



A Critical Review of *Ahiputana* in Ayurveda with Special Reference to Napkin (Diaper) Dermatitis: An Integrative Clinical Correlation

Dr. Monal Charandas Bhiwgade ^{1*}, Dr. Sreevisakh TS ², Dr. Jasmine ³, Dr. Disha Bhateno ⁴

^{1,4} PG Scholar Department of Kaumarbhritya, Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital Farrukhabad Uttar Pradesh, India

² Professor and Hod, Kaumarbhritya department, Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital Farrukhabad, Uttar Pradesh, India

³ Assistant professor department of Kaumarbhritya, Shri Babu Singh Jay Singh Ayurvedic Medical College and Hospital Farrukhabad, Uttar Pradesh, India

* Corresponding Author: **Dr. Monal Charandas Bhiwgade**

Article Info

ISSN (Online): 2582-7138

Impact Factor (RSIF): 8.04

Volume: 07

Issue: 03

Received: 07-04-2026

Accepted: 08-05-2026

Published: 09-06-2026

Page No: 872-879

Abstract

Ahiputana is classified as *Kshudra Roga* and is a relatively common dermatological condition in children that shows significant similarity to napkin dermatitis (diaper dermatitis). This condition predominantly affects the *Guda* region (perianal area). The pathogenesis of *Ahiputana* is described as a *Tridoshaja Vikara*, involving the *Dushti* of *Pitta*, *Kapha*, and *Rakta Doshas*. It is commonly observed in neonates and infants, particularly among those with inadequate hygiene practices and prolonged exposure to moist, soiled diapers, along with other predisposing skin factors. Prolonged contact with faeces and urine leads to moisture accumulation and bacterial breakdown of urea into ammonia, which acts as an irritant and results in erythematous, burning, and blistering lesions in the perianal region. The prevalence of napkin dermatitis ranges from approximately 4% to 35% in infants aged 0 to 2 years. Ayurvedic literature emphasises the role of *Stanyadushti* (vitiated breast milk), suggesting a systemic maternal contribution to disease development. Accordingly, the treatment protocol includes *Nidana Parivarjana*, correction of *Stanyadosha* in the mother, and appropriate local therapies such as cleansing with herbal decoctions, application of medicated powders, and use of soothing topical preparations, selected according to the predominant *Dosha* involvement and stage of the disease.

Keywords: *Ahiputana*, *Kapha-Pitta-Rakta Dushti*, *Kshudra Roga*, Pediatric dermatology, *Stanyadushti*, *Vrana Shodhana*, *Guda Pradesh*, Irritant contact dermatitis.

Introduction

Ahiputana is one of the most common pediatric skin conditions observed and reported in pediatric outpatient departments. Though described under *Kshudra Roga*, it has considerable clinical significance owing to its high incidence in infancy, its chronicity, and the severe discomfort experienced by the patient and parents alike. It usually affects the *Guda Pradesh* region (an area between the anus and the thighs of babies where diapers remain all the time). This part of the body is inherently prone to excessive moisture accumulation, irritation, and infection ^[1].

The significance of the study of *Ahiputana* lies in its relevance to both traditional and modern systems of medicine. From the standpoint of Ayurveda, *Ahiputana* can be considered a disease spectrum that encompasses not only the pathology of the affected site (*Twak Dushti*) but also systemic involvement of the *Doshas*. In modern medicine, it is regarded as irritant contact dermatitis, which occurs due to repeated contact with urine, faeces, sweat, and diaper material ^[2].

Methodology

This review is based on a narrative-integrative literature synthesis aimed at exploring *Ahiputana* and its correlation with napkin (diaper) dermatitis. Relevant information was collected from *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, and *Kashyapa Samhita*, as well as from contemporary peer-reviewed journal articles, pediatric dermatology textbooks, and online

databases. The literature search was conducted using key terms such as *Ahiputana*, *Kshudra Roga*, *Stanyadushti*, napkin dermatitis, diaper rash, and irritant contact dermatitis.

Result

1. Conceptual Overview of *Ahiputana* in Literature

Ahiputana is mentioned in many classical texts of Ayurveda,

such as Sushruta Samhita, Ashtanga Hridaya, and Ashtanga Sangraha. It is classified as a *Kshudra Rogas*, a local disease that can cause considerable morbidity if not properly treated. Many Acharyas have referred to this disease using various terms due to its different clinical presentations, as given in Table 1.

