

“CONCEPTUAL STUDY OF UDARASHOOLA WITH SPECIAL REFERENCES TO INFANTILE COLIC”

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ABOUT THE ARTICLE

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ABSTRACT

The word shoola has been originated from the mysterious story related to lord shiva and kamadev with the participation of lord Vishnu to protect kamadev from the attack of trishula. Here shoola was produced owing to the forceful syncope produced by the bombardment of trishula on the earth. Udara shoola is one of the most common manifestations of illness, which takes place repeatedly in infancy period. This can be attributed to the current environment changes lifestyle of mother and their improper food habits of indulging in faulty and unwholesome foods like bakeries, junk foods and chemical and preservative added eatables which are obstructer for channels (Abhishyandi), heavy to digest (Guru), slimy (Picchila), incompatible (virudha) in nature which leading to vitiation of Agni and produces Ama (toxins) thereby causing Rasavaha Sroto Dushti in mother and resulting in similar pathological condition in infants. Udara shoola which occurs repeatedly without any complications is most commonly seen in clinical practice in infants. As per the contemporary science also it is seen that there is more prevalence in infants due to their immature digestive and nervous system system, which can lead to various secondary complications if left untreated. Udara shoola explained by Acharya Kasyapa, was undertaken for this study as the characteristics said by Kasyapa can be closely paralleled with those seen in clinical practice.

KEYWORDS: Udara shoola, infancy period, Rasavaha Sroto Dushti, Acharya Kasyapa

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INTRODUCTION

Recurrent It is the past that has created the present. Knowing the history of the disease gives us the knowledge regarding the origin of the disease, presentation of the disease during those days and our ancestor's knowledge about them. Some of the historical evidence is available regarding the disease Udara Shoola. Information about the disease available from Vedic period to Modern period.

- Samhita period is considered as the golden era of Ayurveda. Samhita period is an important period during

which, several prominent Ayurvedic texts were written, they include Charaka Samhita, Sushruta Samhita, Bhela Samhita, and Harita Samhita.

- Acharya Sushruta described Udara Shoola in detail, in his Uttarasthana. He has mentioned Nirukti, Nidana, Samprapti, Bedhas, & Treatment of Udarashoola¹.
- Yogaratanakara in detail mentioned about Shoola Nirukti, Paribhasha, Sankya, Nidana, Samprapti, Sadyasadyata, Upadrava, & Chikitsa in Shoola Nidana Chikitsa prakarana².

- Kashyapa Samhita: Shoola specific to infants with its diagnosis approach is mentioned in vedana adhaya of kashyapa samhita³.
- Madava Nidana, we can find the similar description of Yogaratnakara about shoola⁴.
- Sangraha Kala (800 AD-1700AD) Astanga Hridaya mentioned in detail about features of abdominal pain in children⁵.

AYURVEDIC REVIEW

The description of the disease, udara shoola associated with many abdominal pathology presenting with pain in abdomen, commonly refer to as shoola. Its extensive description is available in Ayurveda.

DEFINITION

- Udara Shoola is a condition where one express high intensive pain in abdomen⁶.
- The pain resembles as though the abdomen is penetrated by a sharp object⁷.
- Site of pain is described in the text as Kosta, which covers various organs like Agnashaya, Mutrashaya, Raktashaya, Pakwashaya etc.

DISCUSSION

HISTORY OF ORIGIN

In ayurvedic literature there is an explanation regarding the origin of Shoola. The story is given like this, once upon a time lord Shiva became angry on Kamadev owing to certain reason. With a desire to destroy him lord Shiva had thrown his Trishula towards Kamadev. For the protection of his body fearful Kamadev entered to the body of lord Vishnu. When that Trishula came near Lord Vishnu, Vishnu uttered one Hum-kar (protection sound). After that Trishula fell down on the earth just like a syncope person. During its fall on earth the sharp edge of the Trishula pierced the earth causing Shoola. Afterwards the same was transferred to the people living in the earth as Shoola.

