

AYURVEDIC APPROACH FOR MANAGEMENT OF CHRONIC ECZEMA/VICHARCHIKA: A CASE REPORT

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ABSTRACT

Kushtha has been described in *Ayurveda* as a condition which deforms or despoils the skin. In *Charak samhita*, *vicharchika* finds its place among 11 *kshudra kushtha*. This condition can be analogue to chronic eczema in modern medicine which is an inflammatory condition of skin presented by erythema with vesicular eruptions and itching. When the condition becomes chronic, it will convert into discolored, scaly, crusted lesion which can disfigure the involved skin cosmetologically. Coping with eczema is a challenge, both physically and emotionally. This disease can affect the quality of life due to embarrassments from the skin lesions. Presently, fate of the disease is that still its cause is unclear and secondarily, there is no perfect treatment in modern side.

Ayurveda is an ancient medical practice which has emerged out as a boon in such disorder as the principles of ayurveda focus on *tridosha* and *prakriti*. Ayurveda believes in balancing *tridoshas*, thereby correcting the pathology or *vikriti* in the body. The present case report includes the management of *vicharchika* in a male patient with the *ayurvedic shaman yoga* which showed significant improvement in all signs and symptoms.

KEYWORDS: *Kushtha, vicharchika, Ayurveda, Eczema.*

INTRODUCTION

Kushtha has been described in *Ayurveda* as a condition which deforms or despises the skin. In classical text of *Charak Samhita*, *vicharchika* is considered one amongst 11 *kshudra kushtha* which is characterized in the form of skin eruptions with itching (*sakandu pidaka*), black or discolored skin (*shyava*) and excessive discharge (*bahusraava*).^[1] This condition can be analogue to chronic eczema which is an inflammatory skin condition characterized by erythema with vesicular eruptions and itching. When the condition becomes chronic, it will convert into blackish, discolored, scaly, crusted lesion which can disfigure the involved skin cosmetologically. These features of chronic eczema which is presented as blackish discoloration i.e. *shyavata*, itchy eruptions i.e. *sakandu pidaka* and vesicular lesions i.e. *sraava* presents the 3 cardinal symptoms of *vicharchika*, mentioned by *Acharya Charak*. The incidence of the disease has increased significantly within few decades which have affected the quality of life of the patient. In a study done by Rao GS et al in an Indian village, it was concluded that eczema is most common non infectious skin disease i.e.32.19% among all skin diseases prevalent in that area.^[2] In modern medicine, the disease is being treated according to the symptoms only and comes with deleterious side effects, further worsening the general profile of the patient. The disease is considered to be genetic predisposed. Along with this, climatic and environmental factors may also play a significant role in their enhanced frequency.^[3] *Ayurveda* is an ancient medical practice which has emerged out as a boon in such disorder as the principles of *Ayurveda* focus on *tridosha* and *Prakriti*. *Ayurveda* believes in balancing *tridoshas*, thereby correcting the pathology or *vikriti* in the body. The present case report includes the management of *vicharchika* in a male patient with the *Ayurvedic shaman yoga*. He approached to outpatient department with the complaint of scaly, itchy lesions over right leg with blackish discoloration and ulceration in the affected part since 3 years. He showed significant improvement in signs and symptoms in one month period of treatment.

CASE REPORT

Chief Complaints: A 56 yrs. old male patient, married, Hindu by religion, government employee came with the complaint of dry, scaly lesions over right lower leg with ulceration, blackish discoloration and itching in the affected part since 3 years.

History of present illness: Patient was apparently asymptomatic 3 years back then he developed multiple eruptions with dryness at right lower leg. This was associated with itching in the affected part. Gradually, the condition exacerbated and lead to scaly lesion with blackish discoloration in the area due to continuous itching. After few months, ulceration developed along with all above symptoms. He took allopathic treatment for the same several times but there was temporary relief in the condition. With these complaints, he came to VYDS Ayurvedic College and Hospital, Khurja, Bulandshahr, U.P.

