

## AN AYURVEDIC MANAGEMENT OF VICHARCHIKA - A CASE REPORT

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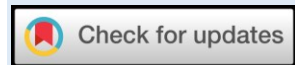
<https://doi.org/10.46607/iamj15p4062020>

(Published online: September 2020)

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Article Received:10/09/2020 - Peer Reviewed:18/09/2020 - Accepted for Publication:20/09/2020



### ABSTRACT

*Twak* has intimate relationship with the *Doshas*, *Sparsnendriyaas* a whole is considered as *Vatasthana*. *Twak* and *Rasadhatu* are considered as *Bahya Rogmarg*. Eczema is widely considered to be specific type of *Kushtha* known as *Vicharchika*, with complex pathology, varying presentations, and various treatment modules within the context of *Ayurveda*. The *Kushtha* is generally used as a universal term for all kinds of skin disorders, which is further classified in two divisions i.e. *Mahakushta* and *Kshudrakushta* and *Vicharchika* is mentioned under *Kshudrakushta*. *Vicharchika* is considered as *Rakta Pradoshaja Vikaras*. Recurrences and chronic course is a distinct feature for this disease. Eczema is primarily managed with topical steroids, antiseptic, immune-suppressors drugs to inhibit immune and inflammatory response. However, it does not provide treatment for the root causative factors. *Ayurveda* provides principle-based treatment for eczema by cleansing vitiated *Dosha* and balancing the *Dosha* and *Dhatu*s. The case report involved a female patient of *Pitta-Kaphaj Prakruti* with exudate, intense itching, and erythema of the skin. Within one month of the beginning the treatment, eczematous lesions were improving and even after two months, the patient showed no signs of recurrence.

**Keywords:** *Vicharchika*, *eczema*, *Twak Vikar*, dermatitis, pruritis

## INTRODUCTION

The skin accounts for the largest barrier between body and the environment, which protects from various external physical, chemical, biological threats. The skin is much more than just a protective coat and encounters a high number of antigens at the embrasure between the body and the surrounding environment<sup>1</sup>. Skin diseases involve the worldwide population at significant levels but are more prevalent among children and in low socio-economic groups, basically due to poor hygienic practices. There are ample evidences which suggest that skin infections are more prevalent in extreme climatic conditions. Dermatitis offers a wide clinical picture ranging from minor to major forms with erythematous rash<sup>2</sup>. Cardinal features of itchy inflammation of skin (eczema) are redness, eruptive skin lesions, papules which go along with an intense pruritus and cutaneous hyperreactivity<sup>3</sup>. Atopic dermatitis can be distinguished with cracked or scaly skin, discolored patches, red skin, papules, oozing from lesion, and intense itching, which can secondarily cause disturbed and hamper the quality of life. The clinical picture may be a combination of all or presence of individual sign symptom depending upon the phase of the disease. To live with skin disease, have a negative impact on quality of life because of continuous physical agony due to itching, scratching, oozing, and pain in lesions and thereby psychological discomfort. It can lead to high stress levels which also disturb the positive outcome at workplace, affect the lifestyle and also restrict the social activities of patient. Mental depression is also of big concern in dermatological issues as the patient in maximum cases begins to feel desperate, awkward, anguish due to the chronic nature of the disease. The research in dermatology has provided sufficient evidences that mast cells are responsible for immediate allergic reactions / inflammatory disease by releasing mediators stored in them including atopic dermatitis<sup>4</sup>. Mast cells are found all over the body, chiefly near the surface of the skin, blood vessels, and lymphatic vessels. Eczema occur as a result of delayed type hypersensitivity mediated by adaptive immune system which kills infected host cells and activate other immune cells, producing cytokines

