
Cost effective Ayurveda cure for Atopic Dermatitis –A Case Study**Shantala Priyadarshini^{1*}, Roja LD², Pooja Gangadkar²**¹Professor, ²Internee, Government Ayurveda Medical College, Mysore, Karnataka, India**Abstract:**

Chronic skin disorders in infants may be hereditary or allergic conditions. It is a social stigma and child felt isolated and depressed. Itching, thick scaling, redness, were the hallmarks of the condition. Symptoms had exacerbations and remissions of varied degrees frequently. Atopic dermatitis in a 9years old patient from past 7years had repeated triggers and sleeplessness. Herbs beneficial in form of medicated ghrita to improve skin immunity and clear skin disorders were used orally and for external application to enhance circulation. *Snehana* and *sarvangaseka* was adopted. Every meal had one table spoon *tikta ghritapana*. Repeated leech application was done for every night for 10 to 20 minutes. Assessment involved photo graphs and SCORAD used before, during and after therapy. Patient showed gradual but steady decrease in all symptoms. This management not only cleared the symptoms totally but no recurrence manifested even after a year. SCORAD scoring adopted for assessment. It was 80.65% on day one, reduction in 6 months to 0.9% remained 0% even after 12 months of stopping therapy.

Key words: Ayurveda, Atopic dermatitis, *Jalaukavacharan*, Leech.

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Introduction:

Atopic dermatitis is known by different terms like infantile seborrhoeic eczema, primary allergic contact dermatitis, photosensitive eczema, napkin skin rash, juvenile plantar dermatosis. In Ayurveda it is terms like *ekakusta*, *charamadala*, *vicharchiak*, *khudrakusta*.^[1] In Indian scenario its prevalence is 5 to 15% school going children.

Controlling of symptoms like intense uncontrollable itching, redness, swelling is a challenge as primary physician may not be able to pin point the diagnosis and leading to visiting specialists in dermatology which may not only be expensive but also may lose hope of early cure. Diagnosis and prognosis may not be precisely known by inexperienced doctors but SCORAD assessment aids in easy evaluation.^[2] Management involves rehydration, topical creams, topical corticosteroids, emollients, oils, antihistamines, antibiotics, shampoos etc which may add to excessive financial burden.

Patient desires cost effective, fast relief from troublesome symptoms and would always expect cure with no remissions

Case History:

Young girl aged 9 years, suffering from atopic dermatitis from 7 years history, presented with severe symptoms of intense itching, thick plaque like skin eruptions, redness were more prominently seen in lower limbs, loss of appetite and

sleeplessness. Symptoms showed decrease when on medication. Flared up when medications stopped or due to exposure to wrong food habits. Patient and parents faced social stigma as the condition was not diagnosed as infective. No gold standard diagnostic laboratory test is marked for this condition but totally stops when put on corticosteroids and long run hazards are to be considered to stop it early.

The intense itching, redness and prominent plaque like manifestation are confirmative of the condition. Social non acceptance, severe itching and skin manifestation causes withdrawal from peers seeking total cure from Ayurveda.

Methodology/ Treatment given:

Sarvangaseka using *sukhos nanimbatwak khashya* for 15 mins followed by *karanja beeja taila* and *nimba beeja taila* collected by extraction of *taila* was used for application. Orally *nitya mrudu virechana* and also *rasayana* using *tikta ghrta* 10ml of the *ghrita* given mixed in diet daily once. The *ghrita* contains the following herbs^[3-7] Leech -one was applied for every fort night was done on most affected part for 15 to 20 minutes for 4 months and then stopped.

A representative area of eczema is selected. In this area, the intensity of each of the following signs is assessed as none (0), mild (1), moderate (2) or severe symptoms (Table-2). Assessment involved photographs and SCORAD used before, during and after therapy (Fig-1 Fig-2 Fig-3).

