Case Study

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AYURVEDIC INTERVENTIONS IN THE MANAGEMENT OF ECZEMA: A CASE STUDY

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ABSTRACT

Eczema is one of the common allergic manifestations among skin disorders caused by dysfunction of the skin barrier. In today's era, skin disorders are a major health concern. They have a multifaceted impact on physical, social, mental, economic, and familial aspects of an individual's life. Environmental and genetic factors play a vital role in its pathogenesis. Ayurveda describes a wide range of skin disorders under the term Kushta, which is further classified into Maha Kushta and Kshudra Kushta. The term eczema is not mentioned in ancient Ayurvedic classics, but its signs and symptoms can be clinically correlated to Vicharchika. Ayurvedic treatments in this case were directed towards alleviating symptoms, eliminating toxins, correcting Agni imbalance, and balancing Tridosa. This was a single case study conducted at our institute. A patient presented with black hyperpigmented patches over his neck, bilateral upper limb and trunk for the past two months. Based on clinical manifestations, the condition was diagnosed as Vicharchika. The treatment principle of Kushta Roga was applied. Management included classical Virechana followed by Shamana auosadhi. Symptoms were assessed using The Eczema Severity Index (EASI) Score after 45 days of treatment. The combined treatment protocol showed encouraging results. Significant improvement was recorded in subjective parameters such as a decrease in Shyavata (hyperpigmentation), Kandu (pruritus), Pidaka (papular lesion), and Rukshata (dryness). This study highlights the importance of standardizing Ayurvedic assessments and treatment protocols that are therapeutically safe and effective. This approach may be considered for further research.

Keywords: Eczema, Kushta, Vicharchika, Virechana, Bio cleansing, Khadirarishta.

INTRODUCTION

Eczema is a chronic non-contagious skin disease resulting from inflammation of upper layers of skin. It is characterised by recurring lesions with skin oedema, itching, dryness, flaking, crusting, cracking, blistering, oozing or bleeding of the affected area. The chronic stage is marked by thickened skin, associated with dryness, hyperpigmentation and lichenification[1]. Now a days it is one of the most common skin ailments encountered in clinical practise. Prevalence is more in rural than urban region. The lifetime prevalence of eczema in children is 15-30% with about 60% developing eczema within first year of life. In adults the prevalence is 2-10%. The condition is more common in males during infancy but in females during adulthood[2]. Ayurveda correlates eczema with Vicharchika classified under 'Kshudra' Kushta. It is also mentioned under 'Raktapradosaja Vikar'. Acharya Charak defined it as "Sa kandu Pidaka Shyava Bahusrava Vicharchika[3]" and as a kapha predominant tridosa vyadhi. Acharya Vagbhata used the term 'Lasikadhya' instead of 'Bahusrava. Acharya Sushruta described it as "Rajyo Atikandu Atiruja Sa Ruksha Bhavanti Gatreshu Vicharchikayam [4] as a Pitta predominant tridosa vyadhi. This condition has two forms, one which is shuska or dry, later is sravi or moist based on the clinical presentation.

MATERIALS AND METHODS

Case Information: It was a single case study conducted at IPGAE&R at SVSP, Kolkata, India. A 40-year-old male patient, residing in Nadia, West Bengal presented to Kayachikitsa outpatient department (OPD) with chief complain having blackish discoloration of skin with itching and burning sensation over the chest, abdomen and bilateral upper limb for past six months.

Associated Complain: The Patient had disturbed sleep due to itching.

History of Present Illness: The patient was asymptomatic six months ago, gradually he developed blackish hyperpigmented papular lesion over chest, abdomen and bilateral upper limb. He took allopathic medicine but couldn't get much relief, so he came to our hospital at Kayachikitsa outpatient department.

Past Medical History: Took antibiotics, anti-histaminic drugs with tropical application of steroidal ointment for the same.

Addiction: Smoking: 2 cigarette's /day

Family History: No such

Occupation: Worked as a labourer in a cement factory earlier.

