



ISSN 2456-3110

Vol 4 • Issue 2

Mar-Apr 2019

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS



Charaka
Publications

Indexed

Atopic Dermatitis - An Ayurvedic view

Dr. Shine S. Nair

Assistant Professor, Department of Kaumarabhritya, Rajiv Gandhi Ayurveda Medical College, Government of Puducherry Institution, Mahe, Puducherry, INDIA.

ABSTRACT

Atopic dermatitis is one among chronic diseases characterized by erythema, pruritus, scaling, lichenification, and papulo-vesicles. It is a common condition affecting approximately 17% of the population, with a slight female preponderance. Almost 60% of patients develop Atopic dermatitis within the first year of life, where as 85% by the age of five. *Charmadala* is caused due to predominance of *Vata* in which, *Charmavadharanaatha* is seen. *Samanya Nidanas* such as due to vitiated breast milk, rubbing with cloths, excessive holding on the lap, due to hot air, heat of sunrays, perspiration, poultices, contact with his own waste products like urine and faces, non cleanliness, compression by hands, over rubbing and due to family tendency, *Charmadala* can manifest. Usually the *Mandala* gets distributed over the face, neck, hands, feet, groin region, sacral region and joints. By looking in to the age of manifestation, symptoms like *Kandu*, *Raktavarnata*, *Twak Parushata* and *Sputana*, and *Pidaka*; its specific area of manifestation, the *Utpata* nature of *Charmadala*, it is quite similar to that of Atopic Dermatitis. The aim of *Chikitsa* lies in disintegration of the process of *Samprapti*. The general line of treatment explained for *Kushta* is applicable to *Charmadala*. *Charaka* and *Vagbhata* mentioned *Shodhana Karma* to be carried out according to predominance of vitiated *Dosha*. In the *Kushtha* of *Vata* dominance *Ghritapana*, in *Kapha* dominance *Vamana* and in *Pitta* dominance *Virechana* and *Raktamokshana* are to be carried out.

Key words: Atopic dermatitis, *Charmavadharanaatha*, *Ghritapana*, *Utpata*, *Kushta*.

INTRODUCTION

Atopic dermatitis is one among chronic diseases that affects the skin. The word "dermatitis" means inflammation of the dermis. "Atopic" refers to diseases that are hereditary, tend to run in families, and often occur together.^[1] Atopic dermatitis and hereditary eczema are interchangeable terms for an inflammatory condition of the skin

Address for correspondence:

Dr. Shine S. Nair

Assistant Professor, Department of Kaumarabhritya, Rajiv Gandhi Ayurveda Medical College, Government of Puducherry Institution, Mahe, Puducherry, INDIA.

E-mail: drshinesnair@gmail.com

Submission Date: 13/03/2019 Accepted Date: 22/04/2019

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.4.2.11

characterized by erythema, pruritus, scaling, lichenification, and papulo-vesicles. Atopic dermatitis is a distinct condition in persons who are genetically predisposed to developing immunoglobulin-E (IgE) mediated hypersensitivity reactions. It is characterized by severe itching, followed by scratching and the subsequent creation of a rash. The classic triad of atopy includes eczema, asthma, and allergies. A wide range of environmental factors, such as contact allergens, stress, food, skin flora, and humidity, play roles in the development and severity of atopic dermatitis.

PREVALENCE

Atopic dermatitis is a common condition affecting approximately 17% of the population, with a slight female preponderance (1.3:1 in children). Almost 60% of patients develop Atopic dermatitis within the first year of life, where as 85% by the age of five. The incidence has increased twofold to threefold since the 1970's. The basis of this increase in not well

understood, however, environmental factors appear to play an important role in disease prevalence.

PATHO-PHYSIOLOGY

Atopic dermatitis is a type-I IgE-mediated hypersensitivity reaction, but the exact etiology is unknown. Patients with atopic dermatitis often have dry, sensitive skin due to changes in the epidermis, which serves as a barrier to the environment by maintaining the water balance of the skin.

