

Survey Study to Validate the Concept of Vednadhaya of Kashayap Samhita with Special Reference to Respiratory Tract Disorders and Gastro Intestinal Tract Disorders.

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ABSTRACT

Background:

Vednadhya serves as a great guidance for pediatric examination. The present study is dependent on the signs and symptoms of common respiratory & gastro intestinal diseases mentioned in the Vedanadhaya chapter of the text Kashapa Samhita light in contemporary medical science. Acharya Kashyap explains Jwar(Fever), Kanthvedna (Sore Throat), Mukhrog (Oral Disease), Kanthshoth (Laryngitis), Shwasrog (Respiratory Diseases), Pinas (Sinusitis), and Atisar (Diarrhea), Udarshool (Colic), Chardiroga (Vomiting), Trushana (Thirst), Anaha (Abdominal Distention), Alasak (Meteorism), Visuchika (Cholera), Aamdosh (Undigested Food) which is related to Respiratory tract disorder and Gastro intestinal tract disorder respectively.

Aim: - The present study is aimed at validate the signs and symptoms of disease related to Respiratory tract disorder and Gastro intestinal tract disorder given in Vednadhya of children who is unable to express their pain or suffering.

Objective :-

1. To study the current clinical significance of concept of Vednadhaya of Kashyap Samhita with special reference to Respiratory track disorders , Kanthvedna (Sore Throat) , Mukhrog (Oral Disease) , Kanthshoth (Laryngitis) , Shwasrog (Respiratory Diseases) , Pinas (Sinusitis).
2. To study the current clinical significance of concept of Vednadhaya of Kashyap Samhita with special reference to Gastro intestinal track disorder Atisar (Diarrhea),Udarshool (Colic),

Chardiroga (Vomiting) , Trushana (Thirst) , Anaha (Abdominal Distention) ,Alasak (Meteorism) ,Visuchika (Cholera) ,Aamdosh (Undigested Food).

Methods: -A cross sectional survey study on a minimum of 300 patients for the present study will be enrolled from OPD & IPD department of Kaumarbhritya. Of MGACH&RC, Wardha, Maharashtra, India

Results: The findings of the study will be properly recorded and analysed using appropriate statistical tests.

Conclusion: Following the completion of the investigation, a suitable conclusion will be reached to determine the degree of correlation between the concepts of Vednadhya and their current therapeutic relevance.

I. INTRODUCTION: -

Kashyap Samhita is a unique contribution of Kaumarbhritya Tantra which is written by Acharya Kashyap. This book is divided into many sections i.e. Sthanas of which Vednadhaya is in Sutra Sthan of twenty fifth chapters. In this chapter symptoms of diseases in child has given, as child is unable to describe their pain, the symptoms describe here are likely related in day to day clinical practice thus, study of Vednadhaya is essential for proper understanding of signs and symptoms related in Balrog.

Kashayp Samhita which is available today is actually one fourth or even less than what it would have been in its original form where in 32 pediatric illness are described in it. Which provide a strong diagnostic tool. Vednadhya concerned the

symptomology of various diseases in children and serve as a great guidance's for pediatric examination. So present study is depending on original text of the chapter and analysis of respiratory tract disorders and gastro intestinal tract disorder in light in contemporary medical science

Acharya Kashyap explains Jwar (Fever), Kanthvedna (Sore Throat), Mukhrog (Oral diseases), Kanthshoth (Laryngitis), Shwasrog (Respiratory Diseases), Pinas (Sinusitis) and Atisar (Diarrhea), Udarshool (Colic), Chardiroga (Vomiting), Trushana (Thirst), Anaha (Abdominal Distention), Alasak (Meteorism), Visuchika (Cholera), Aamdosh (Undigested Food) which is related to Respiratory tract disorder and Gastro intestinal tract disorder respectively. These diseases are also present in symptomatic conditions which help in getting proper diagnosis in Ayurveda.

The present study is on Vednadhayay to analysis of concepts given in it

It is noticed that Acharya Kashyap has include a wide range diseases with various system. The symptoms which are described here are related to day to day clinical practice.

Thus, the study of symptoms of some GIT disorder and respiratory disorders in Vednadhayay is essential for proper understanding of Ayurveda perspective of pediatrics illness and their common signs and symptoms.

