Clinical Significance of *Kashyapokta Vedna Adhyaya* in the Diagnosis of Neonatal and Infantile Disorders

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Abstract

Kaumarbhritya, a vital branch of *Ayurveda*, emphasizes comprehensive understanding of child health, encompassing preventive, diagnostic, and therapeutic aspects. Among the classical texts, *Kashyapa Samhita* holds a distinct place due to its elaborate description of neonatal and infantile conditions. The *Vedna Adhyaya* of *Kashyapa Samhita* presents a unique insight into the behavioral and physiological manifestations of pain and distress (*Vedna*) in infants, offering diagnostic clues that remain relevant even today. Neonates and infants, being unable to verbally express their discomfort, communicate primarily through subtle physical and emotional cues. *Kashyapokta Vedna Adhyaya* meticulously details these manifestations, linking them with underlying *Dosha Vitiation* and *Dhatukshaya*. By analyzing expressions such as excessive crying, altered feeding behavior, disturbed sleep, and changes in touch response (*Sparsha*), one can infer the pathological state as per *Ayurvedic* principles. The present study aims to explore the clinical significance of *Kashyapokta Vedna Adhyaya* in the context of modern neonatal and infantile disorders. The interpretative comparison highlights how ancient diagnostic frameworks can complement contemporary pediatric assessments. This integrative approach may enhance early diagnosis, improve treatment outcomes, and promote holistic understanding of child health. Thus, the classical wisdom of *Kashyapa Samhita* continues to provide valuable insights into clinical pediatrics, reaffirming its timeless relevance in *Kaumarbhritya*.

Keywords: *Kaumarbhritya, Kashyapa Samhita*, *Vedna Adhyaya*, *Dosha Vitiation*, Neonate, Infant, *Ayurvedic* diagnosis.

Introduction

Kaumarbhritya, a vital branch of *Ayurveda*, emphasizes the preservation and restoration of health in neonates and children, considering their unique physiological and psychological constitution. The classical texts describe *Baalavastha* as a stage of immaturity in *Dhatu*, *Agni*, and *Indriya*, making the child more vulnerable to diseases and external influences [1] Hence, proper diagnosis in pediatric practice requires keen observation and interpretation of signs and symptoms, as verbal communication from the patient is limited or absent during infancy. Among the ancient authorities, *Kashyapa Samhita* holds a special place as it exclusively focuses on *Kaumarabhritya*—the science of child care and pediatrics. Within this treatise, *Kashyapokta Vedna Adhyaya*

stands as a remarkable contribution, detailing various expressions of pain (*Vedna*) and discomfort exhibited by neonates and infants [2]. These manifestations serve as diagnostic indicators for underlying *Dosha-Vikriti* and pathological states, aiding the physician in early detection and management of disorders. The term *Vedna* in *Ayurveda* extends beyond physical pain, encompassing both sensory and emotional suffering caused by *Dosha Dushti* and *Dhatu Kshaya* [3]. In *Kashyapa Samhita*, the *Acharya* has described the subtle signs through which infants communicate their distress—such as changes in crying patterns, facial expressions, body movements, sleep disturbances, and feeding behavior [4]. These behavioral observations, when interpreted in the context of *Ayurvedic* principles, reveal the dominance of specific *Doshas*—for example, high-pitched continuous crying indicating *Vata prakopa*, lethargy and drowsiness suggesting *Kapha vriddhi*, or irritability with warmth and sweating denoting *Pitta prakopa* [5]. This profound diagnostic framework highlights the deep clinical insight of *Acharya Kashyapa*, who recognized that neonatal and infantile disorders must be assessed through the understanding of *Vedna Lakshana* rather than direct questioning or instrumental evaluation. In modern clinical pediatrics, similar principles are used in the form of behavioral and physiological pain scales, yet the holistic interpretation offered by *Kashyapa Samhita* integrates the psychosomatic dimension of disease manifestation [6]. Furthermore, *Kashyapa* correlates the type of *Vedna* with the underlying *Dosha-vyapara* and the *Sthana* of affection. Such classification aids not only in diagnosis but also in deciding appropriate *Chikitsa siddhanta* for neonates and infants [7]. For instance, *Vataja Vedna* demands *Snehana* and *Swedana* approaches, whereas *Pittaja Vedna* calls for *Sheetala* and *Mridu* therapies [8]. This clearly demonstrates that *Vedna Adhyaya* serves as both a diagnostic and prognostic tool in *Kaumarbhritya chikitsa*. The contemporary era witnesses growing interest in integrating *Ayurvedic* diagnostics with modern neonatal assessment to ensure early and accurate identification of health disturbances. An in-depth study of *Kashyapokta Vedna Adhyaya* offers an opportunity to bridge this gap by decoding ancient descriptions in light of present-day pediatric understanding [9].