Family studies support a genetic basis for atopic dermatitis. When both parents are atopic, their offspring have a 70% risk for atopic dermatitis, with a higher risk of inheritance if the mother is atopic. The mode of inheritance appears to be complex and likely involves several genes. Till date, no specific single gene has been identified as a unique marker for atopic dermatitis or atopy.

SIGNS AND SYMPTOMS

Atopic dermatitis is a chronic disease with periods of remissions and exacerbations. Three age-related stages exist: the infantile stage (upto 2 years old), the childhood stage (from 2 to 12 years), and the adult stage (puberty onward). The manifestations vary with age, even in the same patient. All stages are characterized by xerosis, fissures, pruritus, and lichenification. The main differentiating factor is the area of involvement.^[1]

The infantile stage is characterized by very pruritic, red, eczematous plaques on the cheeks and extensor extremities. The childhood stage is primarily a papular dermatitis affecting the flexural areas, especially the antecubital and popliteal fossae, wrists, ankles, and neck. Thickened, lichenified plaques with excoriation are common. In darker-pigmented children, follicular papules may be the only manifestation. Hypopigmentation and hyperpigmentation can occur, which can cause great anxiety in parents. Pityriasis alba, characterized by hypopigmented, scaly patches on the face, is commonly seen. Keratosis pilaris, or spiny hair follicles, commonly affect the posterior aspects of the upper arms and the anterior thighs.

The adult stage is unpredictable. Affected patients may have had only a few outbreaks since infancy, or they may have had a chronic, relapsing course. The hand dermatitis is common and may be the only manifestation of adult atopic dermatitis, which can lead to significant disability. Like affected children, adults also commonly have lichenification of the flexures and facial dermatitis.

DIAGNOSIS

The diagnosis of atopic dermatitis depends on a personal and/or family history of atopy coupled with the clinical signs and symptoms described by Hanifin and Rajka. Pruritus and xerosis are key elements, without them, the diagnosis should be questioned.^[2]

The major and minor features of Hanifin and Rajka's criteria for the diagnosis of Atopic Dermatitis are as follows,

MAJOR FEATURES (MUST HAVE THREE)

- Pruritus
- Typical morphology and distribution (Facial and extensor involvement during infancy and childhood and Flexural lichenification and linearity in adults)
- Chronic or chronically relapsing dermatitis
- Personal or family history of atopy (Asthma, Allergic rhino-conjunctivitis, Atopic dermatitis)

MINOR OR LESS-SPECIFIC FEATURES

- Cheilitis
- Hand or foot dermatitis
- Ichthyosis, hyperlinearity, keratosis pilaris
- Immunoglobulin-E (IgE) reactivity (Increased serum IgE, Radioallergosorbent, or Prick test reactivity)
- Periauricular fissures
- Perifollicular accentuation (Especially in pigmented areas)
- Scalp dermatitis (Cradle cap)

- Susceptibility to cutaneous infections (Especially Staphylococcus aureus and herpes simplex virus)
- Xerosis

TREATMENT

Atopic dermatitis tends to be a chronic relapsing disease so the goals of therapy should be to reduce the number and severity of flares and to increase the number of disease-free periods. The mainstay of treatment for atopic dermatitis is hydrating the skin with the regular use of emollients and suppressing cutaneous inflammation with topical corticosteroids. Topical calcineurin inhibitors have become an important adjunctive therapy. For severe disease, especially during acute flares, systemic corticosteroids may be necessary. Secondary infections require treatment with topical or oral antibiotics, or both. Oral antihistamines can help decrease pruritus. In severe, recalcitrant cases, phototherapy or systemic immunosuppressive medications may be necessary.

