



## Case Report

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



### CLINICAL ASSESSMENT OF CHANDRASHAKALADI VATI AND ARKA TAILA IN MANAGEMENT OF VICHARCHIKA WITH SPECIAL REFERENCE TO DRY ECZEMA: A CASE REPORT

Sandhya Suresh Mane <sup>1\*</sup>, Suryakiran Wagh <sup>2</sup>

<sup>1</sup> PhD Scholar Yashwant Ayurved College Kodoli, Maharashtra, India

<sup>2</sup> Professor and HOD Yashwant Ayurved College Kodoli, Maharashtra, India

Received on: 01/2/24 Accepted on: 18/3/24

#### \*Corresponding author

E-mail: dr.sandhyamane957@gmail.com

DOI: 10.7897/2277-4343.15369

#### ABSTRACT

Eczema is a chronic inflammatory skin disease, clinically and histologically very similar to contact dermatitis. Eczema offers a wide clinical spectrum ranging from minor forms presented by a few dry eczematous patches to major forms with an erythematous rash. Vicharchika has been described in Ayurveda texts. It is characterized by symptoms, namely kandu (itching), strava (discharge), pidika (vesicles), rukshata (dryness) and shyava varna (discolouration). This condition has two forms, one of which is ruksha or dry form, and the other is the sravi or the moist form, based on its clinical presentation. The clinical features of ruksha Vicharchika simulate the typical clinical manifestation of dry eczema. In the present case study, a 64-year-old male complained of scaly lesions over both palms, the dorsum of both feet and the anterior aspect of the lower leg associated with severe itching and dryness for eight months. The Ayurvedic diagnosis was made as Vicharchika (dry eczema) based on signs and symptoms. The patient was treated with Ayurvedic formulations, i.e. Chandrashakaladi vati and Arka taila, and the treatment continued for one month. The patient's condition was assessed for signs and symptoms of dry eczema. During the treatment all the signs and symptoms of Vicharchika reduced to a very high extent. This study shows that cases of eczema can be successfully managed with ayurvedic treatment only without any complications and side effects.

**Keywords:** Vicharchika, Dry Eczema, Shamana, Kustha, Arka taila, Chandrashakaladi vati

#### INTRODUCTION

In Ayurveda literature, all skin disorders are described under the heading 'Kustha' and divided into Mahakustha and Kshudrakustha. It affects Twak, lasika, Rakta, Mamsa, Tridosha, making them difficult to treat. If it is not managed correctly or ignored, it may spread to other body parts and deeper dhatus, making it difficult to treat. Vicharchika is one of the most common skin diseases in both rural and urban areas. It runs a chronic course generally considered difficult to cure and even if it is cured, relapses are common. Vicharchika runs a chronic course typically regarded as brutal to cure and even if it is cured, relapses are common. Its incidence is 2-3% seen in the practice. The terms 'Eczema' and 'Dermatitis' are synonyms. They refer to distinctive reaction patterns in the skin, which can be either acute or chronic and are due to several causes. Eczema is a common problem in all ages. Many therapeutic measures were mentioned in classics, but Chandrashakaladi vati and Arka taila has a very prominent role in this pathology of Vicharchika. Here all the ingredients of Chandrashakaladi vati possess qualities opposite to Kapha as well as tridosahara. It also has kandunashana and tvakshodhana properties. Arka taila will also be used for external applications comprising Sarsapa taila, Arka, and Haridra. These drugs have beneficial actions for the treatment of Vicharchika.

#### CASE REPORT

**History of Present Illness:** A 64-year-old male patient visited the Out-Patient Department (OPD) of Sai Ayurveda College Vairag Solapur, Maharashtra, India, on 21/12/2023 with complaints of scaly lesions, severe itching, and dryness over both palms and also on the dorsum of both feet and anterior aspect of the lower

leg for eight months. Blackish-brown discoloration was also present on both palms. Before eight months, the patient was alright but suddenly complained of itching and dryness over both palms. Then, he received treatment from a local doctor but did not get relief. He continuously took symptomatic treatment for itching and dryness for two to three months. After some days, his condition worsened, and he was unable to sleep due to itching the skin and a burning sensation in the skin.

