"Ayurvedic Treatment of Eczema with special reference to Vicharchika."

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Abstract

Vicharchika (Eczema) is a type of kshudrakustha often encountered by Ayurvedic Dermatologists characterized with symptoms, namely, kandu (itching), srava (discharge), Pidaka (vesicles), and Shyava varna (discoloration). Vicharchika is often correlated to eczema based on the clinical presentations. No satisfactory treatment is available in contemporary medical practice except antihistamines and topical steroids. Main line of treatment for vicharchika in Ayurveda is Shodhana and shamanoushadhis. A patient approached to outpatient department with chief complaints of discharge, edema, and erythematous skin lesions with intense itching at the ankles and dorsum of both foot, dorsal aspect of the hands, and on cheeks was treated with Virechana and few Agada preparations. A remarkable improvement in the condition was observed in a span of 2 months.

Keywords: Agada, eczema, shodhana, vicharchika

Introduction

Acute eczema occurs after coming in contact with irritant or allergen. Its pathway involves inflammatory mediators, for example, prostaglandins, Helper T cells. Its clinical features are redness, swelling, scaling, weeping, and itching. All severe forms of eczema have a huge effect on life quality.[1] Effective therapeutic agents in contemporary medicine are limited in number and may have long-term toxic side effects. The mainstay of treatment in Ayurveda for vicharchika is shodhana, which eliminate the vitiated doshas. Parallel to shodhana, shamanoushadhis help to correct the dhatus and bring them to normalcy.

Case Report

An 18-year-young male, farmer by profession, approached to outpatient department with chief complaints of itching, vesicles, blackish discoloration, discharge, edema on the dorsum of both foot, dorsal aspect of hands, and on cheeks since 25 days. The lesions were initially observed over dorsum of both feet in the form of small vesicles
associated with itching and later developed itching with oozing. Within couple of days, it spread to both hands and cheeks. There is no previous history (before manifestation of present complaints) of any known allergy in the patient and also there is no family history of any known skin disease for above-said complaints patient consulted to local dermatologist and received oral steroids and anti-inflammatory drugs but found no relief.

On examination, patient presented with [Figure 1] and [Figure 2]:

![Figure 1: Before month 1 (feet)](image1)

![Figure 2: Before month (hands)](image2)

Fissured *erythematous* lesions on both dorsal aspect of the foot and around ankles with thin serous discharge associated with edema

At dorsum of hands and at edges of mouth, there were *erythematous* lesions and blackish discoloration

Foul smell and local rise of temperature was also seen

General appearance of the body was pale

Note: Before developing complaints, the patient walked in the field exposed to chemical fertilizers just 2 days before and his path to home from field was said to be full of grass and parthenium (these could be considered as the main offending factors).
Laboratory Investigation

Routine hematology showed hemoglobin - 9.2 g%.

Erythrocyte sedimentation rate – 40 ml/h

Absolute eosinophil count - 640.

Based on clinical presentation, examination, and laboratory findings, the case was diagnosed as vicharchika (acute eczema) associated with Pandu (anemia).

The condition on thorough evaluation was considered to have Kapha-Pitta as main dosha, rakta and rasa as dhatus, and jataraghni mandya as the source of ama formation. In addition, any poison basically first affects Rakta and then vitiates doshas, this principle is considered in this patient for the selection of medication as there is contact fertilizer poisoning was noticed.

**Table 1: First admission treatment**

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medication</th>
<th>Date &amp; Dosage</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>External medication swedana</td>
<td>Thriphala kashaya</td>
<td>Day-1</td>
<td>First 10 days</td>
</tr>
<tr>
<td>Abhyanga</td>
<td>Karanjadi tailam</td>
<td>Frequently</td>
<td>Throughout the course of treatment</td>
</tr>
<tr>
<td>Internal medication</td>
<td>Arogyavardhini Vati</td>
<td>One tab TID</td>
<td>All medication for 10 days</td>
</tr>
<tr>
<td></td>
<td>Chopchini churna</td>
<td>500 mg TID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mahamanjisthadi kashaya</td>
<td>30 ml BID</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Krumikuthar Rasa</td>
<td>1 tab BD</td>
<td></td>
</tr>
</tbody>
</table>

During second admission, the patient was treated with snehapana, abhyanga swedana, and virechana as mentioned in [Table 2]. On discharge, after virechana, Kalyanaka ghrita 10 ml once daily on empty stomach, Arogya vardhini rasa one tid in between food and Ayaskriti 10 ml tid after food and Eladi taila for external application was given as follow-up medicine for 15 days.
Table 2: Second admission treatment

