



## AYURVEDIC MANAGEMENT IN VICHARCHIKA WITH SPECIAL REFERENCE TO ECZEMA - A CASE STUDY.

### Ayurveda

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### ABSTRACT

**BACKGROUND:** The term eczema (Dermatitis) refer to inflammation of the skin. Eczema manifest as erythema, vesiculation & oozing in the acute stage, scalling & crusting in subacute stage and lichenification (hyperpigmentation, accentuation of skin marking & thickening of the skin) in the chronic stage. The world wide prevalence of atopic dermatitis ranges from 15% -20%. The exact cause of eczema is unknown. According to Ayurveda, the sign and symptoms of eczema can be correlated with *Vicharchika* which is one of type *kshudra kushta*. The symptoms of *Vicharchika* are *Kandu* (itching), *pidika* (eruptions), *shyavta* (blackish discoloration), *bahustrava* (discharge) & *kapha dosha pradhanya*.

**AIM:** To study the role of Ayurveda in the management of *Vicharchika* with special reference to Eczema.

**METHODOLOGY:** The present case study deals with 2 patients of eczema. Case report 1-a 48years old male patient having complaints of blackish discoloration, itching & swelling over bilateral lower limbs since 2years. Case report 2- a 24 year old male patient having itching and blackish discoloration over thorax, abdomen and back region since one and half year. Patient were diagnosed as *Vicharchika* i.e atopic eczema and treatment was given accordingly such as *Shodhana*, *shamana* & *sthanik chikitsa*.

**RESULT:** At the end of treatment significant improvement was seen in signs & symptoms. Criterias were assessed before and after the treatment, which showed significant improvement.

**CONCLUSION:** Ayurvedic management was found to be effective in eczema.

### KEYWORDS

*Vicharchika, kshudra kushta, atopic dermatitis, eczema, Ayurvedic management.*

### INTRODUCTION:

Eczema is a type of dermatitis and these are often used synonymously (atopic eczema or atopic dermatitis). Atopic dermatitis is a common, chronic inflammatory skin disease characterized by pruritis and repeated remissions & relapse. It is associated with other atopic disorders, including Asthma and allergic rhinoconjunctivitis. The world wide prevalence of eczema ranges from 15%-20%. 50%of the cases appears in the first year of life, majority within 5years & the remaining manifest by 30years of age. Eczema can be classified into two broad groups, exogenous and endogenous eczema depending upon whether the causative factors are external or internal. In acute eczema there is erythema, oedema, vesiculation, oozing and Crusting whereas in subacute phase there is erythematous hyperpigmented plaque with scaling and Crusting. In chronic phase there is lichenification (a combination of thickening, hyperpigmentation & prominent skin markings). Most subacute and Chronic eczema are perpetuated by itch-scratch-itch cycle. Itching in eczema induce a scratching response which in turn leads to more itching.

*Vicharchika* is a type of *kshudra kushta* explained in Ayurvedic samhitas. The main signs and symptoms of *Vicharchika* described by Acharya Charaka are *kandu* (itching), *pidaka* (eruptions), *shyava* (blackish discoloration) & *bahustrava* (oozing). It is one of the *kapha* predominant disorder. The detail description of kushta in term of *nidana*, *purvarupa*, *samprapti*, *Rupa* & *chikitsa* has been given by acharya which can be correlated with atopic dermatitis. The causative factors of *kushta* mentioned by acharya are same as that causes *raktavaha strotas dushti* e.g *vidahi ahar*, *viruddha ahar*, *snigdha-ushna-guru - Drava ahara*, which are aggravating factors for allergy causing atopy.

### CASE REPORT 1:

A 48 years old male patient XYZ was admitted in our institute for 2 months for following complaints -

C/O - itching and blackish discoloration over bilateral lower limbs since 2years.

Swelling over b/l LL

Dyspnea on exertion since childhood (on & off)

K/c/o - Bronchial asthma since childhood (on inhaler sos)

K/c/o - HTN since 5years on Rx tab Telma- H (40/12.5) 1-0-0  
H/o - cellulitis over left lower limb 3month before allopathy treatment was taken in hospital.

H/o tabbco chewing daily & alcohol consumption occasionally

O/E - G.C fair, afebrile

P- 78/Min

BP- 130/90mm of Hg

S/E - RS - AEBE clear

CVS- s1s2 (N)

CNS- conscious & oriented

P/A- soft & Non tender

Urine- passed

Stool-unsatisfactory

**INVESTIGATION-** CBC, Urine, BSL f&pp, RFT, LFT -WNL  
HIV, VDRL, HbSAG -negative

### TREATMENT GIVEN:

#### • SHODHANA-

#### 1. VIRECHANA

- *Snehapana* with *panchiktika ghrita* for 7days
- *Virechana* by kwath of *triphal* + *aargvadha phal majja* + *nishottara* with *eranda taila* + *abhayadi modak*
- *Sansarjana krama* for 5days.

