



Lesson 8.4 Ayurvedic Treatment of Pediatric Skin Diseases

The treatment of skin disorders in children should never begin and end with local application. This is one of the most important practical principles in Kaumarbhritya. Many pediatric skin complaints improve temporarily with creams, oils, or soothing measures, but return again because the internal basis of the disorder remains untouched. In recurrent pediatric Twak Roga, the physician must always think in four layers: **dosha**, **agni**, **ama**, and **dushya involvement**, especially **Rakta**. Only then does treatment become stable and meaningful.

A child with dry, itchy, rough skin requires a different line of management from a child with hot, red, inflamed eruptions. A child with sticky, oozing, itchy lesions and poor appetite requires a different plan from a child whose rash is reactive, wheal-like, and strongly food-triggered. Likewise, a child whose skin worsens every time constipation appears should never be managed only through external applications. Therefore, treatment must always be **stage-wise**, **dosha-wise**, and **terrain-based**.

The broad treatment principles in pediatric skin disease are:

1. remove causative factors,
2. correct digestion,
3. reduce ama where present,
4. pacify the dominant dosha,
5. purify or calm Rakta where involved,
6. regulate bowel movement,
7. support the skin locally,
8. prevent recurrence.

Step 1 — Nidana Parivarjana

This is the first treatment, not merely general advice. If the child continues with the same triggers, medicines only provide partial benefit.

Common aggravating factors that should be corrected include:

- repeated sweets and chocolates,
- curd in trigger-prone or Kapha-Pitta children,
- fried and packaged foods,
- cold drinks,
- irregular meal timing,
- constipation,
- excessive heat exposure,
- sweat retention,
- harsh soaps,
- synthetic or tight clothing,
- repeated scratching,
- inadequate bathing and skin drying.

Children with recurrent skin disease often improve significantly when these are corrected even before stronger medicines are used.

Step 2 — Ama Pachana and Agni Dipana

Many pediatric skin disorders have a clear digestive background. The child has:

- coated tongue,



- poor appetite,
- abdominal bloating,
- constipation or sticky stool,
- recurrent skin flares after food.

In such children, the first line should not be immediate brimhana or heavy skin tonics. The first line should be correction of agni and reduction of ama.

Classical medicines commonly considered where ama is present

Musta Churna

Useful when poor appetite, bloating, stool disturbance, and recurrent skin flare are associated.

Approximate pediatric dose:

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

Guduchi / Samshamani Vati

Useful in recurrent inflammatory skin tendencies, post-fever flare, low-grade Pitta-Rakta aggravation, and children with poor internal recovery.

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

Avipattikara Churna

Useful in selected children where Pitta, constipation, heat, and bowel irregularity clearly aggravate the skin.

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

This is especially relevant when the skin is hot, red, itchy, and constipation is part of the pattern.

Step 3 — Dosha-specific treatment

Vata-dominant skin disorders

These children have:

- dryness,
- scaling,
- roughness,
- cracking,
- night itching,
- poor sleep,
- constipation tendency.



Here excessive drying or reducing treatment should be avoided. The child needs:

- bowel regulation,
- internal Vata-pacifying support,
- gentle external lubrication,
- protection from cold and dryness.

Useful measures

- gentle abhyanga after acute inflammatory stage settles,
- coconut oil or suitable mild medicated oil externally,
- warm digestible food,
- good sleep,
- correction of constipation.

Pitta-Rakta dominant skin disorders

These children have:

- redness,
- heat,
- burning,
- inflamed rash,
- urticaria-like flares,
- sweat-aggravated lesions,
- food-triggered reactivity.

The focus here is on:

- Pitta-Kapha pacification,
- Rakta calming,
- bowel correction,
- cooling local support,
- trigger avoidance.

Classical medicines commonly used**Haridra Khanda**

Very useful in recurrent itching, urticaria-like eruptions, food-triggered reactivity, and Pitta-Kapha skin patterns.

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

Khadirarishta

Useful in recurrent itching, chronic reactive skin complaints, and Rakta-involved disorders in older children.