History of Past illness: no significant history was noted, no history of diabetes mellitus or bronchial asthma or allergic rhinitis

Personal History: Patient is vegetarian, in habit of eating junk very frequently, irregular dietary habits, appetite good, bowel- constipated, addiction- nil

Family History: his father was suffering from the similar complaints (now died due to COPD), rest all family members healthy

Socioeconomic History: belongs to Lower middle class

Ashtasthan Pariksha

| | |
|----------------|--------------------------------------|
| <i>Nadi</i> | 84/min, <i>vatakaphaj prakriti</i> |
| <i>Mala</i> | <i>malabadhhata</i> |
| <i>Mootra</i> | 5 to 7 times per day, <i>samanya</i> |
| <i>Shabda</i> | <i>Samanya</i> |
| <i>Sparsha</i> | <i>ruksha, Khara</i> |
| <i>Jihwa</i> | <i>mala-aavritta</i> |
| <i>Drik</i> | <i>Samanya</i> |
| <i>Aakriti</i> | <i>madhyam</i> |

Vitals

B.P. 140/80 mm of Hg, PR 84/min., Ht.5 ft 7 inch, wt.66 kg

Laboratory investigations before starting the treatment

Hb was 10.2 gm%

TLC count was 8200/cumm

Absolute Eosinophil Count was 520/cumm

Treatment Protocol

Patient was advised to avoid junk food and *guru, abhishyandi aahar*. Plenty of fluid intake was advised to him. He was further advised to take his meals on time. Along with this, following drugs were advised.

Table no 1.

| S.no. | Medicine | Dose | Duration | Sahapana | Aushadh kala |
|-------|--|----------------|-----------------------|---------------------------------|-----------------------------------|
| 1 | <i>Rasa manikya</i> <i>Haridra churna</i> | 65 mg 3 gm. | <i>Praatah saayen</i> | <i>Sheet jala</i> | <i>Bhojan</i> <i>pashchaat</i> |
| 2 | <i>Rasaabhra Guggulu</i> | 1 gm | <i>Praatah saayen</i> | <i>Sukhoshna</i> <i>jala</i> | <i>Bhojan</i> <i>pashchaat</i> |
| 3 | <i>Aaragwadhadi</i> <i>kashayam</i> | 20 ml. | <i>Praatah saayen</i> | <i>Sukhoshna</i> <i>jala</i> | <i>Bhojan</i> <i>pashchaat</i> |
| 4 | <i>Jatyaadi taila</i> | As needed | For local application | | |

Follow up was done after every one week.



Image no.1: before starting the treatment.



Image no.2: 1 wk. after the treatment.



Image no.3: 2 wks.after the treatment.



Image no.4: 3 wks. after treatment.

After one month of treatment, features like itching, scaling and ulceration and discoloration in the affected part reduced.

Effect of therapy

Improvement of therapy after the treatment was significant. He showed improvement in all signs and symptoms like discoloration, scaling and ulceration with maximum improvement seen in itching.

Table no. 2: Symptoms before and after the treatment.

| S.no. | Symptoms | Before treatment | After treatment |
|-------|------------------------|------------------|-----------------|
| 1 | Itching | ++++ | + |
| 2 | Blackish discoloration | +++ | + |
| 3 | Scaling | +++ | + |
| 4 | Ulceration | ++ | + |

Lab investigations after one month of treatment

Hb was 10.4 gm%

TLC count was 8400/cumm

Absolute Eosinophil Count (AEC) was 350/cumm

Table no. 3: Investigations before and after the treatment.

| S.No. | Lab investigation | Before treatment | After treatment |
|-------|-------------------|------------------|-----------------|
| 1 | Hb gm% | 10.2 | 10.4 |
| 2 | TLC (per cumm) | 8200 | 8400 |
| 3 | AEC (per cumm) | 520 | 350 |

