

## 3.43 & 3.4. Navajāta Śīsu Paricaryā, Prāṇa-pratyāgamana

### Unit 3. Navajāta Vijñāna — Topics 3-4

#### Learning goals

After this chapter you will be able to:

- describe step-by-step **essential newborn care** (ENC) in the first hour and first 24 hours, aligned with Ayurvedic *jātakarma* and classical guidance;
- explain safe, evidence-linked routines for **warmth, skin-to-skin (KMC), cord/eye care, feeding, bath, and oiling**;
- define **Prāṇa-pratyāgamana** and map it to the modern NRP sequence (dry-warm-position-clear-stimulate-ventilate), including danger signs and referral triggers;
- cite **classical ślokas** with references to support care decisions.

### 3) Navajāta Śīsu Paricaryā (Immediate & early care)

#### 3.1 Classical anchor

गर्भाम्भः सैन्धववता सर्पिषा वामयेत्ततः ।  
प्राजापत्येन विधिना जातकर्माणि कारयेत् ॥

“...expel the intra-uterine fluid with rock salt and ghee (as indicated), then perform the *Jātakarma* rites in the prescribed manner.” — **Aṣṭāṅga Hṛdayam, Uttaratantra 1 (Bālopacaraṇīyam)**.

This succinctly frames two priorities still central today: **clear the airway/oropharynx if obstructed** and proceed with **structured immediate care** (*jātakarma*), i.e., warmth, cleanliness, and early feeding.

#### 3.2 The Golden Hour (0-60 minutes) — stepwise

##### Step 1 — Warmth (The “Warm Chain”).

Receive the newborn on a **warm, dry cloth**, immediately **dry and cover**, cap the head, delay bathing, ensure a **draft-free** room (≈26–28 °C). This matches classical insistence on warmth during *jātakarma*. *Why*: cold stress → hypoglycaemia, hypoxia; prevention is superior to treatment.

##### Step 2 — Position & airway.

Place supine with **neutral head**. If secretions **obstruct** breathing, gently clear the mouth then nose (no routine deep suction). AH’s instruction to remove intra-uterine fluid (quoted above) is functionally analogous to ensuring a **clear airway** before anything else.

##### Step 3 — Skin-to-skin & KMC.

Place the baby **skin-to-skin** on the mother’s chest; this stabilises temperature, glucose and breathing and facilitates breastfeeding; it operationalises the *jātakarma* goals of warmth, contact and quiet transition.

##### Step 4 — Cord care.

Delay cord clamping (if vigorous) and keep the **stump clean and dry** (no routine applications). Classical texts emphasise **sterile handling of nābhi-nāḍī**; modern guidance mirrors this with dry care to reduce infection.

##### Step 5 — Early initiation of breastfeeding (EIBF).

Begin **colostrum** within the first hour; avoid pre-lacteals. Position & latch counselling starts now; frequent on-demand feeds (8–12 times/day). This is the primary *brimhaṇa* for **rasa-dhātu** establishment.

### 3.3 First 24 hours & Day 1-7 — safe routines

#### A. Oiling & massage (Snehana/Abhyaṅga) — timing & dravya.

Gentle oiling **after thermal stability and successful first feeds** is appropriate; choose **light, clean, lukewarm oils** suited to season (*kṣīrī-vṛkṣa*-based decoctions/medicated waters are described for bathing in classical texts). Avoid vigorous massage in LBW/preterm until stable.

#### B. Bathing (Snāna).

**Delay** bathing; when done, use **lukewarm** water. *Suśruta* prescribes bathing after *jātakarma* with water/decoctions appropriate to season and baby's strength (e.g., **decoction of lactiferous trees**, aromatic drugs, or water warmed with gold/silver). Do **not** chill or overheat; keep the bath brief and room warm.

#### C. Eye, skin, and cord.

Keep eyes clean with sterile water if needed; avoid irritants. Maintain **dry cord care**; monitor for redness/discharge. (Classical **rakṣā-karma** emphasises cleanliness and protection.)

