International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Ayurvedic Management of Infantile Atopic Dermatitis (Vicharchika): A Case Report

Akshay Jadhav

Assistant Professor, Department of Kaumarabhritya, N.K Jabshetty Ayurvedic Medical College Bidar.

Abstract

Background: Atopic dermatitis is a chronic relapsing inflammatory skin disorder characterized by intense pruritus, xerosis, erythema, papules, scaling, and excoriations. It commonly begins during infancy and is associated with a personal or family history of atopy. In Ayurveda, the clinical features of atopic dermatitis closely resemble **Vicharchika**, a Kapha-predominant Tridoshaja Kshudra Kustha characterized by Kandu (itching), Pidaka (papular eruptions), Shyava (discoloration), Bahusrava (oozing).

Case Presentation: A 3-month-old male infant presented with complaints of recurrent papular rash associated with redness and dryness over the cheeks, forehead, scalp, abdomen, arms, and bilateral thighs for one month. The child also had constipation and crying during defecation since one month. On examination, erythematous papular lesions with xerosis were observed over the affected areas. Based on the clinical presentation, the condition was diagnosed as Atopic Dermatitis (Vicharchika).

Intervention: The treatment protocol included **Deepana–Pachana** for Ama Pachana and Agni Deepana, **Anulomana** for correction of bowel habits and relief of Vibandha, and **Sthanika Chikitsa** using Kapha-Pittahara, Kandughna, and Kusthaghna formulations.

Outcome: Marked clinical improvement was observed within 3 days, with complete resolution of skin lesions and associated symptoms. Body surface area involvement reduced from 35% to 0%, SCORAD intensity score from 8 to 0, VAS score from 6 to 0, and Vicharchika assessment scores showed complete remission. Bowel habits improved, and no adverse effects were noted.

Conclusion: This case demonstrates that an Ayurvedic treatment approach incorporating Deepana–Pachana, Anulomana, and appropriate Sthanika Chikitsa such as kapha pittahara lepa/snehana can effectively manage Atopic Dermatitis (Vicharchika) in infancy.

Keywords: Atopic Dermatitis, Vicharchika, Infantile Eczema, Ayurveda, Kshudra Kustha, Deepana-Pachana, Anulomana, Pediatric Dermatology.

Introduction

Atopic dermatitis is an acute, subacute, but usually chronic pruritic inflammation of the epidermis and dermis, often occurring in association with a personal or family history of hay fever, asthma, allergic rhinitis or atopic dermatitis.[1] The onset of atopic dermatitis is usually in the first 2 months of life and by the 1st year in 60% of patients.[2] It is slightly more common in boys than girls.[3] Skin lesions include erythema, papules, scaling, excoriations, and crusting. Xerosis or dry skin is the hallmark of atopic dermatitis.[4] Lichenification occurs with time. Infantile eczema (age: 2 months to 2 years) affects the cheeks and may extend to the forehead. The lesion is an erythematous, edematous patch covered with vesicles. Eventually, it becomes exudative and crusted. Itching may interfere with sleep. There is no

lichenification. Conventional treatment of atopic dermatitis primarily involves emollients, topical corticosteroids, and antihistamines for symptom control; however, frequent recurrences and concerns regarding long-term use necessitate exploration of alternative therapeutic approaches.[5]

Vicharchika is described under Kshudra Kustha and is considered a Kapha-Pitta predominant Tridoshaja Vyadhi. Clinical manifestations such as Kandu (itching), Pidaka (papular eruptions), Bahusrava (oozing), Shyava (discolouration), and Raga (erythema) closely resemble those of Atopic Dermatitis.[7] In infancy, Shodhana therapies are generally not feasible; therefore, a Shamana-based approach comprising Deepana, Pachana, Anulomana, and Sthanika Chikitsa was selected to correct Agnimandya, eliminate Ama, and alleviate Kapha-Pitta Dushti. **Deepana-Pachana** to enhance Agni and eliminate Ama, along with **Anulomana** to relieve constipation and regulate bowel movement, thereby reducing Dosha aggravation. Sthanika Chikitsa included application of Kapha-Pittahara Lepa done.[8]

Objectives

1. To understand the pathophysiology of Atopic dermatitis in the perspective of *Vicharchika* explained in Ayurveda classics.
2. Atopic dermatitis assessment by atopic dermatitis scoring severity and quality of life assessment.

