

MANAGEMENT OF INFANTILE ECZEMA (ATOPIC DERMATITIS) THROUGH AYURVEDA – A CASE STUDY

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ABSTRACT

Introduction : Infantile Eczema (Atopic dermatitis) is a common, chronic, relapsing, inflammatory skin disease that primarily affects young children. It affects the estimated 1-5% of world population and more than 10-20% of the children less than 14 year of age. It can significantly impact the quality of life of affected individuals as well as their families. In Ayurvedic literature, the word “Charmadala” has been mentioned under the category of Kushta (skin disorders) that denotes all varieties of skin disorders. Acharya Kashyapa’s description of the disease Charmadala (dermatitis) closely resembles with that of infantile eczema. It is characterized by *Kandu* (itching), *rakta varnata of twak* (reddish discoloration of skin), *charma avadarana* (peeling of skin) and *twak rookshata* (dryness) with *pidaka* (papule) formation.

Material And Method : A 1 year 2 month old male patient was came to the OPD of Kaumarabhritya, Rishikul campus UAU Haridwar uttrakhand, with complaints of dry, itchy and scaly skin with excoriated lesions. These complaints were persisting for the past 1 year. This condition can be understood as *charmdala*, treatments including with some medicine course of 3 months.

Result : There were significant improvements in the condition of the patient.

Discussion : while treating *Charmadala*, the drugs alleviating *Vata, Pitta, Kapha doshas*, which are having *kandughna, kushtaghna and raktashodhaka* as well possessing *tikta, katu rasa and ushna veerya* should be selected.

Keyword’s – *Kushta, Kandu, rakta varnata, pidaka.*

INTRODUCTION

Infantile eczema (atopic dermatitis) is common chronic, relapsing dermatitis characterized by pruritus, occurring primarily in infant and children. It affects the estimated 1-5% of world population and more than 10-20% of the children less than 14 year of age.[1] It can significantly impact the quality of life of affected individuals as well as their families. In Ayurvedic literature, the word “Charmadala” has been mentioned under the category of *Kushta* (skin disorders) that denotes all varieties of skin disorders. *Kasyapa* has stated that cracking of skin is the main feature of this disease. It has predominance of *vata*.[2] *Acharya Kashyapa’s* description of the disease *Charmadala* (dermatitis) closely resembles

with that of infantile eczema. It is characterized by *Kandu* (itching), *rakta varnata* of *twak* (reddish discoloration of skin), *charma avadarana* (peeling of skin) and *twak rookshata* (dryness) with *pidaka* (papule) formation.[3] *Charmadala* affects only to the children, who are *ksirapa* or *ksirannada* due to consumption of vitiated milk. It’s incidence are very less in children, whose main diet is cereals (*Annada*).[4]

CASE HISTORY

A 1 year 2 month old male patient was brought to the Out Patient Department of Kaumarabhritya, Rishikul Campus UAU Haridwar by his parents with complaints of -

- a) Dry, itchy and scaly skin with excoriated lesions all over body since 1 year.
b) Poor appetite 6 months

HISTORY OF PRESENT ILLNESS

The child mother said that he born through normal vaginal delivery was apparently normal till 2nd month of age. Later it was noticed that erythematous lesions first appeared on cheeks and in due course of time lesions got spread over body gradually in symmetrical fashion with intense itching, dryness and excoriation. The condition used to flare up during cold weather. Child had disturbed sleep due to intense itching at night. At the outset, the parents

have taken the child for consultation in a nearby hospital, where they have given a course of medications, which they have taken, but did not get any satisfactory relief. As days passed, he faced more itchy, red, scaly lesions all over body. The condition got aggravated since last 3 month. Then, the parents have decided to bring the child for a better evaluation and management in Rishikul Campus UAU Haridwar. After a thorough interrogation with the parents regarding the diet, life style and habits of the child and the history of present illness and after a proper evaluation regarding the present condition of the child, he was planned for treatment with internal and external medications.

EXAMINATION

Assessment of general condition of child:

Bowel	Regular
Appetite	Reduced
Micturition	Regular
Sleep	Disturbed

On Examination

Integumentary system

Erythematous lesions with scales and excoriations were present over face. Crusts and lichenification along with serous exudates in some lesions of the lower limb, upper limb, trunk & back was observed which were irregular in shape and distributed in symmetrical fashion. The lesions were more pronounced over face, flexor and extensor aspect of limbs and trunk with pruritus and xerosis.

