



ISSN 2456-3110

Vol 9 · Issue 7

July 2024

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

Indexed

# Ayurvedic management of Acute Exacerbation of Atopic Dermatitis - A Case Report

Lekshmi PS<sup>1</sup>, Marikutty TC<sup>2</sup>, Navaneeth Krishnan N<sup>3</sup>

<sup>1</sup>Post Graduate Scholar, Department of Kayachikitsa, Vaidyaratnam Ayurveda College, Ollur, Thrissur, Kerala, India.

<sup>2</sup>Professor and HOD, Department of Kayachikitsa, Vaidyaratnam Ayurveda College, Ollur, Thrissur, Kerala, India.

<sup>3</sup>Assistant Professor, Department of Kayachikitsa, Vaidyaratnam Ayurveda College, Ollur, Thrissur, Kerala, India.

## ABSTRACT

Atopic dermatitis is one of the common skin diseases that affect one's day to day life. It seriously affects the quality of life of a person. It is the polymorphic inflammatory reaction of skin involving the epidermis and dermis. The term eczema means "to boil over". Aetiology is unknown. This case study describes a 42-year-old patient who was admitted to Vaidyaratnam Ayurveda college Hospital due to an acute exacerbation of atopic dermatitis. The patient complaints included profuse itching and reddish-brown discoloration over the flexor part of both upper and lower limbs, primarily on the forearm, dorsal part of both palms, and neck region. Patient is a tile worker, always exposed to dust and he is travelling from one state to another as a part of his job. He had a history of allergic rhinitis. On examination, Patient oriented eczema measure (POEM) was 26 which shows very severe eczema, and dermatology life quality index (DLQI) questionnaire score was 24 which shows extremely large effect on patient's life. Treatment started internally and externally. Internally the treatment protocol was based on *Amapachana*, *Deepana*, *Srothosodana*, *Vyadhikshamatwakara*, *Dosha Dhathu Samyakara*. Externally treatment started with *Abhyanga*, *Sarvanga Thakra Dhara*, *Lepana*, *Snehapana* and *Virechana*. After the treatment, clinical signs and symptoms were reduced Patient oriented eczema measure was 9 which shows moderate eczema, and Dermatology life quality index questionnaire score was 10 which shows moderate effect on patient's life.

**Key words:** *Kshudra Kushta*, *Vicharchika*, *Atopic dermatitis*, *Itching*, *Oozing*, *POEM*, *DLQI*

## INTRODUCTION

The term eczema is defined as the persistent or recurring skin rashes characterized by redness, skin edema, itching and dryness, with possible crusting, flaking, excoriations, oozing and bleeds. The skin discoloration is due to the healed lesions, though scarring is rare. Long-standing eczema is often dry and is characterized by thickened, scaling skin with hyper pigmentation and lichenification.<sup>[1]</sup> It is classified into

endogenous (due to internal or constitutional factors) and exogenous eczema (due to external agents). Atopic eczema comes under endogenous eczema. It is an acute, subacute, chronic relapsing skin disorder that usually begins within the first 6 months of life, though it can begin at any age. Approximately 70% of patients have family history of Atopy. Etiopathogenesis is, there is a complex interaction between skin barrier, genetic, environmental, pharmacologic and immunologic factors. Eczema is characterized by the infiltration of Th2 cells which play an important role in mast cell activation and eosinophils also stimulates the production of IgE.<sup>[2]</sup> Triggering factors include inhalants-dust, pollens, microbial antigens autoallergens, foods-eggs, fish, milk, wheat, peanut.<sup>[3]</sup> A characteristic defect in AD that contribute to the pathophysiology is an impaired epidermal barrier. There will be a mutation of gene encoding filaggrin, a structural protein in the stratum corneum, is responsible.<sup>[4]</sup> Clinical features include pruritis leads to scratch, rash, itch; interfere with sleep, skin becomes dry. In Ayurveda, it can be correlated to *Vicharchika*.

### Address for correspondence:

Dr. Lekshmi PS

Post Graduate Scholar, Department of Kayachikitsa, Vaidyaratnam Ayurveda College, Ollur, Thrissur, Kerala, India.

