



A Comparative Study On Neonatal Care, Breast Feeding And Maternal Health Between WHO Guidelines And Jorjani Perspectives

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Abstract : In developing countries like India, child healthcare focuses on low-cost methods such as immunization, breastfeeding, and growth monitoring to reduce the high infant death rate. Unani scholars emphasize preventive and curative child health aspects, offering effective remedies for common and serious issues through gentle treatment, herbal medicine, and lifestyle changes. The 11th to 12th century physician Hakim Jorjani's extensive work in medicine, like the "Treasure of King KHAWARIZM" sheds light on medieval Persia's medical practices. Integrating Unani remedies with modern treatments can improve child health outcomes in India by leveraging traditional knowledge, collaborative efforts, and evidence-based research, although efficacy and safety must be thoroughly evaluated for integration and policy support is crucial. This article goal is to look at different health promotion tactics by exploring the historical roads and philosophical underpinning of Unani medicine in the context of child health to improve child health outcomes in India through collaborative efforts.

Index Terms – hakeem jorjani, WHO guidelines, neonatal care

1. INTRODUCTION

India is in the unfortunate position of being among the least developed Countries in the world, with an infant death rate of 58 per thousand, compared to 5 per Thousand in the developed world¹⁴. The study found that 3 major causes of neonatal death accounted for 75% of all the neonatal death are prematurity, low birth weight, neonatal infection, birth asphyxia, and birth trauma. ¹Many lowcost methods are accessible for saving life Of millions of children, like immunization, breast feeding, birth spacing, growth Monitoring, improved weaning, oral rehydration.¹³ Attention is focused on these elements of child health care in developing countries. ¹²(Park, 2017). The key strategies to reduce maternal mortality in India:

1. ****Family Planning****
2. ****Safe Abortion Services****
3. ****Skilled Birth Attendants****
4. ****Improved Antenatal and Postpartum Care****
5. ****Emergency Obstetric Care (EmOC)*₃**
6. Strengthening Health Infrastructure
7. Training Healthcare Providers
8. Community-Based Interventions
9. Policy and Governance :Janani Suraksha Yojana

The Importance of child health Has been recognized by many ancient Unani physicians. They have mentioned about Childhood diseases and their management and also regimens for maintenance of good Health in the children. In classical literature of GrecoArab Medical System; a Comprehensive explanation of child care is mentioned under the heading of Tadabeer-e-Naumaulood (Neonatal Care). It covers newborn care, feeding practice, dentition Management of pediatric illnesses, and the fundamentals of pediatric therapy. Unani Scholars have emphasized much upon preventive and curative aspect of child health. Unani remedies are effective for common problems of children as well as for more Serious problems. The Unani medical system has a lot to offer in terms of gentle and Efficient treatment as well as disease prevention for kids through dietary and lifestyle Changes in addition to the use of medicinal herbs.⁵ Exploring the Realm of sciences and challenging the ideas, Traditional medicine has always been a medium for Developing medical purposes, relieving illnesses and Improving quality of life. ¹⁸-Herein, we introduce teachings of the 11th- 12th Century Persian physician, Seyed Esmail Jorjani (Known as Hakim Jorjani).

Zeynoddin (Sharafoddin) Abu Ebrahim Esmaeil Ibn Hassan Ibn Mohammad Ibn Ahmad Al-Hosseini AlJorjani (Gorgani) ⁴Jorjani's name is a style, which shines in the Islamic and

Iranian history of medicine. the titles and phrases attributed to Him by contemporary scholars or scientists who wrote In his tribute and honor: "The crown of cleanliness"; "The star of Islam, "; "The spirit healer"; "The supreme of the Wise"; "The resuscitator of medicine and other sciences, "; "The editor of rules and The cost of medicine" ¹¹-The exact number of the books and writings of Hakim Jorjani has not been mentioned in the bibliography of the History of medicine¹¹. Hakim Jorjani is known For his 750,000 word encyclopedia of medicine, the Treasure of King Khwarazm, which has been ranked along with Avicenna's Canon and the works of Haly Abbas. -Translations of this work provide modern readers with a detailed Insight into medical practice in medieval Persia.⁷ The treasure is composed of 10 books of which the third one describe health maintenance guidelines. In the fifth article of the second part of this book 6th chapter includes notes on the neonatal care, breastfeeding ,weaning and teething ¹⁸Al-Aghraz-oTebbieh (Medical Objectives) and Khofieh Alaei (a Book of long size dedicated to Ala alDin Atsiz which Can be kept in a boot) are two précis of this medical Encyclopedia created by Jorjani himself for use as a Manual or handbook by medical students ¹⁸

