

**“Ayurvedic Treatment of Eczema with special reference to Vicharchika.”**
**Pravin Ashok Mali\*<sup>1</sup>, Dinesh Mali<sup>2</sup>,**

1. HOD & Associate Professor, Dept. of Kayachikitsa,
2. Assistant Professor, Shalya Tantra,

K. D. M. G. S. Ayurvedic College, Chalisgaon, Dist- Jalgaon, Maharashtra, India.

 \*Correspondence Author: [drpravinmali79@gmail.com](mailto:drpravinmali79@gmail.com)
**Abstract**

*Vicharchika* (Eczema) is a type of *kshudrakustha* often encountered by Ayurvedic Dermatologists characterized with symptoms, namely, *kandu* (itching), *srava* (discharge), *Pidaka* (vesicles), and *Shyava varna* (discoloration). *Vicharchika* is often correlated to eczema based on the clinical presentations. No satisfactory treatment is available in contemporary medical practice except antihistamines and topical steroids. Main line of treatment for *vicharchika* in *Ayurveda* is *Shodhana* and *shaman oushadhis*. A patient approached to outpatient department with chief complaints of discharge, edema, and *erythematous* skin lesions with intense itching at the ankles and dorsum of both foot, dorsal aspect of the hands, and on cheeks was treated with *Virechana* and few *Agada* preparations. A remarkable improvement in the condition was observed in a span of 2 months.

**Keywords:** *Agada, eczema, shodhana, vicharchika*

**Introduction**

Acute eczema occurs after coming in contact with irritant or allergen. Its pathway involves inflammatory mediators, for example, prostaglandins, Helper T cells. Its clinical features are redness, swelling, scaling, weeping, and crusting, and itching. All severe forms of eczema have a huge effect on life quality.[1] Effective therapeutic agents in contemporary medicine are limited in number and may have long-term toxic side effects. The mainstay of treatment in *Ayurveda* for *vicharchika* is *shodhana*, which eliminate the vitiated *doshas*. Parallel to *shodhana*, *shamanoushadhis* help to correct the dhatus and bring them to normalcy.

**Case Report**

An 18-year-young male, farmer by profession, approached to outpatient department with chief complaints of itching, vesicles, blackish discoloration, discharge, edema on the dorsum of both foot, dorsal aspect of hands, and on cheeks since 25 days. The lesions were initially observed over dorsum of both feet in the form of small vesicles

associated with itching and later developed itching with oozing. Within couple of days, it spread to both hands and cheeks. There is no previous history (before manifestation of present complaints) of any known allergy in the patient and also there is no family history of any known skin disease for above-said complaints patient consulted to local dermatologist and received oral steroids and anti-inflammatory drugs but found no relief.

On examination, patient presented with [Figure 1] and [Figure 2]:

Figure 1: Before month 1 (feet)



Figure 2: Before month (hands)



Figure 3: During treatment (feet)



Figure 4: During treatment (hands)



Fissured *erythematous* lesions on both dorsal aspect of the foot and around ankles with thin serous discharge associated with edema

At dorsum of hands and at edges of mouth, there were *erythematous* lesions and blackish discoloration

Foul smell and local rise of temperature was also seen

General appearance of the body was pale

Note: Before developing complaints, the patient walked in the field exposed to chemical fertilizers just 2 days before and his path to home from field was said to be full of grass and parthenium (these could be considered as the main offending factors).

### Laboratory Investigation

Routine hematology showed hemoglobin - 9.2 g%,

Erythrocyte sedimentation rate – 40 ml/h

Absolute eosinophil count - 640.

Based on clinical presentation, examination, and laboratory findings, the case was diagnosed as vicharchika (acute eczema) associated with Pandu (anemia).

The condition on thorough evaluation was considered to have *Kapha-Pitta* as main dosha, rakta and rasa as *dhatu*s, and *jataraghni mandya* as the source of ama formation. In addition, any poison basically first affects Rakta and then vitiates doshas, this principle is considered in this patient for the selection of medication as there is contact fertilizer poisoning was noticed.

