



Clinical Understanding of Concepts of *Vedana-Adhyaya* of *Kashyapa Samhita* with Special Reference to Neonatal and Infantile Examination

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ABSTRACT-

Kashyapa Samhita is the most authentic book of *kaumarbhritya*, which explains the different facets of childhood in detail, including the physiology, pathology and management of the childhood disorders. It is quite unfortunate that many of the important information has been missed due to loss of the book from time to time. Presently, available *Kashyapa Samhita*, although not completed, some of the remaining portions of the book provide a very unique way of dealing with childhood problems. One among such vital information available in the form of *Vedana Adhyaya*. *Vedana Adhyaya* is a very unique chapter, which explains the method of assessment of the different problems of the new-borns or the infant which doesn't able to express the sufferings of disease. So, this chapter provide an information to the physician, to help in early and accurate diagnosis.

AIMS AND OBJECTIVES-

To critically analyse the concepts of *Vedana-Adhyaya* of *Kashyapa Samhita* with special reference to neonatal and infantile examination.

MATERIAL AND METHODS –

Various *Ayurveda* classics and various research article published in journals are reviewed and analysed.

KEY WORDS- *Vedana*, *Shwasa*, *Madatyaya*, *Kashyapa*

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INTRODUCTION-

Vedana Adhyaya is explained in *Sutra Sthana* of the *Kashyapa Samhita*¹, and it explains the presentations of the common neonatal problems like pain, diarrhoea, constipation, ear pain, eye disorders, infectious disorders etc.

As we know that, Children should not be treated like adults because their physical constitution, biochemical values, maturity status of the organs, functional capacity of body, greatly differs from the adults. Hence, rules of adults cannot be reduced to half and applied for children. Various drug dosage and procedure will be calculated as per the body weight and other criteria because of less tolerance to food, medicine and stress. Similarly, the diseases and their presentation are also very typical in children. All the symptoms, which are

shown by the adults may not be exhibited by the child due to paucity of the symptoms, decreased functional status, lack of awareness to the presentations, ignorance and inability to express. Certain symptoms are absent in children as compared to adults, due to immaturity of the immune system and other body systems as it occurs in case of Tuberculosis, Pneumonia etc.

Hence, the physician of *Kaumarbhritya* has been referred as *Nitya Dhukhita*², which means he has to work under great stress. Those limitations make the work of physician of *Kaumarbhritya* more challenging. It is rightly quoted that, three persons in the world will perform their duties with stress one being Physician of *Kaumarbhritya* while other two are *Dhatri*, and the *Garbhini Stree*, because they have to take care of two persons at same time. Biggest problem is, even after those limitations' parents /society expect to render the duty with perfection, without committing any mistakes as kids are emotionally connected with them.

As we know that, examination of the new born, infants and toddler is quite difficult as they are less cooperative, their dependency on parents for food, security, and other basic requirements, not able to express the sufferings, Paucity of the symptoms (especially neonates / infants), can't protect themselves from any threat and there will be no anticipation capacity of outcome of the events .

They also have the underdeveloped structural parts (liver, spleen, lungs capacity) and there will be , quantitatively and qualitatively less formed *Doshas* . *Doshas* are underdeveloped with less integrated functional capacity. This is reflected by the difference in presentations of various diseases³.

Most of the time, we rely on parents, guardian, or any one who is in close association with child and it is obvious that they are not 100 % reliable. There may be error in understanding the exact suffering, either over presented or under presented and many times, it may be overlooked or under looked.

As mother is emotionally connected with child, chances of proxy syndrome / exaggeration are seen many of the time. Hence, the mother who is not medically trained also gives the information by inference, based on certain activities of the baby that she has perceived.

In the contemporary medical science, many times such situations are handled either by trial-and-error method or by the early investigations. Contemporary medical science gives very less importance to child expressions, body movements, attitude, gesture, posture of the child for the early diagnosis.