2. MATERIALS AND METHODS

A manual literature survey of modern and classical unani manuscripts was conducted and collected information available on health promotion and disease prevention in neonates and also relevant modern literature was collected from various books and international research and review article and internet respectively.

3. RESULTS OF LITRATURE SURVEY

TEACHINGS OF ISMAIL JORJANI

After delivery and separation of child, Immediately cut the navel cord four fingers upper and Fasten the navel gently with an appropriate and Delicate thread (soft silk taffeta) in order to avoid Pain and impregnate a cloth with olive oil (Olea Europaea) and place it over the navel. It has been Quoted to grind turmeric (Curcuma longa), dragon's Blood (Calamus draco), sarcocolla (Astragalus Fasciculifolius), caraway (Carum carvi), Corsican Moss (Alsidium helminthocorton), myrrh (Commiphora molmol), and to place them all in equal Quantities within the navel¹⁸.

WHO RECOMMENDATION

Delayed umbilical cord clamping (not earlier than 1 min after birth) is recommended for improved maternal and infant health and nutrition outcomes. The World Health Organization (WHO) recommends dry umbilical cord care in areas with low neonatal mortality and adequate obstetric care. However, in areas with high neonatal mortality, the WHO recommends using a 4% chlorhexidine solution⁶ on the umbilical cord stump for the first week of life²²

➤ To avoid the skin from being hurt by the air Or any rough materials (as everything is rough to the Skin of a newborn and he/she might catch cold Through the air), initially, measures should be taken To harden his/her skin in order garment and clothes Not to bother him. The best measure in this regard Would be immediate

bathing in warmed and diluted Salt water as it is pleasant for his/her skin. If the skin is so dirty that will not be cleaned by the first wash, He/she should be rewashed in the same condition and Be kept from the cold.¹⁸

The World Health Organization (WHO) recommends

delaying bathing until 24 hours (h) after birth, and when not possible, to be delayed for at least 6 h [7]. However, this recommendation was based on expert consensus. Delaying the first bath may allow time for a neonate's vitals to stabilize after birth⁵

➤ Settle the newborn to sleep in a house that is Of dim light. And every morning after recognizing That the previous night's milk has been digested, Wash him/her in lukewarm water²⁴ then rub [him/her] With oil (boys are rubbed with fresh oil for four Months and girls with violet oil [Viola odorata] for Two months). While settling the child to sleep, move The cradle gently and sing a pleasant song for a while To help child fall asleep.²⁵

WHO RECOMMENDATION Whole-body massage :Gentle whole-body massage may be considered for term, healthy newborns for its possible benefits to growth and development. Sleeping position for the prevention of sudden infant death syndrome. Putting the baby to sleep in the supine position during the first year is recommended to prevent sudden infant death syndrome (SIDS) and sudden unexpected death in infancy (SUDI)²⁷

ON BREASTFEEDING If no contradiction for breastfeeding exists,²⁹ No milk suction's more beneficial than mother's

Breastfeeding.^{8,28,30} However until one week or more as The mother relieves from labor pain and its associated Dystemperament, it would be beneficial if another Person helps breastfeeding and the mother would Milk herself every day until the day she continues Breastfeeding her newborn. Within a day, milk should Be suctioned twice or thrice and firstly fed gradually Until child begins sucking. Before feeding, Drop of honey or rose water (Rosa damascena) into His/her mouth, especially in the morning and Particularly at the first time. Some people have Advised on providing sugar dipped in sesame oil (Sesamum indicum) for two days. Every time before Breastfeeding, firstly rub this compound twice or Thrice on the nipple, suction some milk and later Place the nipple in the baby's mouth especially in the Morning and particularly if milk suction is not good, Squeeze the breast gently to aid sucking in order not To hurt his/her palate and throat; and a little crying Before milk suction is sometimes beneficial. Breastfeeding should not exceed more than 2 years^{18,4}