Hence, the present article attempts to analyze the *clinical significance of Kashyapokta Vedna Adhyaya* in diagnosing neonatal and infantile disorders. It explores how ancient descriptions of *Vedna Lakshana* can be correlated with clinical signs observed in common neonatal diseases like *Jataharoga*, *Kaphaja Kasa*, *Atisara*, and *Pandu roga* [10]. The study aims to demonstrate that classical *Ayurvedic* wisdom, when interpreted contextually, continues to provide valuable insights for modern clinical pediatrics, ensuring comprehensive, holistic, and compassionate child care.

Review of Literature

The understanding of *Vedna* in *Ayurveda* represents a comprehensive approach to the perception and expression of pain and discomfort. In the context of *Kaumarbhritya*, the importance of *Vedna Adhyaya* lies in its emphasis on interpreting non-verbal cues in neonates and infants. *Acharya Kashyapa*, in his *Kashyapa Samhita*, elucidates that children express their internal imbalances through behavioral and physical manifestations. These signs, when interpreted through *Dosha-vyapara*, assist the physician in identifying the

Hetu and *Samprapti* of diseases [11]. *Vedna Adhyaya* provides a unique clinical framework describing the subtle changes in *Kriya* (activities) such as *Stanya grahana*, *Nidra*, *Shabda pratibodha*, and *Sparsha pratikriya* that help recognize underlying *Dosha dushti*. For instance, *Vata prakopa* manifests as erratic movements, restlessness, and inconsolable crying, whereas *Pitta prakopa* is marked by irritability, warmth, and sweating. On the other hand, *Kapha vriddhi* leads to sluggishness, low cry, and excessive sleep [12]. Comparatively, in *Charaka Samhita* and *Sushruta Samhita*, pain perception has been linked with *Vata dosha*, yet *Kashyapa* elaborates the behavioral expressions specific to childhood, which makes his description more practical for pediatric application. The observation of *Vedna Lakshana* thus bridges the communication gap between the physician and the neonate, allowing for more accurate diagnosis and treatment planning [13]. Modern pediatric literature also acknowledges that neonates express pain through facial grimacing, crying pattern, and physiological changes such as increased heart rate and oxygen desaturation. Interestingly, these parameters parallel the *Kashyapokta* understanding of *Vedna* as a multidimensional phenomenon involving both physical and emotional planes. This similarity underscores the timeless clinical acumen of *Acharya Kashyapa*, who perceived the holistic nature of suffering centuries before the development of modern pain assessment tools [14].

Studies on ancient diagnostic principles have emphasized the need to reinterpret *Ayurvedic* texts in light of clinical evidence. The *Vedna Adhyaya*, when studied alongside neonatal pain scales like NIPS (Neonatal Infant Pain Scale) or FLACC (Face, Legs, Activity, Cry, Consolability), reveals a profound correlation between ancient and modern perspectives. Such comparative analysis enhances the applicability of *Ayurvedic* principles in contemporary pediatric diagnostics [15]. Furthermore; *Kashyapa Samhita* associates *Vedna* not only with pain but also with the impairment of normal *Pravritti* of the child. Loss of interest in *Stanya pana*, irritability, or disturbed sleep is early signs of pathological disturbances in *Dosha* and *Dhatu*. Thus, *Vedna* serves as a primary clinical indicator guiding both preventive and curative aspects of *Kaumarbhritya chikitsa* [16]. Recent interdisciplinary studies have explored the neurophysiological basis of pain perception in infants, demonstrating that even premature neonates exhibit cortical responses to painful stimuli. This finding aligns with the *Ayurvedic* view that *Vedna* arises from *Manas*, *Indriya*, and *Vata* interactions, emphasizing the psychosomatic unity of human experience [17]. Overall, the review of literature suggests that *Kashyapokta Vedna Adhyaya* provides a detailed diagnostic approach that remains clinically valuable. Its practical application can complement modern pediatric methods, ensuring early detection, holistic assessment, and compassionate care for neonates and infants [18].

