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IJAPC
Vol 13 Iss 2

2020

G.G.P





Ayurvedic Management of Common Neonatal Problems

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ABSTRACT

New born care is a skill and requires common sense, confidence and sense of urgency without getting panic. Certain neonatal problems which are commonly encountered during in day to day clinical practice are mostly physiological, due to immaturity of organ /system in developing newborn and require minimum treatment. Mean while anxiety of parents is quite obvious and exact knowledge of same by physician helps to console parents.

Common neonatal problems may be due to physiological immaturity, adjustment problems, and failure to establish feeding, faulty methods of feeding, transplacental hormones of mother and certain exaggerated reflexes and at times due to anxiety by parents, over consciousness also. However many of the complaints gets resolved spontaneously with increasing age without causing much disturbances in the growth pattern of the child. However, keeping an eye on pathological part of such problems is essential as it may be hazardous to baby at times.

Key points like, isolation, hygiene, feeding, aseptic measure, temperature maintenance are few of the common precautions to be taken. Mother will be enquired daily about baby as she is the keen observer of the baby round the clock, and her opinion plays a vital role in understanding any deviation from normalcy.

Meanwhile such common neonatal problems can be effectively managed by certain simple Ayurvedic medicines. Correction should be done in the life style of the feeding mother where ever required. Certain modifications should be done in daily routine care of the newborn and misconceptions and myths regarding the baby care in the family members should be removed.

KEYWORDS

Immaturity, Over Consciousness, Temperature Maintenance, Aseptic Measure, Isolation



Greentree Group Publishers

Received 25/07/2020 Accepted 26/08/2020 Published 10/09/2020



INTRODUCTION

Common neonatal problems may be due to Physiological immaturity, Adjustment problems, Failure to establish feeding, Faulty methods of feeding, Anxiety by parents, over consciousness, Tran placental hormones of mother and certain Exaggerated reflexes. Most of the problems will be gets resolved in due course of time without causing much disturbances in the growth pattern of the child. However keeping a eye on pathological part of such problems is essential as it may be hazardous to baby at time. Key points like, isolation, hygiene, feeding, aseptic measure, temperature maintenance are few of the common precautions to be taken¹. Mother will be enquired daily about baby as she keenly observe the baby round the clock, and her opinion plays a vital role in understanding any deviation from normalcy².

Cry is the most common complaint of major concern for parents, and need to address properly. Cry is the only symptom which the baby uses to convey many sufferings. It is also suggestive of arrival of baby at birth. So cry should be evaluated by different angles as it is only effective media to convey the suffering to a baby. Cry in case of abdominal pain is typically intermittent with throwing of the legs against the

abdomen with tightening of the abdomen. This situation can be managed by positioning the baby in the prone position, and taping over the back helps a lot. Administration of 1 drop of *Ajamoda Arka* diluted with warm water can be given orally through a dropper also helps a lot to relieve the colicky pain³. Gentle massage at umbilical region with ghee in circular passion is also followed traditionally as a method to relieve the pain⁴. There are many causes for pain abdomen but most common being engulfed air during feeding, colic pain is common.

Hunger is one more important cause of cry. Baby fed with exclusive breast feeding cries intensely in every 2- 3 hours due to hunger. Cry will be loud and intense, vigorous and subsided by feeding. Mean while feeding the baby every time when it cries is a bad practice, as every time baby will not cry for feeding. So identification of hunger cry is very important, otherwise it may leads to either over feeding or underfeeding or indigestion to the baby. One more common cause of cry is insect bite⁵. Apply Ghee mixed with *Haridra*, *Kumkum* and the *Sphatica* will going to remove the irritation and pain due to insect bite⁶. Crying due to wet napkin is also quite common especially during night hours or when babies carried outside by wearing the napkins. Synthetic and plastic napkins are



better avoided and clean cotton napkins should be used and frequently changed. Hypothermia & Hyperthermia are two other common causes of excess crying. During winter month's hypothermia due to underclothing and during summer seasons hyperthermia due to over clothing is common. During cold climates like winter months one should ensure warm environment for newborn care and heat loss should be prevented. While during summer months with extreme heat care should be given to maintain the proper feeding methods to prevent the fluid imbalance and few drops of medicated water prepared by *Daha prashamana drugs*⁷ (drugs having cold potency) can be administered.