Material and method

Case history

Chief complaints

A 3-month-old male, 3.5 kg, belonging to a middle-class family was brought to N.K. Jabshetty Ayurvedic Medical college Bidar Kaumarabhritya Opd no 1 with complaints of papular rash with redness and dryness over cheeks, forehead, scalp, abdomen, arms and bilateral thighs on and off for 1 month.

Associated Complaints

Also, complaints cry while passing stool and constipation since 1 months.

History of present illness

The infant was apparently healthy one month prior to presentation when papular erythematous lesions associated with dryness gradually developed over the cheeks and subsequently spread to the forehead, scalp, abdomen, upper limbs, and thighs. The symptoms had aggravated for the past 7 days, so the child consulted the Kaumarabhritya OPD at N.K. Jabshetty Ayurvedic Medical College, Bidar.

History of past illness

The child was diagnosed with Atopic dermatitis at the local clinic and started on topical corticosteroids, History of recent started on Formula feeding (Lactodex stage-1) not found any improvement hence for further management, attendees visited the N.K. Jabshetty Ayurvedic Medical college Bidar.

Family history: mother h/o skin allergy.

Personal history

***Aharaja*:** EBM+ Formula feeding predominantly of *Madhura*, *Snigdha*, *Guru*.

***Viharaja*:** Nill.

Habits: Nill.

Birth history: Term/ Normal Vaginal Delivery/ Birth weight- 2.5kg.

No H/o NICU admission. No h/o consanguineous marriage.

Clinical findings

General Examination

General appearance : Fair
Pulse : 110b/min.
Resp. rate : 30c/min.
Temperature : 97degree F.
Pallor : Absent
Mental status : Non-co-operative

Local examination

Erythema	+
Papulation	+
Oozing	+
Excoriation	-
Lichenification	-
Dryness	+

Systemic examination

Respiratory Examination -Bilateral air entry-equal, Added sounds- Absent
Cardiovascular system - S1S2+
Gastrointestinal system - Soft, non-tender
Central nervous system - Conscious, oriented to time, place & person.
Musculoskeletal system - Has shown no abnormality.
Ethical consideration -Informed consent/assent was obtained from the child's parents.

Samprapthi Ghataka

- **Dosha** -Pitta Kapha Pradhana dosha
- **Dushya** -Dhatu -Twak, Rakta, Mamsa, Lasika (Ambu)
- **Srotas** -Rasa, Rakta, Mamsa & Udakavaha
- **Agni** -Jatharagni & Dhatwagni Mandya
- **Sroto Dushti** -Sanga & Vimargagamana
- **Udbhava Sthana** -Amashaya
- **Sanchara Sthana** -Tiryaga Sira
- **Vyakta Sthana** -Twak
- **Rogamarga** -Bahya
- **Swabhava** -Ashukari

Table 1: Treatment

Sl. No	Mode of Action	Drug	Dose	Frequency	Duration
A	**Deepana + Pachana + Anulomana**	**Bonnison drops**	**3 drops**	**Twice a day orally**	**7 days**

B	**Sthanika Snehana + Kandughna+ Krimighna**	**WH 5 CREAM**	**Local application**	**Twice a day**	**7 days**
C	**Sthanika Snehana + Kandughna+ Krimighna**	**Eladi Soap**	**Local use**	**Daily**	**7 Days**

Result

The extent of body surface area involvement reduced from 35% at baseline to 0% after treatment. The intensity score decreased from 8 to 0, indicating complete resolution of erythema, papulation, oozing, and dryness. The Visual Analogue Scale score for pruritus and sleep disturbance reduced from 6 to 0. Similarly, the Vicharchika assessment score showed complete remission of Kandu, Pidaka, and Shyava. Clinical improvement was evident from the third day of treatment, with complete remission observed by the fifth day.

