

**AN AYURVEDIC APPROACH OF AHIPUTANA (NAPKIN DERMATITIS) IN CHILDREN: A LITERATURE REVIEW****Dr. Rohit Kumar\***

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**ABSTRACT**

Ahiputana is a commonly recognized disorder described in classical Ayurvedic literature, predominantly seen in infants. It arises mainly due to disturbances in the Kapha and Rakta doshas and is considered a predominant disorder during early childhood. In modern medicine, a similar condition Napkin rash is attributed to poor hygiene and prolonged diaper use. In Ayurvedic texts, Acharya Sushruta and Vagbhatta have proposed various therapeutic formulations for managing Ahiputana. This article explores the condition from an Ayurvedic standpoint, emphasizing traditional diagnostic insights and treatment strategies.

**KEYWORDS:** Ahiputana; Stanya Shodhana; lepa; Diaper rash.**INTRODUCTION**

Ahiputana described in classical Ayurvedic literature, predominantly seen in infants. This ailment is primarily linked to disturbances in the Kapha and Rakta doshas.<sup>[1]</sup> making it a notable pediatric issue. The condition often develops due to inadequate hygiene practices—such as not properly cleaning after urination or defecation, excessive sweating, and exposure to unclean surroundings. These factors contribute to irritation and itching, especially in the *gudapradesha* (anal region), leading to eruptions that may ooze fluid. The *Ashtanga Hridaya*, a prominent Ayurvedic scripture, refers to Ahiputana by multiple names, including *Pristharu*, *Gudkuta*, *Mathrukadosha*, and *Anamika*.<sup>[2]</sup>

In modern medicine, a comparable condition known as Napkin rash or Diaper dermatitis is identified. It often results from poor hygiene and the prolonged use of diapers. Diaper rash is among the most frequently occurring skin problems in infants and toddlers. Its prevalence and the age at which it appears can differ across regions, influenced by diapering habits, sanitation levels, toilet training methods, and cultural practices related to child care.

### ETIOLOGY AND PATHOGENESIS OF AHIPUTANA

As per *Sushruta*.<sup>[3]</sup> when a child's excreta is not properly cleaned, residues of stool and urine remain on the skin near the anal area. Feces, being dense waste matter, cling to the skin, disturbing the balance of Kapha and Rakta doshas in that region. Likewise, the damp nature of urine results in moistness, intensifying irritation and itchiness around the perianal skin. The situation worsens with excessive sweating and lack of cleanliness, which inflames the affected area.

The Ashtanga Hridaya.<sup>[4]</sup> also attributes Ahiputana to the cumulative effect of stool, urine, and sweat, all having liquid (drava) properties, causing itching (kandu) in the perianal region. Increased perspiration can produce a burning sensation (daha) as well. Acharya Bhoj emphasizes that the cause lies in Kapha-Pitta-induced vitiation of breast milk, along with poor hygiene in the child's perianal area.

From a modern perspective, diaper dermatitis arises from several interacting factors like

1. **Moisture:** Extended contact with wet diapers softens and weakens the skin, making it prone to irritation and infection.
2. **Friction:** Constant rubbing between the diaper and the skin causes mechanical irritation.
3. **Urine and Feces:** Residual waste, particularly when not cleaned promptly, irritates the skin. Fecal enzymes may further degrade the protective skin barrier.
4. **Infections:** The moist diaper environment fosters fungal (e.g., *Candida albicans*).<sup>[5]</sup> and bacterial growth, worsening inflammation.
5. **Sensitive Skin:** Some babies naturally have more reactive skin, which may be due to genetics or external conditions.
6. **Harsh Products:** Scented wipes, soaps, or chemicals used during diaper changes can aggravate delicate infant skin.

## SIGNS AND SYMPTOMS

As noted by Sushruta.<sup>[6]</sup> the clinical presentation of Ahiputana includes:

1. **Kandu (Itching):** Triggered by the accumulation of unclean feces, urine and sweat, aggravating Kapha dosha.
2. **Daha (Burning Sensation):** A result of Pitta dosha vitiation.
3. **Sphota (Blisters):** Caused by imbalances in Pitta dosha and Rakta dhatu (blood tissue).
4. **Srava (Discharge):** Typically linked to excess Kapha.
5. **Ekibhuta Vrana (Fused Ulcer):** Indicative of combined disturbances in Pitta and Rakta dhatu.