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Table-1: Ingredients of Tikta ghrita:

Sanskrit	Botanical name	Part used
Nimbha	<i>Azadirachta indica</i> Linn.	Bark
Musta	<i>Cyperus rotundus</i> R: Br	Root
Pipalli	<i>Piper longum</i> Linn.	fruit
Chandana	<i>Santalum album</i> Linn.	Bark
Patola	<i>Trichosanthes Dioica</i> Roxb.	Leaf, fruit
Katuka	<i>Picrorhiza kurroa</i> Royal ex Benth	Bark
Pata	<i>Cinnamomum Tamala</i> Nees & Eberm	Leaf
Jala	Water	-
Ghrita	Ghee	-
Darvi	<i>Berberis aristate</i> DC	Roots, leaf, stem
Duralabha	<i>Fagonia cretica</i> Linn.	Samoola
Trayamana	<i>Gentiana kurroo</i> Royle	Root
Parpata	<i>Fumaria parviflora</i> Lam.	Samoola

Table-2: Gradations as included in SCORAD

Symptoms	Score Before treatment	Score during	Score after treatment
Redness	3	0	0
Swelling	3	0	0
Oozing /crusting	0	0	0
Scratch marks	3	0	0
Skin thickening (lichenification)	3	0	0
Area	Score Before treatment	Score during	Score after treatment
Head & Neck	25%	0%	0%
Upper limb R	25%	0%	0%
Upper limb L	25%	0%	0%
Lower limb R	100%	25%	0%
Lower limb L	100%	0%	0%
Anterior trunk	25%	0%	0%
Back	75%	0%	0%
Genitals	0%	0%	0%



Fig-1 Before treatment



Fig-2 During treatment



Fig-3: After treatment

Result and Discussion:

Every month subjective and objective results with photos were recorded as in all three phases as above. SCORAD = 80.65 % day one, 0.9% after 3months and 0% from 6 months to 12 months [Table 2]. The observed result in this case was very promising and cost effective. Non recurrence of symptoms after medications were totally stopped was highly appreciative and confidence level along with immunity improvement was noted. *Nimba beeja taila* and *karanja beeja taila* are easily available as the seeds of both neem and pongamia are extracted for commercial and medicinal purposes and being cost effective and safe were used for external application. Leech application is most suitable and gives quick and safe results. [9-11] One leech was applied per sitting and no untoward effects were noticed. Infants, ladies, royal people, aged, patients who are not mentally very strong have also been benefited by leech application and leech applications are easier and effective in most skin disorders.

Conclusion:

Chronic atopic dermatitis usually has remissions and exacerbations but total cure and gaining and maintaining good health is always the expectation. Keeping the whole system healthy and non recurrence is the solution which gains maximum demand to opt for Ayurveda management. Enhancing overall general health, skin immunity and confidence of no recurrence helped the promising results. Cost and care comparatively are very economical and cure with no side effects or leading to other systemic problems is the boon of adopting Ayurveda.

References:

1. Sulochana A. Basic concepts of Kaumarabhritya (balaroga), Journal of Applied Research. 2015;1(10):378-382.
2. <https://www.hindawi.com/journals/drp/2009/357046/> [last accessed on 12/3/2020]
3. Mandip K, Chandola HM, Role of *Rasayana* in Cure and Prevention of Recurrence of *Vicharchika* (Eczema), Ayu. 2010; 31(1): 33.
4. Arunraj GR, venkatesh SG, shailaja U, prasanna NR, explorative study on the efficacy of ayurvedic drugtherapy in the management of charmadala (atopic dermatitis) in children. j res educindian med. 2014; 20(3):153-161.
5. Savalagimaih MP, Rani JP SF, Ayurvedic management of *Vichachika* with special reference to eczema; A case report, Indian J. Health Sci Biomed. Res. 2018;11(1).92-96.
6. Shakya A, Singh GK, Chatterjee SS, Kumar V., Role of fumaric acid in anti-inflammatory and analgesic activities of a *Fumaria indica* extracts. J Complement Med Res. 2014; 3(4): 173-178.
7. Singh SK, Rajoria K. Ayurvedic management of life-threatening skin emergency erythroderma: A case study, Ayu. 2015; 36(1):69-72
8. Pratap SKM, Rao SD, Umar SN, Gopalakrishnaiah VY. A clinical trial for evaluation of leech application in the management of *Vicarcikā* (Eczema). Ancient science of life. 2014;33(4): 236-241
9. Hari Sadashiv SP editor of Ashtanga Hridaya Chikitsasthan Kustaadhyaya 19;2 Choukambha Surabharati Prakashan, Varanasi, 2010.p. 192
10. [https:// doi.org/10.1016/j.jaim.2018.09.003](https://doi.org/10.1016/j.jaim.2018.09.003) [last accessed on 16/1/2020]
11. Paradakara HS editor Astang Hridya, Sutrasthan Shastravidhdhima Adhayay 26/36-37, reprint, Choukambha Surbharati Prakashan Varanasi, 2011, p. 119.

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