

AN AYURVEDIC APPROACH TO VICHARCHIKA WITH SPECIAL REFERENCE TO ECZEMA- A CASE REPORT

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ABSTRACT

Vicharchika is mentioned as a type of *Kshudra Kushtha* in Ayurved. It means the disease which erupts on skin and spreads all over body. The modern equivalent of *Vicharchika* is Eczema. Eczema is an inflammatory and chronic skin disease which is mostly relapsing in nature in spite of treatment. It is the most common skin disease for any age. The present case report deals with a six year old male patient having Dry Eczema who has received modern line of treatment for successive three years without getting any sustained relief. Though Ayurveda mentions *Shodhana* therapy as a major part of the treatment, present study shows effect of *Shamana* therapy on *Vicharchika* considering the age of the child. The patient was given internal and external Ayurved treatment for four months along with *Nidanaparivarjana*. The efficacy of the treatment was mainly assessed on EASI (Eczema Assessment and Severity Index) scale. The scoring was calculated as before treatment and after treatment. The symptomatic relief was also assessed during treatment. *Shamana* therapy is found to be effective for sustained relief of the disease. *Nidanaparivarjana* also played an important role during the course of the treatment.

Keywords: *Vicharchika, Eczema, Shodhana, Shamana, Nidanaparivarjana and EASI.*

INTRODUCTION: Skin is supposed to be the mirror of the body. It reflects physical, mental and psychological state of an individual. It is unique in many ways, but no other organ demands so much attention and concern in both states of disease and health. There are a lot of skin diseases, out of which *Vicharchika* is most common for any age.

Vicharchika is the disease in which skin erupts especially at upper and lower limbs of an individual. “*Vichar*” also means to move or to spread.¹ So, in other words, the disease which spreads all over body is called as *Vicharchika*.

In Ayurved texts, it is mentioned as a type of *Kshudra kushta* by all *acharyas*. *Acharya Sushrut* mentioned its symptoms as *Raji* (lines/ strie/furrow/thickening), *Atikandu* (excessive itching), *Atiruja* (extremely painful) and *Rukshata* (dryness).² whereas according to *Acharya Charak*, *Kandu* (itching), *Shyava pidaka* (blackish brown eruptions) and *Bahusrava* (excessive exudation) are the symptoms of *Vicharchika*³, where *Rukshata* is a *Vataja linga* (sumptom) and *Kandu* and

Bahusrava are *Kaphaja linga*. The *Dushyas* involved in it are *Twak*, *Rakta*, *Mamsa* and (*Ambu*) *Lasika*.

In modern science, *Vicharchika* resembles Eczema. The word Eczema comes from the Greek word “*ekzein*” means “to boil out” where “*ek*” means out and “*zein*” means boiling. Eczema is an inflammatory reaction pattern of the skin due to various internal and external factors.⁴ It is a superficial inflammation of the skin primarily affecting epidermis which causes itching and red rash often accompanied by blisters that weep and crust. It is followed by scaling, thickening and discoloration of the area.⁵

CASE REPORT: A Six year old male patient reported in the OPD of *Kaumarbhritya* department of CSMSS Ayurved Hospital, Kanchanwadi, Aurangabad, Maharashtra complaining with blackish scaly patches with severe itching at Shin part of right leg since last three years. The patient was apparently not having any complaint till three year of age however, he had very dry skin. Suddenly he had mild papular rash on shin of right

leg. It was associated with severe itching. Then he was taken to a local doctor for seeking allopathic treatment, got no relief. Then he was referred to two dermatologists for subsequent two years but only during medication would he get relief. After discontinuing medicines, the symptoms would relapse. He was unable to tolerate the condition and also not having any sustained relief. Then he came to the Hospital for Ayurvedic treatment.

General Examination:

General condition- Good

Pulse- 82/min.

Respiratory System- Air Entry Bilaterally Equal

Cardiovascular System- S₁ S₂ Normal

Ashtavidha Parikshana-

Nadi- Vatapradhana Pitta

Mutra- Samyak Pravritti

Mala- Samyak Pravritti

Jivha- Saama

Shabda- Prakrit (normal)

Sparsha- Samashitoshna, ruksha

Druka-Prakrit

Akri- Madhyama

Prakriti Parikshana- Vatapitta Pradhana

Koshta- Madhyam

Local Examination- The lesion at the shin of right leg was associated with excessive dryness, induration, peeling and hyperpigmentation leading to blackish discoloration at the site. The margins around skin lesion were not demarcated.

Brief history-

Socioeconomic status- Poor

Ahara itivritta (Dietic history) - Habitual eating of Chapati (containing salt) with tea (of milk), pickles and biscuits for last four years.