causing inflammatory response of the skin<sup>5</sup>. The clinical lesions on skin may be acute onset or chronic depending on the severity of response to the antigen<sup>6</sup>. The term eczema is predominantly applied to a range of constant or repeated skin rashes identified by redness, skin swelling, itching and dryness, with possible crusting, peeling off, blebs, fissure, fluid discharge or bleeding at times. Areas of interim skin discoloration occasionally show healed lesions, though scarring is rare<sup>7</sup>. As described in terms of *Nidana*, *Purvarupa*, *Rupa*, *Samprapti* and *Chikitsa*, *Vicharchika* can unquestionably be co-related with the modern explication of eczema. The *Sushruta Samhita* defines *Vicharchika* as “excessive pain and itching<sup>8</sup>, the *Charak Samhita* describe *Vicharchika* in a slightly different way “It consists of pimples which are pruritic, black in color, and associated with oozing<sup>9</sup>. The paramount features of *Vicharchika* include *Kandu* (pruritis), *Pidika* (popular rash), *Shyavata* (discoloration), *Bahusrava* (profuse oozing)<sup>10</sup>, *Raji*<sup>11</sup> (marked lining/ lichenification), *Ruja* (pain), *Rukshata* (excessive dryness). As per *Ayurvedic* texts it is a *Kapha pradhana tridoshaja vyadhi*<sup>12</sup> which in its progression involves *Rasa*, *Rakta*, *Mamsa* and *Kleda* (as *Dushya*)<sup>13</sup>. The fundamental cause of all disease is considered to be *Agnimandya*<sup>14</sup>. *Acharya Charaka* has defined *Vicharchika* as a *Kapha* condition, which would have *Kapha* accumulating and aggravating in the *Annavaha Srotas*, overflowing in the *Rasavaha* and *Raktavaha Srotas*, and relocating in the *Mamsavaha Srotas*, resulting in swelling, itching and exudate. The types of *Kushtha* with similar causative factors have different presentation depending upon pain, color, symptoms, effects, name and treatment according to proportional variation, association, and location of *Doshas*<sup>15</sup>. *Acharya Charaka* has mentioned that all skin disease is *Sannipatika* by nature, but presentation may vary according to dominance of specific *Dosha*. With the combinations of *Doshas*, non-identical numerous conditions will arise, and therefore treatment protocol should be planned on the prevalence of the *Dosha* involved. Initially lodgment and exacerbation of *Dosha* occur in the *Rasa Dhatu*, which progresses

to next *Rakat Dhatu* involving both *Rasa* and *Rakta*, it moves on, manifests, and expands in the *Rasa*, *Rakta* and *Mamsa*. The vitiated *Rasa* manifests differently depending on the *Dosha* involved viz. dryness for *Vatadosha*, inflammation and burning for *Pittadosha*, and swelling and itching associated with *Kaphadosha*. The pathologic process of *Vicharchika* is complex which naturally involves more than one *Dosha*. When *Dhatus* are intricately simultaneously, it makes the existing condition more complicated. Texts show various evidences that *Raktadusti* is counted one of the foremost causes of various dermatological conditions<sup>16</sup>.

**Case History:** A female patient aged 54 years, housewife by occupation reported in the OPD of MCDAV Ayurvedic hospital, Jalandhar with complaint of patches, itching and redness, over both buttocks and inner side of both thighs since last one year. On enquiry patient told that sometimes it is painful, and itching becomes more intense at night and sometimes clear fluid oozes out. Her appetite, micturition,

bowel habits were normal, and sleep was disturbed due to itching and patient told that she used to sleep in daytime. She gave history of some relief in itching after applying local medication. On examination, the lesions were found to be circular, grouped and red in color; crusting present and itching marks were also witnessed. Patient also informed that whenever she takes spicy, oily, sour, salty food items, *Masha*, *Tilla*, milk, *Gudd*, curd, chilies, garlic, after heavy physical exertion and exposure to excess heat and indigestion always makes the symptoms worse. There was no history of any known skin allergy in the patient and also there is no family history of skin disease. There was no history of any kind of other associated systemic illness or any kind of prolonged oral medication. As *Kandu*, *Pidika*, *Srava*, *Rukshta*, *Ruja* were present so patient was diagnosed as a case of *Vicharchika* (dermatitis) and *Shaman Chikitsa* was planned. All routine haematological reports were within normal limits. On examination patient presented with Figure 1 and Figure 2:



Figure 1

Figure 2

#### Vital Data:

PR - 80 / min, Regular, BP - 110/80 mmHg, Temperature – Afebrile, Respiratory Rate – 16 / min rhythmical. Personal history and *Ashtavidha Pariksha* is mentioned in table 1 and table 2 respectively.