The area, where *Ayurveda* stood separately from other medical sciences, that attempt to diagnose the disease of the child, with all limitations of examination. For this *Kashyapa* has explained a separate chapter named *Vedanadhyaya* in *Sutra Sthana* of the *Kashyapa Samhita* . This is very important chapter of *Kashyapa Samhita* which is specially explained for *Avachasa Shishu*, those kids who are not able to express their suffering in words. This is a very unique concept and only explained by *Acharya Kashyapa*.

This chapter includes certain points which helps to understand the information yielded by general examination. Certain physical parameters are considered (cold / heat / smell / taste / activity / alert / dull / voice /speech / feeding habits etc). Although it is not a gunshot method of diagnosis, but it guides the physician to think in the right way and detection of pathology at the earliest. So that, the diagnosis can be made on the basis of minimum interventions.

Vedana Adhyaya when analysed thoroughly we can find that certain points are given more importance like posture and decubitus of the baby, abdominal movements , sleeping pattern of the baby ,child response towards different sensations (cold , hot etc) , attitude of the baby , feeding and excretion pattern of the baby , breathing and crying pattern of the baby, behavioural changes of the baby are considered as important parameters. Examination of a child/ infant must include the following criteria⁴-

- Examination of the sensory organs (smell / nose , touch/ skin , taste / oral cavity , vision /eyes) , sound stimulus/ Ear)
- Examination of the Motor activities – speech / cry , motor movements of the upper limbs , motor movements of the lower limbs , assessment of excretory activities, examination of the genital areas (*Pancha karmaendriya*) , any involuntary movements of the limbs towards the site of pain irrespective of any somatic / sensory stimulation and any evidences of sudden spasm of smooth muscles of respiratory tract or sphincters etc .

Simple observations of the baby like bowel and bladder habits, abnormal head movements, physical examination of the stool, urine, sweat etc gives valuable information regarding the disease which helps to identify the underlying clinical problems.

Certain pressure effects Like eye closure in cranial disorders may also compel the physician to think about certain factors in the cranium leading to increased intra cranial tension. Certain symptoms like *Shawsa Krucchata* or difficulty in breathing will suggest certain conditions like reduced oxygen concentration in the blood. Certain bowel disorders like constipation, vomiting, *Anaha*, biting the breast with abdominal pain etc. can also be assessed. Other symptoms related to urinary disorders like urinary retention, incontinence, change in the flow, frequency etc. can also be understood by close watching the symptomatology of the baby.

In neonatal/infantile clinical practice maximum importance given to the observation before touching the baby. It is always advised to keenly observe the child before touching the him. In case of *Aama*, there will be appearance of unbathed child like a bathed child while unbathed child looks like bathed. Similarly, abnormal facial movements can be observed In *Graha Rogas* of the child.

Baby having any type of pain typically shows sweating over the face as it is seen in *Shoola* which is due to sympathetic stimulation. Similarly, *Stabda Udara* or the stiff abdomen will be seen in *Anaha* or which can be taken as any abdominal distention. Similarly, certain involuntary can be appreciated by symptoms like *Ostha Damsha* which is seen in *Graha Roga*⁵.

Similarly in certain hypersensitive disorders or eruptive condition of skin there may be *Rakta Bindu Chitangasaya*- or skin lesions as explained in insect bite. Mean while child is irritable in *Madatyaya* while yellowish decolourization will be seen in *kamala*. There will be change in the abnormal abdominal counter in case of *Pandu* due enlargement of spleen or liver. In case of *Visarpa* there will be *Rakta mandalavata* reddish rashes over the skin⁶.

In case of ophthalmological problems in baby or *Chakshu Roga* there will be collection of sticky secretion over the eye lid (*Supthasaya cha upalipayanthe*). This finding should further compel the physician to search for the other causes of *Netra roga*. *Shawsa* - Sighing

(*Nithnya*). Similarly in *Shawsa* there will be *Shawsa Krucchata*, in *Hikka Akasmath Maruthodagara*, and in *Anaha Vishala Stabda nayana* will be seen⁷.