Pediatrics clinical practice required expertise in clinical skills especially while dealing with smaller children who are have not developed speech. Vedanadhayay in Kashyap Samhita deals the art of diagnosing the childhood illness which can be utilized in the routine clinical practice.

So the present study has undertaken the survey from Vedanadhayay of GIT disorder and Respiratory disorder in children.

Oral diseases is the more common conditions of human, with 3.9 billion of a 7.3 billion total world population, oral diseases affects more than half of the world population

Untreated oral diseases is a major health issue which affects more than half of population

Common childhood diseases are a dental carries and its rising day by day.

Dental carries cause harm to child's oral and overall health and its effects on child's development

60-90 % of schools going age children have dental caries. Most of the dental caries remain untreated due to unavailability of oral health care system.

Globally complete loss of teeth is found in older people

In the world 30 % of people ages 65-74 years have loss all of their natural teeth

Leaving without teeth leads to unhealthy diets, malnutrition and its effects of quality of life of people

Oral diseases make impact on ability to bite, chew and swallow foods, limited food selection which is responsible for poor nutrition

Oral diseases also impact on verbal and nonverbal communication and social interaction.

The incidence of sore throat is 100 per 1,000 people per year.

Bacterial etiology was diagnosed in 64 % of patients and a viral etiology is in 30 % of cases.

Pharyngitis occurs more in the pediatrics population, nearly 15-30 % of pharyngitis are caused by group A beta-hemolytic streptococcal infection, in adults it is about 5-15 %.

The peak level of bacterial and viral infection of pharyngitis occurs in the school age children aged is about 4-7 years old

Pharyngitis is rare in children younger than 3 years.

Laryngitis is a relatively common infection in India, with over 10 million cases reported each year.

Ages Affecting:

0-2 years old baby: - quite common

Toddlers aged 3 to 5 years: common

Very prevalent in children aged 6 to 13.

Teenagers aged 14 to 18 years: -Very common

Very common among young adults aged 19 to 40.

More than 60 years: - Very Common

Sinusitis is very common i.e. more than 10 million cases found per year in India

Age Affects:-

Rare in babies aged 0-2 years.

Toddlers 3-5 years: - normal

Children aged 6 to 13 years: common

Teenagers aged 14 to 18 years: common

Young people: - Ages 19-40: - Very prevalent

Adults aged 41 to 60: - highly prevalent

Very Common: - More than 60 years

Diarrheal diseases are a major problem in the world. Around 525,000 children under 5 years die due to this diseases per year, 8 % of all deaths is due to diarrhea. It is the second biggest cause of

death in children under the age of five years. It is a severe problem in many countries around the world, and it is extremely dangerous when combined with starvation. Diarrhea causes significant water and electrolyte losses, particularly sodium and potassium, and is frequently worsened by systemic acidosis.

Nearly 70-80 % of patient of patients, the losses of water and sodium are appropriate with isotonic dehydration developing Hyponatremic dehydration is seen in approximately 10-15 % of all patients with diarrhea.

Large net loss of water compared with losses of electrolytes results in hypernatremic dehydration. It is seen in 10-20 % of patient with diarrhea and may occur during the course of diarrhea when oral homemade electrolytes solution with high concentration of salt is administered.

5-28 % of infants have colic during first few months of birth. Rule of threes defines a colicky infant one who is healthy and feeds well but cries for about 3-4 hours per day for more than three days in a week.

Prevalence of abdominal distention for visible distention for age, sex is 8.9 %

Meteorism is very common which occurs in all age group of people. It is equally prevalent in infants as well as elderly people. The majority of people present with meteorism in the third decades of their life. Near about 15-23 % of Asian and 15-30 % of Americans suffers from flatulence.

Cholera is rare diseases found in India, less than 5 thousand cases per year are found.

Age Affects:-

Baby 0-2 years:-Extremely Rare

Toddlers 3-5 years: - Extremely Rare

Children 6-13 years: - Extremely Rare

Teenagers 14-18 years: - Extremely Rare

Young adults: - 19-40 years: - Extremely Rare

Adults 41-60 years: - Extremely Rare

More than 60 years: - Extremely Rare

II. METHODOLOGY:

Study design- - A cross sectional survey study

Study setting: Patients that visit the Department of Kaumarabhritya's OPD, MGACH & RC Wardha.