#### D. Feeding & elimination.

- **EBF** to 6 months; no water or pre-lacteals.
- Expect **meconium** in 24–48 h and urine within 24 h; chart feeds/voids.
- Support mothers with latch, positioning, and rooming-in; if mother's milk is scarce and the baby is stable, use **donor human milk** rather than formula where available.

#### E. Screening & prophylaxis (recent practice).

Follow institutional policies for vitamin K, early newborn screening, and immunisation; these integrate smoothly with Ayurvedic emphasis on **prevention** and **strengthening ojas**.

### 3.4 Practical Ayurveda-plus counselling

- **Thermal care** = *snehana* + *uṣṇa-paricaryā* in a draft-free room; skin-to-skin is the modern articulation.
- **Agni protection** = allow unhurried **sleep-feed cycles**; avoid over-handling; **do not** give heavy or incompatible substances to the newborn.
- **Stanya-doṣa correction** = adjust **maternal** diet/rest first; typical triggers are excessive cold, heavy, or incompatible foods.
- **Bath & oil** choices follow **season (ṛtu)**, **doṣa**, and **bala**; always prioritise **safety and warmth**.

**Danger signs (for immediate referral):** poor/absent cry, fast breathing  $\geq 60$ /min, chest indrawing, central cyanosis, temp  $< 36$  °C or  $> 37.5$  °C, refusal to feed, lethargy/seizures, jaundice in first 24 h, spreading umbilical redness. (Align with ENC lists.)

## 4) Prāṇa-pratyāgamana (Neonatal resuscitation)

### 4.1 Meaning and classical context

**Prāṇa-pratyāgamana** literally means “**restoring the life-breath.**” Classical descriptions (esp. **Caraka**, **Suśruta**, **Vāgbhaṭa**) outline measures that **stimulate and support immediate breathing and circulation** in the apparently lifeless newborn—conceptually equivalent to **neonatal resuscitation** today.

The AH *Bālopacaraṇīyam* verse (quoted earlier) already embeds the priorities of **clearing obstructive fluid** and **prompt, ordered care**—a direct bridge to today's **NRP** algorithm.



## 4.2 When to start resuscitation

- **No breathing/crying** at birth or **gaspings**.
- **Heart rate <100/min** after initial steps.
- Persistent central cyanosis or poor tone despite drying and stimulation. (Proceed without delay.)

## 4.3 The sequence (map to NRP; remember “D-W-P-C-S-V”)

1. **D — Dry** quickly; remove wet cloths to reduce heat loss.
2. **W — Warm**: radiant heat/skin-to-skin; cap the head.
3. **P — Position**: neutral head, slight neck extension.
4. **C — Clear** secretions **only if** they obstruct breathing (mouth first, then nose); no routine deep suction.
5. **S — Stimulate**: rub back/soles for **10-15 s** while reassessing breathing/HR.
6. **V — Ventilate**: if **apnoeic or HR <100/min**, start **bag-and-mask ventilation** with room air/oxygen as per local protocol; check chest rise, re-seal mask, reposition if needed; reassess every 30 s. (Advanced steps—chest compressions, drugs—are specialist procedures and follow NRP algorithms.)

**Classical correlation for viva:** *Prāṇa-pratyāgamana* in the Ayurvedic texts is described as a set of **immediate, sense-organ-stimulating and airway-clearing acts** to kindle life-breath—functionally the same intent as today’s stimulation + airway + ventilation sequence.

## 4.4 Special situations

- **Meconium-stained liquor**: if the baby is **non-vigorous** and airway obstruction is suspected, follow institutional NRP guidance on airway clearing before ventilation; if vigorous, proceed with routine care.
- **Preterm/LBW**: priority is **thermal care** (plastic wrap, pre-warmed room), gentle handling, early KMC when stable; ventilation requirements are common.
- **After successful resuscitation**: continue **warmth, glucose monitoring, early feeding**, and close observation; debrief the team and parents.

## 4.5 What NOT to do (safety)

- Do **not** delay ventilation while over-suctioning.
- Do **not** give pre-lacteal feeds or cold baths “to stimulate” the baby.
- Do **not** apply substances to the cord stump.
- Avoid vigorous massage/shaking; **stimulation must be gentle and brief**.