Clinical Findings

On integumentary examination
Site and Nature of Eruption - Black, papular, non-scaly lesion over the chest, abdomen and bilateral upper limb.
• Distribution- Asymmetrical.
• Surface- Dry and thick with no discharge.
• Margin- Irregular

General Examination: The Patient was alert, cooperative and conscious.
• Facies- anxious
• Weight - 56 kg
• Height- 5'2"
• Pallor - absent
• Clubbing- absent
• Jaundice- absent
• Cyanosis- absent
• Oedema- absent
• Pulse - 72 beats/min
• Blood Pressure - 128/86 mm of Hg
• Body Temperature - 97.2˚F
• Respiratory Rate - 16 breath/min

Ashtavidha Pariksha (Eight-Fold of Examination)
• Nadi - Vata-Pitta
• Mutra - Pita Varna
• Sabda - Sphashta
• Mala - Baddha
• Jihva - Isat Sama
• Drik - Prakrit
• Sparsha - Ruksha
• Akriti - Madhyam

Haematological Examination
• Hb- 13.4 gm/dl
• Eosinophil count- 06%

Samprapti

Table 1: Samprapti ghatak

Saptak Dravya Sangraha (Three Dosa + Four Dhatu)	
Dosha Vata-Vyana, Samana Pitta-Pachak, Bhrajak Kapha-Avalambak, Kledaka	Pitta predominant tridosa vikar
Dushya	Twak, Rakta, Mamsa, Lasika
Agni	Jatharagnimandya, Dhatvagnimandya,
Srotasa	Rasavaha, Raktavaha, Mamsavaha, Swedavaha
Srotadusti	Vimargagaman, Sanga
Udbhavasthan	Amashaya
Adhishtana	Twak
Swabhava	Chirakari
Rog marga	Bahya

Diagnosis: Based on clinical evaluation, the disease was diagnosed as Vicharchika as per Ayurvedic texts.

Assessment Criteria

Subjective Parameter
- Kandu (Pruritus)
- Pidaka (Papular eruption),
- Vaivarnya (Discolouration)
- Daha (Burning sensation)
- Rukshata (Dryness).

Assessment score on the basis of signs and symptoms.[5]

Kandu (Pruritus)
No itching: 0
Mild/occasional itching: 1
Moderate frequent itching: 2
Severe frequent itching: 3
Very severe itching, which disturbs sleep and other routine activities: 4

Pidaka (Eruption)
No eruption in the lesion: 0
Scanty eruptions in a few lesions: 1
Scanty eruptions in at least half of the lesion: 2
All the lesions full of eruption: 3

Vaivarnya (Discoloration)
Nearly normal skin colour: 0
Brownish-red discoloration: 1
Blackish-red discoloration: 2
Blackish discoloration: 3

Daha (Burning)
No burning sensation: 0
Mild type of burning sensation: 1
Moderate burning sensation: 2
Burning present continuously (severe) and even disturbing sleep: 3

Rukshata (Dryness)
No line on scrubbing with nail dryness: 0
Faint line on scrubbing by nails: 1
Lining and even words can be written by nails: 2
Excessive Rukshata leading to Kandu: 3
Rukshata leading to crack formation: 4

Score Indication
- 1–5 mild,
- 6–11 moderate,
- 12–17 severe.

Total Score: 15 (Discussed below in Table 5).

The Eczema Area and Severity Index score was used for the assessment of improvement in signs and symptoms.

Treatment Plan: Therapeutic Intervention- Samsodhan Chikitsa (Purgation therapy) followed by Shamana Chikitsa (Oral medication for one month).

