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Ayurvedic management of *Vicharchika* (Eczema) - A Case Study

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ABSTRACT

In Ayurveda, all skin diseases are included in *Kustharoga*. According to Ayurveda, there are two types of *Kushtaroga*, which is *Mahakushta* and *Kshudrakushta* which are again classified into seven types and eleven types respectively. It is classified as one of the "*Astha Mahagada*".^[1] According to modern science, *Vicharchika* has similar clinical presentation as Eczema. Eczema is a form of dermatitis where inflammation of dermis occurs. It is also known as atopic dermatitis which is characterized by dry itchy skin with areas of poorly demarcated erythema and scale. Modern science has no specific medication or treatment for sure of eczema but symptomatic treatments like steroids are used as it has serious side effect. That leads to reoccurrences is common. Ayurveda treats from the root of eczema by cleansing *Doshas* and balancing *Doshas* and *Dhatus*.

Key words: *Vicharchika*, *Mahakushta*, *Kshudra Kushta*, *Eczema*.

INTRODUCTION

The skin is the largest sense organs of the body. It is the protective covering of the body. It protects over body by various organisms, chemicals, antigen etc. Skin disease occurs all over the world. Skin disease is more prevalent among children and in low socioeconomic group of people due to poor hygiene. Various studies show that skin infections are more prone in extreme climate condition. According to Ayurveda, *Vicharchika* has similar clinical presentation as eczema. According to *Bruhatryee*, *Vicharchika* comes under *Kshudrakushta*. As *Kushta* is caused due to *Viruddhaahara* which leads to *Agnimandya*. As per

Modern science, Eczema is also known as atopic dermatitis. Eczema or Atopic dermatitis is a pattern of inflammatory response of the skin which is the resultant of delayed type hypersensitivity mediated by memory T lymphocytes in the skin^[2] The clinical lesions may be acute (wet and edematous) or chronic (dry, thick, scaly), depending on the persistence of the insult.^[3] The term eczema is broadly applied to a range of persistent or reoccurring skin rashes characterized by redness, skin edema, itching and dryness with possible crusting, flaking, blistering, cracking, oozing or bleeding. Areas of temporary skin discoloration sometime characterized healed lesions, though scarring is rare.^[4] In early stage of eczema, the stratum corneum remains intact so eczema appears as red, smooth and oedematous plaque. Later, edema becomes more severe, tense blisters appears on the plaques. Chronic eczema is dry and is characterized by thickened, scaly skin with hyperpigmentation and visible crisis.

Prevalence: A rising trend in AD has been observed in India also in last four decades.^[5]

Sign and Symptoms (According to modern science):

1. Redness, swelling, itching and skin lesions with sometimes oozing and scaring.

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2. Itchy skin is the primary symptoms of this condition.
3. Symptoms may vary person to person.
4. Dryness, itchy skin and redness are the most common symptoms.
5. Other distinguishing features are epithelial disruption shown by coalescing vesicles, bullae and edematous papules on pink plaques and a tendency for intense itching.^[4]

According to Ayurveda, there are 7 layers of *Twak*:

- *Avabhasini*
- *Lohita*
- *Shweta*
- *Tamra*
- *Vedini*
- *Rohini*
- *Mamsadhar*

Karma of Twak

- *Avarana*
- *Dharana*
- *Ropana*
- *Poshana*
- Maintain temperature
- Absorption of medicine like *Abhyanga*, *Parishek*, *Lepas*
- *Mala*: *Nakh* : *Dharana*, *Kesha*: *Dharana*, *Sweda*: *Nirharana*.

Twak is *Updhatu* of *Mamsadhatu*, *Sarasratva* of *Mamsadhatu* reflects on the skin. *Rasa* and *Raktadhatu* are indirectly related to skin.

Qualities of Skin

These can show the effect on normal and abnormal skin.

- *Chaya*
- *Prabha*

Pathophysiology of Eczema

Eczema has many causes, but the pathogenesis follows some common pathways. One hallmark is the activated keratinocyte. It metabolizes rapidly and this is associated with increased proliferation of basal cells and secretion of various cytokines. The epidermis contains large amounts of interleukin 1 (IL-1). This is released whenever the epidermis is damaged (e.g by trauma, chemical irritation, and a type IV cell-mediated immune reaction; IL-8 acts as a chemotactic factor for neutrophils. It is not surprising that neutrophil infiltration (exocytosis) of the epidermis is characteristic of most eczema. Interferon stimulates lymphocytes to perpetuate the perivascular lymphocytic infiltrate commonly observed in eczemas of all types. Hyper proliferation causes the epidermis to thicken (acanthosis) and to scale. Cytokines cause edema, blistering and weeping, and especially itching.^[5]

Pathophysiology of Kustha

Agnimandya leads to incomplete digestion and fermentation and further causes *aamutpatti*. *Amautpatti* further causes *Tridoshadhusti* and leads to *Kleda* formation. Due to *Ashraya-ashrayi Sambandha* leads to *Mamsadhusti*, *Twakdhusti*, *Lasika Dhusti* and *Rakta Dhusti* and causes *Vicharchika*. *Kushta* is caused due to *Virudhaahar* which again leads to *Agnimandya*.