The patient was subjected to treatment under two schedules. In the first admission, the swelling, oozing, itching, pain, and anemia were given prime importance and treated accordingly and in the second course treated for shyavatwak (blackish discoloration of skin– result of healed lesion), shareera shodhana (Purificatory process of body) and dhatusamyā (homeostasis of tissue element of body).

During first admission, stanika abhyanga, seka, and shaman aushadhi were given as mentioned in [Table 1]. On discharge, the patient was advised to take Patolakaturhinyadi Kashaya 15 ml bid on empty stomach and Bilwadi Agada two bid after food and Nalpamaradi taila external application was given as follow-up medicine for 2 weeks and to wear cotton socks during field works.

**Table 1: First admission treatment**

Procedure	Medication	Date & Dosage	Duration
External medication swedana	Thriphala kashaya	Day-1	First 10 days
Abhyanga	Karanjadi tailam	Frequently	Throughout the course of treatment
Internal medication	Arogyavardhini Vati Chopchini churna Mahamanjisthadi kashaya Krumikuthar Rasa	One tab TID 500 mg TID 30 ml BID 1 tab BD	All medication for 10 days

During second admission, the patient was treated with snehapana, abhyanga swedana, and virechana as mentioned in [Table 2]. On discharge, after virechana, Kalyanaka ghrita 10 ml once daily on

empty stomach, Arogya vardhini rasa one tid in between food and Ayaskriti 10 ml tid after food and Eladi taila for external application was given as follow-up medicine for 15 days.

Table 2: Second admission treatment

Procedure	Medicine	Days
Snehpana in aarohnakarma	Kalyanak Ghritha	Day 1 -30 ml Day2-70ml Day3-100ml Day4-130ml Day5-160ml
Abhyanga	Eladi tailam	Day 6 <sup>th</sup> , 7 <sup>th</sup> & 8 <sup>th</sup>
Virechana karma	Trivrutta avleha50 gm	Day 9 <sup>th</sup> 7 vegas observed
Samsarjan karma		3 days

### Results:

At the time of discharge after first admission the symptoms such as edema, oozing, and itching, and red scaly patches reduced but blackish discoloration persisted. The lesions over the hand and face completely resolved, and no reoccurrence was observed [Figure 5] and [Figure 6].

Figure 5: After *sodhana* (feet)Figure 6: After *sodhana* (hands)

During second admission, he was made to undergo classical *virechana* karma with *arohana* karma *snehapana* with *kalyanakaghrita* [Figure 7] and [Figure 8]. After that *virechana* and 15 days follow-up, medication significant change in skin thickness and blackish discoloration were observed.

Figure 7: After *shaman* (oushadhi feet)

Figure 8: After shamana oushadhi (hands)



### Discussion and Conclusion

After looking into the signs and symptoms, *srava* and *shotha* were to be treated and that was achieved by *Triphalakashaya* and *Lodhra-sevyadi kashaya seka*. Ingredients of these two formulations are *kashaya* and *tiktarasa pradhana*, which helps in *kledashoshana*, *pitta*, and *kapha shamana* and some are having the property of *Krimighna* (anti-bacterial) which also helps to combat microbial involvement in the case. *Lodra-sevyadi choorna* which is explained in the context of *Lootavisha chikitsa* with *shothaghna* (anti-inflammatory) and *Vishaghna* (anti-toxic) properties helps to overcome possibilities of allergens.

Application of *Nalpamaradi tail* followed by *seka* would take care of *Shotha* (inflammation) and *daha* (burning sensation) as it contains *ksheerivriksha daryva* which are *kashayarasapradhana*, *pitta* and *kaphahara* and contains tannins as their main chemical constituents which inhibit bacterial growth.[2] The oil given for local application act as physical barrier (emollients type) also.

*Arogyavardini vati* helps in *agnideepana* and proper *rasa dhatu* formation. *Katuki*

helps for elimination of *dusta pitta* and corrects *rakta*. *Bilwadi Agada* and its ingredients have shown antimicrobial, immunomodulatory and anti-inflammatory activity.[3] As there was history of local exposure to fertilizers which act as contact poisoning, is overcome by *Bilwadi agada*.