Assessment criteria

Atopic Dermatitis: Scoring Severity and Quality of Life Assessment[9]

1. Percentage of body affected for a child below 2 years.

Refer image 1.

Table 2: Area Involved Rash

	BT (% of area involved)	**AT(% of area involved)**
Face-	**2.5**	**0**
Abdomen	**8**	**0**
Bilateral limbs	**8**	**0**
Head	**2.5**	**0**
Back	**8**	**0**
Bilateral Legs back side	**6**	**0**
Total	**35%**	**0%**

Table 3: Intensity

Criteria	**BT intensity**	**AT Intensity**
Erythema	3	0
Oedema/Papulation	3	0
Oozing/Crust	1	0
Excoriation	0	0
Lichenification	0	0
Dryness	1	0
Total	**8**	**0**

Intensity Score (Absent-0, Mild-1, Moderate-2, Severe-3)

Table:4 Visual Analogue Scale For Last 3 Nights

VAS score	BT	AT
Pruritis (0-10)	6	0
Sleep Loss (0-10)	6	0

Table:5 Vicharchika Assessment

	BT	AT
Kandu	**3**	**0**
Pidaka	**3**	**0**
Shava	**1**	**0**
Bahusrava	**1**	**0**

Intensity Score (Absent-0, Mild-1, Moderate-2, Severe-3)

Discussion

Vicharchika is a Kapha-Pitta predominant Tridoshaja Vyadhi. In the present case, Kapha and Ama Samutklesha were inferred from the presence of Kandu (itching), while Pitta and Rakta Dushti were evidenced by Raga (erythema) and Pidaka (papular eruptions). The presence of Vibandha suggested Kosthagata Ama, which may contribute to the manifestation and persistence of Vicharchika. Correction of bowel habits through Anulomana likely aided in reducing Dosha Dushti and disease activity. **Considering the patient's age and the presence of Alpadosha, a Shamana-based treatment approach comprising Deepana, Pachana, Anulomana, and Sthanika Snehana, Kandughna, and Kusthaghna Chikitsa was adopted.**[12,13]

A. ***Deepana pachana, Anulomana* with *Bonnison drops*:** Contains Guduchi, Pippali, Kasani, *Haritaki, Amalaki, Himsra, Kasamarda, Ela, Gokshura, Punarnava, Processed in Kamala, Nagaramustha,Amalaki, Parpatha, Vidanga, Arjuna, Guduchi, Shatapushpa, Yavanika, Ajwain & Yasthimadhu having katu, Tiktarasa, Ushna virya, Madhura vipaka* Properties by virtue of which act as Kapha pittahara and does *Deepana, Pachana, Anulomana.*

B. **Sthanika Snehana + Kandughna with WH5 Cream:** which contain Kumari, Goghrita, Curcuma longa extract, Madhu, Karanja.

- **Kumari-** Tikta, Madhura rasa, Sheeta virya act as Pitta hara, By virtue of Guru, Snigdha guna reduces rukshata. Contain Aloe-emodin, Crysophanic acid & Isobarbaloin, Galacturonic acid, Hexuronic acid, acemannan has anti-inflammatory, anti-fungal properties also supports tissue repair and act as antioxidant.[10,11]
- **Ghrita-** Madhura rasa, Snigdha guna, Sheeta virya act as vata pittahara does Snehana reduces dryness. Contain Flavonoids & Phenolics antioxidants reduces inflammation.[12]
- **Madhu-** Madhura, Kashaya rasa, Madhura vipaka, Varnya(improves skin complexion), Sukumara(improves skin softness) by virtue of which act as Kapha pitta hara. produces Anti-inflammatory, wound healing, and antimicrobial effects, promoting tissue healing and providing a soothing effect.[13]
- **Karanja-** Tikta Katu Kashaya rasa, Kusthaghna, Kandughna by virtue it balances Kapha vata and reduces itching. Also contain Linoleic acid, Linolenic acid, Behenic acid are essential omega 6 fatty acids key structure component cell membrane which act as anti-inflammatory, Deep moisturizing and creates protective barrier over skin.[14]

