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Case Study

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MANAGEMENT OF VICHARCHIKA THROUGH AYURVEDA SHAMAN CHIKITSA- A CASE REPORT

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ABSTRACT

Background: In Ayurveda, skin ailments are mentioned under the topic Kushtha. It is categorised mainly into two subtypes, viz, Mahakushtha and Kshudrakushtha and is further classified into innumerable types on the basis of dosha-dushaya. A chronic case of dry eczema which can be understood as Vicharchika (Kshudrakushtha) in Ayurveda presenting with severe itching, cracks, blackish brown discoloration of skin of ventral surface of palms and soles, treated with Ayurvedic Shamana Chikitsa (palliative treatment) along with pathya (wholesome diet). Aim: Management of Vicharchika (Eczema) by Ayurvedic treatment. **Methodology**: In this case study, patient was

treated with Guduchipaniya, Gandhakarasayan, Aarogyavardhinivati, Winsoria oil for 14 days. Conclusion: The use of Shamana drug along with local application of Winsoria oil showed significant improvement in the symptoms of the patients within just 14 days of treatment.

KEYWORDS: Vicharchika Shamana Chikitsa, Mahakushtha, Kshudrakushtha.

INTRODUCTION

Eczema is an inflammatory condition of skin in which skin becomes patchy, cracked and rough. In contemporary science, the cause of eczema is not completely understood. However, as per researchers, it tends to flare when skin is exposed to external irritants /allergens which cause immune system to overreact. According to National Health Service (NHS), researches have shown that following external and internal factors chemicals or preservatives, scented products, cigarette smoking, external allergens such as pollens, mold, dust, synthetic fabrics,

stress, food allergies, animal dander can contribute to flare eczema. There are mainly 5 types of eczema: Atopic dermatitis most common type of eczema, presenting with dry, itchy skin that often appears with a red rash. Contact dermatitis: An allergic reaction, caused by exposure to some irritants. Nummular dermatitis- more common on the lower legs, caused by a break in the skin and a history of very dry skin, presents as round, red, very itchy scaly patches. Dyshidrotic dermatitis -more common on the lower legs, caused by a break in the skin and a history of very dry skin, presents as round, red, very itchy scaly patches. Stasis dermatitis is typically seen on the lower leg normally caused by poor blood flow.^[1]

In *Ayurveda* skin ailments are described under *Kushtha* which is further classified under two categories *Mahakushtha* and *Kshudra kushtha*. Under *Kshudra kushtha*, *Vicharchika* is described. The clinical features^[2] are- blackish brown color, excessive exudations, eruptions, associated with pruritus. *Vicharchika* is basically *pitta-kapha* predominance disorder. General guidelines for diagnosis of all types of *kushtha* is the involvement of *Tridosha* in the process of pathogenesis. Depending on predominant *Dosha*, symptoms are manifested and treatment is decided on the basis of symptoms present in specific type of *kushtha*. The predominant *dosha* should be treated first, followed by the treatment of associated *dosha*.^[3]

The treatment modalities as mentioned in modern medicine for Eczema are mainly Antihistamines, which relieve itching by blocking allergic reactions triggered by histamine. Cortisone (steroid) creams & ointments which relieves itching & scaling. Oral corticosteroids (when topical isn't helping). Immunosuppressants- prevent immune system from overreacting. And long term usage of these medications can cause serious side-effects. So here an attempt was made to completely cure the patient of Eczema through *Ayurveda*.

CASE REPORT

• A male patient aged 35 years presenting with chief complaints of itching, scaliness, dryness, blackish- brown discoloration on the ventral surface of both feet and hands since 5 years. Severe itching at night rendering sleepless nights. Patient was occasionally applying topical steroids but found no relief, suffered recurrent flare up. On enquiry it was found that patient was non-diabetic, with no history of any known allergy and also there was no family history. No h/o worm infestation. On further enquiring about the dietary habits, it was found that patient was a non-vegetarian, ate junk food frequently, and consumed curd and pickles daily. His breakfast included fried *parathas* daily along with tea. Patient was a businessman by profession, and had complete sedentary lifestyle with no exercises or yoga in his routine.

Prakriti(body constitution)of the patient was found to be *kapha-vata*. *Agni* (digestive fire) was weak (*manda*) with acidic regurgitation sometimes. Both lifestyle and dietary habits indicated the vitiation of *pitta* and *kapha*. And the presenting features of skin along with *dosha* assessment clearly indicated that it was a case of *Vicharchika*.

Physical examination

• Temperature: 38°C

• Pulse: 78 beats/minute

Blood pressure: 128/96mm of Hg

• Respiratory rate: 20 breaths/minute

• Height: 5 feet 6inches

Weight: 86kg

• Skin color: affected part was blackish brown

• Skin texture: cracks present

AshtavidhaPariksha of the patient

Nadi = Kapha was predominant in nadi along with pitta. Ama was also present in nadi.	Shabda(speech) = Normal.
Mala = sticky and foul smell	Sparsha(skin) = Ushnasparsha
Mutra= parkrut	Druka(eyes) = Normal.
Jeeva = coated	Akriti= Madhayam

Blood investigations

• Routine hematology showed haemoglobin: 11.2gm%

Erythrocyte sedimentation rate- 56mm/h

CRITERIA OF ASSESSMENT

Table 1: Grading of symptoms.

