



Management of *Vicharchika* (Atopic Dermatitis): A Case Study



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Abstract

All skin illnesses are categorized as *Kushta Roga* in Ayurveda. They are divided into two categories: *Maha Kushta* (major skin illnesses) and *Kshudra Kushta* (minor skin disorders). Eczema, or Atopic Dermatitis, is typified by xerosis and pruritus, featuring ill-defined patches of erythema and scaling. In its acute phase, eczema may manifest as vesicular and exudative, while the chronic phase is marked by hyperpigmentation and lichenification. Excoriations commonly occur, akin to the development of stretch marks. The clinical presentation of atopic dermatitis bears similarities to other forms of eczema, such as contact eczema, on an individual lesion level. Acute eczema is characterized by a vivid red infiltration with edema, vesicles, exudation, and crusting, whereas the subacute and chronic phases are dominated by lichenification, excoriations, papules, and nodules. The diagnostic approach incorporates factors like distribution and patient-specific characteristics. Acute eczema is precipitated by exposure to irritants or allergens, with the involvement of inflammatory mediators like prostaglandins and helper T cells. Clinical manifestations include redness, scaling, edema, exudation, crusting, and pruritus. Despite advancements in dermatology, specific treatments for eczema remain elusive in modern science, with antihistamines and topical steroids standing as the sole efficacious interventions. In the realm of Ayurveda, *Shodhan* and *Shaman Aushadhis* constitute the cornerstone of treatment for *Vicharchika*, aligning with a holistic approach to address both the root cause and symptoms of the condition. [Bangladesh Journal of Infectious Diseases, December 2024;11(2):223-227]

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Introduction

Atopic dermatitis, or eczema, is a chronic inflammatory skin disorder characterized by itching, redness, and scaling. The typical onset is in childhood, with persistence into adult life. This condition was long recognized as an important skin disorder by Ayurveda and is hence grouped under

Kushta Roga as *Vicharchika*. The component causes of atopic dermatitis include genetic, environmental, and immunological factors. Genetic predisposition includes mutations in the filaggrin gene that compromise the skin barrier. Exogenous factors, such as environmental triggers, like allergens and irritants, also exacerbate symptoms. This is an imbalance immunologically,

characterized by increased activity of Th2 cells and the release of cytokines influencing inflammation. It includes dry, itchy skin and classic rashes, which change with age. The acute form of eczema is characterized by vesicles and exudation, whereas the chronic form is characterized by lichenification and hyperpigmentation. The diagnosis is mainly clinical and based on symptom history and the appearance of lesions. Moisturizers, topical corticosteroids, and calcineurin inhibitors are prescribed for treatment. Systemic medications or phototherapy may be prescribed in severe conditions. Ayurveda offers a holistic approach with *Shodhan* or purification and *Shaman* or palliative therapies aimed at dosha equilibrium and addressing the root cause of the disease.

Case Presentation

A 30-year-old male presented to the outpatient department (OPD) of *Kayachikitsa* in Mahatma Gandhi Ayurveda Hospital in Salod, Wardha, Maharashtra, India. The patient presented with a history of itching, vesicles, blackish discoloration, discharge, and edema localized on the dorsum of both feet, the dorsal aspect of hands, and the cheeks. The onset of these lesions was noted 25 days before the consultation. Over the course of a few days, the affliction extended to involve both hands and the facial cheeks, indicating a progressive nature.

History of Present Illness: Patient, previously healthy, developed itching, vesicles, black discoloration, discharge, and edema over two years, spreading from the abdomen to the hands and legs. Ineffective prior treatments led to seeking intervention at Mahatma Gandhi Ayurveda Hospital.

History of Past Illness: The patient reported no previous history of *Vicharchika* or any

dermatological issues within the family. The persistent itching adversely affected the patient's sleep quality. There was no significant medical history, including conditions such as hypertension, diabetes, or bronchial asthma. The patient had no prior surgical interventions.

Personal History: The patient's occupation was that of a shopkeeper, and his dietary habits were characterized by a mixed diet. Additionally, the patient reported experiencing constipation and had a habitual chewing tobacco addiction. The *Ashta Vidha Pariksha*, with a focus on *Rukshata* (dryness), was within normal limits. *Mala* (stool) was *Saam* (indicating constipation), and *Sparsh* (Touch) was noted as *Kharasparsha*, signifying rough texture and dryness upon touch. These findings provided valuable insights into the patient's lifestyle and physiological characteristics relevant to the clinical presentation.

