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ROLE OF SOME AYURVEDA HERBAL DRUGS IN MANAGEMENT OF DRY ECZEMA W.S.R. VICHARCHIKA: CASE STUDY

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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. Mainline of treatment for vicharchika in Ayurveda is Shodhana and shaman treatment. 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 nitya virechana and herbal preparations. A remarkable improvement in the condition was observed in a span of 3 months.

KEYWORD: Herbal drugs, Eczema, Shodhana, Vicharchika.

INTRODUCTION

Dermatitis, also known as eczema, is a group of diseases that results in inflammation of the skin. These diseases are characterized by itching, redness and a rash. In cases of short duration there may be small blisters while in long-term cases the skin may become thickened. The area of skin involved can vary from small to the entire body.^[1]

Dermatitis is a group of skin conditions that includes atopic dermatitis, allergic, contact dermatitis and stasis dermatitis. The exact cause of dermatitis is often unclear. Cases are believed to often involve a combination of irritation, allergy, and poor venous return. The type of dermatitis is generally determined by the person's history and the location of the rash. For example, irritant dermatitis often occurs on the hands of people who frequently get them wet. Allergic contact dermatitis, however, can occur following brief exposures to substances a person is sensitive to.^[2]

Aims and Objective

To Evaluate Efficacy of Ayurveda approach in the Treatment of *Vicharchika* (Eczema).

Ayurvedic view on dermatitis

All the skin diseases in *Ayurveda* have been discussed under the broad heading of "*Kustha*", which are further divided in *Maha & Kshudrakushtha*. [3] Vicharchika is

considered one of the Kshudrakushtha in Ayurvedic texts. [4] Ayurvedic classics have considered each type of kushtha to be a Tridoshaja manifestation. [5] Their Doshik identity can be established on the basis of dominance of Dosha in the Samprapti. vicharchika is kapha dominant phenomenon. [6] In present study the dermatitis has been correlated with vicharchika in this Kandu (extensive itching). Pidika (small blisters), Shyavavarna (hyperpigmentation), Bahusrava(excessive oozing) present.[7

Causes of Kustha

Specific etiology for *vicharchika* has been not described in any *Ayurvedic* texts. So it can be understood by general etiology of *Kustha*. All causes of *Kustha* can be considered under two main headings:

Aharajahetu – Disturbances in dietetic pattern

The most common *Hetu* (cause) of *kushtha* mentioned in all the *Samhitas* is *Aharaj Hetu*. *Mithya Ahara, Virudha annapaana* constitutes the major cause of *kushtha*. *Virudha Aahara* (Dietetic incompatibilities) is described in detail as the cause of *kushtha*. ^[8]

Viharajahetu – Disturbances in Lifestyle

Proper follow up of *Dincharya*, *Ritucharya*, *Aachar Rasayana*, *Aahara-Vidhividhana* and *Panchkarma* is important for maintenance of health. *Viharaj hetu* like *Paapa karma or* insult to those who are worth giving

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respect results in immediate aggravation and vitiation of *Tridosha*. ^[9]

Saptako dravya sangraha

As per *Ayurvedic* classics, the seven important factors (*Saptako dravya samgraha*) are related to *kushtha*. Three *Dosha* (*Vata*, *Pitta*, *Kapha*) and four *Dushya* (*Twak*, *Rakta*, *Mamsa*, *Ambu*) are involved under the pathology of skin disease. [10]

According to *SushrutaSamhita*, due to *Nidana sevan* vitiated *Pitta* and *Kapha dosha* with help of vitiated *Vayu Dosha* comes in contact with *Dushya* and they causes *Mandala* at affected part.^[11]

Holistic approach for management of dermatitis

In *Ayurvedic* classics the treatment of all diseases is comprised mainly of three modalities, first and foremost is *Shodhana* therapy (Biopurification) which is very much unique concept of *ayurveda*. The second part is *Shamana* (use of various Herbo-minerals compositions) and the last modality is *Nidana-parivarjanam* (avoidance of causative factors according to *ayurveda*). [12]

CASE STUDY

An 48-year-old male, approached to opd of Apex Institute of Ayurveda medicine & hospital with chief complaints of itching, blackish discoloration, discharge, patchy lesions on the dorsum of both foot, dorsal & ventral aspect of hands, since 4 days. The lesions were initially observed over dorsum of both hands in the form of rough and itchy popular red lesions and later developed itching with oozing. Within couple of months, it spread to both hands. 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 for 4 months and recurred again .

On examination, patient presented with Fissured dark & erythematous lesions on both dorsal & ventral aspect of the foot and around ankles with thin serous discharge associated with patchy and edematous lesions, which are seen in given below figures;







General appearance of the body was pale.

Note: 3 years ago, before developing complaints, he had joined JP cement factory work in Chunar, Mirzapur & routinely exposed with cow dung, farming related chemicals and his pathway to home from field was said to be full of sugarcane leaves.

Routine hematology showed hemoglobin -10.2~g%, Erythrocyte sedimentation rate -36~ml/h Absolute eosinophil count -440.

