

# 4.6. Stanyadushti Rogas-Ksheeralasaka, Ahiputana and Kumarashosha

#### Unit 4.6 — Stanyadosti Rogas: Ksīralāsaka, Ahipūtana, and Kumāraśosa

# Learning objectives

By the end, you should be able to: (i) define each disorder; (ii) explain Ayurvedic nidāna-samprāpti; (iii) recognise clinical features with modern correlations; (iv) plan safe, step-wise management and prevention; and (v) answer BAMS exam questions with references.

# 1) Conceptual frame: what links these three?

All three are **bālarogas** precipitated by **stanya doṣa** (vitiated breast milk) and/or **aparādhāhāra-vihāra** (faulty diet-lifestyle) of mother/caregiver, with the infant's **mṛdu agni**, **asampūrṇa dhātu** and **sūkṣma srotas** making them vulnerable.

- **Kṣīralāsaka** a multisystem reaction in a breast-fed baby when milk itself acts as the immediate nidāna; often mapped to *food protein-induced disease spectra* in modern terms.
- Ahipūtana perineal/ nappy area dermatitis/ sores of infants due to uncleanliness, fecal/ urine contact and sometimes stanya doṣa; Suśruta lexically recognises "ahipūtana" as sores on the hinder part of children.
- Kumāraśoṣa chronic under-nutrition/ wasting state in infancy/ early childhood; modern correlate: marasmus/ growth faltering.

# 2) Kşīralāsaka

## **Definition**

Classically described as **lāsaka** occurring in a breast-fed child due to **duṣṭa-kṣīra** of the dhātrī (lactating mother), typically **tridoṣa-yukta stanya**; clinically a **sannipātaja** picture with āma dominance affecting **āmāśaya-pakvāśaya** and systemic prāṇa.

## क्षीरालसक (Kṣīrālasaka)

निद्रानाशोऽतिनिद्रा च मुखपाको व्रणोद्भवः । एकाङ्गकः पक्षवधः क्षीरालसविसुचिकाः ॥

#### **Translation:**

"Among the ailments [as enumerated here] are insomnia, excessive sleep, stomatitis and ulceration; hemiplegia, paralysis, **kṣīrālasa** and visūchikā (cholera-like illness)."

(Source: Kāśyapa Saṃhitā, Cikitsāsthāna — list of pediatric disorders, where the term **kṣīrālasa** (variant of kṣīralāsaka) is explicitly named.)

## Nidāna (maternal & infant)

- Maternal: ahita āhāra (guru, ati-amlā/kaṭu, viruddhāhāra), divāsvapna/jāgaraṇa, śoka-krodha, garhita rasapravṛtti → stanya doṣa.
- Infant: atiyoga of feeding, feeding on amārta/avasanna milk (stale, delayed), immediate feeding after maternal viruddhāhāra; premature gut; previous ajīrṇa.

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#### Samprāpti (Ayurveda)

Doşa-duşita stanya enters **annavaha-udakavaha srotas**, mixes with **āmā** (due to bālaka's mṛdu agni), leading to **śleṣma-pitta-vāta** prakopa: **vamana**, **ātīsāra** (mucous-streaked), **udarāśūla**, **śvāsa-kāsavat** upadravas; dehydration and **bhrama** may ensue.

## Lakṣaṇa (with modern mapping)

 Sudden post-feed colicky pain, retching/ vomiting, mucousy diarrhoea, sometimes streaks of blood; abdominal distension; lethargy/ irritability; perioral/ eczema-like flares in some. (Overlap with food protein-induced enterocolitis/ proctocolitis spectrum.)

## **Bheda & Doșa inference**

- Kapha-pitta pradhāna → mucous stools, coated tongue, heaviness, low-grade fever;
- **Pitta-pradhāna** → sour vomits, burning, greenish stools;
- **Vāta-pradhāna** → frothy stools, colic, distension.

## **Differential diagnosis**

• Sepsis/ acute gastroenteritis, lactose overload, cow's-milk protein allergy, malrotation/ obstruction (if bilious vomiting), surgical abdomen. (Rule out danger signs.)

#### Investigations (only if indicated)

• Hydration & vitals; **stool evaluation** (reducing substances/ blood), **weight trend**; if severe, **electrolytes**. Allergy testing seldom first-line in low-resource settings.

