



Review Article

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A REVIEW ARTICLE ON AYURVEDIC MANAGEMENT OF UDARSHOOLA W.S.R to INFANTILE COLIC

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ABSTRACT

The entire globe is struggling with suffering, regardless of its cause. The body uses pain as a defense mechanism to warn the individual of a dangerous situation or encounter. Babies are susceptible to the frequent but poorly understood disease known as colic. Udarshoola is considered to be the foremost complaint noticed in the infant, it can impact on poor weight gain, poor quality of life in infants, thus the major issue to be focused on is proper management. Pain is defined as an unpleasant sensory and emotional experience. Ayurveda explains the origin of pain is due to vitiated Vata. Udarshoola is a condition where one express high intensive pain in abdomen. Stanya dushti is one of the main causative factors for disease development in an infant. Hence the mother should also be treated along with the infant. This article explores the Ayurvedic management in infantile colic based on clinical experiences.

KEYWORDS: Udarshoola, infantile colic, Ayurvedic management.

INTRODUCTION

One of the most frequent issues that primary care doctors and daycare providers deal with is infantile colic. Prevalence rates range from 8% to 40% in retrospective research and from 3% to 28% in prospective studies. Udarshoola (colic) as the child rejects the breast, cries,

sleeps in supine position, has stiffness of abdomen, (feeling) of cold and perspiration of face. Whereas other texts described, the significant factor responsible for the genesis Shoola as Vata (vayu), detailed etiopathogenesis about 8 types of Shoola, and the clue for the management of Udarshoola. The condition is more common among first born and active babies of anxious parents or grandparents. The incidence of disorders is equal among breastfed and formula fed infants. The cause of this diurnal rhythm is not known. The amount of crying is not related to an infant's sex; the mother's parity or the parents socioeconomic status, education but colicky crying differs from regular crying. Udarshoola is considered to be the foremost complaint noticed in the infant, which is expressed by incessant cry that disturbs the mother, care-takers and whole family. If not attended to, it can impact on poor weight gain poor quality of life in infants, thus the major issue to be focused on is proper management.

General etiological factors of infantile colic

Ayurvedic point of view: In Ayurveda, pain in and around the navel is called colic and is generally associated with constipation. In infants, the dhatu (body tissue) is still new and developing; Also, the Agni (digestive fire) is low or mand. This means that they cannot digest everything that is consumed by the mother or the formula food that is given to baby. Sometimes faulty feeding technique may develop Aerophagia. Thus, the mother has to be very careful about correct methods of feeding techniques. According to Ayurveda, aggravation of vata dosha causes the colic pain.

Infantile colic is unexplained, probably relates to aerophagia or behavioural problem. A voluntary retention of Flatus, Stool, Urine, over eating, indigestion, eating before the digestion of previous food, over exertion, foods which are incompatible in their combination, drinking water when hungry, use of germinated grains, dry food or cakes of dry meat as well as use of other such foods which aggravates the Vata Dosha, are the causative factor of Shoola. As infantile colic is concerned aerophagia, improper feeding posture of mother, evening time fast feeding from breast, and if mother takes incompatible foods etc. are the reason for Vata vitiation and causes colic.

General pathophysiology of infantile colic

Vata is aggravated because of these etiological factor & produces a violent cutting & spasmodic pain in the abdominal cavity (Koshtha). The patient complaints of pain as if he is

being pierced with a spear (Shanku) inside and of a feeling of suffocation under the influence of that acute pain, which fact have determined the nomenclature of Shoola.

General features of infantile colic

Udarashoola is mentioned as Kosthavibandha (constipation), Chhardi (vomiting), Stanadamsha (biting the breast), Antrakujana (gurgling sound in the abdomen), Adhmana (flatulence), Pristanamana (bending back), and Jathara unnamana (elevation of the abdomen). Whereas colic in children is explained as Stana Vyudasyate (rejects breast), Ruti (cries), Uttana schava bajyate (sleeps in supine position), Udarasthabdhata (stiffness of the abdomen), Shaityam (coldness), Mukhasweda (perspiration of the face).

Management

Management can be done by:

- 1) External Management (Bahya Chikitsa)
- 2) Internal Management (Abhyantara Chikitsa)

1) External management

- a) Burping
- b) Exercise
- c) Abhyanga (Baby Massage)
- d) Swedana (Fomentation)
- e) Lepana

2) Internal Management

- a) Treatment to child
- b) Treatment to mother

a) Burping: babies swallow lot of air during breast feeding, especially if not properly attached to the breast. This aerophagia, may lead abdominal discomfort, colicky pain. This method is done to help a baby let out air from the stomach specially to patting or rubbing the baby's back.

b) Exercise: Both the legs of the baby must be held straight at first and then flexed from the knee, in this flexed position the thighs should be pressed against the abdomen. This

manoeuvre creates pressure on the abdomen which aids in releasing the accumulated air via the anal orifice which helps in alleviating the pain.

c) Abhyanga: Soft touch and pressure massage should be given to the infants especially on the abdomen and back slightly heated oils.

d) Swedana: Swedana can be performed on a baby in 2 ways i.e. Hasta sweda and Pata sweda.

1) Hasta Sweda: This type of Sweda is specifically indicated in colic.

Procedure: while performing this procedure first the hands must be heated by placing the open palms near smokeless flames of fire, Vidhoomaagnyaushmana, in a setting with a radiant warmer the hands can be heated on the heat source of the radiant warmer and placed on the baby's abdomen. The procedure should be repeated for at least 5 times.

2) Patasweda: Swedana is done with warm cloth.

