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# Eczema : Management through Ayurveda - A Case Report

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## ABSTRACT

**Introduction:** Eczema, Greek for 'boil out'<sup>[1]</sup> is a pruritic disease associated with IgE sensitization. Usually occurring in childhood<sup>[2]</sup> with a recognised adult onset variation. The frequency of Eczema is as high as 20% in childhood and 0.9% in adults. 1/3<sup>rd</sup> of the affected individuals develop allergic rhinitis and 1/3<sup>rd</sup> develop asthma as a complication,<sup>[3]</sup> making early intervention essential. *Vicharchika* clinically correlates to Eczema. Management principle is primarily based on *Shodhana* and *Raktaprasadana*. **Methods:** The current report is based on a case of Eczema that presented as scaly skin lesions, intense itching, purulent discharge associated with tenderness and burning sensation. It was diagnosed as *Vicharchika* with *Pittanubandha*. Treatment included *Raktamokshana*, *Deepana-Pachana*, *Snehapana*, *Abhyanga* and *Virechana*. Assessment was done based on subjective and objective parameters. **Result:** Reduction in pruritus, burning sensation and discharge was noted. **Discussion:** Ayurveda management with *Kushta Chikitsa* provided accelerated results in this case.

**Key words:** Eczema, *Vicharchika*, *Shodhana*, *Raktaprasadana*, *Kushta Chikitsa*.

## INTRODUCTION

Eczema synonymously called Atopic dermatitis is a chronic, pruritic, inflammatory skin disease of unknown origin.<sup>[4]</sup> The prevalence rate in adults is around 2-10 % with a male to female ratio of 1:1.4.<sup>[5]</sup> The exact etiology of Eczema is unclear but familial history is common, with the strongest factor associated being the presence of a loss-of-function mutation in filaggrin.<sup>[6]</sup> Flares of Eczema is observed

on exposure to extremes of climate. *Vicharchika*,<sup>[7]</sup> one among the *Kshudra Kushta* is *Vata-Kaphapradhana*, presenting with *Shyavapidaka*, *Bahusrava* and *Kandu* analogous to the manifestation of wet Eczema.

The theory of 'Atopic march'<sup>[8]</sup> suggests that atopic dermatitis subsequently leads to various allergic diseases including food allergies, rhinitis and asthma. A common complication is Eczema herpeticum. Thus to avoid complication and prevent recurrences a systematic line of management is essential.

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## VITAL DATA

- Age: 14 years
- Sex: Female
- Religion: Hindu
- Education: High school
- Marital status: Unmarried
- Socio-economic status: Lower middle class

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**Presenting Concerns**

SN	Complains	Duration
1.	Scaly lesions over the left leg, ear, face	1 year
2.	Intense itching	
3.	Pus discharge with foul smell	
4.	Burning sensation	
5.	Pain on touch	

**Clinical Findings**

**General examination**

The general condition of the subject was good and vital signs were normal. She was moderately built and nourished. Her appetite, bowel, bladder habits were normal. Sleep was disturbed due to itching.

**Local examination**

- Site of the lesion : Lateral aspect of left leg, ears , face
- Distribution : Asymmetrical
- Color : Yellowish black
- Shape : Elongated
- Margin: Irregular , well demarcated
- Surface : Wet with purulent discharge
- Type of lesion : Secondary – scaly
- Auspitz sign : Positive

**Roga Pareeksha**

**Nidana**

Atisevana of

- *Katu, Amla Rasa* (Panipuri)
- *Snigdhaabhishyandi Dravya* (*Dadhi, Mamsa, Matsya*)

**Roopa**

- *Shyavavarnatwak*

- *Kandu*
- *Daha*
- *Sraava*
- *Sparshaasahatva*

**Samprapti Ghataka**

- *Dosha : Tridosha*
- *Dhatu : Rasa, Rakta*
- *Upadhatu : Twak*
- *Srotas : Rasa, Rakta*
- *Vyaktasthana : Twak*
- *Rogamarga : Bahya*
- *Sadhyasadhyata : Yapy*

**Therapeutic Intervention**

Date	Treatment	Observation
10-3-18	1. <i>Panchakolaphanta</i> 50ml TID 2. <i>Sarvangapariseka</i> with <i>Dashamoolaqwatha</i> + <i>Panchavalkala Qwatha</i> - Once daily 3. <i>Siravyadhana</i> (Left lower limb)	30 ml blood drawn
11-3-18	<i>Snehapana</i> with <i>Pancha Tikta Ghrita</i> - 30ml at 6:30am	<i>Kshudha Pravritti</i> at 12:00 pm
12-3-18	<i>Snehapana</i> with <i>Pancha Tiktaka Ghrita</i> - 60ml at 6:40am	<i>Udgarashuddhi</i> at 11:00AM <i>Kshudha Pravritti</i> at 1:00 pm
13-3-18	<i>Snehapana</i> with <i>Pancha Tiktaka Ghrita</i> - 90ml at 7:00am	<i>Udgarashuddhi</i> at 1:00PM <i>Kshudha Pravritti</i> at 1:00 pm

