

## A SINGLE CASE STUDY ON ATOPIC ECZEMATOUS DERMATITIS WITH SPECIAL REFERENCE TO VICHARCHIKA

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### ABSTRACT

“*Kushnaati vapuh iti kustah*” that which disfigures or deforms a person’s physique is *Kusta*. One such common type of *Kusta* which is commonly encountered by *Ayurveda* physicians in day today practice is *Vicharchika*, which is characterized by *Pidaka* (vesicles), *Srava* (oozing), *Shyava varna* (discolouration) and *Kandu* (itching). *Susruta samhita* also gives a reference of *ruksha Vicharchika* which is also seen in clinical practice. Treatment in contemporary science restricts to the hindrance of the complaints but not from the route and condition is seen to reappear in spite of repeated management using antihistamines and topical steroid applications. A patient presented with clinical features vesicles, erythematous skin lesions and discharge with intense itching at the posterior part of lower limbs, forearms, front and back of chest, abdomen & inguinal region. He was treated with *Virechana* and *Agada* formulations, considering the history. *Dooshivisha* in the *samprapti* of that condition. Results were encouraging and remarkable.

**Keywords:** *Agada, Vicharchika, Dooshivisha, Kusta, Eczema.*

**INTRODUCTION:** Atopic eczematous dermatitis refers among the various chronic inflammatory skin diseases. It affects the outer layer of the skin, the epidermis. It results from a variety of factors like Stress, bacterial or viral infections, complex endocrine and metabolic transactions within the body, exposure to aero or food allergens, Pesticides, fertilizers, as well as unhygienic factors.<sup>1</sup> Regulatory T cells as well as the innate immune system in the skin will be altered in AED. Atopic eczematous dermatitis is characterized by dry itchy skin with areas of poorly defined erythema and scale. It can be acute or chronic or both. In Acute phase, eczema may be vesicular with discharge, in chronic phase it may become hyper pigmented and lichenified. Excoriations scratch marks are frequently seen.<sup>2</sup>

Eczema can be co-related with *Vicharchika* in *Ayurveda*. *Vicharchika* being one among *kshudra kustha*, is also a *rasa, raktha, and mamsa dhatu pradoshajavikara*.<sup>3</sup> Acharya Charaka and *Susruta* have given different features for *Vicharchika*. “*Sakanduh pidaka shyava bahusrava vicharchika*”<sup>4</sup> and “*Rajyo atikandu eva atirujah sarooksha bhavanti gatreshu Vicharchikayam*”<sup>5</sup> respectively. So, above signs and symptoms suggested that *Charaka* described acute eczema and *Susruta* explained chronic eczema. . The condition can impact considerably on the quality of life of the affected individual by causing sleep disturbance, psychological stress and stigma in society due to its appearance and severe itching disturbs routine activities and by imposing extra financial burden.

Normally, in contemporary science, therapeutic effects of medicines are limited and may have long term toxic side effects. Line of treatment for *Vicharchika* as per *kushta* is *shodhana*, in the form of *Virechana*, *Vamana* & *Jaloka avacharana*. *Lepana* and *Shamanaoushadhis* also give beneficial effect. So, to manage this condition *virechana karma* followed by *shamanaoushadhis* were planned. *Abhyantara shamana sneha* acts by normalizing the aggravated *doshas* without expelling them and without disturbing the normal *doshas*.<sup>6</sup> It increases *varna* & *bala* of *dhatu*.<sup>7</sup> *Shamanaoushadhis* and *bahya sneha* reduces the *roodkshata* of *twak* which may help in reducing the local inflammation and so the *snigdhatu* and *varna* of the *twacha* got improved. So, the *virechana* & *shamanaoushadhis* have given remarkable improvement in the present case.

**Case report:** A 67year old male patient, gradually developed *pidakas* over the *Greeva pradasha* in the form of small boils associated with *kandu* since 6months. Later developed *kandu*, *daha*, *ruja* all over the body, within couple of days it spread to whole body with *srava*, *shyava varna twak*, *raji*, *rukshata* over particular part of the body such as chest, abdomen, back of chest & abdomen both forearms, both lower limbs, inguinal regions. Patient is a K/C/O- IHD & HTN Since 5yrs on Treatment, Tab. Clopilet-A 150mg 0-1-0, Tab. Tazloc 40mg 1-0-0.

**Past history:** There is no previous history of any known allergy in the patient

**Family history:** No similar complaints noted in their family.

**Treatment history:** Patient was on oral and topical steroids, Anti-inflammatory, antihistamine drugs with no improvement.

**Personal History –**

**Ahara** –Mixed, Mainly non-veg alternative day, *katu amla pradhana ahara*.

**Vihara** - farmer with exposure to pesticides and fertilizers

**Nidra-** Disturbed due to Itching and burning sensation all over the body.

**Vyasana** – tobacco (1packet per day) and alcohol since 25yrs.

**Mala & Mutra-Prakruta**

**Physical Examination:**

Built - Moderately built & nourished.