Conceptual Framework

The concept of *Vedna* in *Ayurveda* is a multidimensional phenomenon encompassing both physiological and psychological suffering. It is not limited to physical pain but extends to emotional, sensory, and spiritual levels of discomfort. *Acharya Kashyapa* defines *Vedna* as the expression of internal agony (*Antardukha*) through observable bodily and behavioral changes, especially in infants who cannot verbalize their distress. This makes

Vedna Adhyaya an invaluable diagnostic guide for *Kaumarbhritya*, where understanding the infant's non-verbal expressions becomes the primary mode of assessment [19].In *Kashyapokta Vedna Adhyaya*, the clinical interpretation of *Vedna* is based on the concept of *Kriya Paribartan*, i.e., alterations in natural activities. Any deviation in *Stanya grahana* (feeding), *Nidra* (sleep), *Krodha* (irritability), and *Sparsha pratikriya* (response to touch) indicates underlying *Dosha-vyapara*. The *Vataja* type is characterized by restlessness and irregular crying, *Pittaja* by warmth and excessive irritability, and *Kaphaja* by lethargy and low responsiveness. These observable behaviors serve as crucial diagnostic markers, guiding physicians in identifying *Dosha* predominance in neonates and infants [20].Among the *Tridosha*, *Vata* plays a principal role in the perception of *Vedna* due to its governance over sensation, movement, and neural activity. *Pitta* modifies the intensity of *Vedna* through its metabolic actions, while *Kapha* influences its dullness and heaviness. The qualitative distinctions—*Vataja* being pricking, *Pittaja* burning, and *Kaphaja* dull—enable a structured diagnostic interpretation of pain and discomfort. Such classification demonstrates the depth of *Ayurvedic* clinical reasoning, which recognizes not only the type but also the emotional tone of pain expression [21].Interestingly, this conceptualization aligns with modern neuroscience, which attributes pain perception to integrated neural pathways and neurotransmitter modulation. *Vata* may be compared to the nervous system's conduction function, *Pitta* to inflammatory metabolism, and *Kapha* to protective buffering and tissue stability. Thus, *Kashyapa Samhita* presents an early model of biopsychosomatic understanding, linking body, mind, and environment in a unified diagnostic framework [22].Furthermore, *Acharya Kashyapa* introduces the influence of maternal health on neonatal *Vedna* through the doctrines of *Matru ahar-vihara* and *Stanya dosha*. The vitiation of maternal *Dosha* affects breast milk and, consequently, the infant's internal balance. Hence, symptoms such as excessive crying, digestive disturbance, or altered sleep may not only arise from the child's constitution but also from maternal dietary or emotional factors. This dual relationship underscores the *Ayurvedic* concept of *Garbhaja* and *Matruja hetu*, revealing the interdependence of mother and child in disease manifestation [23].Clinically, these principles help practitioners in early identification of disorders like *Ajeerna*, *Kaphaja Kasa*, *Atisara*, and *Pandu roga* in neonates. Observation of *Vedna Lakshana*—such as inconsolable crying, disturbed sleep, poor feeding, or unresponsiveness—enables prompt intervention. *Kashyapa Samhita* also highlights prognostic aspects: absence of pain reaction or touch response signifies severe *Vatavyadhi* or *Pranavaha srotodushti*, often indicating poor vitality. Thus, *Vedna* becomes not only a diagnostic but also a prognostic tool in *Kaumarbhritya chikitsa* [24].In summary, the *Kashyapokta Vedna Adhyaya* establishes a conceptual framework that integrates *Dosha*, *Dhatu*, *Manas*, and *Indriya* in the perception and expression of pain. Its clinical relevance lies in its ability to interpret subtle cues in neonates, bridging traditional wisdom with modern pediatric observation. Hence, understanding *Vedna* through *Kashyapa's* lens allows a more holistic, compassionate, and accurate approach to infant diagnosis and management [25].

