

MANAGEMENT OF AKAKKARAPPAN (A CHILDHOOD DISEASE WITH SKIN AND GIT INVOLVEMENT) IN INFANT- A CASE REPORT

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ABSTRACT

Akakkarrappan is a disease mentioned in the Malayalam text- *Vaidyatarakam* (Regional pediatric ayurveda textbook from Kerala in Malayalam language). The disease is specific for its gastrointestinal symptoms along with skin manifestations. The prevalence is higher in the pediatric age group. Here, an attempt is made to evaluate the clinical efficacy of Ayurvedic formulation in managing *Akakkarrappan*. A 9-month-old male infant was presented with complaints of greenish frothy stool along with fever and skin lesions. The child was treated with the concepts of *Agni* (digestive fire), *Dushi visha* (accumulated toxin), *Karappan* (skin lesions in children) and *Atisara* (diarrhoea) as per the clinical experience and available reference of *Akakkarrappan*. The child was relieved of all gastrointestinal symptoms and skin lesions with Ayurvedic treatment within seven days. Also, the digestive fire (*Agni*) was restored within two weeks. Ayurvedic formulations from the contexts of *Dushi visha* (accumulated toxin), *Karappan* (skin lesions in children) and *Atisara* (diarrhoea) were able to provide symptomatic relief and restore the normalcy of *Agni* in the infant with *Akakkarrappan*.

Keywords: *Akakkarrappan*, *Dushi visha*, *Atisara*, *Karappan*, *Agni*, *Neelitulasyadi kasaya*

INTRODUCTION

Karappan deals with a wide variety of skin manifestations commonly seen in infants and children. The different permutations and combinations of *Dosa* (primary constitutional factors of body) and *Dusty* (vitiation) in the *Samprapti* (pathogenesis) and its manifestations in a highly immature and unstable *Dhatu* (body elements) in children are very minutely explained under *Karappan*. *Akakkarappan* is a unique contribution from the Kerala Ayurveda text – *Vaidyatarakam*. This disease stands apart from other *Karappan* with its severe systemic features, primarily associated with the gastrointestinal tract and skin manifestations. The occurrence of such a condition is not very frequent in the pediatric population, but if neglected, it can lead to severe complications. [1]

The features of the disease are mainly related to G.I.T. with either constipation or diarrhoea with greenish and frothy stool, recurrent fever, coating of tongue, reddish discolouration of mouth and anus and abdominal distension. Respiratory signs include chest congestion and dyspnea. Signs of general weakness and irritability are also seen. These signs may or may not be associated with skin manifestations.

Case History

A 9-month-old male presented to the OPD of the Department of *Kaumarabhritya*, Vaidyaratnam Ayurveda College, Ollur, Thrissur, with features of fever, greenish stool, coated tongue, and signs of irritation since one day. The child also had reddish-black patchy lesions over the lower limbs, trunk, and chest. There were no respiratory signs or history of similar occurrences in the household.

The history was notable for recurrent vomiting of breast milk for four months of age, with no findings in the USG abdomen. The child is breastfeeding and undergoing weaning with banana powder and finger millet (*Eleusine coracana*) in milk. The mother's dietetic history was also notable for the intake of *Masha* (*Vigna mungo*), curd, and *Amla phala* (sour fruits).

The examination was significant for signs of general weakness, poor nutrition, and macular rashes non-uniformly distributed all over the body with slight

itching. An abdominal examination showed a distended abdomen with a resonant note, no tenderness, and a coated tongue. The stool was greenish and frothy, with a foul smell and loose consistency.

The examination revealed a *Kapha Paithika* condition and associated *Agnimandya* (hypo functioning of Agni), *Mala* (stool) showed signs of severe *Ama*.

Ayurvedic assessment criteria: Table No. 1

Therapeutic interventions

Considering the patient's history, the patient was given a clinical examination and assessments following treatment for seven days. The total period of intervention was two weeks.

Medicines given in first visit: Table No.2

Follow-Up And Outcome

After seven days of treatment, the patient started experiencing a reduction in stool frequency and rashes. Considerable improvement in appetite was also reported. Medicines were changed after the second visit.

Medicines given in Second visit: Table No.3

After 14 days of treatment, the case was followed, and the patient was completely relieved.

