

Ayurvedic Management of *Vicharchika* vis-à-vis Atopic Dermatitis: A Case Report

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ABSTRACT

In this fast-paced developing world, regular day-to-day activities like diet and sleep are neglected, leading to various skin disorders (*Kushtha*). *Kushtha* is a generalised term used for all skin diseases in Ayurveda. It is mainly divided into two types: *Maha kushtha* and *Kshudra kushtha*. *Vicharchika* is a type of *Kshudra kushtha* characterised by symptoms like blackish discolouration (*Shyava varnata*), vesicles (*Pidika*), discharge (*Strava*), and itching (*Kandu*), which can be correlated to atopic dermatitis/eczema. There is no adequate treatment to cure the root cause in contemporary medicine other than topical steroids and antihistaminic agents. The main treatment protocol according to Ayurveda involves the use of both purification (*Shodhana*) and palliative treatment (*Shamana chikitsa*). A 21-year-old female patient presented with small blackish papules on both upper limbs, oozing, and itching on the lesions. She was given medication for both internal use and external application, resulting in significant improvement in symptoms. The patches resolved, and the discharge, itching, and vesicles disappeared.

Keywords: *Kshudra kushtha*, *Maha kushtha*, Papule, *Shodhana*, *Shyava varnata*

CASE REPORT

A 21-year-old female patient presented in the Outpatient Department (OPD) of Kayachikitsa with complaints of small blackish papules oozing from both upper limbs (at the palmar aspect of the forearm) for the last six years. The condition was associated with itching at the site. During examination, she mentioned that the itching was more intense at night, leading to the oozing of clear fluid from the lesions. There was no history of any skin disorders in the family. The patient had been diagnosed with bronchial asthma 10 years ago and was on regular medications, including inhalation of Salbutamol respules once a day. Her bowel habits and urination were normal. She experienced loss of appetite and disturbed sleep due to excessive itching. The patient noted that consumption of oily, spicy, salty, and sour foods, sesame (*Tila*), black gram (*Masha*), jaggery (*Guda*), milk (*Dugdha*), garlic, indigestion, heavy physical exertion, and exposure to extreme heat worsened the symptoms. On examination, the lesions appeared grouped, circular, 3-4 cm in size, rough in texture, salmon pink in colour with crusts, itching marks, and no associated bleeding, while the surrounding skin was brownish-black. The presence of *Pidika* (papules), *Shyavata* (blackish discolouration), *Kandu* (itching), *Bahustrava* (copious oozing), and *Rukshata* (dryness) [Table/Fig-1] led to the diagnosis of *Vicharchika* (atopic dermatitis), and a treatment plan involving

both *Shodhana* (purificatory management) and *Shamana chikitsa* (palliative management) was devised. All routine haematological investigations were within normal limits, and all vitals were stable [Table/Fig-2]. A second follow-up was scheduled after one month.

Nadi- 76/min	Sparsha- Samsheetoshna
Mala- Samyak	Shabda- Spashta
Mutra- Samyak	Drik- Normal
Jivha- Niraam	Aakriti- Madhyama

[Table/Fig-2]: *Ashtavidha Pariksha* (through examination).

Dermatological Examination

On the initial examination, the skin over the mouth, scalp, nails, trunk, and lower body appeared normal. However, lesions were discovered on both upper limbs (palmar aspect of the forearm) ranging between 3 to 4 centimeters in size. The lesions were salmon pink in colour, round in shape, grouped, symmetrically distributed, and had a crusty texture.

Systemic Examination

- **Respiratory system:** Chest is bilaterally symmetrical, with no abnormal sounds heard.
- **Cardiovascular system:** S1S2 normal.
- **Musculoskeletal system:** Superficial and deep reflexes are intact.
- **Gastrointestinal system:** Soft, non tender, non palpable.

Samprapti Ghataka (Elements of pathogenesis)

Dosha- Tridosha (predominantly *Kapha Pitta*)

Dushya- Rasa, Rakta

Strotas- Rasavaha, Raktavaha

Strotodushti- Vimargagamana

Vyadhimarga- Bahya

Doshagati- Tiryaka, Vriddhi

Agni- Manda

Udbhavasthana- Aamashaya

Vyaktasthana- Twaka

Swabhava- Chirakari



[Table/Fig-1]: Lesions over palmar aspect of forearm (before treatment).