C. **Sthanika Snehana + Kandughna+ Krimighna with Eladi soap-** contain Eladi Kera Thailam (Tila taila, Ela, Kustha, Jatamansi, Priyangu, Tagara, jati, agaru, Chandana), Coconut oil, Eranda taila.

- **Eladi Kera Thailam-**Madhura, Tikta rasa, Laghu Ruksha guna, Katu vipaka act Kapha Vatahara. Act Vishaghna, Twak prasadaka.
- **Narikela Taila-** Madhura rasa, Guru, Snigdha guna, Sita virya act as Pittahara & vranaropana. Contain Lauric Acid, Caprylic and Capric acid, Myristic acid exhibit antimicrobial, antiviral & anti-inflammatory properties.[15]
- **Eranda Taila-** Madhura, Tikta rasa, Guru, Snigdha guna, Madhura vipaka does Vatahara, reduces rukshata act as Kusthahara. Contain Oleic acid, Linoleic acid, an essential omega 6 fatty acid provides moisturizes effect and reduces inflammation.[16]

Combined Mode of Action

The combined administration of Bonnison Drops, WH5 Cream, and Eladi Soap addressed both the systemic and local factors involved in the pathogenesis of Vicharchika (Atopic Dermatitis).

Bonnison Drops acted through Deepana, Pachana, and Anulomana, correcting Agnimandya, digesting Ama, relieving Vibandha, and reducing Kapha-Pitta Dushti. This helped in preventing further disease progression from within.

The topical application of **WH5 Cream** provided Snehana, Kandughna, Kusthaghna, and Vranaropana effects. Its ingredients helped restore skin barrier function, reduce dryness, itching, erythema, and inflammation, while promoting tissue repair through antioxidant, antimicrobial, and moisturizing actions.

Eladi Soap complemented the treatment by providing Snehana, Kandughna, Krimighna, Vishaghna, and Twak-Prasadana effects. Its herbal and oil-based constituents helped maintain skin hygiene, reduce microbial colonization, soothe inflamed skin, and enhance skin hydration.

Collectively, these interventions alleviated Kapha-Pitta aggravation, improved Agni, reduced Ama, corrected bowel habits, restored skin barrier integrity, controlled inflammation and pruritus, and promoted healing of the skin lesions. This resulted in significant improvement in papules, erythema, xerosis, itching, and overall skin condition of the infant.

Conclusion

The present case highlights the successful Ayurvedic management of Infantile Atopic Dermatitis (Vicharchika) through a holistic treatment approach targeting the root pathology rather than merely suppressing symptoms. According to Ayurvedic principles, Agnimandya leads to Ama formation, which initiates Dosha vitiation and affects Twak, Rakta, and Lasika, ultimately manifesting as Vicharchika. Therefore, correction of Agni and elimination of Ama formed the cornerstone of management in this case. By correcting Agnimandya, eliminating Ama, alleviating Kapha–Pitta Dushti, and restoring skin barrier integrity, the treatment produced rapid and remarkable clinical improvement in itching, erythema, papular lesions, xerosis, and associated constipation. Complete remission of lesions was achieved within a short duration without any adverse effects. This case emphasizes the potential of Ayurveda as a safe, effective, and child-friendly therapeutic modality for the management of Atopic Dermatitis in infancy. Further clinical studies are warranted to validate these encouraging findings and explore the role of Ayurvedic interventions in pediatric dermatological disorders.