TYPES OF SHOOLA

There are 8 types of Shoola mentioned in the classics

1. Vataja Shoola
2. Pittaja Shoola
3. Kaphaja Shoola
4. Sannipataja Shoola
5. Vata pittaja Shoola

6. Vata kaphaja Shoola
7. Pitta kaphaja Shoola
8. Amaja Shoola.

GENERAL ETIOLOGICAL FACTORS OF UDARASHOOLA

- Etiological factors mentioned in the Ayurvedic literatures for Udara shoola are mostly described for aged individuals. However Kashyapa samhita's descriptions on Udara shoola features are mere identical with infantile colic.
- The causative factors & pathophysiology of Shoola are described as follows.
- 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 UDARASHOOLA

- Acharya Sushruta had mentioned general pathophysiology for Shoola.
- The Vayu presents in the body gets aggravated because of the etiological factor & produces a violent Cutting & Spasmodic pain in the cavity of the Trunk (Kosta). The patient complains of pain as if he is being pierced with a Spear (Shanku) inside & of a feeling of suffocation under the influence of that excruciating pain, which influence that fact have determined the nomenclature of Shoola.

General Features of Udara Shoola

In children features of Udara Shoola is mentioned are as follows.

- ☐ Koste Vibanda (constipation)
- ☐ Vamathu (vomiting)
- ☐ Sthana Damsha (biting of the breast)
- ☐ Antrakujana (Gurgling sound in the abdomen)
- ☐ Adman (Flatulence)
- ☐ Pristanamana (bending back),
- ☐ Jataaunnamana (Elevation of the abdomen)

Whereas colic in children is explained as follow-

- Sthana Vyudasyate (rejects breast)
- Rauti (cries)
- Uttana schava bajyate (sleeps in supine position)
- Udara Sthabdata (stiffness of the abdomen)
- Shytyam (coldness)
- Mukaswedascha (perspiration of the face)

Acharya Sushruta mentioned general features of Udara Shoola as

- Kosta shoola (pain in abdomen)
- Nichwasa Bhavati Vedana (Inspiration causing pain abdomen)

Upadrava of Shoola

- Ati Vedana (Excessive pain)
- Murcha (Fainting)
- Gaurava (Heaviness)
- Aruchi (Anorexia)
- Bhrama (Giddiness)
- Jwara (Fever)
- Krishata (emaciation)
- Bala hani (Loss of strength)
- Kasa (Cough)
- Shwasa (Dyspnoea)
- Hicca (hic-cup)

Sadya-asadyata of Shoola

- Eka doshaja-Sadya
- Dwi dpshaja-Kasta sadya
- Sannipataja-Asadya.

Samanya chikitsa of Shoola

- Vamana (Vomiting)
- Pachana (Digestion)
- Phala varthi (Suppositories)

MODERN REVIEW

INFANTILE COLIC

Infantile colic is the often described as a behavioral and non-pathological condition in early infancy with crying being the primary symptoms. Crying is a good signal that child is in need but a poor signal of what the child need. Colic is a

symptom complex of paroxysmal abdomen pain presumably of intestinal origin and severe crying. Infantile colic represents a major cause of discomfort and distress for the infant, caregivers, and even healthcare providers.

Definition of the infantile colic

There is much debate as to what infantile colic actually is. The term colic is derived from the Greek word kolikos, an adjective of kolon meaning the large intestine. The word colic suggests that the condition is a manifestation of some type of abdominal pain or visceral pain, possibly intestinal cramps. This is contentious as the implication that the crying of a colicky infant is a result of the infant experiencing pain that is abdominal in origin is not necessarily true in all infants who cry.

The most universally accepted definition of colic and one which is most used in clinical research in that proposed by Wessel et al. in a study involving 180 mothers and their infants. The inclusion criterion for this study was 'paroxysms of irritability, fussing or crying lasting for a total of more than 3 hours a day and occurring on more than three days in any one week' in an infants who was otherwise "healthy and well fed".

Helseth and Begnum proposed a comprehensive definition of crying that incorporates the three categories of crying that is intensive crying, nonspecific fussing and crying, feeding – related crying are detected in their study.

Crying

The principle symptoms of colic are crying. However, all neonates and infants cry and there is a daily variation in the amount of crying and the pattern of crying between infants. A more recent study by St. James-Roberts and Halil also established a baseline standards for normal infant crying with following characteristics:

Crying is at its maximum in the first months and an average of about 2 hours crying per day is expected. These average halves between 4 and 12 months, crying peaks at about six weeks, with individual variation.

In the first three months, the crying clusters in the late afternoon and evening. The hours between 6.00pm and midnight account for 40% of the 24 hours total.

