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

1Fadnavis Kavita Kishor
1Associate Professor, Dept. of Kaumarbhritya, C.S.M.S.S Ayurved Mahavidyalaya and Rugnalaya, Kanchanwadi, Aurangabad,Maharashtra.

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 kushtha 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 Vicharchika3, where Rukshata is a Vataja linga (symptom) 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 “zean” 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.

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 - Samashtoshna, ruksha
- Druka - Prakrit
- Akriti - Madhyama
- Prakriti Parikshana - Vatapitta Pradhana
- Koshtha - 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*, *ama* and *lavana rasapradhana ahara* and *atiruksha vihara*.
- *Poornarupa- Kandu, Shotha* (inflammation) and *Raktavaivarnya* (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* *ama*, *lavana rasapradhana ahara*, *Vatapradhana tridosha* vitiated and impurified *Rakta*, Mamsa, *Lavanas* and *Twachas* causing *Shotha*, *twakavaivarnya* and *Kandu* resulting in *Vicharchika*.
- *Dosha- Vatapradhana Tridosha*.
- *Dushya- Rakta, Mamsa, Twak, Ambu* (Lavanas).
- *Srotasa- Raktavaha*.
- *Avastha- Jeerna* (chronic)
- *Sadhyasadhyata- Kashtasadhya*.

**MATERIALS AND METHODS:**

First of all, *Nidanaparivarjana* (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

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

**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

<table>
<thead>
<tr>
<th>Symptoms</th>
<th>BT</th>
<th>After 15 days</th>
<th>After 30 days</th>
<th>After 45 days</th>
<th>After 60 days</th>
<th>After 90 days</th>
<th>After 120 days</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rukshata</strong> (dryness)</td>
<td>++++</td>
<td>+++</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
<td>+</td>
<td>_ _</td>
</tr>
<tr>
<td><strong>Kandu</strong> (itching)</td>
<td>+++</td>
<td>++</td>
<td>_ _</td>
<td>+++</td>
<td>_ _</td>
<td>_ _</td>
<td>_ _</td>
</tr>
<tr>
<td><strong>Raji</strong> (thickening / scaling / induration)</td>
<td>++++</td>
<td>+++</td>
<td>++</td>
<td>+++</td>
<td>+</td>
<td>_ _</td>
<td>_ _</td>
</tr>
<tr>
<td><strong>Karshnyata</strong> (blackish discolouration)</td>
<td>++++</td>
<td>+++</td>
<td>++++</td>
<td>+++</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

### Table no. 3 showing Grading scale of Subjective Criteria

<table>
<thead>
<tr>
<th>Grade</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very Severe</td>
<td>++++</td>
</tr>
<tr>
<td>Severe</td>
<td>+++</td>
</tr>
<tr>
<td>Moderate</td>
<td>++</td>
</tr>
<tr>
<td>Mild</td>
<td>+</td>
</tr>
<tr>
<td>Absent</td>
<td>--</td>
</tr>
</tbody>
</table>
Based on Objective Criteria-
The patient also satisfied the criteria of Eczema developed by “American Academy of Dermatology”. Efficacy of treatment was assessed on EASI (Eczema Area and Severity Index) scale. 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>
<thead>
<tr>
<th>Body region</th>
<th>Redness</th>
<th>Thickening</th>
<th>Scratching</th>
<th>Lichenification</th>
<th>Severity index</th>
<th>Area score</th>
<th>Region score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head/Neck</td>
<td>BT</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Trunk</td>
<td>BT</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Upper limbs</td>
<td>BT</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Lower limbs</td>
<td>BT</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>3.6</td>
</tr>
<tr>
<td></td>
<td>AT</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>

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. 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 Vatakaphradhana Kushtha; Yamana in Kaphakushtha and Raktamokshana and Virechana in Pittapradhana Kushtha.\(^1\) This Shodhana is mainly indicated for adults whereas children are mainly subjected to Shamana therapy.\(^1\) 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 dietetic 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 Vatakaphradhana Kushtha; it also has deepana (appetizer), pachana (digestive) and malanashaka (destroying waste products) properties.\(^1\) 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.\(^1\) 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.\(^1\) 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\(^1\) 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, Nagkesara. 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 kushtha khadira)\(^1\) While Sariva helped in Raktaprasadana (blood purifier) and Varnyakaratva (improvement in skin colour); Nagakesara as kushthanashan; Manjishtha worked as Kaphaghna (alleviating Kapha), raktoshodhaka, Varnakara and Kushthaghna while Lodhra acted as Kaphapittashamaka and Vranaropaka (healing wounds). Locally applied Karanja taila\(^1\) 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 Shamana chikitsa can also be very effective in the management of Vicharchika in the child.

REFERENCES:

Corresponding Author:
Dr Fadnavis Kavita Kishor, Associate Professor, Dept. of Kaumarbhritya, C.S.M.S.S Ayurved Mahavidyalaya and Rugnalaya, Kanchanwadi, Aurangabad, Maharashtra.
Email id- dr.kavitafadnavis@gmail.com

Source of support: Nil
Conflict of interest: None Declared

Cite this Article as : Fadnavis Kavita Kishor : An Ayurvedic Approach to Vicharchika With Special Reference to Eczema- A Case Report