**Table 1:** Personal History

|                         |                                 |                 |
|-------------------------|---------------------------------|-----------------|
| Name: XYZ               | <i>Bala: Madhyama</i>           | BP: 110/80 mmHg |
| Age: 54 years           | Sleep: Disturbed due to itching | Weight: 53 kg   |
| Sex: Female             | Addiction: None                 | Height: 148 cm  |
| Marital Status: Married | Bowel Habit: Constipated        |                 |
| Occupation: Housewife   | Appetite: Normal                |                 |

**Table 2: Ashtavidha Pariksha**

|                               |                          |
|-------------------------------|--------------------------|
| <i>Nadi</i> : 76/min          | <i>Shabda</i> : Clear    |
| <i>Mala</i> : Constipation    | <i>Sparsa</i> : Normal   |
| <i>Mutra</i> : Normal         | <i>Drik</i> : Normal     |
| <i>Jihva</i> : Saama (coated) | <i>Aakriti</i> : Madhyam |

**Systemic Examination:**

Cardiovascular system – Heart sounds(S1S2) appears to be normal, no adventitious sound was detected.

Respiratory System – Chest appears to be normal in shape, movements of chest wall bilaterally equal. Air entry appears to be adequate bilaterally, no added sounds detected.

GIT System – On examination abdomen appears to be normal in shape, movements of abdominal wall appears to be normal, umbilicus central in position, on palpation abdomen is soft, non-tender and resonant all over. No organ seems to be palpable; bowel sounds appears to be adequate.

Musculoskeletal System – On examination locomotor system appears within normal limits. Deep and superficial reflexes are intact.

Dermatological Examination – Hands, mouth, scalp, nails appears to be normal. Lesions present over gluteal region bilaterally and inner side of thighs ranging from three to four centimeters in size, red in color, crusty in texture, round in shape and distribution is symmetric and grouped.

**Nidan:** It has been mentioned in the *Samhitas* that sugarcane, sesame, *Ghee*, curd and milk, the habit of the sleeping by day, taking sour fruits, etc. all of these excessively aggravate *Kapha*, *Pitta* as well as *Rakta*. A patient with dermal manifestations should avoid taking meat, fat, milk, curd, oil, various eatables prepared from corn flour, soures, incompatible foods and overeating, uncooked foods or that which cause disturbed digestive fire i.e indigestion, foods that cause acidity etc. Also, in the present case study these factors seem to have played major role as etiological factors.

**Samprapti Ghatak:**

*Dosha*: Tridosha (*Kapha*-*Pitta* predominant), *Agni*: *Manda*, *Doshagati*: *Vridhhi*, *Tiryak*

*Vyadhimarga*: *Bahya*; *Dushya*: *Rasa*, *Rakta*; *Srotas*: *Rasavaha*, *Raktavaha*; *Srotodushti*: *Vimarga Gama*na; *UdbhavaSthana*: *Aamashaya*; *VyaktiSthana*: *Twak*; *Svabhava*: *Chirkari*

**Treatment plan:**

The *Shodhan Chikitsa* was not possible due to uncooperative behavior of patient, the *Shaman Chikitsa* was planned and drugs were selected for oral administration for two weeks along with abstinence from *Aaharaj*, *Viharaj* and *Mansik Nidan*:

1 *Haridrakhanda* 4 gm TDS

2 *Cap SheerishHaldi* 2 cap TDS

3 *NimbadiChuran* 3 gm TDS

4 *GandhakRasayan* 1-tab TDS

5 *KaishoreGugglu* 2 TDS

6 *Mahamarichyadi Tail* for local application four times in a day.

