Pharmacontical Research

WORLD JOURNAL OF PHARMACEUTICAL RESEARCH

SJIF Impact Factor 8.453

Volume 13, Issue 13, 1597-1603.

Case Study

ISSN 2277-7105

AYURVEDIC MANAGEMENT OF AHIPUTANA IN KAUMARBHRITYA A SINGLE CASE STUDY

Dr. Akash Amarnath Tekale¹, Dr. Mosim Momin*² and Dr. Deepak Khawale³

¹Pg Scholar Balrog Department DY Patil Ayurvedic College, Pimpari Pune. ²Guide Asso. Prof. M.D. (Balroga) Department DY Patil Ayurvedic College, Pimpari Pune. ³HOD, Prof. M.D. (Balroga) Department DY Patil Ayurvedic College, Pimpari Pune.

Article Received on 20 May 2024,

Revised on 09 June 2024, Accepted on 29 June 2024

DOI: 10.20959/wjpr202413-33130



*Corresponding Author
Dr. Mosim Momin
Guide Asso. Prof. M.D.
(Balroga) Department DY

Patil Ayurvedic College, Pimpari Pune.

ABSTRACT

Ayurveda is a traditional medical system that treats a wide range of illnesses and associated treatments in addition to the nation of Swasthya, or the most effective human fitness. Diaper rash is one of the most frequent issues in pediatric outpatient departments. According to Ashang Hridaya, the causes of Kandu (irritability), Daha (burning sensation), Tamra Varna (redness), Strava (discharge), Vrana (wound formation around the perianal region), and Pidika (papulovesicular lesion) around the Guda vicinity (serviette region) are all related to Maloplep (contained faeces) and Sweda (sweat/perspiration). Ahiputana has three doshas: Rakta Dosha Prakop (increase), Pitta, and Kapha.In the following case report, a 12-month-old kid complained of three days of burning, discharge, and itching in the buttocks. The child was treated with a localized application of Shatadhauta Ghrita on the

outside. The signs and symptoms completely disappeared after the seven-day course of treatment, and they haven't returned as of now. Based on the current case file, it may be deduced that Ahiputana, or diaperrash, can be successfully treated with the right Ayurvedic drugs.

KEYWORDS: Ahiputana, Balroga, Shatadhauta Ghrita.

INTRODUCTION

Ayurveda is a traditional medical science that addresses both general human health, or swasthya, and a wide range of illnesses and how to treat them.^[1] Rash on the diaper caused by dushtastanyapana, asuchita (unsanitary state) in which mother neglects to keep the infant's

perianal area clean, dry, and well-timed following each mala and mutra visarjana. Ahiputana is undoubtedly one of the many ailments that a mother who neglects to provide her child with the proper care would experience. Among toddlers and young children, diaper rash is one of the most prevalent skin conditions. In accordance with Acharya Vargbhata, Malopalepa (after urination and excrement) or swedatwa induce kaphsdosha and raktadhatu to become irritated during processing Tamravarnivrana at Gudpradesh. [3] Diaper rashes are a common skin and pore problem for newborns and infants. They will cause the baby's bottom to become covered in red spots and scales, as well as inside the vagina. On rare circumstances, rashes may spread up the child's legs and stomach. Diaper rashes are quite everyday because they thrive in warm, humid environments. As a result, a diaper is an excellent environment for the rash to grow. Stool and urine aggravate the pores and skin. if your infant has common bowel movements, she or he can be more vulnerable to diaper rash. Clothing that rubs against the skin or tight-fitting diapers might produce a rash. Your baby's pores and skin may react to a new disposable diaper logo or to detergent, chlorine, or fabric softener used to clean cloth diapers. components of many baby creams, powders, and oils, along with a host of additional compounds that might make the situation worse, pollution brought on by yeast or microorganisms. Because of the heat and moisture, a simple skin infection could quickly spread over the surrounding area. There are now more foods available. When a baby starts eating stronger meals, the composition of their feces changes. Due to this, diaper rash is far more likely. Changes in your baby's vitamin regimen could lead to more frequent bowel movements, which could lead to diaper rash.

Hetu

Understanding the hetus of Ahiputna in accordance with Ayurveda makes it clear that rakta dushti is mostly associated with the doshas of Pitta and Kapha. Ahiputna can be caused by one of two forms of hetus.

Abhyantar hetu

Bahya hetu

Dushta Stanya Pana and Bahya Hetu are unclean circumstances such as an uncleaned perianal area after defecating, urinating, and sweating. If the child is not completely submerged after bathing, it can result in dampness in the peri-anal area, which aggravates the irritation.

Purvaroop

No purvaroop are describes in text.