Classification of Kshudra Kushta

According to *Brihatrayee*^[7-10]

Charaka	Sushruta	Vagbhata
<i>Ekakushta</i>	<i>Ekakushta</i>	<i>Ekakushta</i>
<i>Charmaakhya</i>	<i>Mahakushta</i>	<i>Charmaakhya</i>
<i>Kitibha</i>	<i>Kitibha</i>	<i>Kitibha</i>
<i>Vaipaatika</i>	<i>Sidhma</i>	<i>Vaipaatika</i>
<i>Alasaka</i>	<i>Visarpa</i>	<i>Alasaka</i>
<i>Dadrumandala</i>	<i>Parisarpa</i>	<i>Sidma</i>
<i>Charmadala</i>	<i>Charmadala</i>	<i>Charmadala</i>

Paama	Paama	Paama
Visphota	Stoolarushka	Visphota
Shataaru	Rakasa	Shataaru
Vicharchika	Vicharchika	Vicharchika

Nidana^[11]

1. Viruddhaahar
2. Kledakarahr
3. Ajeernaadhyashan
4. Chardiveghadhiavrodh
5. Ativyayam
6. Atisantap
7. Panchkarmamithyayog
8. Navaana, Dhadhi, Matsya, Tila, Lavan, Masha etc.
9. Ativyavya

Poorvarupa (prodromal symptoms)^[12]

1. Loss of sensation
2. Excess or no perspiration
3. Deranged complexion
4. Rashes, itching
5. Piercing pain
6. Exhaustion and excessive pain in wound

Roopa (symptoms)

According to Charaka Acharya, Vicharchika is characterized pimples, itching and blackish discoloration with excessive discharge.^[13]

According to Sushruta Acharya, Vicharchika is characterized as pain and itching.^[14]

Samprapti

Due to various Nidana Sevan, Tridosha gets vitiated and causes Tridosha Prakopa which produces Shaithilya in Twak, Mamsa, Rakta and Ambu. Tridosha gets resides in Shaithilya Dhatu and vitiates them and hence Lakshanuttpati of Kustha.

Line of Treatment

Ayurveda has described several line of conservative treatment for Kustha Vyadhi. For Vata predominant Kustha, Ghee is given internally. For Pitta predominant Kustha, Virechana (purgation) and Raktamoshaan (bloodletting) and for Kapha predominant Vamana is utilized.^[15]

1. Shodhana

- a. Vamana
- b. Virechana

2. Shamana

- a. Internal medicine
- b. Lepa, Dhavana etc.
- c. Rasayana Chikitsa
- d. Pathya

Sadhya-Asadhyata^[16]

It is advised in Ayurvedic classics that the treatment of following types of patients suffering from Kustha should not be done.

1. The patient of Kustha with the signs and symptoms all the 3 vitiated Doshas.
2. The patient who is weak.
3. The patient who is suffering from morbid thirst, burning sensation.
4. The patient having no digestion strength and
5. The patient having maggots in the patches of Kustha.

AIM AND OBJECTIVES

To study the effect of Mahamanjistadi Ghanvati, Arogyavardhini Rasa Vati, Faltrikadi Guggulu, Musta Churna along with Dhavana with Nimba, Yashtimadhu, Triphala Kwatha and Yashtimadhu Ghruta as local application. To provide the safe economical remedy without any adverse effect.

CASE STUDY**Patients history**

- Name : XYZ
- Age : 41 years
- Sex : Male

- Occupation : Service
- C/o : Blackish discoloration and scaly formation on right lower anterior side of leg since 4 months. Excessive itching on right lower anterior side of leg.
- Past history : No H/o any major illness. No H/o any systemic illness.
- Habits : No
- Socioeconomic status : Middle class
- Marital status : Married
- Family history : No h/o any major illness.

Samanya Pariksha

- Nadi : Kaphavata, 82/min
- Mala : 1 times/day
- Mutra : 4-5 times/day
- Jivha : Sama
- Sparsha: Anushna
- Mansikprakruti: Rajasika
- Agni : Madhyama
- Prakruti : Kaphapradhana Vataanubadha
- Nidra : Sound sleep
- Blood pressure : 110/70 mmhg

Subjective criteria

Parameter	0	1	2	3
Kandu (itching)	Absent	Mild	Moderate	Severe
Rukshata (dryness)	Absent	Mild	Moderate	Severe

Objective Criteria

Test	Result
HbA1c	5.2%
ESR	10

Chikista: Shamana Chikitsa

Internal medicine (*Abyantara Chikista*)

Internal medicines were given for three months. Follow-up was taken every 15 days.

