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A Clinical Evaluation of Triphala Khadir Kwath Dhawan in Management of Ahiputana w.s.r. to Napkin Rash.

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Abstract:

Background: Neonates, infants & early childhood are prone to get skin diseases due to delicate skin and less immunity. Ahiputan is one of the many diseases explained in Ayurvedic classics among children which is considered as Ghora and Dhaarun. Ahiputan is caused by frequent stagnated urine, faeces and sweat around the anal region for longer duration, resulting into Sphota with Kandu. Similar condition can be seen in diaper dermatitis and even in diarrhea with anal excoriation. **Objective:** To evaluate the clinical efficacy of Triphala Kwath Dhawan in Ahiputana. **Result:** Among the 30 patients 18 patients shown Good Improvement i.e. more than 75% relief from the treatment and 12 patients showed that Marked Improvement i.e. improvement between 50-74.9%. The overall result of the therapy 'Triphala Khadir Dhawan' has shown good results in all the diagnostic parameters of the disease Ahiputana. **Conclusion:** Triphala-Khadira Kwatha Dhawana gives earliest relief in Ahiputan which is cost effective and easy to apply. Triphala-Khadira Kwatha Dhawana shows reduction in reliving symptoms. It is more appropriate in infants and toddler suffering from Ahiputan because the formulation is well designed in guna as required for pediatric use.

Keywords: Ahiputan, Triphala-Khadira Kwatha Dhawana , spota, infants

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INTRODUCTION

Ahiputana is most common disorder affecting the developing infants mentioned in Ayurvedic text classics. Ahiputana is kapharakta predominant childhood disorder mentioned in ayurvedic classics.^{1,2,3} It occurs due to the improper cleaning after defecation, urination, excessive sweating unhygienic condition leads to itching in gudapradesh produce eruption with srava.² Napkin Rash is a similar clinical condition told in the contemporary science which is caused by to unhygienic conditions and use of diapers. Diaper rash is one of the most common skin disorders in infants and children. The reported incidence and age of onset vary worldwide, related to differences in diaper use, toilet training, hygiene, and child-rearing practices in different countries. In Pediatric Practice, diaper rash represents 10 to 20 percent of all skin disorders evaluated by the general pediatricians. According to the 1990-1997 National Ambulatory Medical Care Survey, there were 8.2 million pediatric visits for diaper rash, and the calculated risk of developing diaper rash throughout childhood was one in four. In infants, the estimated prevalence of diaper rash ranges from 7 to 35 percent.⁴ Diaper rash can develop as early as one week of age, but the peak incidence occurs between 9 and 12 months.⁵ Many drugs are mentioned for internal use, for external application and preventive measures have been described in detail in Ayurvedic Samhithas and Modern Science to overcome Ahiputana/Napkin Rash. So, a remedy which would be easy to follow, efficacious, cost effective and free from all side effects should be adopted. In all the allopathic medications (ointments) Zinc Oxide is a main content used for treating Napkin Rash.^{6,7} Triphala Khadira Kwath Dhawan⁸ is mentioned in the Bhaishajaratnavali which contains drugs like Amalaki, Haritaki, Bibhitaki, and Khadir which are having khaphaghna, pittaghna, vranaropak and raktashodhak properties. Therefore, an attempt

is made to Study the clinical evaluation of Triphala Khadira Kwath Dhawan in Ahiputana w.s.r. to Napkin Rash in children.

AIMS & OBJECTIVES

To evaluate the clinical efficacy of *Triphala Kwath Dhawan* in *Ahiputana*

MATERIALS AND METHODS:

Sample size: 30 patients Drug: *Triphala Khadir Kwath Dhawan*.

Duration: 7 days

Frequency: Twice a day

STUDY DURATION: Total 7 days

TIME OF ASSESSMENT: 3rd day and 7th day

Sources of Data

The patients: A 30 Children attending to OPD of *Kaumarbhritya*, Padma Ayurvedic hospital Terdal with complaint of fulfilling the criteria of selection.