Roopa

All the Aacharyas mention the symptoms of kandu (itching) and daha (burning feeling). We can presume that Kandu is there when the child becomes increasingly agitated. There is pitta dushti because of hetu sevana, and prakupita pitta leads to rakta dushti. Moreover, since Rakta and Pitta have an Ashraya Ashrit Sambandh, Rakta receives Dushta. In gudabhaga, pidika and the appearance of tamravarna are caused by this prakupit pittarakta. It also creates sphot in the peri-anal area, which can flow from sphot if it breaks or is left untreated. It then results in strava (discharge).

Napkin Rash (Diaper Rash)

Because of their underdeveloped glands and thin epidermis, infants are more prone to blistering and infection. Rashes from wet diapers, often known as diaper rashes, are extremely frequent and might worsen if more infections develop on the skin in those regions.

Synonyms

Diaper dermatitis, ammonical dermatitis, irritating diaper dermatitis, ammonia, rash, diaper rash, jacquets erythema, diaper rash, aching buttocks (IDD).

Definition

This inflammatory condition affects mostly infants' napkin or diaper area and is characterized by the development of erythema, papules, and occasionally vesiculation with scaling.

Causes

Prolonged skin wetness, elevated skin pH brought on by the combination and interactions of urine and feces, and the subsequent breakdown of the stratum corneum-the outermost layer of the skin—all contribute to the development of irritable diaper dermatitis. This could be the result of allergic responses, diarrhea, frequent feces, tight diapers, or excessive ammonia exposure. Adult stratum corneum consists of 25–30 layers of dead keratinocytes that have been flattened; these layers are constantly being lost and replaced from below. Lipids released by the stratum granulosum right beneath these dead cells act as an impermeable barrier, contributing to the skin's barrier function. The purpose of the stratum corneum is to prevent microbial invasion of the skin, minimize water loss, and repel water from the deeper layers of the skin. This layer of skin is more thinner and more easily disrupted in babies.

Mosim et al.

Epidemiology / Etiology

It is the most common form of contact dermatitis in infancy. It can occur at any time in

infancy, but is most likely to be seen between the 7th and 12th months. Both sexes are

affected equally. Even though its exact etiology remains unestablished, the following factors

contribute, but to a different degree in each case.

Symptom

Erythema, scaling, fissures, erosion in an apatchy or confluent pattern, and papulovesicular or

bullous lesions are common symptoms of diaper dermatitis. Due to the relative protection of

the concave area, the genitocrural fold is frequently spared. It is possible to develop

infiltrative nodules and chronic hypertrophic, flat-topped papules.

Treatment

The two primary objectives of diaper dermatitis management are to repair the injured skin

and stop the rash from coming again. The following are some tactics for achieving these

objectives: Maintaining the integrity of the skin and halting future deterioration requires good

cleanliness. Changing diapers frequently and wearing superabsorbent diapers, which assist

prevent skin overhydration, can help minimize exposure to irritants like urine and feces.

soaking in water and using a cleaner without soap to bathe and clean the diaper region.

CASE REPORT

A 12-month female baby visited our Balrog OPD (OPD No.- 11247) of our hospital on

16/01/2024. With a complaint of loose stools, abdominal pain, irritability, redness of perianal

region with rashes, burning sensation, discharge, itching and severity increases during

passing frequent loose stools. History of present illness: Patient was healthy before 5 days

back but gradually he suffered with loose stools episodes 3 to 4 from 2 days and further that

on anal region development of rashes with redness and itching in perianal region.

History of past illness

H/O Introduction of packed foods with poor sanitization, also long time wearing of diaper.

No H/O any other major illness or any surgery.

Drug history: No significant

Family History: Not significant

Birth history

1. Antenatal – Non-specific

2. Natal – Full term normal delivery, at private hospital, baby cried immediately after birth, birth wt. -2.6 kg.

3. Postnatal – No H/O neonatal jaundice & seizure no

H/O NICU Admission.

Ashtavidha Pariksha (Eight-fold examination)

Nadi (pulse) was 118/min, regular, RR 30/min, Mutra (urine) was Samyak (normal), 11-12 times/day, Mala (stool) was Mala Pravrutti, Jiwha (tongue) were Sama (processed and digested food particles), Shabda (sound) was Spashtha (clear), Sparsha (tactile examination) was Anushnasheeta (not too hot), Drik (eyesight) was Prakruta (normal), Akruti (body stature) was Madhyama (average built).

Samprapti Ghatak

(Main pathophysiological components Due to Mithya Aahar-Vihar (wrong food habits and wrong daily routines) of a mother her milk gets vitiated, when her child accepts such a vitiated milk it produces Pidika (blisters) with Kandu (itching), Daha (burning sensation).

