



Management of atopic dermatitis by an ayurvedic regimen- A case study

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ABSTRACT : The most common cause of eczema in Pediatric age group is Atopic Dermatitis[AD] (also called infantile eczema), which primarily affects infants and toddlers. The word "atopic" refers to overly sensitive to allergens in the environment. About 1 in 10 children develop eczema. Typically, symptoms appear in first few months of life, and almost always before 5 years of age (2months - 5 years). They develop pruritic, dry to crusted or pus filled lesions,red skin on cheeks, forehead or scalp. The rash may spread to the trunk, lower extremities.[1]. The case study discussed here is of a 18 months age male child, who had classical features of Atopic Dermatitis and frequently received treatment from dermatologists but, had temporary relief and relapses which were frequent. He was admitted in Kaumarbhritya ward, and receivedAyurvedic management mentioned in Kushtachikitsalike Deepan- Pachan, Snehana, Bahya andAbhyantarchikitsa etc. The child had significant relief from the signs & symptoms of atopic dermatitis. The agony of disease was markedly reduced.Ayurvedicmanagement proved to be beneficial in this case of Atopic Dermatitis.

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1. Introduction

Atopic dermatitis (AD) occurs as an inheritance or specifically occurs due to triggers which can make it worst. There are specific triggers, which are enlisted below which can be avoided or improved[1].

These include:

- Pollen, molds, dust
- animal dander,dry winter air, little moisture
- skin that gets to dry
- certain harsh soaps and detergents

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- certain fabrics(wool or coarsely woven materials)
- skin care products, perfumes and colognes, tobacco smoke
- Some allergens from food (dairy products, soy, nuts etc.)
- Excessive heat/sweating[1]

According to ayurveda (Kashyapa) Charmadalais a vata paradhanvyadhi primarily occurring in Pediatric segment. This disease primarily occurs Ksheeradand Ksheeranada[3]. Allopathic medicine deals with atopic dermatitis particularly with emollients, topical steroids, antibiotic agents and anti histaminic agents etc. Although, these agents help in relieving symptoms but relapse of signs and symptoms are frequent. Cases tend to flare up once treatment is discontinued[1]. The case in discussion (as mentioned in the abstract) wherein the patient was suffering from frequent episodes of Atopic Dermatitis for last 8 months and sought treatment from various dermatologist. Though patient used to get symptomatic relief but had frequent relapses.

2. Case details

A male child, age 18 months weighing 10 kg, is a resident of Osmanabad. He reported to the Kaumarbhritya OPD of Government Ayurvedic Hospital, Osmanabad with following complaints which were since 1 year as follows-

- Severe crusting of B/L soles and palms with discharge
- Severe pruritus (more at night hours)
- Irritability
- Difficulty in walking and perform daily activities (due to affected site)

Associated complaints

- Pallor++
- Non specific anorexia(since 1month)

Diagnosis (Clinical & Investigation)

- Clinically on basis of sign and symptoms.
- Also h/o aggravation of signs when exposed to dry(cold) environment and dust.
- CBC with ESR

His lab reports are summarised below-

WBC COUNT - 14000cmm
ESR - 40mm hr
HB% - 7gm%
HIV & HBsAg - Non reactive

Previous treatment

- Emollients, Antihistamines and Antimicrobial agents

3. Assessment criteria and observations

Assessment

Assessment was done on basis of

1. Lesions - Area affected
2. Discharge
3. Pruritus

Severity was recorded as;

Mild=+ Moderate=++ Severe=+++

4. Observations

Sr. no	Before treatment	10th day	After treatment(21st day)
Lesions	+++	++	+
Discharge	++	+	Nil
Pruritus	+++	++	Nil

Ayurvedic protocol used: [2,3,4& 5.]

