

**A SUCCESSFUL CASE STUDY OF DIAPER RASH THROUGH AYURVED CLASSIC****Dr. Ankush Kumar<sup>\*1</sup>, Dr. Priyanka Parmar<sup>2</sup>, Dr. Divya Deepak Sharma<sup>3</sup>, Dr. Rahul<sup>4</sup> and Dr. Nitika Sharma<sup>5</sup>**<sup>1</sup>Assistant Professor Department of Balroga, Abhilashi Ayurvedic College and Research Institute, Mandi, Himachal Pradesh.<sup>2</sup>Ayurvedic Medical Officer, Abhilashi Ayurvedic College and Hospital, Mandi, Himachal Pradesh.<sup>3</sup>Associate Professor, Department of Shalya Tantra, Abhilashi Ayurvedic College and Research Institute, Mandi, Himachal Pradesh.<sup>4</sup>Associate Professor, Department of Shalaky Tantra, Abhilashi Ayurvedic College and Research Institute, Mandi, Himachal Pradesh.<sup>5</sup>PG Scholar, Department of Swathavritta, DSR Rajasthan Ayurveda University, Jodhpur, Rajasthan.**\*Corresponding Author: Dr. Ankush Kumar**

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**ABSTRACT**

In youngster, outset and youth period, kids get sick because of fragile skin and less invulnerability power. The kid who is on bosom feed (either by mother or dhatri) manages infections like Ahiputana emerging due to dusta stanyapana, asuchita (for example unhygienic conditions) for example kuparicharya of kid in which mother neglects to keep peri-anal district dry ideal clean after each mala mutravisarjan. 60 analyzed youngsters experienced Ahiputana (Diaper rash) were haphazardly chosen for clinical study and partitioned into two gatherings. In Group A, 30 cases were treated with Sveta Malahara furthermore, in Group-B, 30 cases were treated with Gentian Violet. Composed assent of their folks was taken. After treatment, 26 out of 30 patients got total fix in Group sometime 25 out of 30 patients in Group B got total fix. It was seen that Sveta Malahara observed to be more powerful than Gentian Violet in Ahiputana (Diaper Rash).

**KEYWORDS:** Sveta malahara, Gentian violet, Ahiputana, Diaper rash.**INTRODUCTION**

India is the second biggest populace country in world and region savvy seventh being a agricultural nation much populace is living in lower socio conservative class more than 90% populace live in rustic region. The greater part of moms in country region not careful with regards to cleaning and drying of peri-anal locale subsequent to dirtying with pee also, defecation. Normal utilization of napkins and diaper makes bothering skin which prompts Ahiputana (Diaper rash). Ahiputana is very much clarified in a large portion of Ayurved Samhita. As indicated by Ashang Hridaya Maloplep and swed the two causes kandu, daha and tamra vana around the perianal region. In Ahiputna there is pitta, kapha and rakta dosha prakop. Consequently, in treatment of Ahiputana kaphapittashamak, vrananashak, twachy and kledagna drugs are utilized. There are numerous lepas and malahara depicted in texts. Sveta malahara is one of them. Yadavji Trikamji explained that Sveta malahara is shown in shotha and paka around guda and mutrendriya in kids. It is additionally likewise shown in bubble, wound, heaps and burn. Ahiputana can be correlated with diaper rash. Up until now, no review has been led for assessment of Sveta malahara in above issue. Thus

led study to assess adequacy of Sveta malahara in administration of Ahiputana.

**MATERIAL AND METHODS****AIM AND OBJECTIVES**

1. To assess the adequacy of Sveta Malahara.
2. To assess etiopathogenesis of Ahiputana.
3. To gather data about Ahiputana and Diaper rash

**Convention of study****Study plan**

A planned randomized, open, controlled clinical preliminary was led on 60 analyzed patients of ahiputana and partitioned into two gatherings. Proposed clinical review was introduced. Assent An intentional, marked, witness, educated assent gotten from the guardians/watchman subsequent to clarifying them concentrate on subtleties.