Table no.1 The composition of trial drug:

No.	Drug	Latin name	Part Used
1	Amalaki	Embllica officinalis	Phala
2	Haritaki	Terminalia chebula	Phala
3	Bibhitaki	Terminalia bellerika	Phala
4	Khadir	Acacia catechu	Twak

METHOD OF COLLECTION OF DATA:

A special proforma (CRF-Case report form) was made by taking clinical history from patients. Subjective and objective parameters were included in case report form and it will be documented before treatment and after treatment.

STUDY DESIGN: An open label clinical study.

SAMPLE SIZE: Total 30 patients diagnosed with *Ahiputana* were selected randomly.

INCLUSIVE CRITERIA

Children of age group of 6 month to 1 year diagnosed as the case of *Ahiputana*/Napkin Rash with the presenting Symptoms like *Kandu*, *Ruja*, *Raga*, *Srava* and *Pitika* and symptoms of *Ahiputana*/Napkin Rash not more than 10 days.

EXCLUSION CRITERIA

Children suffering from any other systemic disorders e.g. acute gastro enteritis with dehydration, Helminthic infection, Lactogen intolerance, etc *Ahiputana* with secondary infection Singalized skin infection.

SUBJECTIVE PARAMETERS :

Kandu (Itching) :

- No kandu- 0
- Mild (No disturbance while doing work) 1
- Moderate (Disturbs the Work) 2
- Severe (Disturbs the sleep) 3

Raga (Erythema) :

- Normal skin colour - 0
- Mild redness- 1
- Moderate red - 2
- Severe / Deep brown- 3

Pidaka (No Eruption) :

- No pidaka -0
- 1 to 2 pidika - 1
- 3 to 4 pidika -3
- More than 4 pidika - 4

Daha(Burning sensation) :

- No daha -1
- Mild daha-2
- Moderate daha -3
- Severe daha-4

Srava(Discharge):

- No discharge -1
- Dropping-2
- Staining-3

•Scanty-4

Distribution- Shape distribution with sparing of genitocrural fold:

No rash-0

Perianal region-1

Perianal an buttocks-2

Perianal, buttocks genitalia-3

Tide mark dermatitis

•Area affected by rash

•Nil

•1 to 2 cm

•2 to 3 cm

•3 to 5 cm

Observation & Results:

Age:In this study among 30 patients 12 patients (40%) belonged to the age group of below 6 – 8 months, 10 patients (33%) belonged to the age group of 10-12 months, and 8 patients (27%) belonged to 8-10 months. The incidence is higher during 6-8 month of age group mainly because its weaning time and child may easily prone for infection and number stool episode is more during this time .

Diet:The study revealed that, all patients were belonging to vegetarian diet (100%). Study was conducted only for the maximum age of one year so there is no mixed or non vegetarian food.

Discussion on Results

Kandu(Itching):*Kandu* is mainly due to *stanikkapha dusti*. *Triphalakhadir* having *laghu*, *ruksha*, *guna* and *kashaya rasa* causes *stanikkapha shaman* and relives the *kandu*.

Daha (burning sensation):

Burning sensation of patient can be because of two causes either *daha* or due to itching. *dahais* always aggravated by *pitta* and itching by due to *stanikkapha*. The *tikta kashaya rasa* of *khadir* cuses *kapha shaman* and *Sheet virya* of *khadir* causes *daha shaman*.

Raga (Erythema):

Erythema is associated with *raktadusti*. *Tiktarasa* having *raktadustinashak* properties, *Tikta kashayarasatmak khadir* and *triphala* normalize the *stanikrakta prakop* in this way reduces the redness of skin and achieve normal skin colour.

Srava(Exudation)

Srava is mainly due to *kaphadoshavikruti haritaki*, *bibhitaki* having *ushna virya*, *ruksha guna* and *kashaya rasa* which are *kaphashamak* property. All these together causes *kaphashaman* and reduces *srava*.