Approximate pediatric supervised dose:

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



Mahamanjishthadi or Manjishtha-based support

Useful in chronic or recurrent inflammatory skin patterns with Rakta involvement.

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

Kapha-dominant skin disorders

These children have:

- thick itching,
- sluggish lesions,
- oozing,
- stickiness,
- recurrent scratching,
- poor appetite and ama background.

The treatment here includes:

- ama pachana,
- Kapha reduction,
- careful local hygiene,
- avoiding heavy and sticky foods,
- drying-soothing local care where appropriate, but without causing irritation.

Classical medicines commonly used

Gandhak Rasayana

Useful in recurrent itching and chronic 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

Haridra Khanda

Again useful here where itching and Kapha-Pitta reactivity coexist.

Step 4 — External applications and local care

External treatment in children must be gentle. Strong, burning, or highly irritating local applications should be avoided.

Common local supportive choices

Coconut oil

Useful in dry skin, mild itching, heat irritation, and scratching-prone skin.

Neem-based mild wash

Useful in selected itchy or mildly oozy lesions where hygiene and Kapha-Pitta factors are important.



Cooling local support

Useful in heat rash, sweat-induced rash, and hot red lesions if the skin is not too sensitive.

Mild herbal pastes

Only in selected localized lesions and only when suitable. They should never be used indiscriminately over large inflamed surfaces.

Gentle bathing care

Sweat should be cleaned properly, and the skin should be dried without harsh rubbing.

Cotton clothing

One of the most useful “medicines” in heat and itch-prone children.

Step 5 — Bowel correction

This is essential in recurrent pediatric skin disease. A child with:

- constipation,
- irregular stool,
- hard stool,
- delayed bowel movement,
- or alternating stool patterns

often improves only when the bowel is corrected.

This is why:

- Avipattikara in selected Pitta-constipation children,
- mild bowel support,
- hydration,
- proper meal timing,
- and fiber-appropriate age-wise diet

become part of skin management.

A child whose skin worsens whenever constipation appears should never be managed only through local care.

Step 6 — Pathya and Apathya

Pathya

- warm, simple, digestible food when ama is present
- regular bowel movement
- home-cooked meals
- adequate hydration
- cotton clothing
- proper sleep
- gentle skin care
- regular bathing and sweat removal
- food trigger avoidance



Apathya

- excessive sweets
- chocolates and packaged snacks
- curd in trigger-prone children
- fried foods
- cold drinks
- heavy night meals
- constipation
- heat and sweat neglect
- harsh soaps
- repeated scratching

Stage-wise treatment understanding

Acute hot itchy flare

Redness, itching, heat, irritation, food or sweat trigger.

Treatment: Pitta-Kapha calming, bowel correction, cooling-soothing local support.

Ama-associated recurrent flare

Poor appetite, coating, bowel irregularity, recurrent rash.

Treatment: agni correction first, then skin medicines.

Dry chronic itchy stage

Scaling, roughness, night itching, constipation, poor sleep.

Treatment: Vata-oriented support, lubrication, bowel regulation, sleep support.

Sticky or oozy itchy stage

Kapha involvement, poor digestion, recurrent scratching.

Treatment: Kapha reduction, hygiene, suitable internal support, careful external care.

Summary

The treatment of pediatric Twak Roga must always combine internal and external management. Internal treatment addresses agni, ama, dosha, Rakta, and bowel disturbance. External treatment soothes the lesion and protects the skin barrier. Classical medicines such as Haridra Khanda, Gandhak Rasayana, Khadirarishta, Guduchi, Manjishtha-based support, and selected bowel-corrective formulations have their place according to stage and pattern. The most durable results are obtained when the skin complaint is managed together with digestion, stool, diet, and triggers.

Practice Questions

1. Why is nidana parivarjana considered the first treatment in pediatric Twak Roga?
2. How does treatment differ between Vata-dominant dry itching and Pitta-Rakta dominant inflamed rash?
3. Which classical medicines are commonly considered in recurrent pediatric skin disorders?
4. Why is bowel correction an essential part of skin treatment in many children?
5. Why should external applications never be the only treatment in recurrent pediatric skin disease?