

UNIVERSITY OF JAFFNA
SRI LANKA



Dr. Arunasalam Sivapathasundaram
Memorial Lecture

By
Professor. Subramaniam Bhavani

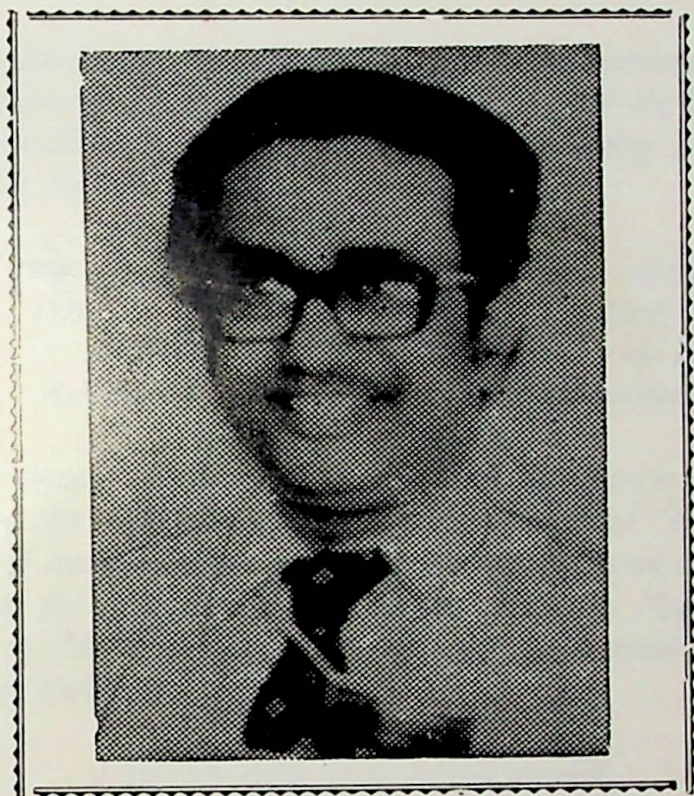
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Dr. Ramesh Chandra Sivasubramanian

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Late Dr. Arunasalam Sivapathasundaram Memorial Lecture

INTRODUCTION

Although thirteen years have elapsed since Dr. A. Sivapathasundaram met with his tragic end while on duty. At the prime stage of his life, his rich memory prevails in all of us. He was an outstanding and eminent Paediatrician. He considered his service above his own self.

The University community and the public graciously established "Dr. Arunasalam Sivapathasundaram Memorial Lecture" to honour him for his yeoman service. This lecture, not only cherished his memory but also promotes his field of specialization incorporating new and modern dimensions.

Prof. S. Bhavani an Associate Professor in Siddha Medicine is good enough in fulfilling this task today, by presenting a paper titled "Concepts and approaches of traditional medicine in child care". Prof. Bhavani has put more than twenty five years in University teaching in Siddha Medicine and a Physician in Clinical teaching. I am sure this paper would give a new approach and awareness in child care.

I wish him every success on this occasion.

Prof. P. Balasundarampillai
Vice - Chancellor,
University of Jaffna
25.10.2000

Late Dr. Annasalam Sivagobaswaram Memorial Lecture

INTRODUCTION

Although fifteen years have elapsed since Dr. A. Sivagobaswaram met with his tragic end while on duty at the prime stage of his life, his rich memory remains in all of us. He was an outstanding and eminent Physician. He conducted his service with the same zeal.

The Ministry, Government and the public profoundly esteemed "Dr. Annasalam Sivagobaswaram Memorial Lecture" to honour him for his genuine service to the nation, not only through his activity but also through his field of research on incorporating new and modern disciplines.

Prof. S. Mahalingam, Assistant Professor in Siddha, Madurai is well known in fulfilling this task today, by presenting a paper titled "Concepts and approaches of traditional medicine in child care". Prof. Mahalingam has not more than twenty five years in Ministry teaching in Siddha, Madurai and a Physician in Clinical teaching. I am sure this paper would give a new approach and awareness in child care.

I wish him every success on this occasion.

Prof. P. Balasubramaniam
Vice-Chancellor
University of Jaffna
22.10.2000

CONCEPTS AND APPROACHES OF TRADITIONAL MEDICINE IN CHILD CARE

Vice Chancellor, Members of the family of Dr. Sivapathasundaram, Members of the Council, Colleagues, students ladies and gentlemen.

I am much privileged to deliver Dr. Arunachalam Sivapathasundaram Memorial Lecture today. I am indeed grateful to the members of the Faculty Board of Medicine for giving me this opportunity. I consider this as a great honour to Siddha Medicine.

Late Dr. Arunachalam Sivapathasundaram was a well known Paediatrician who worked with much dedication and responsibility until he took his last breath while on duty at the Teaching Hospital, Jaffna. His untimely departure had been a shock to every one who knew him. I can confidently say that the irreparable loss of a person of his calibre had created a vacuum difficult to fill in Paediatric Medicine and Clinical Teaching. The Medical Profession was enriched by his capabilities and noble qualities. He executed his duties with sincerity and never hesitated to stand for justice. He was loved by the sick children and their mothers for the special concern and gentle approach shown to them. At the same time his colleagues, staff of the hospital and students respected him for his selfless service, simplicity, honesty and knowledge. Above all, he maintained discipline and punctuality in his profession. Even though he is not with us physically his ideals would be alive with us.