In case of *Apasmara* child shows sudden bouts of laughing (*Akasmath Atta hasana*). In case of *Mutra Kriccha* baby Touches the *Basti* frequently which helps the physician to identify the site of pain. Similarly, in *Prameha -Mutre Makshike Avakranthe* – will be seen, and also the presentation like *Aksmath Mutra Nirgama*, that is sudden passing of the urine⁸.

Stiff and heavy body of the baby (*Sthaimithya*) is typical of *Aama*. Meanwhile observing the feeding habits of the infant / child is usually altered in most of the disorders. Information provided by mother also carries importance in this regard. Appetite may be increased-, reduced or altered. Baby in case of *Mukha Roga* will have altered feeding in the form of Vomiting and regurgitation (*Peeta mudharati*)⁹.

In case of *Jwara* there will be sudden withdrawal from feeding (*Akasamath Stanya na abhinandati*). Child in case of *Shoola* will have *Stana Dwesha* or Refusal to feed. Similarly in case of *Trishna* baby is more hungry inspite of repeated feeding, while in *Alasaka* there will be total Refusal to feed (*Stanyam napibati*). In the feeding habits some time there may be tendency to take particular type of the food like, as in case of *Pandu* and *Kamala* there will be *Rudira Spruha*, which literally means that desire to drink the blood and should be understood as tendency to consume blood forming elements¹⁰.

Pain is one more common symptom in neonates and infants which helps to identify the different disease conditions. In case of *Visuchika*, there will be *Hrita shola* (pain in the chest area) while pain in *Visarpa*, there is Burning type of pain(*Daha*). While pain in *Arsha* or *Guda roags* are *Todavath* pain and in *Mutra kriccha*, there will be pain while while passing urine. In case of *Shoola* or different colicky pain conditions of or infantile colics there will be Pain with cry and abnormal twisting and bending movenets of the body. *Kanta Shotha* is usually associated with *Shiro Ruja* and *Chakshu Roga* is associated with *Netra bhaga Shoola* and *Anaha* with *Parva Bheda*. In *Kanta vedana*, there will be *Distension* of abdomen and pain¹¹.

Similarly, excessive salivation guides to identify many disorders like Mukha Roga Adhijihwika , Gala graha – Kanta vedana – Ardhita (deviation of one half of the face) .Similarly there will certain abnormal deviations , asymmetric conditions and swellings in certain conditions which helps in diagnosis. In Adhi Jihiwika , there will be deviation of the face (*Mukha vivruta*), while in Pandu there will nail deformities. In case of Jwara there will be Namayana or abnormal bending of body parts. Abnormal Body postures are also seen in Graha Roga . In certain disorders the child assume certain typical postures as in Shoola it prefer to Sleeps in supine position (Uttanacha avabudhyate) with Stiff abdomen voluntarily¹².

Certain conditions are associated with swellings in the body like in Adhi jiihwika there will be Kapola shwayathu while in Chakshu Roga there will be Netra shotha will be seen . Similarly , Nabhya samatata Shotha will be seen in chronic Pandu Roga. In case of Anemia or pandu, Akshi koota shwayathu or swelling around the orbital area is also evident¹³.

There are certain conditions where the sleeping pattern of the baby are altered. In conditions like Shirashoola – Karna shola – Aswapna Chardhi – Atisara- Kandu- Graha Roga. Similarly, certain CNS related in the form of Arati, Klma , Vyatha are seen in Karna shola (Arati),Mukha roga (Vyatha), Madatyaya – Arati ,Pandua- kamala (Nirutsaha ,Ama (Arati , Glani) ,Alasaka (Vishada) ,Unmada (Arati) ,Anaha (Ati klama),Atisara – (Arati and mukha glani) and sunken face and in Adhi Jihiwika as Arati , Glani ¹⁴.