The term *Charmadala* is defined as one of the variety of *Eakadasha Kshudra Kushta*, in which the skin develops, *Charmavadharanaath* (Splitting or Cracking of the skin) caused by predominance of *Vata*.^[3]

Charmadalamethi Charmavadharanaath /

NIDANA

Samanya Nidanas such as due to vitiated breast milk, rubbing with cloths, excessive holding on the lap, due to hot air, heat of sunrays, perspiration, poultices, contact with his own waste products like urine and faces, non cleanliness, compression by hands, over rubbing and due to family tendency, *Charmadala* can manifest. *Kashyapa* explains specifies the etiological factors for specific types of *Charmadala* and they are as follows,

SN	Vataja	Pittaja	Kaphaja	Sannipataja
1.	Rooksha Ahara and Vihara	Krodha (Anger)	Guru, Amla Madhura, Lavana diet	All these Nidanas

2.	Vega Dharana	Heat of sun, Hot	Divaswapna (Day sleep)
3.	Upavasa (Fasting)	Salty, Pungent diet	Abhishyandya
4.	Excess walking and exercise	Undigested food	

PURVARUPA

Charmadala is one among *Kshudra Kushta*, so *Purvarupa* of *Kushta* can be considered as a *Purvarupa* of *Charmadala*.

CLASSIFICATION

Charmadala is classified into four types according to *Dosha* predominance, they are, *Vataja*, *Pittaja*, *Kaphaja* and *Sannipataja*.

RUPA (CLINICAL FEATURES)

Full manifestation of *Charmadala* is mentioned in various Ayurvedic classics under *Eakadasha Kshudra Kushta* but detail description with its *Lakshana* are described only by *Kashyapa in Khilasthana*. They are given as follows,

Dosha	Signs	Symptoms
Vataja	Sputana (Cracking) Parusha (Roughness) Shyava (Blackish)	Kandu (Itching) Mukha Shosha (Dryness of mouth) Atisara (Diarrhoea) Romaharsha (Horripilation) Pravepaka (Convulsion)
Pittaja	Sushka (Dry) Twak Mamasa Dharini Binnatha (Cracking of skin and	Mukha Shosha (Dryness of mouth) Chardi (Vomiting)

	flesh) <i>Shyavapeeta</i> (Blackish yellow)	<i>Guda Paka</i> (Proctitis) <i>Atisara</i> (Diarrhoea)
Kaphaja	<i>Svetha</i> (White) <i>Sheeta</i> (Cold) <i>Snighdha</i> (Unctuous)	<i>Kandu</i> (Itching) <i>Toda</i> (Pricking pain) <i>Arochaka</i> (Anorexia) <i>Kasa</i> (Cough), <i>Pratishyaya</i> <i>Anga Gaurava</i> (Heaviness of body) <i>Anubaddha Atisara</i> (Loose motion with solid stools)
Sannipataja	<i>Krishna</i> , <i>Raktavarnatha</i> <i>Mandalas</i> (Black and red colored patches) <i>Dagda Guda</i> <i>Prakashani</i> (Burnt jaggery appearance) <i>Kshipra Paka</i> (Suppurated early)	<i>Putikunapa</i> <i>Visraveeni</i> (Putrid and stink like carcass) <i>Stanadvasha</i> (Dislikes breast milk) <i>Rodana</i> (Cries)

DISTRIBUTION

Usually the *Mandala* gets distributed over the face, neck, hands, and feet, in groin region, sacral region and joints.

SAMPRAPTI

Different *Acharya* have explained the *Samprapti* in different ways. One who indulges in the *Nidana Sevana*, *Tridosha* will get vitiated. These vitiated *Doshas* move in the *Tiryakgata Sira*. Then they have *Sammurchana* with the *Dushya*. Then it will reach the *Bahyamarga* and produces the *Mandala* wherever it moves.^[4]

Charaka has emphasized on the importance of the *Sapta Dushya* like *Twak*, *Rakta*, *Mamsa*, and *Ambu*. He explains that whenever the *Dosha Dushya* *Sammurchana* occurs in the *Twak* then the *Kushta* will be produced.^[5] Though all the *Acharyas* have

explained the *Samprapti* in different way, involvement of the *Tridosha* is the common factor which is accepted by all. Though the *Samprapti* of the *Kushta* is explained in general and no where the specific *Samprapti* of each of the variety is explained one can understand the specific *Samprapti* by looking at the involvement of the *Dosha* of each variety.