*Punarnavaasava* has proved for anti-inflammatory activity [4] and its ingredient-like *Guduchi* etc. shown to have immunomodulatory, anti-oxidant, and erythropoietic activity [5] and those of *Patolakaturohinyadi kashya* takes care of *rakthadhatu* because of *dravyas* such as *patola*, *katurohini*, and *guduchi* which have *tikta rasa* and they are *raktashodhak* (blood purifactory) and *kusthahara*. *Pippali* helps in bio availability of other drugs in formulation.[6]

*Kalyanaka Ghritha* contains *sariva*, *manjistha*, and *haridra*, etc. which are *varnya* and *kusthaghna* helps in relieving *shyaavavarnatha* (blackish discoloration) and also, this *ghrita* is *Pandu*, *Kandu*, and *Garahara* which helps in overcoming anemia, itching and any involvement of toxins as there was history of local exposure to fertilizers. In *eczema*, the essential fatty acids which are required for lipid barrier of skin is reduced and this will cause epidermal fluid loss and making skin susceptible for reaction. *Kustha* and *tagara* which have shown antistress activity are also helpful because it is not all about treating skin but a skin patient.[7],[8] The *Ayaskriti* helps in correcting *Pandu* (Anemia) and also *varnya* (correct discoloration) in nature. *Eladi taila* being *vata kaphahara*, *Varnya*, *Kandughna* and *Vishaghna* plays important role in *vata-kapha pradhana*

contact poisoning. Thus, Ayurvedic management provides significant relief and improves the quality of life of eczema patient even if the condition is as a result of contact poisoning.

#### Declaration of patient consent:

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has/have given his consent for his images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

#### References:

1. Hunter J, Savin J, Dahl M. Clinical Dermatology. 3rd ed. Reprint. USA: Blackwell Publishing Company; 2003. p. 70. Back to cited text no. 1
2. Vidhyotini, Yograthakar. Varanasi: Chaukhambha Sanskrit Sansthan; 2002. p. 114. Back to cited text no. 2
3. Deepthi SR. A Comparative Clinical Trial to Evaluate the Efficacy of Three Samples of Bilwadi Gullika Prepared in Different Media in Dushivisha with Signs and Symptoms of Kitibha Kustha. Thiruvananthapuram: Government Ayurvedic Medical College; 2010. p. 60-85. Back to cited text no. 3
4. Gharate M, Kasture V. Evaluation of Anti-Inflammatory, Analgesic, Anti-Pyretic and Anti-Ulcer Activity of Punarnavasava: An Ayurvedic Formulation of Boerhavia Diffuse. Panchavati, Nasik: MGV's Pharmacy College; 2010. p. 60-85. Back to cited text no. 4
5. Kapil A, Sharma S. Immunopotentiating compounds from *Tinospora cordifolia*. J Ethnopharmacol 1997;58:89-95. Back to cited text no. 5[PUBMED]
6. Khushbu C, Roshni S, Anar P, Carol M, Mayuree P. Phytochemical and therapeutic potential of *Piper longum*: A review. Int J Res Ayurveda Pharm 2011;2:157-61. Back to cited text no. 6
7. Bhattacharyya D, Jana U, Debnath PK, Sur TK. Initial exploratory observational pharmacology of *Valeriana wallichii* on stress management: A clinical report. Nepal Med Coll J 2007;9:36-9. Back to cited text no. 7[PUBMED]
8. Ambavade SD, Mhetre NA, Patil KM, Desai T, Bodhankar SL. Anxiolytic activity of root extracts of *Saussurea lappa* Clark. In mice. J Nat Remedies V 2007;6:103-8. Back to cited text no. 8.

**Conflict of Interest: Non**

**Source of funding: Nil**

*Cite this article:*

*Ayurvedic Treatment of Eczema with special reference to Vicharchika  
Pravin Ashok Mali, Dinesh Mali,*

Ayurline: International Journal of Research In Indian Medicine 2020;4(4) : 01 -04