AHIPUTANA AN AYURVEDA AND MODERN PERSPECTIVE

Chetan Patil*1, Dr. Sanjay Chitte2, Dr. Yogesh Surse3 and Dr. Kiran Shinde4

1P.G. Scholar, Department of Kaumarbhritiya, Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Nashik, Maharashtra, India.
2HOD and professor, Department of Kaumarbhritiya, Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Nashik, Maharashtra, India.
3, 4Assistant Professor, Department of Kaumarbhritiya, Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Nashik, Maharashtra, India.

*Corresponding Author: Chetan Patil
P.G. Scholar, Department of Kaumarbhritiya, Shree Saptashrungi Ayurved Mahavidyalaya and Hospital, Nashik, Maharashtra, India.

ABSTRACT
Ahputana is a skin disease involving Kapha Rakta predominance. It is commonly observed in infants especially of developing countries. During infancy the skin is continuous contact with urine, faeces & other wastes. The improper hygienic condition and increased perspiration with retention of sweat may leads formation of ammonia resulting skin burning & rashes in anal region. The anal region may observe with inflammatory condition, erythema, papules and scaling in Ahputana. This article described the ayurveda perspective of ahputana.

KEYWORDS: Ayurveda, Ahputana, Napkin Rasa, skin.

INTRODUCTION
Ayurveda described various diseases of anal region such as; Guḍakutta, Anamika, Sannirudhagudha along with Ahputana. Ahputana/Napkin Rash is a skin problem occurs during infancy involving rashes and itching in anal region. Kapha as Dosha and Guḍa-Pradesha as Sthana mainly involve in disease. The disease mainly occurs due to the improper cleaning after urination, defecation and accumulation of atisweda. These unhygienic conduction leads itching in guda due to kapha and rakta which produces eruption with srava. The microscopic urine and stool examination along with physical observation are used as clinical investigations to diagnose the disease condition. Irritability, dermatitis & inflammatory lesion may be seen along with other symptoms. Ayurveda described various drugs for internal and external application in the management of skin disease. Drugs such as; Shankha, Sauvira and Yastimadu which possess kaphaghna, pittaghna, Vranaropak, kledaghana and raktashodhak properties may offer relief in Ahputana. This article describes ayurveda perspective of Ahputana along with its management.[1-5]

Symptoms
➢ Kandu.
➢ Erythema over guḍapradesha.
➢ Scaling.
➢ Pitika.
➢ Srava.
➢ Lesions.

Treatment
➢ Rasanjana drugs may used locally.
➢ Lepa of oil preparation & Ghrita.
➢ Raktamokshan therapy in case of severity.
➢ Cleaning the affected site with triphala.
➢ Lepa of Gunja seed powder.
- Madhukadilepa.
- Oil preparation of Malati, Chitraka and Karanja.
- Lepa of Gokshur, honey and ghee.
- Svarasof Patol leaves.
- Topical formulation containing aloe vera and Calendula officinalis.
- Shankhadi Lepa.

Precautionary approaches
- Complete cleaning of napkin area along with proper drying.
- The caretaker should always wash their hands before and after changing diaper.
- The soft disposable napkins should be used with air ventilation.
- The uncommon hard & clothe napkin should be avoided.
- Tight napkin should be avoided to reduce contact and friction between the napkin and skin.
- Napkin should be changed whenever it get wet or soiled.
- The baby should check regularly even in night for any wet or soiled content in dipper.
- Baby may be keep free from diaper if possible to maintain dipper free environment.

MODERN PERSPECTIVE
The modern science also describes this condition as napkin rash which affects the skin under an area of baby's napkin. This condition affects babies aged from 3 to 15 months of age since this is the age of wearing cloth nappies. Breastfed babies are less prone to such infection since soft faeces of breast fed babies possess lower pH and watery stools and urine are less sticky over skin surface to cause infections. However as babies grow they started to eat solid foods the stool frequency increase which will be more hard and sticky with high pH thus chances of skin rash may increases as compared to Breastfed babies.

The disease mainly involve following clinical perspectives:
- Urine and occlusion resulted skin maceration.
- Faeces along with urine over skin area raised pH & skin burning.
- Formation of ammonium hydroxide harm soft skin surface.
- The unhygienic skin becomes susceptible to the microbial infection.
- The friction due to the limb movement around wet area increases discomfort.
- The other diseases also lead progression of napkin rash.

Diagnostic signs or symptoms
- Discomfort.
- Bloody Stool.
- Fever.
- Itching.
- Irritability in nature.
- Inflamed anal skin.
- Pungent smell around affected area.

Suggestive management
- Use of cellulose pulp and superabsorbent polymers decreases chances of infection.
- Use of petrolatum-based moisturizing lotion may offer skin barrier protection.
- Aqueous cream can be used for calming effect.
- Protective emollient ointment containing offer relief.
- Formulation containing petrolatum and zinc oxide also possess cooling and soothing effect.
- Topical cream containing mild steroid such as hydrocortisone may be applied to skin for anti-inflammatory response.
- Topical antifungal cream containing drugs such as; clotrimazole & ketoconazole may prevent further fungal infection.

REFERENCES
2. Sushruta-Sushruta Samhita, Nidana Sthana.

Figure 2: Some lateral causes of napkin rashes as per modern perspective.

The napkin rashes possess clinical symptoms such as; erythematous maculae & papules in the genital area along with thigh area. Oedema, dryness, scaling and erosions may also observe; sometimes irregular blisters and pustules also seen. Dry, red & scaly plaques along with itching are common in children. [6-9]


5. Clinical Pediatric Dermatology, by Thappa D. M, Elsevier publication, Chap-12 Eczemas and Dermatitis, 2009; 75.