Table 1: Synonyms of *Ahiputana* in Classical Texts

Term	Meaning/Interpretation	Source/Commentary
<i>Ahiputana</i>	Sores in the lower body region, especially the perianal area	Sushruta Samhita [3]
<i>Gudakuttaka</i> [4]	Cutting or erosive lesions in the anal region	Vagbhata
<i>Matrukadosha</i>	Disease due to maternal fault (milk or care)	Kashyapa Samhita
<i>Prishtharu</i> [5]	Ulcerative lesions on the posterior body region	Classical lexicons
<i>Anamaka</i>	Undefined or nameless disease entity	Ashtanga Hridaya [6]
<i>Durnama</i>	Severe painful perianal conditions	Commentarial references

Together, these synonyms clearly show that *Ahiputana* is not a single disease entity but a syndrome characterised by inflammation, ulcers, irritation, and perianal infections.

2. Epidemiological and Clinical Importance

According to contemporary studies, infantile diaper rash is found in about 4% to 35% of infants, with the highest incidence among those aged 6 to 12 months [7]. Diaper rash mostly occurs in children under 24 months when infants use diapers, although the disease is not fatal; however, it adversely affects the quality of life in infants, causing pain,

irritability, sleep problems, and problems feeding the baby. The high prevalence rate in pediatric patients makes the disease an important clinical problem in dermatology and paediatrics.

3. Etiological Framework in Ayurveda [8, 9]

Ayurvedic texts describe *Ahiputana* as a multifactorial disease involving both *Nija* (endogenous) and *Agantuja/Sthanik* (exogenous) factors, as shown in Table No. 2.

3.1. Major Causative Factors

Table 2: Etiological Factors of *Ahiputana*

Category	Factor	Pathogenic Role
Maternal factors	<i>Dushta Stanya</i> (vitiated breast milk) [10]	Systemic dosha transmission to the infant
Hygiene factors	Improper cleaning after <i>Mala</i> and <i>Mutra</i> [11]	Local contamination and irritation
Environmental factors	<i>Sweda</i> (Excess sweating)	Moisture retention and skin maceration
Behavioral factors	Infrequent bathing	Accumulation of irritants
Mechanical factors	Friction from cloth/diapers	Skin breakdown
Systemic factors	<i>Kapha-Pitta</i> vitiation	Inflammatory response

3.2. *Matruka Dosha* Role

A major principle is the importance of maternal well-being in preventing neonatal diseases. *Matruka Dosha* may imply any of the following:

- Maladministration of neonatal care by the mother
- *Stanya Dushti* (abnormal breast milk)

This shows that in Ayurveda, there is a unique preventive approach in which both mother and baby are treated together.

4. *Dosha-Dushya* Involvement [12, 13]

Ahiputana is an important condition that is *Kapha-Pitta-Rakta*-dominant, in which *Twak* acts as the main *Dushya*, as given in table no 3.

Table 3: *Dosha-Dushya* Involvement

Component	Involvement
<i>Dosha</i>	<i>Kapha, Pitta, Rakta</i>
<i>Dushya</i>	<i>Twak, Rakta, Rasa</i>
<i>Srotas</i>	<i>Rasavaha, Raktavaha</i>
<i>Agni</i>	<i>Mandagni's</i> contribution via maternal milk
Site	Guda Pradesh (perianal region)

The involvement of *Sweda* and *Mala* is another factor that contributes to local *Utkleda*, leading to rapid deterioration of the skin.

5. *Samprapti* (Pathogenesis) of *Ahiputana* [14, 15]

The process of development of *Ahiputana* disease involves several steps. *Samprapti* Flow Diagram as given in image 1.