DISCUSSION

Akakkarapan is a disease mentioned in *Vaidyatarakam* with features of fever, constipation or loose stool, which is green and frothy mixed with *Kapha*, signs of inflammation over the mouth, anus and eyes, coated tongue and abdominal distension. The disease has been mentioned, with characteristic gastrointestinal features pointing towards an *Agnimandya* and *Dushi visha* pathology. The disease has been named as *Akakkarappan*- a variety of *Karappan*- a disease which predominantly affects integumentary system. *Karappan* is mainly a disease limited to *Sakha* (skin and other body elements), and *Akakkarappan* shows more *Koshta asritha lakshana* (symptoms pertaining to GIT). [1]

The etiological factors are evident from *Stanya dushti* (vitiation of breastmilk), due to *Virudha ahara seva* (intake of incompatible foods) of the mother and

weaning with finger millet (*Kodravam*) in the infant. The history of *Virudha ahara seva* in the mother and recurrent vomiting in the child points towards an *Agnimandya* (improper digestion), *Vata pratilomata* (misdirected *Vata*) and a *dushi visha* ^[2] (accumulated toxins) pathology. Clinical features in the child indicate the same. The characteristic features of greenish stools with froth point towards a *Kapha-Pitta Atisara Samprapti*. The skin lesions in the infant also suggest a *Tiryak gati* of *dosa* ^[3] ^[4], indicating a grave *Dosa dushti* and a history of *Apathya ahara* and *Vihara* in the mother and the infant.

Since the infant is still breastfed, Stanya (breast milk) was also used as a medium of drug administration, and medicines were given to both mother and infant. Considering the *Agnimandya*, *Atisara*, *Visha sadrisa swabhava* – a direct *Stambhana dravya* was not chosen ^[5]. Instead, *Neelithulasyadi kasaya*, a *Vishahara*, *Ama pachana*, *Agni deepana*, *Kapha vata samana* but not *Pitha prakopa*, *Twachya* drug was selected. ^[6] This was administered to both the mother and the child. *Vilwadi gulika* was administered to the mother not only because of *Amapachana* property but also because of the *Vishaharathwam* ^[7]. *Gopeechandanadi gulika*, a pediatric formulation used in skin lesions, was also given to the child ^[8]. A strict diet was instructed with *Thikta* rasa and *Laghu ahara* for the mother and infant. This was followed for seven days, and gradually, the greenish nature of the stool changed to yellow, and the frequency of stools reduced, indicating the *Ama pachana* and *Visha hara* nature of the drug. The appetite of the infant was not restored. Hence, for restoring the *Agni*, *Rajanyadi choorna*, a drug indicated explicitly in infants for *Atisara* and *Grahani roga*, which is mentioned as the best for *Grahani deepana*, was chosen ^[9] ^[10]. A drink made of *Deepana Pachana Tharppana Dravya* was also given to restore the *Agni*. Gradually, the *Agni* improved and was restored to normal within 14 days.

CONCLUSION

Akakkarappan, being a rare manifestation in childhood, can cause severe complications in children, especially in infancy. So, prompt management considering both *Abhyanthara* and *Bahya roga marga* is critical. Alleviating the *Visha sadrisa swabhava*, *Ama pachana* and restoring the *Agni* should be the essential aim of treatment. For this reason, diet also has a vital role, along with other drugs. Maintaining a proper *Agni* in both the infant and mother plays an essential role in the healthy growth and development of the infant.

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Table No. 1: Assessment criteria

Character	First visit	7 th day	14 th day
Stool color	Green	Yellow	Yellow
Stool frequency	6-7/ day	2-3/ day	1/ day
Other character in stool	Froth	No froth	No froth, well formed
Coating of tongue	Present	Reduced	Absent
Appetite	Reduced	Moderate	Good
Skin rash	Reddish black macules	Rash reducing	Relieved completely

Table No. 2: Medicines given in the first visit.

Sl no.	Medicine	Dose	Time
1.	<i>Neelithulasyadi kashaya</i> (Here, due to fear of intestinal irritation contributed by preservatives, instead of bottled <i>Kashaya</i> , <i>sookshma choorna</i> prepared <i>Kashaya</i> was given)	¼ tsp <i>Choorna</i> added to 120 ml of boiling water .From this <i>Kashaya</i> was filtered and given in the dose of 2.5ml – infant 70ml -mother	Twice daily 1 hour before food
2.	<i>Vilwadi gulika</i>	1 tablet – for mother only	Twice daily 1 hour before food
3.	<i>Gopichandanadi gulika</i>	1 tablet is rolled in 1 teaspoon of breast milk, until the color of milk starts to change, then tablet is taken out from milk and milk is strained through a thin cloth and given to the child. The same tablet should be taken by the mother.	Twice daily after food

Table No. 3: Medicines given in the Second visit.

Sl No.	Medicine	Dose	Time
1.	<i>Rajanyadi choornam</i>	1 teaspoon of powder is added in 600 ml of water and boiled for 5 minutes. Add palm sugar for taste and strained. From this 5 ml is given to the infant every 4 hours and the remaining was taken by the mother.	5 ml (4 hourly)- for infant 480 ml- for mother as drink
2.	Water boiled with <i>Laja, Jeera, Ela</i>	960 ml of water boiled with <i>Laja</i> -5 tsp. <i>Jeera</i> -1 tsp <i>Ela</i> -1/2 teaspoon	5 ml, frequently – for infant Rest given to mother frequently