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

The condition on thorough evaluation was considered to have *Kapha-Pitta* as main *dosha*, *rakta* and rasa as *dhatus*, 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 with cement and fertilizers was noticed. The patient was subjected to treatment under 3 phases. In first phase 15 days *deepan pachana*, *shareera shodhana* (Purificatory process of body) were given and

in the second phase of 30days treated for the oozing, itching, pain & burning were given prime importance and treated accordingly and *dhatusamya* (homeostasis of tissue element of body) and lastly 45days phase for *shyava twak* (blackish discoloration of skin– result of healed lesion).

Treatment & Discussion Phase 1st of management: 15 days

On first visit, dipan pachan drugs has been given to him in that only haritaki and sunthi given in sama matra 3gram each for 5 days were given. Marichyadi tailam and karanj tailam for local application till whole therapy of 3months. Application of Marichyadi tailam and karanj tailam resolves the problem of Shotha (inflammation) and daha (burning sensation) which are kashaya rasa pradhana, pitta and kaphahara. Oil given for local application, acts as physical barrier against any abrasion or microbes.

After five days, on 2nd visit he advised *ghrit pana Panchtikta ghrit guggulu* (GHEE) 10gm daily empty stomach for 1 week.

After 12 days from 1st visit, the patient was given advice to take *Avipattikar churna* 12gm in night for 3 days. All

above drugs along with time are mentioned in table 1 i.e. given below.

Sr. No.	Drugs & Dosage	Duration
1.	Haritaki Churna- 3gm in night	1 st 5 days
2.	Sunthi Churna- 3gm in night	1 st 5 days
3.	Marichyadi Tail- Local application twice a day	Till end of whole treatment-3 month
4.	Karanj Tail- Local application twice a day	Till end of whole treatment-3month
5.	Panchtikta Ghrit Guggulu (ghee) 10gm empty stomach	Next 7 days
6.	Avipattikar Churna 12gm in night	Next 3 days

After 15 days of follow-up, symptoms such as edema, oozing, and itching, and dark scaly patches reduced to some extent but blackish discoloration persisted.

Shodhana is foremost part of the management of the diseases. So that Acharyas has advised to perform all the Panchakarma purificative procedure again and again. [13] Among all the five type of Panchakarma, Vamana and Virechana are major purifying Karma, which excrete the elevated Kapha and Pitta Dosha[14] as well do Anulomana of Vayu too. [15]

Acharya Charaka mentioned as "Dirgharoganam"^[16] that means it is long lasting disease and practically recurrence of vicharchika is also observed.

If the *Dosha* are pacified with *Langhana* or *Pachana* therapy, there may be chances of recurrences of that disease. But if they are removed with *Samshodhana*, there is no possibility of its recurrence. Similarly if biopurification (*Vamana* and *Virechana*) is performed prior to *Shamana* therapy recurrence chances can be reduced considerably.^[17]

Phase 2nd management: 1month

After looking into the signs and symptoms, *srava* and *shotha* had been treated and that was achieved by *Mahamanjisthadi kashaya* 4tsf twice a day, *panchtikta ghrit guggulu* tablet 2tab twice a day and *gandhak rasayan* vati 2 tab twice a day. All above drugs along with time are mentioned in table 2 i.e. given below.

Sr. No.	Drugs & Dosage	Duration
1.	Mahamanjisthadi kashaya 4 tsf	2 times a day after food 1month
2.	Panchtikta ghrit guggulu 2 tab	2 times a day after breakfast, 1month
3.	Gandhak rasayan vati 2 tab	2 times a day after breakfast, 1month

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.

Phase 3rd management: 45days

After looking into the signs and symptoms, discolouration, *srava* and *shotha* had been treated completely i.e. given below in (figure 2);





That was achieved by *Arogyavardini vati* 2 tab twice a day after breakfast, which helps in *agni-deepana* and proper *rasa dhatu* formation. In *Arogyavardhani katuki* helps for elimination of *dusta* pitta and corrects *rakta*.

Khadirarista 4 teaspoon-full with same quantity of water after food, has proved for anti-inflammatory activity and

its ingredient-like *khadira* etc. shown to have anti-inflammatory effect, anti-oxidant. All above drugs along with time are mentioned in table 3 i.e. given below.

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Sr. No.	Drugs & Dosage	Duration
1.	Arogyavardhani vati 2 tab	2 times a day after breakfast
2.	Khadirarista 4tsf	2 times a day after food with equal quantity of water

Moreover, if the *Shamana* treatment is given after the proper *Shodhan*, it provides better effect. Medicine given after the *Urdhvaga* and *Adhoga shuddhi* or *ubhaya marga shuddhi*, will provide desirable effect. [18]

Shamana therapy after shodhana gives best result if we follow the above written pattern. It is practically seen that merely prescribing medicines without taking account of all aspects which are discussed in above portion may fail treatment. Three aspects of shamana is very much important as they help in maintaining the homeostasis. Acharya charaka indicated that the treatment with "Tikta rasa pradhana dravya" is best for shamana therapy of khustha chikitsa. [19]

Nidanaparivarjanam has been taken by the ancient scholars as the treatment in brief. [20]

CONCLUSION

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. This above description clearly indicates that *shodhana* (biopurification) therapy, *shamana* therapy and *nidanaparivarjanam* is complete treatment of skin diseases which are very much hard to treat. If we do not take account of all aspects of therapy we could not be able to treat any skin problem effectively.

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.

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Conflicts of interest
There are no conflicts of interest

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