Mental disposition – Irritability, *chinta*, *bhaya*, *shoka*.

B.P- 130/90 mm of Hg Pulse - 72 /min

Temperature- Normal Respiratory rate- 18/Min

Height- 160cms Weight - 54kgs

Conjunctiva- Normal Lymph nodes-Nil

**Dashavidha Pareeksha-**

*Prakruti- Pittavata*

*Sara -Madyama*

*Smhanana-Madhyama*

*Pramana-Madhyama*

*Satwa-Avara*

*Ahara Shakti- Madhyama*

*Vyayama Shakti- Avara*

*Vaya- Vriddha*

**Systemic Examination –**

CNS- Conscious and well Oriented

CVS- S1 S2 heard

RS-Clear

PA- Soft, non-tender, No Organomegaly

**Twacha Pareeksha- Characteristics of lesion-**

**Distribution-** Generalized, asymmetrical involved in both exposed and non-exposed parts of the body

**Area-** Erythematous, irregular, not well demarcated margins

**Dry** – Front and Back of Chest

**Wet/Oozing-** Present at Popliteal fossa, Cubital fossa. Inguinal region

**Thickness** –Lichenified lesions at popliteal fossa & Cubital fossa

**Colour-** Shyava Varna

**Nail Changes-** Nil

**Investigation Report** -- Hb%, TC, DC, ESR, Urine Routine - within normal limits.

**Samprapti Ghataka-**

**Dosha:** Kaphapradana tridosha

**Dushya:** Twak, Rakta, Mamsa, ambu

**Agni:** Jataragni & dhatwagni mandya

**Ama:** Jataragni & dhatwagni mandya janya ama

**Srotas:** Rasa, Rakta, Mamsa

**Srotodusthi Prakara:** Sanga

**Udbhavastana:** Amapakvashaya

**Sanchari Stana:** Tiryagata siras

**Vyaktastana:** Twak

**Rogamarga:** Bahya

**Sadyasadyata:** Kashta Sadhya

**Vyadhivinishchaya** - Vicharchika - Atopic Eczematous Dermatitis

**Intervention:**

Patient was administered with Virechana karma followed by Shamanaushadhis for 2 months.

**Table No- 01: Virechana karma & Shamanaushadhis**

S.N	Shodhana	Shamana-1 <sup>st</sup> Follow up For 1month	Shamana-2 <sup>nd</sup> Follow up For 1month
1	Deepana & Pachana- Chitrakadi Vati 2-2-2 BF For 3days	Patolakaturohinyadi Kashaya (after food, 10ml BD with water), for 15days	Nimbadi Kashaya+ Guduchyadi Kashaya 20ml, after food , BD with water,
2	Snehapana with Kalyanaka Ghrita 30ml,70ml,100ml	Dooshivishari Gulika (after food, 2TID with Honey	Bilwadi Gulika 2-0-2 After food with water
3	Sarvanga Abhyanga with Eladi Taila and ushnajala snana -3days	Arogyavardhini rasa(after food, 2BID with Water,)	GugguluTiktaka Ghrita 15ml on empty stomach with warm water, Morning.
4	Virechana with Trivruth Leha 30gms	Nalpamaradi taila E/A	Nalpamaradi taila E/A
5	Samsarjana Karma for 3 days by Peya, vilepi etc followed as per classics.		

The patient was first administered Chitrakadi vati 250mg 2tablets three times daily before food for 3days. Once the agni improved, the snehapana started with kalyanaka ghrita in the arohana karma ie 30, 70,100ml depending upon the agni and sneha jeernakala of the patient. After attaining samyak snigdha lakshanas, snehapana was stopped. Sarvanga abhyanga was done with Eladi taila

followed by ushnajala snana for 3 days. Patient was administered trivrit lehya 30gm with warm water at 9am after sarvanga abhyanga and ushnajalasnana. Patient had totally 10vegas. Hence 3days of samsarjana karma advised as per classics with peya, vilepi etc. Shamanoushadhis were administered after the samsarjana karma. Patolakaturohinyadi kashaya 10ml twice

daily with equal quantity of water for 15days after food. *Dooshivishari gulika* 2tablets three times daily with honey, *Arogyavardhini rasa* 2tabs twice daily with water, *Nalpamaradi taila* was given for external application over the lesions. After 1 month of these *shamanoushadhis*, patient was administered another set of *shamanoushadhis* for the next one month i.e, *Nimbadi kashaya* and *Guduchyadi*

*kashaya* each 10ml twice daily with equal quantity of water after food. *Bilwadi gulika* 2tablets two times daily with water after food. *Guggulu Tiktaka ghrita* 15ml with warm water half hour before food in the morning was given. The same *Nalpamaradi taila* was continued for external application these days.