The best tribute we could offer him is fulfilling his aspirations in creating a healthy childhood for our children through strengthening paediatric care especially P.H.C., Primary Health Care. A healthy community is the wealth of a country. Health status of the people in our region of Sri Lanka is deteriorating due to the prevailing war situation, displacement of families, unemployment of the bread winner and lack

of food. The health is affected in all spheres – physical, mental, social and also spiritual. I consider that it is appropriate to speak on concepts and approaches of traditional medicine in child health in memory of our eminent paediatrician who had a holistic attitude towards child care.

Traditional systems of medicine comprises of Ayurveda, Siddha and Unani medical systems along with Yoga and naturopathy as drugless therapies. These systems of medicine have a strong base in India. In fact Ayurveda and Siddha systems are the oldest health care systems based on the fundamentals of Indian philosophies and have drawn from experiences of age old practices. These have been refined from time to time. Unani Medicine originated from Greece enriched and developed by Arabs and Persians.

In Sri Lanka traditional systems of medicine had been patronised and recognised by the Kings of the regions. History reveals that some of the kings were eminent physicians. The physicians of that time had been honoured for their capabilities and respected well in the society. The traditional systems of medicine faced a great set back during the time of British rule and the physicians were not allowed to practise their medicine.

Late Hon. K. Balasingam Q.C. who was the member of the Legislative Council, took positive steps to develop the Indigenous medical system. Due to his untiring efforts the College of Indigenous Medicine was established in Colombo during the year 1929. In 1977 the College of Indigenous Medicine had been upgraded to the status of an institute affiliated to the university of Sri Lanka.

The practitioners of Indigenous Medicine are classified under two groups.

- A. Traditional physicians – who had been registered at the Ayurvedic Medical Council without institutional education or training. Most of

them are from hereditary background in the practise of traditional medicine.

- B. The Diploma holders and graduates of Ayurvedic, Siddha and Unani medicine who have followed a 5 year medical course at a recognised teaching institution or university which is followed by one year of internship at the teaching hospital.

The traditional physicians and the institutionally qualified medical practitioners contribute much in health care delivery system of this country. The successive governments in Sri Lanka took possible steps to promote and develop Indigenous Medical system. In 1980 a separate and a Minister was appointed Ministry of Indigenous Medicine was formed to develop this system.

Medicine is not only a science but an art as well. It consists of not merely compounding mixtures, preparing decoctions, pills and drugs of all kinds, but it also deals with the different processes of life. The entire approach of traditional medicine is to treat man as a whole which is the combination of body, mind and soul. The aim of Ayurveda or Siddha systems is to maintain positive health by promotive, preventive and curative management in order to attain the perfection or heavenly bliss which is the ultimate liberation of the soul. The sages of ancient times had shown the ways and means to keep the body and mind in a harmonious state through this system of Medicine in order to attain the liberation of the soul according to the Hindu philosophy. Ayurveda is not only a system of Medicine but is more than this. It is a system of life and it is essential for a good human life.

In every country a medical system of its own was in existence to take care of the sick and to maintain health.

A group of experts from African region made a reference in 1976 to the definition of traditional medicine in the following way.

"The sum total of all knowledge and practices, whether applicable or not, used in diagnosis, prevention and elimination of physical mental or social imbalance and relying exclusively on practical experience and observation handed down from generation to generation whether verbally or in writing."

The same group adapted a definition of traditional healer as follows.

"A person who is recognized by the community in which he lives, as competent to provide health care by using vegetable, animal and mineral substances and certain other methods based on social, cultural and religious background as well as on the knowledge, attitudes and beliefs that are present in the community regarding physical, mental and social well being; and the causation of diseases and disability.

The common goal of every system of medicine is to provide good healthcare to the people. Any differences among the various systems of medicine arise not from the difference in the goal or effects but from the cultures of the people who practise the different systems. Traditional medicine is nothing new since it has always been an integral part of all human cultures. Culture was defined generally as the sum total of life style, society patterns, beliefs, attitudes and the commonly accepted organized ways in which a community attempted to solve its life problems. Cultural change and development takes place with the acquisition of new knowledge or with a change in the surroundings of the people, who need to adapt in order to survive or to achieve a new life equilibrium. In this context of cultural evolution, traditional medicine has always developed and preserved its role of providing health care in all communities. Traditional medicine should not be limited to the use of medicinal plants exclusively in health providing process. It is necessary to keep in focus the wider scope of traditional medicine as experienced in actual practise in the health care system of various countries.

The existence of different systems is conditioned and supported by the vast variation in the ecology of the country and in cultural patterns. The accumulated wisdom of the people and their experiences constitute the substantive knowledge and skills used in traditional medicine.

As a result of various systems of medicine being the major source of health care, there is quite a variety of a large number of traditional physicians practicing in the country. More than 15,000 traditional medical practitioners are already registered in the Ayurvedic Medical Council out of which 3000 are from the recognized institutions and universities.

In any system of medicine, care of the child takes an important place. I have therefore chosen child care in traditional medicine for this talk. Ayurveda consists of eight branches and among those Kaumara Bhrtiya or Bala Vagadam deals with child care and diseases of children. This branch of medicine includes the following aspects.

- A. Nursing and healthy up bringing of infants and children.
- B. Breast feeding.
- C. Treatment of diseases of childhood.

Child hood is a very tender and vital stage of human life. The effects of physical and mental development at this stage have an influence over the rest of the life. Special care during this period is considered very essential as the Dhatus (tissues and organs) are immature. Many scholars have mentioned the upper limit of this stage up to 16 years.

