

An Ayurvedic management on Atopic Dermatitis

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Abstract

Atopic Dermatitis affects the estimated 1-5% of world population. It affects more than 10-20% of children. Atopic Dermatitis (AD) is a chronically relapsing skin disorder with an immunologic basis. The clinical presentation varies from mild to severe. In the worst cases, atopic dermatitis may interfere with normal growth and development. The etiopathological study of eczema reveals the factors of psychosomatic nature of the disease with associated epidermal barrier dysfunction; genetic determination, allergy, and impaired innate immunity play an important role in pathogenesis of eczema. According to Ayurveda, Vicharchika can be co-related with AD. Ayurveda Treatment modality emphasis on Quality of Life considering holistic approach in case of Atopic Dermatitis.

Keywords: Ayurveda; Atopic Dermatitis; Vicharchika; Chikitsa

1. Introduction

Eczema is a clinical term that embraces a number of conditions with varied underlying etiologies. Atopic Dermatitis or Eczema, is the most common chronic relapsing skin disease seen in infancy and childhood. It affects 10-30% of children worldwide and frequently occurs in families with other atopic diseases.¹ Atopic dermatitis is a common chronic or relapsing dermatitis characterized by severe pruritis, erythema, oedema, papulo-vesicular and exudative lesions of the face (cheek and infra-auricular area), scalp and extensor aspect of the lower limbs occurring primarily in infants and children.¹ Children with atopic dermatitis often have asthma and allergic rhinitis, termed as Atopic Triad.² While AD reflects genetic predisposition, recent genetic studies have identified polymorphisms associated with increased risk in genes that encode proteins involved in keratinocyte barrier function, innate immunity, and T cell function.²

2. Pathology & Pathogenesis

Acute AD are characterized by spongiosis. Chronic type AD is characterized by a hyperplastic epidermis with hyperkeratosis and minimal spongiosis. AD have overlapping clinical presentations. Severely dry skin is a hallmark of AD. This results from compromise of the epidermal barrier, which leads to transepidermal water loss, allergen penetration and microbial colonization. AD have overlapping clinical presentations. Severely dry skin is a hallmark of AD.²

2.1. Clinical Manifestation

AD typically begins in infancy. Approximately 50% of patients experience symptoms in the 1st yr of life, and an additional 30% are diagnosed between 1 and 5 yr of age. Intense pruritus, especially at night, and cutaneous reactivity

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are the cardinal features of AD. Scratching and excoriation cause increased skin inflammation that contributes to the development of more pronounced eczematous skin lesions.

2.2. Laboratory Finding

here are no specific laboratory tests to diagnose AD. Many patients have peripheral blood eosinophilia and increased serum IgE levels. Serum IgE measurement or skin-prick testing can identify the allergens (foods, inhalant/microbial allergens) to which patients are sensitized. The diagnosis of clinical allergy to these allergens requires confirmation by history and environmental challenges.

2.3. Diagnosis

AD is diagnosed on the basis of 3 major features: pruritus, an eczematous dermatitis that fits into a typical pattern of skin inflammation, and a chronic or chronically relapsing course. Associated features, such as a family history of asthma, hay fever, elevated IgE, and immediate skin test reactivity, reinforce the diagnosis of AD.

2.4. AD according to Ayurveda

Each form of eczema has a unique *Vikalpa Samprapti*, according to Ayurveda. In most cases, *srava* is the primary characteristic and the disease is Kapha dominating. *Vicharchika* and this are relatively comparable. When eczema is acute, the dosha is *Kapha*; however, when it persists, the dosha is *Vata*. It is justified for *Vata* to work with *Ruksha* and *Parushatha* if there are fissures and fractures. It is extremely important to diagnose and treat eczema using the *Vyadhi Avastha*. With a particular focus on *Dhatusara*, *Vyadhikshamatva* is being diminished in AD. When changed *Vyadhikshamatva* is involved, Agni situated in *Koshta* would cause ailments in *Shakha* similar to *twak*.²

2.5. Disease Profile

Dosha – *Kapha* in earlier phase. *Vata Anubandha* in later stages.

Dooshya – *Rasa* and *Lasika*

Agni – *Jatharagni* and *Rasa Dhatwagni*

Strotas – *Rasavaha* and *Raktavaha*

Rogamarga – *Shakha*

2.6. Treatment Principle

Important in this case is *Vyadhi Avastha*. To remove the *Kleda* sitting in the *Twak* in the event that *Kandu Kaphahara Chikitsa* is called. At this time, the *Kaphahara* concepts of *Shodhana* and *Shamana* can be used. *Kshalana*, *Lepana*, and *parisheka*, three different types of *Bahirmarjana*, are very significant. *Vatahara Chikitsa* follows the initial *Kapha shamana* engagement. *Vatahara Chikitsa* should refrain from agitating *Kaphadosha*, nevertheless. Improving *Twak Sara* requires *Balya Chikitsa*. Drugs from the *Ojokara* tribe are used to treat immune system-related problems. For pigmentation and associated issues, use *varnaprasadan*. Herbs with a lipophilic character that can penetrate all the way to the stratum corneum are *Sneha Kalpanas* for hydration.