WHO RECOMMENDATION ON EXCLUSIVE BREASTFEEDING: All babies should be exclusively breastfed from birth

until 6 months Of age³¹. Mothers should be counselled and provided with support for Exclusive breastfeeding at each postnatal contact.¹⁶

Neonatal vitamin A Supplementation: Routine neonatal vitamin A supplementation is not recommended To reduce neonatal and infant mortality. In settings with recent (within the last five years) and reliable data That indicate a high infant mortality rate (greater than 50 per 1000 live Births) And a high prevalence of maternal vitamin A deficiency ($\geq 10\%$ Of pregnant women with serum retinol concentrations $< 0.70 \mu\text{mol/L}$), Providing newborns with a single oral dose of 50 000 IU of vitamin A within the first three days after birth may be considered to reduce Infant mortality.

Vitamin D Supplementation: For breastfed, term Infants Vitamin D supplementation in breastfed, term infants is Recommended for improving infant health outcomes only in the context Of rigorous research.¹⁷

WEANING

On weaning infants from breastfeeding Weaning from breastfeeding is not Appropriate in summer unless it is necessary and if it

Happens, children should be given materials hourly to Reduce their thirst namely: cucumber (Cucumis Sativus), zucchini (Cucurbita pepo) and purslane seed (Portulaca oleracea) juice. The best time (for Weaning from breastfeeding) is spring then fall or Winter and they [children] should be weaned Gradually as along with breastfeeding they should be Given diluted beverages followed by milksop and Fried eggs and then wean them and start feeding them With abovementioned foods. Accustom them to Chicken breast and francolin until they are Accustomed to eating other foods as well.²

WHO RECOMMENDATION:

Recommendation 1 Continued breastfeeding : Breastfeeding should continue up To 2 years or beyond (strong, very low

Certainty evidence)

Recommendation 2 a. Milks 6–11 months: for infants 6–11 months of age who are fed Milks other than breast milk, Either milk formula or animal Milk can be fed (conditional, low Certainty evidence). b. Milks 12–23 months: for young Children 12–23 months of age Who are fed milks other than Breast milk, animal milk should Be fed. Follow-up formulas are Not recommended (conditional, low Certainty evidence) 9.

Recommendation:3 Age of introduction of Complementary foods Infants should be introduced to Complementary foods at 6 months (180 days) while continuing to Breastfeed (strong, low certainty Evidence).

Recommendation:4 Dietary diversity Infants and young children 6–23 months of age should consume A diverse diet. a. Animal source foods, including Meat, fish, or eggs, should be Consumed daily (strong, low certainty evidence). b. Fruits and vegetables should Be consumed daily (strong, low Certainty evidence). c. pulses, nuts and seeds should Be consumed frequently, particularly when meat, fish, or Eggs and vegetables are limited In the diet (conditional, very low Certainty evidence).¹⁷

Recommendation:5 Unhealthy foods and beverages a. Foods high in sugar, salt and trans Fats should not be consumed (strong, low certainty evidence). b. Sugar-sweetened beverages Should not be consumed (strong, Low certainty evidence). c. Non-sugar sweeteners should Not be consumed (strong, very low Certainty evidence). d. Consumption of 100% fruit juice Should be limited (conditional, low Certainty evidence).

Recommendation:6 Nutrient supplements and fortified Food products In some contexts where nutrient Requirements cannot be met with Unfortified foods alone, children 6–23 months of age may benefit From nutrient supplements or Fortified food products. a. Multiple micronutrient powders (MNPs) can provide additional Amounts of selected vitamins and Minerals without displacing other Foods in the diet (context-specific, Moderate certainty evidence). B For populations already Consuming commercial cereal Grain-based complementary foods And blended flours, fortification Of these cereals can improve Micronutrient intake, although Consumption should not be Encouraged (context specific, Moderate certainty evidence). c. Small-quantity lipid-based Nutrient supplements (SQ-LNS) May be useful in food insecure Populations facing significant Nutritional deficiencies (context-specific, high- certainty Evidence).