Sr.no	Principle	Aushadhi with Anupan&Matra	No of days
1	<i>Deepan&Pachan</i>	<i>Aaraghwadhkapilavati</i> (500 mg) + <i>Vidanga</i> (1.5gm) + <i>Aarogyavardhinivati</i> (500mg)= powder form 1 BD(125 mg) with lukewarm water	7 days
2	<i>Snehana</i> (Oleation)	<i>Panchatiktaghrutapana</i> = 5ml OD with lukewarm water A) <i>Dhavan</i> initially with <i>Mahamanjishtadikwatha</i>	7 days First 8 days
3	<i>SthaneekChikitsa</i> (External treatment)	B) <i>Dhavan</i> with <i>Yashti</i> + <i>Manjishta</i> + <i>Sariva</i> + <i>Guduchi</i> + <i>Musthasiddhakwatha</i> . (Both were f/b <i>Yashtimadhughruta</i> local application)	Next 7 days
4	<i>AbhyanatarChikitsa</i> (Internal treatment)	<i>Mahamanjishtadikwatha</i> =5ml OD with some lukewarm water	15 days
5	<i>RasayanaChikitsa</i> (On discharge)	<i>Khadeerchurna</i> (5gm)+ <i>Rasamanikya</i> (250mg)=40 seal packed sachets given 1 OD(250mg) with lukewarm water	21 days

DRAVYA KARMUKATVA [3.]

Sr.no	DRAVYA	RASA	VIPAK	VEERYA	GUNA
1	<i>Aaragwadh</i>	<i>Madhur</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Guru, mrudusansran</i>
2	<i>Vidanga</i>	<i>Katu-kashaya</i>	<i>Katu</i>	<i>Ushna</i>	<i>Ruksha, laghu, krumighna</i>
3	<i>Vasa</i>	<i>Tikta</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Ruksha, laghu, raktashodhaka</i>
4	<i>Guduchi</i>	<i>Tikta</i>	<i>Madhur</i>	<i>Ushna</i>	<i>Guru, rasayana</i>
5	<i>Kantakari</i>	<i>Tikta</i>	<i>Katu</i>	<i>Ushna</i>	<i>Ruksha, laghu, teekshna</i>
6	<i>Nimba</i>	<i>Tikta</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Ruksha, laghu, raktashodhak</i>
7	<i>Patola</i>	<i>Tikta</i>	<i>Katu</i>	<i>Ushna</i>	<i>Ruksha, laghu</i>
8	<i>Manjishta</i>	<i>Tikta</i>	<i>Katu</i>	<i>Ushna</i>	<i>Guru, laghu</i>
9	<i>Sariva</i>	<i>Madhur-tikta</i>	<i>Madhur</i>	<i>Sheeta</i>	<i>Guru, Sneegdha, Raktaprasadak</i>
10	<i>Yashtimadu</i>	<i>Madhur</i>	<i>Madhur</i>	<i>Sheeta</i>	<i>Sneegdha, Vranaropak</i>
11	<i>Khadeer</i>	<i>Tikta-Madhur</i>	<i>Katu</i>	<i>Sheeta</i>	<i>Ruksha, laghu, Kushtaghna</i>

Discussion

An Ayurvedic regimen was used according to principles of Kushthachikitsa (Charmadala), the herbal formulations which were planned stepwise and administered. These formulations were tikta- katu- sheetaviryatmakand wereyakrutgamiand rasa-rakta shodhak and prasadak. Also the complete regimen used was mamsagami according to their properties. (mamsa=affected layer)[2,3.]

Result

In above patient of Atopic dermatitis lesions were reduced by 10th day and were mild on 21st day. Discharge was moderate on 10th day and nil on 21st day and similarly pruritus was moderate on 10th day and nil on 21st day. The patient was followed for 6 months i.e once monthly (6 follow ups). Patient was relieved from signs and symptoms and he had no relapse of Atopic Dermatitis . An haematinic was prescribed for 3 months to combat anaemia.

Conclusion

Patient had significant relief in signs and symptoms of Atopic Dermatitis by given ayurvedic regimen. Thus, Ayurvedic modalities are beneficial in the chikitsa of Atopic Dermatitis.

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Pictures



BEFORE
TREATMENT (DAY 1)



AFTER TREATMENT
(DAY 18)