Treatment Plan

When the patient first visited the OPD, she was not willing to undergo *Shodhana Chikitsa* (purificatory management). Therefore, only *Shamana Chikitsa* (palliative management) [Table/Fig-3] was planned.

Drug	Dose	Duration
<i>Arogyavardhini vati</i>	2 tabs (250 mg each) twice a day after meals with water	15 days
Takzema cream	For local application	15 days
777 oil	For local application at night before sleep	15 days
P-sora powder	For local application before bath with <i>Gomutra Arka</i>	15 days
<i>Haritaki churna</i>	5 gm with lukewarm water at night	7 days

[Table/Fig-3]: *Shamana Chikitsa* (palliative management).

During the first follow-up after 15 days, improvements were noted in the size and texture of the lesion, along with a reduction in itching. Consequently, the patient agreed to undergo *Shodhana* (purificatory management) [Table/Fig-4]. A second follow-up was scheduled after *Samsarjana Karma* (dietary regimen) [Table/Fig-5]. These medications are indicated in *Kushtha* (skin disorders) [Table/Fig-6] [1-6].

Treatment	Drug	Dose	Duration
<i>Deepana, Pachana</i>	<i>Trikatu churna</i>	3 gm twice a day before meals with lukewarm water	3 day
<i>Snehapana</i>	<i>Panchtikta ghrita</i>	1 st - 30 mL 2 nd - 60 mL 3 rd - 90 mL 4 th - 120 mL 5 th - 140 mL 6 th - 160 mL	6 days
<i>Abhyanga</i>	<i>Marichyadi taila</i>	7 th and 8 th day	2 days
<i>Swedana</i>	<i>Nadi sweda</i>	7 th and 8 th day	2 days
<i>Vamana</i>	<i>Madanaphala yoga</i>	8 th day (After the completion of <i>Shodhana Chikitsa</i> , a 7 days <i>Samsarjana Karma</i> was given to the patient in order to normalise the appetite. Hence, the 2 nd follow-up was done after 15 days).	1 day
<i>Samsarjana karma</i>	-	-	3 days
Cutis cream		2-3 times for local application	
777 oil		For local application at night before sleep	
P-sora powder		For local application before bath with <i>Gomutra Arka</i>	

[Table/Fig-4]: 1st follow-up treatment

Drug	Dose	Duration
<i>Arogyavardhini vati</i>	2 tabs (250mg each) twice a day after meals with water	2 months
<i>Panchtikta ghrita</i>	2 tsf twice a day before meals with lukewarm water	2 months
<i>Patolakaturhinyadi kashaya</i>	4 tsf twice a day before meals with equal quantity of water	2 months
Cutis cream	2-3 times for local application	2 months
777 oil	For local application at night before sleep	2 months
P-sora powder	For local application before bath with <i>Gomutra Arka</i>	2 months

[Table/Fig-5]: Treatment post *Samsarjana Karma*.

After completing *Shodhana Chikitsa*, a seven-day *Samsarjana Karma* (dietary regimen) was prescribed to normalize the appetite. Therefore, the second follow-up was conducted after 15 days.

Diet and Hygiene

Considering the *Dosha* predominance, the diet was tailored to pacify the primary vitiated *Dosha*. Foods such as hot and spicy

