



Lesson 8.2 Kandu/pidika/urticaria-like patterns

Among pediatric skin complaints, a large number of children present not with one fixed classical disease label, but with a pattern of **itching, recurrent raised eruptions, wheals, small papular lesions, or sudden rash after food, sweat, weather change, dust exposure, or medicines**. In clinical practice, these are often loosely called “allergy,” but that word alone does not help much unless the pattern is properly understood. In Ayurveda, such presentations are interpreted through the combined framework of **Kandu, Pidika, Sheetapitta/Udarda-like patterns, Pitta-Kapha disturbance, Rakta involvement**, and frequently **Ama**.

The physician must observe carefully whether the child is presenting with:

- diffuse itching without much rash,
- papular eruptions,
- raised transient wheals,
- heat-sensitive rash,
- sweat-aggravated irritation,
- recurrent food-triggered flare,
- or sudden onset rash after a medicine.

These are not all managed in the same way. Some are predominantly **Pitta-Rakta reactive**, some are **Kapha-Pitta with itching**, some are **Ama-associated skin expression**, and some belong to the category where the child’s system reacts abruptly to an external or internal trigger. A calm but precise clinical reading is therefore essential.

Why itching and recurrent rash are common in children

Children are naturally reactive. Their skin is delicate, their digestion is often unstable, their exposure to environmental triggers is high, and their routines are frequently irregular. The same child may have:

- poor appetite on some days,
- bowel irregularity,
- frequent intake of sweets or packaged foods,
- excess sweating,
- dust exposure,
- inadequate skin hygiene after play,
- and sensitivity to weather change.

When this terrain is combined with Pitta-Kapha aggravation and Rakta involvement, skin reactivity appears easily. In some children, even small triggers such as:

- excessive chocolate,
- colored packaged foods,
- curd,
- peanuts or particular foods,
- strong soaps,
- sweat retention,
- heat,
- insect bites,
- or a new medicine
may be sufficient to provoke a flare.

Therefore, the physician must not think only in terms of “rash treatment.” The deeper question is: *why is this child reacting so easily?*



Kandu in children

Kandu, or itching, is one of the most troublesome symptoms because it disturbs:

- skin comfort,
- sleep,
- mood,
- attention,
- and sometimes appetite.

In children, Kandu may occur:

- as part of dry skin disorders,
- with papular eruptions,
- with wheal-like eruptions,
- in heat rash,
- in sweat-retained skin,
- in allergic or reactive patterns,
- with krimi tendency in anal or localized itching,
- or in recurrent skin disease with Ama and Kapha.

The important clinical point is that itching itself does not define the disease. The physician must ask:

- Is the itching dry or moist?
- Is it worse with heat, sweat, or at night?
- Is there redness?
- Is there raised swelling?
- Is there oozing or only roughness?
- Does the child scratch until sleep is disturbed?
- Does the problem come after certain foods or exposures?

These details decide the line of treatment.

Pidika in children

Pidika refers to small eruptive lesions or papular eruptions. In children, these may appear as:

- small itchy raised lesions,
- clustered papules,
- inflammatory small eruptions after heat or food,
- recurrent body rash,
- sweat-related papular eruptions,
- or reactive eruptions after insect bites or allergy-like states.

Pidika may be more **Pitta-dominant** when there is redness and heat, more **Kapha-dominant** when lesions are thicker or slower to resolve, and more **Rakta-involved** when the eruptions are repeatedly inflamed and spreading.

When Pidika is recurrent, the physician must always explore:

- bowel movement,
- food pattern,
- sweating,
- hygiene,



- family history of skin reactivity,
- and whether the lesion appears after fever or respiratory illness.

Sheetapitta/Udarda-like patterns in children

One of the most clinically important patterns in pediatric practice is the child who develops **raised itchy wheals or rapidly appearing rash** that comes and goes. Sometimes the lesions are transient, migratory, and intensely itchy. Sometimes they follow food, cold exposure, sweating, or an unknown trigger. This resembles the classical understanding of **Sheetapitta/Udarda-like conditions**, where Vata, Pitta, and Kapha—especially Pitta and Rakta with reactivity—are involved.

A child with this pattern may present with:

- sudden raised itchy wheals,
- flushing or redness,
- intense itching,
- lesions that come and fade,
- worsening after heat, scratching, or trigger exposure,
- disturbed sleep due to itching,
- recurrence after certain foods or medicines.

In some children the lesions look dramatic but the child otherwise appears stable. In others, the rash is part of a more reactive systemic picture. The physician must therefore always distinguish between:

- ordinary recurrent wheal-like rash, and
- dangerous reactions associated with facial swelling, breathing difficulty, or severe systemic illness.

