oral cavity. Various physiological changes occur in the child's body during primary tooth eruption which are explained by the acharyas also, an observational study conducted to evaluate the problems faced by the child during teeth eruption concludes that maximum children presented with drooling of saliva, loss of appetite, low grade rise in temperature on the day of eruption, rhinitis, sleep disturbances and irritability.²³ Which includes many of the diseases explained by our acharyas under the topic dantodbhajanitha vikaras.

Talukantaka may be substantiated with the corelation of Acute form of tonsillitis where child presents with throat pain, Fever, Malaise, Headache, Neck swelling, ear ache, Tachycardia, Enlarged – congested tonsils, inflammation at pharynx, Inflamed lymph nodes.²⁴ The symptoms are explained by the laghutrayis as Sthana dwesha – aversion towards breastmilk; kruchrath pana – difficulty to breastfeed (may be due to inflammation at tonsils and pharynx); Shakruth drava – loose stools (may be a sign of infection); Trut – thirst; akshi – kantha – asya – Ruja (pain in these areas); vami (vomiting); greeva durdharatha/durbalatha (weakness of greeva).^{14,15}

Shayyamatra is a behavioural disorder which is very relevant to current scenario as well. We come across many patients of bed wetting in the clinical practice. Rodana is excessive crying which can be due to infantile colic or fever or pain in any part of the body or discomfort or hunger or thirst or over clothing or under clothing or wet nappies or insect bite or boredom or possibility of underlying disease.²⁵ The condition has to be evaluated by the physician.

Upasheershaka is the disease of kapala of shiras which is form of birth injury which can be co related with caput succedeneum and Cephalo hematoma. Caput succedeneum presents with the symptoms like boggy, diffuse, edematous swelling of soft tissues over the presenting part of the head, the swelling is pitting in nature, non-fluctuant, not limited by suture lines, disappear spontaneously. Cephalo hematoma presents with – fluctuant swelling, doesn't cross suture line, occurs due to subperiosteal collection of blood due to injury during delivery.²⁶

Tundi is nabhigata roga occurs due to aggravation of Vata dosha there will be adhmana at nabhi and it is Saruja (painful).¹⁵ The presentation is similar to Umbilical hernia which occurs due to increased intra-abdominal pressure due to constipation, excess cry, persistent cough etc., the condition will resolve within a year.²⁶

Graha rogas are explained in detail by Madhava nidana and bhavaprakasha. Sharangadhara samhitha gives the enumeration of graharogas but the detailed explanation of the lakshanas are given by later commentators.

Madhava Nidana

Skanda; Skandapasmaras; Shakuni; Revathi; Putana; Andhaputana; Sheetha Putana; Mukha mandika; Naigamesha graha.²⁷

Bhavaprakasa

Skanda; Skandapasmaras; Shakuni; Revathi; Putana; Andhaputana; Sheetha Putana; Mukha mandika; Naigamesha graha.²⁸

Sharangdhara Samhita

Skanda; Vishakha; Shwagraha; Pitruagraha; Naigameya; Shakuni; Sheetha putana; Mukha mandika; Putana; Andha putana; Revathi; Shushka Revathi graha. Here only the enumeration of graha roga is done the lakshana are explained by the later commentators.²⁹