E-mail: lekshmiprathap21@gmail.com

Submission Date: 12/05/2024 Accepted Date: 24/06/2024

### Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: [10.21760/jaims.9.7.47](https://doi.org/10.21760/jaims.9.7.47)

*Nidanas of Kushta* includes *Virudha, Adhyasana, Asathmyasana, Vegavidarana, Papakarma, Ayoga Snehadhi Krama*.<sup>[5]</sup> The *Lakshana* of *Vicharchika* involves presence of striations (*Raji*), severe itching (*Kandu*), pain (*Arthi*), dryness (*Rookshatha*).<sup>[6]</sup> *Nidana Parivarjana*, both *Bahya* and *Abhyanthara Kriyas* will be helpful in managing *Vicharchika*. In modern science the management is by avoiding the predisposing factors like dust, infection, food, dry skin management. Oral and topical antibiotics to avoid the staphylococcus aureus infection. Antihistamines like hydroxyzine are one of the drugs of choice. Steroids mometasone is another anti-inflammatory drug.<sup>[7]</sup>

### CASE HISTORY

42-year-old patient complaints of itching and reddish-brown discoloration over the flexor part of bilateral forearm, dorsal part of both hands, flexor part of both calf region and on lateral sides of the lower back, neck region for 3 months. Patient is a tile worker, always exposed to dust and he is travelling from one state to another as a part of his job. In the year 2002, he is diagnosed with allergic rhinitis with symptoms of sneezing in the morning and evening time and also after bath sneezing also associated with sore throat, eye itching. He took allopathic medicines for 3 months. There after relieved. Four months back (September 2023), skin manifestations first started on dorsal part of the both palms mainly on fingers. It starts with a papule leads to itching more at the night time, which tempt him to scratch, and then it will burst and oozes, bleeds, there after it turns into blackish discoloration which becomes dry. The same symptoms started over the dorsal side of foot, flexor part of calf on bilateral side and on popliteal region. At last, the lesions occurred over the neck (just below the jaw), sides of lower back and ears. He also complains that itching is more severe after taking bath. His body is extremely dry in nature. He took allopathic treatment, there was only symptomatic relief, also took Ayurvedic medications internally, but again reappeared.

### Personal History

The patient of age 42 belonging to lower middle-class family who is anxious in nature font of non veg,

especially beef, pork, fish, mutton, fried snacks, hot and sour food items. He takes alcohol occasionally. His appetite is good, bowel is constipated and unsatisfied, Micturition is 4-5/day, Sleep is disturbed due to itching. Allergy towards Dust, Cold. His mother is diabetic regarding the family history.

### Treatment History

In the year 2002, he took 3 months of medication for the allergic rhinitis. 1 ½ month before he took allopathic medicines-Teczine, Tenovate, Bioline, T air 180 for the atopic dermatitis.

### General and Systemic Examination

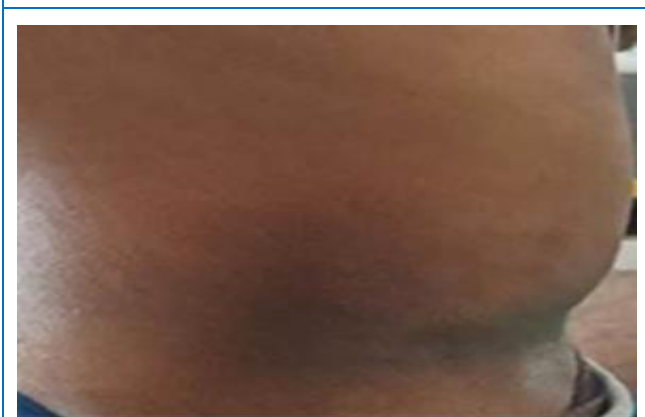
General appearance of the patient was neat and tidy. He is cooperative in nature, Built is medium and state of nutrition is moderate with Height is 165 cm, weight is 68 kg, BMI is 25kg/msq, orientation to time place and person intact also his intelligence is intact. On examination of integumentary system, Primary lesion was erythematous papule and the Secondary lesion was erotic due to continuous scratching of the lesion which became flat topped reddish black discoloration, oozing, bleeds some areas as lichenified areas. Configuration of the lesion is Linear. Distribution of the lesion is Localized bilaterally symmetrical over the flexor part of both fore arm, dorsal part of both Palms, flexor part of both calf, sides of lower back, below the jaw, small lesion over ears. Hair and nails didn't show any abnormalities. Patient oriented eczema measure was 26 which shows very severe eczema, and dermatology life quality index questionnaire score was 24 which shows extremely large effect on patient's life.