One more common concern of the mother is crying during night hours. Most of the babies cry in excess during night hours and sleep during the day hours. Silent night hours further increases the loudness of cry. This is due to in utero- pattern newborn. During the antenatal period during day time mother being in vertical position the amniotic fluid gets collected independent portion of the uterus and baby sinks deep inside the uterus and spend maximum time in sleeping⁸. During night hours when mother sleeps in horizontal position, fluid gets distributed sideways and fetus in superficial positions shows maximum activity with free movements of limbs.

Fetus is habituated for this pattern of sleeping in day and awakening in night hours. This habit is continued after birth for few months. Sometimes baby also cries when he gets bored and nobody is picking him. When nurse or mother takes the baby on thigh with swing movement leads to subsidence of cry. At time child cries due to otitis media when he touches the ear frequently. Water entering inside the ear, entry of feed to the ear while feeding, may accumulate in the middle ear and can cause the infection. When cry is very dull, weak, shrill, intractable, and continuous then it should be properly investigated⁹.

Most of the mothers often confused regarding oil application for massaging the baby. Massaging the baby prior to bath over the extended leg of mother is very popular method of baby care in India. This not only increases the blood flow but also increases the tone of the muscle. A healthy baby enjoys the massage when it is done gently by using warm non irritating oil. Certain oils like *Yastimadhu Talia/ Ashwa Gandha Bala Lakshadi Talia, Bala taila* etc are best suited¹⁰.

There is a lot difference between Western concepts and - Indian concepts with regards to practice of baby massage and bathing may be due to climatic considerations. Massaging should be done in *Anuloma* (Upwards to downwards) direction and not



in *Viloma* direction (opposite direction) which may leads to loss of elasticity of the skin. Certain precautions like massaging like pressure, direction of massage, irritation by oil should be kept in mind. One should be very careful or avoid putting oil on ear / nostrils, if done, later should be cleaned thoroughly. When local oils are used for massaging, adulteration should be kept in mind as routinely available oil are often adulterated.

Many times mother is confused for diarrhea when baby passes frequent stools due to various physiological causes due to immaturity First stool of the baby is meconium which a sticky, tarry black colored stools. Transitional stools from second day onwards will be often confused with loose stools. Meanwhile exaggerated gastro colic reflux which is quite normal in newborn, resulting in defecation immediately after feeding and mother is often worried. In Breastfed babies such tendency is more commonly seen and in mother on certain medications and taking rich organic acid contents (orange, cherries). In bottle fed babies infective diarrhea is quite common in which stool will be watery with pus cells and mucus. Feeding large amount of sugar or honey may also cause the loose stools. Healthy newborn used to defecate 7-10 times stools in a day and increased frequency may be

due to exaggerated gastro colic reflex. Few drops of *Dadima Twak Swarasa*, *Dadimastaka Choorna* , *Bilwa choorna* helps a lot in reducing the frequency . Undiluted cow's milk feeding is also one of the common causes of loose stool¹¹.

Vomiting or spitting out the fed milk is one more common problem with neonate. Meanwhile mother confuse regurgitation with vomiting. Regurgitation is quite common in baby due to exaggerated gastro esophageal reflux. Meanwhile the faulty method of breast feeding where in sealing of baby mouth with areola is not proper, leading to sucking of the air inside the stomach, is major cause of newborn vomiting / regurgitation. Swallowed air ejects out forcefully and abruptly stimulates the gastro esophageal sphincter leading to exaggerated cardiac reflux and expulsion of air along with milk. This is also called as aerophobia, which can be effectively corrected by proper burping for 10 minutes after the feed .Mean while the capacity of stomach in newborn baby (35ml) should be kept in mind and feeding more than this during one feeding may leads to vomiting. Positioning after feeding in preferably in right lateral position is important. Some restless infant may vomit due to pylorospasm. This is more problematic in crying infants. However in all such conditions just licking of *Mayura Piccha*



Basma in the dose of 1 pinch has shown excellent result. Persistent bile stained, distention of the abdomen with fever is considered as dangerous and need investigation¹².