Skin Examination:

- Inspection:
 - Size shape: Erythematous lesion on lower back, both hands, abdomen
 - Color: White silvery scales
 - Thickness: More than 0.5 cm in diameter
 - Lesions: Plaques
 - Uniformity: Generalized plaques
- Palpation:
 - Texture: Roughness
 - Temperature: Warmth of the skin
 - Moisture: Dryness, no sweating
 - Mobility: Reduced

Positive Signs:

- Oil drop sign
- Candle grease sign
- Ausptiz sign

Treatment Plan:

Table 1: Shodhan chikitsa by following the Purvakarma, Pradhankarma and Pschyat Karma.^[1]

Medicine	Dose	Route	Duration
<i>Deepan</i> (Appetizers) <i>Pachan</i> (Carminatives) with <i>Trikatu churna</i>	5 gm Twice a day before meals with lukewarm water	Oral	3 days
<i>Abhyantar Snehapana</i> (Internal administration) with <i>Panchtikta grita guggulu</i>	30 ml – 1 st day 60 ml – 2 nd day 90 ml- 3 rd day	Oral	7 days

Medicine	Dose	Route	Duration
	120 ml – 4 th day 140 ml – 5 th day 160 ml – 6 th day 180 ml – 7 th day (Empty stomach at morning time with lukewarm water)		
<i>Sarvanga Abhyanga</i> followed by <i>Nadi Swedan</i>	<i>Marichyadi tail</i> (Quantity sufficient) Followed by <i>Bashpaswed</i>	External application	For 2 days (After completion of 7 days of <i>Snehapan</i>)
<i>Vamana</i> with <i>Madanphalyoga</i> (Followed by <i>Sansarjan Karma</i> for 5 days)	<i>Antarnakha mushthi matra</i> (making fist)	Oral	For 1 day in morning time after <i>Snehan</i> and <i>Swedan</i>

Table 2: Details of *Vaman Yoga*^[2]

Name of Yoga	Latin name	Dosage	Uses
<i>Madanphala churna</i>	<i>Randia dumetorum</i> Lam.	3g	<i>Vamanopag</i>
<i>Vacha churna</i>	<i>Acorus calamus</i>	5g	<i>Vamanopag</i>
Honey (<i>Madhu</i>)	--	25ml	<i>Yogvahi, Abishyandi</i>
Milk (<i>Dugdha</i>)	--	2500ml	<i>Vamanopag</i>
<i>Yashtimadhu Phanta</i>	<i>Glycrrhiza glabra</i>	1000ml	<i>Vamanopag</i>
<i>Saindhav lavan</i>	Himalayan rock salt	5g	<i>Shodhak, Abhishyandhi</i>

Table 3: *Shaman Aushadhi* (Palliative Medication)

Medicine	Dose	Anupan	Route of administration	Duration
<i>Arogyavardhini Vati</i>	250 mg twice a day after meal	Luke warm water	Oral	In an interval of 1 month
<i>Haridra Khanda</i>	5 gm (1 tsf) twice a day	Luke warm water	Oral	1 month
<i>Panchtikta Ghrita</i>	5 ml (1 tsf) twice a day	Luke warm water	Oral	1 month
<i>Taxima Cream</i>	Q.S	-	Local application	1 month

Paschyat Karma: Following *Samyaka Vamana Lakshana*, the patient underwent *Dhoomapan*, involving the inhalation of smoke through a stick made of *Aguru*. The *Aguru* stick, manufactured from *Agaru* paste applied on cotton and subsequently dried, was employed for this purpose. The patient underwent *Dhoomapan* (include type or dose) for a duration of 5 minutes per nostril. After *Dhoomapan*, the patient was instructed to undergo *Sansarjana Karma* for a period of five days. The *Sansarjana Karma* regimen included the intake of various substances over the course of these five days. These substances comprised *Peya* (a liquid diet), *Vilepi* (a type of gruel), *Akrita Mudga Yusha* (soup prepared without spices and with whole green gram), and *Krita Mudga Yusha* (soup prepared with spices and whole green gram). This structured

therapeutic approach aimed to facilitate the patient's recovery and restoration of equilibrium.

Observation: The therapeutic intervention resulted in notable improvements in the patient's condition. Erythema (redness) was completely resolved post-treatment, and the initial thickness of the lesions, indicative of duration, exhibited improvement with each of the three follow-up assessments. Moreover, the severity of desquamation (scaling) significantly diminished, eventually disappearing entirely after the third follow-up. The patient reported a substantial 90.0% improvement in symptoms just 16 days into the *Vaman* treatment. The red scaly spots on the discolored skin exhibited a marked improvement of 40.0% and the silver scales demonstrated a noticeable reduction, indicating

positive progress in the overall dermatological presentation.



