



ISSN 2456-3110

Vol 6 · Issue 1

Jan-Feb 2021

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

# JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



**Charaka**  
Publications

Indexed

# A Case Study on the Ayurvedic Management of Vicharchika (Eczema)

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## ABSTRACT

Vicharchika has been described under *Kshudra Kushthas* with *Laxanas* like *Kandu*, *Shyavapidika* and *Bahusrava*. Eczema is a skin disorder, also called as dermatitis. It clinically manifests by pruritus, erythema, oedema, papules and vesicles and oozing in acute stage whereas itching, scaling, dryness and lichenification occur in chronic stage. The prevalence of atopic eczema in 56 countries had been found to vary between 3 and 20.5%. In our study the point prevalence of AD was 6.75%. In contrast to children in north India, only 0.01% (3 out of 2100) children in a south Indian study had AD. Even in our study, the prevalence in South India was only 2.8%. *Virechana* and *Jaloukavacharana* are the treatments adopted for the management of Vicharchika.

**Key words:** Vicharchika, Eczema, Virechana, Jaloukavacharana.

## INTRODUCTION

The skin is unique in many ways, but no other organ demands so much attention and concern in both states of disease and health. There is a huge focus on skin health, with fierce competition to have glowing, clearer, healthier, younger and fresher skin. And this focus can cause secondary problems with self-esteem and mental health. Not only does the skin hold everything in, it also plays a crucial role in providing an airtight, watertight and flexible barrier between the outside world and the highly regulated systems within the body. It also helps with temperature regulation, immune defence, vitamin production, and sensation.

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Submission Date: 03/01/2021

Accepted Date: 08/02/2021

### Access this article online

#### Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

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In Ayurveda all skin disorders have been classified mainly into two groups viz. *Mahakushthas* and *Kshudra Kushthas*. Vicharchika has been described under *Kshudra Kushthas* (Ch.Ni.5/4) with *Laxanas* like *Kandu*, *Shyavapidika* and *Bahusrava*.<sup>[1]</sup> Vicharchika is one of the common skin disorders met with in day-to-day practice and has been a challenge to practitioners of all systems of medicine owing to its persistent nature. Intense itching, profuse discharge, eruptions and blackish discoloration characterize it.

Eczema is a skin disorder, also called as dermatitis.<sup>[2]</sup> It clinically manifests by pruritus, erythema, oedema, papules and vesicles and oozing in acute stage whereas itching, scaling, dryness and lichenification occur in chronic stage.<sup>[3]</sup> Typically, eczema shows itself as patches of chronically itchy, dry, thickened skin, usually on the hands, neck, face, and legs but it can occur anywhere.<sup>[4]</sup> It is also most common during the winter.

There are three different kinds of eczema: atopic, contact dermatitis, and neuro dermatitis. No kind of Eczema is contagious. If a person's relatives have Eczema, that person is more likely to have it, too. Some foods or medicines can start eczema. There are medicines that can help eczema hurt less. Eczema can

be treated with lotions and ointments. Bathing with hot water will make Eczema rashes worse.

Atopic dermatitis (AD) is a chronic or chronically relapsing hypersensitive manifestation of the skin with itching as a predominant feature. There is a wide range of other associated features that are seen in a proportion of patients.

The prevalence of atopic eczema in 56 countries had been found to vary between 3 and 20.5%. In our study the point prevalence of AD was 6.75%. In contrast to children in north India, only 0.01% (3 out of 2100) children in a South Indian study had AD. Even in our study, the prevalence in south India was only 2.8%.<sup>[5]</sup> 31.6 million Americans are estimated to have symptoms of eczema, including 17.8 million with symptoms of atopic dermatitis. Worldwide, about 20 percent of children and upto 3 percent of the adult population have some form of eczema. Those who live in developed countries or colder climates seem to be more prone to developing eczema. Hand dermatitis accounts for 20–35% of all U.S. eczema cases, affecting up to 10% of the U.S. population. In a 2007 U.S. survey, just over one-third (37.1%) of those with eczema symptoms reported a physician diagnosis.<sup>[6]</sup>

## MATERIALS AND METHODS

### Case presentation

A 35 years old men patient was consulted in Out-Patient Department (OPD) of SVM Ayurvedic Medical College's RPK Ayurvedic Hospital, Ilkal with the complaints of recurrent skin rashes over extensor surface of leg, foot and over the hands characterized by redness, skin edema and, flaking, blistering, cracking, oozing and bleeding. Patches of skin were inflamed, itchy and red.