By considering above factors *Samprapti Gataka* of *Charmadala* are formed as follows;

Dosha - Vata Pradhana Tridosha	<i>Vata</i>	<i>Vyana, Samana, Udana</i>
	<i>Pitta</i>	<i>Bhrajaka, Pachaka</i>
	<i>Kapha</i>	<i>Avalambaka, Kledaka</i>
Dushya	<i>Rasa, Rakta, Mamsa and Ambu</i>	
Agni	<i>Jatharagni and Dhatvagnimandya</i>	
Udbhava sthana	<i>Amapakvashaya</i>	
Sanchara Sthana	All over the body through <i>Tiryagatha Siras</i>	
Srotas	<i>Rasa, Raktha, Mamsa and Udakavaha</i>	
Srotodushti	<i>Sanga and Vimargagamana</i>	
Adhithana	All the seven layers of <i>Twak</i>	
Vyakta Sthana	<i>Twak</i>	
Rogamarga	<i>Bahya</i>	
Swabhava	<i>Chirakari</i>	

CHIKITSA (TREATMENT)

The aim of *Chikitsa* lies in disintegration of the process of *Samprapti*. The general line of treatment explained for *Kushta* is applicable to *Charmadala* also. While explaining line of treatment for different varieties of *Kushta*, *Charaka* has mentioned that all the *Kushta* are caused by *Tridosha*, so the treatment is to be carried out according to the predominance of *Dosha*. The predominately vitiated *Dosha* should be treated first and the treatment of the other subordinate

Dosha should be undertaken afterwards. To study the treatment of *Kushta* systemically, it is necessary to look at three principles of the treatment which are described by *Charaka* in *Krimi Chikitsa* i.e. *Samshodhana*, *Samshamana* and *Nidana Parivarjana* separately.

Samshodhana Chikitsa

The therapy which expels out the morbid *Doshas* from the body is known as *Shodhana*. Medicines given after *Shodhana* are more effective. All *Acharyas* have emphasized on *Shodhana* therapy in the management of *Kushta* due to some basic things related to *Kushta Roga* which are,

- A person having *Kushta Roga* is called 'Bahu Doshi' because of vitiation of *Dosha* in greater extent.
- *Kushta* is considered as a *Tridoshaja Vyadhi* and in *Kushta Doshas* are 'Tiriyakgami'.

By nature, *Kushta* is difficult to cure, so it is called 'Duschikitsya'. But by the application of *Shodhana* therapy, cure of the disease becomes easier due to removal of the root cause, hence *Shodhana* has great importance.

Charaka and *Vagbhata* mentioned *Shodhana Karma* to be carried out according to predominance of vitiated *Dosha*. In the *Kushta* of *Vata* dominance *Ghritapana*, in *Kapha* dominance *Vamana* and in *Pitta* dominance *Virechana* and *Raktamokshana* are to be carried out.

In excessive morbidity of the *Doshas* repeated *Shodhana* should be performed at regular intervals. *Sushruta* has advised to carry out 'Ubhayato Samshodhana' even at the *Purvarupa* condition of *Kushta*. He also advised *Samshodhana* in the treatment of *Rasagata*, *Raktagata*, *Mamsagata* and *Medogata Kushta*.

Shamana Chikitsa

Shamana therapy is also an important part of the treatment of *Kushta*. After the completion of *Shodhana Karma*, *Shamana Chikitsa* is indicated to subside the remaining *Doshas*. *Shamana Chikitsa* is

very useful in those patients who are unable to undergo or contraindicated for *Samshodhana*. *Charaka* has advised *Shamana* therapy with *Tikta* and *Kashaya Dravyas* after administration of proper *Shodhana*. *Charaka* has also indicated several other drugs and formulation of *Shamana* therapy in seventh chapter of *Chikitsa Sthana*. Even *Kashyapa* also advises *Ghrita Pana* in *Vataja Kushta* and *Tiktaka Ghrita in Pittaja* and *Kaphaja Kushta*.

External application

Kushta, being exhibited through the skin, external application are also advocated. For the external application drug should be applied after elimination of the *Doshas* from the body by *Shodhana Karma* and *Raktamokshana*. Various forms of local application are prescribed like *Udvartana*, *Pralepa*, *Parisheka*, *Abhyanga* etc.