Diagnosis

As the children are unable to explain the pain and discomfort they are going through like the adults, a kaumarabhritya specialist have to be very keen in observing and interpreting the children. For which detailed explanation is found in madhavanidana³⁰ and bhavaprakasha³¹. The child is continuously crying and based on the intensity of cry, the intensity of pain can be understood. Child repeatedly touches the part and doesn't allow anyone to palpate then by the yukti of the Vaidya it is understood that there might be some pathology in relation to that part of the body. In relation different systems of the body the symptoms are given as In Murdha ruja – Akshinimilana (closure of the eyes), Na dharayeth shira (cannot keep the head steady). In Udara roga – vibandha (no passage of stools/gas), vamathu (vomiting), Stanadamsha (biting of breast), Antrakujana (increased peristalsis), Adhmana (distension), Prushta namana (bending backwards) or jathara namana (bending forwards), Vin-mutra sanga – vaikalya (abnormality and obstruction to faeces and urine). In Rogas of Basti or guda – Vinmutra sanga (obstruction to faeces or urine), Trasa (distressed), Digeekshana (unsteady look), cannot feel kshuth (hunger) and trut (thirst). All these are relevant even today, if we take the example of infantile colic child presents with severe abdominal pain, not allowing for palpation, improper passage of gas and faeces, increased peristaltic sounds. In case of Urinary tract infections – due to presence of infection loss of appetite, distress, urinary obstruction etc., are seen. Though these are some of the examples taken, it shows the level of understanding of the pediatricians as expected by our acharyas.

Swastha Bala Paricharya

Child should be comfortably allowed to sleep over the lap, should not be frightened, shouldn't be awakened all of a sudden, shouldn't forcibly make him sit, shouldn't be dragged or thrown from bed or lap, should not make the child to cry, should be protected from higher and lower places, protect the child from Vata – atapa – Dhuma – Vrushti – jala.³²

Allowing the child to sleep over the lap may be a form of providing Skin to skin contact thereby preventing hypothermia and it creates a bond between mother and the child which helps in normal production of breastmilk. The other regimen which are explained here by bhavaprakasha are giving much importance to the prevention of stressful environment for the child, a study conducted on effect of child hood stress and its effect on susceptibility to chronic diseases states that childhood stress gives rise to – mistrust of others, poor social relationships, impaired regulation, unhealthy life choices etc.³³

Sharangdhara³⁴ and Bhavamishra³⁵ opine that Anjana – Lepa – Snana – Abhyanga karma – Vamana – Pratimarsha nasya all these treatments can be done from birth itself.

Some of the formulations are explained by Bhavaprakasha to maintain the health of the healthy child:³⁵

- Suvarna churna, Kushta churna, Vacha churna along with Madhu – Ghrita.
- Suvarna churna, Matsyakshaka – Shankha pushpi churna along with Madhu – Ghrita.
- Suvarna churna, Arkapushpi – Vacha churna along with Madhu – Ghrita.
- Suvarna churna, Kaidarya – Shwetha durva along with Madhu – Ghrita.

All these formulations help in improving Bala (strength), Medha (intellect), Pushtikara (nourishment), Vapu (Improves physique).³⁵

- Ahstamangala Ghrita – Medhya, if consumed every day early morning the child attains Drudha smriti, Kshipra Medha, Buddhiman. The child will not be affected by Pishacha, Rakshasa, Matrukas.
- Lakshadi taila – Jwarahara, Rakshoghna, Bala – Varnakara.

Atura Bala Chikitsa

Madhava nidana doesn't explain the chikitsa of any diseases. Bhavaprakasha explains regarding chikitsa of all the diseases including graha rogas. Samanya graha roga chikitsa and vishesha (specific) graha chikitsa is also explained. Sharangdhara Samhita gives important reference for aushadhi matra in children and also there are some specifications mentioned in the panchakarma procedures.

Samanya chikitsa siddhanta: Whatever chikitsa is mentioned for adults in jwaradi rogas all those treatments can be adopted even in children only the dosage of the medicine will vary. Dahanadi karma is not advisable in children.³⁵

Kavala karma to be adopted after 5 years; Nasya karma after 8 years; Virechana after 16 years; Maithuna after 20 years.³⁴

Sharangadhara while explaining the panchakarma chikitsa gives different references regarding children: Vamana and Virechana is contraindicated in bala, Mrudu basti can be administered and measurement of basti netra – 1 year to 6 years is six angula; 6 to 12 years is 8 angula; above 12 years is 12 angula. Basti netra chidra measurement is for six angula its madgavat chidra; for 8 angula its Kalayavath chidra; for 12 angula its kolasthi sannibha. Uttarabasti in Bala: if bala is suffering with Mutrakrucho, one angula basti netra with very sukshma chidra has to be inserted without shaking the hands into the mutramarga and basti dravya is to be administered. The dosage for female child in yonimarga is 2 pala; in Mutramarga is 1 pala; for male child it is 2 karsha. Sneha nasya and Pratimarsha nasya is indicated in Bala.³⁶

