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AN AYURVEDIC APPROACH OF *AHIPUTANA* WITH SPECIAL REFERENCE TO NAPKIN DERMATITIS: A LITERATURE REVIEW

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ABSTRACT

Ahiputana is described under *Kshudraroga* in classical Ayurvedic literature as a pediatric dermatological condition predominantly affecting infants and young children. It is traditionally associated with inadequate childcare practices and maternal neglect, which are considered contributory factors in the manifestation of various childhood disorders, including Ahiputana. Clinically, it correlates with Diaper

dermatitis (napkin dermatitis), one of the most common inflammatory dermatoses observed in infancy and frequently encountered in pediatric outpatient departments. Ayurvedic compendia describe several pathological conditions affecting the *Guda* (napkin/perianal) region, including Ahiputana, Anamika, Sanniruddhaguda, Parikartika, Gudabhramsha, and Gudakutta. Among these, Ahiputana is characterized as a disorder primarily involving vitiation of *Pitta*, *Kapha*, and *Rakta* doshas. The condition typically presents in neonates and infants with erythema, vesiculation, and inflammatory lesions in the perianal region. From a contemporary biomedical perspective, poor hygiene, prolonged moisture exposure, and retention of sweat and urine contribute to ammonia formation, resulting in irritant dermatitis and blistering eruptions. Ayurvedic texts further identify *Stanyadushti* (vitiation of breast milk) as an etiological factor. Management strategies are individualized based on the predominance of doshas and severity of clinical presentation, and may include *Nidana Parivarjana* (elimination of causative factors), *Stanyashodhana* (purification of breast milk), topical applications, cleansing with medicated decoctions, dusting powders, and other local therapeutic measures. A comprehensive understanding of both Ahiputana and diaper dermatitis may facilitate the development of integrative and evidence-informed management protocols, ultimately improving therapeutic outcomes and providing significant symptomatic relief in neonates and infants.

KEYWORDS: *Kshudrarog, Gudakutta,Anamika, Sannirudhguda, Gudabhransh, Parikartika, Stanyadushti,stanya shodhana,* Napkin dermatitis

INTRODUCTION

Ahiputana is classified under *Kshudra Roga* (minor diseases) in classical Ayurvedic literature. According to Sushruta, Ahiputana is a relatively mild dermatological disorder predominantly affecting neonates and young children. The condition is described as being synonymous with Matruka Dosha, Prushtharu, Gudakutta, and Anamika in traditional texts.The etiological factors of Ahiputana include *Dushta Stanyapana* (consumption of vitiated breast milk) and *Asuchita* (poor hygienic practices). Inadequate perianal hygiene—particularly failure to cleanse and dry the anal region promptly after *Mala* (defecation) and *Mutra* (urination)—is considered a significant contributing factor.According to Vagbhata, aggravation of *Rakta Dhatu* and *Kapha Dosha* leads to the development of *Tamravarna Vrana* (copper-colored lesions) in the *Guda Pradesh* (perianal region). This pathological process is attributed to *Malopalepa*, referring to the accumulation and persistence of excretory residues following urination and defecation.A comprehensive understanding of the correlation between Ahiputana and diaper dermatitis may contribute to the development of improved

preventive and therapeutic strategies, thereby significantly reducing morbidity and discomfort among affected infants.

AIMS AND OBJECTIVES

1. To Study the *Ahiputana* according to *Ayurved Samhita.*
2. To study napkin dermatitis(also called diaper dermatitis) according to Ayurvedic aspect.

MATERIAL AND METHODS

This study uses both traditional Ayurvedic texts, such as the Samhita, and current texts, such as media, online resources, and standard journal publications.

Ahiputana

Synonyms of *Ahiputana*

1. *Ahiputana* denotes "sores on the lower portion of the body" in *Sanskrit*[5]. *Acharya Indu* has connected "*Putana-graha*" to the ailment known as *Ahiputana*.
2. "That which cuts or pierces the anal region"is *Gudakuttaka*.(*Kuttana*=cut)
3. *Matrukadosha*: A congenital condition caused by both *Matruka* and *Dosha*[7,8].
4. *Arus*[9]-Sorein*Prishta*[10]-backis“*Prishtaru”*.
5. *Anamika*([11]- "nameless,""anonymous," or "infamous." Hemorrhoids, often known as "*Durnama*," are also referred to by the same name.
6. *Gudakuttaka*[12]-Slashestheareaoftheanus.

