



AYURVEDIC MANAGEMENT OF CONTACT DERMATITIS – A CASE REPORT

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ABSTRACT

Background: Ayurveda uses the term "*Kustha*" to describe many skin diseases. *Kustha* is regarded as one among *astamahagada* by *Bruhatrayees* for the challenges it poses with its chronicity, recurrence and treatment. Clinical features of *Vicharchika* described by *Charaka* are intense itching blackish-brown maculopapular lesions associated with serous discharge, it disrupts sleep and daily life. *Vicharchika*, a skin condition in *Ayurveda*, shares similarities with eczema regarding its causes, symptoms, and overall presentation. **Materials and Methods:** A 30-year old Female complained of skin lesions over bilateral upper limbs associated with roughness, scaling, and severe itching all over the body for six months. The case was diagnosed as *Vicharchika* (an Ayurvedic diagnosis for Contact Dermatitis). Ayurvedic remedies were used to treat the patient for two months. Clinical symptoms and photographs of the lesions assessed the disease severity. **Results:** The treatments given were successful in reducing the symptoms. This case study demonstrates the efficacy of Ayurvedic treatment for Contact Dermatitis. **Conclusions:** The study concluded that Ayurvedic therapy was significantly effective in treating Eczema.

Keywords: : Contact Dermatitis, Case Report, *Kushta*, *Shaman Chikitsa*, *Vicharchika*

INTRODUCTION

Skin is the outer covering of our whole body. In Ayurveda, skin is known as *sparshanendriya* i.e.

sense organ of touch. It protects the surface of the body from heat, cold and external infection. The

looks and appearance of an individual carry a lot of weight in the modern world. There are so many skin diseases which affect the appearance of an individual. *Vicharchika* is also one of the skin diseases explained under the heading of *kshudra kushtha*.¹ In *Vicharchika*, despite *Tridoshaja* origin, In *Charak Samhita*, *Vicharchika* is defined as the skin lesion along with *Kandu* (itching), *Shyavapidiaka* (eruptions), *Bahusrava* (oozing)². According to *Acharya Sushrut*, *Vicharchika* is a combination of marked linings (*Rajyo*), excessive itching (*Atikandu*), severe pain (*Atiruja*) and dryness (*Rukshata*) in the body. *Acharya Vagbhata* mentioned the same Lakshana (Symptoms) as *Acharya Charak* but included *Lasika* (watery contents of the body) instead of *Bahusrava*(oozing). Contact dermatitis is an immunologic reaction to an allergen which comes into contact with the skin. Dermatitis was estimated to affect 245 million people (3.34%) worldwide. About 10-20% of the general practice includes patients suffering from skin disorders, and eczema accounts for a huge population of all skin diseases³. *Vicharchika* (Eczema) is one among the *Kshudra Kushta* (Minor skin disorder). *Vicharchika* is characterised by skin manifestation having the symptoms *Kandu* (Itching sensation), *Pidika* (Papule), *Shyava Varna* (Blackish brown discolouration) and *Bahusrava* (Excessive exudation)⁴. There is no specific description available in *Samhita* regarding the line of management of *Vicharchika*. Hence, the treatment is to be carried out according to the predominance of *Dosha*. The treatment should be planned based on *Roga* and *Rogi Bala* (Strength of disease and patient).

2. CASE PRESENTATION

2.1. 2.1. Patient Information: A 30-year-old female patient visited the *Kayachikitsa* Outpatient Depart-

ment at Sanjeevani Hospital, Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University in Jodhpur on 10/6/23. She has been experiencing generalised itching for approximately six months, disrupting her sleep, particularly at night. Initially, the itching did not seem to be tied to any specific triggers, but over time, her skin began to show noticeable changes, especially on her upper limbs. The skin on her arms was initially dry and slightly red, but it became increasingly rough and scaly. About three months into experiencing these symptoms, the affected skin areas started turning darker, almost blackish and became scaly. The itching also intensified, leading to frequent scratching, sometimes causing minor bleeding. Despite trying various moisturisers and over-the-counter anti-itch creams, the symptoms persisted and gradually worsened. Concerned about the chronicity and progression of the symptoms, she sought medical advice and visited the OPD at Sanjeevani Ayurveda Hospital in Jodhpur.

