

MANAGEMENT OF AHIPUTANA (DIAPER RASH) IN AN INFANT WITH APPLICATION OF SHATDHAUTAGHRUTA A SINGLE CASE STUDY

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ABSTRACT

Ayurveda is an ancient medical science which deals with the *swasthya* or normal health of human being as well as wide description regarding various diseases and their treatment.^[1] Diaper rash is a common problem in pediatric OPD. Prevalence of Diaper rash has been variably reported from 7-35% in the first one year of life. Most cases occurs between 9-12 month of age.^[2] It is caused by improper care of infants and children requiring diapering. *Ayurveda* clearly states that main *Hetu* (Cause) of *Ahiputana* is *Stanyadushthi*.^[3] The disease is characterized by *Pidika* (Papulovesicular lesion), *Kandu* (Irritability due to itching), *Strava* (Discharge), *Varna* (Skin color over perianal region) etc.

INTRODUCTION

Ayurveda has described the unique principle of tridosha, dhatus, mala for the homeostasis of the body. *Kaumarbhritya* is the branch that deals with the mother and child relationship and their health, it also deals with kumarabharana, *dhatri*, *kshirdosha*, *dushta stanya*, *ghahadosha* and their treatment. Diaper rash arising due to *dushta stanyapana*, *asuchita* (Unhygienic condition) such as *askuparicharya* of child in which mother fails to keep perianal region dry, clean timely after every mala, *mutra visarjana*.^[4] If mother fails to keep proper care of her child then they may suffer from many diseases and *Ahiputana* is one of them. Diaper rash is one of the most common skin disorder in infant and children. According to *Acharya vaghbhata* due to *Malopalepa* (After defecation and

urination) or due to *swedatwa*, *kaphsdosha* and *raktadhatu* get aggravated to procedure *Tamravarni vrana at gudpradesh*^[5] For new-borns and toddlers, diaper rashes are a frequent skin problem. They may create red splotches and scales in the vaginal region as well as on the bottom of the infant. Rashes may spread up the child's legs and tummy in certain circumstances. Diaper rashes are quite prevalent because they thrive in warm, humid environments. As a result, a diaper is an ideal environment for the rash to grow.

Stool and urine irritate the skin. If your infant has frequent bowel movements, he or she may be more prone to diaper rash. A rash may be caused by tight-fitting diapers or clothes that rub against the skin. A new brand of disposable diapers or a detergent, bleach, or fabric softener used to wash cloth diapers may cause your baby's skin to react. Ingredients present in various infant creams, powders, and oils are among the other chemicals that might exacerbate the condition.

Infection caused by bacteria or yeast. What starts off as a simple skin infection may quickly spread across the surrounding area because it's warm and damp. New foods are being introduced. The content of a baby's faeces changes when he or she begins to ingest solid meals. Diaper rash is more likely as a result of this. Changes in your baby's nutrition may cause more frequent faeces, which may cause diaper rash.

CASE STUDY

AIMS AND OBJECTIVE

To evaluate the role of Ayurvedic Regimen in the management of *Ahiputana* (Napkin rash).

MATERIAL AND METHODS

Study design- Present study is a single case study conducted in the department of *kaumarbhritya* of Government Ayurveda hospital, Nanded, Maharashtra.

Case report- A 10 months old male patient came in *Kaumarbhritya* OPD in of Government Ayurveda hospital, Nanded, Maharashtra. With a complaints of loose stools, irritability, redness of perianal region with rash, 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 6 to 7 from 2 days and further that on anal region development of rash with redness and itching in perianal region.

Recurrent episodes of – Loose stool

Associated complaints- Irritability, Excess cry

History of past illness- – H/O Introduction of new foods with poor sanitization. No H/O any other major illness or any surgery.

Drug history – No significant

Family history- Not significant

Birth history

1. Antenatal – Nonspecific
2. Natal – Full Term Normal Delivery, at civil hospital, Baby Cried Immediately After Birth, birth wt. – 2.4 kg.
3. Postnatal – No H/O neonatal jaundice & seizure no H/O NICU Admission.