Formulations	Ingredients	Indications and mode of action
<i>Arogyavardhini vati</i>	<i>Gandhaka, LohaBhasma, Nimba, Triphala, Shilajit</i>	<i>Kushtha, Jwara</i> , (immunomodulator, antioxidative)
Takzema cream	<i>Gandhaka, Atasitaila, Nimba, Kiratatikta, Haridra, DaruHaridra, Ghritakumari, Triphala</i>	<i>Kushtha</i> , Allergic skin diseases, (antifungal, antibacterial, anti-inflammatory, antiallergic)
777 oil	<i>Shweta Kutaja, NarikelaTaila</i>	<i>Kushtha</i> , Mouth ulcers, Burns, <i>Dadru</i> , Dandruff
P-sora powder	<i>Musta, Madana, Triphala, Karanja, Aragvadhya, Indrayava, Darvi, Saptaparni, Nimba, Lodhra, Khadira</i>	<i>Kushthahara, Kanduhara, Ropana</i>
<i>Gomutra arka</i>	Distilled cow urine	<i>Vataja Roga, Kushtha, Krimi Roga</i> , Abdominal disorders
<i>Haritaki churna</i>	<i>Haritaki</i>	<i>Anulomaka</i>
<i>Panchtikta ghrita</i>	<i>Nimba, Patola, Guduchi, Vasa, Haritaki, Bibhitaki, Amalaki, Kantakari, Ghrita</i>	<i>Kushtha</i>
<i>Marichyadi taila</i>	<i>Maricha, Hartala, Manashila, Musta, Jatamansi, Haridra</i>	<i>Dadru, Shvitra, Kushtha</i>
Cutis cream	<i>Mahamarichyadi taila, Nimbataila, Karanjataila, Karpura, Gandhaka, Tankana, Tuttha, Lemon grass oil</i>	<i>Dadru, Kushtha</i>
<i>Patolakaturhinyadi kashaya</i>	<i>Patola, Katurhini, Murva, Chandana, Guduchi, Patha</i>	<i>Kushtha, Shitapitta, Amlapitta, Medoroga, Grahani</i>

[Table/Fig-6]: Medications with ingredients and their actions [1-6].

items like chillies, garlic, and raw onions, excessive salt, fried food, sour fruits, fermented foods like curd, pickles, and yogurt, ice cream, cold drinks, nuts, and strong tea were restricted. The patient was advised to consume nutritious, easily digestible foods such as masoor dal, moong dal, khichadi, seasonal fruits, and so on. Additionally, maintaining proper hygiene was also emphasised.

The patient presented with *Pidika* (papules), *Shyavata* (blackish discoloration), *Kandu* (itching), *Bahustrava* (copious oozing), and *Rukshata* (dryness). These parameters were graded as 0, 1, 2, and 3 [Table/Fig-7]. After 15 days, there was significant improvement in *Kandu*, *Strava*, and *Rukshata*, and the patient was able to sleep properly. By the end of *Vaman Karma* (1 month), marked improvement in the signs and symptoms was observed. During the third follow-up [Table/Fig-4], which was after three months of complete treatment, all symptoms had completely resolved [Table/Fig-8,9].

Assessment parameters	Grade 0	Grade 1	Grade 2	Grade 3
<i>Pidika</i>	No papules	1-5	6-10	11-20
<i>Kandu</i>	No itching	Occasional	Frequently	Continuous
<i>Shyavata</i>	No discoloration	Discolouration at center of papule	Discolouration at periphery of <i>Pidika</i>	Discolouration all over surface
<i>Strava</i>	No discharge	Mild discharge	Discharge upto need of soak	Excessive discharge
<i>Rukshata</i>	No line on scrubbing by nail	Lining on scrubbing by nail	Excessive dryness leading to itching	Dryness leading to cracks and bleeding

[Table/Fig-7]: Gradations.

S. No.	Assessment parameters	Day 1	Day 15 (1 st follow-up)	Day 30 (2 nd follow-up)	Day 90 (3 rd follow-up)
1.	<i>Pidika</i>	Grade 3	Grade 3	Grade 2	Grade 1
2.	<i>Kandu</i>	Grade 3	Grade 2	Grade 0	Grade 0
3.	<i>Shyavata</i>	Grade 3	Grade 3	Grade 2	Grade 1
4.	<i>Strava</i>	Grade 2	Grade 1	Grade 0	Grade 0
5.	<i>Rukshata</i>	Grade 3	Grade 2	Grade 0	Grade 0

[Table/Fig-8]: Observation after each follow-up.



[Table/Fig-9]: 3rd follow-up-lesions after three months of treatment.