There will be alteration in appetite of the baby in certain clinical conditions like, in Karna shoola-(Arochaka), Kantavedana (Aruchi) , Adhijihwika (Aruchi) Gala Graha (Aruchi) Kanta shotha(Aruchi)Pandua and Kamala(Nastahagni) and in Pandu (Agni sada) and Aama (Aruchi) , Visarpa(Aruchi) and Jwara (Aruchi)¹⁵.

Meantime, in some condition pain will be the striking symptom like in Shira shoola there will be Cry with irritation (avakuajna), in Karna Shoola there will be Shiro Brama and in Kanta vedana –Ardita (facial palsy), and in Adhi Jihwika there will be Muka vivrutha (Nerve compression symptoms)¹⁶.

Certain CNS symptoms causing the change in the consciousness level of the baby is also evident in many conditions, which should be very carefully analysed. In case of Prameha or the inborn and acquired errors of the metabolism , there will be Gourava , Jadya as the primary symptom , which helps to screen the metabolic errors of the child at the earliest. Similarly in case of eye problems there will be Dristhi Vyakulata . In case of madatyaya or any other withdrawl syndromes , Brama, Moorcha , Udwega , Vitrasa are common. Similarly in Graha Roga one can witness many CNS symptoms with alteration of the consciousness.

Unmada or the mania conditions of the body which can leads serious neuro-psychological manifestations in future can be assessed the earliest by looking at symptoms like Vaichithya , Pralapa (irrelevant talk). Similarly in case of anal disorders of the child which are quite rare in children except congenital malformations and midline defects can be assessed by symptoms of Arsha , which can be presented as-Stool mixed with blood , and there will be Guda nishpeedana¹⁷.

In Ashmari- Saraktha Ati mutrata, is one of the striking symptoms and this should help as guide line for diagnosing many urological conditions with haematuria.

Meanwhile in case of Anaha there will be retention of the stool and mutra.

When there is alteration in the bowel habits either increased or incontinence of stool, which can be referred as Vatakarma nivruithi (failure to withhold the stool) can be examined under the heading of Atisara . Mean time the typical respiratory distress syndrome ranging from minor to major severity can be assessed by analysing the symptoms of Shwasa. Nasa shwasi- Predominant nose breathing (neonates are compulsive nose breathers) which is seen in Peenasa or upper respiratory tract disorders. when severity is more as in acute respiratory disorders it is referred as Shawsa Krucchata. Rapid breathing leading loss of temperature from the body is evidenced by symptoms like Uraso Ushnatwa .This should be considered as guide line for diagnosing all breathing difficulties in child . Rapid breathing in Shwasa as mentioned may the diagnosing sign of the Pneumonia in children¹⁸.

Assesment of change in the temperature is one more important diagnostic criteria of many disorders. As in case of Jwara there will be hot forehead (Lalata Abhitapyate)and Ushantwa all over the body. Jwara with increased body temperature will be also seen in case of Kanta vedana , Galagraha , Kanta shotha . Nasal respiration with hot forehead is also seen in Penasa. In case of Uroghata- rapid hot breathing is evidenced. In case of Shawasa there will be expiration with hot air rapid breathing¹⁹.

Certain changes and decolourisation of body parts like sclera is evidenced in Kamala. With yellowish decolourisation of chakshu , urine and the stool , which points towards the diagnosis of disorders related to hepatobiliary system. Prominent Paleness in the conjunctival area is seen in case of profound anaemic cases, which is referred as Shwta Akshi²⁰.

Vomiting and regurgitation is one of the common problem in neonates and the infants . This will be seen as Peeta udhgarathi Ksheera in Mukha roga and can be considered as Regurgitation. Similarly Animitta Abbhikshnyam is seen in Chardhi Roga which can be diagnosed as new born causes of vomiting and regurgitation or can be also considered as vomiting due to aerophagia. This can be also considered as Aksamath Maruthodgara as explained in Hicca and there will be expulsion of the milk along with air²¹.