In addition to crying, other symptoms and signs that may be associated with colic^{8,9} includes-

- Crying that is difficult to console
- Feeding problems including spitting, vomiting and crying with feeding
- Poor sleep
- Passing a lot of gas

Other signs apart from crying that may be observable during a physical examination include-

- Drawing up of legs
- Abdominal distension
- Hyper tonicity
- Arching
- Flushing

These activities and motor behaviors are nonspecific and in infant may be observed as accompanying crying in infants in general.

Onset and duration of colic

The onset of colic has been reported to be between three days to three week of age with a mean of 1.8 weeks¹⁰. Premature infants develop colic later than full term infants.

EPIDEMIOLOGY

Internationally colic affects 10-30% of infant's worldwide. This condition is encountered in male and female neonates and infants with equal frequency. The colic syndrome is commonly observed in neonates and infants aged between 2 weeks to 4 months.

ETIOLOGY OF COLIC

Although the cause of colic is unclear, there are numerous hypotheses in two broad headings-

- Physiological factors, ranging from cow's milk intolerance, immaturity of the gastrointestinal system to immaturity of the gastrointestinal system to immaturity of the central nervous system.
- Non- physiological factors, such as difficult infant temperament, inappropriate maternal response and deficiencies in parenting.

PHYSIOLOGICAL FACTORS-

1. The gastrointestinal tract

Many physiological reasons for colic are proposed in the medical literature and most relate to the gastrointestinal tract. Colic is frequently considered to be pain that is gastrointestinal in origin. This impression is reinforced by frequent observation of flatus, tense and bloated abdomen and the intensity of crying with body posturing involving the back and limbs. There is certainly no association of colic with any overt gut pathology as the infant usually has good weight gain, unless the colic is extremely severe¹¹.

2. Gut immaturity

There is evidence that the gut mucosa is affected in some ways in infants with infantile colic. Human alpha-lactalbumin is a protein that is not present in the blood except in pregnant and lactating women, and in infants fed on breast milk. It has been shown that intestinal permeability to macromolecules such as human alpha- lactalbumin and this permeability decreases gradually over the first six months of age as the gastrointestinal system matures.

There are at least four sites of entry for macro- molecules to gain access to the internal environment-

- Through the epithelial cell by endocytosis, example- human alpha lactalbumin
- Through the intercellular tight junction when they are broken down, example- malnutrition
- Via uptake of molecules at the tip of the villi
- Through the lymphoepithelium overlying lymphoid tissue.

3. Intestinal motility

The colic symptom such as constipation and straining to stool, wind, abdominal distension and painful cry suggest disordered intestinal motility. Motilin, a gut hormone, accelerates gastric emptying and reduces intestinal transit time by increasing the motor activity of the gut. Serum levels of motilin are high in the neonatal period and decreases with increasing age. Infants with colic were found to have higher levels of cord blood motilin at six and 12 six weeks of age compared to non – colicky infants and levels have also been found to be higher in neonates who later develop colic.

4. Malabsorption and gas

Most term infants are unable to absorb fully the lactose that is present in formula or breast milk in the first four months of life in spite of having adult levels of mucosal lactase activity.

The undigested lactose is broken down by bacteria in the large bowel to produce gases and this may underlie the high breath hydrogen levels seen in infants. It has been observed that the quantity of incomplete lactose absorption tends to increase in the second month of life and then decreases in a pattern similar to the peak of crying.

5. Allergy / intolerance to cows milk

According to Wessels study there was a relationship between colic and allergy, and that shows colic is more prevalent in formula-fed babies as compared to breast-fed babies.

The elimination of cows milk protein is an effective treatment for infantile colic and suggest a one week trial of hypoallergenic formula milk.

6. Developmental issues

Infantile colic has been attributed to the immaturity of the central nervous system (CNS). The concept of an abnormally sensitive CNS in colicky babies, whereby minimal stimuli can provoke strong responses such as crying to relieve tension, was first proposed by Eppinger and Hess in 1915.

Crying during the first three months may be a byproduct of the major reorganization of the human brain that takes place during this period.

NON- PHYSIOLOGICAL FACTORS-

One of the underlying themes in the etiology of infantile colic is infant behavior and interaction with the environment.

1. Difficult infant temperament

Temperament refers to an individual's predisposition to certain behaviors or responses. The infants who are suffering from colic have difficult temperaments. Temperament refers to a behaviors pattern that appears in early life that is relatively stable, at least over the first postnatal year.