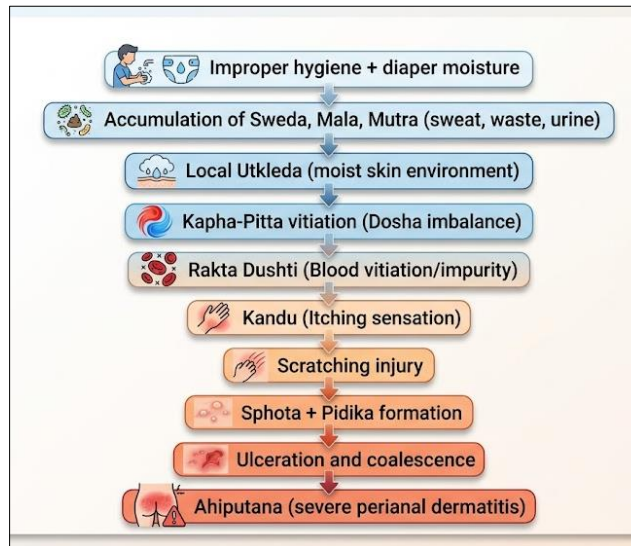


Fig 1: Pathogenesis of Ahiputna

According to Acharya Vagbhata, *Tamra Varna Vrana* (copper-coloured ulcers) occurs when the *Rakta-Kapha* dosha is imbalanced. The constant irritation from elements such as *Malopalepa* and sweat will aggravate the lesion. Also, as mentioned by Acharya *Kashyapa*, the baby’s skin is soft and delicate (*Mridu Twak*), making it susceptible to environmental or mechanical irritants, such as rough clothing, Heat, Dampness, or lack of cleaning. These are some of the contributing factors that hasten the disease.

6. Clinical Features [16]

The clinical manifestations of *Ahiputana* are varied and numerous since it involves inflammation and ulcers. These are presented in Table 4, along with a description.

Table 4: Clinical Features

Symptom	Description
<i>Kandu</i>	Intense itching
<i>Daha</i>	Burning sensation
<i>Ruja</i>	Pain
<i>Pidika</i>	Papular lesions
<i>Sphota</i>	Blister formation
<i>Tamra Vrana</i>	Red/copper-colored ulcers
<i>Srava</i>	Discharge/oozing
<i>Ekibhuta Vrana</i>	Coalesced ulceration
Severe appearance	Extensive inflamed lesion

7. Types of Ahiputana

Although classical texts do not provide a rigid classification, later interpretations suggest a *Dosha*-based categorisation:

Table 5: Types Based on Dosha Predominance

Type	Clinical Characteristics
<i>Vata</i> predominant	Severe pain, dryness
<i>Pitta</i> predominant	Burning, inflammation, ulceration
<i>Kapha</i> predominant	Itching, oozing
<i>Dwidosha</i>	Mixed symptoms
<i>Sannipatika</i>	Severe, chronic, complicated

Modern Correlation: Napkin Dermatitis

Ahiputana shows a close clinical resemblance to napkin dermatitis, one of the most common inflammatory dermatoses affecting infants in the diaper area. Both conditions predominantly occur in early childhood and are

characterised by erythema, irritation, excoriation, discomfort, and secondary infection due to prolonged exposure to moisture and irritants.

Napkin dermatitis is an inflammatory skin condition affecting the diaper-covered area of infants due to prolonged contact with urine, faeces, sweat, moisture, friction, and occlusion from diaper use. [17] Secondary bacterial or fungal infections may further complicate the condition. [18] Although not life-threatening, it causes significant discomfort, irritability, disturbed sleep, and emotional distress in both the infant and caregivers.

Epidemiology: Napkin dermatitis is considered the most common skin disorder among diaper-wearing infants, with a reported prevalence ranging from 7% to 35%.ⁱ It commonly begins during the neonatal period after initiation of diaper use and is most frequently observed between 9 and 12 months of age. The incidence gradually decreases after 24 months as toilet training habits are established. [19]

Etiological Correlation

Ayurvedic Concept	Modern Explanation
<i>Sweda Dushti</i>	Excess sweating and moisture retention
<i>Mala Upalepa</i>	Irritation by faecal enzymes and prolonged soiling
<i>Mutra Dushti</i>	Urine-induced skin irritation and ammonia formation
<i>Kapha-Pitta Dushti</i>	Inflammatory and exudative skin response
<i>Rakta Dushti</i>	Dermal inflammation and erythema
Poor hygiene	Prolonged wetness, microbial growth, skin maceration

Etiological Factors of Napkin Dermatitis [20] Multiple factors contribute to the development of napkin dermatitis. The diaper area remains continuously moist and humid due to repeated contact with urine and faeces, while skin folds make proper cleaning and drying difficult. Infrequent diaper changes, prolonged wetness, friction from diapers, and improper cleansing with harsh soaps further irritate the skin. Urine increases the permeability of the skin to irritants, while bacterial breakdown of urea generates ammonia, which raises the local pH. Faecal enzymes, such as proteases and lipases, are activated in this alkaline environment, further damaging the skin. Conditions such as diarrhoea and malabsorption

increase faecal enzyme activity and may also lead to nutritional deficiencies, particularly zinc deficiency, thereby increasing susceptibility to dermatitis. Increased local pH also favours the growth of microorganisms, including *Candida albicans*, *E. coli*, *Staphylococci*, and *Streptococci*, which intensify inflammation and tissue damage.