Pitika:

Pitika caused by the *stanikrakta pitta dushti*, *pittashamak* properties of all contents of *triphala* and *khadir* also normalize *stanikraktaprakop* as *pitta* and *rakta* having

ashrayashrayisambhandha. Hence helps in reduction of *pitika* and achieve normal skin. Among the 30 patients 18 patients shown Good Improvement i.e. more than 75% relief from the treatment and 12 patients showed that Marked Improvement i.e. improvement between 50-74.9%. The overall result of the therapy '*TriphalaKhadirDhawan*' has shown good results in all the diagnostic parameters of the disease *Ahiputana*. After giving treatment to 30 patients with *Triphala Khadir kwath Dhawan*, the normal skin texture was achieved in all 30 patients after treatment. All the signs and symptoms of *Ahiputanagot* subsided on 7th day of treatment. After treating *Ahiputana* with *Triphala Khadir Dhawan* the affected area got gone astray after treatment in all 30 patients.

Table No. 2: Showing effect of the treatment on *Kandu* (Itching)

Mean Score		BT-AT	% Relief	Paired 't' Test			
BT	AT			S.D.	S.E.	't'	P
1.50	0.36	1.13	76	0.34	0.06	17.9	P<0.01

On *Kandu* before the treatment the mean score was 1.50 and reduced to 0.36 after the treatment and this change that occurred with the treatment, is statistically highly significant (P<0.01). The values of standard deviation, standard error of Mean, 't' value, P values are given above in the table.

Table No. 3: Showing effect of the treatment on *Daha*

Mean Score		BT-AT	% Relief	Paired 't' Test			
BT	AT			S.D.	S.E.	't'	P
1.63	0.43	1.20	73	0.40	0.07	16.1	P<0.01

On *Daha* before the treatment the mean score was 1.63 and reduced to 0.43 after the treatment and this change that occurred with the treatment, is statistically significant

($P < 0.01$). The values of standard deviation, standard error of Mean, 't' value, P values are given above in the table.

Table No. 4 Showing effect of the treatment on Skin Colour (Erythema) over gudapradesha

Mean Score		BT-AT	% Relief	Paired 't' Test			
BT	AT			S.D.	S.E.	't'	P
1.66	0.46	1.20	72	0.40	0.07	16.1	$P < 0.01$

On **Skin colour** before the treatment the mean score was 1.66 and reduced to 0.46 after the treatment and this change that occurred with the treatment, is statistically significant ($P < 0.01$). The values of standard deviation, standard error of Mean, 't' value, P values are given above in the table.

Table No. 5 Showing effect of the treatment on distribution-W shape distribution with sparing of genitocrural folds

Mean Score		BT-AT	% Relief	Paired 't' Test			
BT	AT			S.D.	S.E.	't'	P
1.06	0.26	0.80	75	0.40	0.07	10.7	$P < 0.01$

On **distribution-W shape distribution with sparing of genitocrural folds** before the treatment the mean score was 1.06 and reduced to 0.26 after the treatment and this change that occurred with the treatment, is statistically significant ($P < 0.01$). The values of standard deviation, standard error of Mean, 't' value, P values are given above in the table.

Table No. 6: Showing effect of the treatment on Tide mark dermatitis

Mean Score		BT-AT	% Relief	Paired 't' Test			
BT	AT			S.D.	S.E.	't'	P
1.56	0.43	1.13	72	0.43	0.07	14.2	$P < 0.01$

On **Tide mark dermatitis** before the treatment the mean score was 1.56 and reduced to 0.43 after the treatment and this change that occurred with the treatment, is statistically significant ($P < 0.01$). The values of standard deviation, standard error of Mean, 't' value, P values are given above in the table.

Table No. 7: Showing effect of the treatment on Pitika

Mean Score		BT-AT	% Relief	Paired 't' Test			
BT	AT			S.D.	S.E.	't'	P
1.26	0.33	0.93	73.6	0.25	0.04	74	P<0.01

On **Pitika** before the treatment the mean score was 1.26 and reduced to 0.33 after the treatment and this change that occurred with the treatment, is statistically significant (P<0.01). The values of standard deviation, standard error of Mean, 't' value, P values are given above in the table.

Table No. 8: Showing effect of the treatment on Srava (Discharge)

Mean Score		BT-AT	% Relief	Paired 't' Test			
BT	AT			S.D.	S.E.	't'	P
1.33	0.36	0.96	73	0.49	0.08	10.8	P<0.01

On **Srava** before the treatment the mean score was 1.33 and reduced to 0.36 after the treatment and this change that occurred with the treatment, is statistically significant (P<0.01). The values of standard deviation, standard error of Mean, 't' value, P values are given above in the table.