Nidana

The common nidana in these pediatric conditions include:

Aharaja Nidana

- excessive sweets
- chocolates
- bakery foods
- packaged and colored foods
- curd in unsuitable children
- repeated fried food
- cold and incompatible foods
- food taken when the previous meal is undigested
- food items that repeatedly trigger rash in the same child

Viharaja Nidana

- heat exposure
- excessive sweating
- not changing sweaty clothes
- poor bathing habits
- harsh soaps or local irritants
- excessive scratching
- poor sleep



- irregular bowel routine

External and reactive triggers

- dust
- insects
- detergents
- synthetic clothing
- pollen or environmental sensitivity in some children
- medicines causing reaction
- seasonal heat and sweat

Internal predisposing factors

- weak digestion
- repeated Ama formation
- constipation
- Rakta-Pitta aggravation
- recurrent respiratory or digestive illness
- family tendency toward reactive skin patterns

Purvarupa

Before a full flare develops, the child may show:

- mild itching,
- restlessness,
- redness after sweating,
- food-related mild irritation,
- recurring small papules,
- scratching without obvious lesion initially,
- disturbed sleep,
- appetite reduction,
- bowel irregularity,
- and heat intolerance.

In some children, especially those with recurrent wheal-like eruptions, the family may notice that the child becomes irritable and scratchy before the lesions become visible.

Rupa

The fully developed presentation may include:

- itching,
- red rash,
- papules,
- wheals,
- swelling,
- patchy raised lesions,
- lesions that appear and disappear,
- heat-aggravated rash,
- sweat-related irritation,
- burning in some cases,



- sleep disturbance from itching,
- scratching marks,
- food-triggered recurrence,
- medicine-associated eruptions.

The physician must carefully note:

- whether the eruption is fixed or migratory,
- whether it is hot or pale,
- whether it is dry or moist,
- whether it appears after sweating,
- whether it follows food,
- whether it is localized or widespread,
- whether there is swelling around eyes, lips, or face,
- and whether the child's breathing is comfortable.

These observations are clinically decisive.

Doshic understanding

Pitta-Rakta dominant pattern

This is common in red, hot, inflamed, rapidly reactive, or burning lesions. Sheetapitta-like wheals, heat rash, flushed eruptions, and sweat-aggravated flares often belong here. The child may be thirsty, irritable, and heat-intolerant.

Kapha-Pitta pattern

This is often seen where itching is marked and lesions are raised, recurrent, and somewhat heavier or slower to settle. There may be food-triggered flares and more obvious Ama background.

Vata-Pitta pattern

Seen in children with recurrent itchy rash accompanied by dryness, sensitivity, disturbed sleep, and irregular bowel habits. Scratching causes rapid worsening.

Ama-associated pattern

When the child has poor appetite, coated tongue, constipation or sticky stool, bloating, and rash together, Ama is likely contributing significantly. In such cases, the skin disease will not settle completely until digestion improves.

Rakta involvement

Whenever the lesions are repeatedly inflammatory, hot, reactive, spreading, or associated with food sensitivity and heat, Rakta must be considered involved.

Samprapti

Improper food, weak digestion, repeated Ama, and unsuitable exposures disturb doshas, especially Pitta and Kapha, often along with Rakta. These disturbed doshas then localize in the skin and produce itching, papules, wheals, redness, or swelling. If bowel disturbance, poor diet, and repeated triggers continue, the eruptions recur. If scratching is repeated, local inflammation increases further. Thus, what begins as an intermittent rash may become a recurrent pediatric pattern.



Chikitsa Siddhanta

The principles of management include:

1. **Identify and remove the trigger**
2. **Correct agni and reduce Ama when present**
3. **Pacify Pitta-Kapha**
4. **Address Rakta involvement**
5. **Relieve itching and improve sleep**
6. **Support bowel regularity**
7. **Use internal medicine along with local soothing care**
8. **Prevent recurrence through pathya and trigger control**

The physician must always remember that recurrent itchy eruptions in children often improve only when diet and bowel correction are included along with medicine.

Classical medicines commonly used

1. Haridra Khanda

One of the most useful formulations in children with itching, recurrent urticaria-like flares, food-triggered rash, allergy-like tendency, and Kapha-Pitta skin reactivity.

Approximate pediatric dose:

- 1-3 years: 1 g, 2 times daily
- 3-6 years: 1-2 g, 2 times daily
- 6-12 years: 2-3 g, 2 times daily

2. Gandhak Rasayana

Useful in chronic itching, recurrent papular eruptions, and long-standing skin irritation under physician supervision.

Approximate supervised pediatric dose:

- 3-6 years: 125-250 mg, 1-2 times daily
- 6-12 years: 250-500 mg, 1-2 times daily

3. Khadirarishta

Useful in recurrent itching, chronic skin tendency, and Rakta-involved skin conditions in older children when digestion permits.

