

## CASE REPORT

# Ayurvedic Management of Atopic Dermatitis – A Case Report

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### ABSTRACT

**Background:** Children's eczema, often called atopic dermatitis, starts before age 5 and lasts a lifetime. From dry, itchy skin to painful rashes, it disrupts sleep and daily life. *Vicharchika*, a skin condition similar to Ayurveda, connects with atopic dermatitis based on its causes, symptoms, and overall presentation.

**Materials and Methods:** A boy, aged 4 years old, complained of skin lesions over bilateral lower limbs associated with roughness, scaling, and severe itching all over the body for 6 months. The case was diagnosed as *Vicharchika* (an Ayurvedic diagnosis for atopic dermatitis). Ayurvedic remedies were used to treat the patient for 2 months. Clinical symptoms and ImageJ software analysis of photographs of the lesions assessed the disease severity.

**Results:** The treatments given were successful in reducing the symptoms. This case study demonstrates the efficacy of Ayurvedic treatment for atopic dermatitis.

**Conclusions:** The study concluded that Ayurvedic therapy was significantly effective in treating atopic dermatitis.

## 1. INTRODUCTION

Skin reflects our emotions and links the internal and external environment. It provides individual identity in society and maintains beauty and personality. Changes in skin color may indicate homeostatic imbalances in the body. Many interrelated factors affect the appearance and health of the skin, including nutrition, hygiene, circulation, age, immunity, genetic traits, drugs, and psychological state. In Ayurvedic texts, the skin is an extremely compound organ. It is the *adhithana* (abode of) of "*Sparshan Gyanendriya*," which is responsible for "*Sparsh gyan*" or "Tactile sensation".<sup>[1]</sup>

*Kushtha* (terminology for skin disease) has been taken as the supreme word for all skin diseases in Ayurveda. In other words, it can be listed as "Ayurvedic dermatology." One which produces discoloration over the skin region is said to be *Kushtha*.<sup>[2]</sup> It can cover all dermatological manifestations under 18 subtypes of *Kushtha*. It is the greatest among all chronic diseases and is classified as "*Maha Kushtha*" and "*Kshudra Kushtha*".<sup>[3]</sup> *Vicharchika* is a common type of *kushta* that can manifest at any age. In *Vicharchika*, despite *Tridoshaja* origin, Charak Acharya mentioned the dominance of *kapha*.<sup>[4]</sup>

Eczema/dermatitis is a common problem worldwide; about 230 million people (3.5% of the population) are affected. Atopic dermatitis is the most common form of dermatitis.<sup>[5]</sup> *Vicharchika*, in modern parlance, can be described as atopic dermatitis with similar features as explained in our classics. People of all ages, from newborns to adults and older, live with this condition. Symptoms range from dehydrated, itchy skin to painful, itchy rashes that cause sleepless nights and interfere with everyday life.<sup>[5]</sup> It is a challenging problem globally and nationally. It is chronic and difficult to treat, and there are chances of re-occurrence even after being cured.

While modern medicine offers various treatments for AD, Ayurveda, the ancient medicine system, presents holistic therapeutic approaches targeting the root cause of the disease. Ayurveda's unique approaches, such as *Shodana* (bio purification), *Shamana* (pacification), and *Nidana parivarjana*, are the main factors in treating any disease. Ayurveda provides a wide range of treatments for *vicharchika*.

In the current era, lifestyles have been so fast and busy that a person has no time to follow the rules and regulations of *shodhan karma*. In the present scenario, *shamana karma* with *Nidana parivarjan* was the best choice because it does not restrict the person from doing their routine work. For young children, *shamana karma* is the best choice of treatment. As far as *Vicharchika* is concerned, it tends to remission and relapse and is very difficult to cure without *shodhana*.

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therapy. Hence, *Shamana* drugs without *Shodhana* taken for the study should possess the following properties to achieve the desired results: maintain a stable status of *Agni*, have an indigenous effect on *Rakta Pradoshaja Vyadhi*, drugs that are potent enough to break the vicious cycle of *vicharchika*, and use medicines such as “*Dosha Pratyantik*” and “*Vyadhiprtyanika*” for this disease.