Diagnosis Criteria-

The diagnosis was based on history clinical presentation and Hanifin & Rajka criteria for atopic dermatitis which consists of constellation of symptoms divided into two categories, Major and minor features.^[5]

Major criteria	Minor criteria
Pruritus	Xerosis (dry skin)
Typical morphology and distribution (facial and extensor involvement in infants and young children)	Early age of onset
Chronic relapsing dermatitis	Elevated total serum immunoglobulin E (IgE)

TREATMENTS GIVEN

A single course of treatment given for a period of 3 months.

- a. *Giloya satva* – 65mg
Panchtikta Ghritam – 35 mg

- Kaamdudha Rasa* - 65 mg
Pravalapanchamrita – 35 mg with honey 1x2
 b. *Swetha Kutaja* oil with Coconut Oil for local application.

Result

The changes observed after treatment was assessed based on SCORAD (SCORing Atopic Dermatitis) rating. SCORAD is a clinical tool used to assess the extent and severity of Atopic dermatitis. This tool is used before and after treatment to determine the effectiveness of the treatment.

Table 2: SCORAD rating based on area of skin lesion

Area	B.T.	1 st follow up	2 nd follow up	3 rd follow up	A.T.
Head & neck	7	5	3	1	0
Upper limbs	12	10	6	2	0
Lower limbs	20	15	10	4	0
Anterior trunk	10	8	6	2	0
Back	6	5	2	0	0
Genital region	0	0	0	0	0

Table 3: SCORAD rating based Intensity of skin lesion

Parameter	B.T.	1 ST Follow up	2 nd follow up	3 rd follow up	A.T.
Redness	4	2	1	0	0
Sewlling	0	0	0	0	0
Oozing/ crusting	4	3	1	0	0
Scratch marks	4	2	0	0	0
Lichenification (skin thickening)	2	0	0	0	0
Dryness	5	4	2	0	0

Table 4: Grading according to subjective symptoms

Subjective symptoms	Before treatment	After treatment
Itching	7	1
Sleeplessness	6	1

SCORAD score: $A/5 + 7B/2 + C$

Before Treatment – 35.4

After Treatment – 9.8

The Ig E level before treatment was 3500IU and after treatment more than 2500IU.

BEFORE TREATMENT

AFTER TREATMENT



DISCUSSION ON DISEASE

In the present case, the patient presented with complaints like Dry, itchy and scaly skin with excoriated lesions all over body and Poor appetite. It can be diagnosed as “*charmadala*”. It affects only to the children, who are *ksirapa* or *ksirannada* due to consumption of vitiated milk. Tridoshas (three biological humours) are involved in the manifestation of *charmadala* (dermatitis), the characteristic feature of xerosis and pruritus is attributed to vata and kapha dosha respectively.

DISCUSSION ON TREATMENT

The cardinal features of *charmadala* described in our classical texts are similar to that of infantile eczema in contemporary science. Though, Tridoshas (three biological humours) are involved in the manifestation of *charmadala* (dermatitis). So, while treating *Charmadala* (dermatitis), the drugs alleviating Vata, Pitta, Kapha doshas (body humours), which are having *kandughna* (anti-pruritic), *kushtaghna* (alleviates skin lesions) and *raktashodhaka* (blood purifier) as well possessing *tikta* (bitter), *katu* (pungent) *rasa* (taste) should be selected. As tridoshas (three body humours) are involved in *charmadala* (dermatitis), the drug chosen should be balancing tridoshas (three body humours)^[6]. The treatment should aim at reducing dryness and pruritus which causes much of the discomfort to patients. So *shveta kutaja* with coconut oil for local application selected in *vata dosha pradhana vyadhi* (diseases with predominance of vata) due to its *vatashamana* (pacifying vata) nature. The main content of *Panchtikta Ghrita* drug are *Panchtikta Dravyas*, ghee. It can be said that all content having *Tikta Rasa, Laghu & Ruksha Guna*, so it act as anti-itching property. *Nimb* act as anti-inflammatory activity & significant anti ulcer effect. *Guduchi* acts as anti-oxidant & immune potentiating thus cell layers during disease pathology are improved by this drug. *Vasa* and *patola* has anti-histaminic & anti-oxidant property. Other drug are *kamdudha ras* has *sheeta virya* so it is very useful in *Pitta Roga*. *Pravalapanchamrita* balance *pitta dosha*. Altogether the synergistic action of medicinal preparations

prescribed have helped in reduction of dryness, scales and excoriation marks over face, back, trunk, upper & lower extremities in a span of 90 days.

CONCLUSION

Though Infantile Eczema (Atopic dermatitis) is a chronic relapsing dermatitis condition, depending on the *dosha* (body humours) involvement it can be managed through *Ayurvedic* intervention. The quality of life can be improved and immune response can be slowed down with *Ayurveda*. The effectiveness of *Ayurvedic* treatment has proved that there are good result in this case.

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