Nidanasya Parivarjanam

Nidana Parivarjana means to avoid etiological factors. *Nidana Parivarjana* stops the further progression of the disease, by restricting vitiation of *Doshas*. Main etiological factors of *Kushta* are *Mithya Ahara-Vihara* and *Viruddha Ahara*, so they should be avoided.

In short it may be said that the treatment of *Kushta* may divided into three parts i.e. treatment according to the predominance of *Doshas*, internal and external purification.

TREATMENT OF VATAJA CHARMADALA

Treatment to Dhatri (wet-nurse)

Dhatri should be given *Snehana Abhyanga* (oleaginous massage) and *Svedana* (sudation) first, there after *Ghrita* should be given for drinking either mixed with powdered *Nilika* or else with *Trivrut*. After wards *Laghu Usha* (methodically prepared out of rice) added with *Snigdha Dravyas*, *Dadima* and rock salt should be given to eat. She should sleep and sit in air free place and should not indulge in exercise and coitus.

For purification of breast milk

For the purification of breast milk *Dhatri* should be given decoction of *Vidarigandha*, *Eranda*, *Bruhati*,

Goksuraka, *Punarnava* and *Prshniparni* or decoction of both *Panchamula* for drinking. Paste of *Rasna*, *Sugandha* and *Nakuli* should be anointed over breast and *Pradeha* (thick ointment) with *Ajagandha*, *Avalaguja*, *Bruhati* and *Kantakari* should be applied. The oil prepared with *Devadaru* and *Rasna* is to be massaged or the oil prepared with both *Bala*, root of *Bilva*, *Suradaru* and pulp of *Amra* should be use for massage over the breast.

Charaka and *Sushruta* have not prescribed specific treatment for milk vitiated by *Vatadi Doshas*, but large numbers of drugs are mentioned for purification of breast milk in general. *Vagbhata* has also advised use of cleansing and pacifying drugs according to *Dosha*. After giving *Devadarvyadi* or *Dasamula* decoction, the *Vatahara Ghrita* should be given followed by fresh wine.^[6] Mild purgation and enema, sudation, anointment, massage with *Vatahara Dravyas* should be carried out.

Treatment to Child

Child is advised to give powder of *Sarala* with *Ghrita*.

TREATMENT OF PITTAJA CHARMADALA

Treatment to Dhatri (wet-nurse)

For the treatment of *Pittaja Charmadala*, *Dhatri* should undergo *Snehana Abhyanga* there after she should be treated with *Vamana* and *Virechana*.

Vamana (emesis) should be induced with decoction of *Nimba* along with paste of *Pippali* or *Pippali* and *Lavana*. Looking into strength, *Virechana* (purgation) should be given either with *Mrdvika*, sugar cane juice and *Abhaya* etc. or with combination of *Mrdvika* and *Amalaka* or else with milk mixed with decoction of pulp of *Aragvadha*.

For purification of breast milk

For purification of breast milk, decoction of *Kasmari*, *Madhuka*, *Parusaka* and *Sitapaki* properly cooled and mixed with sugar and honey and also the decoction of *Payasya*, *Sariva*, *Amrta*, *Madhuka* and *Mrdvika* mixed with sugar should be given for drinking. Anointment of breast with paste of *Prapaundarika*, *Sariva*, *Usira*

and *Chandana* or Thick application of paste of *Madhuka*, *Ksirasukla*, *Chandana*, *Rasanjana* and *Tunga* or paste of *Yastimadhuka* and *Chandana*.

Vagbhata have advised that in event of vitiation of breast milk by *Pitta*, mother or wet nurse and child, both should be given the drugs. For this various powders, decoctions, medicated *Ghrita* capable of pacifying *Pitta* are mentioned. Purgation with drug eradiating *Pitta* along with local massage and anointment with cold drugs are also advised.

TREATMENT OF KAPHAJA CHARMADALA

Treatment to Dhatri (wet-nurse)

Following the *Snehana* and *Swedana* procedure *Vamana* should be carried out in *Dhatri*. *Vamana* should be given with Gruel either prepared with decoction of *Nimba*, *Madanaphala* mixed with good quantity of salt or else with *Madanaphala*, paste of *Tila* and rice or else, to the one having drink *Sneha* mixed with good quantity of salt, the vomiting should be induced by drinking hot water mixed with *Pippali* for expulsion of *Slesma*. After emesis the *Sirovirechana* should be given, and then soft cooked rice with soup of *Mudga*, *Patola*, *Nimba*, *Mustaka* etc. (similarly other drugs) should be given for eating.

