

MANAGEMENT OF EXFOLIATIVE DERMATITIS BY AN AYURVEDIC REGIMEN- AP CASE STUDY

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ABSTRACT

Exfoliative dermatitis or erythroderma is an inflammatory skin disorder affecting more than 90% of the body surface area with extensive erythema and variable degree of scaling. Primary erythroderma arises on normal looking skin due to underlying systemic disorder or because of a drug reaction while the secondary arises from a pre-existing dermatoses. This case is of 3.5yr old female child with hyperkeratotic, crusted lesions especially over face chest, abdomen and upper limb. The child responded to treatment which include An Antihistaminic, Hydration, and local Application. The child was discharged after 10 days with almost complete resolution of skin lesions and hygiene measure are

imperative for the effective Management of Exfoliative dermatitis.

KEYWORDS: *Audumbera kushtha*, Exfoliative Dermatitis, *Nimb kalka*, *Shatdhautghrita*

INTRODUCTION

Erythroderma is a potentially life -threatening condition especially in the neonatal and infantile period. The severe complication that can occur are infection, hypoalbuminemia, hyperpyrexia and hypernatremic dehydration, which could lead to increased mortality.^[1]

It is only occasionally that exfoliative dermatitis in children (1-14yr) has been the centre of attention. Exfoliative dermatitis is an uncommon condition in the pediatric age group. The overall incidence of ED in children was about 0.11%. Age at onset may vary according to etiology. The etiology of ED is frequently difficult to establish and is usually delayed due to Nonspecific clinical and histological finding.

CASE REPORT

A 3.5yr female child weighing 14.3 kg; residing In tuljapur, reported to the kaumarbhritya Opd of Govt. Ayurvedic Hospital, Osmanabad with following complaints.

- Generalized skin erythema3 month
- Scaling.....1 yr
- Itching1 month

HISTORY OF PAST ILLNESS

H/O hospitalization twice in last 1 year for severe itching and erythema. H/O of repeated oral medication for above mentioned complaints.

As the child had minimal relief and symptomatic treatment with modern medication were used every time. Due to lack relief, the parents decided to opt for ayurvedic treatment.

Diagnosis(Clinical &Investigation)



On Admission



On Discharge

➤ Clinically on basis of sign and symptoms

Laboratory investigation (10/9/2020)

HB%=9.8 g/dl

TLC=7500(N-60;L-34;E-3;M;B-0)

Urine(R&M)=NIL LFTs=Sr.Bil=0.6 mg/dl SGOT=37 IU/ml SGPT=29 IU/ml

KFTs=Bl.Urea=26 mg/dl Sr.Creatinine=0.4 mg /dl

Previous Treatment

>Steroid (Tb.prednisolone for 1 and half month)

>Antihistaminic (Tb.Hydroxyzine for 10 days)

Ayurvedic Protocol used^[2]

Sr.No	Principle	Ayurvedic regimen	No.of Days
1	Deepan & pachan	<i>Arogyavardhini vati</i>	21
2	Kalk lep& Snehan (External)	<i>Nimb kalka</i> <i>Shatdhauta Ghrita</i>	25
3	Dhara	<i>Takra Dhara</i>	25 (500ml)
4	Abhyantar Chikitsa	<i>Gandak Rasayan</i>	21

MATERIAL AND METHODS

A detailed history, general physical examination, Mucocutaneous examination was carried out. Hydroxyzine was used for countering itching.^[3]

First of all skin lesion were covered with *Nimb kalka* followed by sun bath for 5-10 min then *Takra dhara* all over body and Bath with Luke warm water *Shatdhaut ghrita* was applied separately twice a day on the skin lesion of body.^[4] The children responding well to the all treatment as erythema and scaling had stop after 25 days therapy, the erythroderma completely resolved and skin lesion were healing. The patient was subsequently discharged.

RESULTS AND DISCUSSION

Exfoliative dermatitis is an uncommon condition in the pediatric age group. The overall incidence of ED in children is about 0.11% Age at onset may vary according to etiology. The etiological spectrum ranges from transient harmless disease to potentially lethal disorders.^[5] Drugs that were a common cause of ED in older children and Adults. The some clinical features may be helpful in identifying the etiology of ED; Drug-induced ED had more acute onset and shorter course than other causes. pruritus, mucosal, and nail involvement, Failure to thrive and alopecia to may be related to underlying disease, severity, and duration of ED. In children, hepatosplenomegaly was found mostly in

immunodeficiency patients.

CONCLUSION

Exfoliative dermatitis is therapeutic challenge and Relapses by steroid. Various stages of clinical manifestation of erythroderma have close resemblance with *Audumbera Kushtha*. This case of erythroderma was successfully managed in the lines of management of *Audumbera Kushtha*. This case study demonstrates that *Ayurvedic* management may be useful in acute and life threatening condition such as erythroderma.

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