Eligibility Criteria: -

Children suffering from the disease mentioned above related to Respiratory tract disorders like Jwar (Fever), Kanthasthoth, (Laryngitis), Kanthavedna (Sore Throat), Shwasrog (Respiratory

Diseases), Mukhroga (Oral Diseases),Pinas (Sinuitis)

Children suffering from any one or multiple the disease related to Gastro Intestinal Tract disorders like Atisara(Diarrhea),Udarshool (Colic) , Chardiroga (Vomitting)Trushana, (Thrist)Anah,(AbdominalDistention)Alsak, (Meteorism),Visuchika (Cholera), Aamdosh (Undigested Food) despite of sex, caste, religion, or socioeconomic position in the age range under 2 years.

Exclusion criteria: - Patient who are not willing for criteria.

Ethical clearance:-

Ethical clearance is taken by Institutional Ethics Committee of Datta Meghe Institute of Medical Sciences

Letter of approval: - MGACHRC/IEC/July-2020/50 Date 28/07/2020

• **Assessment Criteria:**

Gradaion:-

1. Signs and symptoms which are present in patient will noted as Grade – 2
2. Signs and symptoms which are not present will be noted as Grade - 1

➤ **Subjective criteria:-**

Sign & symptoms of Respiratory tract disorders like

1. Jwar (Fever):-
 - MuhurnamyateAngani (Bending body parts)
 - JarmbhateKasate (Yowning)
 - SatanyamNaatiabhinanditi (Dislike feeding)
 - Prasharvan (Secreation of saliva)
 - Ushanatavam (Burning sensation)
 - Lalatasyaatitaptata (Hotness in forehead)
 - Aruchi (Anorexia)
 - Padyoshaitya (Coldness of foot) these are the purvarupa of Jwar
2. Kanthavedna (Sore Throat) :-
 - Peetamudgaritistanyam (Vomits milk)
 - Vistambhi (Constipation)
 - IshakJwar (Mild fever)
 - Aruchi (Anorexia)
 - Glani (Lethargy)
3. Mukharoga (Oral Diseases):-
 - Lalashravan (Red salivation)
 - Stanyadwesh (Dislike milk)

- Peetamudgaritikshiram (Vomits milk)
 - Nasashwasati (Mouth breathing)
 - Vyatha (Pain)
4. Kanthshoth (Laryngitis) :-
 - Shotha (Inflammation)
 - Jwar (Fever)
 - Aruchi (Anorexia)
 - Shiroshool (Headache)
 5. Shwasroga (Respiratory Diseases) :-
 - Aksmatvayuudgar (Suddenly Burping)
 6. Pinas (Sinusitis) :-
 - MuhurmkenUchavasitpitvapitvastanam (Mouth breathing)
 - Lalatamabhitapyate (Hot forehead)
- Sign & symptoms of Gastro intestinal tract disorders like
7. Atisara (Diarrhea):-
 - Mukhaglani (Dullness)
 - Anidra (Insomnia)
 - Vat karma nivritti these are Purvarupa of Atisara
 8. Udarshool (Colic):-
 - Rodati (Crying)
 9. Chardiroga (Vomiting):-
 - Animittaudgar (Burping)
 - Nidra (Sleep)
 10. Trushana (Thirst) :-
 - Stanyapibitatyarthana cha trushyati (Not satisfy after feed)
 - Trushnaarditi (Thrust)
 11. Anaha (Abdominal Distention):-
 - Klam (Lethargy)
 - Avruddhamutraanilavit (Constipation with urine obstruction)
 12. Alsak (Meteorism) :-
 - Stanyapibitnatyarthana (Feeding not well)
 - Chardi (Vomiting)
 - Adhaman (Abdominal discomfort)
 - Aruchi (Anorexia)
 13. Vischika (Cholera) :-
 - DahyateAnagni (Burning sensation)
 - Suchyatebhajyante (Pain like bite)
 - Hrudyashula (Chest pain)
 14. Aamdosh (Undigested Food) :-
 - Aruchi (Anorexia)
 - Nidra (Sleep)
 - Pandu (Anemia)
 - Arti (Dull)
 - Dhatridwesh (Hate mother)
- Objective criteria :-**
1. Jwar (Fever):-
 - DhattrimaleeyateAkmat (Suddenly embrace mother)
 - Vaivernya (Discoloration of body)
 2. Mukharoga (Oral Diseases) :-
 - Arti (Dull)
 3. Shwasroga (Respiratory Diseases):-
 - Ushanashwas (Hot breathing)
 - Hikka
 4. Pinas (Sinusitis) :-
 - Sravatenasika (Running nose)
 - Strotansibhikshanamparshati (Touch the nose)
 5. Atisar (Diarrhea) :-
 - Dehavaivarnya (Body discoloration)
 - Arti (Dull)
 6. Udarshool (Colic) :-
 - Stanyavyadyate (Leaves feeding)
 - Uttanshwabhajyate (Sleep with upside face)
 - Udarstabdhatte (Abdominal distention)
 - Mukhaswedsya (Face sweating)
 7. Chardiroga (Vomiting):-
 - Jumbha (Yawning)
 8. Trushana (Thirst):-
 - Rodati (Crying)
 - Othtalushushkati (Lips and palate dryness)
 9. Anaha (Abdominal Distention):-
 - Vishal stabdhanayan (Pupil dilation)
 10. Alsak (Meteorism) :-
 - Shiranadharayati (Not holding neck)
 - JumbhateMuhurmuhu (Yawning frequently)
 11. Aamdosh (Undigested Food):-
 - Staimitya