#### Cikitsā (step-wise)

## A. First 24-48 h priorities

- Jala-pariśoshana parityāga: prevent dehydration—ORS by teaspoon feeds; IV fluids if shock/ dehydration.
- **Stanya-niyama**: continue exclusive breastfeeding with **short, frequent feeds**; avoid switching to formula unless medically indicated; observe maternal diet; **no forced fasting**.
- Doşa-āma śamana:
  - **Hṛdya dīpana-pācana**: Śuṇṭhī-pippalī-marica tiny anupāna via **dhātrī** (mother) to correct stanya; for infant, **very micro-dose** anupāna like warm *ajamodā-jala* drops may be used under supervision.
  - o If **kapha ādhikya**: *Vaca-saindhava* lehyam micro-dose.
- Chardi-atisāra upaśamana: Bilvādi group, Nāgakeśara + Musta sneha-siddha jala (age-/ weight-adjusted).

## B. Maternal stanya-śodhana

- Pathya: warm light meals, śaṣṭika rice gruel, yavāgu, śuṇṭhī-jīraka; avoid viruddhāhāra, excessive amlā/ kaṭu;
- Takra-kalpanā (thin buttermilk with musta-dhānyaka) between feeds.
- If strong suspicion of milk-protein mediated flares, **maternal dairy elimination trial** 2-4 weeks with planned rechallenge under guidance (modern practice bridge).

#### C. When to escalate

 Persistent bilious vomiting, blood-rich stools, lethargy, poor perfusion → urgent referral for sepsis/surgical evaluation.

## **Prognosis**

Generally **sādhya** with timely stanya-śodhana, hydration and feeding correction; chronic/ recurrent cases risk **weight faltering**.

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# 3) Ahipūtana (Napkin/ diaper dermatitis; perineal sores)

## **Definition & classical note**

A kṣudraroga of infancy, showing pidakā/sphoṭa-srāva and kandu around perineum-buttocks due to malopalepa (feces/urine coating), aśucitva and sometimes duṣṭa stanya; Suśruta lists ahipūtana as sores on the hinder part of children. Modern correlate: diaper dermatitis, often irritant; may be secondarily candidal.

अहिपूतन (Ahipūtana) — अष्टाङ्गहृदय, उत्तरस्थान 2/70

केचित् मातृकादोषं वदन्त्यहिपूतनम् । पृष्ठारुं गुदकुट्टिकं केचित् तमनामिकम् ॥

According to Acharya Vagbhatta (Astang Sangraha Uttarsthana 2/121-122 and Astanga Hridaya Utrasthama 2/69-70), either due to malaoplepa (coating of faeces) or sweda (by excess of sweat, rashes develops in perianal region due to rakta and kapha doshas, which is tamravrana (copper coloured), with kandu ütching) in affected area and later on associated with many complications. Some call this disease as matrikadosha, pautana, praitharu, gudakurta, anamika. Diaper rash is a disease which occurs in infantile group having similar causative factors, sign/symptoms, pathogenesis as described in Ahiputna. k is more common in artificially fed infants and those with poor perineal hygiene. Diaper rash is a generalized term indicating any skin irritation fregardless of cause) that develops in the diaper covered. region. It is usually caused by skin irritation from prolonged contact with urine and faeces. It is usually seen around the groin and inside the folds of the upper thighs and buttocks. Despite the word Hiaper in the name, the dermatitia is not dus to the diaper itself, but to the materials trapped by the diaper (Usually urine and faeces). Skin is exposed to prolonged wetness due to materials trapped by the diaper, increased skin pH caused by urine and faeces Irritant diaper. dermatitis develops resulting breakdown of the Stratum conreum. The skin is move vulnerable to secondary infectious by bacteric and fungi e.g. Staphylococcus, Proteus mirabilis, Enterococci, Pseudomonas aeruginosa, Candida albicans. Retention of sweat makes the area moist and macercted. Constant rubbing of skin causes erosion and denudation of the skin. Bacteria grow easily in this environment and cases secondary infection.

According to Acharya Sushruta (Ni.13,59-60), due to non-cleaning of perianal region after passing stools and urine by the child as well as no bathing after sweating of the child, Rakta and Kapha doshas got deranged which results into Kandu (Itching) of anal region, which further progress to saphota (Abscess/rashes) formation. The discharge also develop in these abcesses.

#### Nidāna

• Prolonged wet/soiled diaper contact; harsh wipes/soaps; tight occlusion causing **maceration**; frequent diarrhoea; antibiotic exposure (candidal risk); maternal dietary triggers via stanya (some cases).