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medicine</th>
<th>Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snehpana in aarohnakarma</td>
<td>Kalyanak Ghritha</td>
<td>Day 1 -30 ml, Day 2-70ml,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day 3-100ml, Day 4-130ml,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Day 5-160ml</td>
</tr>
<tr>
<td>Abhyanga</td>
<td>Eladi tailam</td>
<td>Day 6th, 7th &amp; 8th</td>
</tr>
<tr>
<td>Virechana karma</td>
<td>Trivrutta avleha50 gm</td>
<td>Day 9th, 7 vegas observed</td>
</tr>
<tr>
<td>Samsarjan karma</td>
<td></td>
<td>3 days</td>
</tr>
</tbody>
</table>

Results:

At the time of discharge after first admission the symptoms such as edema, oozing, and itching, and red scaly patches reduced but blackish discoloration persisted. The lesions over the hand and face completely resolved, and no reoccurrence was observed [Figure 5] and [Figure 6].

Figure 5: After sodhana (feet)

Figure 6: After sodhana (hands)

During second admission, he was made to undergo classical virechana karma with arohana karma snehapan with kalyanakaghrita [Figure 7] and [Figure 8]. After that virechana and 15 days follow-up, medication significant change in skin thickness and blackish discoloration were observed.

Figure 7: After shaman (oushadhi feet)
Discussion and Conclusion

After looking into the signs and symptoms, srava and shotha were to be treated and that was achieved by Triphalakashaya and Lodhra-sevyadi kashaya seka. Ingredients of these two formulations are kashaya and tiktarasa pradhana, which helps in kledashoshana, pitta, and kapha shamana and some are having the property of Krimighna (antibacterial) which also helps to combat microbial involvement in the case. Lodra-sevyadi choorna which is explained in the context of Lootavisha chikitsa with shothaghna (anti-inflammatory) and Vishaghna (antitoxic) properties helps to overcome possibilities of allergens.

Application of Nalpamaradi tail followed by seka would take care of Shotha (inflammation) and daha (burning sensation) as it contains ksheerivriksha daryva which are kshayarasapradhana, pitta and kapha shamana and contains tannins as their main chemical constituents which inhibit bacterial growth.[2] The oil given for local application act as physical barrier (emollients type) also.

Arogyavardini vati helps in agnideepana and proper rasa dhatu formation. Katuki helps for elimination of dusta pitta and corrects rakta. Bilwadi Agada and its ingredients have shown antimicrobial, immunomodulatory and anti-inflammatory activity.[3] As there was history of local exposure to fertilizers which act as contact poisoning, is overcome by Bilwadi agada.

Punarnavaasava has proved for anti-inflammatory activity [4] and its ingredient-like Guduchi etc. shown to have immunomodulatory, anti-oxidant, and erythropoietic activity [5] and those of Patolakatuhrhinyadi kashya takes care of rakthadhatu because of dravyas such as patola, katuchohini, and guduchi which have tikta rasa and they are raktashodhak (blood purifactory) and kusthahara. Pippali helps in bio availability of other drugs in formulation.[6]

Kalyanaka Ghritha contains sariva, manjistha, and haridra, etc. which are varnya and kusthaghna helps in reliving shyaavavarnatha (blackish discoloration) and also, this ghrita is Pandu, Kandu, and Garahara which helps in overcoming anemia, itching and any involvement of toxins as there was history of local exposure to fertilizers. In eczema, the essential fatty acids which are required for lipid barrier of skin is reduced and this will cause epidermal fluid loss and making skin susceptible for reaction. Kustha and tagara which have shown antistress activity are also helpful because it is not all about treating skin but a skin patient.[7],[8] The Ayaskriti helps in correcting Pandu (Anemia) and also varnya (correct discoloration) in nature. Eladi taila being vata kaphahara, Varnya, Kudughna and Vishaghna plays important role in vata-kapha pradhana.
contact poisoning. Thus, Ayurvedic management provides significant relief and improves the quality of life of eczema patient even if the condition is as a result of contact poisoning.

Declaration of patient consent:

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has/have given his consent for his images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

References:

3. Deepti SR. A Comparative Clinical Trial to Evaluate the Efficacy of Three Samples of Bilwadi Gullika Prepared in Different Media in Dushivisha with Signs and Symptoms of Kitibha Kustha. Thiruvananthapuram: Government Ayurvedic Medical College; 2010. p. 60-85. Back to cited text no. 3

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