## 5) Putting it together

### Short 6-marker: “Enumerate immediate newborn care.”

- Warm, dry, cap; position + clear visible obstruction; skin-to-skin (KMC); cord care; EIBF; no early bath; monitor breathing, temperature, colour, tone; document and counsel. (Open with AH verse.)

### 10-marker: “Define Prāṇa-pratyāgamana and outline steps.”

- Definition (restore life-breath); indications; **D-W-P-C-S-V** sequence; meconium approach; post-resuscitation care; one classical line (AH Uttara 1) + modern NRP mapping.

## Self-assessment

### MCQs (one best answer)

1. The **first** action in essential newborn care is:  
A. Immediate bath B. **Drying and providing warmth** C. Deep suction D. Starting IV fluids. **Ans: B.**
2. **Prāṇa-pratyāgamana** primarily corresponds to:  
A. Postnatal vitamins B. **Neonatal resuscitation** C. Phototherapy D. Cord dressing. **Ans: B.**
3. A non-breathing baby with HR 80/min after drying and stimulation needs:  
A. Swaddling and observation B. **Bag-mask ventilation** C. Chest compressions only D. Early bathing. **Ans: B.**
4. Delayed bathing and skin-to-skin immediately after birth are justified because they:  
A. Improve hair growth B. **Prevent hypothermia and support feeding** C. Replace feeds D. Prevent jaundice entirely. **Ans: B.**
5. According to AH (Uttara 1), one immediate priority after birth is to:  
A. Apply kajal to eyes B. **Remove obstructive intra-uterine fluid** before rites C. Tie cord tightly with cloth D. Give herbal decoctions orally. **Ans: B.**

### Short-answer (3-5 lines)

1. List the **six components** of the Warm Chain you will implement in the labour room.
2. Define **Prāṇa-pratyāgamana** and write the **D-W-P-C-S-V** sequence.
3. Explain how **KMC** fulfils classical aims of *jātakarma* (warmth, *prāṇa* stability, *stanya* success).
4. State **three cord-care** principles and **three danger signs** at the umbilicus.
5. Describe safe timing and method for **first bath & oiling** in term vs LBW neonates.

### Long-answer (10-12 marks)

1. “**Navajāta Śiśu Paricaryā** is a continuum of fetal needs.” Discuss thermal, respiratory and feeding transitions; correlate **AH Uttara 1** with modern ENC/KMC; add counselling points for the family.
2. A term neonate is non-breathing with HR 90/min at 30 s. Present your **Prāṇa-pratyāgamana** algorithm, including ventilation checks, when to escalate, and immediate post-resuscitation care; include two classical rationales.

## References

### Classical/secondary sources discussing classical content

- **Aṣṭāṅga Hṛdayam, Uttaratāntra 1 (Bālopacaraṇīyam)**—Jātakarma and immediate care (Sanskrit verse and exposition).
- **Caraka Saṃhitā Online — Neonatal care (Navajāta Śiśu Paricaryā)** — overview including *prāṇa-pratyāgamana* concept and sense-organ stimulation rationale.
- Reviews collating **Suśruta/Vāgbhaṭa** instructions on newborn bath, oiling and seasonal considerations.
- Conceptual reviews on **Prāṇa-pratyāgamana ≈ resuscitation** in classical texts.

### Modern clinical standards (to align practice)

- **WHO Essential Newborn Care & Warm Chain** (thermal care, delayed bathing, skin-to-skin; early/exclusive breastfeeding).
- **Neonatal Resuscitation Program (NRP)**—initial steps, ventilation first approach, special situations.



## 60-second recap

- Quote **AH Uttara 1** to justify **airway clearing + ordered jātakarma**.
- **Golden Hour**: warm-dry-skin-to-skin-cord care-colostrum; delay bath; counsel and observe.
- **Prāṇa-pratyāgamana** = resuscitation mindset: **D-W-P-C-S-V**; ventilate promptly if apnoeic or HR <100/min.
- Keep answers **integrated**: classical intent (*ojas, prāṇa, rasa* support) + modern steps (ENC/NRP).

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