#### Lakşana & staging

- Early (irritant): erythema on convex surfaces; spares folds.
- Moderate: papules/erosions, pain on cleaning.
- Candida: beefy red plaques with satellite pustules, involves folds.
- Secondary bacterial: honey-coloured crusting, oozing. (Use this pattern recognition at viva.)

#### Samprāpti

Local **kapha-rakta dusti** with **pitta-sañcayana** in tvak; **sparśa-vedanā, daha, kandu** predominate; chronic maceration → **tvak-srotorodha**, **pidakā/sphoṭa**.

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#### Cikitsā (local + systemic)

#### A. General measures (foundation)

- Frequent diaper-free time, change soon after each pass.
- Clean with **lukewarm water**, pat dry; avoid alcohol-fragrance wipes.
- Barrier after every change: **śatadhāuta ghṛta** (washed ghee) thin layer; or zinc-oxide barrier (modern). Evidence from case series shows benefit of **śatadhāuta ghṛta**.

WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

#### **B.** Ayurvedic local treatments

- Kapharakta-pittāśamana lepas: Triphālā-Khadira avacūrņa dry dusting over weeping lesions (avoid if very raw);
   Karanja-taila or Nimba-patra siddha taila as needed; warm saline/ Triphala-decoction gentle soaks, then barrier.
   Reports suggest Triphala-Khadira combinations effective.
- Candida-suggestive: continue barrier; if not improving in 2–3 days or classic satellite lesions present, add topical azole (modern).
- Bacterial impetiginisation: medical review; consider topical antibiotic per guidelines.

#### C. Maternal & infant diet

• Avoid very amla/ kaţu-lavana spikes; promote pitta-śamana foods; ensure adequate fluids/ fibre if toddler.

#### Red flags for referral

• Fever, extensive erosive rash, cellulitis, lack of response to good care in 3-5 days, systemic unwellness.

#### **Prevention checklist**

• Super-absorbent breathable diapers; scheduled changes; barrier each time; gentle cleansers; **diarrhoea management**.

#### **Prognosis**

Sukhasādhya with hygiene + barrier routine; candidal/bacterial cases respond with targeted therapy.

# 4) Kumāraśoṣa (Pediatric wasting / growth faltering; marasmus-like state)

#### **Definition**

A chronic śoṣa in infants/ young children characterised by **dhātu-kṣaya**, visible **kārśya**, low energy and susceptibility to infections, often from **alpa-pāna-bhojana**, **duṣṭa stanya**/ **annapāna**, chronic disease, or faulty weaning. Modern correlate: **marasmus**/ **severe under-nutrition** and **failure to thrive (FTT)**/ **growth faltering**.

#### कुमारशोष (Kumāraśoṣa)\*

कासं श्वासं ज्वरं शोषं हृद्रोगं वातशोणितम् । ... व्यपोहति ॥

#### Translation (English):

"It dispels cough, dyspnea, fever, **consumption/emaciation (śoṣa)**, heart disease and vāta-rakta, ..."

(Source: Astānga Hrdavam, Uttarasthāna 39 — the famous chyavanaprāśa passage listing **śoṣa** among d

(Source: Aṣṭāṅga Hṛdayam, Uttarasthāna 39 — the famous chyavanaprāśa passage listing **śoṣa** among conditions benefited; in pediatric context śoṣa is applied to **kumāraśoṣa** / bālaśoṣa.)

\*Note: Classical texts usually use "bālaśoṣa" or just "śoṣa" for childhood wasting; the compound "kumāraśoṣa" is a

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later/clinical naming used in modern Ayurveda nosology.

#### Nidāna (Ayurveda)

- Maternal: **apathya** during lactation → poor stanya quality/quantity.
- Infant: delayed/poor annaprāśana practices, repeated ātīsāra/ jvara, graha-roga chronicity, poverty of sneha (dietary lipids), improper animal/packed feeds in lieu of breast milk.

#### Samprāpti

Chronic **agni-mandya** → **rasa-annārasa duṣṭi** → sequential **dhātu-kṣaya** (especially **māṃsa-meda**), **vāta prakopa** dominates; **ojas-hāni** manifests as recurrent infections, lethargy; **gurutara** cases show **saṃkoca** (stunting).

