ISSN 2456-3110
Vol 5 · Issue 4
July-Aug 2020

Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences

Charaka Publications

Indexed

Journal of
Ayurveda and Integrated Medical Sciences
ISSN 2456-3110
CASE REPORT July-Aug 2020

Ayurvedic management of *Chirakari Vicharchika* (Eczema) : A Case Report

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ABSTRACT

Skin is the largest organ of the body that constitutes the first line of defence and hence is first to be exposed to disease. Among them eczema is one of the most common clinical presentations. With an incidence of 2 -3 % of all medical problems and about 30 percent of all the dermatitis. Eczema is a non-contagious inflammation of the skin, characterised by erythema, scaling, oedema, vesiculation and oozing. In Ayurveda it is correlated with *Vicharchika* because of similar features like *Kandu*, *Srava, Pidaka. Vicharchika* is considered as *Kshudra Kushta*.[1] In the contemporary science there is no satisfactory treatment available with a lot of side effects and increased rate of recurrence. The unique line of management in Ayurveda helps in removing disease right from its root. Here is a case of *Vicharchika* (eczema) treated with this thinking to highlight treatment principles.

Key words: *Twak, Skin, Vicharchika, Eczema, Kushta, Kshudra Kushta.*

INTRODUCTION

Eczema is an umbrella term used to describe a group of medical conditions that cause dry, discoloured, itchy and inflamed skin.

People with one type of eczema may also go on to develop other types depending on genetics and exposure to environmental triggers.

There are seven common types of eczema:

- Atopic dermatitis - caused by a malfunction in the immune system and problems with the skinbarrier.
- Contact dermatitis - a result of skin touching a known irritant and/or allergen.
- Dyshidrotic eczema - occurs on the feet and hands as itchy blisters, usually caused by exposure to allergens.
- Neurodermatitis (also known as lichen simplex chronicus) - results in thick, scaly patches on the skin, often caused by too much scratching and rubbing.
- Nummular eczema (also known as discoid eczema) - usually caused by allergens or very dry skin and appears as round lesions that can weep fluid, especially in older populations.
- Seborrheic dermatitis - white or yellow flaky, greasy patches in places with more oil - producing glands, caused by a combination of genetics, hormones and microorganisms on the skin.
- Stasis dermatitis - happens when poor circulation to the legs causes the veins to swell and leak fluid, causing swelling and skin redness and itch, mostly in older populations.[2]

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Submission Date: 09/07/2020 Accepted Date: 21/08/2020

Access this article online

Quick Response Code

Website: www.jaims.in

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Impact of Eczema on society[3]

Itch is the most burdensome symptom of AD, followed by skin redness and dryness. Sleep disturbance occurs in approximately 60% of children with AD, and parents of children with AD are four to eight times more likely to average less than six hours of sleep per night compared with caregivers of healthy children. 15-30% of adults with AD experience sleep-related issues including insomnia, daytime sleepiness and fatigue, and rate sleep disturbance as the 'most' or 'second-most' burdensome symptom.

One in four adults with AD rate their health as "fair" or "poor"; more than 16% are "very" or "somewhat" dissatisfied with life. Negative ratings of health and life satisfaction increase with AD severity.

The clinical presentation and management of eczema has been described under the name *Vicharchika*. Ayurveda understands the *Vicharchika* as condition caused due to disturbance of *Kapha* and *Pitta Dosha* which needs to be managed by a combined but a customized therapy of *Shodhana* and *Shamana*.

CASE REPORT

A female subject aged 22 years was admitted to the hospital with the chief complaints of pain, pus and blood discharge from the upper part of the both the feet around ankle joint associated with burning sensation since 2 months.

History of presenting illness

The patient was apparently healthy 10 years ago and gradually observed a mild swelling in the right great toe with pus discharge, associated with itching, pain and burning sensation. Occasionally it was associated with the blood discharge.

Past medical history

Patient had previously consulted a private hospital (details of medications were not available) where she got mild relief. After 5 years the symptoms flared upto the upper part of the right foot and around the ankle joint of the left foot. Then she applied the paste of few herbs for 2 months (details of the herbs were could not be elicited) not under medical supervision. After that there was the aggravation of symptoms like pain, swelling, burning sensation, pus and blood discharge got increased making mobility difficult due to pain.

GENERAL EXAMINATION

On physical examination appearance was moderately built and no major variations.