Hetu*/Aetiology of *Ahiputana

According to *Sushruta*[13]

Dushta Stanya Pana ,Malasya avadhan-*Vatadidosha* are the causative factors for *Stanya dushti*. In *Ayurved samhita, Stanya shodhan* is advised to *Dhatri* as*chikitsa.* It is found that the drugs used for *Stanya shodhan* are *Kaphapittaghna* hence we can conclude that *Kapha pittaj stanya dushti* is the causative factor.

Shakrunmutra samayukta- Improper cleaning of *Mala, Mutra* of child gets attached to skin at perianal region. *Purisha* is the condensed part of *Mala*; it gets attached to skin which causes *Sthanik rakta kapha dushti*. Along with this, *Mutra* has *Kleda* propertywhich causes wetness of skin and is responsible for *Kandu* i.e., itching at the perianal region.

***Sweda* -** The *Drave* property in *Sweda* makes the skin wet(damp),which results in *Kandu* around the *Guda* area. Furthermore, since *Sweda* is *Pittasthan*, it is*Ushna* by nature. *Sanchay* of *Sweda* for prolonged time causes *Daha*.

***Sweenasya Aswapyamanasya* -** Excessive sweating and improper cleaning of perianal region causes inflammation of the napkin area of skin.

Accordingto*AshtangSangraha/Hridaya*[14]

Mala upalepa: *Purisha, Mutra* and *Sweda* together having *Drava guna* which causes *Kandu* around the perianal region.

***Sweda*:**Excessive sweating causes *Daha* at the perianal region.

Accordingto*Bhoja*[15]

***Dushta stanya pana* -** *Vatadi dosha* are the causative factors for *Stanya dushti*. The drugs used for *Stanya shodhana* are *Kaphapittaghna* hence we can conclude that *Kaphaj pittaj stanya dushti* is the causative factor for *Ahiputana*.

***Malasya adhabanam* -** Improper cleaning of the perianal region of the children causes *Ahiputana*.

***AcharyaKasyapa*[16]**

He has said that the skin of the infant is tender and gets easily damaged by clothing, contact with faeces and urine, warm climate, sweating and lack of cleaning thereafter, rubbing with powders etc.

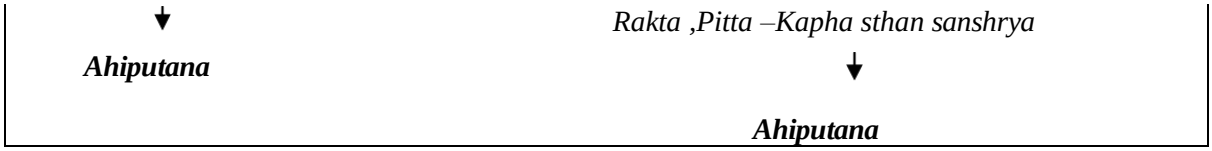
Samprapti*/Pathogenesis of *Ahiputana*[17,18]Samprapti*** of *Ahiputana* is described in two different manners.

1) *Nijadosha-Dusht stanya sevan* and *sthanik Dushti*.

2) *Bahya Dushti*

Figure1:*Samprapti* of *Ahiputana*

1.*Bahya/Sthanik doshadushti*	**2.*Samprapti* due to *Nija dosha* and *Sthanik Dushti***
↓	↓
Unhygienic condition	*Pitta-Kaphaj Stanyapana*
↓	↓
Prolonged *Maloplepa* of *Mala, Mutra, Sweda* around perianal region	*Pitta-Kapha dosha prakopa* and *Rakta Dushti*
↓	↓
Sthanik Rakta-Kapha dushti	*Sthanik vaigunya* around *Guda* region due to *Dosha* and *Rakta dushti*
↓	↓
Sthanik Pitta dushti	