Patient was suffering with these symptoms from last 5 years. The patient also consulted to allopathic hospitals and took allopathic treatment but did not got much relief from modern medicine and even condition become vaster with spreading of symptoms to nearby area of body. Then one of his friends advised him to take ayurvedic treatment so he

consulted in OPD of RPK Ayurvedic Hospital, Ilkal. His general health was good. He was not taking any medications at the time of consultation.

The case was subsequently consulted on 12-12-2018 in OPD of RPK Ayurvedic Hospital Ilkal for the Ayurvedic treatment. When physical examination was done, patient was found anxious, constipated with coated tongue. Patient was *Vata* and *Pitta Prakriti* with *Madhyam Samhanana*, *Sara* was *madhyam*, *Sama Pramana*, *Satmya* was *Madhyam*, *Madhayam Satva* (in relation to mental strength), *Vyayamshakti* was *Madhyam*, *Aharshakti* and *Jaranshakti* were also *Heena*. Gait was normal. All laboratory and biochemical investigations were normal. Patient complaints of recurrent skin rashes over extensor surface of leg, foot and over the hand's redness, skin edema and blistering, cracking, oozing and bleeding. Patches of skin were inflamed; itchy and red. Itching was so prominent that patient was unable to sleep due to this. This skin rashes are recurrent from last 5 years.

### Treatment

When patient consulted in OPD on that day itself it was diagnosed with Eczema due to its classical symptom rashes similar to eczema.

### Intervention

It was decided to start classical *Virechana* therapy and advised *Agnitundi Vati* as *Deepana Paachana* for 3 days and after that *Snehapana* was started with *Panchatiktaka Gritha* from 50ml 1<sup>st</sup> day upto 5 days that is around 250ml of *Gritha* was given as *Arohana Snehapana*, *Sarvanga Abhyanga* and *Sarvanga Sweda* was done for 3 days on the last day *Virechana* was advised with 40 gm of *Trivrit Leha*. Patient had got 15 *Vegas* later *Samsarjana Karma* was advised. Along with this after one week leech therapy was started for every 3 days for 3 sittings.

### Treatment 1

Date	Therapy	Medicine	No of days
13-12-2018 to 15-12-	<i>Deepana Paachana</i>	<i>Agnitundi Vati</i>	3 days

2018			
16-12-2018 to 20-12-2018	Snehapana	Panchatiktaka Gritha	Day 1 - 50ml Day 2 - 100ml Day 3 - 150ml Day 4 - 200ml Day 5 - 250m
21-12-2018 to 23-12-2018	Abhyanga and Bashpa Sweda	Murchita Tila Taila	On 6 <sup>th</sup> 7 <sup>th</sup> & 8 <sup>th</sup> day
24-12-2018	Virechana	Trivrit Leha	15 vegas observed
25-12-2018 to 01-01-2019	Samsarjana Karma	Mudga Yushadi	5 days

2.	Srava (Discharge)	2	0	GR
3.	Pidaka (Papules)	2	1	MR
4.	Shyavata / Vaivarnyata (Discoloration)	2	1	MR
5.	Rukshata	1	0	GR

**Treatment 2**

Date	Therapy	Observations
08-01-2019	Jaloukavacharana	30ml blood is let out
11-01-2019	Jaloukavacharana	35ml blood is let out
14-01-2019	Jaloukavacharana	35 ml blood is let out