Medicine	Dose	Action
1. Mahamanjistadi Ghanvati	250mg BD	Kusthaghna
2. Arogyavardhini Rasa Vati	250mg BD	Kledaagna, Dhatuagnivardhak
3. Phaltrikadi Guggul	250mg BD	Pacifies Pitta, acts on Yakrut, Kusthaghna
4. Musta Churna	5gms BD	Kledashoshan, Kaphahara

Shodhana Chikista

Raktamokshana was done by Siravedha Karma (venipuncture). Siravedha (venipuncture) was done twice in three months.

Apunarbhava Chikitsa

- Dhavana with Yasthimadhu and Triphala Kadha once a day.
- Local application with Yashtimadhu Ghruta.

RESULTS

Subjective Criteria

Parameters	Bt	At
Kandu	4	0
Rukshata	3	0



Day 1



Day 30



Day 60



Day 90

CONCLUSION

The present case study concludes that use of *Arogyavardhini*, *Mahamanjisthadi Ghanvati*, *Phaltrikadi Guggul*, *Musta Churna* and *Dhawan* with *Nimba*, *Yashti*, *Triphala* in *Dadru Kushta* with some dietary and lifestyle modification is very effective in the management. *Vicharchika* is non-infectious disease acute (wet and edematous) and chronic disease (dry, thick and scaly) which is characterized by redness, skin edema, itching and dryness with possible crusting, flaking, blistering, cracking, oozing or bleeding. *Kustha* is described as the most chronic disease in Ayurveda. Ayurveda described a wide range of dermatological disorder including the classification, pathophysiology, clinical presentation, management and prevention.

REFERENCES

1. Sushruta Samhita, Ayurveda Tatva Sandeepika Hindi commentary by Vaidya Priyavrat Sharma, Chaukhamba Sanskrit Pratisthan, Varanasi, Sutrasthan-33/4-5.
2. Sehgal NV. Eczema. In: Text book of clinical dermatology, 4th ed. New Delhi: Jaypee Brothers Medical Publishers (P) Ltd: 2004.p.19.
3. Kasper: Harrison's Principles of Internal Medicine, McGraw Hill Medical Publishing Division, New Delhi, 16th edition 2004, p.289.
4. [http://pagead2.googlesyndication.com/pagead/ads?client=Ca-pub3339185, H:\plants\Eczema-Article.html](http://pagead2.googlesyndication.com/pagead/ads?client=Ca-pub3339185,H:\plants\Eczema-Article.html).
5. Clinical Dermatology, Richard P.J.B. Weller MD, FRCP (Edin), John A.A. Hunter OBE BA MD FRCP (Edin), Blackwell publication, fourth edition 2008.
6. Charaka Samhita, Chikitsasthana Hindi commentary by Pandit Kashinath Shastri, Chaukhambha Publication, Varanasi, reprint 2011:7/13 page 250 22.
7. Sushrut Samhita, Nidansthana, Ambikadatta Shastri, Chaukhambha Publication, Varanasi, reprint 2012;5 page 320. 23.
8. Vagbhatta, Ashtang Hridaya with Sarvangasundari commentary of Arunadatta & Ayurveda Rasayana of Hemadri, edited by Pt. Hari Sadashiva Shashtri, Chaukhambha Surbharati Prakashan, Varanasi, reprint 2007; Nidana Sthana14/18., Pg.525. 24.

9. Astanga Sangraha, Uttarsthana (39\62) Sarwagasundari Vyakhaya, Lalchandvaiddh, Chaukhambha Publication, Varanasi.
10. Charaka Samhita, Chikitsasthana Hindi commentary by Pandit Kashinath Shastri, Chaukhambha publication, Varanasi, reprint 2011:7/12 page 249.
11. Charaka Samhita, Chikitsasthana Hindi commentary by Pandit Kashinath Shastri, Chaukhambha Publication, Varanasi, reprint 2011:7/4 8 page 248
12. Charaka Samhita, Chikitsasthana Hindi commentary by Pandit Kashinath Shastri, Chaukhambha Publication, Varanasi, reprint 2011:7/12 page 249.
13. Charaka Samhita, Chikitsasthana Hindi commentary by Pandit Kashinath Shastri, Chaukhambha Publication, Varanasi, reprint 2011:7/26 page 252.
14. Sushruta Samhita, Nidansthan, Hindi commentary by Kaviraj Ambikadatta Shastri, Chaukhambha Publication, Varansi, reprint in 2012, chapter59, page 322.
15. Charak Samhita, Chikistasthan, Hindi commentary by Pandit Kashinath Shastri, Chaukhumbha Publication, Varanasi reprint 2011:7/39, page 255
16. Charak Samhita, Chikistasthan, Hindi commentary by Pandit Kashinath Shastri, Chaukhumbha Publication, Varanasi reprint 2011:7/37-38, page 255

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