DISCUSSION

The skin, the largest organ of the body, serves as a vital barrier between the body and the external environment, protecting it from various physical, biological, and chemical threats. It is more than just a protective cover, as it encounters a high volume of pathogens at the interface between the torso and the surroundings [7]. Skin disorders are prevalent worldwide due to increasing neglect of diet, sleep, and elevated stress levels resulting from work pressure. Dermatitis encompasses a broad spectrum, with erythematous rashes ranging from minor to severe forms [8,9]. Eczema is triggered by delayed hypersensitivity reactions from the adaptive immune system, which targets infected host cells, activating other immune cells to produce cytokines that cause an inflammatory response [10,11]. Eczema can manifest as acute or chronic, depending on the severity of the antigenic response [12].

When *Vicharchika* is analysed in terms of causative factors (*Nidana*), prodromal symptoms (*Purvarupa*), clinical features (*Rupa*), pathogenesis (*Samprapti*), and management (*Chikitsa*), it is undoubtedly correlated with atopic dermatitis. The Charak Samhita describes *Vicharchika* as pruritic, oozing, and black pimples [13], while the Sushruta Samhita characterises it as extremely painful and itchy [14]. According to Ayurvedic classics, *Vicharchika* is a *Kapha Pradhana Tridoshaja Vyadhi* [15] that affects *Rasa*, *Rakta*, *Mamsa*, and *Kleda* in the form of *Dushya* as it progresses [16]. Key features include *Pidika*, *Shyavata*, *Kandu*, *Lichenification (Raji)* [17], Pain (*Ruja*), Copious oozing (*Bahustrava*) [18], and excessive dryness (*Rukshata*). The fundamental cause of all disorders is a decrease in the metabolic process (*Agnimandya*) [19].

Vicharchika, as a *Kaphaja* condition according to Acharya Charak, involves *Kapha* aggravation and accumulation in the *Annavaha Strotas*, obstructing the *Rasavaha* and *Raktavaha Strotas* and eventually settling in the *Mamsavaha Strotas*, leading to itching, swelling, and exudation. Charakacharya categorises all skin disorders as *Sannipataja*, but the variation in clinical presentation depends on the dominance of a specific *Dosha*. *Kushthas* with similar causative factors have distinct presentations based on colour, symptoms, type of pain, name, effects, and treatment, determined by the association, variation, and location of *Doshas* [20]. The initiation of *Dosha* accumulation and vitiation begins in *Rasa Dhatu*, progressing to *Rakta Dhatu*, which affects and enlarges the *Rasa*, *Rakta*, and *Mamsa*. The course of *Vicharchika* involves multiple *Doshas* and *Dhatu* involvement, making the process complex. Evidence indicates that *Rakta Dushti* is a major contributing factor to skin issues [21].

Vicharchika occurs due to an adulterated lifestyle and dietary habits that lead to afflicted digestion and the aggravation of *Kapha Dosha* [22]. Similarly, allergic conditions are one of the leading causes of Atopic Dermatitis. In present case study, the contents of *Arogyavardhini vati* act as *Vata-reducing* agents (*Vata shamaka*) and *Kapha-reducing* agents (*Kaphaghna*) that help reduce symptoms

like *Kandu*, *Shyavata*, and *Rukshata*. This herbomineral formulation decreases the symptoms of *Kushtha (Kushthaghna)* but also acts as *Deepaka*, *Pachaka*, and *Malashodhaka*. It is hence, accountable for *Agnideepana*, *Kushthaghna*, *Shodhana*, and *Dosha Shamana*. Takzema cream is a non steroidal, herbal topical remedy for eczema. Its contents have inflammatory and immunomodulatory properties which reduce symptoms like *Rukshata*, *Kandu*, and scratching of skin. It exhibits antimicrobial properties that help in wound healing and prevent infections. It is also an antioxidant that protects skin cells and strengthens skin barrier functions. Its antibacterial and antifungal properties make it an effective microbial agent [22,23]. A 777 oil has moisturising ability that helps reduce dryness, keratinocytes, irritation, and softens the skin. *Shodhana* has been given great importance in the treatment of *Kushtha*. So, for purgation (*Nitya Virechana*), to attain purification of the GIT (*Koshtha Shuddhi*), *Haritaki churna* was administered for seven days. *Panchtikta ghrita* has contents that are spicy (*Katu*), bitter (*Tikta*), astringent (*Kashaya*), sweet (*Madhur*), light (*Laghu*), cool (*Sheeta*), dry (*Ruksha*), oily (*Snigdha*), and hot in potency (*Ushna Virya*) that help in *Tridosha Shamana*. The pacification of *Vata Dosha* helps in reducing *Rukshata* and *Shyavata*. Pacified *Pitta Dosha* decreases *Pidika* and *Strava*. The reduced *Kapha Dosha* helps in decreasing *Kandu*. *Marichyadi taila* contains drugs that calm the *Vata Kaphaja* conditions, which include *Vrana*, *Kushtha*, *Vicharchika*, among others [23].