2.2 Clinical Findings Vital signs were typical. The sleep of the patient was disturbed due to itching. On the Integumentary system examination, the skin lesion distribution was in the upper limbs. The type of lesion was papules and scaly lesions. The colour was blackish and associated with a rough surface. It was associated with pruritus and exfoliation. There was no discharge.

2.3 Habits: taking curd, milk (Twice a day), Spicy, oily food, Tea (4 times/day)

2.4 Past History No h/o Diabetes mellitus/Hypertension, another significant medical and surgical history.

2.5 Family History No relevant family history. Psychological Evaluation: The Patient was stressed due to disturbed sleep and itching.

Table 1: Personal History of Patient.

Diet	Vegetarian
Micturition	5-6 times in a day, 0-1 times at night
Bowel	Regular/ Slightly constipated
Appetite	Moderate
Sleep	Disturbed
Addiction	Nil

Table 2: Ashtavidha Pariksha of Patient

1. Nadi (Pulse)	72/min	5. Shabda (Speech)	prakruta
2. Mutra (Urine)	5-6 times a day	6. Sparsha (Touch)	Rukshata
3. Mala (Stool)	1-2 times per day	7. Drik (Eyes)	prakruta
4. Jihva (Tongue)	Malavrita (Coated)	8. Akriti (Built)	Madhyama

Dashavidha pareeksha

Kapha pitta prakriti and Dosha vitiated are kledaka kapha, brajaka pitta, and vyana vayu. Dushyas affected are Twak, Rakta, and Mamsa. Saram and Samhnannam are Madhyama. Satvam is an avara. She is Madhura rasa Satmya.Pramana is Madhyama. Abhyavaharana Sakthi and Jarana Sakthi are Madhyama. Vyayama Sakthi is Madhyama. Vaya is yuva, Vyadyavashtha is puranam, and Bhoomi is sadharanam. Denham affected is twak. Rogamargam is Bahya

Table 3: Timeline

Date	Relevant medical history
January 2023	Acute onset of skin lesion in both hands associated with itching
February 2023	Severe itching started
March 2023	Disturbed sleep due to itching
April 2023	Started allopathic treatment (Corticosteroids and ointment)
May 2023	No relief by allopathic treatment
May 2023	Severe itching started all over the body
June 2023	Consulted in outpatient department of Sanjeevani Hospital DSRRAU, Jodhpur and Ayurvedic treatment advised.

Table 4: Therapeutic intervention

S.No	Drugs/Therapy	Dose	Anupana	Duration
1	Tab Raktapachak	2-tab BID (After food)	Lukewarm water	15 Days
2	Guduchyadi kashyam + Aragvadhadi kasayam	20 ml +20ml BID(Before food)	Lukewarm water	15 Days
3	Tab Gandhak rasayan	1 tab BID (After an hour of having food)	Normal water	15 Days
4	Cream Exoskin	Local application (Morning)	-	15 Days
5	Nalpamaradi Taila	Local application (Night)	-	15 Days
6	Swadishta Virechan Churna	1 tsp bedtime	Lukewarm water	15 Days

Table 5 Outcome measures observed

Outcome measures	Baseline	15 th day	30 th day	45 th day	60 th day
Itching	Profuse	Profuse	Moderate	Absent	Absent
Exfoliation	Profuse	Profuse	Moderate	Mild	Absent
Pidika (Papule)	Severe	Severe	Moderate	Absent	Absent
Roughness	Severe	Moderate	Moderate	Absent	Absent
Lichenification	Severe	Moderate	Moderate	Mild	Absent
Shyavavarna (Blackish brown discoloration)	Severe	Moderate	Moderate	Mild	Absent

After the initiation of treatment, follow-up appointments were systematically scheduled for the patient at fifteen-day intervals within the Outpatient Department (OPD). This regimen facilitated a thorough evaluation of the patient's progress post-treatment. The outcomes recorded post-treatment indicated a marked improvement in the patient's health condition, underscoring the efficacy of the prescribed therapeutic interventions.