Recommendation:7 Responsive feeding Children 6–23 months of age should Be responsively fed, defined as “feeding practices that encourage The child to eat autonomously and In response to physiological and Developmental needs, which may Encourage self regulation in eating And support cognitive, emotional And social development” (13) (strong, Low certainty evidence).

- On teething They [children] should not be given things Requiring more chewing in order their main material Of the teeth not to recede and rub rabbit brain or Chicken fat to the gums in the proximity of the tooth Root to make them softer and teeth to come through The gums easily. Oil their heads and necks with the Mixture of violet oil in lukewarm water and drop Tepid violet oil into their ears. Occasionally, during Teething period diarrhea, eye pain, itchy ears and Swelling of the ears, gums and throat occur. There are not much recommendations given by WHO on teething in babies, In modern medicine some of the symptoms That occurs while Teething are like –
- Teething vs Ear Infection Babies who are teething and those who have ear infections can have some of the same symptoms, which can worry many parents.
- Swollen, tender gums
- Fussiness and crying
- A slightly raised temperature (less than 100.4 F)
- Gnawing or wanting to chew on hard things
- Lots of drool, which can cause a rash on the face
- Coughing
- Rubbing their cheek or pulling their ear⁶

4. DISCUSSION

World health organization has indeed developed guidelines to promote the health and well being of children World health organization produces guidelines according to the highest international standards for guideline development. These guidelines are designed to support parents care give us healthcare professionals and policy makers in promoting the health and development of children's worldwide. The Unani concept of child health rooted in ancient wisdom emphasizes holistic approaches to naturing physical mental and emotional well being. Historical text by renovate physician like Galen, Rabban tabri, zakarya Razi, Ali ibn Abbas Majoosi, Ibne sena, Ibne Habul bagdadi, Ibne Rushd, Hakeem ismile jurjani provide insights into regimes for child wearing including dietary recommendation exercise educational milestones etc. The care of the umbilical cord, bathing, mass, aging, breastfeeding, and teething remain fundamental aspects of health care management

for infants and children. Contemporary literature in neonatology addresses various topics, such as the cutting and clamping of the umbilical cord, ensuring the infant is shielded from cold, and bathing the baby in warm water. Additionally, the practice of massaging the skin with oil has been noted for its positive effects on enhancing sleep in infants and children. Recommendations to rest the baby in indirect light and to lullaby the newborn to sleep reflect the guidance provided by Jorjani. However, certain practices, such as bathing the baby in salt water and the immediate clamping of the umbilical cord, as suggested by Jorjani, are not endorsed in modern medicine. Overall, many of Jorjani's insights into neonatal care resonate with current practices. Breastfeeding is recognized for its short-term and long-term benefits for both the child and the mother. Consequently, the World Health Organization and the United Nations Children's Fund advocate for exclusive breastfeeding for the first six months, followed by continued breastfeeding alongside suitable complementary foods until the child reaches two years of age or beyond. Jorjani's writings in the *Treasure* highlight the significance of breastfeeding for a duration of two years. While the advantages of breastfeeding have also been acknowledged by earlier scholars such as Rhazes and Avicenna, the foundational principles of breastfeeding are rooted in Islamic religious teachings. Furthermore, Jorjani's discussions on weaning and complementary feeding which advocate for a gradual introduction of animal source foods and vegetables alongside breastfeeding, align with contemporary practices. In medieval Persia, practitioners prescribed an extensive array of medicinal herbs for treating pediatric and neonatal ailments. In his work, Jorjani provided a compilation of medicinal herbs recommended for application to the umbilical cord. Notably, turmeric (*Curcuma longa*) is recognized for its antibacterial properties and wound healing capabilities, attributed to curcumin, its primary polyphenol. It is noteworthy that in certain countries, turmeric continues to be utilized on the stump following the cutting of the umbilical cord. Additionally, recent findings indicate that olive oil (*Olea europaea*) is as effective as the dry-cleaning method for umbilical cord care.

5. Conclusion:

The investigation into the historical foundations and current applications of Unani medicine in India has uncovered encouraging perspectives on enhancing child health. A comparative analysis has underscored the synergistic relationship between Unani methodologies and contemporary medical practices. Nevertheless, a thorough assessment of the FICCI and safety measures is essential for successful integration. .

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