Some time mother may complaints that my baby has not passed the stool (meconium) yet. Meconium is black tarry in color and maximum time limit for its passage is 24 hours and if not passed it has to be investigated for certain congenital anomalies. Some cases the stool passed immediately after feed due to exaggerated gastro colic reflux. Due to the same reason stool frequency is more than 10 times per day in neonate. Stool formed due to breast milk consumption is golden yellow color while that of cows milk light golden yellow colour. Stool with lot of flatus suggestive of areophagia¹³.

Mean while mother complaints of constipation in new born. Constipation is also quite common in newborn owing factors like immaturity of the mesenteric plexus, less formation of the stool as breast milk is the only diet. Management part includes proper burping, feeding good amount of feed, nursing in prone position, hot and cold fomentation, *hot water + Ghee+ Sugar, Soft tender leaves* can be used, enema through N.G tube etc

One more common problem of the mother is that baby has not passed the urine. After

birth the maximum time for passing of urine is 12 hours and baby can pass as much as 12 times per day depending on adequacy of lactation. Most of the time baby passes the urine yet the time of delivery and left unnoticed. So when baby is not passing urine check the effective feeding. Later check for distention of the bladder. Congenital problems related to urogenital tract need to be excluded. Otherwise nursing in prone position, hot and cold water fomentation leads to passing of urine. Physiological jaundice where child develop the yellowish discolourization of the sclera and the whole body is also one of the major concern for mother. Destruction of the fetal hemoglobin and immaturity of the liver to conjugate the bilirubin leads to development of unconjugated bilirubinemia. Physiological jaundice starts typically 3rd day onwards and will be in peak by 6-8 days and there after slowly decline and completely disappears by 15 days. Anything which doesn't follow this rule should be considered as pathological jaundice and investigated¹⁴.

In the management part of some *Vedic literature* explains about the *Surya Rashmi chikista* or sunbath which is quite beneficial. Baby should be exposed to sunrays during sunrise and sun set which helps for photo isomerisation of the bilirubin. Hepatic protective drugs like



Amalaki, *Bhumatamalaki* etc should be given as immaturity of the liver is the main cause. More liquid / feeding should be given as it dissolve the bilirubin and excrete out. Nowa day's phototherapy is main key in treatment and can be given as per requirement¹⁵.

Many time mothers are worried about certain reflexes of the baby like hiccough, cough and sneezing and consult the doctor. But mother need not to be worried in this case because these are the protective reflexes of the body and its presence secure the baby from certain problems like aspiration etc and baby will be safe. Distention of the stomach (after feed) leading to irritation of the diaphragm may leads to hiccough. One or two drops of warm water cures the condition. Cough is usually absent in just born. Yawning is which another protective reflex is common before sleep. Anyhow Burping, few drops of warm water is sufficient. If it is more disturbing- *Mayurapiccha bhasma* can be given¹⁶.

Jittering is quite common in newborn. Jittery or tremulous on touch or handling the baby is rhythmic, paroxysms, sudden jerky movements is called as jitteriness. This is common during bath, exposure to cold, loud noise, bright light, rough handling etc. This is less common in breast feeding Infant while common in infant of

diabetic mothers. This is a self limiting condition, within 48 hours. This condition should be differentiated from other convulsive disorders and no sedatives and anticonvulsants should be given. This is quite common first few days of the life and should not be over treated. This is decreased by passive movements, increased by handling, light etc. If the condition is not resolved in few days if not investigated for other pathologies¹⁷.

Many time mother complaints of feeling of hot body and presence of fever to her child. This is common in summer months when temperature rises above 45 degree. Meanwhile inadequate breast feeding further adds to this problem associated with improper heat distribution mechanism of newborn due to immaturity. This is not due to infective pathology rather due to fluid loss due to heat. Many time babies are playful but head is so hot. Management includes, adequate feeding and release all clothing and keep the baby cool beneath the fan /cooler and give excess fluid, check the feeding again. This condition is called as dehydration fever. Do not expose to sunlight Console the mother. Once the hydration is maintained this problem will be resolved. *Shadanga Paneeya* can be given in drops¹⁸.

Many time mother complaints of Sticky eyes without any watering or discharge.



This should be cleaned with sterile cotton swabs soaked with saline water. Instillation of few drops of the colostrums to eye is quite beneficial in such conditions. *Ayurveda* explains that breast milk is good for certain disorders (*Akshi Tarpana*). *Dhanyaka Hima* can be also used to wash the eyes¹⁹. In the mean time Streptococcal infection of the eye should be excluded.