#### 2. JALAUKAVACHARAN

- 3 settings of *jalaukavacharam* at interval of 1 week.

#### • SHAMAN(oral drugs):

1. *Arogyavardhini vati* 250mg 2-0-2
2. *Kaishor guggul* 250mg 2-0-2
3. *Guduchi ghanavati* 2-0-2
4. *Mahamanjishitadi kwath* 20ml bid
5. *Punarnavashakt kwath* 20ml bid
6. *Gandharva haritaki choorna* 3gm HS with Luke warm water

#### • STHANIK CHIKITSA:-

- *Panchvalkal kwath dhawana* BD
- *Nimb +karanj taila* for L/A
- *Sarjarasa malahar* with *gandhak* for L/A

- Shatdhaut ghrhit for L/A at night

The above treatment was given for 2 month then patient was discharged and patient was asked to continue oral medications and shthanik chikitsa for at home & regular follow up was taken in opd after 15 days. Criteria was assessed before and after the treatment i.e after 4month.

**CASE REPORT 2 :-**

A 24 years old male patient was came to our opd and admitted in our institute for 2moths for following complaints:-

**c/o:** blackish discoloration and itching over trunk (chest , abdomen and back region) since one and half year.

Oozing from lesion on & off  
 Pain & burning sensation occasionally  
 No H/o – any major medicinal and surgical illness  
 H/o – tobacco consumption 3 -4times/ day since 2 years.  
**O/E** - G.C.Fair afebrile  
 P- 72/min  
 BP- 110/70 mmof Hg  
**S/E** - RS - AEBE clear

CVS- s1s2 (N)  
 CNS- conscious & oriented  
 P/A- soft & Non tender  
 Urine- passed  
 Stool-unsatisfactory

**Investigations :**

CBC, ESR, BSL, RFT, LFT, LIPID –WNL  
 VDRL, HIV & HbsAg – negative

**TREATMENT GIVEN:**

- **SHODHANA-**
- **VIRECHANA**
- *Snehapana with panchtikta ghrita for 7 days*
- *Virechana by kwath of triphala + aargvadha phal majja+ nishottara with eranda taila + abhayadi modak*
- *Sansarjana krama* for 5days.
- **SIRAVEDHA**
- 3 settings of *siravedha* at interval of 1 week.
- **SHAMAN**(oral drugs):
- Arogyavardhini vati 250mg 2-0-2
- Kaishor guggul 250mg 2-0-2
- Guduchi ghanavati 2-0-2
- Mahamanjishtadi kwath 20ml bid
- Abhayarishtha 15ml Hs with luke warm water
- **STHANIK CHIKITSA:-**
- Panchvalk kwath dhawana BD
- Nimb +karanj taila for L/A
- Sarjarasa malahar with gandhak for L/A
- Shatdhaut ghrhit for L/A at night.

**RESULT:**

**CASE NO 1:-**

Sign& symptoms	Before	After
<i>Kandu (itching)</i>	+++	-
<i>Vaivarnya (blackish discoloration)</i>	+++	+
<i>Daha (burning sensation)</i>	++	-
<i>Strava (oozing)</i>	+	-
<i>Rukshata (dryness)</i>	+++	-
<i>Thickening (lichenification)</i>	+++	+
<i>Shotha (edema)</i>	+++	-

**CASE REPORT 1**



**CASE NO 2:-**

Sign& symptoms	Before	After
<i>Kandu (itching)</i>	+++	-
<i>Vaivarnya (blackish discoloration)</i>	+++	+
<i>Daha (burning sensation)</i>	++	-
<i>Strava (oozing)</i>	+++	-

**CASE REPORT 2**



**DISCUSSION :**

As per Ayurveda, samprapti ghatak responsible for *kushta* are as follow-

Dosha	Tridoshaj
Dushya	Twak, rakta, mansa, ambu
Agni	Jatharagni, dhatwagni
Strotas	Rasa, rakta , mansa, ambu
Stroto dushti lakshana	Sanga& vimargagaman
Marga	Bahya rogmarga
Udbhavsthan	Amashaya, pakvashaya
Sankar sthan	Tiryagami sira
Gati	Tiryaga
Adhisthan	Twak, uttarottar raktadi dhatu
Vyadhi swabhav	Chirkari