Dosage of oral medicines

Bhavaprakasha³⁵ explained that in Jatamatra avastha – dosage of medicine must be equal to Vidanga phala. Which is increased each month. Kalka of the medicine can be applied over the stana and make the baby to suckle. As per another reference both sharnagadhara³⁴ and Bhavaprakasha³⁵ opine that in first month – Dosage of medicine must be 1 ratti, which is increased by 1 ratti each month until 12 months. After one year the dosage is increased by one Masha each year until 16 years. The medicine is mixed along with Madhu – Ksheera – Sita and then administered. This form of dosage is applicable for Churna – Kalka – Avaleha. For Kashaya four times of this dosage is administered.

The dosage of medicine is given very much importance in current clinical practice also, there are references of various formula for calculation of dosage of child, like clarks rule etc., the western

medicines are calculated as per kg dosage according child's weight. It is necessary because fixed dosage combinations should be avoided in children due to difficulty in administration of correct dose and greater risk of toxicity.³⁷

Chikitsa of individual diseases as per Bhavaprakasa

- **Jwara: Chikitsa sutra** - Baby is kept on exclusive breast feeding; Dhatri is subjected for Langhana.
- **Bhadramustadi kwatha** – Bhadra- Musta – Abhaya – Nimba – Patola – Madhuka Siddha Kashaya indicated in all types of jwara of children.
- **Chaturbhadra churna** – Ghana – Krishna – Aruna – Shrunji churna are administered along with Madhu. Indicated in Jwara – Atisara – Kasa – Shwasa – Vami.
- **Atisara: Nagaradi Kwatha** – Kashaya is prepared out of Nagara – Ativisha – Musta – Sugandha bala – Indrayava.
- **Durdhara Atisara:** Kashaya is prepared out of Samanga, Dhataki, Lodhra, Sariva. It is mixed with Madhu and administered.
- **Amatisara:** Sukshma churna of Vidanga – Ajamoda – Pippali is administered along with Sukhosha jala.
- **Raktatisara:** Yavagu is prepared out of Mocha rasa – Samanga – Dhataki – Padmakshara pishtha.
- **Pravahika:** Laja – Yahstimadhu – Sharkara – Madhu is mixed along with Tandulodaka and then administered.
- **Grahani: Rajanyadi Churna** – Haridra – Daru Haridra – Sarala – Bruhati – Gaja pippali – Prushni parni – Shatapushpa is administered for lehanartha along with Madhu and sarpi.
- **Benefits** – Deepana; **Indication** – Grahani, Vata rogas, Kamala, Jwara, Atisara, Pandu, sarva bala rogas.
- **Kasa**
 - ✓ Swarasa is extracted out of Musta – ativisha – Vasa – Kana – Shrunji mixed with Madhu and administered in Pancha kasa of bala.
 - ✓ Churna of Vyaghri – Sumanasa – Jati keshara are mixed with Madhu and administered.
 - ✓ Dhanyaka, Sharkara are mixed along with Tandulodaka and administered in kasa and Shwasa of chronic nature.
 - ✓ The churna of Draksha – Vasa – Abhaya – Krishna are administered along with Madhu and ghritha. Indicated in Shwasa, Kasa, Tamaka shwasa of children.
- **Hikka – Chardi:** Katurohini churna along with madhu.
- **Dugdha Chardi:** Amrasthi, Laja, Saindhava lavana along with Madhu. Dwivartaki phala rasa along with Panchakola.
- **Anaha and Vataja shula:** Saindhava lavana, Vishwabheshaja, Ela, Hingu, Bharangi churna along with Ghritha.
- **Mutragnaata:** Kana – Ushana – Sita – Kshoudra – Sukshma Ela – Saindhava is administered in leha form.
- **Karshya:** If Bala is emaciated even after Deepta agni; Vidarikanda – Godhuma – Yava churna are administered along with Ghritha followed by Consumption of Boiled milk along with Madhu and Sharkara.
- **Shotha:** Musta – Kushmanda beeja – Bhadradaru – Lingaka are mixed with water and made into paste form which is applied over the swollen part.
- **Kshata visarpa – Jwara – Visphota:** Kwatha prepared out of Patola – Triphala – Arishta – Haridra and administered internally.
- **Mukha srava:** Kwatha of Sariva – Yahstimadhu – Tila – Lodhra is used for Mukha dhavanartha.
- **Mukha paka:** Ashvattha tvak and patra are made into paste form by mixing with madhu. It is used for Lepa.
- **Atirodana:** Pippali – Triphala churna along with Ghritha – Madhu is made to lick.

