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An Ayurvedic appraisal on *Ahiputana* w.s.r. to Diaper Rash - A Case Study

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ABSTRACT

Many disorders during *Balyavastha* are caused due to vigilant caring of parents and *Ahiputana* is one such commonly seen condition. The calculated risk of developing diaper rash is 1 in 4 infant and the peak incidence is found in between 9 to 12 months. *Ahiputana* is a *Kapha Rakta Pradhana Kshudraroga*, caused due to unhygienic conditions such as improper cleaning after defecation and urination, presenting with *Kandu* and oozing blisters at perianal region, forming *Vrana*. Diaper rash is similar condition in contemporary science reported due to improper toilet training, hygiene and child rearing practices in day to day life. Soiled or wet laden diapers that are left for too long, results in sore and scaly rashes due to *Candida albicans*. This life style disorder occurring at infancy has cure through *Ayurveda* via *Bahyaparimarjana* and *Antahparimarjana Chikitsa* as explained in different classics. Different *Lepa prayoga* has extensive result over the same. Zinc oxide is used commonly in treating diaper rashes in contemporary science. Many formulations mentioned in classics yields better effect over diaper rash. The present study attempts to highlight the concept and treatment of *Ahiputana* in *Bala* caused due to life style hazard.

Key words: *Ahiputana*, *Bala Vyadhi*, *Diaper Rash*.

INTRODUCTION

Ahiputana can be correlated with Diaper rash, also known as napkin rash which is included under irritant contact dermatitis. It is caused due to friction, regular contact with diaper, prolonged contact with urine and faeces retained napkin and over hydration of skin.^[1] It typically appears as red, inflamed patches on the baby's

buttocks and genital area. In the first year of life, the prevalence of diaper rash has been found to range from 7 to 35%. The majority of incident is found in 9–12 months aged baby.^[2] It has been reported that it is not unusual for every child to have at least one episode of diaper rash by the time he or she is toilet-trained.^[3] The incidence of nappy rash triples in babies with diarrhea.^[4]

Acharya Sushruta mentioned that due to *Asuchita* (improper cleaning) and unhygienic condition, Perianal region remains constantly in contact with *Mala* (faeces), *Mutra* (urine) and *Sweda* (sweat),^[5] which vitiate *Kapha Dosha* and *Rakta Dhatu* in a body. *Prakupit Rakta* and *Kapha* cause *Kandu* (itching) produces *Kleda* (moistened) and then *Sphota* (blister) in perianal region.

Ashtanga Hridaya describes *Malopalepa* and *Sweda*, aggravates *Kapha Dosha* and *Rakta Dhatu*, leading to *Kandu*, *Daha* and *Tamra Vrana* around the perianal region.^[6]

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Preventive measures include avoiding diapers as much as possible or using it very carefully whenever much needed and if used then changing it frequently. Using absorbent diapers and keeping the diaper area clean and dry.

Present case deals with one of the *Ayurvedic* treatment modality in treating *Ahiputana*.

CASE REPORT

A male baby of 4 months old, born through LSCS, from Bhadravati, Shivamogga district, was brought to AkSHAY - Ayurvedic Woman & Child Health Care, Shivamogga, Karnataka by his mother with complaint of noisy breathing, irritability and continuous crying day and night since 1 month. As per history narrated by mother, one month before the child was asymptomatic, but since 1 month the baby is crying excessively and even has noisy breathing, due to which the baby is not feeding well with breast milk. For the same the baby was consulted to the local clinic as well as hospitals and was even given nebulization along with oral medications. Even after all the trial the mother didn't observe any changes in the baby's behaviour. At last, after the suggestion of one of the patients of our health care centre and their own friend, the mother approached our centre for further line of treatment. Later on, re-interrogation it was revealed that baby was made to wear diaper continuously day & night with change of frequency of 2-3 diapers per day and on examination it was diagnosed as Diaper Rash.

Birth history

Antenatal: ANC was normal

Natal: Full term/LSCS/Birth Weight 2.75 Kg/Baby Cried Immediately after Birth.

Post Natal: No any history of NICU admission or hospitalization.

Developmental history:

Normal as per the chronological age.

Family history:

Non-consanguineous marriage. No any other relevant history for present condition.

Immunization history:

Taken as per National Immunization schedule.

Personal history

- **Diet:** Breast milk
- **Appetite:** Feeding with difficulty
- **Sleep:** Disturbed
- **Bowel habits:** 3-4 times/ Day, Colour - Yellow, Odour - Foul smell, Character - Frothy
- **Micturition:** Day - 5-6, Night - 2-3 times, Colour - Pale, Odour - Normal

General physical examination

General examination	Anthropometry
Pallor : Absent	Height : 61cm
Icterus : Absent	Weight : 6.9 kg
Cyanosis : Absent	HC : 40.5cms
Lymphadenopathy : Absent	CC : 38cms
Edema : Absent	MAC : 10.5cms

Systemic examination

Cardiovascular system: S1, S2 - heard, Clear. No murmurs

Respiratory system: B/L symmetrical chest movement, No added sounds

GIT: P/A: No tenderness, No organomegaly, Mild Gaseous distention

CNS: NAD, Reflexes - Normal

Local examination

Perianal erythema – Diameter of around 10cms, with vesico-papular eruptions

Mild excoriation and serous discharge

Diagnosis - Ahiputana (Diaper Rash)

Treatment given

1. *Nidana Parivarjana* / Lifestyle Modification: Avoiding Diaper

2. Syp. Balachaturbhadraka 2ml tid for 7 days
3. *Panchavalkala Qwatha* for *Prakshalana*
4. Pentaphyte P5 cream for E/A

RESULTS

	Before treatment	After treatment
Redness	+++	+
Foul smell	+	-
Blisters	+	-
Oozing	+	-
Irritability	++	-



Before treatment



After treatment

DISCUSSION

In this case, rather than treatment, the important thing was diagnosis of the condition. Usually in pediatric practice most of the time, whenever a baby is brought with the complaint of excessive cry and irritability, it is misdiagnosed with improper feed or colic pain and above that if the mother complaints of noisy breathing is due to chest congestion and so on, nebulization has become the way of convincing the mother.

It is very important in pediatric practice to always have a head to toe examination, rather than only relying on parent's history, so as to come up with the proper diagnosis of the condition.

Coming to the treatment aspect, *Balachaturbhadraka* syrup was used as it acts both on respiratory and Gastrointestinal system. As baby had noisy breathing, which was due to nasal congestion and Napkin rash due to excess use of diaper and due to *Stanya Dusti*. So *Balachaturbhadraka* will take care in relieving both the problems.

Panchavalkala Qwatha has astringent, antiseptic, and antimicrobial properties that help in the healing of the wounds as well as to treat many skin-related conditions. *PV Qwatha* was used to wash the local area after every episode of defecation and micturition, so as to prevent from further spread of infection.

Pentaphyte P5 cream has ingredient as that of *Panchavalkala Qwatha*, but as it is in ointment base which helps in long lasting action at the localized region. So was used as external application after every wash.

Nidana Parivarjana was advised to the care taker as the main cause of Diaper rash is excessive use of diapers.

CONCLUSION

Ultimately whatever is the complaint said by caretaker, it is very important to come to final diagnosis only after thorough examination especially in paediatric practice. Usage of advance baby care facilities should be as per the need without compromising basic principles. Advise Mothers to use the baby Diaper only in warranted circumstances, not as per their wish.

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