The Bhoja Samhita also outlines symptoms such as itching (Kandu), burning (Daha), pain (Ruja), and the development of skin lesions (Pidaka).

## MANAGEMENT OF AHIPUTANA

### 1. Cleansing of Breast Milk (*Stanya Shodhana*) in the Nursing Mother

As described by Sushruta.<sup>[7]</sup> cleansing of the mother's milk can be achieved using herbal combinations like Patol Patra, Triphala, Rasanjan, and medicated ghee. To promote wound healing (*Vrana Ropana*), decoctions of Triphala, Kola, and Khadira are also recommended. According to the Ashtanga Hridaya.<sup>[8]</sup> the nursing mother should receive formulations that balance Pitta and Kapha doshas to ensure the quality of breast milk.

### 2. Oral Medication for the Infant

Astanga Sangraha advises the administration of *Shweta Chandana*<sup>[9]</sup> (white sandalwood) decoction orally during breastfeeding sessions for therapeutic effects.

### 3. External Application

#### Lepa

According to *Sushruta*.<sup>[10]</sup> the following formulation are used topically:

- Kasisadi Lepa
- A combination paste of Badara Twak, Saindhava, and Kanji
- Kapala Churna and Tutha Churna paste

From the *Ashtanga Hridaya*.<sup>[11]</sup> preferred lepas include:

- Rasanjana (Tarkshyasaila) with honey
- Kasisadi Lepa

The *Astanga Samgraha*.<sup>[12]</sup> recommends:

- Rasanjana and honey paste
- Gunja seed powder paste

As per *Bhavprakash*.<sup>[13]</sup> a lepa composed of Shankha, Sauviranjana, and Yastimadhu is used.

**4. Dusting Powders (Awachurnana)<sup>[14]</sup>:** Herbal powders used for dusting include: Yashtimadhu, Shankha, Sauviranjana, Sariva, Sankhanabhi, Kasisa, Rochana, Tuttha, Manashila, and Haritala, as well as Asana Twak Churna.

**5. Irrigation (Parisheka)<sup>[15]</sup>:** *Sushruta* recommends washing the affected region with decoctions of Triphala, Kola, and Khadira to promote healing of ulcers or lesions.

**6. General Skin Care in Infants:** Ayurvedic oils like Eladi Kera Taila, Nalpamaradi Taila, Lakshadi Taila, and Bala Taila are used before or after bathing to maintain skin health and prevent conditions like Ahiputana. Additionally, Ayurvedic bath powders (churnas) such as Ashwagandha, Mudgadi, and Eladi serve as gentle, natural cleansers. For bathing, lukewarm water infused with Ksheeritwak, Nimbapatra, Usheera, or Tulasipatra provides added protection and soothes the skin.

## RESULTS AND DISCUSSION

Ahiputana closely resembles diaper rash and is commonly observed in infants, especially in communities with limited resources and inadequate hygiene. This condition is distinctly mentioned in the Ayurvedic text *Kshudraroga*.<sup>[16]</sup> where the Acharyas have detailed its unique etiology, progression, and treatment modalities. One of the primary causes identified in Ayurveda is *Stanyadushti* (vitiation of breast milk), alongside factors such as insufficient cleaning after urination or defecation.

In contemporary medical practice, managing diaper rash primarily involves both topical and systemic treatments focused on the infant. However, modern approaches often overlook the role of the mother's health. Ayurveda emphasizes the importance of addressing the mother's condition through *Stanyashodhana* (cleansing of breast milk), ensuring a more integrative and preventive approach. This dual focus on both the infant and the nursing mother leads to more effective resolution of the disorder.

Essential elements of Ayurvedic management include *Nidan Parivarjana* (eliminating the causative factors) and *Stanyashodhana*. Herbal interventions such as decoctions, medicated

powders, and wound-healing oils and ghee (*vranahara dravyas*) are integral to the therapeutic process.

## CONCLUSION

The main cause of Ahiputana is Stanyadushi or impurities in breast milk. A clear understanding of its causal factors, disease mechanisms, diagnostic differentiation, and treatment strategies allows pediatric practitioners to adopt effective interventions. A clear understanding of its causative factors, disease mechanism, diagnostic differentiation, and treatment strategies empowers pediatric practitioners to adopt effective interventions. By addressing both the infant and the nursing mother, especially through Ayurvedic principles, the management of Ahiputana becomes more thorough and impactful.

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