#### Lakşana (with modern parallels)

- Emaciation, loose skin folds, visible ribs; sadbala-hāni, dry skin/hair, sunken eyes; irritability/ apathy; recurrent infections; bradycardia/hypothermia in severe cases. (Marasmus description.)
- Anthropometry: low WAZ/ WHZ or crossing down ≥2 major percentiles indicates growth faltering; use WHO child growth standards (Z-scores).

#### **Differential**

 Malabsorption (celiac, CF), CHD, chronic kidney/liver disease, TB/HIV, endocrine causes, neglect/feeding disorder. (Always individualise.)

## **Assessment work-up**

• **Growth charting** (length, weight, MUAC), **dietary recall**, feeding interaction; screen for chronic infections; basic labs as context allows.

#### Cikitsā (Ayurveda + modern nutrition)

# A. Stabilise and correct acute risks

• If **SAM** (severe acute malnutrition) or intercurrent illness: **hospital protocol**—treat hypoglycaemia, hypothermia, dehydration; cautious feeding; infection management. (WHO/ AAP pathways.)

#### B. Rasāyana-snehana-bṛṃhaṇa (gradual)

- Start with dīpana-pācana (tiny doses: Pippalī-Marica-Śunṭhī, Musta, Ārdraka waters) to kindle agni.
- Mṛdu snehapāna: ghṛta micro-advances (e.g., Aṣṭa-vargha ghṛta as per local formulary) once stools normal.
- Bṛṃhaṇa pāyasa/ yavāgu: Śaṣṭika-śāli with mudga, gṛta, drākṣā; age-appropriate; increase frequency before volume.
- Lehya/ avaleha options: Cyavanaprāśa micro-dose in older infants/ children; Vidāryādi ghṛta, Bālādi kalpa.
- Matru-aharavidhi: mother's diet enriched in snehana (ghṛta/ tila taila), milk substitutes as tolerated, mudga-śaṣṭika gruels; stress/sleep hygiene for stanya vardhana.

## C. Micronutrient bridges

- Iron, vitamin D, zinc based on deficiency risks and local program guidelines; deworming where appropriate.
- Encourage play/physiotherapy for muscle anabolism.

## D. Follow-up & targets

• Expect catch-up as +0.5 to +1.0 z-score over weeks to months; monitor weekly-biweekly till trend stabilises.

#### **Prognosis**

Good if addressed early; delayed cases risk stunting, cognitive impacts; plan longitudinal counselling.

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# Values Commonly Used to Grade the Severity of Protein-Energy Undernutrition

Measurement	Normal	Mild Undernutrition	Moderate Undernutrition	Severe Undernutrition
Ideal body weight (%)	90-110	85-90	75-85	< 75
Body mass index (BMI)	19-24*	18-18.9	16-17.9	< 16
Serum albumin (g/dL)	3.5-5.0	3.1-3.4	2.4-3.0	< 2.4
Serum transferrin (mg/dL)	220-400	201-219	150-200	< 150
Total lymphocyte count (per mcL)	2000-3500	1501-1999	800-1500	< 800
Delayed hypersensitivity index†	2	2	1	0

<sup>\*</sup> In older patients, BMI < 21 may increase mortality risk.

# 5) Viva-oriented comparative table

Feature	Kṣīralāsaka	Ahipūtana	Kumāraśoṣa
Primary locus	Annavaha srotas (gut)	Tvak in perineum	Systemic dhātu-kṣaya
Key nidāna	<b>Duṣṭa-stanya</b> ; maternal viruddhāhāra; infant ajīrṇa	<b>Aśucitva</b> , malopalepa; occlusive diapering; diarrhoea	Inadequate intake/absorption; repeated illness; poor weaning
Dominant doșa	a Sannipāta with <b>āma</b>	Kapha-rakta; pitta in flares	<b>Vāta</b> → sequential dhātu-kṣaya
Hallmark signs	Post-feed colic, vomiting, mucous-diarrhoea	Erythema → erosions; candidal satellites	Wasting, lethargy, recurrent infections
Core therapy	Hydration; <b>stanya-śodhana</b> ; dīpana-pācana	Hygiene; <b>barrier</b> + Ayurvedic lepa; treat Candida/bacteria	<b>Bṛṃhaṇa-rasāyana</b> , staged feeding, micronutrients

# **Short clinical vignettes (practice)**

- Two-month EBF baby with post-feed vomits, mucous stools x 2 days, afebrile, mild dehydration.
   Ask yourself: Is this kṣīralāsaka? What maternal diet factors can you correct today? What's your hydration and feed plan for the next 24 h?
- Nine-month infant with perianal erythematous plaques + satellite pustules.
   Clue: Candida-predominant ahipūtana. Add what to barrier care, and for how long?
- 3. **Eleven-month child** with weight crossing down 2 major percentiles in 3 months after repeated diarrhoea episodes.