Child care commences when the foetus is in the womb of the mother and childhood extends from birth till puberty. The child care approach is incorporated much with social, cultural and religious

background in the villages. The period of childhood is further subdivided into 3 stages on the basis of feeding pattern of the child.

1. Ksheera – The child depends mainly on breast milk (1-6 months)
2. Ksheera-anna – Milk with other cereals. (6-12 months)
3. Anna – Depends mainly on rice and other forms of diet essential for energy, growth and development (1-16 years)

Another classification mentioned is based on physical development of the child.

Care of the Pregnant Mother

According to the concept of this medical system, the health of the pregnant mother is given more emphasis in order to bring forth a healthy child. According to the Siddha text 'Pararaja Segaram' a month by month treatment is given to the pregnant mothers to protect the foetus which is known as Ketpa Ratchanai. This treatment is given on the first 3 days in each month to overcome the disorders and to deliver a healthy child. It is observed that the chance of abortions and premature births are reduced in those who take this course of treatment. Some of the herbs recommended for this decoction are worth mentioning. White water lily, the heart of the lotus flower, sandal wood and Cyprus rotundus.

There is a cultural belief that when pregnant mothers consume saffron (*Crocus Sativus* – Kunkumapoo) the child will be born fair. When one analyses the action of saffron it increases the tone of the uterus.

The food consumed by the mother and the activities she performs contribute much in the growth of the foetus. A diet rich in proteins, vitamins and minerals is essential during pregnancy as the development of foetus requires nutrition.

A social and cultural tradition prevails among our people to cater to the taste of the expectant mother. It was accepted as inevitable that she would develop a taste for certain special foods and these should be provided to fulfill the desire. They have a craving for particular food. There is a superstitions belief that if the desire of the mother is not satisfied there would be excessive salivation occurring in the child after delivery.

Another very interesting custom is that all close relatives and friends of the expectant mother invite her at least once for a meal and serve all kinds of favourite food. When they visit her too it is customary to take nourishing food as a gift. This social custom is still prevailing and it shows the commitment of the society towards the pregnant mother. On analysis one finds that this diet to be rich in all the nutrients that are essential for the development of the foetus and for the requirements of the mother. The pregnant mothers are requested to do the routine house hold work once they complete three months in pregnancy. These activities maintain the muscle tone which assists them to have an easy delivery.

They should be in a happy and peaceful state. Tranquility of mind influence physical and mental rest which is a vital requirement. For this purpose she is either sent to her mother's place or the mother is invited to be with her to look after her needs which would give comfort and satisfaction of mind.

Care of the New Born

The famous physician Charaka in his book 'Charaka Samhita' describe the care of the New born as follows

- A. Immediate care of the new born
 - 1. Resuscitation of normal baby
 - 2. Cutting of umbilical cord

B. General care

1. Bath
2. Feeding
3. Bed clothes
4. Protective measures

By viewing the procedures followed in the ancient period it gives an impression that more care is given in the management of new born. Usually most of the babies revive without any special effort.

Cutting of Umbilical cord

Most of the Ayurvedic texts have given various description of cutting the umbilical cord. 'Vagbhata' in his text "Ashtanga Hirudaya" stated that the umbilical cord at first should be tied and cut approximately 3" distal to umbilicus. The application of Margosa oil mixed with Turmeric powder to umbilical stump accelerates healing. Both these have an antiseptic effect. A good example was provided in Mexico where traditional Birth attendants have traditionally used spiders webs for dressing the umbilical stump. This was Viewed as a dirty and harmful practice but it was later discovered that the saliva of spiders (and the cob webs themselves) contained antibiotic properties which had been recognized for years by traditional birth attendants as preservation of cultural heritage.

Vagbhata has considered that normally the umbilical stump should fall off within 7 days. When the cord has fallen off, in some infants umbilical protrusion develop due to an imperfect closure or weakness of the umbilical ring. This swelling protrudes during crying, coughing or straining. In modern terminology it is umbilical hernia. There is a superstitious belief based on this. If this child is placed down in supine position and the maternal uncle rubs this swelling with the big toe it is reduced.

Further when the dried umbilical cord falls it is preserved and kept inside a copper, gold or silver talisman and tied around the waist of the infant. There is a religious belief that it will prevent the bad influence of planets and evil spirits. For this purpose a black core of string of black and white beads are used. It is said that these will prevent evil eyes and strengthen the waist. Later on this cord was made in silver or gold as a mark of prosperity.

Dept. of Community Medicine of the faculty of Medicine conducted a study in 7 M.O.H. areas of Jaffna health division during 1983 on beliefs and customs related to child health among people. It was reported by family health workers that some mothers use roasted pepper and the ash of garlic or tobacco to dress the umbilical stump. This practice is considered as harmful to the infant and leads to complications.

- Ref. Prof. C. Sivagnanasundram 'Socio cultural challenges - 2nd memorial oration - 1992.

Health Education of the mothers becomes very essential to impart knowledge on certain wrong beliefs which endanger the life of the infant. Harmful practices need not be continued when there are safe hygienic methods available to maintain health.

Bath

Oral cavity, nasal orifices and eyes are cleaned and bath is given with luke warm water.

Breast feeding

Breast Milk was considered as excellent food for infants even in vedic period as it is the main and primary diet of the children. Breast milk contains the essential nutrients and helps in the prevention of diseases. However, if due to any circumstances mother's milk is not

available a woman was arranged to feed her breast to the child. She was known as Sevilithai (wet-nurse) and her qualities are described in the texts. This procedure explains the importance of breast feeding. More emphasis is made to feed the child with breast milk from first day of birth.