**Diet and Hygiene:**

The diet was advised, keeping in mind the *Dosha* predominance to pacify the *Dosha* that is primarily vitiated. Hot and spicy foods like chilies, raw onions and garlic, fermented foods like pickles, curd and yogurt, excess salt intake, sour fruits, fried foods, ice cream and cold drinks, strong tea, excess intake of nuts were restricted and patient was advised to take easily digestible, nutritious diet like, *Ghiya*, *Torri*, *Moogdaal*, *Masardaal*, *Khichdi*, preboiled luke warm water to drink, seasonal fruits etc. Patient was also advised to maintain proper hygiene of the affected area.

**Observation and Results:**

On day 1, the patient reported with *Kandu*, *Pidika*, *Shyavta*, *Rukshta*, *Raji*, *Ruja*, *Srava*. After 7 days patient showed encouraging improvement especially in *Ruja*, *Kandu* and patient was able to enjoy the sound sleep at night (which was disturbed previously), at the end of two weeks (14 days) it was observed that patient showed marked improvement in signs and symp-

toms, as evident from the Figure 3. Other symptomatic observations made are described in table 3.



**Figure 3**

**Table 3**

| S.NO | Assessment Parameters                       | Day 1    | Day 7   | Day 14  |
|------|---|----------|---------|---------|
| 1    | <i>Kandu</i> (Pruritis)                     | Grade 3  | Grade 2 | Grade 0 |
| 2    | <i>Pidika</i> (Papular rash)                | Moderate | Mild    | Absent  |
| 3    | <i>Shyavata</i> (Discoloration)             | Apparent | Absent  | Absent  |
| 4    | <i>Bahusrava</i> (Profuse oozing)           | Moderate | Mild    | Absent  |
| 5    | <i>Raji</i> (Marked lining/Lichenification) | Mild     | Mild    | Absent  |
| 6    | <i>Ruja</i> (Pain)                          | Grade 1  | Grade 0 | Grade 0 |
| 7    | <i>Rukshata</i> (Excessive Dryness)         | Apparent | Mild    | Absent  |

#### Grades of severity of itching:

|   |   |
|---|---|
| Grade 0 – No itching                        | Grade 1 – Mild itching ( <i>Ishatkandu</i> ),   |
| Grade 2 – Moderate itching ( <i>Kandu</i> ) | Grade 3- Excessive itching ( <i>Bahukandu</i> ) |

#### Grades of Pain (*Ruja*):

|  |   |   |
|--|---|---|
| Grade 0 - No <i>Ruja</i>                   | Grade 1- <i>Alpa / Mandaruja</i>                      | Grade 2 - <i>Ruja</i> with moderate intensity |
| Grade 3 – <i>Tivra Ruja</i> (intense pain) | Grade 4 – <i>TivraRuja</i> with <i>Sparshasahatav</i> |   |

## DISCUSSION

Majority of skin disorders are explained under the umbrella of *Kushtha Rog*, which is considered as a *Tridoshaj Vyadhi* and has manifestations in the *Bahyamarg* i.e. *Twak*. Acharya Sushruta describes formation of *Twak* from *Sukra* and *Shonit* whereas in *Shashilekha* commentary by Indu has stated that *Twak* is formed from *Saarabhag* of *Raktadhatu*. Etiological factors which are responsible for manifestation, transmission and progression of the disease include *Virudhaahar*, *Mithyaahar*, *Ajirnahar*, *Ahitashan* leads to *Tridoshdushti*, *Snigdha Anpaan*, *Guru Anpaan*, *Snehati Sevan* causes *Kapha Prakopa* and *Attiamal*, *Atilavan* food items cause vitiation of *Pitta Dosha*, *Kledvridhi* and *Rakata-Mamsadushti*. Vitiating *Doshas* cause manifestation of *Twak Roga* by involving *Dhatu*s especially *Rasa Dhatu* and *Mamsa Dhatu* and