Pathogenesis: The pathogenesis of napkin dermatitis primarily involves prolonged exposure of the diaper area to moisture, irritants, and microorganisms. Continuous wetness from urine, faeces, and sweat leads to overhydration and skin maceration, making it more susceptible to frictional injury and mechanical abrasion from diapers. Bacterial decomposition of urinary urea produces ammonia, raising local skin pH. The elevated pH activates faecal enzymes such as proteases and lipases, which further damage the epidermal barrier. Increased transepidermal water loss facilitates penetration of irritants and microbes into the skin, leading to inflammation, erythema, erosion, and ulceration. Secondary proliferation of organisms such as *Candida albicans*, *Staphylococci*, and *Streptococci* further aggravates the condition and contributes to the development of napkin dermatitis.

Clinical Features [21, 22]: Napkin dermatitis commonly presents as erythematous rashes involving the diaper-covered areas such as the buttocks, genitalia, lower abdomen, and upper thighs. The affected skin may show inflammation, excoriation, erosions, and scaling. Infants often experience marked discomfort, burning sensations, itching, and tenderness due to severe inflammation. In chronic conditions, glazed erythema and scaling may become prominent. Secondary bacterial or fungal infections may occur, especially when the condition persists for several days. Behavioural changes, including excessive crying, irritability, disturbed sleep, and feeding difficulties, are commonly observed due to discomfort associated with the disease.

Complications: If inadequately treated, napkin dermatitis may progress to several complications. *Violaceous or reddish-brown papules and nodules characterise Granuloma Gluteale Infantum* over the convex surfaces of the diaper area. *Jacquet's erosive diaper dermatitis* presents with well-defined erosions and punched-out ulcers having elevated margins, commonly associated with prolonged irritation and infrequent diaper changes. Chronic napkin dermatitis may also be complicated by candidial infection, [23] characterised by intense erythema, confluent plaques, and satellite pustules. Perianal streptococcal dermatitis can present with tender, bright-red erythema, fissuring, painful defecation, and blood-streaked stools. Perianal infectious dermatitis caused by *Staphylococcus aureus* may also occur, producing erythematous, pruritic, and well-demarcated lesions around the anal region.

Modern Management Principles [24]: Modern management of napkin dermatitis mainly focuses on reducing moisture, minimising irritation, and restoring skin barrier integrity. Frequent diaper changes, usually every 3–4 hours, help reduce prolonged exposure to urine and faeces. Gentle cleansing of the diaper area with lukewarm water is preferred, while harsh soaps and fragrances should be avoided. Proper skin care measures, including application of barrier creams, emollients, and protective oils, help protect the skin from irritants and promote healing. Herbal agents such as aloe vera and calendula have also been found useful because of their soothing and antimicrobial properties. Secondary bacterial or fungal infections should be treated appropriately, and zinc

supplementation may be necessary in cases associated with nutritional deficiency. Toxic topical agents, potent corticosteroids, and irritant substances should be avoided in infants because of their potential adverse effects.

Reasoning Behind This Literature Review: Although *Ahiputana* is considered a comparatively minor pediatric disorder in Ayurveda, it has considerable clinical importance due to its high prevalence among neonates and infants, its recurrent nature, and its potential for complications.

The disease causes significant discomfort, irritability, and emotional distress for both the child and caregivers. The increasing use of diapers in modern life has further increased the incidence of diaper dermatitis-like conditions. Despite the availability of various treatment modalities, there remains a lack of standardised integrative management protocols combining Ayurvedic and modern approaches. Therefore, this literature review was undertaken to explore the Ayurvedic understanding of *Ahiputana*, correlate it with modern concepts of napkin dermatitis, and highlight safe, holistic, and effective management strategies.