### At the time of Admission





On 14/12/2023



18/12/23



- Saram : Madhyama
- Samhananam : Madhyama
- Sathwam : Pravara
- Sathmyam : Ushna, Katu, Amla, Lavana, Suska
- Pramanam : Madhyama
- Aharasakthi: Madhyama
- Abyavaharana Sakthi : Madhyamam
- Jarana Sakthi : Pravaram
- Vyayamasakthi : Madhyamam
- Vaya : Madhyamam
- Kalam – Kshanadi : Sarath
- Vyadyavastha : Navam
- Desham - Bhoomi : Sadharanam, Deham : Pani Pada Kati
- Rogamargam : Bahyam
- Srotas affected : Raktha, Swedavaha

#### Nidanam

- Aharaja Nidanas include Katu, Amla, Lavana, Suska, Snigdha, Seetha Aharas like fried snacks which are hot and sour, Lassi, Madhya, Red meat, Pork, Chicken, Vishamashana.
- Viharaja Nidanas - Kshuth Vegarodha, Anila, Atapa Seva.
- Manasika Nidanas - Bhaya Soka Krodha

#### Poorvaroopam

- Kandu, Vivarnatha, Koto Unnathi, Roodanam Api Rookshatwam Nimithe Alpe Api Kopanam, Asrija Karsnyam.

#### Roopam

- Sa Kandu Pidaka Syava Lasikadya Vicharchika.

#### Samprapthi

Due to Mithya Ahara and Vihara, Manasika Dosas, Tridosha Dushti occurs and Sthana Samsraya in Twak Raktha Lasika Mamsa leads to manifestation of Kushta.

#### Ayurvedic parameters examination details

- Prakriti: Vatha Pitta; calculated using TNMC Questionnaire.
- Doshas: Kapha Pitta, Pradhana Tridosha (Apana Vayu, Samana Vayu, Brajaka Pitta).
- Dushyas: Rasa, Rakta
- Mala: Sweda
- Upadhatu: Twak

*Upasayam - Snigdha Ushna*

*Anupasayam - Rooksha Seetha*

### Diagnostic and Assessment Criteria

Diagnosis was made by clinical examination and it is diagnosed as Acute Exacerbation of Atopic Dermatitis. Ayurvedic correlation is *Vicharchika*. On assessment, Patient oriented eczema measure was 26 which shows very severe eczema, and dermatology life quality index questionnaire score was 24 which shows extremely large effect on patient's life.

### Therapeutic Intervention

Patient admitted in Vaidyaratnam Ayurveda College Hospital on 11/12/2023. Treatment protocol was *Amapachana*, *Deepana*, *Srothosodana*, *Vyadhikshamtvakara* and *Dosa Dhathu Samyakara*. (Table 1). Externally treatment started from *Abhyanga*, *Lepana*, *Sarvanga Thakra Dhara*, *Sneha Pana*, *Virechana* (Table 2).

**Table 1: Internal administration**

Date	Internal medicines	Dosage	Time
11/12/2023	1. <i>Patoladi Kasayam</i>	15ml bd with 45 ml lukewarm water	6am, 6pm Before food
	2. <i>Kaisora Guggulu</i>	1 bd with <i>Kasayam</i>	
	3. <i>Avipathy Choornam</i>	1 tsp with lukewarm water	Bed time
	4. <i>Dooshivishar Tab</i>	1-0-1	After food
	5. <i>Nimbarajanyadi Tab</i>	0-1-1	After food
	6. <i>Shathadhoutha Gritham</i>	SOS	E/A

**Table 2: External administration.**

Date	Procedure	Medicine	Remarks
12/12/2023 to 18/12/2023	<i>Lepana Sarvanga Thakra Dhara</i> - 7 days after body <i>Abhyanga</i> with <i>Paranthyadi Keram</i>	<i>Lepanam</i> with <i>Nimbadhi Choornam</i> + <i>Thakram</i> (2 hrs) <i>Paranthyadi Keram</i> for <i>Abhyanga</i>	Itching reduced and lesion normalized on 18/12/2023
19/12/2023	<i>Snehapana</i>	<i>Aragwadha Maha Thikthakam Gritham</i> - 30ml, 6am	Appetite - 8:30am Food intake - 10:30am
20/12/2023	<i>Snehapana</i>	70 ml	Appetite - 8:15am Food intake - 10:00am
21/12/2023	<i>Snehapana</i>	110ml	Appetite- 8:15am Food intake- 10:00am
22/12/2023	<i>Snehapana</i>	150ml	Appetite - 10.00am Food intake - 10:30am
23/12/2023	<i>Snehapana</i>	190 ml	Appetite - 11:00am Food intake - 11:00am
24/12/2023	<i>Snehapana</i>	220ml	Appetite - 10:30am Food