2. Parental anxiety and tension

The question of whether mothers whose infants are colicky are more anxious or lacking in parental skills constitutes yet another hypothesis for infant colic. The effect of delaying the mother's responses to infant crying. This indicate the correlation between the mothers responses with the duration of crying. There is in fact a belief that over stimulation of the infant may intensive crying, a reflection of the immaturity of the CNS and its sensitivity to stimuli at this early age.

CLINICAL FEATURES OF INFANTILE COLIC

- 1-6 months of age (less seen in frequently aged between 7-12 months)
- Paroxysmal fuss, cry pattern which are not easily consoled
- High intensity, piercing cry are common
- Crying peaks in evening, but may occur throughout the day
- Many episodes of crying as well as long bouts of crying
- Feeding patterns like breast, formula or mixed feeding problems is common
- Sleep disorder is common

DIAGNOSIS

Before providing treatment, it is necessary to rule out any physical abnormalities that could be the cause of infant crying. When all acute causes of crying have been ruled out

and colic is suspected, a crying diary may provide valuable clues to making a diagnosis of colic.

When a healthy baby cries for more than 3 hours a day, for more than 3 days in a week for at least 3 weeks then this confirms the diagnosis of colic.

Differential diagnosis

1. Infectious disease-
 - Otitismedia
 - Urinary tract infection
 - Sepsis
 - Meningitis.
2. Trauma
 - Abuse
 - Foreign body in eye
 - Hair tourniquet syndrome
3. Gastrointestinal disease
 - GERD(Gastro esophageal reflex disease)
 - Intersusception
4. Neurological disorder
5. Respiratory disorder

PHYSICAL EXAMINATION AND LABORATORY INVESTIGATION

Physical examination being with careful observation while the infant is being held on the parents lap. The infant is observed for lethargy, poor skin perfusion and tachypnea. A rectal temperature greater than 38 degree Celsius or poor weight gain suggests infection, a GIT disorder or nervous system disorder and requires further work- up. During the examination the infants clothing should be removed to facilitate inspection of the skin for evidence of trauma and palpation of the large bones for possible fractures, which may indicate abuse. Laboratory tests and radiographic examination usually are unnecessary if the child is gaining weight normally and has a normal physical examination.

MANAGEMENT

The goal of management should be used appropriate technique for systematic resolution of problem and to prevent secondary complication due to infantile colic. Infantile colic is very common, although there is no consensus about the most effective treatment. According to Bahrami, Kiani and Cohen-silver and Ratnaplan treatment based on the following factors have been- drug, dietary therapy, behavioral therapy, complementary and alternative therapy-

- 1 Drug
- 2 Dietary therapy
- 3 Complementary and alternative therapies
- 4 Behavioral therapy

1. DRUG –

- Simethicone
- Anticholinergic drug
- Probiotics
- Melatonin

(a) Simethicone

Simethicone reduces intraluminal gas and is promoted as an effective treatment for infantile colic. However, according to Savino of three randomized controlled trials done on Simethicone only one showed some benefit for infantile colic.

(b) Anticholinergic drug

It is reported that the use of Anticholinergic drugs such as dicyclomine hydrochloride and dicycloverine showed to be effective in reducing an increased gut peristaltic activity. The following side effects have been reported: drowsiness, constipation, loose stools and more serious side effects such as difficulty in breathing, seizures, syncope, asphyxia, decreased muscle tone and even coma.

(c) Probiotics treatment

Probiotics are live microorganism that when administered in adequate amount confer a exert benefits in human health. Microbes colonize humans body's ecosystem. These microbes play an extremely important role in the development of intestinal cells and participate in the maturation and function of the innate immune system.

Although there's still a lots to learn about this microbes , its known that each person has its own singular microbes population that colonize different parts of the body, one of these parts is the intestinal tract .These are usually stable, though some condition may affect this population as antibiotics, immunosuppressant, and diarrhea, between many other, returning to normal without any intervention after having been disturbed.

The probiotic submitted to more tests to assess its effectiveness in colicky babies is the Lactobacillus group. Results showing decrease in daily median crying time(177min to 145min) and there were no adverse effects.