***Lakshana*/Symptoms of *Ahiputana*[19,20]**

1. *Kandu*(irritability due to itching)
2. *Daha*(burning sensation)
3. *Ruja*(pain)
4. *Tamra-vrana*(redness) *Shipransphotam*(blister)
5. *Srava*(discharge)
6. *Ekibhutavrana*(coalescedulcer)
7. *Ghora*(horriblelooking)
8. *Bhuriupadrava*(associated with complications like *Jwara* or fever, etc.)
9. *Pidika*(skin lesions)

Bheda*/Types of *Ahiputana

Vishesh Bheda of *Ahiputana* are not mentioned by *Vagbhata* and *Susruta*, but *Bhoja's* opinion of '*Yathadosham sudarunam* points to categorization of *Ahiputana* based on the *Doshas* involved and its severity. According to the *Dosha adhikya* whichappears in the disease, it may be considered as *Kapha adhikya, Pitta adhikya, Vata adhikya* or *Dwidosha adhikya* or *Sannipatika*. The severity also may vary according to *Dosha* involved- *Pitta* causing acute and severe inflammation, *Kapha* causing intense pruritus and chronic inflammation, *Vata* causing severe pain, etc.

VyadhiVevachedakNidan*/DifferentialDiagnosisof *Ahiputana

1. *Atisara*
2. *PutanaGraha*
3. *GrahaniRoga*
4. *Kushta*
5. *Charmadala*
6. *Ksheeralasaka*

Chikitsa*/Therapeutic Intervention of *Ahiputana

1. *Stanya Shodhana*/Cleansing of breast milk For *Dhatri*

According to *Sushruta*- *Stanya shodhana* done by *Patol patra, Triphala, Rasanjan, Siddha ghruta pana. Triphala, Kola* and *Khadira Kashaya pana* for *Vrana ropana*.

According to *Astanga Hridaya Dhatri stanya shodhana* by *Pitta shlesma hara* drugs. So, decoction of *Pitta* and *Shlema hara* drugs should be given to the *dhatri*.

2. Decoctions for intake

- In Remedies to be consumed, *Vagbhata* has recommended that the mother should take a cooling drink made from boiled and chilled water on a regular basis to soothe her *Pitta*.
- According to *Indu* and *Chandra* opinion, *Panaka* prepared of *Sitaseeta* (*Swetachandana* or sandalwood).
- *Tarkshya antarapanaka* for *Anamika, Sthoulya, Pittasra, Kandu, Gandagalamaya, Udaraatyunnati*, etc., as per *Ashtanga Sangraha*.
- *Indu* defined *Tarkshyasaila* in *Ahiputana* management as *Makshika Rasanjana yoga*, which combines *Rasanjana* and *Swar namak shika*.Both external and internal use are possible for *Makshika* and *Rasanjana*.

2.Local Application for *Ahiputana*

A .*Lepa*

- *Tarksyasaila* mixed with honey

- *Ashmantwak Churna*

- *Shankha, Souviraka, Yastimadhu churna*. **B.*Awachurnan*-***Yashti ,Shankha ,Sauvirakanjana***or *Sariva ,Shankhanaphi ,Kasis ,Rochan ,Tuttha ,Manohava, Ala* and *Rasanjan.*

C.*Parishek*-Decoction of *Triphala* ,barks of *Badar* and *Plaksa*.

D.*Raktamokshana*-Acharya *Vagbhatta* has advised *Raktmokshana karma* by the application of leech if there is excessive inflammation and itching.

Pathya-Apathya Kalpana for Ahiputana

Table1:*Pathya-Apathya Kalpana*

Pathya	***Apathya***
1. Avoid regular and longtime use of nappies 2. Change the nappies once it gets dirty with faeces or urine 3. Regular bath 4. Keep the napkin are always clean and dry	1. Regular and longtime use of nappies 2. Rubbing over the napkin area

Napkin Dermatitis

Ahiputana is equivalent to napkin dermatitis. Some of the conditions are frequently diagnosed as napkin dermatitis in infants and children.