Task: Plot Z-scores, list three bṛṃhaṇa foods you'll start, and one rasāyana you will consider after agni improves.

# Self-check (fast recall)

- Why is exclusive breastfeeding protective yet central to kṣīralāsaka pathogenesis when stanya is duṣṭa?
   (Think: medium vs quality.)
- In ahipūtana, which simple barrier is both classical and practical? (Śatadhāuta ghṛta.)
- Which doşa dominates kumāraśoşa, and why does that inform the need for snehana + bṛṃhaṇa? (Vāta dominance due to dhātu-kṣaya.)

<sup>†</sup> Delayed hypersensitivity index uses a common antigen (eg, one derived from *Candida* species or *Trichophyton* species) to quantitate the amount of induration elicited by skin testing. Induration is graded: 0 = < 0.5 cm, 1 = 0.5-0.9 cm,  $2 = \ge 1.0$  cm.

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## **Assessment**

## A. Long answer $(1 \times 10 = 10 \text{ marks})$

 Explain kṣīralāsaka under headings: definition, nidāna, samprāpti (with āma), bheda, differential diagnosis, and comprehensive management including stanya-śodhana and feeding guidance. Add a short note on modern correlates.

#### B. Short notes ( $5 \times 5 = 25$ marks)

- a) Pathya-apathya for Ahipūtana at home.
- b) **Śatadhāuta ghṛta**: method of preparation and indications.
- c) Kumāraśosa vs kwashiorkor (compare clinically).
- d) Maternal diet principles in **stanya-doṣa** states.
- e) Red-flag signs demanding referral in any neonate/infant with diarrhoea or rash.

## C. OSCE stations $(3 \times 5 = 15 \text{ marks})$

- 1. Demonstrate diaper-change and barrier application counselling for a caregiver (sequence + do's/don'ts).
- 2. Plot weight and length on a WHO chart; calculate WAZ/WHZ and interpret (handed Z-score table).
- 3. Take a focused maternal dietary history for a breast-fed infant with suspected food-triggered GI symptoms.

#### D. MCQs $(5 \times 1 = 5 \text{ marks})$

- 1. Satellite pustules in the diaper area most strongly suggest: (b) Candidal ahipūtana.
- 2. First-line cornerstone in kṣīralāsaka is: (a) Hydration + stanya-niyama.
- 3. In kumāraśoṣa, dominant doṣa is: (c) Vāta.
- 4. A WHO-consistent sign of growth faltering is crossing down ≥2 major percentiles: True.
- 5. Śatadhāuta ghṛta acts chiefly as: (d) Barrier emollient.

# References (Classical and Modern)

#### Classical

- Kāśyapa Samhitā (Vrddhajīvakiya Tantra) Bālaroga, Dhātrī-parīkṣā, Stanya-doṣa, and Rogādhyāya sections (for stanya vitiation and infant disorders). (General overview.)
- Aṣṭāṅga Hṛdayam, Uttarasthāna Bālaroga and Kṣudraroga chapters (conceptual basis for lāsaka/infant disorders; structure and commentaries).
- Suśruta Samhitā lexical/classificatory note recognising Ahipūtana as perineal sores of children (dictionary extraction from Suśruta usage).

## Modern/ Contemporary

- Patil AC et al. World Journal of Pharmaceutical Research. Kṣīralāsaka overview and tridoṣaja stanya-doṣa pathogenesis.
- Case and review literature on Ahipūtana (diaper dermatitis) pathogenesis and Ayurvedic topical care including śatadhāuta ghṛta and Triphala-Khadira: WJARR 2024; Phytotherapy/Pharmacognosy series 2024; Wisdomlib journal summaries.
- Growth faltering/FTT & marasmus: AAP guidance; StatPearls; WHO growth standards; Cleveland Clinic review.

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# **Quick revision pearls**

- Kṣīralāsaka = quality problem of milk + infant āma → treat the milk loop (mother) and the gut loop (infant).
- Ahipūtana thrives on moisture + occlusion → air + gentle clean + barrier, escalate only when indicated.
- **Kumārašoṣa** needs **slow, steady bṛṃhaṇa**; measuring progress by **Z-scores** is as important as choosing the right dhrta.

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