## 2. CASE PRESENTATION

### 2.1. Patient Information

A 4-year-old boy with apparently normal skin began to experience generalized itching approximately 6 months ago. His mother first noticed him scratching more frequently, particularly at night, disrupting his sleep. The itching initially seemed sporadic and not tied to any specific triggers. However, over the ensuing weeks, his skin began to show noticeable changes, especially on the lower limbs. The skin on his legs was initially dry and slightly red, but it became increasingly rough and scaly. Approximately 3 months into these symptoms, the affected skin areas started turning darker, almost blackish, accompanied by more pronounced scaling. The itching also intensified, leading to frequent scratching, which sometimes caused minor bleeding. Despite trying various moisturizers and over-the-counter anti-itch creams, the symptoms persisted and gradually worsened. Concerned about the chronicity and progression of the symptoms, his parents decided to seek medical advice and brought him to the OPD at Vaidyaratnam Ayurveda College, Ollur.

### 2.2. Clinical Findings

#### 2.2.1. Integumentary system examination

Inspection of the skin lesion showed dark blackish discoloration with an irregular margin on the lower half of bilateral lower limbs, and scaling was absent. On palpation, the pulses of the lower limbs were normal. No temperature differences are present over the lower limbs. The skin lesions on the lower half of the lower limbs showed macular lesions with irregular shapes and borders. The lesions are localized to the lower half of the bilateral lower limbs. It was associated with pruritus and exfoliation. The lichenification was present at the ankle joints. There was no discharge.

#### 2.2.2. Dashavidha pareeksha

*Kapha pitta prakriti* and *Dosha* vitiated are *kledaka kapha*, *brajaka pitta*, and *vyana vayu*. *Dushyas* affected are *Twak*, *Rakta*, and *Mamsa*. *Saram* and *Samhnannam* are *Madhyama*. *Satvam* is *avara*. He is *Madhura rasa Satmya*. *Pramana* is *Madhyama*. *Abhyavaharana Sakthi* and *Jarana Sakthi* are *Madhyama*. *Vyayama Sakthi* is *Madhyama*. *Vaya* is *bala*, *Vyadyavashtha* is *puranam*, and *Bhoomi* is *sadharanam*. *Deham* affected is *twak*. *Rogamargam* is *Bahya*.

### 2.3. Diagnostic Assessment

Routine blood investigations for a complete blood count were done and found to be normal. The onset of symptoms in early childhood and the involvement of the extensor surface are characteristic of atopic dermatitis. Considering the chronicity of 6 months and the recurrent nature of the lesions, this aligns with atopic dermatitis, which is often a relapsing-remitting course. A persistent itching and sleep disturbances are a key feature of atopic dermatitis. On clinical examination, exfoliation, lichenification, and the darkening of the skin are consistent with the chronic inflammatory process seen in atopic dermatitis. Considering these facts and the Williams criteria,<sup>[6]</sup> the case was diagnosed as atopic dermatitis [Table 1]. In Ayurvedic terms, the condition was correlated to *Vicharchika*, resulting from an imbalance of Vata and Kapha doshas.

## 3. MATERIALS AND METHODS

### 3.1. Therapeutic Intervention

#### 3.1.1. Ayurvedic dietary recommendations

The patient was advised to adopt a *Vata-Pitta* pacifying diet, which included consuming warm, moist, and grounding foods and avoiding excessively spicy, dry, and cold foods.

#### 3.1.2. Medications: Table 2

##### 3.1.2.1. Day 1 [Figure 1]

On examination, the symptoms indicated dosha *Kapha dosha* predominance, and the treatment was focused on controlling the *Kapha dosha* first with *Kushtahara* medicines. The *agni balam* and *anulomana* of *dosha* are ensured using a *kushtahara* drug. As *virechana* is contraindicated in children, a mild dosage was selected. Children are prone to worm infestations, so a *krimihara* medication is added to the prescription.

##### 3.1.2.2. Day 21 [Figure 2]

After 20 days, the itching was considerably reduced, the skin became dry, exfoliation was reduced, and the darkness of the skin lesion was reduced. As the next step, *pitta-sleshmahara chikitsa* was aimed. The *anulomana* and *krimihara* medicines were maintained.

##### 3.1.2.3. Day 42 [Figure 3]

After 41 days of treatment, the skin's exfoliation and darkness were completely cured. Only roughness and a slight lichenification were left over the ankle joints. The stage of the disease was assessed to be *pakva avastha* with *vata* predominance. Considering this status, the *samana snigdha prayaoga* was prescribed externally and internally for 21 days.