Crying is one of the most important presentation in many disorders of the child . In most of the problems especially which cause pain, discomfort, irritation or itching like over sensation, will be presented as cry only by the children. In case of Ashmari or any other obstructive conditions for urinary flow will be presented as Satatat Rodana or continous crying especially while voiding the urine. Any conditions with pain specially the abdominal colic will be presented as intermittent crying and fisting. In Graha roga, intractable, high pitched cry will be seen which inconsolable and referred as Pratata Rodana . In any condition which cause irritation and hypersensitive reaction and cause itching and child may cry out²².

Similarly, one physical binding in new-born is haematuria . This is seen in Ashmari where there is Atimutrata with blood. While excess passing of urine without haematuria is seen in Prameha or different metabolic errors with sudden passing of urine and ants will be attracted towards the urine. But Mutra kriccha will be presented as Mutra kalecha Vedana , Touches the Basti area frequently , that is there will be acute pain while voiding with baby frequently touching the bladder area . Similarly Anaha there will be retention of the urine.

Similar, excessive yawning is one more physical observation in neonates. In case of vomiting with fluid loss may leads yawning like symptoms , as explained in Chardhi²³ . Similarly Alasaka which is mandagni condition with collection of Ama may also leads to yawning and reduced bodily activities of the child. Excessive yawning is also seen in Graha Rohas suggesting the probable involvement of the central nervous sytem Kanta shotha- kandu in kanta pradesha(internal)²⁴.

Rubbing of particular part of the body is another important observational finding in infants. In case of hypersensitivity disorders there will be continuous rubbing and this will be referred as Satata Knadu. Kandu may be with dry itch or wet itch. Anyhow presence of this symptom will help to patient to find out different allergic, hypersensitive and the insect bite, animal bite like causes.

One of the most common cause of sudden itching and cry in otherwise normal child especially in night hours with continuous night cry is insect bite which is referred as Keeta damsha²⁵.

Child in case of electrolyte balance and dehydration, in the beginning will be presented with excessive intake of the fluid not satisfied by repeated feeding. When neglected may leads to detriotion with consciousness alteration. This symptom is explained In Trishna. In this case along with Pippasa dryness of the oral cavity and absence of tears on crying²⁶.

One of the common tendency in children is to remove the cause of pain. So when there is earache child frequently touches the ear, in head ache it touches head, in abdominal pain it touches the abdomen, in bladder pain it touches the bladder and so on. This is quite beneficial to physician to have an idea of site of the pathology and to think further possibilities.

Let us discuss about certain important and interesting findings in the baby which is explained in Vedanadhya and its interpretation as guide line for the diagnosis of many related problems in early childhood. One of the

finding is Bathed child looks unbathed and vice versa. Definitely this arises the question how it is possible and what is its significance. This symptom is explained in Aama and this is quite difficult to explain.

As we know that Ama is the root cause of many disorders and ama will give the bad smell and dirty appearance. Aama leading to Kaphavidhi and Agni Mandya and become the root cause for many disorders. There will be Collection of the abnormal metabolic waste in the body. Guruta, Snigdha, pooti gandha Stickiness of the ama may leads to an error in outlook of the child. More importantly when we consider the ama as abnormal metabolic waste, we need to look in acquired and inborn errors of metabolism. Early identification of the Ama helps in early identification of the inborn errors of metabolism as they are quite common in children. We also know that different metabolic errors leads to different colours in the urine and also when collected over the skin surface. This may impart a odd look in the baby. So, at times child looks unbathed although it is bathed and vice versa.

We also find similar type of presentation in Mukha mandika Graha like pani padasya ramaneeyata, and Jyothisha eva Darshana and Srimad darshana Lochana in Kshyaja kasa. This should be taken as guide line for early identification of inborn errors of metabolism in new born and infants. Early detection of metabolic errors carries good prognosis in certain conditions²⁷.

One more symptom which is mentioned in Vedanadhyaya is related to pandu and kamala, where it says child is interested to drink the blood. This abnormal feeding behaviour is also difficult to explain. Rather this should be understood in a different way. As we believe in Loka purusha vada, Raktha from Outside when taken in side will leads to increase in Raktha of the body. In this situation it is blood forming elements like Vitamin C, Folic acid, vitamin B12 etc should be taken as blood forming elements and child has got increased tendency to consume it. Similar type of presentation is also seen in Raktha kshaya where patient exhibit Amla Preeti, which is nothing but Vitamin C supplementation²⁸.