Vihara itivritta - Regular activities included playing in the sand alongside the gutter since last four years.

Investigations- Routine haematological (CBC and ESR) and Urine microscopic examinations were done and were found to be within normal limits.

Diagnosis: It was based on Ayurvedic texts specially *Sushrut Samhita*. The signs and symptoms of the patient were as per Acharya *Sushruta* mentioned e.g. *Raji*, *Atiruksha* and *Atikandu*.

Nidanapanchaka

Nidan- *Viruddhashan* (habitual eating of incompatible food items), *Atiruksha* and *Atimadhura*, *amla* and *lavana rasapradhana ahara* and *atiruksha vihara*
Poorvarupa- *Kandu*, *Shotha* (inflammation) and *Raktavaivarna* (redness)

Rupa- *Raji* (Thickening and scaling), *Kandu* (pruritus), *atirukshata* (dryness) and *Karshnya* (blackish discoloration)

Samprapti- Due to habitual eating of incompatible food items and *atiruksha* and *atimadhura amla*, *lavan rasapradhana ahara*, *Vatapradhana tridosha* vitiated and impurified *Rakta*, *Mamsa dhatu*, *Lasika* and *Twacha* causing *Shotha*, *twakavaivarna* and *Kandu* resulting in *Vicharchika*

Dosha- *Vatapradhana Tridosha*

Dushya- *Rakta*, *Mamsa*, *Twak*, *Ambu* (*Lasika*)

Srotasa- *Raktavaha*.

Avastha- *Jeerna* (chronic)

Sadhyasadyata- *Kashtasadyha*

MATERIALS AND METHODS:

First of all, *Nidanaparivarjana*⁶ (avoidance of cause) was advised. The patient was asked to stop eating salty chapatti with tea. *Madhura*, *Amla*, *Lavana rasa pradhana ahara* was also prohibited. Also he was asked to stop playing in the sands.

The patient was mainly subjected to *Shaman chikitsa* (pacification therapy) as *Bahya* (external) and *Abhyantar* (internal) *chikitsa*.

The patient was followed up every 15 days at OPD of Dept. of Kaumarbhritya of CSMSS Ayurved Hospital, Aurangabad, Maharashtra.

Table no.1 showing Shamana Chikitsa – Internal Therapy

Visit	Medicines		Dose	Anupana
First visit	1.	<i>Arogyavardhini vati</i> -250mg		1 tablet twice a day Mor. - eve. After meals
	2.	<i>Gandhaka Rasayana</i> - 125 mg		1 tablet twice a day Mor. - eve. After meals
	3.	<i>Raktaprasadaka kwatha</i> - 10 ml		Twice a day Mor.- eve. After meals
	4	<i>Panchatikta ghrita guggulu</i> - 250 mg		1 tablet twice a day Mor. - eve. After meals
Second visit (after 15 days)	1 to 3 continued			
	4.	<i>Panchatikta ghrita</i> (for next 15 days)		5 ml twice a day
The same treatment was continued for next 2 months (60 days)				
After 3 months of treatment	1.	<i>Panchatikta ghrita</i> (for next 1 month i.e.30 days)		5 ml twice a day
				With lukewarm water and <i>khand sharkara</i>

External Therapy: Throughout the therapy of four months, *Karanja Taila* was prescribed for local application twice a day i.e. at morning- after bath and at night- before sleep.

OBSERVATIONS 1.Based on Subjective Criteria-

Table no. 2 showing remarkable effect of therapy on Subjective Criteria

Symptoms	BT	After 15 days	After 30 days	After 45 days	After 60 days	After 90 days	After 120 days
<i>Rukshata</i> (dryness)	++++	++++	+++	++++	++	+	--
<i>Kandu</i> (itching)	++++	++	--	++++	--	--	--
<i>Raji</i> (thickening / scaling/ induration)	++++	+++	++	++++	++	+	--
<i>Karshnyata</i> (blackish discolouration)	++++	++++	++++	+++	++	++	+

Table no. 3 showing Grading scale of Subjective Criteria

Grade	Score
Very Severe	++++
Severe	+++
Moderate	++
Mild	+
Absent	--

1. Based on Objective Criteria-

The patient also satisfied the criteria of Eczema developed by “American Academy of Dermatology”.⁷ Efficacy of treatment was assessed on EASI (Eczema

Area and Severity Index) scale.⁸ EASI Scale is a tool to measure the extent (area) and severity of Eczema. The assessment was done before treatment i.e. BT and after treatment i.e. AT.