SYSTEMIC EXAMINATION

Skin examination

Inspection

- Site - flexor parts of both feet (around ankle joint)
- Color - Greyish-black
- Size - 10 x 6 cm, 5x5 cm B/L
- Shape - grouped
- Symmetry - bilateral
- Border - well demarcated

Palpation

- Tenderness - present
- Surface texture - rough
- Elevation - raised and flat
- Temperature - present
- Edema - present

Based on the EASI scale of eczema, the scoring was done and the obtained score was 6.40.[4]

Diagnostic criteria

Pruritis (*Kandu*), acute lesion with exudation (*Srava*), papules (*Pidaka*), symmetrical are present so this case is diagnosed as atopic dermatitis (*Vicharchika*).

Table 1: Treatment and observations

SN	Day	Date	Treatment	Observation
1.	Day 1	8/10/2018	*Avipattikara Churna* 20 gm with honey (QS)	Pain, pus and blood discharge associated with burning sensation got reduced
2.	Day 2	9/10/201	*Shunthi Churna* + *Harithaki*	Pain, pus and bloody discharge

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		8	*Churna* with buttermilk	slightly reduced; slight swelling was present
3.	Day 2	9/10/2018	*Indukanta Kashaya* 30ml A/F BD	Swelling and pus discharge reduced
4.	Day 2	9/10/2018	*Shiva Gulika* one tablet (2g) twice daily	Swelling reduced
5.	Day 3	10/10/2018	*Jaloukavacharn a* B/L foot	Pus and bloody discharge reduced
6.	Day 5	12/10/2018	*Snehapana* with *Panchtikta Guggulu Ghrita* 30 ml	Appetite - good Bowel - passed *Shudhapravriti* at 10 am
7.	Day 6	13/10/2018	*Snehapana* with *Panchtikta Guggulu Ghrita* 80 ml	Slight Itching and pus discharge present C/O headache *Kshuddhapravriti* at 2:30pm
8.	Day 7	14/10/2018	*Snehapana* with *Panchtikta Guggulu Ghrita* 130 ml	*Kshuddhapravriti* at 1:30pm Bowel - passes two times oily stool at night time Appetite - reduced
9.	Day 8	15/10/2018	*Snehapana* with *Panchtikta Guggulu Ghrita* 200 ml	Bowel - 2 times loose watery stool *Kshuddhapravriti* at 6:00pm
10.	Day 9	16/10/2018 to	*Abhyanga* with *Pinda Taila*	C/O vomiting at morning with slight oily content Bowel - passed
11.	Day 10	17/10/2018	*Abhyanga* with *Pinda Taila*	Pain, pus discharge and swelling reduced
12.	Day 11	18/10/2018	*Abhyanga* with *Pinda Taila*	
13.	Day 11	18/10/2018	*Avipattikara Churna* 30g	No. of *Vegas* - 10

The patient was discharged with *Samsarjana Karma* (dietary practice) to restore the digestion and metabolism along with palliative medicine (*Shamana Oushadhi*). Dietary restrictions included non-vegetarian diet, junk food, fried food items and milk products.

Palliative medicines

Table 2: Medicines on discharge

SN	Medicines	Doses and Anupana	Duration
1.	*Panchtikta Guggulu Ghrita*	15ml early morning (empty stomach) with luke warm water	15 days
2.	*Tab. Shivagulika*	1-0-1 (half an hour before food with luke warm water	15 days
3.	*Triphala Churna*	1 tsp (15 minutes before sleep) with luke warm water	15 days
4.	Psoralin ointment	L/A	15 days
5.	*Panchavalkala Churna Kashaya*	*Avagaha* over bilateral foot	15 days

1st follow up after 15 days on 3/11/2018

During 1st follow up, pus, bloody discharge and swelling got reduced. Itching and discoloration at the lesion site was present associated with slight pain.

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Table 3: Medicines after 1st follow up

SN	Medicines	Doses
1.	*Arogyavardhini Vati*	1– 0 -1 A/F
2.	Psoralin ointment	L/A
3.	*Panchvalkala Churna Kwatha*	*Avagahna*
4.	*Tab. Triphala*	0-0-2 HS
5.	*Pinda Taila*	E/A before bath

2nd follow up after 15 days on (20/11/2018)

During the second follow up itching and pain got reduced and black discoloration was present at the lesion site.

Table 4: Medicines after 2nd follow up

SN	Medicine	Dose
1.	*Arogyavardhini Vati*	1-0-1 A/F
2.	*Tab. Triphala*	0-0-2HS
3.	*Pinda Taila*	L/A
4.	Psoralin soap	E/A

Table 5: Results and Assessment

Parameter	Before treatment	After Treatment (on 2nd follow up)
EASI score	6.40	3.20
Tenderness	+	-
Temperature	+	-
Edema	+	-
Itching	++	-
Pus and blood discharge	+	-
Pain	+++	-
Discoloration	Greyish black	Black
Size	10 x 6 cm, 5x5 cm	5x2 cm, 4x3 cm

DISCUSSION

Customized approach is speciality of Ayurveda where the condition of disease and of the patient is the key in selection of management protocol which is considered as *Avasthika Chikitsa*.