**Past History:** Medical: No H/o Diabetes mellitus /Hypertension /Asthma or other medical and surgical illnesses.

**Family History:** NAD

**Personal History:** Occupation: Farmer  
Addiction: Tobacco chewing

**Medication History:** The patient regularly took allopathic medicine, such as antihistamines and oral corticosteroids, along with tropical application of antifungal ointment, for eight months.

#### Clinical Findings

##### On Examination

General condition- Fair, afebrile  
Pulse rate- 78/min  
BP- 140/84 mm of Hg

##### Laboratory Investigation

On Admission- All investigations were normal. Hb- 11.3 gm%, WBC- 5300/cu mm, ESR- 22 mm/hr.

**Table 1: Examination of signs and symptoms**

| Signs and Symptoms   | Present/Absent |
|--|----------------|
| Scaly skin lesions over both palms and dorsum of both feet | Present        |
| Blackish brown discolorations                              | Present        |
| Severe itching   | Present        |
| Burning sensation at both palms                            | Present        |
| Serous discharge from lesion                               | Absent         |

**Nidan Panchak**

**Hetu**

- Aaharaj: Dahi (curd), dugdh (milk), virudh aahara, uidid, idali-dosa, excessive spicy-salty food.
- Viharaj: Atiaayas, Atichankramana, Vegvidharan.

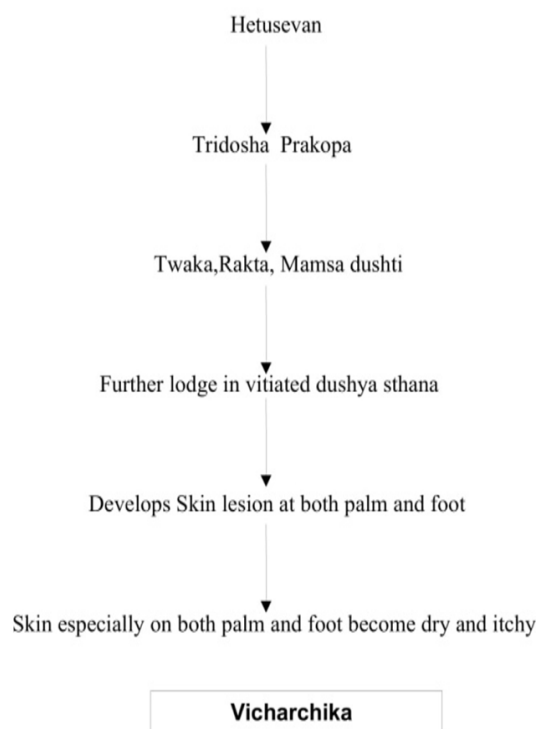
**Poorvaroop**

- A scaly skin lesion over both palms and the dorsum of both feet is associated with itching.
- Burning sensation over both palms.

**Roopa**

- Severe Itching and dryness over both palms.
- Blackish brown discoloration over both feet and palms.

**Samprapti**



**MATERIALS AND METHODS**

**Type of Study:** A Case Study

**Duration:** One month

**Follow-up:** After every seven days.

**Study Center:** OPD and IPD Dept. of Kayachikitsa, Sai Ayurveda College and Hospital Vairag, Solapur, Maharashtra, India.

**Criteria for assessment:** The total duration of treatment was one month. The patient was assessed weekly based on Vicharchika's subjective criteria.

**EASI (Eczema Area and Severity Index) score:** The intensity of redness (erythema), thickness (infiltration, population, and oedema), scratching (excoriation) and Lichenification (lined skin) of the dry eczema.