			intake - 10:30am
25/12/2023	Snehapana	250ml	Appetite - 10:30am Food intake - 10:30am  Loose stools with slimy appearance, fatigue, aversion towards Snehasamyak Snigdha Lakshana
26/12/2023 to 27/12/2023	Abhyangam, hot water bath	Abhyanga with Paranthyadi Keram + Doorvadi Keram	
28/12/2023	Virechanam	Manibadragulam - 25gm, 6am.	Up till 9:00 no Virechana, 9:15am Vegas occurred - 4 Vegas
Discharge medicines		Aragwada Mahatiktha Gritham - 1tsp morning b/f  Manjishtadi Kasayam - 0-0-15 ml with lukewarm water at 7pm  Nimbarajanyadhi tab-1-0-1 bd a/f	Discharged

		Manibadragulam 1tsp a/f bed time  Paranthyadi Keram e/a  Review after 3 weeks	
--	--	---	--

**RESULTS**

After treatment, the clinical signs and symptoms like itching, discoloration reduced and appeared to be normal skin texture. POEM score showed moderate eczema of 9 and DLQI showed moderate effect on patients’ life of 10. (Table 3)

**Table 3: Before and After treatment score**

Assessment	Before treatment	After treatment
POEM Score	Very severe eczema - 26	Moderate eczema - 9
DLQI Score	Extremely large effect on patients’ life - 24	Moderate effect on patients’ life - 10

**After treatment skin changes**





## DISCUSSION

Atopic dermatitis also known as Eczema is a disorder in which dry rough itchy sometimes bleeding and oozing as the presentations. This 42-year-old patient diagnosed case of Acute Exacerbation of Atopic Dermatitis managed with the *Kushta Chikitsa*. The treatment protocol includes *Amapachana Deepana Srothosodana, Raktha Prasadhana, Dhathu and Dosha Samyakara, Vyadhikshamatwakara Chikitsa*. Internal medicines include *Patoladhi Kasayam, Kaisora Guggulu, Avipathy Choornam, Dooshivishari tab*. Patient's *Koshta* is *Krura* and the condition of the

patient needs a *Sodana*, so *Padoladhi Kasaya* is advised. *Padolathi Kasayam* is *Kapha Pithahara, Vishagna, Kushtahara, Anulomana, Srothosodana*.<sup>[8]</sup> The medicine *Kaisora Guggulu* is having *Agni Deepana, Amapachana, Vranagna, Kushtagna* property. *Avipathy Choorna* is *Pithahara* and *Srothosodana*.<sup>[9]</sup> *Dooshivishari tab.* is having *Ama Pachana* and *Deepana, Vishagna* property.<sup>[10]</sup> Though the patient is having less immunity, *Nimbarajanyadi tab* will be a good option. *Nimbarajanyadi tab* is *Peenasa-Kandugna, Rakthaprasadaka, Vyadhikshamtwakara*. Externally, *Lepana* with *Nimbadi Choornam* in *Thakra* is advised on the affected area. *Sarvanga Thakra Dhara* also advised after *Abhyanga* with *Paranthyadhi Kera Thailam*. *Lepana* and *Thakra Dhara* following helps in relieving the acute exacerbation. *Nimbadi Choorna* is helpful in *Vicharchika* due to its *Thiktha Rasa*, it is *Kapha* and *Pittahara*.<sup>[11]</sup> *Thakra* is *Laghu Kasayam Amlam*. It is *Sheetha Sparsha* due to *Amla Rasa* in turn reduces *Pitha, Kasayarasa* helpful in reducing *Kapha, Amla Rasa* reduces *Vatha*, soothers body, relaxes the body, reduces the stress related aggravating factor of skin diseases.<sup>[12]</sup> So *Sarvanga Thakradhara* acts in the level of mind and body. *Paranthyadhi Keram* used for *Abhyanga* is having *Varnya, Kandugna, Kushtagna, Pithahara* property.<sup>[13]</sup> For the *Sodanartha Snehapana, Aragwada Mahathiktham Gritham* is administered. It is beneficial in *Kushta, Kapha Pittahara, Kandugna Vrana Shodana*.<sup>[14]</sup> Classical *Virechana* done. For that *Manibhadra Gulam* is recommended. It is the *Lehya* with *Trivri* as main ingredient and all other drugs having *Krimigna, Kushtagna* property and it wash out the toxins of the body.<sup>[15]</sup> On the day of discharge, *Manjishtadi Kasaya* also added with the previously prescribed internal medicines.