Cow's milk is substituted if breast milk is not available. Water and sugar are added to alter the composition to suit the breast milk.

Diet of the mother has greater influence on the child. Therefore the mothers are given 'Kayam' for 3 days and 'pathiyam' for one month. Kayam is made by grinding garlic, ginger and palmyrah jaggery. This aids the involution of the uterus and the recovery of the mother from the strain of the delivery. Pathiyam is made as a curry with tender drumstick cooked in cummin seeds and garlic ground into a paste dissolved in water with a dash of turmeric. These not only increase the tone of the uterus but also helps digestion in the child. Research has proved that these two contains calcium.

Special diet is given to the mother to increase the secretion of milk. Black gram (Ulunthu) gingelly seeds, special varieties of fish (Sura, Thirali & Oddi) dry fish (Parai) etc. are given to the mothers in the best form for this purpose.

The Sinhalese eat Jak curry and Shark (sura) to increase the production of milk. During the period of breast feeding mother should be careful in the selection of food as the digestion of the baby would be affected and develop Kiranthi (skin rashes). There is belief among mothers that colostrum is bad for the child and produces digestive disorder. Hence they express it out and then nurse the baby. Due to this belief some mothers commence breast feeding on the 3rd day. Hence they should be advised to nurse the baby on the first day and the value of colostrum should be explained to them.

It is worth mentioning that in homes where there is a new born, the elders have a small box made out of coconut or palmyrah palm. This box contained the following.

1. Kaddukai - Terminalia chebula - Gall nut
2. Mayakkai - Quercus infectoria
3. Vasambu - Acorus calamus - sweet flag
4. Korochanai - Ox gall
5. Sathikkai - Myristica officinalis - Nutmeg
6. Periya Korochania maththirai
7. Mukkoodu maththirai
8. Urai kal (flat smooth stone)

After bathing the child, the three drugs mentioned namely Kaddukai, Mayakkai & Sathikkai are rubbed just once in breast milk in that flat small stone (which is kept for this purpose) and applied on the tongue of the infant. The baby is then breast fed. Kadukkai is laxative, Sathikkai is a digestive and has a mild soporific action, Mayakkai cleans the tongue, buccal mucosa and has a specific action on oral thrush. These three drugs help the normal functioning of the gastro intestinal system and help the baby to have sound sleep which is an important factor. These are used as protective and preventive measures. When used as medicine they are rubbed more than once in breast milk on the stone.

Mayakkai is used as astringent in diarrhoea; It is also used in oral thrush. Korochanai has a laxative and expectorant action. Hence used in the same manner for constipation and respiratory conditions. Vasambu when burnt rubbed in water and applied around the umbilicus relieves flatulence and intestinal colic.

Periya Korochanai mathirai which consists of Korochanai as the chief ingredient is used in respiratory conditions rubbed with the juice of Katpooravalli leaves or Betel juice which act as vehicle. One would

observe that breast milk forms the basic vehicle in medicine mainly in the preventive aspect. Various other juices and honey are also used depending on the condition. When a pill is rubbed on the stone it is termed urai mathirai.

Similarly two oils namely 'Kothi ennai and 'Kiranthi ennai are being used. The former during the first month and the latter after this period till the end of first year. The child is placed on a small mat and oil applied all over the head and body. The baby is massaged well and exposed to the morning sun for a short while. This activates the synthesis of Vitamin D. After this the baby is placed on the mat for some time to kick and move his limbs which is an exercise to increase the circulation. While massaging with oil the head, nose and limbs are given more emphasis with an idea of giving them a proper shape. The child should be given a head bath or body wash every other day. Charaka has described the benefit of bath with medicated water. It provides aseptic care to the skin and maintenance of body heat. Once a week a paste of Chevvarathai (*Hibiscus rosasensensis*) and Karutha Pookodi (*Clitoria ternatae*) leaves are applied on the head and followed by a head bath in warm water. This prevents any skin eruptions and removes scabs present on the scalp due to the action of Karutha pookodi leaves and washed away by the mucilagenous action of Chevvarathai leaves (Shoe flower) Oil application should be avoided on cold and rainy days also when the child is ill.

Soon after the bath fumigation is done with Sampirani (incense) and other herbs. This procedure is also helpful in keeping the child warm, clean, healthy and protect from various infections. Sambirani is an antiseptic.

When the baby has a running nose there is interruption in breast feeding as a result of difficulty in breathing. For this purpose the nasal pathway is cleaned with a clean wick. 'Kothi ennai' or Kiranthe ennai is

applied on the leaves of 'Seenthil' (*Tinospora cordifolia*) or Vetrilai (*Piper betel*) which are warmed and placed on the scalp (region of the bregma). Similarly these are placed on the chest when there is cough. If these oils are not available, 'Gingelly oil' is warmed with a piece of camphor dissolved in it and used in place of the said oils.

Application of 'Kiranthi ennai' to the children is practised by most of the people both as a customary and a medical requirement to prevent skin eruptions and other respiratory conditions.

Among the Sinhalese people 'Ratha thaila' which has the similar actions is being used for the same conditions. The term 'Pani' in Sinhalese is an equivalent of the Tamil term 'Kiranthi'. The chief ingredients of this oil are 'Ratmal', Red Sandal wood and Vathamal (Red double petal shoe flower). A syrup known as "Ratha pani" which consists of the juice of the red shoe flower and sugar is given internally for the same purpose.

