



Title: Traditional Health Care Practices and Cord Care - A Review

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Abstract:

A wide variety of traditional health care practices associated with child health care and cord care are prevalent. Traditional health care practices can be broadly categorized into three subgroups: useful, harmful and harmless. The harmful practices should be identified and should be eliminated or replaced with safer alternatives. Few of the practices are beneficial, safe and should be encouraged. Also, few practices are harmless and there seems no harm in continuing them. Ayurveda has dealt with newborn care *Jatmatra paricharya* and *Nabhinal kartan* is a part of it. Many of the newborn care practices mentioned in Ayurveda are beneficial and safe. There is an urgent need to systematically study the utility, futility and possible dangers of a large number of traditional health care practices.



Keyword: Cord care, Newborn care, Traditional health care practices, *Jaatmatra paricharya*, *Nabhinal kartan*

Introduction:

Cord infections and neonatal tetanus contribute significantly to high neonatal mortality rates in developing nations. These infections are preventable and can be reduced by practising clean delivery and clean cord care, by avoiding harmful practices¹.

Most of our health care practices have their origin in our traditions based on core knowledge and wisdom of our ancestors. The conventional or traditional practices have become a part and parcel of our lifestyle. They are available at the doorstep of people and they are readily acceptable to the society. Above all, they are cheap and affordable and can be utilized by large segment of our community. The traditional practices and remedies are promoted by village healers, midwives, physicians, practitioners of Indian system of medicine (Ayurveda, Siddha, Unani), wise old people of the community and even by quacks. Traditional practices are very much rooted in the minds of people that it is difficult to change them easily even when they are identified to be useless or harmful.²

Types of traditional health care practices in children

Traditional health care practices can be broadly categorized into three

subgroups: useful, harmful and harmless. The health workers must be conversant with common customs and beliefs pertaining to health care of children in area or community in which they work³.

a) Useful Traditional Practices

A number of traditional health practices for the care of new born babies are useful and based on sound scientific knowledge and logic. Practices like applying oil to the body and head or gentle oil massage to the baby prevents hypothermia, stimulates the baby, improves circulation and also helps in weight gain especially in preterm and low birth weight babies. They must be promoted and actively encouraged in the society. Their promotion shall facilitate the participation of the community and enhance the acceptability of the health care providers of the modern system of medicine. These practices are more appropriate to serve our health needs as they are based on simple technology. A large number of diseases are minor and self-limiting and it is appropriate to treat them with safe and cheap home remedies.

b) Harmful traditional Practices

A large number of customs and cultural practices in our country for



children are harmful. In certain communities, mothers are advised to eat less food during pregnancy as the birth of a bigger baby may cause difficult delivery. Tetanus neonatorum and sepsis continues to be the common causes of neonatal deaths in our country due to widely prevalent unhygienic practices of cutting the cord and its care. At birth, the baby should be immediately dried and covered to prevent hypothermia. Bathing the baby at birth is associated with the risk of hypothermia and it should be delayed till baby's body temperature has stabilized.

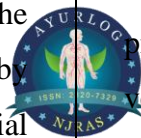
Colostrum is rich in IgA antibodies and must never be denied to the baby. It provides protection to the baby against bacterial infections during initial days of life. Mother's should be encouraged to exclusively breast feed their babies and even water should not be given during first 6 months of life irrespective of the weather. This is the best safeguard against occurrence of diarrheal disorders during early months of life. Timely administration of adequate quantities of appropriate weaning foods with due precautions against contamination is the best safeguard against protein-energy malnutrition and infections in children.

Diet and nutrition should not be denied in an episode of fever or illness and instead should be enhanced and promoted

to meet the increased nutritional demands. Application of *kajal* in the eyes is associated with risk of trachoma and bacterial conjunctivitis and it has been documented as a risk for lead poisoning in children. The utility of instillation of colostrum into the eyes for prevention and treatment of sticky eyes is been confirmed but pouring of milk, oil or urine in the ear canal should be avoided as it leads to encrustation, fungal infection and deafness. Instillation of oil in nose is associated to the formation of lipoid pneumonia due to aspiration. Making burn marks around the umbilicus on the abdomen with a belief that it prevents pneumonia like respiratory illnesses is a very dangerous practice. It is essential that the community must be educated so that harmful rituals pertaining to child care can be stopped.

c) Harmless Traditional Practices

A large number of traditional health care practices are apparently harmless. But due to lack of utility they may lead to delay in seeking medical aid with resultant deterioration in the condition of the child. Popular practices like applying *tilak/teeka* on forehead or cheek, tying thread at arm, wrist, neck and waist are harmless. Due to potential risk of infection, it is preferable to avoid any pre lacteal feeds and mother should be



encouraged to start breast feeding. The physiological inadequacy of lactation during first 2-3 days does not impose any risk to healthy newborn as long as it has not denied colostrum. The ritual of circumcision based on religious sanction is safe if performed by an experienced person under anaesthesia with due precaution against infection and bleeding.

A number of popular practices are of uncertain or doubtful utility. Most of these practices are innocuous but some of them may be harmful.

There is an urgent need to systematically study the utility, futility and possible dangers of a large number of traditional health care practices. The blind faith in the traditional health care practices is of doubtful utility and may lead to non-acceptance of modern system of medicine. There is need of researches to ascertain the efficacy and safety of several of the practices and herbal remedies used by the practitioners of traditional systems of medicines.⁴

Ayurveda is an ancient science and there are instances, which indicate its association with traditional practices. Care of Newborn is dealt in detail in Ayurveda under *Jaatmatra paricharya*⁵. Many of the practices mentioned in newborn care are practiced and are useful.