**Table 2: EASI (Eczema Area and Severity Index) score**

| Area Involvement Score--                             | 0                               | 1    | 2      | 3      | 4      | 5      | 6       |
|--|---------------------------------|------|--------|--------|--------|--------|---------|
| Percentage of skin affected by eczema in each region | No active eczema in this region | 1-9% | 10-29% | 30-49% | 50-69% | 70-89% | 90-100% |

**Therapeutic intervention**

**Table 3: Treatment Plan**

|                        |   |                   |
|------------------------|---|-------------------|
| Treatment given        | Chandrashakladi vati  | Arka taila        |
| Dosage                 | 500 mg - 2 tabs twice a day   | Twice a day       |
| Sevanakala             | After Meal  | Morning, Evening  |
| Anupan                 | Ushnodaka   | -                 |
| Root of Administration | Oral  | Local application |
| Treatment period       | 30 days   | 30 days           |
| Follow-up period       | Day- 0 <sup>th</sup> - 7 <sup>th</sup> - 14 <sup>th</sup> - 21 <sup>th</sup> - 28 <sup>th</sup> |                   |

**Table 4: Pathya and Apathya**

|                 | Pathya   | Apathya                                 |
|-----------------|--|---|
| <b>Aaharaja</b> | Yavanna, Vari, Nachani, Aardrak, Jangal Mamsa, Koshna Jal. | Dadhi, Matsya, Dugdha, Masha.           |
| <b>Viharaj</b>  | Aalpa Vyayam.  | Ratrajagarana, Divaswapana, Vegadharan. |

## RESULTS AND DISCUSSION

**Table 5: Assessment of the effect of the intervention**

| Symptoms                                  | Before Treatment   | In between the treatment (14 <sup>th</sup> day)                                | After Treatment  |
|---|--|--|--|
| Kandu (Itching sensation)                 | Frequent Itching   | Reduced itching  | No itching   |
| Pidika (Eruption)                         | Absent   | Absent   | Absent   |
| Raji (Thickened trophic skin)             | Thick skin at both palm and dorsum of the foot                           | Thick skin at the dorsum of the foot reduced.                                  | Thickening of skin reduced at both palm and dorsum of the foot |
| Rookshta (Dryness)                        | Present  | Present  | Reduced  |
| Daha (Burning Sensation)                  | Continuous burning sensation in affected part disturbing normal activity | Reduced burning sensation in the affected part, not disturbing normal activity | Absent   |
| Vaivarnya (Blackish-brown discolorations) | Blackish-brown discolorations  | Blackish-red discolorations  | Reduced discolorations   |
| EASI Score                                | 36.8%  | 32.5%  | 30.2%  |

The patient complained of scaly skin lesions, itching and dryness over both palms and on the dorsum of both feet and the anterior aspect of the lower leg for eight months. So, the treatment was planned based on Kustha's Ayurvedic management principle. Chandarshakaladi vati and Arka taila is the treatment prescribed by the classic for Vicharchika (dry eczema). Shamana aushadhi has shown a remarkable response in this patient.

### Probable Mode of Action

#### Chandarshakaladi Vati

Chandarshakaladi vati is tikta-kashaya rasa, ushna virya, tridosahara, pachana, rasayana and Kushtahara. All the ingredients of Chandarshakaladi vati (Bakuchi, Chitrakmool, Haridra, Vidang, Tuvarak, Shuddha Bhallatak, Triphala, Shodhit Bhallataka and guda) possess qualities opposite to Kapha as well as tridosahara. It also has kandunashana and tvakshodhana

properties. This is an infallible remedy for the Kustha (skin disease). Acharya Vagbhata also mentions that it helps treat Kustha.

#### Arka taila

In Arka taila, Arka is Kaphavatasamana due to its katu tikta rasa, ushna, laghu, teekshna sara guna, ushna virya and katu vipaka. Haridra is Kaphapitta samana due to its katu tikta rasa, rooksha ushna guna, ushna virya and katu vipaka. Katu taila is tridosha samana due to its properties like katu rasa, laghu teekshna sara guna, ushna virya and katu vipaka. So, the combination can be considered predominantly Kaphapittahara. All ingredients of Arka taila come in the raktaprasadniya character. Hence, once rakta is purified, it improves blood circulation and corrects skin discoloration. Thus, it breaks the pathogenesis of varicosity at a cellular level.