Results and Discussion: It can be inferred from the reviewed data that the term "*Ahiputana*" in classical Ayurvedic literature refers to a complex pediatric dermatological condition that primarily occurs in the *Guda Pradesh* (area under the baby's napkin). The primary cause of *Ahiputana* appears to be disturbance of *Stanya* (breast milk), known as *Stanyadushti*, which is a critical etiological factor in the development of the disease in infants. Besides this main causative agent, additional factors that contribute to the pathogenesis include poor hygiene, prolonged contact with *Mala*, *Mutra*, and *Sweda*, and delayed cleaning of the infant's napkin area.

In accordance with the principles of Ayurveda, *Ahiputana* develops as a result of local manifestations of disorders of the generalised *Doshas*. These disorders mainly involve *Kapha*, *Pitta*, and *Rakta*. The chain of pathogenic changes begins with *Stanyadushti*, or external contamination, and proceeds to *Sthanik Utkleda* (accumulation of moisture), which leads to *Twak Dushti* and inflammation in the perianal area. These changes lead to itching (*Kandu*), a burning sensation (*Daha*), erythema, blister formation, and ulcers.

1. Relationship between *Ahiputana* and Napkin Dermatitis

Table 6: Comparative Analysis of *Ahiputana* and Napkin Dermatitis

Feature	<i>Ahiputana</i> (Ayurveda)	Napkin Dermatitis (Modern Medicine)
Age group	Infants and children	Infants and toddlers
Etiology	<i>Stanyadushti</i> , poor hygiene, <i>Sweda</i> , <i>Mala</i> , <i>Mutra</i>	Urine, faeces, sweat, and friction
Pathogenesis	<i>Kapha-Pitta-Rakta Dushti</i>	Irritant contact dermatitis, microbial infection
Site	<i>Guda Pradesh</i>	Diaper/napkin area
Symptoms	<i>Kandu</i> , <i>Daha</i> , <i>Pidika</i> , <i>Vrana</i>	Erythema, rash, erosion, discomfort
Complications	<i>Bhuri Upadrava</i> , secondary infection	<i>Candida</i> infection, bacterial dermatitis

This correlation provides strong evidence for the hypothesis that *Ahiputana* is a typical classical Ayurvedic case of diaper dermatitis spectrum conditions, involving irritant dermatitis,

candida infection, and bacterial perianal infection.

2. Pathophysiological Implications

- The Ayurvedic interpretation of *Malopalepa* (accumulation of faeces and urine), *Sweda Dushti* (maceration by sweating) and *Rakta Dushti* (pathological involvement of blood tissues) resembles the modern pathophysiologic understanding of skin barrier damage and irritation-induced dermatitis.
- In modern terms, contact with urine results in ammonia accumulation, leading to elevation of the skin's pH and destruction of the acidic protective skin barrier. This allows the activation of faecal enzymes, such as proteases and lipases, leading to the destruction of the epidermis. At the same time, the warm, humid environment promotes the growth of microorganisms, especially *Candida albicans* and bacteria.
- So, both approaches end up with the same conclusion: skin barrier damage and its consequent inflammation and secondary infection.

3. Treatment Interpretations Based on Ayurveda ^[25]

Treatment principles described in Ayurvedic classics for the management of *Ahiputana* recommend a multidimensional approach aimed at correcting the underlying *Dosha* imbalance, purifying vitiated breast milk, relieving local symptoms, and promoting wound healing. ^[26]

The foremost principle is *Nidana Parivarjana* (avoidance of causative factors), including maintaining local hygiene and preventing prolonged exposure to moisture and irritants. *Stanya Shodhana* (purification of breast milk) is considered an important aspect of treatment, in which the *Dhatri* is advised to administer Pitta- and *Kapha*-pacifying formulations. ^[27] Acharya Sushruta mentions the use of preparations containing Patola Patra, Triphala, Rasanjana, medicated Ghrita, as well as decoctions of Triphala, Kola, and Khadira for purification and wound-healing purposes. ^[28] Cooling drinks prepared from boiled and cooled water, Panaka and *Sitaseeta* preparations, and formulations such as *Tarkshya Antarapana* and *Makshika Rasanjana Yoga* have also been advocated for internal administration. ^[29]

Local therapeutic measures include the application of Lepa prepared with substances such as *Tarkshyasaila* mixed with honey, *Ashmantwaka Churna*, *Shankha*, *Souviraka*, and *Yastimadhu*. *Avachurnana* with powders of *Yashti*, *Sariva*, *Kasis*, *Rasanjana*, and related drugs is also recommended. Cleansing procedures such as *Parisheka* with decoctions of *Triphala*, *Badara*, and *Plaksha* bark are advised to reduce inflammation and maintain local cleanliness. ^[30, 31, 32]