Shaving of the head is performed as a religious ceremony on the 31st day. The purpose of this is to achieve long and healthy life. Further there is a belief that this procedure removes impurities and gives delight, lightness, prosperity and happiness. Some go to the temple to do this in order to fulfil their vow on the 41st day.

Piercing of the ears is also considered as religious ceremony done on an auspicious day. It is a customary religious belief that piercing of the ear lobe of a child protects from many diseases. This was done irrespective of sex in the past. Presently this custom is not adapted in male babies. In Chinese acupuncture system the ear is supposed to have more points for cure of diseases.

Introducing cereals is an important feature, this is begun on an auspicious day. Flour made of roasted rice is mixed with milk or warm water and sugar is given to the child. Some maintain that the first feed

to the child should be well boiled milk rice, thereafter gradually introduce the other foods. Once the child completes six months food like mashed potatoes, yolk of the egg, Dhal, String hoppers, fish etc are given.

It is observed that some children have the habit of eating clay or sand (Pica). The child may suffer from various disorders due to this bad habit. It is most often associated with family disorganization, poor supervision and affectional neglect. It appears to be more prevalent in lower socio-economic classes and may be related to poor nutrition and anaemia.

Charaka is of opinion that the bed sheet and clothes used for children must be light, soft and clean. Dirty clothes should not be used. These may be reused only after proper washing, drying and fumigation. This explains the cleanliness and hygiene maintained to prevent diseases.

Usually during the 6th month when the infant cuts his first tooth it is a custom to prepare "Pallu kolukaddai" (a sweet) to mark this stage of development. This sweet is made of a mixture of roasted and boiled green gram, coconut and jaggery wrapped in rice flour in small shape and steamed. This is an indication that the nutritional requirements are gradually increasing.

Although mile stones have not been laid down in writing in our texts people were aware of the different stages of growth and development of the child. They knew that the child raises the head in the 3rd month, turns on his own by the 4th month, first dentition occurs by the 6th month, crawls by the 7th month and so on. Up to the age of one year the child should be handled very comfortably. The child should be protected from strong sun light, rain, dust and smoke. Further the child is not allowed to sit for a long time before he sits on his own as it would cause deformities of the vertebral column.

Psychological care of the child

Ancient scholars have given much stress on psychological care of children because during childhood, the personality is in the developing stage. Any psychological trauma may affect the whole personality. Hence the care of psychology of the child becomes vital.

The child should not be frightened or tossed. On doing so the digestive system of the child may be disturbed due to fear psychosis. Further leaving the child alone in dark is also not advised. Fears are normal and perhaps a necessary part of psychologic development. The things which children are likely to fear change with age according to environment and experiences. The younger child's fears are centered on basic conditions or situations such as darkness or being left alone. Children may react immediately to traumatic events or may keep their feelings dormant until maladaptive reactions become apparent during later periods of vulnerability. These facts were very well understood by ancient scholars therefore they have given much stress on this aspect of child care. Traumatic events cause sleep disturbances, anxiety, depressive reaction, behavioral disturbance and refusal to eat.

People of the ancient period were aware of the importance of toys and considered that these are not only for the entertainment of children but have psychological impact in the development.

Education

"Susruta" and "Vagbhata" have mentioned that school education of the child commences as the child becomes able to receive it. The early school period of childhood starts from five years.

During the school going period hygiene and eating habits considered much as the children are in new atmosphere. Further they mix up with other children and due to this head lice, scabies (sirangu) etc. will develop.

Growth and development

In childhood period the rate of growth and development is very high. The preparations used as tonics serve many purposes.

- i) To tone up the process of growth and development
- ii) To provide energy
- iii) To enhance intelligence

Vallarai girutham is given as a tonic to the children. This preparation is made with ghee as the base and centella is the chief ingredient. Vallarai is a nervine tonic and enhances memory power.

Preparations of "Ilai Kanchi" (Leaf porridge) made of leaves as "sathavari" (*Asparagus racemosus*), Vallarai (*Centella asiatica* - *hydrocotyleasiatica*) Mudakothan (*Cardiospermum halicacabum*) are also given as supplementary nutrition to the school going children. Ilaikanchi is prepared in the following manner;

Red rice is boiled in water,

Juice of one of the leave,

Coconut milk,

Salt and sugar to taste are added to this boiled to form a porridge.

Thetankottai Lehiyam is also given to children as a tonic. Kasyapa has mentioned that healthy teeth should be properly developed, equal, strong, soft, smooth, white and well shaped.

As the teeth penetrate the gums inflammation and sensitivity occur. The child may become irritable and salivation may increase. Some children develop low grade fever and mild diarrhoea. During dentition due to irritation of gums the child bites any object available and presses it with the gums to relieve itching pain. Honey is applied to the gums to relieve this pain. Anti febrile decoction which includes roasted coriander is given.

The objects the child bites may be unclean and lead to various gastro intestinal disorders. To avoid this presently teething rings have been introduced. Some may develop convulsions due to the pain and fever. Cold sponging is done. Once the child regains consciousness vasambu rubbed in water or breast milk is given. In the earlier days there had been attempts to give oral medicaments when the child is in a state of convulsions. This is dangerous as it may cause death.

Care of the Eyes

Anjanam (Eyetex) made of the juice of 'Karisalankanni' (Eclipta alba) and Castor oil as base is applied to the eye lashes. It gives a cooling effect, brightness and beauty to the eyes. It protect the eyes from infections.

If there is any tearing, irritation or redness of the eyes a few drops of breast milk are dropped into the eyes.