Approximate supervised pediatric dose:

- 3-6 years: 2.5-5 ml with equal water after meals
- 6-12 years: 5-10 ml with equal water after meals

4. Guduchi / Samshamani Vati

Useful where recurrent flares follow fever, indigestion, or inflammatory tendency, and where there is need for internal balancing without excessive heaviness.

Approximate pediatric dose:



- 1-3 years: ¼-½ tablet, 2-3 times daily
- 3-6 years: ½-1 tablet, 2-3 times daily
- 6-12 years: 1 tablet, 2-3 times daily

5. Mahamanjishthadi or Manjishtha-based support

Useful in recurrent Rakta-Pitta skin involvement, inflammatory tendency, and repeated skin flares.

Approximate supervised pediatric decoction range:

- 3-6 years: 5-10 ml diluted, 1-2 times daily
- 6-12 years: 10-20 ml diluted, 1-2 times daily

6. Avipattikara Churna

Useful in selected children where Pitta, bowel irregularity, constipation, and skin flares are clearly related.

Approximate pediatric dose:

- 3-6 years: 125-250 mg at bedtime or as directed
- 6-12 years: 250-500 mg at bedtime or as directed

7. Mild krimighna support where indicated

If itching is strongly associated with anal itching, disturbed sleep, appetite irregularity, and abdominal pain, krimi should be considered and managed accordingly.

All such medicines should be chosen after evaluating:

- whether the rash is reactive or chronic,
- whether Ama is present,
- whether bowel correction is needed,
- and whether the child is otherwise stable.

Local applications and supportive care

Coconut oil

Useful in many children with itching, mild heat irritation, or dryness, especially when the skin needs soothing.

Neem-based mild wash

Helpful in some itchy or papular eruptions, especially where Kapha-Pitta and local irritation are present. Strong preparations should be avoided in very sensitive or inflamed skin.

Cooling local support

In heat rash and sweat-aggravated Pitta conditions, gentle cooling local support may be helpful if non-irritating.

Calamine-like soothing support in integrative care

May be helpful in selected itchy eruptions for symptomatic relief.

Avoid harsh topical agents

Strong, irritating, or fragranced applications often worsen pediatric skin complaints.



Cotton clothing

Very important in sweat-aggravated and heat-sensitive children.

Nail trimming

Essential in all itch-prone children to reduce excoriation and secondary infection.

Home remedies and household support

Light digestible food during flares

When the child has poor appetite and recurrent rash together, a lighter warm diet often helps more than feeding the child heavily.

Turmeric in food

Appropriate mild use in food may support recurrent itchy and reactive skin patterns.

Avoidance diary

In recurrent food-triggered children, keeping a simple trigger record is very useful.

Sweating hygiene

Sweaty clothes should be changed promptly. Skin should be cleaned and dried properly after play.

Bowel attention

Constipation should not be ignored in recurrent rash and itching.

Pathya and Apathya

Pathya

- light, warm, digestible meals during active flare
- regular bowel movement
- adequate hydration
- simple home diet
- cotton clothing
- proper bathing and skin drying
- avoiding known triggers
- early sleep

Apathya

- repeated sweets and chocolates
 - curd in trigger-prone children
 - fried and packaged food
 - cold drinks
 - excessive heat exposure
 - synthetic tight clothing
 - scratching repeatedly
-



- ignoring bowel irregularity
- trying new foods during active reactive flares

When greater concern is needed

Itching or rash requires more urgent evaluation when:

- facial or lip swelling appears,
- breathing difficulty occurs,
- rash follows a medicine and is rapidly spreading,
- fever is present with the rash,
- the child becomes lethargic,
- the lesions are painful, bleeding, or infected,
- or the child cannot sleep or eat because of the severity of the rash.

These children should not be managed only as routine “allergy” without proper assessment.

Summary

Kandu, Pidika, and Sheetapitta-like eruptions in children are common but clinically varied conditions. They often reflect Pitta-Kapha-Rakta disturbance on a background of weak digestion, Ama, and trigger sensitivity. Management requires identification of the pattern, removal of the trigger, internal correction with formulations such as Haridra Khanda, Gandhak Rasayana, Khadirarishta, Guduchi, or Manjishtha-based support where indicated, along with suitable local soothing care, bowel correction, and recurrence prevention. The best results are obtained when the child’s digestive and skin terrain are treated together.

Practice Questions

1. Why should recurrent itching and wheal-like eruptions in children be assessed through both skin and digestion?
2. Explain the difference between a dry itchy Vata-Pitta pattern and a more reactive Pitta-Kapha wheal-like pattern.
3. Which classical medicines are commonly considered in recurrent itching and Sheetapitta-like eruptions?
4. Why is bowel regularity important in children with recurrent reactive skin complaints?
5. What clinical signs make a child’s rash more urgent and potentially serious?