In conditions associated with severe inflammation, itching, or vitiation of blood, *Raktamokshana*, especially through *Jalouka Avacharana*, has been recommended by *Acharya Vagbhata*. ^[33] Along with these measures, the use of *Vranaropaka Taila* and *Ghrita* is indicated to facilitate wound healing, tissue repair, and restoration of healthy skin. Treatment methods recommended by Ayurvedic sources suggest an integrated treatment approach. These mainly involve:

- *Nidana Parivarjana* (Avoidance of causative factors)
- *Stanyashodhana* (Purification of breast milk)-m
- Application on the affected area (*Lepa*, *Avachurnana*)

- *Therapeutic cleansing procedures* (*Parisheka*, *Kshalana*)
- *Blood purification techniques* (*Raktamokshana*, especially *Jalouka Avacharana*)
- *Treatment for wound healing* (*Vranaropaka Taila* and *Ghrita*)
- *Some Ayurvedic medicines discussed above include:*
- *Swetachandana*, ^[34] *Tarkshyasaila*, ^[35] *Kaseesadi Churna*
- *Badaritwak Kshalana*, *Triphala Decoction*
- *Yastimadhu*, *Sariva*, *Shankhanabhi Churna*
- *Rasanjana Yoga containing formulations* (*Swarnamakshika*, *Rasanjana*) ^[36] *Properties of these preparations include Pitta-Shamana*, *Kandughna* (*Anti-Itch*), *Vrana Shodhana* (*cleansing*) and *Vrana Ropana* (*Healing*). ^[37] *These are quite effective, in modern terms, for anti-inflammatory and antimicrobial functions.*

4. Clinical Practice Gap

Even though these treatments are extensively discussed in ancient texts, their use is limited in current *Kaumarabhritya* practices. This is evident from the facts that:

- *Mostly, no Stanyashodhana treatment is practised*
- *External medications like Lepa and Avachurnana are not applied regularly*
- *The procedure of Jalouka Avacharana is not practised.*

5. Modern Management Association

Management of napkin dermatitis according to modern medicine involves:

- *Timely changing of diapers*
- *Better hygiene measures*
- *The use of superabsorbent diapers*
- *Applying barrier creams and emollients*
- *Anti-fungal therapy for candidiasis*
- *Avoiding irritants and cleansing of the area*

Limitations of The Study

Although the present review provides a comprehensive integrative analysis, certain limitations must be acknowledged:

1. **Lack of clinical trial data:** Most evidence is based on classical references and secondary literature rather than randomised controlled trials.
2. **Absence of quantitative comparison:** Direct statistical comparison between *Ahiputana* and napkin dermatitis severity indices was not possible.

Future Scope

The findings of this review open several avenues for future research:

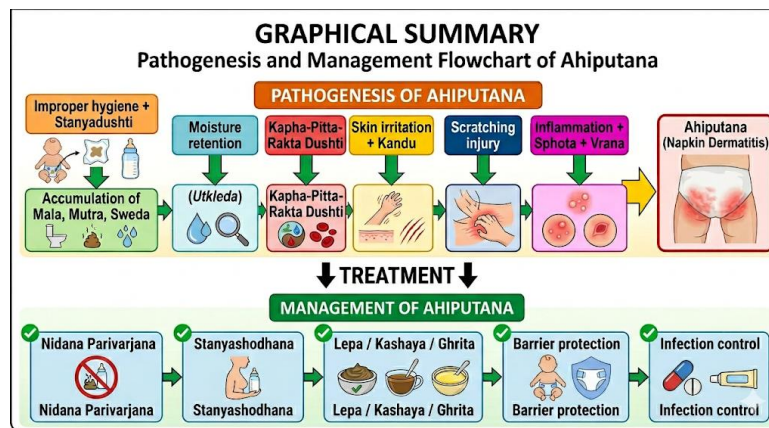
1. Development of standard diagnostic criteria for *Ahiputana* based on clinical grading scales.
2. Creation of integrated treatment protocols combining *Vrana Shodhana*, *Lepa*, and modern barrier therapy.
3. Development of preventive neonatal skin care guidelines based on Ayurvedic principles.