Oral Hygiene

In infants the oral cavity is cleaned with a cotton wool wrapped in the clean finger. Mayakkai (*Quercus infectoria*) rubbed in breast milk cleans the oral cavity. It also cures oral thrush and akkaram (stomatitis), powdered bark of Karuvel is used in the form of tooth powder. Elder children use the twigs of the following herbs to clean the teeth.

Karuvel - *Acacia arabica*

Vembu - *Melia azadirchta*

Aal - *Ficus bengalensis*

The tip of the twig is chewed, made into a soft brush and used for cleaning the teeth. These have astringent action and strengthen the gums.

The habit is becoming extinct with the introduction of the brush and tooth paste. The teeth should be brushed twice a day in the morning and before going to bed. The mouth should be gargled well

after each meal. The throat is gargled with warm salt water. This prevents infection of the throat. The tongue too should be cleaned.

Examination of Children

Much importance is given in the examination of the children. The physician mostly depends on the mother and the experience and skill he possesses. General examination of the new born and children not only assist in Diagnosing diseases but much information is gathered about the social and psychological state of the child.

General observation of the following is necessary to confirm that the child is normal.

Colour of the skin

Voice (cry of the child)

Eyes

Nose

Lips

Mouth

Chest

Umbilicus

Limbs – (muscle tone)

Genitals.

Urination and bowel movements should be investigated. By regular examination of the child the physician may assess growth, development, physical deformity and various illnesses of the childhood. This would help prevention and management of illnesses prevalent in childhood.

The congenital disorders also could be diagnosed and referred to the specific institutions for management. Ancient texts have mentioned that ill child repeatedly touches the affected parts of the body and cries. A talented physician may very well understand the problems of the children. It requires good skill and knowledge of the subject.

Common diseases of the children and its management.

The diseases affecting the children are classified according to the age. Further it was thought that a percentage of the diseases are inherited.

1. Birth to first three months - Kiranathi (skin eruptions)
2. 3rd month to 1 year - Thodam
Thodam is defined as "touching" which may be affected by touching with hand, by casting an evileye and by physical contact. Further the birds both domestic and wild cause this by casting their shadows on the infants.
3. First year to third year - Mandham - Coeliac disease
Karappan - Dermatitis
Krimi - Worm infestations
4. Third year to seventh year - Kanai - Rickets
Akkaram -
5. Suram, Sanni, Kazhichal and Valippu develop either alone or along with other diseases from early infancy to childhood.

Kiranathi (skin - eruptions)

This disease is believed to have affected the child due to certain types of foods consumed by the nursing mother. Some of the foods are shell fish, Tomatoes, Guava and Sweet potatoes.

Traditional physicians treat diseases with

Mani (Precious stones)

Manthiram (Chanting) and

Aushatham (Medicine)

Religious, cultural and astrological aspects are incorporated in the management of diseases. Kiranthe is treated with internal medicine, herbal bath and external application.

Thodam

This disease occurs as a result of casting of evil eye by people and shadows of birds. Treatment of this condition is by Mantra. The particular root of a herb bound in multicoloured threads known as kulisam is tied at the wrist to ward off the thodam.

Another therapy is to prepare a thin copper plate of 2.5 cm square in which mantric scripture is engraved. It is then rolled and bound by five coloured threads and offered to God. After the offering the Kulisam is tied to the baby either at the hip or around the neck. A pill made of specific herbs is also given in this condition. Usually the children are not taken out after sun-set due to the belief that they may be affected by the shadows of birds. Child fails to gain weight in this condition.

Mandham develops from 1st year to 3rd year followed by kanai which prolongs and spreads even up to sixteen years. Mandham includes digestive disturbances along with diarrhoea. The child becomes emaciated. For this some specific decoctions and pills are prescribed.

Some of the diseases affecting children are classified as diseases due to influence of Goddess Amman. For example chicken pox and measles. Due to this belief as a mark of purity the patients clothes and bed linen are in white. The individual is strictly on a vegetarian diet without oil, chillies and spices. The patient is isolated and turmeric is sprinkled in the room. Margosa leaves are spread on the bed and when there is itching the patient is asked to rub the body softly with spring of Margosa leaves. These leaves are also hung at the entrance of the house. When we consider these factors one would observe that every

action has a reason. The people who see the margosa leaves will not enter the house. This prevents spread of the infection. Margosa leaves and turmeric are disinfectants. If there is no temperature cooling foods as King coconuts, plantains, whey water with onions are given. The patient is bathed on the 7th day. Complications had been observed when the patient had a bath while having a temperature and respiratory infection.

In kukkal (whooping cough) there is a belief that a piece of tiger skin along with Pungankai (*Pongamia glabera*) when tied round the neck reduces the bouts of cough. Similarly in Akki drawing a picture of a lion with Kaavikal is in practise among people.

Krimi (Worm infestation)

As a preventive measure a decoction of the following herbs is given to the child once a week.

- Betle ribs - (*Piper betel*)
- Vaividangam - (*Embelia ribes*)
- Garlic - (*Allum sativam*)
- Palasam Vithu - (*Butea frondosa*)
- Karampu - (*Eugenia caryophyllata*)
- Stems of Vallari - (*Centella asiatica*)

These are taken in specific quantities depending upon the age, boiled in water and simmered. One table spoon is given after meals.

Specific treatment consists of one of the following pills given in the dosage recommended to the age of the child along with the decoction of Vaividangam or in the juice of bitter gourd leaves.

1. Paalar kriminasa maathirai
2. Murukkam vithu maathirai

Pruritis in the anal region is a distressing symptom in children. Application of margosa oil around the region relieves it.