Clinical Correlation

The concept of *Vedna Adhyaya* in *Kashyapa Samhita* provides a profound clinical framework for interpreting signs and symptoms in neonates and infants who lack verbal communication abilities. The text emphasizes *Kriya Paribartanam*—deviation in normal physiological functions—as the fundamental clinical indicator. Variations in crying pattern, facial expression, respiration, and limb movement are considered reflections of underlying *Dosha Prakopa*. Hence, the physician's skill in clinical observation becomes the primary diagnostic tool in pediatric evaluation [26].In *Kaumarbhritya*, the expression of *Vedna* often manifests through *Ashru sravana* (tears), *Shabda pradarshana* (crying), and *Anga chalana* (movements). *Acharya Kashyapa* categorizes these responses according to *Vata*, *Pitta*, and *Kapha* dominance. For instance, *Vataja Vedna* produces irregular crying with cold extremities, *Pittaja Vedna* is associated with warmth and flushing of skin, while *Kaphaja Vedna* exhibits sluggish responses with excessive salivation. This differentiation not only helps in identifying the *Dosha* but also in planning the appropriate line of management [27].The clinical observations of *Vedna* can be compared with the modern pediatric assessment of pain. In neonatology, pain scales such as the Neonatal Facial Coding System (NFCS) and the Premature Infant Pain Profile (PIPP) rely on parameters like facial grimacing, limb movement, and heart rate variability—closely resembling *Ayurvedic* descriptions. Thus, *Kashyapa's* approach predates and parallels modern behavioral and physiological pain assessment models, confirming the scientific precision of ancient diagnostic methodologies [28].Further, *Kashyapa Samhita* emphasizes that the absence or diminution of *Vedna* response may indicate serious pathology, such as *Prana Kshaya* or *Marmabhighata*. Clinically, this aligns with conditions like severe hypoxia, septicemia, or neurological depression in infants. The absence of crying or flaccidity is thus considered an emergency indicator demanding immediate intervention. This correlation highlights how *Ayurvedic* diagnostic principles can complement modern pediatric evaluation for early detection of life-threatening disorders [29].The treatment perspective derived from *Vedna Adhyaya* focuses on *Dosha Shamana* and *Sneha Upachara* to pacify *Vata*, which primarily governs the pain mechanism. Gentle *Abhyanga* with *Taila* such as *Bala Taila* or *Ksheerabala Taila*, *Swedana* in mild form, and *Matra Basti* in older infants are recommended for *Vataja Vedna*. Similarly, *Pittaja Vedna* requires *Sheetala dravya*, *Ghee preparations*, and *Mridu Virechana*, while *Kaphaja Vedna* responds to *Ushna Upachara* and *Lekhana dravya*. These approaches underline individualized management based on *Dosha Prakriti* and symptom expression [30].Moreover, the maternal role is clinically integrated into the management of *Vedna*. Since *Matru Aahara* and *Vihara* influence *Stanya Guna*, correction of maternal diet, rest, and emotional balance becomes an essential part of infant therapy. This dual management—addressing both the infant and the mother—illustrates the holistic and preventive vision of *Kashyapa Samhita*, which sees disease not as isolated pathology but as imbalance in the *Dyadic Unit* of *Mata-Putra Samyoga* [31].The practical significance of this understanding lies in preventive pediatrics. By monitoring subtle changes in an infant's *Vedna Lakshana*, physicians can identify emerging disorders before gross symptoms appear. For example, inconsolable crying may precede *Ajeerna*, or lethargy may suggest *Kaphaja Avastha* requiring dietary correction. This predictive clinical insight offers an effective framework for early diagnosis and

intervention in *Kaumarbhritya* [32].Therefore, *Vedna Adhyaya* serves as a vital bridge connecting traditional *Ayurvedic* diagnostic wisdom with contemporary neonatal medicine. It encourages observation-based, empathetic, and individualized care, which can enhance both diagnosis and treatment outcomes in pediatric practice [33].