1. *Sadyovirechana:* Purificatory procedures need a preparatory procedure called *Snehana* and *Swedana* with the intension of bringing the degree of disturbance of *Dosha* to reach an optimal state (*Pradhana Avastha*) so as to reduce the discomfort in the patient and also for ease in carrying out the procedure. But if the patient has already a disturbance of *Dosha* to an optimal state then the preparatory procedure can be skipped. In this case the symptoms presented were (pus and bloody discharge, pain and swelling) reflecting this state and hence *Sadyo Virechana* was adopted. But this does not give a permanent solution to the problem unless the pathology is removed from its root. Hence a step wise purificatory procedure was planned.

2. *Rukshana:* *Rukshana* is a treatment protocol done with the intension of bringing the following attributes in the body like dryness, roughness and taking away the stickiness.[5] This is customized in the diseases where the *Kleda* (the factor which induces moisture and stickiness in the body) is more. Since the condition like pus discharge was seen *Rukshana* line of treatment was selected. *Rukshana* was induced by the use of *Harithaki* and *Takra*. *Haritaki* is indicated in diseases pertaining to the skin and when administered along with *Takra* has the effect of *Rukshana*.[6],[7] *Takra* has the effect of *Rukshana Anulomana, Ama Doshahara* and specifically indicated in *Utsanameda Kapha Lakshanas* and *Bahudoshaavastha* which were observed in this case hence this treatment principle was adopted.[8]

3. *Deepana-Pachana:* For any Purificatory procedure to be adopted the status of *Dosha* has to in the state of *Nirama Avastha. Deepana Pachana* was induced by the use of *Shunti Churna, Indukanta Kashaya* and *Shiva Gulika. Shunti* has the property of *Deepana,*

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Pachana, Ama Doshahara. *Indukanta Kashaya* contains *Sadapalakalka*, which is *Deepaka, Pachaka, Srotosodhaka*. As in this case there was a chronic history of 10 years and *Samalakshanas* were also observed hence for the purpose of attaining the *Nirama* state this *Kashaya* is adviced.[9] *Shiva Gutika* is *Kushthahara, Rasayana, Deepaka, Pachaka, Shrutoshodhaka.* As there were presence of *Ama Lakshana* so, in begining it was given as *Deepaka* and *Pachaka* and as *Rasayana*.[9-11]

4. *Rakta Mokshana:* *Rakta Mokshana* is procedure selected as a treatment protocol when there is involvement of *Rakta Dhatu. Jaloukavacharna* is customized treatment protocol for clinical presentations like discharge (*Kleda*), itching (*Kandu*), swelling (*Sopha*).[12]

5. *Virechana:* Prior to the administration of the any Purificatory therapy (*Shodhana*) one has to mobilize the vitiated *Dosha* towards to the GIT (*Koshtha*) for the easy elimination. This can be achieved by two steps namely *Snehana* and *Swedana*. The *Snehana* was done with *Pancha Tikta Guggulu Ghrita.* The *Snehana* procedure was done for four days and with the criteria of *Koshtha Snigdhata* i.e. the lower range of *Samyak Snigdha Lakshana* was considered as the subject falls into the category of patient in whom higher range of *Samyak Snigdha Lakshana* should not be done. *Swedana* was done preceded by *Sarvanga Abhyanga* with *Pinda Taila*. The dose of the medicine for *Virechana* in this subject had to be of moderate one hence 30 gm *Avipatikkara Churna* was opted.[13, 14]

6. Palliavtive treatment: *Shamana Sneha* is a mandatory requirement after *Shodhana* in *Kushtha*. *Panchtiktka Guggulu Ghrita* was advised as the subject had the chronic history of the disease and features of *Dhathugata Kustha* were present.[15] *Triphala Churna* is *Rasayana*, *Kushtahara* (*Twakgadah*), *Kledahara, Kaphahara*. *Triphala* normalises the *Kapha Pitta,* and is beneficial in *Kustha, Deepaka, Rochaka.* As in *Vicharchika* there was vitiation of *Kapha* and *Pitta* and *Agnidusti* was also there so because of the *Deepaka, Kushtahara* and *Kapha Pittahara* property this was selected.[16]