General rules of hygiene and health care are stressed to keep the child healthy.

Fever

Fever is a common ailment in childhood. It is treated with Thirikadugu chooranam which is administered with honey. This contains;

Thippilli (Long pepper – Piper longam)

Pepper and (Piper Nigrum)

Dry ginger (Zingiber officie)

How ever the fever should be prevented. Once a child develop fits due to fever a tendency to this can develop and becoming a permanent feature. Cold water sponging is used to bring down the temperature. Mukkoodu mathirai is given with ginger juice for fever.

Indigestion is commonly seen in children till they complete one year of age. Personal hygiene of mother and the child and timely feeds are very important to over come this condition. Omam boiled in water is given to relieve this condition. Cheeraka chooranam is also administered with honey in this condition.

Constipation

This is also a common ailment in children. Dry plums boiled in water is given.

Diseases due to Graha (Planets)

There is a strong belief in traditional medicine that diseases occur in children due to planetary changes. They offer Pooja in temple and perform religious and astrologically based rituals.

Nocturnal enuresis (Bed – wetting) is a common symptoms in children. This may be due to delayed maturation of bladder control or emotional factors. Some believe this is also due to Graha (planets)

Diarrhoea

It is characterized by increased frequency of loose motions. Indigestion, incompatible food, and during new steps in the developments of the child (for example teething, crawling etc) are observed as common causes for diarrhoea. The food that the mother takes during the breast feeding period and introduction of new foods are also contributory factors.

Roasted cheerakam (Cummin seeds) or Omam (Carum kopticum) boiled in water given with honey are simple remedies.

I would like to mention that some of the diseases discussed here are caused by infection. But as infection had not been considered in traditional medicine (in former days), I have not given importance to this aspect.

Traditional Medicine is based in Pancha Bhoota and Tri Dosha theory. Panch bhootas are five elements namely Mann, Neer, Thee, Vayu and Akasam. (Earth, water, fire, air and Ether respectively). Tri Doshas are Vatham, Pitham and Kapam which are made up of Pancha Bhootas. Equilibrium of these doshas is required to maintain health. Disease is said to be caused by the imbalance of Tri Dosha. Diet and seasonal changes etc. are causative factors which alter the equilibrium of the tri Dosha. Medicines are also classified on the same theory. Hence aetiology, clinical features, prevention and treatment all center around the maintenance of equilibrium of Tri Dosha.

Conclusion

Traditional Medicine has its potential and utility in promotion, prevention and management of childcare. There are effective medicines proved worth in childcare. At the same time doubtful and unknown aspects of practices are there yet to be proved. Further, practices that are known to be dangerous and harmful should therefore be

discontinued. It is an accepted fact that well used traditional remedies are not well understood. However the reluctance of Traditional practitioners to divulge the secrets of this system of medicine has retarded its development.

Research is the base for progress of any science. Traditional medicine being a very old science has got a very extensive scope of research. The scientific study of this system has remained stagnant for a considerable time which has led many people to believe it to be unscientific. Many physicians used to practice this science more on the empirical lines rather than the rational ones.

Traditional Medicine cannot be static forever. It should incorporate changes which occur from time to time in the pattern of diseases, management of diseases and composition of drugs. Medical science has advanced tremendously in various aspects to provide health care to the mankind. Research in traditional medicine should be encouraged so that knowledge of various aspects could be rapidly aquired.

There is a need for scientific planning, utilization of modern techniques, methods of management execution and clear objectives for the development of manpower to meet the needs of the community. Manpower development for traditional medicine could therefore take various forms and produce Personnel ranging from graduate practitioners of traditional medicine to those with limited skills.

It is my opinion that the following steps should be taken to promote Traditional Medicine to provide better health care delivery to the people including childcare.

1. Traditional Medicine should be incorporated in the National health policy and steps should be taken to involve traditional medical