##### 3.1.2.4. Day 61 [Figure 4]

After 60 days of treatment on an OPD basis, the skin lesions were completely cured.

### 3.2. Follow-up and Outcomes

The assessment was done before treatment, on follow-up visits, and after the treatment based on differences in signs and symptoms and ImageJ area analysis of photographs of the affected area Tables 3 and 4.<sup>[7,8]</sup> ImageJ analysis will help differentiate the diseased and normal skin areas from the pictures. Moreover, the area of affected skin can be calculated. Photographs taken at each stage also show remarkable improvement in the lesion.

## 4. RESULTS

In this case study, the outcome was measured at baseline, 21<sup>st</sup> day, 42<sup>nd</sup> day, and 61<sup>st</sup> day. Following the completion of the medicinal treatment, the patient's signs and symptoms improved significantly. Photographs taken at each stage also show remarkable improvement in the lesion. The analysis of photos using ImageJ software showed a significant reduction in the affected skin area [Table 3]. Treatment details are mentioned in Table 1. Outcome measures are mentioned in Table 2.

## 5. DISCUSSION

### 5.1. Clinical Implications and Relevance

Considering etiology, the patient had a history of consumption of sweet, cold, and colored food items from the bakery. These *nidana* will lead to *kapha prakopa*. Along with it, he was not fond of drinking sufficient water, which resulted in the vitiation of *vata dosha*. The *dosha* vitiation results in *rasa dhatu dushti* and leads to *dushti of rakta dhatu*. This *samprapti* resulted in itching, blackish discoloration of

the lower extremities, exfoliation, and skin roughness (*kandu, syava twak*). The clinical examination findings indicate that the condition can be diagnosed as *vicharchika*. The symptoms showed the involvement of all doshas with the *kapha* predominance. *Samprapti vighatana* was done by considering both the pathophysiology of eczema and the *samprapti* of *vicharchika*. *Aragwadadi kashya* was given regarding the *kapha* dosha predominance.<sup>[9]</sup> The *vilwadi gulika* is a valid selection for skin lesions, as the most common cause is *virudh ahaara*. It can be used in both *Sthavara, Jangama, and Gara visha*.<sup>[10]</sup> *Aravindasavam*<sup>[11]</sup> will help maintain the *agni* and *vidangarishtam*<sup>[12]</sup> added to it helps to manage the *krimi koshta* common in children. *Manibadragulam* is a *virechana yogam* indicated for *kushta*.<sup>[12]</sup> As far as children are concerned, *virechana* is contraindicated in them. Hence, it can be administered in a mild dosage and act as an *anulomana or mridu virechana*. After the first course of treatment, the *kapha* dosha was managed considerably, and the next phase of medications was aimed at *pittasleshma-haratva*. *Patolakaturohinyadi kashya gana* is selected due to its *pittasleshma-haratva*.<sup>[13]</sup> After the second course, the disease attained the *pakva* stage, and *vata* dosha was predominant. At this point, *snigdha prayoga* is planned. *Aragwadamahatiktaka ghrita*, which can alleviate *vata pitta* and will not aggravate *kapha*, is selected for *snigdha prayoga*. *Dineshaeladi keram* is chosen for external application to bring back normal color and texture.<sup>[14]</sup> After 60 days, there was a remarkable change in the symptoms. It shows a total remission of the disease. This case demonstrates the potential benefits of Ayurvedic treatments for managing atopic dermatitis. Through a holistic approach addressing diet, lifestyle, and therapeutic interventions, Ayurveda can offer lasting relief from chronic conditions like AD.

## 5.2. Limitations

Multiple therapeutic interventions contributed to the patient's outcome.

## 6. CONCLUSIONS

Ayurvedic management of atopic dermatitis offers a comprehensive, individualized approach that addresses the root causes and manifestations of the disease. A system was made to treat atopic dermatitis based on *Kushta Chikitsa*. Medicines were selected and given based on the dosha predominance at each stage of treatment and *samprapti* of the disease. A remarkable change in the symptoms was noted and provided a better outcome with Ayurvedic medicine alone. This case emphasizes the significance of integrating traditional wisdom with modern clinical practices to achieve optimal patient outcomes.