- Asnansnarupasha (Look like bath even have not bath)
- Snanasnarupasha (Look like not bath even after bath)

Statistical analysis: The data will be analysed by using appropriate statistical test

Sample size- 300

Recruitment: patient will be recruited openly as this is an observational study

Implementation: Principal invigilator will allocate and enrol the patients.

Data collection method: Survey Questionnaire

Data management:- The data entry will be done by PI

Consent: Before the study begins, the patient's written consent will be required.

Informed consent material: Participants and approved informants will be provided a consent form with complete study details before being enrolled in the study.

III. DISCUSSION:-

Relevance of selected topic of the study will be discussed with suitable scientific reasoning. Scope of the proposed study will validate the relevance of the concepts given in Vednadhayay Future research works with larger sample size and multiple centric studies on other diseases mentioned in Vednadhayay can be conducted

❖ **Expect Result:** The analysis is not complete at the time of protocol writing. The expected result of this study is to evaluate the clinical sign and symptoms of the diseases included for the study on the basis of concept given in the Vednadhayaya of Kashyap Samhita

- **Assessment of result :-** Assessment of result will be done on the correlation and percentage of symptoms seen in current clinical practise as against those describe in Vednadhayay

Maximum presence of signs & symptoms: - More than 75 % clinical signs and symptoms

Maximum presence of signs & symptoms: - - More than 50 - 75 % clinical signs and symptoms

Maximum presence of signs & symptoms: - More than 25 - 50 % clinical signs and symptoms

Maximum presence of signs & symptoms: - More than 0 - 25 % clinical signs and symptoms

IV. CONCLUSION:

Relevance of selected topic of the study will be discussed with suitable scientific reasoning and proper conclusion of the study will be made.

REFERENCES:

- [1]. Kashyap Samhita Vednadhayay in Sutra Sthan twenty fifth chapter
- [2]. Vednadhayay crucial contribution of Kashyap Samhita in paediatric clinical practice by Deepshikha, Amit Kumar Rai IJAPR January 2016 Vol 4 Issue 1
- [3]. Vednadhayay a clinical approach to pediatric examination in Kashyap Samhita by Gaur Anukriti, Singh Krishna Bahadur, Ojha Nisha Kumari IJAPR July 2018 Vol 6
- [4]. Early Clinical Diagnosis of Fever (Jwar) in Children – A Case Study Jyothy Kothanath Bhaskaran. J.Res.Tradit. Med 2016;2(6):170-172
<http://dx.doi.org/10.21276/jrtm.2016/433>