Taila (Sneha) is considered one of the best for *Vata Kaphaghna Twak Vikara* due to its cleansing and wound-healing (*Vrana Shodhaka*) properties, according to the treatment protocol (*Chikitsasutra*) of *Kushtha*. It is a wonderful antioxidant (*Rasayana*), antiseptic (*Vishghna*), cleanser (*Shoshaka*), and antihelminthic (*Krimighna*), making it highly in demand for *Vicharchika*. Cutis cream, a herbal preparation, contains mostly antifungal content, thereby acting as a broad-spectrum agent against bacteria and fungi. P-sora powder contains drugs possessing properties like *Kanduhara*, healer (*Ropana*), and *Kushthahara*. Hence, when used with *Gomutra Arka*, it yielded marvelous results in reducing symptoms like *Kandu*, *Rukshata*, and scratching of the skin [22,23]. *Gomutra* is termed as a medicine in almost all classical texts. According to Bhavaprakash, it is *Vishghna* and *Rasayana*, rejuvenating the old, purifying the blood (*Rakta Shodhaka*), and curing all skin issues. The contents of *Patolakaturohinyadi Kashaya*, being *Rakta Shodhaka* and containing *Tikta Rasa*, aid in *Rakta Dhatu* formation. It is also *Kushthahara*, making it ideal for use in most skin disorders, as in present case. *Vamana karma* was also performed, as it is utilised in all skin disorders. *Vamana yoga*, consisting of *Vacha churna*, *Pippali churna*, *Madanaphala churna*, *Saindhava*, and *Madhu*, is also used in dermatological conditions. *Vamana*, which induces emesis, helps in detoxifying the body, aiding in reducing the symptoms of *Vicharchika* in present case study. The *Poorva karmas* or oleation (*Snehana*) and steaming (*Swedana*) provided a *Samshodhana* effect. The *Vamana yoga* helped reduce the *Kapha Dosha*, progressively eliminating the disease. This expulsion of toxins purified the *Dushyas* of *Vicharchika*. The therapy contents possessed *Krimighna*, *Kushthaghna*, *Kaphaghna*, and *Amapachana* properties that reduced the symptoms. The process cleared all the channels (*Strotas*), improving the nourishment process by clearing the external channels (*Bahya Rogamarga*) and elevating the sensory effect (*Indriya Bala* of *Twacha*), thus eliminating the severity of the disease [23].

There have been many cases [24,25] reported on the management of *Vicharchika*, with most of them emphasising *Shamana Chikitsa* or palliative management. However, as the root cause has not been addressed, the chances of its recurrence are always present. Acknowledging all these factors, a treatment protocol needs to be designed that would eliminate the cause and reduce the chances of recurrence. In the present case study, a detailed dermatological examination of the patient was conducted to identify the *Nidana* (causative factor), *Dosha*, and *Dhatu*s involved in the pathogenesis.

Since breaking the pathogenesis would eliminate the disease, *Shodhana* (purificatory procedures) was performed along with internal medications. In the past, most case studies and case series have been published in which the treatment for *Vicharchika* was given with only internal medication. However, in the present case, the patient was treated with both *Shamana* and *Shodhana Chikitsa* to remove the root cause.

CONCLUSION(S)

Vicharchika, a complex disorder, greatly impacts the quality of life of those affected. Based on the results of present case report, it can be concluded that ayurvedic formulations can help cure such severe dermatological conditions if, drugs are selected wisely, providing a dignified life to patients. Therefore, it can be inferred that internal medicines as per the classical texts of Ayurveda prove to be effective in managing *Vicharchika* compared to atopic dermatitis.

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