SCORE	SYMPTOMS
0	None
1	Mild
2	Moderate
3	Severe

➤ **PROVISIONAL DIAGNOSIS:** On the basis of clinical presentation, *doshik* evaluation, physical examination, the case was diagnosed as *Vicharchika* associated with *Ama* condition.

TREATMENT PLAN

Treatment aimed at *nidanaparivarjana* (removing the causes), *agnideepana* and *amapachana* along with external and internal medications.

Pathya was planned, which includes green gram, pigeon pea, bitter gourd, bottle gourd, ash gourd. Sour, salty, sweet, pungent, fried food items, tea, packaged, processed food etc. were suggested to be avoided. Lifestyle was suggested to improve.

Shaman Drug	Dose	Kala	Duration
Guduchipaniya	10ml	1hourly	For 7 days
Gandhakarasayana	2 tab (250mg)	twice after meals	For 14 days
Aarogyavardhinivati	2 tab (250mg)	thrice before meals	For 14 days
Raktashodhinivati	1 tab (500mg)	twice after meals	For 14 days
Winsoria oil for local application.		Twice daily	For 14 days

After 7 days of *amapachana*, *guduchipaniya* was stopped; rest of the treatment was continued for next 7 days along with external application.

OUTCOME AND FOLLOW UP: After 14 days of above medicines and *pathya* plus lifestyle modification, following changes were observed. On examination, patient presented with (fig 1) and (fig 2).



Fig1.



Fig 2.

Table 2: Results.

Symptoms	BT	AT
Blackish-brown colour	03	01
Pruritis	03	01
Eruption	0	0
Exudation	0	0
Dryness	3	2
Scaling	3	2

Along with above results- Agni was improved, No acidic regurgitation, Sound sleep, Brown blackish parts of skin becomes pinkish, 3 kg loss of weight, Erythrocyte sedimentation rate-22mm/h.

DISCUSSION

Kushtha is not caused by single dosha i.e. kushtha is not a nanatmaja (disease caused by single specific dosha). The vitiated three doshas-vata, pitta, kapha along with impaired tvak, rakta,mamsa and ambu together constitute seven essential entities which play role in pathogenesis of kushtha.^[4]

Depending upon the *doshik* predominance and clinical features the type of *kushtha* should be diagnosed and predominant dosha should be treated first, followed by the associated doshadushya.

In this case patient's nidana (ahara -diet & vihara-lifestyle) was prabala (strong) which needs to be removed immediately.

- > Guduchipaniya is aimed for amapachana, pitta anulomana, vata-kaphahara.
- > Gandhakarasayan is having kaphahara property, kandughna, krimighna property and deepanapachana property also.^[5]

- Aarogyavardhinivati is having srotoshodhaka property, helps in agnideepana and proper rasa dhatu formation. The chief ingredient of it is katuki which eliminates dushta pitta (pitta bhedana) and corrects rakta. [6]
- Raktashodhinivati is a proprietary medicine contains
- Khadira –a prabhavadravya for kushtha, kaphahara. [7]
- Manjistha- raktaprasadniya drug, mainly indicated in kushtha, pitta-kaphahara. [8]
- Sariva-pitta-raktashamaka, varnya, tvakdoshahara, kanduhara and Raktashodhaka property. [9]
- Haridra- krimighna, tvakdoshahara and kapha-pittahara property. [10]
- Winsoria oil contains coconut oil processed with *vidapala, manjishtha* and *sariva*. This oil carries all the active pharmaceutical ingredients from these herbs and helps to cure by enhancing their permeation across the skin. It retards scaliness, cracks, reduce discoloration of skin. Prevents itching and formation of scales, having *shotha hara* (anti inflammatory) property.^[11]
- * Pathya which was suggested was having laghu, anulomana property, srotoshodhaka, kaphahara and pitta anulomana.

CONCLUSION

Skin has an inseparable relation with the mind. If the skin is fine, then mind will also be fine. When patients develop any skin problem they instinctively opt for modern system of medicine in which they usually apply or orally consume steroids and long term usage of these medicines have serious side effects, weakens the individual's immunity. Modern system predominantly relies on germ theory, according to which the organisms are considered as the cause of most diseases. But modern system misses out on other factors like food items that aggravate a particular disease, the factors help the organism sustain on human beings as host, keeps relapsing and leads to chronicity of a disease.

Whereas *Ayurveda* first evaluates *sama-nirama* condition of patients and asked to avoid particular food items which are responsible for disease progressing. *Pathya* (wholesome diet) and lifestyle modification is advised along with medications which helps in reversing the pathogenesis of the disease and helps the patient recover quickly.

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