Oral thrush is one more common problem in neonates. This is quite common in more common in bottle-fed babies. Some time it may leads to *Candida* infection. This may leads to white patches in cheeks, tongue and roof of the mouth. This infection may be transmitted from infection of yeast into vagina of mother. Clean the oral cavity after each feed (soft cloth) or give few drops of sterile hot water. This can be well treated by washing with hot water mixed with *Tankana and Godanti*. Similarly mild application of *Erimedadi Talia* over the patches also helps²⁰.

One more common complaint of mother is very weak and not gaining the weight. This complaint is very common curiosity by parents to physician. Mother should be assured and realized regarding the actual fact and it is not the weight but activity of the baby matters. Mother should not give early top feeding to increase the weight of the baby, as breast milk is best for Brain

growth. Check the breast feeding and adequacy and tolerance by the baby. Check the weight as per age and assure them other. If any Faulty methods of feeding were followed it should be corrected. Not maintaining thermo neutral temperature during baby care is also one of the causes. There may be chances of hidden infection leading to failure to gain weight. Persistence of the Jaundice (pathological), thyrotoxicosis, metabolic disorders may also gives the clue²¹.

Many time mothers may be concerned that her baby is always sleeping in excess. Usually during first few days baby used keep the eye closed, which prevent from injury to retina and called physiological photophobia which is considered as gift of god. Mother may mistaken this has sleep. Mean time while feeding after few sucking baby may slip in to sleep and need to be awakened by taping the sole gently and mother may mistake this as sleeping. First few days baby may sleep if mother as taken any sedatives before delivery (*Morphine*) don't tries open it forcefully

Some time mother complaints that my male baby is having enlargement of the breast. This condition is called as Mastitis neonatorum. This occurs due to transplacental passage of the female hormones mother into the body of baby. Female hormones cause certain famine



changes for a short duration as liver is quite immature to destroy this hormone effectively. This may cause enlargement of breast or gynecomastia. If give metaclopramide to the baby this may aggravate the condition. Management of gynecomastia does not try to squeeze the breast which leads to complications. Treatment of it Local fomentation by using *Pata Sweda* should be given. Mild local massage should be done by *Ashwagandha Bala Lakshadi Taila* and *Chandana Lepa* over the area.

Mean time mother may also complaints that her female baby has got bleeding from vagina mimicking the menstrual flow and some time white discharge. This is also due to transplacental transport of female hormones causes. Common in $\frac{1}{4}$ female babies and will persists for 2- 3 days. Management is local cleaning of the vaginal area *Spatika* + *Tankana Jala* frequently to maintain aseptic condition of the area. No vitamin K needed to prevent the bleeding²².

Sometime immediately after birth head of the baby is elongated this is called as Caput succedaneum. This is boggy, diffuse edematous swelling of scalp layers due to prolonged delivery leading to pressure over the presenting part. This swelling cross the sutures and will disappears spontaneously after few days. Management includes head

support with round pillow like structure can be given. Pillow made out of sand or any soft flour can be used. Mild *Pata Sweda* can be given. Condition should not be over treated as it is self limiting. There is no need of any application²³.

Cephalo hematoma is one more condition where in there is sub periosteal collection of the blood due to Injury, instrumentation, vacuum delivery etc. This swelling is not cross suture line and may get resolve in few days-weeks. If hematoma is big it may be infected need incision and aspiration. Hyperbilirubinemia is main complication at times. If the lesion is small and limited then *Dashanga Lepa*, *Manjistadi Lepa* can be applied with caution and care should be taken as skin is very soft²⁴.

One more common problem of mother is dandruffs of the baby. This is also called as cradle cap due to crusting over the scalp. This is due to causes related to hygiene, collected sweat and blockage of sweat gland. This may leads to seborrhea dermatitis. Hence early *Mundana samskara* at the earliest is the best option. Early cutting of scalp hairs in some communities is a good practice. Mean while application of *Narikela Taila* + *Tankana* + *Shaptika* is best when there is formation of pustules. *Maha maricchadi Taila* after shaving the scalp hairs. Advanced cases should be treated like *Arumshika*²⁵.