14-3-18	Snehapana with Pancha Tiktaka Ghrita - 130ml at 7:00am	Udgarashuddhi at 3:00PM Kshudha Pravritti at 3:30 pm
15-3-18	Snehapana with Pancha Tiktaka Ghrita - 150ml at 6: 50am	Udgarashuddhi at 5:00AM Kshudha Pravritti at 6:30 pm Snigdhavarchas attained 3 times
16-3-18	Sarvangaabhyanga with Pindataila + Bashpasweda	Itching reduced

17-3-18	Sarvangaabhyanga with Pindataila + Bashpasweda	
18-3-18	Sarvangaabhyanga with Pindataila + Bashpasweda followed by Virechana with Avipattikara Churna 30gm+Madhu (Q.S)	14 Virechana Vegas

**Observation at time of discharge**

- Itching and burning sensation reduced
- Purulent discharge absent
- Auspitz sign - negative

Recording the EASI score (BT)								
Body region	Redness	Thickness	Scratching	Lichenification	Severity score	Area score	Multiplier	Region score
Head/neck	1	+3	+ 1	+ 3	= 8	X 2 (25 %)	X 0.1 (If ≤7 yrs, X 0.2)	= 1.6
Trunk	0	+ 0	+ 0	+ 0	= 0	X 0	X 0.3	= 0
Upper limbs	0	+ 0	+ 0	+ 0	= 0	X 0	X 0.2	= 0
Lower limbs	3	+3	+1	+3	= 10	X 2 (15 %)	X 0.4 (If ≤7 yrs, X 0.3)	= 8
<b>Total Score</b>								<b>= 9.6</b>

Recording the EASI score (AT)								
Body region	Redness	Thickness	Scratching	Lichenification	Severity score	Area score	Multiplier	Region score
Head/neck	0	+ 0	+0	+0	= 0	X 0	X 0.1 (If ≤7 yrs, X 0.2)	= 0

Trunk	0	+ 0	+0	+0	= 0	X 0	X 0.3	= 0
Upper limbs	0	+ 0	+0	+ 0	= 0	X 0	X 0.2	= 0
Lower limbs	2	+ 1	+1	+1	= 5	X 2 (15 %)	X 0.4 (If ≤7 yrs, X 0.3)	= 4
<b>Total Score</b>								<b>= 4</b>

## DISCUSSION

In the present case the patient had *Nidana* like frequent intake of *Katu*, *Amla Rasa Pradhana Aahara* and excessive consumption of *Snigdha Abhishyandi Aahara* leading to *Tridosha Dushti*. The patient presented with *Shyava Varna Twak* with *Sraava*, *Kandu*, *Daha* and *Sparshaasahatva*. It was diagnosed as *Vicharchika* with *Pittanubandha*.

*Raktamokshana* through *Siravyadha* was done initially considering the involvement of *Raktadhatu* due to the presence of symptoms like *Daha* and *Sparshaasahatva*.

*Rookshana*, in order to reduce *Sraava*, *Kandu* due to the involvement of *Kapha*, *Kleda* was planned with *Dashamoola Kashaya Parisheka*.

As a preparatory procedure for *Snehapana*, *Deepana-Pachana* with *Panchakola Phanta* was administered. As per the *Kushta Chikitsa Sutra*, *Shodhana* therapy after *Snehapana* was executed. The choice of medication for *Snehapana* was done considering the involvement of *Tridosha*. *Panchatikta Ghrita*<sup>[9]</sup> mentioned in *Kushtaadhikara* was chosen. The active principles<sup>[10]</sup> Azadirachtin, flavonoids, anthraquinones, stigmasterol, carpesterol, tinocordiside have the properties of free radicle scavenging, anti-inflammation, analgesic, anti-allergy and immunomodulation.

*Abhyanga* during *Vishramakala* was done using *Pinda Taila*<sup>[11]</sup> in view of involvement of *Vata*, *Pitta* and *Rakta*. The drugs *Manjishta*, *Sariva*, *Sarjarasa* are *Vranaropaka*, *Raktaprasadaka*, *Kushtaghna*, *Krimighna* and *Shothahara*.

*Virechana* was chosen as *Shodhana* procedure due to the involvement of *Tridosha* as it is *Uttama* for *Pitta*, *Madhyama* for *Kapha* and *Vata*. *Avipattikara Churna*<sup>[12]</sup> being *Ruksha Rechaka* was administered with due consideration to *Bahusraava* and *Kandu*.

## CONCLUSION

*Tridoshahara*, *Raktaprasadaka* and *Shodhana* line of management with the phytochemical properties of formulations are worth noticing in the case. Eczema can be managed using the *Chikitsa Sutra* of *Kushta* with adequate understanding of *Dosha* involvement. Significant difference in EASI score before and after treatment was observed.

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