Procedure: A thick warmed cloth is placed on the baby's abdomen for getting the Swedana effect. Warming can be done in 2 ways, by using:

- i) Dry heat – cloth is kept on a hot dry surface.
- ii) Wet heat – cloth is dipped in hot water.

e) Lepana: Fine powder of dry drugs with ushna veerya such as hingu, vacha, rasna etc should be made into a fine sticky paste by mixing water and a thick layer of this paste of 2-3mm should be smeared on the baby's abdomen.

2. Internal Management (Abhyantara chikitsa)

a. Treatment to the child/baby

Drugs can be applied as a lepa externally on mothers nipple before sucking. Drugs with deepana, pachana and anuloma effect are chosen for internal administration in Udarshoola like Ajamoda, Shunthi, Jeeraka, Vacha, Shatapushpa, Hingu etc. Arka kalpana is a liquid preparation obtained by distillation of certain liquids or of drugs soaked in water using the Arka yantra or any convenient modern distillation apparatus. Arkas are distilled essences, which contain the volatile constituents of drugs used in the preparation in a medium of water.

b. Treatment to the mother

Treatment to the mother should only be given after diagnosis of infantile colic has been made. Draksharishta, Drakshadi kashaya, Jeerakarishtha, Dashamoolarishta and Haritaki Khanda can be used with an aim of Amapachana, Agnideepana, Vatanulomana, Stanyashodhana. Shatavari Lehya/ Guda can be used for Stanyavardhana/Janana effect.

Dos and don'ts in managing the infantile colic

Apart from management discussed above, following factors prove helpful in dealing with the baby of infantile colic,

- Do try things that usually stop your baby crying such as offering a pacifier, singing, walking etc.
- Do try snug wrapping of your baby and holding the baby in your arms or lap.
- Do hold the baby upright and walk the baby around.
- Do put your baby on your lap and gently massage the baby's back.
- Do not worry too much about colic.
- Do not ever shake a baby.
- Do not ever cover a baby's face with pillow or other object to quite a crying.

DISCUSSION

When evaluating a crying infant, physicians should conduct a thorough history and physical examination to assess for underlying medical disorders and to determine the need for further testing. Colic should only be diagnosed after exclusion of organic causes. The cause of excessive cry can be as simple as diaper poking the baby to CNS infections leading to shrill cry. Exclusive factors for Colic like improper feeding technique, aerophagia, wet diapers, sleeping hours etc should be considered. Once concerning causes have been ruled out, the physician can safely diagnose colic in an infant who meets the rule of three criteria. Parents typically report that paroxysms occur in the evening and are unprovoked. It is important to explore the family's perceptions of their infant's crying, listen to their worries, acknowledge their feelings of anger, frustration and exhaustion, and avoid being dismissive of their concerns.

For reducing crying episode soothing the child with a pacifier, playing repetitive sounds like soothing music, or placing a warm heating pad on the infant's abdomen helps. Most babies respond to rhythmic rocking or pats on the back. Some likes to be placed on their front. Some babies settle with a car ride. A quiet environment with minimal unnecessary handling and

correction of faulty feeding techniques are helpful. The changing of milk formula is usually not necessary.

Burping helps in expulsion of excess air in the stomach due to aerophagia during breast feeding. The excess air in the gut may be a causative factor for pain during hyper peristalsis. Expulsion of this excess air gives relief.

Many studies have proved that Abhyanga is effective in reducing severity of colic symptoms. Abhyanga influences the emotional status also its efficacy can be enhanced by using certain medicated oils. Mridu Samvahana with light strokes can induce tranquillity. Anuloma Gati of the strokes also help in Vatanulomana. This may be the mechanism of pain relief in colic by Abhyanga.

Swedana in any form causes vasodilatation which increases arterial blood flow to and venous emptying from the area. On the other hand the nerve impulses will also activate the descending pain suppression system which releases an endogenous opiate substance β endorphin or enkephalin into the substantia gelatinosa at a spinal cord level. These substances inhibit the transmission in the nociceptive circuit synapses by blocking the release of the substance causing pain, thus relieving pain.

Internally arka kalpana is found to be effective in treating GIT disorders in infants. Arkas are distilled essences, which contain the volatile constituents of drugs used in the preparation in a medium of water. The stability of arka kalpana is comparatively more than swarasa, kalka, kwatha, phanta, heema and churna. Moreover, arka possess good palatability and more acceptance as it is given in small quantity. Drugs having deepana, pachana and anulomana should be selected accordingly.

CONCLUSION

Udarshoola or infantile colic is benign self-limiting disorder characterised by episodes of incessant crying 3 hours a day, for 3 days in a week or 3 weeks in a month. General advice and counselling should be offered to all families. Other signs frequently associated to inconsolable crying are flushing, abdominal distension and leg contracture. Though being self-limiting, pain management is necessary, as the incessant crying may be a cause of anxiety for the parents. It can be managed with modalities of treatment i.e abhyantar and bahya karma, which consists of burping, physical therapy, abhyanga, and swedana, internal administration of various formulations and drugs with deepana, pachana and anuloma effect to the baby as

well as the mother. There are the five manoeuvres (the five S's), a group of reflexes (vestibular, auditory, and tactile) that work together to calm the baby: swaddling, shushing, stomach position, swinging, and sucking. The mainstay of management for colic is to help families cope with their infant's symptoms, reduce the risks of parental depression, child abuse and early breastfeeding cessation, and to prevent the possibility of long-term adverse effects. The above mentioned ways of management shows promising positive results in large number of babies.

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