Conclusion

Ahiputana is an important pediatric condition described in Ayurvedic literature, clinically highly significant and, from

today's scientific perspective, comparable to diaper dermatitis. This disease mainly results from Stanyadushti, improper hygiene, and exposure of babies' skin to Mala,

Mutra, and Sweda, leading to Kapha-Pitta-Rakta Dushti and, subsequently, inflammatory lesions in the perianal region.



From a thorough study of Ahiputana, we find that this condition shares features with many conditions in modern science, such as diaper dermatitis (irritant contact dermatitis), fungal infection, and bacteria-related perianal disorders. However, Ayurvedic knowledge offers a broader scope by considering maternal factors (Stanyashodhana). Treatment modalities such as Nidana Parivarjana, Stanyashodhana, Lepa, Avachurnana, Parisheka, and Jalouka Avacharana are among the various procedures discussed in classical texts for the treatment of Ahiputana. However, these modalities have not been used to their full potential in current-day pediatric Ayurvedic treatment. Therefore, understanding these two diseases helps bridge the gap between the two disciplines and offers a great opportunity to develop protocols for both traditional and scientific treatments.

References

- Varshney U, Bhagwat S, Gupta S. An Ayurvedic Approach of Ahiputana with Special Reference to Napkin Dermatitis: A Literature Review. *International Journal of Ayurveda and Pharma Research*. 2024 Jul 10;103-10.
- Baer EL, Davies MW, Easterbrook KJ. Disposable nappies for preventing napkin dermatitis in infants. *Cochrane Database Syst Rev*. 2006 Jul 19;2006(3):CD004262. doi: 10.1002/14651858.CD004262.pub2. PMID: 16856040; PMCID: PMC8769680.
- Narayan Ram A, Yadavji Trikamji A. *Susruta Samhita*, Bombay, Nirnayasagar Press, 1945, 324p.
- Antony C. Ahiputana vis-a-vis diaper dermatitis: A review. *World journal of pharmaceutical research*. 2020 Jun 27;9(9,546-568).
- Priyanka C. A Repertorial Approach In The Treatment Of Aphthous Ulcers [Doctoral dissertation]. Rajiv Gandhi University of Health Sciences (India).
- Vaidya LC. *Ashtanga Hridayam with Sarvangasundari Vyakhya*, Varanasi, Motilal Banarasidas, 1963, 596p.
- Cohen B. Differential Diagnosis of Diaper Dermatitis. *Clin Pediatr (Phila)*. 2017 May;56(5_suppl):16S-22S. doi: 10.1177/0009922817706982. PMID: 28420251.
- Narayan Ram A, Yadavji Trikamji A. *Susruta Samhita*, Bombay, Nirnayasagar Press, 1945, 324p.
- Rahman T. Evaluation of breast milk quality (Stanya Dushti) in mothers with Ajeerna and its association with pediatric GI Disorders. *Journal of Kaumarbhritya and Stree Vigyan*. 2025;2(1):11-8.
- Acharya V J Thakkar. *Ashtanga Sangraha Induvyakyasahita*, Central Council of Research in Ayurveda and Siddha, New Delhi, 1988, p35.
- Bhishagacharya S. *The Kasyapa Samhita with Vidyotini Hindi commentary and Sanskrit Introduction by Pandit Hemaraja Sharma*, Varanasi, Chaukhambha Sanskrit Series 1953, 331p.
- Narayan Ram A, Yadavji Trikamji A. *Susruta Samhita*, Bombay, Nirnayasagar Press, 1945, 324p. www.wjpr.net Vol 9, Issue 9, 2020. Antony. W.
- Vaidya LC. *Ashtanga Hridayam with Sarvangasundari Vyakhya*, Varanasi, Motilal Banarasidas, 1963, 596p.
- Narayan Ram A, Yadavji Trikamji A. *Susruta Samhita*, Bombay, Nirnayasagar Press, 1945, 324p.
- Vaidya LC. *Ashtanga Hridayam with Sarvangasundari Vyakhya*, Varanasi, Motilal Banarasidas, 1963, 596p.
- Narayan Ram A, Yadavji Trikamji A. *Susruta Samhita*, Bombay, Nirnayasagar Press, 1945, 324p.
- Boiko S. Making rash decisions in the diaper area. *Pediatric Annals*. 2000 Jan 1;29(1):50-6.
- Porntipa Suebsarakam et al. Diaper Dermatitis: Prevalence and Associated Factors in 2 University Daycare Centers. *J Prim Care Community Health*. 2020 Jan-Dec; 11:2150132719898924.
- Daniel B. Ward, BS et al. Characterization of Diaper Dermatitis in the United States. *Arch Pediatr Adolesc Med*. 2000 Sep; 154(9): 943-6.
- Chonnakarn Sukhneewat et al. Diaper dermatitis: a survey of risk factors in Thai children aged under 24 months. *BMC Dermatol*. 2019 Jul 2; 19(1): 7.
- Stamatas GN, Tierney NK. Diaper dermatitis: etiology, manifestations, prevention, and management. *Pediatric dermatology*. 2014 Jan;31(1):1-7.
- Philippa E. Kellen. Diaper Dermatitis: Differential Diagnosis and Management. *Can Fam Physician*. 1990 Sep; 36: 1569-1572.
- Georgios N. Stamatas et al. Diaper Dermatitis: Etiology, Manifestations, Prevention, and Management. *Pediatric*