Also due to Asuchita and unhygienic condition. In this case perianal region remains constantly in contact with diaper which contains Mala, Mutra and Sweda. Which vitiate Kapha Dosha and Rakta Dhatu in a body. Prakupit Rakta and Kapha cause Kandu in perianal region. At perianal region Prakupit Kapha and Rakta produces Kleda and then Sphot due to Mala, Sweda and Kleda.

Treatment Given

ShatdhautaGhruta

An application of Shatdhautaghruta- viscous layer of shatdhautaghruta applied on a perianal region 4 to 5 times in a day and avoid wearing of diperupto the healing from rashesh

Do's (Pathya)

(Reduce use 0f diapers

(Use of cotton nappies

(Change the diaper once it is contaminated with feces or urine

(Keep diaper area always clean and dry

(Regular bath

(Wipe out excess sweat

Don't (Apathya)

(Continuous and prolonged use of diaper

(Rubbing over diaper area

(Use of strong scented, flavored wipes and lotions.

(Repeated use of allergic baby products

OBSERVATION

Sr. No.	Sign and Symptoms	B. T.	7 th day A.T
1	Kandu	++++	++
2	Varna	++	-
3	Strava	+++	-
4	Area covered by rash	+++	+
5	Pidika	+++	+





Before treatment

After treatment

DISCUSSION

The Ayurvedic device of medicine, ghee performs a critical role, both as a car to deliver the active constituent and a base for incorporating lively additives to formulate the dosage paperwork. Ayurveda additionally supports the co-management of ghee along with different remedial treatments, as an instance, Brahmi ghritafor cognitive characteristic; Vasa ghrita for the respiratory device; Shatadhautaghrita for pores and skin diseases, Bhallatakadighrita for wound recovery^[4,5] Shatadhauta-ghrita (SDG) washed cow ghee a hundred time with water (shata = one hundred, dhauta = washed). conventional texts point out it for treating burns, fowl pox, scars, wounds, herpes, leprosy, and other pores and skin diseases, in addition to as a car for drugs to be carried out externally. [6] The physicochemical properties of the Ayurvedic training were assessed within the observer, and any alterations that occurred during the washing process were examined. An attempt is made to determine the rationale behind the 100 water washes of cow ghee. Shatabhautaghrita lacks the characteristic aroma and granular, oily consistency of cow ghee. As a result, it is a homogenous, clean, non-oily product that is easier to administer, leading to an increase in affected person compliance. When compared to the acidic pH of ghee, shatadhautaghrita's neutral pH makes it beneficial by reducing skin inflammation. Shatadhautaghrita's lower particle size makes the product non-granular, non-sticky, and homogenous, which facilitates simple skin application.

CONCLUSION

Ahiputana is a disease similar with diaper rash. Poor sanitation and low socioeconomic status contribute to the development of Miles Cominon disorder in infants. Acharya mentioned a distinct illness called ahiputana in Kshdraruga, which has its own origin, pathology, and Maloplepat in Ayurvedic literature. Ahiputana defined treatment. by Dushtastanyapanahetus and Asuchitwa. Asuchitwa, however, is a more widespread hetu. Because Pitta was aggravated, both Kapha and Rakta were considered the leaders of Doshas and Rakta Dusthi; so, Pitta was also involved in the pathophysiology of Ahiputna. The book describes Tamravarnata and Kandu (irritability) as symptoms of Ahiputana. Pidaka and Strava are visible in the gift observer. Thus, ShatdhantaGhruta's program is a very helpful and unique ayurvedic gift for infants with diaper rash.

REFRANCES

- 1. Kavirajambikadutta shastri, sushrut samhita-part-1, sutrasthan 1/13. Chaukhamba Sanskrit Varanasi, Reprint, 2012: 6.
- 2. Dr. Brahmanand Tripathi, Astanga Hridayam, Uttartanira 2/69-70, Chaukhamba Sanskrit Pratishthan, Delhi, Reprint, 2017; 897.
- 3. IAP Textbook of Pediatrics-4th edition, Prakashan Jaypee brothers medical publishers, 1397.
- 4. Wayal SR, Gurav SS. Bhallatakadighrita: development and evaluation with reference to murcchana and shata-dhnuta. process. J Ayurveda Integr Med, 2020; 11(3): 261-9.
- 5. https://doi.org/10.1016/j.jaim. 2020.05.00. Wayal SR. Gurav SS. Evaluation of wound healing potential of Bhallatakadi Ghritaecow ghee based polyherbal formulation: in-vivo excisionand incision wound model. J Compiintegr Med, 2021.
- 6. Chauhan RS. Panchgavya therapy (Cowpathy): current status and future directions. Indian Cow Sci. Econ. J., 2004; 1: 3-7.