**Proforma**

The subtleties of the patient and infection beginning from segment profile that incorporate age, sex, religion, instruction and attention to guardians aaharivritta and so on were noted to show the example and frequency of the illness. Subsequent to recording segment profile,

point by point history was taken, trailed by physical and foundational assessment. Moreover, strotas, ashtavidha and dashavidha pariksha were done and the finding identified with Nidana, Rupa, Dosha, Dushya were additionally noted in the proforma.

### Perception period

The treatment was allowed for 7 days and last appraisal was done on before treatment (first day) and after treatment (seventh day). Clinical reactions were evaluated on consistent schedule for 7 days.

### Determination of patients

All out 60 patients experiencing Ahiputana visiting to emergency clinic O.P.D of division of Kaumarbhritya were chosen in study.

### Incorporation models

1. Age bunch 15 days to 2 years were chosen.
2. Both male and female sex.
3. Indoor and open air patients with indications of Ahiputana.

### Consent for investment

Avoidance Criteria

- Complicated cases,
- Patients with different illnesses like HIV, Psoriasis and so on
- High danger children neonatal sepsis.

### Withdrawal of subjects

- Parents not willing to proceed with treatment
- Parents lost for three successive followups.

### Gathering and Randomization

#### Gathering A (Trial bunch)

30 patients of this gathering were treated with Sveta - Malahara, 1 to 3 gm for nearby application, double a day for 7 days. Explicit eating routine arrangement and every day routine were encouraged.

#### Gathering B (Control bunch)

30 patients of this gathering were treated with Gentian violet paint, 5 to 25 ml locally, double a day for 7 days. Same eating routine arrangement and every day routine like preliminary gathering were encouraged.

### Medication Review

#### Sveta Malahar

1. Tila taila 192ml
2. Rala Churna 48 gm
3. (Tuttha) 3 gm

#### Gentian violet

- 1) Chemical recipe C25 H30 N3.

### Criteria of appraisal

Boundaries and perceptions dependent on patients sign and indications and neighborhood assessment were recorded on case paper in plain structure previously,

during and after treatment. Boundaries reviewed 0 - 3 to know the adequacy of treatment.

#### A. Region covered by rash

- Grade 0: No ill-advised
- Grade 1: Perianal locale
- Grade 2: Perianal and backside
- Grade 3: Perianal, bottom, genitalia and abdomen

#### B. Kandu (Itching)

- Grade 0: No tingling
- Grade 1: Mild
- Grade 2: Moderate
- Grade 3: Severe

#### C. Varna (Color)

- Grade 0: Skin tone
- Grade 1: Red
- Grade 2: Dark red
- Grade 3: Brownish dark

#### D. Strava (Discharge)

- Grade 0: No release
- Grade 1: Mild
- Grade 2: Moderate
- Grade 3: Severe

#### E. Touchiness

- Grade 0: Absent
- Grade 1: Present

#### F. Pidika/Sphota (Pustules)

- Grade 0: Absent
- Grade 1: Present

## RESULTS AND DISCUSSION

At the point when we make ourselves to go through a task, we work for quite a long time to investigate geniuses what's more, cons of issue, take a stab at arrangements and at the stopping point think back for our accomplishments, disappointment; forcing an inquiry mark for us and endeavoring with their reply for individuals, this is called conversation. With the offered viewpoints, barely any surmising's also; translations were drawn and examined here.