Table no.3 showing effect of therapy on EASI scale

Body region		Redness	Thickening	Scratching	Lichenification	Severity index	Area score	Region score
Head/ Neck	BT	0	0	0	0	0	0	0
Trunk	BT	0	0	0	0	0	0	0
Upper limbs	BT	0	0	0	0	0	0	0
Lower limbs	BT	0	2	2	2	6	2	3.6
	AT	0	1	0	1	2	0	0



Figure 1- First visit



Figure2- After 15 days of treatment



Figure 3- after 45 days of treatment



Figure 4 After 90 days of the treatment



Figure 5 After 120 days of the treatment

DISCUSSION: In modern point of view, the treatment of Eczema mainly revolves around local application and systemic corticosteroids which may mask infection and its sudden withdrawal can lead to aggravation of Eczema. Its Side Effects

are well known for long term toxicity.⁹ In Ayurved context, considering *Bahudoshavastha* (increased levels of *doshas*) of *Kushtha*, all *Acharyas* emphasized primarily on *Shodhana chikitsa* (elimination or purification

therapy). *Charak Acharya* mentions *chikitsa siddhant* (line of treatment) according to *doshapradhanatata* as- *Sarpipana* in *Vatapradhana Kushtha*; *Vamana* in *Kaphapradhana kushtha* and *Raktamokshana* and *Virechana* in *Pittapradhana Kushtha*.¹⁰ This *Shodhana* is mainly indicated for adults whereas children are mainly subjected to *Shamana* therapy.¹¹ Also *Nidanaparivarjana* always remains a first stream of management of Ayurved treatment. *Viruddhashana* is said to be amongst the first *Nidana* of *Kushtha* by all *acharyas*. This child has specific dietary history as habitual eating of salty chapati with tea (made up of milk). Salt and milk are *Viruddha ahara*. The strict restriction of *Viruddhahara* and other *Nidanas* showed significant improvement for first two months; however after fourth visit child resumed eating *Viruddhashana* and other *ahara* and *vihara*, there was immediate aggravation of symptoms like *Rukshata*, *Kandu* and *Raji*.

Orally administered *Arogyavardhini Vati* has been specifically indicated in *Vatakaphapradhana Kushtha*; it also has *deepana* (appetizer), *pachana* (digestive) and *malanashaka* (destroying waste products) properties.¹² Therefore it was prescribed to the patient. The main impact of *Gandhaka Rasayana* is found to be on *Rakta dhatu* and *Twacha* which are main *dushya* in *Vicharchika*. It is specifically indicated in chronic skin diseases. Therefore *Gandhaka Rasayana* was selected for oral administration.¹³

For *Shamana snehapana*, *Panchatikta ghrita* having *Kushtha* as *Rogadhikara* was selected but considering the palatability of the *Tikta rasatmak ghrita*, the patient on his first visit was prescribed its modified and palatable form as *Panchatikta ghrita Guggulu*.¹⁴ But after 15 days of initiation of the treatment (taking into mind, significant reduction in the symptoms), the patient was convinced to take *Panchatikta ghrita*¹⁵ orally. It specifically helped in *Vatashamana*

(alleviation of *Vata*) by decreasing the symptom like *Rukshata*.

Along with these, some drugs were selected which were available in OPD dispensary like *Khadira*, *Sariva* *Manjishtha*, *Lodhra* and, *Nagkeshara*. They were given to the patient in the decoction form and this decoction was given a name as “*Raktaprasadaka Kwatha*”. *Acharya Charak* specifically mentioned *Khadira* as “*Kushthaha*”(antidermatosis).(vishishyate kustha khadira)¹⁶ While *Sariva* helped in *Raktaprasadana* (blood purifier) and *Varnyakaravta* (improvement in skin colour); *Nagakeshara* as *kushthanashan*; *Manjishtha* worked as *Kaphaghna* (alleviating *Kapha*), *raktashodhaka*, *Varnakara* and *Kushthaghna* while *Lodhra* acted as *Kaphapittashamaka* and *Vranaropaka* (healing wounds).

Locally applied *Karanja taila*¹⁷ was found to be helpful in soothing the texture of the skin by relieving the symptoms like *Rukshata* and *Kandu*.

After taking this treatment for four months, patient got sustained relief without any recurrence however he was advised to avoid *Viruddhashana* lifelong.

CONCLUSION

Vicharchika is a skin disorder which not only disturbs body but also mind. An Ayurvedic approach of management aims to give blissful life to the patient by decreasing the vitiated *doshas*.

From this study, it can be concluded that the *Shaman chikitsa* can also be very effective in the management of *Vicharchika* in the child.

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