*Bala taila abhyang*⁶ (application of oil to the baby) prevents newborn from hypothermia, relieves from stress associated with birth, stimulates the baby and improves circulation. It also promotes weight gain especially in preterm and low birth weight babies. *Shirsthani sneha pitchu*⁷ (Covering the head with gauze soaked in ghee) also helps in preventing heat loss from large surface area of head in newborn.

Traditional Cord Care Practices⁸ - There is a wide variety of practices for cord care at birth and until the stump separates. Some of them are clearly harmful and should be eliminated or replaced with safer alternatives, some practices are beneficial and should be encouraged. Also, few practices are harmless and there seems no harm in continuing them. Traditional practices may also conflict with recommendations. The application of cow dung or other harmful substance to the umbilical cord stump may be deeply rooted in the local culture / community and applying nothing to the cord may be unacceptable. Suggesting the use of a safe alternative substance (e.g. an antiseptic) may therefore be appropriate in such circumstances. Studies also suggest that, as compared to no treatment, topical antimicrobial application to the umbilical cord stump reduces umbilical colonization



by harmful bacteria in nurseries. Chlorhexidine, Povidone-iodine, triple

dye, alcohol and silver sulphadiazine seem to be effective.

Table - Examples of beneficial and harmful traditional cord care practices

Procedure	Beneficial practices	Harmless practices (or unknown effect)	Harmful practices
Timing of cord cutting	Cutting cord after pulsations stop (most cultures)	Milking cord if the baby is asphyxiated (Asia, Africa)	
Ties	Using new cotton thread (Nepal)		Using unsterile string /thread, roots (Sudan), chewed bark fibres (Zimbabwe); Not tying the cord
Cutting instrument	Passing knife or scissors through flame (Mexico, New Guinea)		Using unclean tools (e.g. scissors, knife, sickle, stones)
Length of cord stump		Cord is left long (Asia, Africa, Latin America)	Cord is cut very short (Uganda)
Application on cord stump		Applying expressed breast milk (Kenya)	Applying ashes, herbs, animal dung, mud, sindoor (India); Binding of abdomen (Latin America, Asia)

Some traditional or cultural practices such as applying unclean substances to the umbilical cord are dangerous and harmful should be

discouraged or replaced with safer alternatives. Traditional beliefs needs be taken into consideration while introducing clean cord care programs in a community

as these beliefs may conflict with programs recommendations. Practices will not change unless people are convinced that the new practice is indeed better. Only those traditional health practices which are beneficial should be promoted.

Cord care in Ayurveda

The prime function of the cord is the transfer of the nutrition from the mother to foetus and metabolic waste from foetus to the mother⁹. The newborn is separated from the mother after cutting the umbilical cord which is an invasive procedure and is the first cut or wound the baby gets on birth, hence requires careful approach and management. The umbilical cord cutting & care (*Nabhinal chedan & nabhinal paricharya*) is described in Ayurveda classics under *Jaatmatra paricharya*.

Improper care of umbilical cord may lead to infection which is mentioned under the disease '*Nabhipaka*' and it should be noted that most of the *Nabhi roga* are associated with improper and inadequate care taken during neonatal period¹⁰. After the expulsion of newborn and ensuring the neonate is clinically stable the umbilical cord is ligated at four *angula* away from the umbilicus by silk thread and cut by the sharp knife blade and tied around the neck of newborn (to avoid

soiling with urine and stool) and *Kushta taila* is applied locally.¹¹

As per to *Charaka* two ligatures of silk thread are applied on the *nabhi nadi*. One, at eight *angulas* away from the umbilicus of newborn and the second one at the side of placenta. The umbilical cord is then cut obliquely just outside the first ligature by the sharp metallic blade and is kept hanging around the neck of the baby.¹²

*Charaka samhita*¹³ in *sharir sthana* also mentions to keep *Kushta* in neonatal recovery room and also to be hanged around the neck of mother and neonate as a *raksha karma vidhan* immediately after *Jaatmatra paricharya*. *Sushruta*¹⁴ in *Sharir sthana* considers mother and baby as *vranita* (wounded) and advocate to treat them likewise. *Vagbhata*¹⁵ has also mentioned use of *Kushta* as *rakshoghna* for *dhupana* (*fumigation*) in *raksha karma* for the care of newborn and mother after delivery. *Vagbhata* in *Ashtaang samgraha, uttatantra* 2/85 mentions that the umbilical stump separates and falls off around fifth day of life.

Ayurveda classics mention that one has to apply *Kushta taila* at the umbilicus soon after it cut and tied as a routine cord care.^{16& 17} It comprises of the preventive measures and care of the umbilical stump



in the newborn babies. Establishing the role of Ayurvedic concepts and remedies

Conclusion:

A wide variety of traditional and cultural practices related to child health care and umbilical cord care are prevalent. Some of these practices are harmful and dangerous and needs to be identified, discouraged and stopped. Only few of these practices are safe and useful and only those must be encouraged and promoted. There is an urgent need to systematically study the utility, futility and possible dangers of a large number of traditional health care practices.

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in the care of newborn is quite important and is very much needed.

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