## 7. ACKNOWLEDGMENTS

None.

## 8. AUTHORS' CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article.

## 9. FUNDING

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## 10. ETHICAL APPROVALS

This study does not require ethical clearance as it is a case study.

## 11. CONFLICTS OF INTEREST

Nil.

## 12. DATA AVAILABILITY

This is an original manuscript, and all data are available for only review purposes from the principal investigators.

## 13. PUBLISHERS NOTE

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**Table 1:** Williams criteria for diagnosis of atopic dermatitis in children

| Essential features  |   |                |
|---------------------|---|----------------|
| No                  | Condition                                     | Present/Absent |
| 1.                  | Pruritus                                      | Present        |
| 2.                  | Eczema  |                |
|                     | • Typical morphology and age-specific pattern | Present        |
|                     | • Chronic or relapsing history                | Absent         |
| Important features  |   |                |
| 1.                  | Early age of onset                            | Present        |
| 2.                  | Atopy   | Present        |
| 3.                  | Family history                                | Absent         |
| 4.                  | IgE: Reactivity                               | Absent         |
| 5.                  | Xerosis                                       | Present        |
| Associated features |   |                |
| 1.                  | Atypical vascular response                    | Absent         |
| 2.                  | Ichthyosis                                    | Present        |
| 3.                  | Orbital or periorbital changes                | Absent         |
| 4.                  | Other regional findings                       | Absent         |
| 5.                  | Lichenification                               | Present        |





**Table 2:** Treatments given

| Days            | Baseline to 21 <sup>st</sup> day  | 22 <sup>nd</sup> –42 <sup>nd</sup> day   | 43 <sup>rd</sup> –61 <sup>st</sup> day  |
|-----------------|---|--|---|
| Medicines taken | 1. <i>Aragwadadhi Kashaya</i> 30 mL+1/2 <i>Vihwadi gulika</i> was given BD before food<br>2. <i>Aravindasavam</i> -5 mL+ <i>Vidangarishtam</i> -5 mL after food OD<br>3. <i>Manibadragulam lehyam</i> -3 gm bedtime | 1. <i>Patolakaturohinyadi Kashaya</i> 30 mL+1/2 <i>vilwadi gulika</i> before food BD<br>2. <i>Aravindasavam</i> - 5 mL+ <i>Vidangarishtam</i> -5ml after food OD<br>3. <i>Manibhadragulam lehyam</i> -3 gm bedtime | 1. <i>Aragwadha mahathikthakam ghritam</i> 5 gm in the morning, empty stomach<br>2. <i>Manibhadragulam Lehyam</i> -3 gm bedtime<br>3. <i>Dineshavaladyadi keram</i> external application over lesions before bath |

**Table 3:** Outcome measures observed

| Outcome measures   | Baseline                 | 21 <sup>st</sup> day     | 42 <sup>nd</sup> day    | 61 <sup>st</sup> day   |
|--|--------------------------|--------------------------|-------------------------|------------------------|
| Itching  | Profuse                  | mild                     | Absent                  | Absent                 |
| Exfoliation  | Profuse                  | mild                     | Absent                  | Absent                 |
| Darkness   | Severe                   | Moderate                 | Mild                    | Absent                 |
| Roughness  | Severe                   | Moderate                 | Mild                    | Absent                 |
| Lichenification  | Severe                   | Moderate                 | Mild                    | Absent                 |
| The area affected was calculated using ImageJ software in (mm <sup>2</sup> ) | 21029.34 mm <sup>2</sup> | 10964.14 mm <sup>2</sup> | 1767.04 mm <sup>2</sup> | 36.771 mm <sup>2</sup> |

**Table 4:** Original Photo and ImageJ analyzed result

| Day    | ImageJ Analyzed   | The area of affected skin was calculated using ImageJ software (in mm <sup>2</sup> ) |
|--------|---|--|
| Day 1  |  | 21029.34 mm <sup>2</sup>   |
| Day 21 |  | 10964.14 mm <sup>2</sup>   |
| Day 42 |  | 5767.04 mm <sup>2</sup>  |
| Day 61 |  | 36.771 mm <sup>2</sup>   |

**Figure 1:** Day 1**Figure 3:** Day 42**Figure 2:** Day 21**Figure 4:** Day 61