1. Perianal candidiasis
2. Perianal dermatitis
3. Perianal strepto coccal disease
4. Perianal infectious dermatitis.

Definition of Napkin Dermatitis

Napkini dermatitis is a common term which his used to specify the inflammatory skin rash of the diaper area in infants due to prolonged contact with irritants like urine, faeces, sweat, moisture, etc due to diaperuse. Secondary microbial infections may also follow.Even though not life threatening, the disease can be severely distressing for the infant and mother.

It is the most common skin disease in infants wearing diapers. A prevalence varying from 7% to35% percent according to a study report·. The condition is more common in children under 24 months of age, beginning in the neonatal period when wearing diapers start,with peak incidence in the 9-12-month age group.After 24 months, toilet training is usually established which reduces its incidence.Perianal dermatitisis also found in children due to cow milk allergy, it is one of the causes of napkin dermatitis.

Etiology of Napkin Dermatitis

A. Peculiarities of diaper area

- Difficulty in cleaning and drying due to folds of the buttock.
- Frequent contact with faeces and urine make the area moist and humid.

B. Diapering practices

- Infrequent changing of diapers

- Mixing of urine and faeces

- Prolonged wetness

- Friction of with diaper

- Improper cleaning

-Use of harsh soaps

C. Mixing of urine and faeces

- Urine increases absorption of skin to irritants and irritates skin due to prolonged exposure.

- In faeces, Bacillus ammonia genes act on urea in urine to form ammonia which increases the pH of the area from 5.5 to 6.8-7.15.

D. Faecal factor

Digestive enzymes in faeces like proteases, lipases and ureases, bile salts and microbes activated byhigher pH act as irritants.

E. Diarrhoea/malabsorption

Regular touch with excrement causes the acceleration of gastrointestinal transit which led to an increase in fecal lipase and protease activity, deficiency in minerals, including zinc.

F. Microbes

Higher pH stimulates growth of Candida, staphylococci, streptococci, E. coli, etc. Increase inflammation and skin damage.

Clinical Features of Napkin Dermatitis

- Napkin rash predominantly affects the convex surfaces in closest contact with wet or soiled diapers.
- Skin inflammation ,lesion and erosion.
- Marked discomfort due to intense inflammation.
- Secondary bacterial or fungal infections may occur. Inter triginous areas are spared. Buttocks, genitalia, lower abdomen and upper thighs are severely affected.
- In chronic forms, scaling with glazed erythema may be seen.
- Emotional distress is indicated by behavioral changes, such as heightened sobbing and agitation as well as adjustments to feeding and sleeping schedules

Complications of Napkin Dermatitis

1. **Granuloma gluteale infantum-** There are numerous, violaceous or reddish-brown papules and nodules of varying sizes located on the convexities and running parallel to the skin folds.

2. **Jacquet's erosive napkin dermatitis:** Is characterized by well-demarcated erosions and punched-out ulcers with elevated margins. The causes include urinary incontinence, diarrhoea, and infrequent diaper changes.

3. **Candidial diaper dermatitis:** Any nappy dermatitis known to exist for more than three days should be suspected of having Candida albicans. Intense erythema, confluent plaque with a scalloped border and finely defined margins, and satellite pustules and vesiculo-pustules are the hall marks of Candidial diaper dermatitis.

4. **Perianal streptococcal disease:** Perianal erythema (pink to beefy red) up to 2 cm from anus. The lesions are very tender and may fissure and bleed. There may be involvement of genitals and anal pruritus, painful defecation and blood-streaked stools.

5. **Perianal infectious dermatitis-**Perianal infectious dermatitis is mostly caused by perianal Staphylococcus aureus infection and is common in male babies. It is marked by dermatitis, pruritus, and superficial erythematous well marginated rash. Genitals may be involved and there may be rectal pain, blood-streaked stools and fecal retention.

Differential diagnosis of napkin dermatitis include

Diagnosis of napkin dermatitis is mostly based on physical examination. A careful history is needed to exclude other differential diagnosis.