2.6.1. Shodhan Chikitsa

Medicines given after *Shodhana* tend to be more effective. As *Shodhana Chikitsa* is advised in *Kushta Vyadhi* management as termed as *Dushchikitsya*. Hence due to *Shodhan*, it helps in alleviating the root cause. Thus it carries prime importance. For eg. *Virechana* with *Avipattikara* churna and *Trivitchurna*, these yogas are *Raktaprasadana* and *Kaphapittahara*.

2.6.2. Shamana Chikitsa

After *Shodhan Chikitsa*, *Shaman* is indicated so as the *Doshas* get pacified. Its beneficial in those subjects, who are unable to undergo *Samshodhan*. *Tikta* and *Kashay* herbs are advised after *Shodhan* by *Acharya Charaka*. *Lasika srava* is reduced by the decoction of *Kaphahara dravyas*. In case of *Kaphaj samprapti* herbs like *indrajav* and *patha kalka* administered with *sukhoshna jala*. In the first stages of *Vicharchika*, *Kashay* with *Vranashodhan* property is favoured. *Aragwadhadi Kashay* reduced *Kleda* when she was sat in *Twak*, which decreased *Kandu*. By bringing down *kapha* in the *koshta*, *Patoladi Kashay* reduces the potency of further *doshagati*. *Balya* to dhatus from *Indukanta Kashya*. Treatment-induced and *Vyadhi*-based *Vatakopa* is prevented by medicated *ghrit* formulations.

2.6.3. Sneha Kalpanas used externally

Medicated Ghrith abhyang alongwith dusting of herbs like Lodhra, Yashtimadhu, Daruhaldi, Amalki, Dalchini and Tejpatra Churna is advised by Acharya Kashyapa in pittaj vikara.² Eladi Keram is the Varnaprasdana, whereas Nalpamaradi Tailam is the Varnaprasadan. Extreme Rukshata Jeevantiyadi Yamaka in crevices. The lipids in the oil will strengthen the skin barrier and provide more effective moisture barriers. The anti-pruritic and shyaavavarnatha (blackish discolouration) properties of Kalyanaka Ghritha serve as varnya. The lipids in ghritha enhance the skin barrier and help to keep moisture in. Also these restore the composition of lipid bilayers in the stratum corneum and reduce skin permeability. It aids to soften the skin.

3. Conclusion

Atopic Dermatitis though commonly seen in childhood, Ayurveda treatment modality prove to be beneficial considering the holistic approach. Ayurveda suggests the utilization of various herb infused soaks, oils and dusting powder alongwith Shodhan-Shaman Chikitsa according to Doshic involvement and dietary regimen, to improve the skin. Thus it do serve to be beneficial to improve Immunity and Quality of Life .

Compliance with ethical standards

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We have no conflicts of interest to disclose.

References

- [1] Donald Y.M Leung and Scott H. Sicherer Kleigman, Nelson Textbook of Pediatrics, Vol 1, Part XIV Allergic Disorders, Atopic Dermatitis, Ch-170, Pg.1209
- [2] De Benedetto A, Agnihothri R, McGirt LY, Bankova LG and Beck LA. Atopic dermatitis: a disease caused by innate immune defects?. The Journal of investigative dermatology. 2009;129(1):14-30. 5. Wuthrich B. Clinical aspects, epidemiology, and prognosis of Atopic Dermatitis. Ann Allergy Asthma Immunol 1999;83:464-470.
- [3] Robbins, Dermatoses, Skin, Basic Pathology, Ch-24, 891
- [4] Robbins, Dermatoses, Skin, Basic Pathology, Ch-24, 891
- [5] Donald Y.M Leung and Scott H. Sicherer Kleigman, Nelson Textbook of Pediatrics, Vol 1, Part XIV Allergic Disorders, Atopic Dermatitis, Ch-170, Pg.1210
- [6] Dr. S. Gopakumar, Sparsam (Clinical Presentations on Skin Disease), Diagnosis and Management of Common skin condition. Eczema First Edition, Time offset printing, Pg.60.
- [7] Vruddhajivakiya Tantra, Kashyap Samhita, Edited by Pandit Hemraj Sharma, Khialsthan, Chapter 15 -16, Varanasi: Chaukhamba Sanskrit Sansthan, 2021, pg.51