Table No. 9 Overall Effect of therapy

Class	Percentage of Improvement	Number of Patients	% of Patients
Good Improvement	Above 75	18	60
Marked Improvement	50-74.9%	12	40
Mild Improvement	25-50%	0	0
No Improvement	0-25%	0	0

Observation & Results:

Age:In this study among 30 patients 12 patients (40%) belonged to the age group of below 6 – 8 months, 10 patients (33%) belonged to the age group of 10-12 months, and 8 patients (27%) belonged to 8-10 months. The incidence is higher during 6-8 month of age group mainly because its

weaning time and child may easily prone for infection and number stool episode is more during this time .

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with *Triphala Khadir kwath Dhawan*, the normal skin texture was achieved in all 30 patients after treatment. All the signs and symptoms of *Ahiputanagot* subsided on 7th day of treatment. After treating *Ahiputana* with *Triphala Khadir Dhawan* the affected area got gone astray after treatment in all 30 patients.

DISCUSSION :

Khadir is having *tikta*, *kashaya rasa*, *sitavirya* alleviates *pitta kapha*. *acharya charak* mentions it as best *kusthaharadravya*. It has also properties of *switraghna*, *kandughna*, *kusthghna*, *krimihara*. *Khadir* is known to have antibacterial and antifungal properties that inhibit the growth of bacteria and fungi that cause most of the skin problems. The presence of catechin (flavonoids), catechu tannic acid, tannin a chemical composition present in *khadir* it causes contraction of skin cells and a reduction in the inflammation of the surrounding areas of the wound. There by *khadir* helps for better absorption. *Kashaya rasa* of *khadir* holds *twakprasaak* and *rhaktashodak* properties which ultimately leads *raktaprasadaan* and reduction of *vaivarnyata* of skin. Drug used in study mainly *Triphala* that is *Haritaki*, *Bibhitaki*, *Amalki* mainly this drug contains *kashaya Tikta* predominant *Rasa* and this are having *Vranaropaka*, *Raktakapha shaman guna*, it exhibits *sangarahi*, *shasirkledaupyukta* and *lekhangun as* which is essential for healing. *Triphalalkwath* contains active compound in them such as Gallic acid, Chebulinic acid, Ellagic acid, Flavonoids, Tannins and polyphenols which are responsible for its anti-inflammatory, antiviral, antibacterial, antioxidant properties. It improves circulation and possesses astringent property. It fastens the healing process. According to *Ayurveda*, it has *krimighna* and *Vranaropan* properties. It does not have side effects such as itching, allergy, blisters like that of modern antibiotics. In *ahiputana* vitiated

kapha and *raktadoshas* increases local temperature and inflammation which does not allow bandaging. They should only be treated with *prakshalayet* (cleaned out) twice daily. *Dhawan* which is one of the forms *prakshalana* will clean out the *kledain ahiputana* by *Kashaya rasa* and *rukshaguna* of *triphala*. The symptoms such as rough skin, rashes, blisters, itchiness, irritation, burning, inflammation, and *Sravaca* can be treated by cleaning the affected skin with *Triphala Khadir Kwath* (decoction). These *Khadir* and *Triphala* are easily available, cost-effective drugs.

CONCLUSION:

Considering the observations and results, the present study approves alternative hypothesis. From this study we can conclude that *Ahiputana* is more commonly seen in patient of age between 6 months to 1-year babies. This treatment in *ahiputana* is found to be cost effective, safe, and easy to implement in general practice. *Triphala* and *khadir* drugs are easily available, easy to prepare and easy to use. Among the 30 patients 18 patients showed Good Improvement i.e., more than 75% relief from the treatment and 12 patients showed that Marked Improvement i.e., improvement between 50-74.9%. The overall result of the therapy '*Triphala Khadir Dhawan*' has shown good results in all the diagnostic parameters of the disease *Ahiputana/Napkin Rash*. The conclusions may not be applied as universal because of small sample size and short time for study. Present study pattern can be contributed in the form of prospective clinical study with increased sample size. Other drug mentioned for *Ahiputana* can be selected for comparative study with *Triphala khadir kwath dhawan*.

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