**OBSERVATION AND RESULTS-**

**Table No.2-showing the results & Observation in Scoring of patient:**

Parameters	BT	After Virechana	After Shamana
<i>Pidakas</i>	3	2	0
<i>Kandu</i>	3	2	0
<i>Daha</i>	3	2	0
<i>Ruja</i>	3	2	0
<i>Srava</i>	3	2	0
<i>Rookshata</i>	3	2	0
<i>Vaivarnya</i>	3	2	0

During *Arohana snehapana kala* the *kandu*, *srava* and *pidakas* got increased. But after the *Virechana* the *kandu* and *srava* got reduced significantly. Once the *agni* became normal after *samsarjana karma* the *Shamanoushadhis* were started. Once the *agni* became normal after *samsarjana karma* the *Shamanoushadhis* were started. One month after the first set of *Shamanaoshadis* as described in the table all the clinical features dramatically reduced about 60% with second set of

*Shamanoushadis* for one month there was 100% reduction in the clinical features was noted and they application of *Nalpamaradi Taila* locally benefited the patient in reducing clinical features along with normalizing the skin colour and complex. After 2months though all the internal medications were stopped. The patient was advised to continue with the application of *Nalpamaradi Taila*. No recurrence was observed for one year as patient was coming to OPD for the follow up.

**Table No.3- Showing Before and After Treatment Photos**





## DISCUSSION:

Patient was treated with *Virechana*, a variety of *Shodhana*, as the first line of Treatment, to bring the vitiated *doshas* from *Shakha* to *Kosta* & to eliminate it.

*Kalyanaka Ghrita* is chosen for *snehapana*, as it is *vishahara* and the patient's condition is allergic one. It contains *manjistha*, *haridra*, *sariva*, *chandana*, *ela* etc drugs having *varnya*, *Kusthaghna* and *Vishaghna* properties.<sup>8</sup> "naatisnigdhaan virechayet", explains that excessive *snehapana* is not recommended for *shodhana* in case of *kushta*. *Eladi Taila* having *Vata Kapha shaman*, *Vishaghna*, *Varnaprasadana*, *Kandhughna*, *Pidaka* and *kota nasana* was taken for *sarvanga abhyanga*.<sup>9</sup> As *arohanasneha pana* was given to the patient, *Trivrit lehya* was selected for *Virechana*.

*Patolakaturohinyadi Kashaya* contains *patola*, *katurohini*, *Guduchi*, *patha* etc which have *Tikta pradhana rasa*, *Rakta prasadhana*, *Kustaghn* & *Vishaghna* properties.<sup>10</sup> The *Guduchyadi Kashaya* & *Nimbhaadhi Kashay* also contains *Guduchi*, *Dhanyaka*, *Nimbhatwak*, *Raktachandana*, *Padmaka*, *Triphala*, *Sunthi*, *Vasa* etc and are *kushtaghna*.<sup>11</sup>

*Dooshivishari gulika* is known for its Anti-allergic and Antioxidants properties. As patient was a farmer, contact with pesticides and fertilizers might have produced cumulative toxicity in him. Hence, *shodhana* followed by *shamana* with *Dooshivishari gulika* was advised.<sup>12</sup>

*Arogyavardhini rasa* advised here is *Kushtaghna* & *vyadhihara*.<sup>13</sup> The Hepatoprotective, Antioxidant, Antimicrobial, Immunomodulatory and Anti-inflammatory properties of *Bilwadi Agada* have already been proved.<sup>14</sup> *Guggulu Tiktaka Ghrita* is a *sneha* containing *kushtaghna* drugs like

*Nimbhatwak*, *guduchi*, *patola*, *vasa*, *katuki*, *manjisth haridra* etc which helped in reducing the *rookshata* of the skin.<sup>15</sup>

*Nalpamaradi taila* has Antipruritic, Antioxidant, and Antifungal and has soothing action. So, it has given relief from itching & burning sensation over the lesions. It has helped to lighten the discolouration, improve the luster by repairing & healing of the lesion, as it contains *ksheerivriksha dravyas* which are *kashaya rasa padhana*, *Kusthaghna* and has Tannins which inhibits the bacterial growth.<sup>16</sup>

These *Shamana* Drugs having *Kushtaghna*, *Krimighna*, *Raktaprasadana*, *Tridoshaghna*, *Kandughna*, *Dahaprashamana*, *Vishaghna*, *Varnya* and other properties, have reduced the clinical features effectively in this patient of *Vicharchika*. Thus, *Virechana* followed by *Shamanaushadhis* have proved beneficial and this can be adopted in the treatment of *Vicharchika* in the clinical practise effectively.

**CONCLUSION:** In this case, probable cause of AED may be contact with chemicals used in the forms fertilizers & Pesticides in farming. *Dooshivishari Gulika* & *Bilwadi Agada* have given added benefit in relieving the clinical features, over the conventional *Virechana* & *Shamana* treatment for *Vicharchika* in this patient. This treatment can be studied in a large group of patients. *Dooshivishari Gulika* & *Bilwadi Agada* can be added to the prescription of *Shamanaushadhi* in the treatment of *Vicharchika* for early & better results.

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