General examination

Table no. 1

Built	Moderate
General appearance	Fair
Temp.	98.7 °F
Pulse	118/min
RR	30/min
Height	62cm
Weight	7.8kg

Physical examination

1. *Nadi* – *Kapahapradhan*
2. *Mala* -mala pravrutti
3. *Mutra* – *Samyakpravruti*
4. *Jivha* - *Sama*
5. *Shabda* – *Spashta*
6. *Sparsha* - *Samshitoshna*
7. *Druk* – Mild pallor
8. *Aakruti* – *Madhyam*

Treatment plan *shatdhauta ghruta*

An application of *Shatdhauta ghruta*- viscous layer of *shatdhauta ghruta* applied on a perianal region 4 to 5 times in a day and avoid wearing of diaper upto the healing from rashesh.

**Table 2: Observation and Result.**

Observation	Before Treatment	After Completion of regimen
<i>Kandu</i>	+++	-
<i>Pidika</i> (Skin lesions)	++	+
<i>Shipran sphotam</i> (Blister)	+	-
<i>Strava</i> (Discharge)	++	-
<i>Daha</i> (Burningsensation)	+++	-
Irritability	+++	-
<i>Tamravrna</i> (Redness)	+++	+

Histopathological report

Investigations	Before Treatment	After Treatment
TLC	13100/cu mm	8000/cu mm
DLC		
Neutrophils	79%	65%
Lymphocytes	18%	26%
Eosinopphills	01%	01%
Monocytes	03%	05%
Hb%	10.7 gm %	10.9gm %

DISCUSSION

In the Ayurvedic system of medicine, *ghee* plays a vital role, both as a vehicle to deliver the active constituent and a base for incorporating active components to formulate the dosage forms. Ayurveda also supports the co- administration of *ghee* along with other remedial treatments. For example, *Brahmi ghrita* for cognitive function; *Vasa ghrita* for the respiratory system; *Shatadhauta ghrita* for skin diseases, *Bhallatakadi ghrita* for wound healing^[6,7] *Shata-dhauta-ghrita* washed cow *ghee* 100 time with water (*shata* = one hundred, *dhauta* = washed). Traditional texts mention it for treating burns, chicken pox, scars, wounds, herpes, leprosy, and other skin diseases, as well as as a vehicle for drugs to be applied externally.⁽⁸⁾

The Ayurvedic preparation was evaluated for its physicochemical parameters in the study, and changes that occurred during washing were investigated. An attempt is made to find out the rationale behind washing cow *ghee* 100 times with water. The characteristic odour and granular, oily consistency of cow *ghee* are not present in shata dhauta ghruta, and so it is a homogeneous, smooth, non-oily product that is easier to apply so Patient compliance is thus improved. When compared to the acidic pH value of *ghee*, the neutral pH of shata dhauta ghruta makes it beneficial by preventing skin irritation. Because of the smaller particle size of shata dhauta ghruta, the product is non-granular, non-sticky, and homogeneous, making it easy to apply to the skin and possibly increasing the rate of absorption through the skin. Washing results in a homogeneous oil-in-water emulsion with better consistency and viscosity, which makes it suitable for use in topical application.

CONCLUSION

Ahiputana is a disease comparable with diaper rash. It is common disease in observed in infantile age due to low socio economic condition, poor sanitation. *Ahiputana* is a separate disease mentioned in Kshudraroaga by Acharya having its own etiology, pathology and management. In Ayurveda literature Maloplepat, Asuchitwa, Dushtastanyapana hetus are described of *Ahiputana*. But Asuchitwa is more common hetu. Both Kapha and Rakta have been considered to be the chief *Doshas* and *Rakta Dusthi* caused by aggravation *Pitta*, hence *Pitta* also involved in the pathogenesis of *Ahiputana*. The symptoms of *Ahiputana* described in text are Tamravarnata, Kandu (irritability), Strava, Pidaka are seen in present study. Hence application of *Shatdhauta Ghruta* is very useful and unique gifts of ayurveda for diaper rash in infants.

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