One more special symptom which is mentioned in Jwara is hot forehead with relatively colder extremities. As we know in case of New born the cranial circulation is always more compared to rest of the body and forehead preferably hotter than other part of the body in normalcy also. But in case of fever there will be increase in core temperature with relative decrease in peripheral temperature. Mean time in new born temperature distribution mechanism is also not well developed due to immaturity of the temperature - regulation and distribution system. There may be certain Reflex vascular phenomenon leading to sudden hemodynamic changes in body. At time in adequate feeding leading to fluid deficiency may also leads to irregularities in temperature distribution. Similar presentation we will also see in Sheeta putana Graha²⁹ where one half of the body is cold while other half of the body is hot. This can be considered as core and peripheral temperature differences as it occurs in hypovolemic shock. Forehead is relatively hotter than other part hence the cold sponging will be most commonly done over the forehead area.

In Vedana adhyaya one of the diseases mentioned is Madatyaya³⁰ which arouse many questions in the mind of physician. How come small child will be victim of Madatyaya, without apparent history of intake of Madya or the alcohol, and also it looks impossible. But again, this should be understood in different prospective. Pregnant lady who is consuming the alcohol or any other narcotics during the antenatal period may leads to certain adverse effects to foetus in the form of foetal alcohol syndrome and child may be facing the its sequelae in childhood. Mean while consumption of the narcotic derivatives, psychotic drugs, etc by the pregnant lady may leads to certain problem similar to Madatyaya in child. Similarly certain sedative drugs taken by the mother during postnatal period may also passthrough the breast milk and can cause the Madatyaya like symptoms. Certain with-drawl symptoms may also cause similar presentations like in pyridoxine withdrawal etc. Toxic dose of antiepileptic treatment and other nor tics to the child may also leads to similar presentations. The other hypnotics, benzo diazepam's etc or Over doses of Ahiphena, Dattura, Vatsanabha etc may also cause similar presentations. Hence the disease Madatyaya should be taken in wide perspective to understand this.

One more symptom explained in Vedanadhyaya which need elaborate analysis is that a normal child doing well during day time is not sleeping and crying throughout night. Neonate crying at night hours is a common finding due to in utero phenomenon. Such night and evening bouts of crying is also possible due to evening colic. Neonate and infant cries during night due to feeding irregularities also and also due feeling of hot or cold. Night crying when seen pathological consideration, certain congenital cardiac problems may cause

dyspnoea and discomfort and crying in baby when it lies in horizontal position. As thymus remain enlarged in babies on lying down it may irritate the trachea and larynx and may cause crying in baby.

But sudden bouts of crying in other wise normal child, which evoke the suspicion of certain sudden allergic or hypersensitive reactions due to contacts with irritative, toxins, insect bite and some other causes. In Vedana adhayaya the Insect bite has been mentioned as example. We need to infer many of such causes in case of sudden crying at night.

One more interesting symptoms /observation is ants are attracted towards the urine voided by the child. In Ayurveda this is mentioned as Poorva Roopa of disease Prameha and Vedanadhya also mentioned same under Prameha³¹. But in infants, new born, as renal functions are not up to the mark, physiological renal glycosuria is quite common, which should not be over diagnosed. Colour, smell, taste and the PH and the specific gravity of the urine will going to alter in many metabolic disorders as undigested, toxic metabolic wastes including nitrogenous materials are excreted through the urine. This is evidenced in Phenyl ketonuria, maple syrup syndrome, Alkaptonuria etc. Hence passing of glucose in urine should alert certain inborn errors of carbohydrate metabolism like galactosemia, glycogen storage disorders etc.