Craniotabes means Softening of the skull bones. Some time mother is worried about soft skull bone of the baby which pits on pressure. It will show the tennis ball like consistency. However it should not be pressed at suture lines. At birth the newborn skull is soft which is normal and convinced to mother. Hence shape of the skull is also liable to change in pressure points. By few days the consistency will be normal. If it is not corrected it should be evaluated for bone disorders and rickets. No need of any calcium preparations before the diagnosis²⁶⁻²⁷.

One more common problem of the baby as per mother is continuous watering from eye. New born baby has been presented with persistent wetness and watering from the eye without any congestion. This condition is due to obstructed naso lacrimal duct. As a management the lacrimal area should be massaged from upwards to downward direction with inward pressure over the lacrimal sac, about 15 to 20 times per day or whenever child is playing by applying some mild, soothing oil. Mild *Pata Swedac* can be done thereafter. If it is not opened by 3-4 months probing is indicated as treatment²⁸.

Umbilical Granuloma is a small flesh like pale nodule at the base of the umbilicus with persistent discharge. This is also one of the common problems when cord care

was not proper. Unhygienic conditions around the umbilical stump, and recurrent infections of the stump may leads to this problem. As a treatment cauterization by silver nitrate/common salt can be done. Daily application can be repeated for 3-4 days till the base is dry. Local sepsis should be prevented by antiseptic powder. Instillation of the common salt is more useful. Mean while any *Kshara* preparations can be successfully used. Any *Kshara* preparation like *Spatica*, *Tankan* is good. Even cleaning with *Tankana / Spatica jala* can be helpful²⁹.

Sore buttock and napkin rash is one more commonly encountered problem. Use of nylon and tight plastic napkins which are not frequently changed are the basic cause. Usually the frequency of defecation is more in newborn and delay in changing the napkins leads to redness, indurations, excoriation-ammonia cal dermatitis over the soft, delicate skin of the baby. Anal and the gluteal region should be should be cleaned gently with wet cotton, kept dry, exposed to air. Presences of moisture in this area further increase the risk of condition. Application of soothing ointment and coconut oil in the beginning itself is quite useful³⁰. Thick oil application/ *Yasti madhu Taila* can be also done³¹. But after the formation of the wound this may not be so useful. Hence *Pittaharadrugs* like *Godanti*,



Praval, Muktha + Yashada basma with *Ropana drugs* like *Madhu or Jathyadi taila* is useful. *Rasanjana or Puspa anjana* are useful Zinc preparations³².

Toxic erythema or urticaria neonatorum is most common problem in the newborn baby. This will be presented with erythematous rash with central pallor all over the body which starts second and 3rd day of the life. Rashes start from the face and then spread to the trunk and extremities and disappear spontaneously within 3-4 days. Exact cause is not known but an atopic and allergic cause has been predicted³³. This will be exaggerated by nylon clothing's, dirty cloths. Of course it is a self limiting but still a matter of concern for mother. Avoid new cloth before washing avoid synthetic cloths and cotton wearing should be encouraged. *Nimba Patra Kashaya* for bathing or mild smearing over the body gives good results. Traditionally application of breast milk is also done³⁴.

Some babies present with peeling of the skin may be due to drying effects after delivery which is common in post term and some of the term babies³⁵. Application of the liquid paraffin, *Olive oil, Ashwagandha bala Lakshadi Taila, Yastimadhu Taila* is good to prevent this³⁶.

Some other minor problem are sub conjunctival hemorrhage, cutis marmorata

,Mongolian blue spot Epstein pearls, sucking callosities, congenital teeth, tongue tie, non retractable prepuce, congenital hydrocele, hymnals tags, sacral dimple, prominent xiphi-sternum, bowed legs, umbilical hernia, harlequin color change, sub cutaneous hemorrhage, milia, acne neonatorum, stoke bites etc³⁷.

CONCLUSION

Hence it can be concluded that most of the neonatal problems due to which the parents are concerned much and seek medical advice is due to physiological immaturity, adjustment problems and failure to establish feeding, faulty methods of feeding, anxiety by parents, over consciousness, transplacental hormones of mother and certain exaggerated reflexes. Most of the problems will be gets resolved in due course of time without causing much disturbances in the growth pattern of the child. However certain *Ayurvedic medications* can be very well used which is baby friendly to get the quick results.



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08/2020