Principles of given treatment are as follow-

- **Virechana** : Evacuation of the faecal matter and other accumulation of doshas in the lower gastrointestinal tract through the anal route are known as virechana karma. Virechana is a type of panchkarma i.e purification process which said to be best treatment for pitta and rakta dosha.
- **Jalaukavacharan** : jalauka refers to leech. Accomplishing the raktamokshan by allowing the leech to suck the blood from the site of lesion is known as jalaukavacharan. For this purpose non-poisonous leeches (*Hirudo medicinalis*) are used. Abnormality of rakta dhatu caused due to the morbidity of pitta dosha is best treated by jalaukavacharan. It is mainly used for sthanik doshdushti.
- **Siravedha** :- siravedha is also type of raktamokshana, If dosh dushti is present in all over the body, the siravedh is indicated. The surgical procedure of puncturing or sectioning the vein for therapeutic purpose and thereby accomplishing the Raktamokshana is referred by the name siravedh. It is said to be best treatment for Rakta as well as pitta dosha.
- **Arogyavardhini vati**: it is mainly indicated in *kushta*. The constituents are *parad-gandhak kajjali* which has *kaphahar, kledhara, sukshtmastrotogami & yogwahi*. Shilajit helps in *kledharan & does lekhan karma*. *Loha* is *raktavrudhikara*. *Abhrak* act on *shleshmadhara Kala & mansadhara Kala*. *Guggul & Tamra* has *lekhan property*. *Kutaki* is *bhedak, yakruttoajak & act on pitta dosha, rasa-rakta dhatu*. *Chitrak & triphala* help in normalizing *Dhatwagni & Bhootagni*.
- **Kaishor guggul** : *Antiallergic, antibacterial & blood purifier* also indicated in all type of *kushta*.
- **Guduchi ghanavati** : *guduchi* is *tridoshashamak, raktashodhak, kushtagnha, dahaprashaman & rasayan*.
- **Punarnavashtak kwath** : it has *shodhahar, kushtagnha, vata-kaphahar, mutral, lekhana & rasayan properties*.
- **Mahamanjishtadi kwath**: it has *kapha- pitta shamak, shothahara, raktashodhak, kushtagnha, varnya, rasayana properties*.

- **Gandharva haritaki choorna** : *Haritaki* has tridoshashamak, kushtaghna, shothahar and anulomak properties.
- **Nimb+karanj taila**: it has *jantughna*, *vranashodhana*, *kushtaghna*, *kanduhara*, *raktashuddhikara*, *raktaprasadak*, *vata-kaphanashak* guna.
- **Panchtika ghrita** : it acts as *tridoshashamak & kanduhara*.
- **Shatdhaut ghrit** : it has snigdha and shit guna which decreases sthanik daha and rukshata.
- **Panchvalkal kwath**: all the drugs are said to be *Kashayrasa pradhan*. *Kashayaras* is said to be *Atitwakprasadaka*—it cleanses the skin & remove all dirt from here. Also panchavalkal are considered to be *pittaghna* that is both by action of *Rasa* and *veerya* so it decreases daha and raga which is mainly due to pitta. By virtue of kashaya pradhan rasa it must have acted as *Raktashodhak* (blood purifier), *pittashaman*, *Varnya* (giving colour) and *Twak prasadak* (purity & brightness of the skin) action aided to improve the skin colour by improving the local blood circulation. Panchvalkal kashay also considered to be good shothahar that which reduces swelling. Kashaya rasa of the drug it act with *peedan* (act of squeezing), *shodhana* (curative effect) & *ropana* (healing). Moreover the *lekhana* (scrapping), *kledahara* (arresting dampness), *chedana* (destroying/ removing), and *raktashodhak* (blood purifier) properties of kashaya rasa also help to improve the condition.
- **Sarjarasa malhar**: the constituent are *tiltaila*, *sarjarasa*, *tuttha*, *sphatika* and *gandhak*. *Tila taila* has *tikshna* (deep penetrating), *vyavayi* (quick sprading) and *krimighna* (antimicrobial) properties. *Sarjarasa* is of kashaya rasa, pitta and rakra shamak, *vrana ropaniya*, *kandughna* & *kushtaghna*. *Tuttha* –*kapha-pittahara*, *krimighna*, *lekhaniya* (scrubbing properties). *Spatika* - it is also kashaya rasatmaka, *vranghna* (wound healing) & *vishnashak* (antioxidant) properties. *Gandhak* – *kapha vata shamak*, *kanduhara*, *kushtghna*, *vishghna*, *krimighna*.

## CONCLUSION:

The patient were diagnosed as *Vicharchika* in Ayurvedic manner and treated accordingly which showed significant improvement in signs and symptoms of eczema. Hence Ayurvedic management was found to be effective in the management of eczema.

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