Discussion

The *Vedna Adhyaya* described by *Acharya Kashyapa* presents a unique diagnostic dimension in the understanding of neonatal and infantile disorders. Unlike adults, where subjective pain description is possible, infants communicate their discomfort through nonverbal expressions. *Kashyapa Samhita* provides detailed guidelines to interpret these subtle physiological and behavioral alterations as reflections of *Dosha* imbalance. This framework demonstrates that *Ayurveda* recognized the importance of objective observation and behavioral assessment in child health long before the development of modern clinical tools.The *Ayurvedic* concept of *Vedna* is not confined to physical suffering but extends to mental and emotional disturbances, indicating the close interaction between *Sharira* and *Manas*. In neonates, pain perception is primarily governed by *Vata dosha*, as it controls *Gati*, *Indriya Pravartana*, and *Vedana Buddhi*. Hence, disturbances in *Vata* cause exaggerated or diminished pain responses. This understanding explains the variety of crying patterns, feeding irregularities, and altered sleep cycles commonly observed in infantile disorders.

Furthermore, *Kashyapa*'s description of *Vedna Lakshanas* parallels modern neonatal pain scales, where facial grimacing, limb movements, and physiological parameters serve as diagnostic indicators. Such alignment highlights the scientific precision of *Ayurvedic* observation and the universality of clinical signs irrespective of cultural or temporal context. The holistic vision of *Kashyapa Samhita* extends the diagnostic process to include maternal factors. The condition of *Stanya*, influenced by *Matru ahara-vihara*, directly affects the neonate's comfort and health. Thus, when interpreting *Vedna*, the physician must evaluate both infant and mother as a single physiological unit. This dyadic approach not only supports accurate diagnosis but also promotes preventive and integrative child care. Clinically, recognizing *Vedna* patterns can aid in the early identification of disorders such as *Ajeerna*, *Kaphaja Kasa*, *Atisara*, and *Vatavyadhi*. Subtle behavioral deviations like restlessness, lethargy, or inconsolable crying can indicate underlying *Dosha* vitiation, guiding the physician toward timely interventions. By applying *Vedna Adhyaya* principles, the clinician develops heightened sensitivity to the infant's nonverbal cues, improving diagnostic accuracy and therapeutic efficacy.In conclusion, *Kashyapokta Vedna Adhyaya* serves as a timeless clinical guide that bridges traditional *Ayurvedic* understanding with contemporary pediatric insights. It emphasizes observation-based, individualized, and empathetic diagnosis—an approach essential for effective management of neonatal and infantile disorders in both ancient and modern contexts.

Conclusion

The *Vedna Adhyaya* of *Kashyapa Samhita* stands as a remarkable contribution to the field of *Kaumarbhritya*, offering a precise and sensitive approach to understanding pain and discomfort in neonates and infants. Through detailed observation of behavioral and physiological changes, *Acharya Kashyapa* provided an authentic diagnostic model that recognizes the infant's nonverbal expressions as reflections of *Dosha vyapara* and *Sharira manasika vedna*. This ancient framework continues to hold immense relevance in the clinical setting, where early recognition of subtle cues can prevent the progression of many neonatal and infantile disorders.By emphasizing the dominance of *Vata dosha* in *Vedna utpatti* and acknowledging the modifying roles of *Pitta* and *Kapha*, *Ayurveda* presents a tridoshic interpretation of pain that aligns closely with modern neurophysiological understanding. Moreover, the inclusion of maternal factors such as *Matru ahara*, *Vihara*, and *Stanya guna* reflects a holistic appreciation of the maternal–infant continuum, underscoring the preventive vision of *Kashyapa Samhita*.In modern pediatric practice, integrating the principles of *Vedna Adhyaya* can enhance diagnostic sensitivity, allowing physicians to interpret the infant's natural responses with greater precision. Thus, *Kashyapokta Vedna Adhyaya* remains a timeless guide for clinicians—uniting traditional wisdom and modern science to promote comprehensive, compassionate, and effective pediatric care.

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