(d) Melatonin administration

It is believed that melatonin is only produced in infants at the age of twelve weeks; therefore melatonin administration has been thought to be effective in the treatment of infantile colic. However, safety and efficacy studies still need to be completed before exogenous melatonin can be administered.

2. DIETARY THERAPY

- a. For mother
- b. For Infant
 - i. Hypoallergenic infant formula
 - ii. Soy protein formula
 - iii. Lactase enzyme
 - iv. Fiber enriched formula
 - v. Sucrose solution

In trials done in breast feeding mothers it was noted that symptoms of colic were more frequent on days that the mothers ate fruit or chocolates. It was also noted that in infants of mothers with atopic disorders, incidents of colic was higher on days that the mothers ingested cow's milk rather than on milk-free days . Hill found that eliminating dairy products, eggs, wheat and nuts in breast-feeding moms as well as maintaining an adequate intake or level of Calcium proved to be beneficial.

i. Hypoallergenic infant formulas:

Hypoallergenic infant formulas, mainly hydrolyzed formulas based on casein or whey appear to have positive effects on colicky infants, however further studies are warranted in order to confirm this link.

ii. Soy protein formula:

It is also suggested that soy protein formula may also be effective in the treatment of infantile colic, but insufficient research has been completed and it is therefore recommended that it not be given to children younger than six months especially those with any food allergies.

iii. Lactase enzyme:

In a double-blind randomized, placebo-controlled study it was found that supplementing the diet with lactase enzyme decreases the duration of crying and amount of breath hydrogen excreted in colicky babies.

Fibre-enriched formulas

Fibre-enriched formulas have been shown to have an effect on frequency of stools as well as the prevalence of hard or formed stools, but there was no significant difference in the time spent crying between the placebo and treatment group.

v. Sucrose solution

According to this study two trials have been done comparing sucrose solution and placebo. In both these trials sucrose solution seemed to be of benefit to colicky infants. The first trial showed an eighty nine percent improvement in infants receiving sucrose compared to thirty two percent of those receiving placebo. The second trial measured the effect of sucrose on non-colicky and colicky infants. Both groups responded positively to the sucrose. Sucrose does seem to help, but only has a short period of effectiveness. In both these studies the relief from the sucrose solution only lasted between three and thirty minutes on average. Even though there are many myths and misconceptions about the intake of sucrose, in small volumes prior to acute painful procedures, it has been found to be a safe, effective, economic and feasible pain reducing solution.

3. Complementary and alternative therapies

Complementary and alternative therapies have assumed an increasingly important role in the management of infantile colic.

Alternative therapies

Measures like oral hypertonic glucose have also shown that 30% of the infants had a reduction of the crying time when compared with the placebo sterile water.

Complementary therapies like massage therapies

Traditionally, mothers all over the world make use of the soft touch and the appliance of small pressure in the abdomen in the attempt to control their baby's pain and bloating abdomens.

Massage is an effective method of relaxation and therapy, and one of the most popular methods of alternative medicine in the world. Massage consists of a series of hand gestures and skills on a regular basis and certain body tissues to influence the nervous system, muscle, skin, joints and blood circulation.

This happens because of during the massage various sensorial stimulations are reaching the baby, which calms him down. However, over stimulation may have the opposite effect, making the baby more and more irritable.

It appears that the massage has similar effects to the parasympathetic nervous system (PNS), which is the system responsible for the allowing the baby to respond to calm situations characterized by low activity and bodily restoration. The PNS regulates a wide number of body functions like blood circulation, temperature, respiration and digestion.

This calm feeling improves the hypothalamus-pituitary-adrenocortical (HPA) axis function which may improve organ function. The structures involved in this axis are the endocrine glands; the hypothalamus, the pituitary gland and

the adrenal glands. The interactions between the three of them controls reaction to stress, mood and emotions.

The HPA axis is commonly called the stress response system and many studies have been conducted in order to comprehend the cascade event that happens when the brain perceives a stressor. The key to understand this mechanism lays in the understanding of the HPA axis and the Sympathetic Nervous System (SNS).

- When the hypothalamus is triggered by a stressor, corticotrophin-releasing hormone (CRH) and arginine vasopressin are secreted both the production of adrenocorticotrophin hormone from the posterior pituitary and the activation of the noradrenergic neurons of the locus caeruleus/norepinephrine (LC/NE) system in the brain. The LC/NE system is primarily responsible for the immediate fight or flight response driven by epinephrine and norepinephrine, while ACTH drives the production of cortisol from the adrenal cortex.