- Dermatology. January/February 2014; 31(1): 1-7.
26. W L Weston, et al. Diaper dermatitis: current concepts. *Pediatrics*. 1980 Oct; 66(4):532-6.
 27. Benitez Ojeda AB, Mendez MD. Diaper Dermatitis. [Updated 2023 Jul 3]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2026 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559067/>.
 28. Vaidya LC. *Ashtanga Hridayam with Sarvangasundari Vyakhya*, Varanasi, Motilal Banarasidas, 1963, 596p.
 29. Vaidya LC. *Ashtanga Hridayam with Sarvangasundari Vyakhya*, Varanasi, Motilal Banarasidas, 1963, 596p.
 30. Nirmala Hindi Commentary by Dr Bramhananda Tripathy. *Ashtanga Hridaya*. Published by Chaukhamba Sanskrit Pratishtan, Delhi, Reprinted-2009. Uttaratantra Chapter -2/71, Page:897.
 31. Sushruta vimarshini, commentary by Dr. Anantaram Sharma. *Sushruta Samhita*. Published by Chaukhamba Surbharati Prakashan, Varanasi, Reprinted-2012. Chikitsa Sthana Chapter-20/57. Page: 335.
 32. Acharya V J Thakkar. *Ashtanga Sangraha Induvyakhya Sahita*., Central Council of Research in Ayurveda and Siddha, New Delhi, 1988, p30.
 33. Shri Brahma Shankar Mishra and Shri Ruplalji Vaishya. *Bhavprakash*. Published by Chaukhamba Sanskrit Sansthan, Varanasi, 10 edition. *Madhyam Khanda, Kshudra Roga Adhyaya*, 2002; 234.
 34. Kaviraaj Atridev Gupt. *Ashtanga hridaya of Acharyavagbhatt* edited with *Ashtanga Hridayam Vidhyoteenitikka*. Chaukhamba Sanskrit sansthana Varanasi reprinted edition. Uttaratantra, 2016; 2/69-70: 626.
 35. Kaviraaj atridev gupta. *Ashtanga sangraha Of Acharya vagbhatt* edited with *Ashtanga sangraha vidhyoteenitikka*. Chaukhamba Sanskrit sansthana Varanasi reprinted edition. *Ashtanga sangraha uttatantra*, 2016; 2/71: 626.
 36. Nirmala Hindi Commentary by Dr Bramhananda Tripathy. *Ashtanga Hridaya*. Published by Chaukhamba Sanskrit Pratishtan, Delhi, Reprinted-2009. Uttaratantra Chapter -2/75, Page:897.
 37. Vaidya Harisastri Parodkar. *Ashtanga Hridaya A compendium of Ayurvedic system, with commentaries of Arunadatta and Hemadri*, Bombay, Nirnayasagar Press, 1989, p785-786.
 38. Acharya V J Thakkar. *Ashtanga Sangraha Induvyakhya Sahita*., Central Council of Research in Ayurveda and Siddha, New Delhi, 1988, p30.
 39. Jangale Amol, et al. *Ayurveda Consideration Of Vrana, Its Management & Dietary Consideration For Wound Healing*. *World Journal of Pharmaceutical and Medical Research*. 2017; 3(8): 390-392.

