

## 4.6. Stanyadushti Rogas-Ksheeralasaka, Ahiputana and Kumarashosha

### Unit 4.6 — Stanyadoṣṭi Rogas: Kṣīralāsaka, Ahipūtana, and Kumāraśoṣa

#### 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) Kṣīralāsaka

##### 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 (Kṣīralāsaka)

निद्रानाशोऽतिनिद्रा च मुख्याको व्रणोद्भवः ।  
एकाङ्गाकः पक्षवधः क्षीरालसविसूचिका: ॥

##### 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 rasa-pravṛtti* → **stanya doṣa**.
- **Infant:** *atiyoga* of feeding, feeding on **amārta/avasanna** milk (stale, delayed), immediate feeding after maternal viruddhāhāra; premature gut; previous **ajirṇa**.

## Samprāpti (Ayurveda)

Doṣa-duṣita stanya enters **annavaha-udakavaha srotas**, mixes with āmā (due to bālaka's mṛdu agni), leading to **śleṣma-pitta-vāta** prakopa: **vamana**, **ātisāra** (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 & Doṣa 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**.
- **Doṣa-āma śamana**:
  - **Hṛdaya dīpana-pācana**: Šunthī-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.
  - If **kapha ādhikya**: Vaca-saindhava lehyam micro-dose.
- **Chardi-atisāra upaśamana**: Bilvādi group, Nāgakesāra + Musta sneha-siddha jala (age-/ weight-adjusted).

### B. Maternal stanya-śodhana

- Pathya: warm light meals, śaṣṭika rice gruel, yavāgu, Šunthī-jīraka; avoid viruddhāhāra, excessive **amlā/ katu**; adequate rest.
- **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 re-challenge 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**.

### 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) — अस्टाइग्रहदय, उत्तरस्थान 2/70

केचित् मातृकादोषं वदन्त्यहिपूतनम् ।  
पृष्ठारुं गुदकुटिकं केचित् तमनामिकम् ॥

According to Acharya Vaghbhatta (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 itching) in affected area and later on associated with many complications. Some call this disease as matrikadosha, pautana, praiharu, gudakurta, anamika. Diaper rash is a disease which occurs in infantile group having similar causative factors, sign/symptoms, pathogenesis as described in Ahiputna. It is more common in artificially fed infants and those with poor perineal hygiene. Diaper rash is a generalized term indicating any skin irritation (regardless 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 dermatitis is not due 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 concreum. The skin is more 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 macerated. Constant rubbing of skin causes erosion and denudation of the skin. Bacteria grow easily in this environment and causes secondary infection.

According to Acharya Suśruta (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 abscesses.

#### 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).

#### Lakṣaṇa & 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**.

## 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**.

### B. Ayurvedic local treatments

- **Kapharakta-pittāśamana lepas**: *Triphālā-Khadira* avacūrṇa dry dusting over weeping lesions (avoid if very raw); **Karanja-taila** or *Nimba-patra siddha taila* as needed; warm saline/ *Triphala*-decocotion 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/ kaṭu-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

**Sukhasādhyā** 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 **kārṣya**, 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: *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

later/clinical naming used in modern Ayurveda nosology.

## Nidāna (Ayurveda)

- Maternal: **apathyā** during lactation → poor stanya quality/quantity.
- Infant: delayed/poor **annaprāśana** practices, repeated **ātisāra/ 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 **sāṃkoca** (stunting).

## Lakṣaṇa (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-brīḥmaṇa (gradual)

- Start with **dīpana-pācana** (tiny doses: *Pippalī-Marica-Śuṇṭhī, Musta, Ārdraka* waters) to kindle agni.
- **Mṛdu snehapāna**: **ghṛta** micro-advances (e.g., *Aṣṭa-vargha ghṛta* as per local formulary) once stools normal.
- **Brīḥmaṇa pāyasa/ yavāgu**: *Śaṣṭika-sāli* 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/ tīla 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**.

## 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

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

† 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 = ≥ 1.0 cm.

## 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 doṣa	Sannipāta with āma	<b>Kapha-rakta; pitta</b> 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>Bṛmhāṇa-rasāyana</b> , staged feeding, micronutrients

## Short clinical vignettes (practice)

1. **Two-month EBF baby** with post-feed vomits, mucous stools × 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?
2. **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 **bṛmhāṇa** 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 **doṣa** dominates **kumāraśoṣa**, and why does that inform the need for **snehana + bṛmhāṇa**? (Vāta dominance due to dhātu-kṣaya.)

## Assessment

### A. Long answer (1 × 10 = 10 marks)

1. 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 × 5 = 25 marks)

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

### C. OSCE stations (3 × 5 = 15 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 × 1 = 5 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 dosha is: **(c) Vāta**.
4. A WHO-consistent sign of growth faltering is crossing down  $\geq 2$  major percentiles: **True**.
5. Śatadhāuta ghṛta acts chiefly as: **(d) Barrier emollient**.

## References (Classical and Modern)

### Classical

- **Kāśyapa Saṃhitā** (Vṛddhajīvakiya Tantra) — Bālaroga, Dhātrī-parīkṣā, Stanya-dosha, 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 Saṃhitā** — 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-dosha 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.



## 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.
- **Kumāraśoṣa** needs **slow, steady bṛṃhaṇa**; measuring progress by **Z-scores** is as important as choosing the right ghṛta.

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