Figure I: Before and After Treatment

Discussion

The condition under consideration is classified as a *Raktapradoshaj* disorder, primarily dominated by an imbalance in *Rakta* (blood), with a predominant influence of *Vata* and *Kapha*, thereby categorized as a *Tri-doshaj Vyadhi*. In the current trial, the patient underwent a comprehensive treatment protocol involving *Shodhan* and *Shaman Chikitsa*. The initial phase included the administration of *Deepan–Pachana Dravya*, specifically *Tab. Amapachak*, known for its *Agnivardhak* properties, stimulating digestion and *Amapachak* characteristics.

This was followed by a 7day *Snehapana* (internal oleation) combined with *Mahatikta Ghrita*, aimed at pacifying *Vata* dosha. For external application, *Marichadi tail* was employed in *Abhyanga*, contributing to relieving dryness, moisturizing the body, enhancing blood circulation, and alleviating itching. This was succeeded by *Sarwanga swedan*, which not only facilitates the liquefaction of *Doshas* (*Dosha-vilayana*) but also transports them from the *Shakhas* (tissues) to the *Koshta* (visceral organ) for subsequent elimination.

Importantly, this method aids in the removal of *Strotas Avarodha*, addressing obstructions in the channels. The synergistic approach of these therapeutic modalities aims at restoring *Dosha* balance and alleviating symptoms associated with the *Raktapradoshaj*, *Vata-Kapha Pradhan*, and *Tri-*

doshaj Vyadhi, ultimately contributing to the holistic management of the skin disorder.

Probable Mode of Action of *Snehapana: Panchtikta Ghrita*³: *Panchatikta Ghrita*, characterized by its constituents of *Tikta Rasatmaka* (bitter taste), *Laghu Guna* (light quality), and *Ruksha* (dry quality), exerts its influence on *Kleda* (moisture), *Meda* (fat), *Lasika* (lymph), *Rakta* (blood), *Pitta* (bile), and *Kapha* (phlegm). This unique composition contributes to its effectiveness in balancing vitiated *Dosha* and *Dhatu* in the body.

Probable Mode of Action of *Abhyang with Marichyadi Tail*⁴: The *Marichyadi Tail* comprises predominantly *Katu* (pungent), *Tikta* (bitter), *Kashaya* (astringent) *rasa*, and possessing *Ushna* (hot) *virya*, this formulation is tailored to address imbalances related to *Kapha* and *Vata dosha*. Its *Snighdha Guna* (unctuous quality) counteracts *Rukshatva* (dryness), *Kharatva* (roughness), and *Parushata* (harshness).

Action of *Vaman Karma*⁵: *Vamanopaga* medicines possess properties such as *Ushna* (hot), *Tikshna* (sharp), *Vyavayi* (dispersive), and *Vikasi* (penetrative), enhancing absorption and aiding in reaching the *Hriday* (heart). From the heart, these substances travel through *Dhamani* (arteries) to reach all *Shukshma* (microscopic) and *Sthool* (macroscopic) *Strotas*, cleansing the body of toxins. The *Urdhwabhagahar Prabhav* (upward-moving effect) of *Vamak Dravyas* facilitates the elimination of doshas through the upward route.

Mode of Action of *Arogyavardhini Vati*⁶: The *Arogyavardhini Vati*, is attributed with the property of *Kusthanashak*, indicating its efficacy in alleviating various skin disorders. It is formulated with a combination of herbs known for their therapeutic effects, including *Raktavardhaka* (blood-purifying), *Kandughna* (anti-pruritic), *Deepan* (appetizer), *Pachana* (digestive), *Malasuddhikara* (purifies excretory substances), and *Sarvarogaprashamani* (alleviates various diseases).

Mode of Action of *Haridra Khanda*⁷: Known to enhance immunity, it promotes overall well-being, addressing both physical and mental health. Recognized as a potent expectorant, it facilitates the clearance of sputum from respiratory airways. This formulation acts as a blood purifier, contributing to healthy skin. With its digestive system support, it boosts digestive fire, clears pathways for nutrient absorption, and aids in toxin removal.

Conclusion

In conclusion, the signs and symptoms presented in the case study suggest a correlation between *Visuchika* and atopic dermatitis. The successful treatment of *Eka-Kushtha* in this case underscores the efficacy of a combined approach involving *Shodhan* and *Shaman Chikitsa*. This holistic therapeutic strategy, as demonstrated, provides valuable insights into the potential of Ayurvedic interventions for effectively managing skin disorders, emphasizing the importance of personalized and comprehensive treatments in addressing conditions like atopic dermatitis.

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Conflict of Interest

None

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Contribution to authors:

Both the listed authors have involved in writing, reviewing and approving the manuscript.

Data Availability

Any questions regarding the availability of the study's supporting data should be addressed to the corresponding author, who can provide it upon justifiable request.

Ethics Approval and Consent to Participate

Written informed consent was obtained from the patient prior to the publication of their medical information and images. All personal identifiers have been carefully omitted to ensure the patient's privacy and confidentiality which are fully respected.

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