Psoralin ointment is given for the normal coloration of the hyperpigmented skin contains *Svetakutaja* (*Wrightia tinctoria*), *Durva* (*Cynodon dactylon*) which is *Varnya*.[17] In this subject hyper pigmentation of skin at the lesion site was there so this was selected. *Panchavalkal Churna Kwatha* is *Hima* (seetal), *Rukshya, Vairnaya, Sophaghana, Dahasamaka, Pitta Kaphahara.* There was *Kleda, Daha, Sopha,* at lesion site so this yoga is selected for the purpose of *Avagahana*.[18] *Arogyavardhani Vati* is *Kusthaghana, Deepaka, Pachaka, Mala Shodhaka*. *Pinda Taila*, it contains *Madhucchishta, Manjistha, Sarja Rasa, Sariva, Taila* and indicated as *Rujapha* (reduces the pain) as pain was there at the lesion site so to reduce that this oil was adviced.[19]

CONCLUSION

Ayurveda has the unique feature of giving the customized treatment for each individual person. After the proper assessment of the disease condition treatment protocol was designed. *Vicharchika* is a *Kaphapradhana Vyadhi* and *Kledapradhana Vyadhi* in this case *Rukshana* therapy was adopted. As *Virechana* is the main line of treatment for *Vicharchika* after doing the proper *Snehana* and *Swedana, Virechana* was administered followed by *Samsarjana Karma*. This indicates that even though *Shodhana* is the line of treatment for the *Kushtha* one has not to go for *Shodhana* blindly else before administrating the *Shodhana* physician has to properly assess the condition of the disease. Indication and contraindication for the *Shodhana* should be kept in mind if these are not assessed properly or neglected then it will lead to many complications.

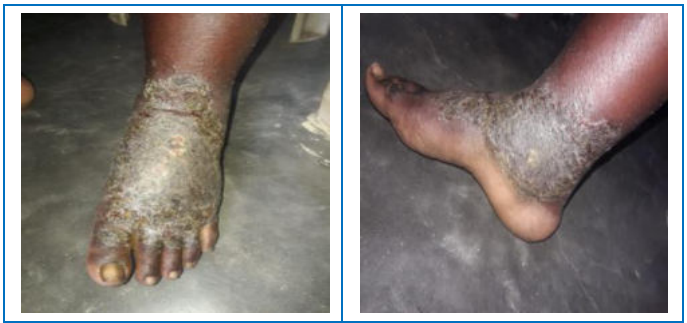

Fig. 1 & 2: (on day of admission 8/10/2018)

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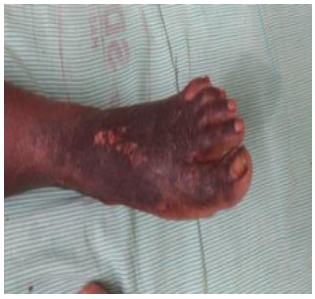
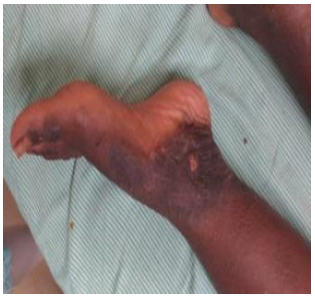

Fig. 3 & 4: (on day of discharge 19/10/2018)

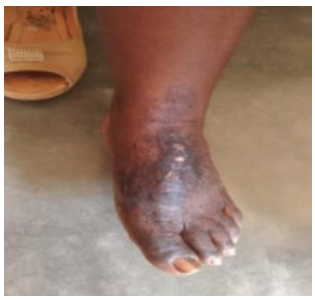
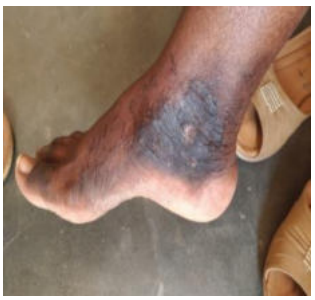

Fig. 4 & 5: 1st follow up (3/11/2018)

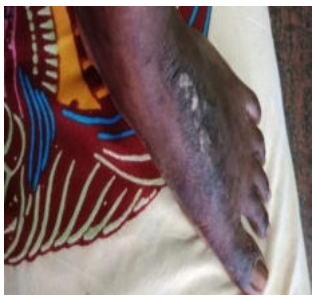
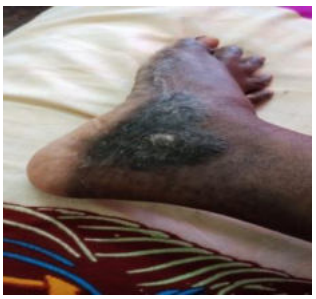

Fig. 6 & 7: 2nd follow up (20/11/2018)

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How to cite this article: Rashmi Bhatt, Raja Rajeshwari NM, T B Tripathy, Vibhu Powar. Ayurvedic management of Chirakari Vicharchika (Eczema) : A Case Report. J Ayurveda Integr Med Sci 2020;4:424-430.

Source of Support: Nil, **Conflict of Interest:** None declared.

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