DISCUSSION

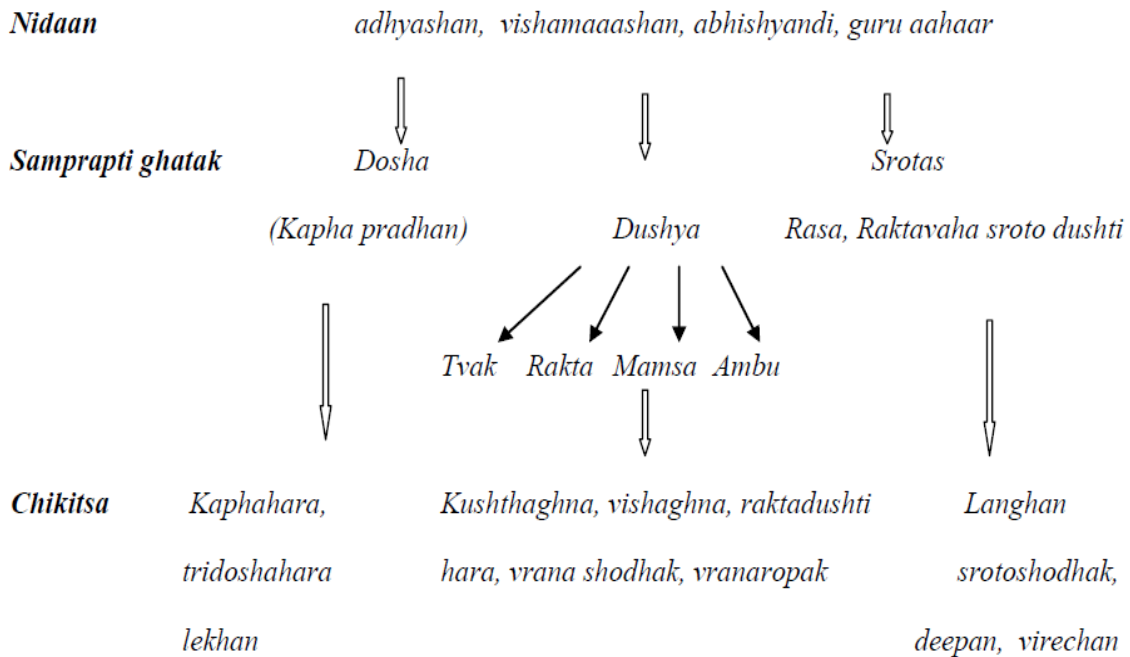
Rasa manikya^[4] is very familiar drug which is used throughout India in various disorders including *kushtha*, *nadi vrana*, *jwara* etc. Along with this, *haridra churna* is *taku tikta* in *rasa*, *ruksha* in *guna* so acts against *pitta* and *kapha*. Acharya Charak has mentioned *haridra* in *kushthaghna*, *vishaghna* and *lekhaniya mahakashaya*. In various studies, it has been observed that its phenolic compounds can initiate an action that is similar to the corticosteroids produced in the body.^[5]

Rasabhra guggulu^[7] which is mentioned in *Bhaishajya ratnaavali*, *Vatarakta chikitsaadhikara* contains *shudh parad*, *shudh gandhak*, *abhraka bhasma*, *loha bhasma*, *guggulu*, *guduchi swarasa* and *trifla swarasa* so it acts as *tridoshahara*, *deepan*, *srotoshodhan*, *raktadushtihara* as well as a good immunomodulator. *Abhrak bhasma* is *yogvaahi* and mainly used in *kaphavata* disorders. Along with this, *loha bhasma* has *lekhan guna* which eliminates excess *kapha* and acts on *lasika* which is one of the *saptadravya samgraha* of *kushtha*. As *kushtha* is *raktapradoshaj vikara* and *virechana* is considered as pacifier of excessive *pitta dosha*, drugs like *jaipal* and *trifla* leads to removal of vitiated *pitta dosha* with *vata anulomana*.

Aragwadhaadi kashayam^[8] is *kushthaghna*, *vishaghna* due to its rechan ability, *kaphahara* and *kanduhara*. It also possesses *dushtavrana vishodhan* property.

Jatyadi tail^[9] has indicated in *dushta nadi vrana*. It acts as *vrana shodhak* as well as *vrana ropaka* so cleans and heals the ulcers.

Vyadhi samprapti



In the treatment of *vicharchika*, *samprapti vighatan* was done after evaluating involved *dosha*, *dushya* and *srotas*. *Adhyashan*, *vishamaashan*, *anashan*, *abhishyandi* and *guru aahara* was considered as *nidaan*. So *nidaan parivarjan* was advised to the patient. As *vicharchika* is *Kapha pradhaan vyadhi* so *tridosahara* specifically *kaphahara chikitsa* was done by adding *rasa manikya* and *haridra churna*. As the disease was chronic in nature, so considering *vata anubandh* in the disease, *rasaabhra guggulu* was advised. It also acts as *kledahara* and *kaphahara*, *raktashodhak aushadh*. *Aragwadhaadi Kashayam* due to its *virechak guna*, expels out all toxins and *pakwadosha* from the body. *Jatyadi tail* was used locally due to its *shodhan* and *ropana guna*.

CONCLUSION

Vicharchika has been mentioned by *Acharya Charak* as *kaphaj kshudra kushtha roga*. So *tridosha hara* specifically *kaphanashak*, *agnideepak*, *srotoshodhak*, *raktashodhak* and *raktaprasaadaniya* drugs should be favored in the disease.

In present case, combined effect of used drugs possess all action i.e. *tridosahara*, *deepan*, *raktashodhak*, *vranshodhak*, *vranshodhak* and *srotoshodhak*, so can be effective in *vicharchika/eczema*.

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