- **Kukunaka:** Triphala – Lodhra – Punarnava – Shrungavera – Dvi bruhati are made to kalka form and used for lepana.
- **Nabhisotha:** Mruth pinda (mud ball) is heated to red hot and dipped in Ksheera and this ksheera is used for swedana over the nabhi shotha.
- **Nabhipaka:** Nisha – Lodhra – Priyangu – Madhuka kalka is added with taila and subjected for Tailapaka. This is taila is used for abhyanga; The churna of these drugs are used as Avadhulana for nabhi; Chaga shakruth is heated red hot and used for avachurnana; Ksheerivruksha tvak churna for avachurnana; Chandana churna for avachurnana.
- **Gudapaka:** Pittahara chikitsa is to be adopted; Rasanjana for Pana and lepana; Churna of Shankha, yashtimadhu, rasanjana.
- **Ahiputana:** Shankha, Souviranjana, Yashtimadhu for lepa.
- **Parigarbhika:** Agni deepana chikitsa.
- **Dantodbheja rogas:** Churna of Dhataki pushpa, Pippali are mixed with honey and rubbed over danta pali; Dhatri Phala rasa along with madhu are rubbed over dantapali.
- **Atisara: Bilwadi Kwatha** – Kashaya is prepared out of Bilwa – Dhataki pushpa – Lodhra – Gaja pippali. Or Churna of these drugs are administered along with Madhu.
- **Krishnadi/ Chaturbhadra churna:** Krishna – Aruna – Musta – Shruni churna along with Madhu indicated in Jwaratisara of Shishu. It is also indicated in Kasa – Shwasa – Vami of children.³⁵

All these formulations are administered based on the Avastha of the diseases, considering the age specific dosage, form of the medicine, Anupana, Sahapana, Vyadhi bala and Dehabala in children.

CONCLUSION

Among the Ashtanga of ayurveda Kaumarabhritya is considered to be the most important branch. Because it is not easier to under the diseases and discomfort the child is experiencing. And also, the treatment has to be acceptable by the child in terms of dosage, taste, form of medicine, anupana etc. so all the treatises of ayurveda have explained regarding the diseases of children and their management. In Madhavanidana as it is a samhitha giving importance to nidana, the nidana panchakas related to diseases of children are mentioned. In Sharangadhara samhitha references regarding dosage of the medicine and types of diseases of children are explained. The disease like Shayyamura and some of the dantarogas are specifically mentioned by sharangadhara which are not mentioned by any other authors. Acharya Bhavamishra dedicates a separate chapter for Bala roga and balaka paricharya where he explains in detail regarding stanya, dhatri, Vaya classification, graha rogas, specific diseases of children. The samanya chikitsa siddhantha of children, Samanya graha roga chikitsa, specific graha chikitsa in terms of both Daivavyapashraya and yuktivyapashraya chikitsa, specific chikitsa of disease of children like Jwaradi are explained in the text. Here an effort was made to collect the references in relation to Kaumarabhritya in all these laghutrayis and their relevance to current clinical pediatric practice.

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