1. Atopic dermatitis
2. Miliariaorprickly heat
3. Intertrigo
4. Allergic contact diaper dermatitis
5. Seborrheic dermatitis
6. Napkin psoriasis
7. Zinc deficiency and acrodermatitis enteropathica
8. Scabies
9. Congenital syphilis
10. Human immune deficiency virus.

1. **Cleaning:** After each diaper change, the area should be cleansed softly using lukewarm water. Routine use of soap is discouraged; however, if cleansing agents are required, a mild, fragrance-free soap may be chosen. Whenever possible, plain water is preferable to commercial baby wipes.
2. **Routine Skin Care:** Adequate skin care in infants is crucial and involves regular application of oils and protective barrier preparations to shield the skin from irritants. However, if a Candida infection is present, the use of oils may worsen the condition rather than improve it. Appropriate skin care measures can promote faster healing of damaged skin and reduce the risk of developing napkin dermatitis.
3. Topical fluorinated glucocorticoids, boric acid, and mercury-containing preparations should not be used in the diaper region due to their potential toxicity. Certain herbal agents with antimicrobial effects, such as calendula and aloe vera, have demonstrated benefit in managing diaper rash. Zinc supplementation is recommended when a deficiency is identified. With proper management, conditions like granuloma gluteale infantum generally resolve within a few months.
4. **Diapering Practices:** Recommendations of diaper changes are based on frequency of urination in infants that is, change every 3-4 hours, totally 6-8 times a day. This reduces prolonged contact with urine and faeces which have a damaging effect on skin.

DISCUSSION AND RESULT

Table2 :Comparison of *Ahiputana* with Napkin Rashes

Factors	***Ahiputana***	**Napkinder matitis**
Age– Infants/children	√	√
Factors–Improper hygiene of napkin area(because of faeces and urine)	√	√
Affects–Napkin area	√	√
Features Inflammation *Pitika* Erosion Redness Itching	√	√

Ahiputana is described as a disorder primarily resulting from the vitiation of breast milk (Stanyadushti), which is considered its most specific etiological factor. It is also associated with contributory causes such as poor perineal hygiene after urination and defecation. Clinically, Ahiputana can be correlated with napkin dermatitis, encompassing conditions such as irritant contact diaper dermatitis, candidal diaper dermatitis caused by *Candida albicans*, perinatal candidiasis, perianal streptococcal infection, perianal infectious dermatitis, as well as other related disorders like miliaria, intertrigo, and granuloma gluteale infantum.

The clinical features of Ahiputana described in Ayurvedic texts closely resemble those recognized in modern medicine under diaper dermatitis. Both traditional and contemporary systems outline various internal (oral) and external (topical) therapeutic measures, along with preventive strategies, for its management. Perianal infections—particularly streptococcal dermatitis—are considered predominantly Pitta in nature and may necessitate Pittahara wound management approaches, and in resistant cases, Raktamokshana.

General treatment modalities mentioned for Ahiputana, such as Stanya Shodhana, Lepa (topical applications), Avachurnana (powder application), Parisheka (therapeutic irrigation), and Raktamokshana, are currently underutilized in Kaumarabhritya outpatient practice but may be judiciously incorporated in managing various forms of napkin dermatitis.

From a modern perspective, effective management of diaper-area dermatitis includes maintaining proper hygiene, frequent diaper changes, the use of highly absorbent disposable diapers, avoiding excessive cleansing, allowing brief diaper-free intervals, addressing candidal infection when present, and applying suitable emollients and protective antimicrobial preparations.

CONCLUSION

As described in the Ayurvedic Samhitas, Ahiputana—corresponding to diaper dermatitis in modern literature—arises due to poor hygiene of the diaper area, improper diapering practices, prolonged contact with urine and feces, excessive sweating, and insufficient skin care in infants and young children. A clear and comprehensive understanding of its Hetu (causative factors), Nidana (etiology), Samprapti (pathogenesis), Lakshana (clinical manifestations), management strategies, and differential diagnosis enables Kaumarabhrityakas and pediatric practitioners to effectively apply the various therapeutic approaches available for managing different presentations of Ahiputana or napkin dermatitis.

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