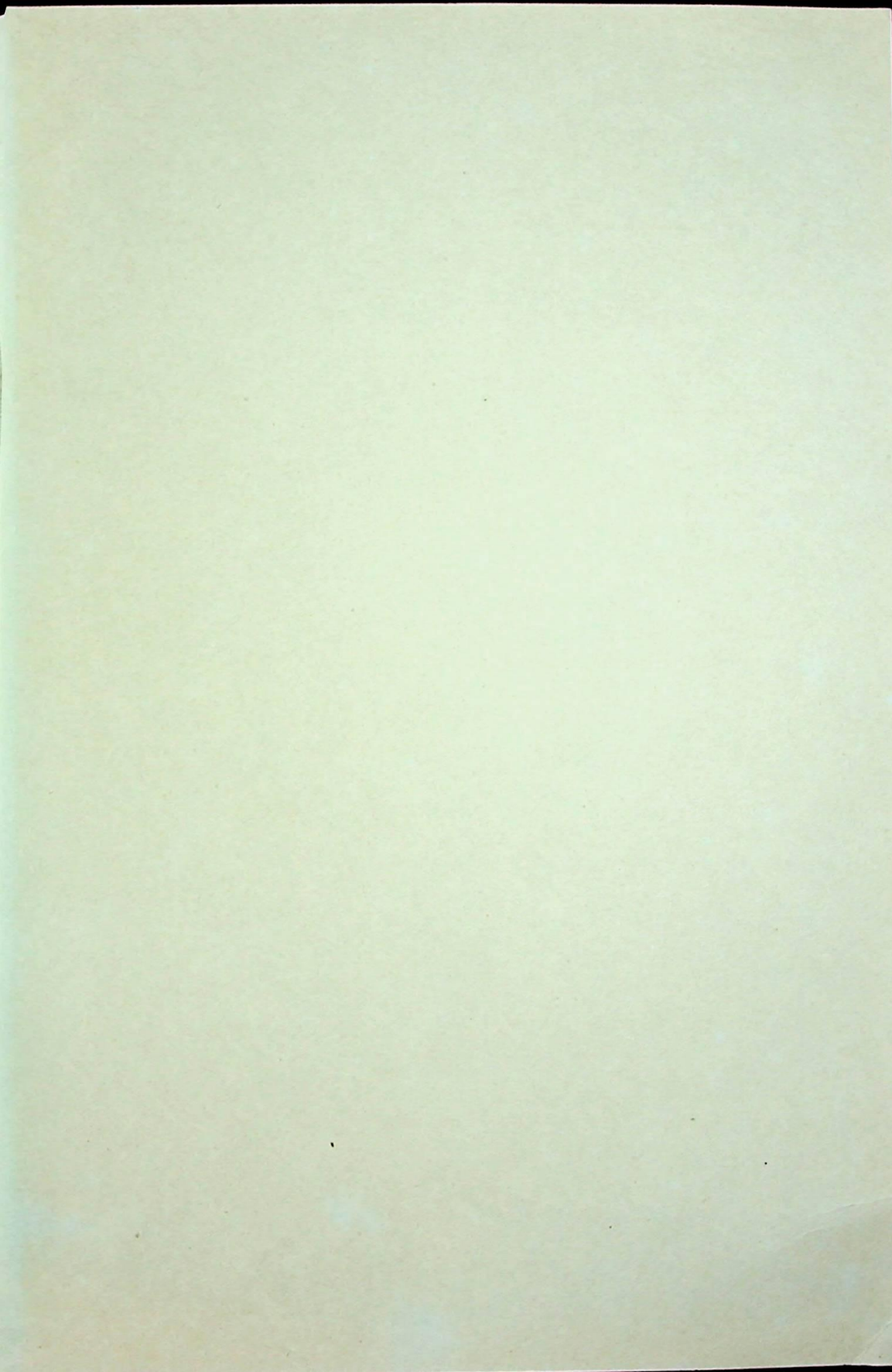
system in the community health development programmes, specially selection of Traditional Medicaments and techniques for use in primary health care.

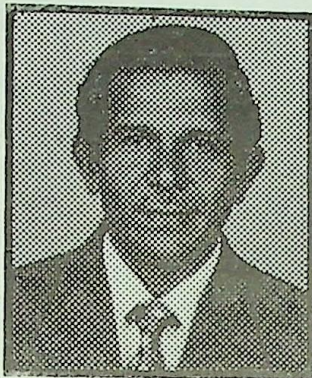
2. Classification of diseases which could be treated by Traditional Medicine is to be identified and emphasis given to treat the diseases with qualitative traditional medicines.
3. Seminars, conferences, workshops and the use of mass media could also be utilized to educate and train the hereditary physicians on present health advances in primary health care. Health education should be given to people on certain practices and superstitious beliefs which are unscientific and harmful.
4. A referral system and intergration should be established. The diseases which cannot be treated by traditional medicine should be identified and referred to the respective units in allopathic medicine. Similarly acute cases should be referred for immediate treatment by allopathic medicine. Once the acute conditions subsides the patient could be referred back to the traditional physician to continue treatment.

This will lead to an awareness and appreciation of traditional medicine in the community and among the medical profession.

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Prof. Subramaniam Bhavani was born in 1945 and received his education at Jaffna Hindu College. He joined the Govt. College of Ayurvedic Medicine and obtained his Diploma in Ayurvedic Medicine and Surgery (DAMS) in 1967. He was appointed as the Medical Officer in Central hospital of Ayurveda, Borella in 1969. Later he completed his post graduate studies at Govt. College of Ayurvedic Medicine obtaining Higher proficiency in Ayurveda (H.P.A). Being the member of the Pharmacopoea Committee he was instrumental for the publication of the "Siddha Pharmacopoea" by the Department of Ayurveda.

In 1974 he was appointed as a lecturer at the Govt. College of Ayurvedic Medicine. When the College was upgraded in 1977 as the Institute of Indigenous Medicine he served as a member of the curriculum committee and contributed much in the formation of syllabus for the BSMS degree course. He was the Head, Department of Siddha Medicine was transferred to the University of Jaffna in 1984 and he held the post of Head, Dept. of Siddha Medicine. He took an active role in establishing the Department of Siddha Medicine at Kaithady during the period of his office as Head from 1984 till 1995.

Late H.E. R. Premadasa, President of the Democratic Socialist Republic of Sri Lanka appointed him as a member of the Presidential task force in 1992 in the formulation of the National Health Policy for Sri Lanka. Further he was appointed by Honourable Minister of Health as the Member of the Ayurvedic Medical Council. He has served in several committees pertaining to the Development of Indigenous Medical sector and contributed much. He compiled a book "Erttu Maruthuvam" which contained various prescriptions obtained from Ola manuscripts. This book was published by the Department of Ayurveda, Colombo.

He was appointed as Associate professor in Siddha Medicine in 1997.

Prof. Subramaniam Bhavani was appointed as the Provincial Director of Indigenous Medicine by Hon. Governor of North East Province for a period of two year-on-contract. During his period of office he laid the foundation for the development of Indigenous Medical sector and took meaningful steps to increase the cadre provision.