availability of disease suitable etiological factor leads to further establishment and progression of the disease. Keeping in view all these factors, drug formulations for *Shaman Chikitsa* were chosen that helped in *Samprapati Vighatan* in this case. The formulation *Haridrakhand* is widely accepted for *Twak Roga* and act as anti-allergic, anti-inflammatory, antioxidant, antihistamine as well as an antipruritic and also act as *Kapha-Pitta Shamak* resulting into marked improvement in this case. In *cap Sheerish Haladi*, *Sheerish* has been mentioned as *Vishghan*, *Vednasthapak* and its *Madhur*, *Tikat*, *Kashaya Rasa* helps in reducing *Srava*, *Dah*, *Kandu*, *Pidika* etc. It has got mast cell stabilizing property, anti-allergic, anti-fungal, anti-inflammatory, anti-microbial properties. *Haridra* with *Tikat*, *Katu Rasa*, *Katu Vipak* is considered as *Kushthaghan*, *Kandughan*. It is a best antiseptic anti-

inflammatory; antimicrobial, and antioxidant properties, turmeric is an effective treatment for a variety of skin conditions. *Nimbadichuran* is *Tridosahara*, especially *Kaphapittahara*, *Raktadushtihara*, *Lekhana*, *Srothoshodana* and *Deepana*, *Pachana*. *Gandhak Rasayan* is a purified Sulphur based medicine that has a great antibacterial, antipruritic and antimicrobial properties and works well in itching, burning due to underlying pathology or excess *Pitta*. *Kaishore Gugglu* has anti-allergic, anti-bacterial and blood purifying properties, ingredients are having *Katu*, *Tikat*, *Kashaya* properties which pacifies vitiated *Pitta* and *Kapha Dosh* in this case of *Vicharchika*. It removes excessive *Pitta* from the body and thus helps in providing soothing effect to the skin. It helps in removing impurities from the blood thus help in treating skin diseases arising due to *Rakat Dosh* vitiation. *Mahamarichyadi Taila* is a formulation with many ingredients which contains antifungal and antiseptic properties. The application of oil increases liquid content and leads to *Utkleshan* (removal of vitiated *Doshas*). It enters in the cells easily as cell membrane is made up of phospholipids and acts as solvent for various metabolic waste products. Besides these properties, *Vranshodhak* and *Vranropak* properties also contributed a lot in this case of *Vicharchika*. In view of chronic and recurring nature of *Vicharchika*, the strengthening of the psychological component of individuals is to be specifically taken care of along with medications and maintaining hygiene. In all respects, if this condition is ignored, it becomes more difficult to manage. We can manage to cut a young tree with a little effort but more advanced efforts may be required to cut a fully grown tree, so early diagnoses and proper management of disease increases cure chances. Skin should be explored in terms of mental, physical health and on the basis of status of *Rasa* and *Rakat Dhatu* (as physical and functional state of which is reflected through the *Twak*). In the present case study marked improvement has been successfully achieved. It gives us clue to cure skin diseases with appropriate selection of various formulations.

## CONCLUSION

The skin is the boundary between the outside world and us, its appearance and health status have a vital role as far as cosmetic perspective is concerned. It is also a direct representation of the health, or disease, within us. When we are healthy, mentally and physically, our skin glows, and conversely without that health, our skin lacks luster and shows our imbalance. *Vicharchika*, a complex disease, greatly affects the quality of life of the sufferer. On the basis of the outcome of this case study, it may be concluded that ayurvedic formulation with proper selection of drugs can increase the cure percentage and help the patients of dermatology to live the life with dignity.

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**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Chander Shekhar Sharma & Amrita Sharma: An Ayurvedic Management of Vicharchika - A Case Report. International Ayurvedic Medical Journal {online} 2020 {cited September, 2020} Available from: [http://www.iamj.in/posts/images/upload/2536\\_2542.pdf](http://www.iamj.in/posts/images/upload/2536_2542.pdf)