The drugs of *Manjishtadi Kasaya* possess *Kapha Pithahara* properties, also alleviate diseases affecting *Raktha* and *Vata*.<sup>[16]</sup> Along with the *Bahya* and *Abhyanthara Prayoga*, Patient is directed to follow the *Pathya Ahara* and *Vihara* at the time of discharge. He is guided to avoid the Curd, Milk, Oil, Horsegram, Black gram, Sour taste, Acrid taste, day time sleep. *Pathya Ahara* involve *Sali rice, Shashtika rice, Greengram, Mustard oil*.<sup>[5]</sup>



**CONCLUSION**

Atopic dermatitis is skin conditions that mainly affecting the dermis and epidermis. It can be managed by both internal and external therapy. Medicines were selected based on the *Dosha* predominance. The skin manifestations showed a significant change after treatment. *Pathya Ahara* and *Vihara, Rasayana Prayoga* also plays a detrimental role in avoiding the reoccurrence of the conditions.

**REFERENCES**

1. Gupta Sneha Satpute Kalpana. Ayurvedic management of vicharchika (Eczema)-A case study. JAIMS. 2020 Aug;5(4).
2. Ibbotson SH. Dermatology, Atopic eczema. In: Davidson's Principles and Practice of Medicine. 24th ed. Elsevier; p. 1097.
3. Vaidyanatha Usha. Dermatology, Section 18, Eczema, chapter 209. In: K V Krishnadas Textbook of medicine, 5th ed. Jaypee Brothers Medical Publishers (P)LTD; 2008. p. 1368–73.
4. Lawley P Leslie cheeley TJ Swerlick A Robert. Eczema, Psoriasis, Cutaneous infections, Acne, and other skin disorders. In: Harrison's Principle of Internal Medicine. 21st ed. Mc Graw hill; p. 1519–23.
5. K R Sreekanda Murthy. Susrutha samhitha, Nidana sthana, chapter 5,. Reprint 2016. Vol. 1. Chaukamba Orientalia; 496 p.
6. K R Sreekanda Murthy. Susrutha samhitha, Nidana sthana, chapter 5. Reprint 2016. Vol. 1. Chaukamba Orientalia; 496 p.
7. Vaidyanatha Usha. Dermatology, section 18, Eczema, chapter 209. In: K V Krishnadas Textbook of Medicine. 5th ed. Jaypee Brothers Medical Publishers (P)LTD; 2008. p. 1370.
8. Sreekandamurthy K R. Vagbhata's Ashtanga hridaya, sutrasthana, chapter 15, Sodanadigana Samgraha. 9th ed. Vol. volume 1. Choukambha Orientalia; 2013. 202 p.
9. Sreekandamurthy K R. Vagbhata's Ashtangahridaya, Kalpasthana, Virechana Kalpa. reprint 2013. Vol. volume 2. Chaukamba Orientalia; 542 p.
10. Sreekandamurthy K R. Vagbhata's Ashtanga Hridaya, Uttarasthana, chapter 35, vishaprathisheda. Reprint 2008. Vol. volume 3. 334 p.
11. Sreekanda Murthy K R. vagbhata's Ashtanga hridaya, chapter 19, kushtachikitsa. Reprint 2014. Chaukamba Krishnadas academy; 483 p.
12. Achuthan Deepa Nellicode Shabeer. Efficacy of shodhana and sarvangtakradhara therapy in the management of psoriasis: A case study. Int J Preclin Clin Reasearch. 2024;15–20.
13. Kochunnithamburan. Prayogasamuchayam, Thrithiyaparichedam, Mandalisamanya chikitsa. 1999th ed. Sulabha books; 87 p.
14. K R Sreekanda Murthy. vagbhata's Ashtanga Hridaya,shodanadi gana samgraha. 9th ed. Vol. 1. Chaukamba Orientalia; 2013. 381 p.
15. K R Sreekanda Murthy. Vagbhata's Ashtangahridayam chikitsa sthana chapter 19, Kushta chikitsa. Reprint 2014. Vol. 2. Chaukamba Krishnadas academy; 472 p.
16. P K Reshmi. A single case study of Ayurvedic Management of Vicharchika w.s.r to weeping eczema. JAIMS. 2022 Aug;7(7):181–4.

**How to cite this article:** Lekshmi PS, Marikutty TC, Navaneeth Krishnan N. Ayurvedic management of Acute Exacerbation of Atopic Dermatitis - A Case Report. J Ayurveda Integr Med Sci 2024;7:301-308. <http://dx.doi.org/10.21760/jaims.9.7.47>

**Source of Support:** Nil, **Conflict of Interest:** None declared.

\*\*\*\*\*