Vedanadhaya also gives much importance for voiding method of the child. It is mentioned that Satata Rodana is seen in Mutrakriccha³². That is continuous crying during the passing of urine is seen. This can be possible due to obstructive, or infective conditions of the urinary tract. Certain congenital anomalies of the urinary tract may also lead to this. In such condition's history of oligohydramnios, other congenital problems like epispadias's, tiny urethral opening has to be enquired. Normally also baby cries during voiding urine (Before – at – After) which is quite physiological and this should be differentiated. At time burning sensation while voiding may also cause crying in baby.

One more common finding we see in children child usually touches the site of pain or discomfort frequently. This is the natural tendency of the baby to remove the cause of pain. In Headache baby Touches the head /close the eyes while in Ear ache or the otitis media like conditions frequently touches the ear. Anal itching, baby touches the anal area frequently. During abdominal pain baby makes the abdomen stiff and beats the thighs against the abdomen with frequent touching. Some time child assumes typical position when there is pain. Udara stabdatha which is mentioned in Anaha where the child Keep the abdomen stiff (movement cause the pain)³³. Assume certain posture like knee chest position in Cyanotic cardiac disorders to minimise the discomfort, while Keep the chest stable in pleurisy and in Meningitis it keep the spine stiff as movement causes the pain. Many time Deep respiration is converted in to shallow respiration to avoid the in painful conditions of the chest.

Observing the rate of respiration is important physical examination in baby and this carries much more importance in neonatal examination. There may be apnoea where there is pause in respiration, gasping, or bradypnea like conditions. In contrary there may be Increased respiratory rate of the baby which helps in early diagnosis of the Pneumonia, or other respiratory distress syndromes. Decreased respiratory rate – Collapsing / ventilation problems. Foreign body inhalation causes dysnea with chocking. During feeding or with mild activity whild may have breathing problems in Congenital cardiac problems. In vedanadhya certain words like Shawsa kricchata, Uraso ustnatwa, etc. are mentioned and should be understood likewise.

One more interesting observational finding mentioned in Vedanadhya is child/ baby is not responding for pampering by mother. This has been mentioned as early presentation of the Ama. Baby will not stop crying in spite of pampering, and feeding. Physician should think that if this happens cause is not related to simple emotional, functional, fear complex related, Hungry related pathologies rather there is a definite physical problem that baby is suffering. Cause may be related to CNS causing certain involuntary actions which is out of baby control. Any way this is mentioned in relation to Ama, so early digestive and metabolic error should be identified, as later Ama may leads to serious disorders. So Irritable, restless, less feeding, less sleeping child, more crying child should be evaluated for certain metabolic error in the child.

One more important finding which is mentioned is swelling around the abdomen. The word mentioned in classics is Nabhya samantata Shotha. This should be considered in broad perspective that, swelling will going to cross the Nabhi pradesha. As we know Splenic swelling usually cross the midline and pass through

the through Umbilicus and may reach up to right iliac fossa. This is possible in massive splenic swellings, which is most commonly seen in children with Congenital and hereditary hemolytic disorders. Thalassemia, sickle cell anaemia, Spherocytosis, Metabolic errors may be cause of same. So anaemia, loss of appetite with massive splenomegaly is typical finding of hereditary haemolytic anaemia , and it is rightly included under Pandu in Vedanaadhaya³⁴.

In vedana Adhyaya there will be mentioning of certain abnormal behavioral symptoms like Pralapa ,Udwignata, Osthada, Akshamath Atta hasana , Abnormal behaviors in Graha Roga etc. These symptoms when present for more than a week or month should be seriously considered as these may acts as markers of` early markers of Cerebral palsy, Autism spectrum disorders, Attention deficit disorders, Learning disorders and different stages of mental retardation.

CONCLUSION-

From the present study it can be concluded that child's physical constitution, biochemical values, maturity status of the organs, functional capacity of body, greatly differs from the adults. Because of this child will show different presentation for a particular disease. So , this chapter named *Vedana Adhyaya* is very helpful in clinical understanding and for diagnosis of neonatal and infantile disorders³⁵.

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