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Management Of Ahiputana In An Infant With Local Application Of *Shatdhauta Ghruta* With Reference To Napkin Rash: Case Study.

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ABSTRACT

Ayurveda emphasizes on maintaining the good health i.e. *Swasthya* of a healthy being and also deals with treatment of various diseases [(1).] Like many other problems in pediatric age group, Napkin rash is a commonest concern. Prevalence of Napkin rash has been reported from 7-35% in the first one year of life. Most cases occur between 9-12 month of age [(2)]. In Ayurvedic classics this condition is referred to as *Ahiputana, Gudakuttaka, Mathrukadosha, Prishtaru* and *Anamaka*. It is caused by improper care of infants and children with diapering and is also said to be s*tanyadushtijanya vyadi* (caused by vitiated breast milk) [(3)] The disease is characterized by *Pidika* (papulovesicular lesion), *Kandu* (Irritability due to itching), *Strava* (discharge), *Varna* (skin color over perianal region) erythema, papules, pustules, ulcer, erosions, etc in the anal region. The condition has close resemblance with diaper dermatitis. This condition even worsens with *Atisara,Grahani Rogas, Putana Graha, Ksheeralasaka, Charmadala*.

Keywords – *Ahiputana, Shatdhauta Ghruta,* Napkin rash.

INTRODUCTION

Ahiputana vyadi depending on its symptoms can be correlated to Napkin/ Diaper rash which is further broadly taken under heading of contact dermatitis. It is caused due friction, regular contact with diaper, prolonged contact with faeces and urine retained in Napkin and over hydration of contacted skin [(4)]. It typically appears as red, inflamed patches on the baby's buttocks and genital area. It has been reported that it is very common for every child to have at least one episode of diaper rash by the time he or she is toilet-trained [(5)]. The incidence of napkin rash triples in babies with diarrhoea.

In *Ayurveda*, *Acharya Sushruta* mentioned *Asuchita* (improper cleaning) as the main cause of having diaper rash[(6)] . This does nothing but vitiated the *Tridosha Avastha* and causes *Dushti* of *kapha dosha* and *rakta dhatu* in body which further causes *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[(7)].In today's busy life, working mothers prefers diaper for their baby and this results in increased incidence of rashes. Best option for this to either prevent its use by 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. Case Presented in this article will be given local application of *Shatdhauta Ghruta* for treating *Ahiputana*.

CASE STUDY

AIMS AND OBJECTIVE - To evaluate the efficacy of *Shatdhauta Ghruta* in treating *Ahiputana* (Napkin rash).

MATERIAL AND METHODS

Study design- Present study is a single case study conducted in OPD no.2 of department of kaumarbhritya of L.R.P. Ayurvedic Hospital And Research Centre Urun Islampur, Sangli, Maharashtra.

Case report- A 8 months old female patient came in Kaumarbhritya OPD no.2 of department of kaumarbhritya of L.R.P. Ayurvedic Hospital And Research Centre Urun Islampur, Sangli, Maharashtra , With a complaints of crying baby, mild on and off fever, loose stools ,irritability , redness of perianal region with rashes, itching and severity increases during passing frequent loose stools.

History of present illness- patient had no complains a week before but gradually had increased episodes of loose stools from last 2 days along redness around anal region with itching and mild fever.

Associated complaints- fatigue, Irritability, excess cry, mild fever

History of past illness- – H/O Introduction of new foods. Poor sanitization and diapering.

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

Drug history – No any.

Family History- No any.

Birth history –

Antenatal – No Any.

Natal – Full Term Normal Delivery, Baby Cried Immediately After Birth, birth wt. was 2.9 kg.

Postnatal – No Any.

General Examination:

Table no.1

Built	Moderate
General appearance	Fair
Temp.	98.7 ^{0}F
Pulse	118/min
RR	30/min
Height	62cm
Weight	7.8kg
Pallor	Absent
Icterus	Absent
Cyanosis	Absent

Physical Examination-

Table No. 2

Nadi	Kapahapradhan
Mutra	Samyakapravruti
Mala	mala pravrutti
Jivha	Samata
Shabda	Spashta
Sparsha	Samshitoshna
Druk	Prakruta
Aakruti	Madhyam

Treatment Plan - Shatdhauta Ghruta

Local application of Shatdhauta ghruta

viscous layer of shatdhauta ghruta is applied on a perianal region 5 times in a day for 7 days.

preacutions - avoid wearing of diaper until healing of rashes occurs.

OBSERVATION AND RESULT

Table:3

Observation	Before Treatment	After Completion of treatment of 7 days
Kandu	+++	+
Pidika (Skin lesions)	++	-
Shipran sphotam (Blister)	++	-
Strava (Discharge)	+	-
Daha (Burning sensation)	+++	-
Irritability	+++	-
Foul smell	+++	-

DISCUSSION

In paediatric cases, the important thing is the diagnosis of the condition because whenever a baby is brought with the complaint of excessive cry and irritability in paediatric OPD, it is misdiagnosed with improper feeding or colic pain. Therefore, it is very important in paediatric practice to always have a head-to-toe examination, so as to come up with the proper diagnosis of the condition. *Ayurveda* have emphasized ghee as a medicine as ghee plays a vital role, both as a carrier 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. *Shata-dhauta-ghrita* (SDG) i.e. washed cow ghee around 100 times 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 a transport mode for drugs to be applied externally. After washing a normal cow ghee it increases its potency. The characteristic odor and granular, oily consistency of cow ghee are not present in *shata dhauta ghrita*, and so it is a homogeneous, smooth, non-oily product that is easier to apply. When compared to the acidic pH value of ghee, the neutral pH of *shata dhauta ghrita* makes it beneficial by preventing skin irritation. Because of the smaller particle size and unformity of *shata dhauta ghrita,* 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. It is not in liquid form and slightly viscous hence it increases its contact time that facilitates more time for absorption. It also provides necessary moisture. Washing results in a homogeneous oil-in-water emulsion

with better consistency, uniformity and viscosity, which makes it suitable for use in local application. Many studies shows that it is safe in children, pregnancy and even in comorbid.

CONCLUSION -

Ahiputana is a disease comparable with diaper rash. It is common disease observed in pediatric age due to unhealthy practices, poor diapering, low socio-economic condition, poor sanitation. Ahiputana is a separate disease mentioned in *Kshudraroga* 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 *Ahiputna*. The symptoms of *Ahiputana* described in text are *Tamravarnata*, *Kandu (irritability), Strava, Pidaka* are seen in present study. 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 case of necessary.

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