## OBSERVATIONS

Most extreme number of kids 29 (48.3%) in this review were in age of 0 to a half year, followed by 24 (40%) youngsters in age gathering of 6 to a year. Just 1.7% patient saw in the age gathering of 12 to year and a half. It was seen that this sickness normal in newborn children because of their fragile skin and less invulnerability power. 61.7% of the kids were guys while 38.3% were females. The rate of Ahiputana observed to be more in guys than females kids. As such there is no textul reference for is contrast in sex proportion in this sickness. Most extreme youngsters were Hindus 85%, trailed by Muslims 10% and Christians 5%. The truth of

the matter is that region where study was led is having most extreme number of Hindus. Additionally the patient were chosen by a irregular examining method, consequently such information was acquired. Among the dads of 60 youngsters 38.3% were instructed up to optional school, followed by 26.7% were essential instructed and 26.7% had capability above graduation. Not many that is 8.3% were ignorant. Among the guardians of 60 youngsters 24 (40%) moms were ignorant, 14 (23.3%) were taught up to essential level, 13 (21.7%) were up to auxiliary furthermore, 9 (15%) had capability above graduation. It was seen that father not straightforwardly associated with care of child that is paricharya of child there is no immediate effect of fathers schooling in predominance of Ahiputana. Most extreme number of moms were found uneducated and not keeping up with hygiene in which mother neglects to keep perianal area dry, clean convenient after each mala, mutra visarjan and so on Most extreme kids (25 for example 41.66%) were having poor parental mindfulness. Parental mindfulness is vital in maintainance of wellbeing overall. Among the 60 childrens, 53 (88.3%) childrens were from ksheerapawastha and just 7 (11.7%) were from ksheerannad awastha. It was noticed greatest youngsters had history of ordinary birth and typical development, improvement furthermore, legitimate vaccination history. Vaccination shows the familiarity with the guardians for counteraction of illness however has no direct connection to Ahiputana. Greatest youngsters had history of bahu mala and mutra pravrutti, which show the relationship between Ahiputana and recurrence of mala and mutra.

#### Mode of action

Sveta malahara is having kashaya, madhura, katu rasa and vranashodhan, vranaropan properties particularly due tokashay rasa. Hence it reduces the skin lesion. Kandu is mainly due to aprakshalana of mala, mutra, sweda, & skin around perianal region. Sveta malahara creates a protective layer between skin and mala mutra. Also malahara soothes the skin surface which avoid irritation by toxic substances in malamutra like ammonia. Kandu is mainly due to sthanic kapha dushti. Ushn veerya & soothing property of til taila, katu kashya rasa & ushna veerya of Tuttha causes kapha shaman & relieves the Kandu. Twaklalima is associated with raktadushti. Tiktarasa having rakta dusthinashak property. Tikta kashay rasatmak Sveta malahara normalize the sthanic rakta prakopa, in this way reduces the redness of skin and achieves normal skin colour. Strava is mainly due to kaphadosha vikruti. Tuttha having ushna virya & katu, kashay rasa which are kaphashamak in property. All these together causes kaphashamana & reduce strava. Irritability of these patients was due to two causes either pain or due to itching. Pain is always aggravated by vata and itching (kandu) is due to Kapha.

Ushna virya and snigdha guna of tila taila<sup>4</sup> causes vatashamana hence reduces pain. Also, soothing property

of tila taila relieves the kandu. Rala that is sarjarasa belongs to vedanastapan gana hence reduces pain. Due to katu kashay rasa, ushna veerya and laghu guna tuttha is best kaphaghna therefore it relives kandu. All these contents of Sveta malahara act together to reduce pain, kandu, and hence the irritability. In balak prakupita rakta pitta causes pidika/sphot around perianal region. Pittashamak properties of all contents of Svetamalahara like tila taila, rala & Tuttha also normalize sthanic rakta prakopa as pitta & rakta having ashrayashrayi sambandha. Hence help in reduction of pidika.<sup>[4-7]</sup>

#### CONCLUSION

Ahiputana in common in infants. Sveta Malahara is significantly effective in Ahiputana to reduce symptoms. Kandu, strava and irritability were relieved earlier by Sveta Malahara as compared to Gentian violet. Contents of Sveta Malahara like til taila, rala, & tuttha are easily available easy to prepare and easy to use. Results are definitely encouraging and Sveta Malahara should be used in Ahiputana for faster recovery.

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