**Figure 1: During Treatment**



**Figure 2: After Treatment**

## CONCLUSION

The Vicharchika (dry eczema) is a tridoshavyadhi and raktapradoshaja vyadhi. Tridoshshamana and blood purification treatment are advised in Vicharchika (dry ezema). In the present study, Chandrashkaladi vati and Arka taila show significant results in the EASI scoring scale and improvement in clinical features of Vicharchika (dry eczema) at the end of the second week and almost totally relieved after completion of one month of treatment. There was no drug reaction seen during the period of intervention. Pathyasevana also plays a significant role in treating Vicharchika; apathyasevana should be avoided.

## REFERENCES

1. Agnivesha, Charaka Samhita, revised by Charaka and Dridabala with Ayurveda Dipika commentary of Chakrapanidatta, Edited by Yadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi. Chikitsasthana, 7th chapter, 2007.
2. Agnivesha, Charaka Samhita revised by Charaka and Dridabala with Charaka-Chandrika Hindi commentary Edited by Dr. Brahmanand Tripathi, Forwarded by Dr. Ganga Sahey Pandey, Chaukhamba Surbharati Prakashan, Varanasi. Nidansthana 5<sup>th</sup>-Adhyaya. 11th Edition 2007; p. 623-629
3. Vagbhata, Ashtanga Hridaya Sarvanga Sundari commentary of Arunadatta and Ayurveda rasayana commentary of Hemadri, Edited by Bhishagacharya Harishastri Paradakara Vaidya, Chaukhamba Orientalia, Varanasi, Nidana sthana, 14th chapter, 9th Edition 2002; p. 525, 956.
4. Vagbhata, Ashtanga Hridaya Nirmala Hindi commentary, Edited by Brahmanand Tripathi Chaukhamba Orientalia, Delhi, Nidanasthana, 14th chapter, 27th Edition 2002; p. 527.
5. Vagbhata, Ashtanga Hridaya Nirmala Hindi commentary, Edited by Brahmanand Tripathi Chaukhamba Orientalia,

- Delhi, Chikitasasthana, 19th chapter, 27th Edition 2002; p. 782-796.
6. Vagbhata, Ashtanga Hridaya Nirmala Hindi commentary, Edited by Brahmanand Tripathi, Chaukhamba Orientalia, Delhi, Chikitasasthana, 19th chapter, 27th Edition 2002; p. 787/32.
7. Sharangdhara Samhita commentator Pandit Parsurama Shastri, Chaukhamba Publication, Varanasi, Madhyam Khand Adhyaya 9/144, 2012; p. 281
8. Sharma PV, Dravyaguna Vigyanam, vol ii by Chaukhamba Bharti Academy Haridra, Dwitiya Adhaya, Kushthagana varga, 1999; p. 166.
9. Sharma PV, Dravyaguna Vigyanam, vol ii by Chaukhamba Bharti Academy, Sarshapa, Dwitiya Adhaya, Kanduganadi varga, 1999; p. 153.
10. Valia R.G., IADVL Textbook and Atlas of Dermatology, Bhalani Publishing House, Mumbai, Volume-1, Chapter 5, Reprinted in 2003; p. 7, 768.
11. Gary W. Cole, MD, FAAD Medical Editor: John P. Cunha, DO, FACOEP Medically Reviewed on 12/7/2023 available at [https://www.medicinenet.com/eczema\\_facts/article.htm](https://www.medicinenet.com/eczema_facts/article.htm) Medical accessed on 16/3/24
12. Eczema Resource Center available at <https://www.webmd.com/skin-problems-and-treatments/eczema/default.htm> accessed on 16/3/24

## Cite this article as:

Sandhya Suresh Mane and Suryakiran Wagh. Clinical assessment of Chandrashkaladi vati and Arka taila in management of Vicharchika with special reference to dry eczema: A Case Report. Int. J. Res. Ayurveda Pharm. 2024;15(3):42-45  
DOI: <http://dx.doi.org/10.7897/2277-4343.15369>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of the IJRAP editor or editorial board members.