Massage techniques

Massage is for some considered a way of communication between caregiver and baby. This is one of the reasons why a slow and relaxed touch should be used to transmit calmness. During the massage, the baby will communicate what he likes and dislikes. It is important to remember that, like adults, not babies are always open to receive a massage.

There are different ways to understand if the baby is feeling pleasure from the massage, like making eye contact, smiling and relaxed. However, if the baby is crying, looking very stressed and tense, turning his head away or even trying to walk away from the touch, these are general signs that the baby is not enjoying the moment.

One of the massage techniques will be presented and basic strokes will be shown based in the author Hopkinson. Each movement should be performed five times, unless the baby shows signs that babies not appreciating.

To massage the abdomen-

- Downwards open hand strokes on the baby's abdomen, one hand after the other (Full water wheel)
- Place the thumbs above the umbilicus and slide them out to the sides all the way to the back (Thumb open book)
- By visualizing a clock on the baby's abdomen, start with one hand on 9 o'clock sliding it until the 3 o'clock making a circular movement. Repeat with the other hand from 3 o'clock to 9 o'clock. (sun and moon)

According to Hopkinson, a routine that aims for the relief of colic includes the following-

- Start by resting the hands on the baby's tummy; repeat full water wheel technique six times and pull the knee up and hold for 30 seconds before bringing them down
- Position the hand on the baby's abdomen and hold for a moment
- Perform Sun and Moon technique; pull the knees back up and hold for 30 seconds before bringing them down; again place the hands in the baby's abdomen and hold.

According to this author states that by repeating the sequence three times and using the technique two times a day for four week, there will be a relief in the baby's colic.

4. Behavioral therapy

Only a few behavioral interventions have been tested specifically for the treatment of excessive crying. The 5Ss technique when done correctly is proven to be effective in reducing infant crying and stimulate the baby to sleep. This technique includes –

- Swaddling, using a big and loose blanket, allowing the baby to move the hips if desired and its very important to avoid overheating and head covering
- Side or stomach by holding the baby on his side on positioning in prone to calm him down
- Shhh by making this noise close to the baby's ear
- Swinging, jiggling the baby with gentle movements supporting his neck and head
- Sucking, allowing the baby to such on a clean finger

It's also very important to remind parents to exhaust all the possibilities that may be making the baby uncomfortable, like hunger, wet nappy, too hot or cold. Only after all these factors, then try to relax the baby.

Holding the infant upright or prone across the lap or on a hot water bottle or heating pad occasionally helps. Passage of flatus or fecal material spontaneously or with expulsion of a suppository or enema sometime affords relief. Carminatives before feeding are ineffective in preventing the attacks. Sedation is occasionally indicated for a prolonged attack. If other measures fail, both the child and the parent may be sedated for a period of time. Temporary hospitalization of the infant, often with no more than a change in feeding routing and a period of rest for mother may be help in extreme cases.

Administration of antispasmodics drops 30 minutes before the anticipated time of colic is helpful. Local application of asafetida over the perumbilical area and administration of decoction of ajwain and sonf are useful and effective home remedies for relief of colic and flatulence in infants.

PREVENTION

Prevention of attack should be sought by improving feeding technique, including burping providing a stable emotional environment, identifying possible allergenic food in the infants or nursing mother's diet, and avoiding under feeding or over feeding. Colic rarely persists after 3 months of age. Although not serious, it can be particularly distribution for the parents as well as the infants. Thus a supportive and sympathetic physician can be particularly helpful, even if attack do not resolve immediately.

CONCLUSION

Udara Shoola is a condition where one express high intensive pain in abdomen.

- The pain resembles as though the abdomen is penetrated by a sharp object.
- Site of pain is described in the text as Kosta, which covers various organs like Agnashaya, Mutrashaya, Raktashaya, Pakwashaya etc.

The final assessment concludes that:

- 1) Infantile colic mostly affects infants of 1 to 6 month of age but in this study age group was 1 to 4 months.
- 2) The infantile colic was more in evening hours.
- 3) Burping should be done for at least 5-10 minutes after each feed in infants to escape from aerophagia.
- 4) Mother should give her breast milk in comfortable position in timely without hurry schedule.
- 5) Mother should take adequate nutritious and congenital diets during lactation.

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