**Internal Medicines**

SN	Medicines	Dose	Days
1.	Patolakaturohinyadi Kashaya	15 ml tid	15 days
2.	Tab. Panchatiktaka Gritha Guggulu	1 tid	15 days
3.	Cap. Tiktamrita	1 tid	15 days
4.	Oint. Lippu	L/A	15 days

**RESULTS**

The overall reduction in *Kandu* (Itching), *Srava* (Discharge), *Pidaka* (Papules), *Shyavata / Vaivarnyata* (Discoloration), *Rukshata* (dryness) were graded based on patient’s presentation & physician’s observation & were manually documented. The mode of gradation & assessment is explained below,

SN	Symptoms	BT	AT	Remarks
1.	<i>Kandu</i> (Itching)	2	0	GR

**Figure 1.1 & 1.2: Before treatment**



**Figure 2.1 & 2.2: After treatment**



**DISCUSSION**

Dermatitis is being used as synonyms of eczema by most of the Dermatologist. These are the kind of non-

contagious inflammation of the skin characterized by erythema, scaling, edema, and vesiculation and oozing. The disease *Vicharchika* to a greater extent resembles eczema/dermatitis. Therefore, the eczematous dermatitis can be included in the study of *Vicharchika*. *Vicharchika* can be correlated with eczema in the sequence: *Sakandu* (excessive itching), *Pidika* (boil / papules / pustules / vesicles), *Shyava* (erythema with discoloration), *Bahusrava* (profuse discharge), *Saruksa* (dry lesion).

Ayurveda is the rich storehouse of time-tested and effective recipes for the treatment of several obstinate and otherwise incurable diseases. More important than these recipes are the specialized therapies, which while curing such diseases strengthen the immune system in the body and help in the preservation of positive health. These specialized therapies in Ayurveda are called as *Panchakarmas*. *Panchakarma* therapy primarily aims at cleansing the body of its accumulated impurities and nourishing the tissues.

*Virechana Karma* expels out the *Doshas* dragging them towards the *Adhobhaga* through the *Guda*. *Amashaya* is the specific seat of *Pitta* and *Kapha*. Though *Virechana* is a specific therapy for *Pitta Dosh*, it may also be used for eliminating *Kapha Dosh*. *Virechana* drugs which are having *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikasi* property reaches the *Hridaya* by virtue of its *Virya* then following the *Dhamani* it spreads the whole body through large and small *Srotasa*.<sup>[7]</sup> *Virechana* drugs by their property and *Prithvi*, *Jala Mahabhuta* dominancy helps in eliminating the morbid humor from the *Shakha* to *Koshtha* and then out of the body by rectal root.

*Sushruta* has given great emphasis to *Jalaukavacharana* (bloodletting by leeches) in the therapy for *Raktapradoshaja Vyadhi* (blood originated disease), *Tridoshaprakopjanya* (vitiating all three-body humour) and *Chirkari* (chronic) diseases. Leeches when applied to the skin, sucks the blood at superficial level might be more impure than other

body channels, *Jalauka* can easily suck impure blood due to superficial distribution of veins.

In this present study along with these *shodhana* therapies the *Shamanoushadhis* like *Patola Katu Rohinyadi Kashaya*, *Panchtikta Ghrita Guggulu*, *Tiktamritha* etc. drugs which have properties like *Kanduhara*, *Kusthahara*, *Vishahara* were helped in achieving better results in treating this case.

## CONCLUSION

*Vicharchika* can be compared with Eczema of Modern science. In modern science there are very limited scope of treatment, but Ayurveda has many treatment modalities which helps for the successful treatment without any complications, in them *Shodhana* therapies are also important which helps in cleansing the body and helps to restoring the health.

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**How to cite this article:** Dr. Drakshayani S. Hiremath, Dr. V. G. Hiremath. A Case Study on the Ayurvedic Management of Vicharchika (Eczema). J Ayurveda Integr Med Sci 2021;1:332-335.

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