Patient Consent

Written informed consent was obtained from the patient's parents for publication of the clinical details and photographs. Every effort has been made to maintain patient confidentiality and anonymity.

References

1. Mortz CG, Andersen KE, Dellgren C, Barington T, Bindslev-Jensen C. Atopic dermatitis from adolescence to adulthood in the TOACS cohort: prevalence, persistence and comorbidities. Allergy 2015; 70: 836–845. [DOI] [PubMed] [Google Scholar]
2. Weidinger S, Beck LA, Bieber T, Kabashima K, Irvine AD. Atopic dermatitis. Nature Rev Dis Primers 2018; 4: 1. [DOI] [PubMed] [Google Scholar]
3. Kanda N, Hoashi T, Saeki H. The roles of sex hormones in the course of atopic dermatitis. Int J Mol Sci 2019; 20: 4660. [DOI] [PMC free article] [PubMed] [Google Scholar]
4. Giavina-Bianchi M, Giavina-Bianchi P. Systemic Treatment for Severe Atopic Dermatitis. Arch Immunol Ther Exp (Warsz). 2019 Apr;67(2):69-78. [PubMed]
5. Meledathu S, Naidu MP, Brunner PM. Update on atopic dermatitis. J Allergy Clin Immunol. 2025 Apr;155(4):1124-1132. [PubMed]
6. Diepgen TL, Fartasch M. Recent epidemiological and genetic studies in atopic dermatitis. Acta Dermatol Venereol Suppl (Stockh) 1992; 176: 13-18.
7. **Sharma R.K, Das Editor (Reprint ed.) Charaka Samhita of Chakrapani datta's Ayurveda Dipika. Trimarmiyachikitsa adhyaya:Ch.7,Verse28. Varanasi: Chaukhamba Orientalia, 2019;p.523.**
8. **Sharma R.K, Das Editor (Reprint ed.) Charaka Samhita of Chakrapani datta's Ayurveda Dipika. Trimarmiyachikitsa adhyaya:Ch.7,Verse28. Varanasi: Chaukhamba Orientalia, 2019;p.523.**
9. Severity scoring of atopic dermatitis: the SCORAD index. Consensus Report of the European Task Force on Atopic Dermatitis. Dermatology. 1993;186(1):23-31. doi: 10.1159/000247298. PMID: 8435513.
10. Singh, Bhavna. (2016). A review of Aloe vera as Ghritakumari in Classics. 2. 159.
11. Kar SK and Bera TK: Phytochemical constituents of Aloe vera and their multifunctional properties: A comprehensive review. Int J Pharm Sci & Res 2018; 9(4): 1416-23. doi: 10.13040/IJPSR.0975-8232.9(4).1416-23.
12. Aeri, Vidhu & Tripathi, Garima. (2022). Science Behind Ghrita- The Lipid-Based Ayurvedic Formulations. Clinical Case Reports International. 6. 1-3.
13. Charde, MS & Fulzele, SV & Satturwar, PM & Joshi, SB & Kasture, AV. (2006). Wound healing and antiinflammatory potential of Madhu ghrita. Indian Journal of Pharmaceutical Sciences. 68. 10.4103/0250-474X.22959.
14. Preethima G, Ananda V, Visagaperumal D, et. all. 2019. The Review: Phytochemical and Bioactive Screening of "Karanja" belonging to family Leguminosae. *International Journal of Pharmaceutical Sciences Review and Research*, 59(1), pp.22–29.
15. Bibin K.B. A review on Narikela Thaila & Narikela regarding its use and properties. J Ayurveda Integr Med Sci [Internet]. 2022 May 17 [cited 2026 Jun. 9];7(2):107-12. Available from: https://jaims.in/jaims/article/view/1764.

16. Singh R, Kakade R, Gulhane J. Therapeutic aspects of Eranda Tail (Oil of *Ricinus communis*). *J Ayurveda Integr Med Sci*. 2023;8(4):158-165. https://jaims.in/jaims/article/view/2413?utm_source=chatgpt.com