Fruits of *Kutaja*, *Musta*, *Priyangu*, *Patha*, *Lodhra*, *Guduchi* and *Murva* in dose of one *Aksa* mixed with luke warm water can be given as after drinks or the paste of *Patha* and *Srngabera* or paste of fruits of *Kutaja* and *Patha* or powder of *Kiratha Tiktha* and *Musta* should be given with honey for licking. The breast should be anointed with paste of *Mustaka* and leaves of *Malati*. Paste of *Trivrut* and *Triphala* can be taken internally with hot water and salt for the purpose of *Virechana*.

Vagbhata has advised gentle emesis to the child and strong emesis to the mother or wet nurse, besides this medicated *Ghritas*, decoctions, powders as well as nasal installation, smoking, mouthful retentions, anointment and irrigation are prescribed. *Charaka* says for *Vata Dosha* - *Sarpi*, *Kapha Dosha* - *Vamana* and in *Pitta Dosha* - *Virechana* and *Raktamokshana* are to be done as in the line of treatment.

CONCLUSION

Charmadala is considering as *Vata Pradhana Tridoshaja Vyadhi*. We get the reference of *Charmadala* right from Vedic literature. All *Acharayas* have included it under *Kshudra Kushta*. In *Kashyapa Samhita* we find *Charmadala* as a separate chapter with special reference to childhood practice in *Charmadalachikitsa Adhyaya* with its causative factors, types, symptoms, complication, and treatment. It is occurring mainly during *Ksheerada* and *Ksheeranada* period, which is mainly due to the *Dooshitha Stanya Sevana*. He has given importance to *Kulaja Nidana* and explained *Charmadala* as an *Utpata Roga* (Rebounding disease). The classics have described *Charmadala* as having four main features i.e. *Kandu*, *Raktavarnata*, *Twak Parushata* and *Sputana* and *Pidaka*. On the basis of these descriptions *Charmadala* may be defined as a clinical entity, in which the lesions are dusky coloured (*Rakta* or *Raktashyava*) eruptions (*Pidaka*) with profuse itching (*Kandu*) and cracking of the skin (*Twak Parushata* and *Sputana*). By looking in to the age of manifestation, symptoms like *Kandu*, *Raktavarnata*, *Twak Parushata* and *Sputana*, and *Pidaka*; its specific area of manifestation, the *Utpata* nature of *Charmadala*, it is quite similar to that of Atopic Dermatitis.

REFERENCES

1. Ghai O P, Gupta P, Paul V K. Ghai essential pediatrics. Dr.Ghai, Delhi.6th edition reprint 2006
2. Nelson, Textbook of Pediatrics, Published by W.B. Sundrs Company, Pennsylvania, 14th edition.
3. Vriddha Jivaka: Kashyapa Samhita, textbook with English translation and commentary by Prof. P. V. Tewari, Published by Chaukhambha Vishwabharati Oriental Publishers, 1st edition, 1996.
4. Sushruta: Sushruta Samhita with Nibandha Sangraha Commentary of Sri Dalhanacharya and Nyayachandrika Panjika of Sri Gayadasacharya on Nidanasthana Chaukhambha Orientalia, Varanasi, 7th edition 2002.
5. Agnivesha: Charaka Samhita with Ayurveda Dipika commentary of Chakrapani Chaukhambha Surabharathi Prakashana, Varanasi, Reprint 2000.
6. Vrudda Vagbhata - Astanga Sangraha with Hindi commentary by Kaviraj Atridev Gupta, Krishana das Academy, Varanasi, Reprint 1993, Vol -2

How to cite this article: Dr. Shine S. Nair. Atopic Dermatitis - An Ayurvedic view. J Ayurveda Integr Med Sci 2019;2:61-67.

<http://dx.doi.org/10.21760/jaims.4.2.11>

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