RESULTS

In this case study, the outcome was measured at baseline, 15th day, 30th day, 45th day and 60th day. Following the completion of the medicinal treatment, the patient's signs and symptoms improved significantly. Photographs also show remarkable improvement in the lesion. Treatment details are mentioned in Table 4. Outcome measures are mentioned in Table 5.

DISCUSSION

This case study elucidates the clinical implications and relevance in the context of an individual presenting symptoms indicative of contact dermatitis, whose lifestyle and dietary habits included the consumption of curd, milk (twice daily), spicy and oily foods, tea (four times daily), and coloured food items. These dietary choices, referred to as *nidana*, have been identified as precipitating factors leading to the aggravation of the *Kapha dosha*. Concurrently, the patient's aversion to adequate water intake has culminated in the vitiation of the *Vata dosha*. The resultant imbalance in the doshas instigates a disruption in the *Rasa dhatu*, subsequently affecting the *Rakta dhatu*. This pathophysiological sequence manifests clinically as itching, blackish discolouration, exfoliation, and roughness of the skin on the upper extremities, symptoms collectively detailed in Ayurvedic literature as *kandu* and *syava twak*. Upon clinical examination, the patient's condition was diagnosed as *Vicharchika*, characterised by the involvement of all three *doshas*, albeit with a marked predominance of *Kapha*. To address both the underlying pathophysiology of contact dermatitis and the specific progression (*Samprapti*) of

Vicharchika, a multidimensional treatment approach was adopted. This approach incorporated *Aragwadadi Kashayam* for its efficacy in alleviating the *Kapha dosha* predominance⁵, alongside *Guduchyadi Kashayam* for its utility in managing various skin diseases by harmonising the *Vata* and *Kapha doshas*⁶. Additionally, *Tab Gandhak Rasayan*, possessing attributes such as *Katu*, *Tikta*, *Kashya Rasa*, *Kaphahara*, *Kandughna*, and *Kushtaghna* properties, was administered to treat the skin disease and enhance digestion and skin complexion⁷. The therapeutic regimen was complemented with topical applications of Cream Exoskin and *Nalpamaradi Taila* to restore the skin's natural colour and texture. Moreover, *Swadishta Virechan Churna* was prescribed, capitalising on its laxative, blood-purifying, antibacterial, and antipruritic properties. Following a treatment period of 60 days, the patient exhibited a remarkable amelioration of symptoms, culminating in the total remission of the disease. This case study underscores the efficacy of Ayurvedic interventions in managing Contact dermatitis, demonstrating the potential of a holistic therapeutic approach that integrates dietary and lifestyle modifications with specific medicinal treatments. Through this comprehensive strategy, Ayurveda offers a substantive promise for enduring relief from chronic conditions such as contact dermatitis, showcasing its relevance and applicability in contemporary clinical practice.

CONCLUSION

The Ayurvedic management of contact dermatitis involves a personalised approach that targets the underlying causes and symptoms of the condition. The treatment is based on *Kushta Chikitsa*, where medicines are chosen based on the predominant dosha at each stage of treatment and the progression of the disease. Significant symptom improvement was observed, demonstrating the effectiveness of Ayurvedic medicine as a standalone treatment. This case highlights the importance of combining traditional knowledge with modern clinical practices to achieve patient outcomes.



Fig. 1 (a,b,c&d): Picture showing before the intervention of case



Fig. 2 (d,e&f): Picture showing after the intervention of case

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