Table 2: Samsodhan Chikitsa

Date	Samsodhan Chikitsa	Drugs	Observation
20.08.24 to 24.08.24	Dipana and Pachana	Powder-Panchakola 5gm BDAC with half cup lukewarm water	
25.08.24 to 29.08.24	Abhyantar Snehana with Maha tiktaghrita[6] (MTG) at 6.30 am morning empty stomach followed by lukewarm water	25/08- MTG (50ml) 26/08-MTG (80ml) 27/08-MTG (140ml) 28/08-MTG (200ml) 29/08-MTG-(250m)	* Samyak Sneha lakshan was observed on 29.08.24
30.08.24 to 31.08.24	Bahya Snehana (Sarvang abhyanga) and swedan	Marichyadi taila followed by Nadi swedan (Dashmoola Kwath)	
01.09.24	Virechana auosadhi was given after proper Snehana and swedan	Trivritta Avaleha (60gm) + Icchabhedi Rasa (2 pills) + Triphala Kwath (40 ml)	Total Vega 12
02.09.24 to 04.09.24	Samsarjana karma	02/09-Mudga Juice 03/09- veg boiled 04/09-semi solid (khichdi)	At Lunch and Dinner
05.09.24	Patient was given discharge with shaman auosadhi	Normal diet (pathya and apathya were vividly described)	

Table 3: Shaman Chikitsa (Oral Medication) with mentioned dose

Shamana Chikitsa	Dose
Khadirarishta	15 ml twice daily with one cup of water.
Arogyavardhini Vati	500 mg twice daily
Gandhak Rasayana	500 mg twice daily
Marichyadi Taila	L/A
Powder Pathya	5 gm once daily at night with half cup of water.
Siddharthak Snana Churna	Lepa

RESULTS

The observations were recorded in a photographic document as seen below in Table 4. Post-treatment assessments revealed a significant reduction in pruritus, papular lesions, discoloration, and dryness. The Eczema Severity Index (EASI) score improved from 36 (severe) to 2.7 (mild) as mentioned in Table 6.

Table 4: Observations in a photographic document

Figure 1: Condition before (Day 0) treatment		
Figure 2: Results after classical Virechana (02.09.24)		
Figure 3: Results on first follow up (19.09.24)		
Figure 4: Results on second follow up (03.10.24)		

Table 5: Assessment criteria on the basis of Subjective Parameter

Complain	Before Treatment	After Virechana Karma 02/09/24	1ST Follow Up 19.09.24	2ND Follow Up 03.10.24
Kandu (pruritic)	4	2	1	0
Pidaka (Eruption)	2	2	1	0
Vaivarnya (Discoloration)	3	2	1	0
Daha (Burning sensation)	3	2	0	0
Rukshata (Dryness)	4	3	2	1

Table 6: Eczema Area Severity index (EASI) Score

Before Treatment (BT)	36 (Severe)
After Treatment (AT)	2.7 (Mild)

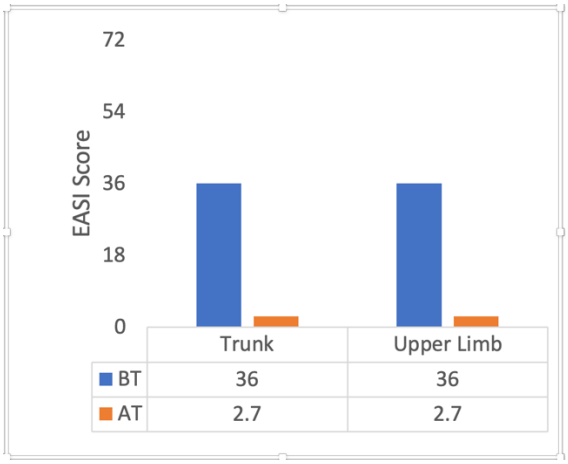

Figure 4: Representation in graphical form

Follow Up and Outcome

The patient was admitted for 16 days and discharged with Shamana auosadhi. Pathya and Apathya was well instructed. Follow-ups at 15-day intervals showed no recurrence.

DISCUSSION

Eczema (Vicharchika) is a relapsing disease, Shodhana followed by Shamana Chikitsa is found to be effective. Impaired Agni is the root cause of all diseases, via Pancha kola Dipana and ama Pachana takes place. Snehana (Bahya and Abhyantar) leads to moistening of dosha. Swedan helps in dosha mobilisation from Sakha to Kostha. Since Vicharchika is a Raktapradosaja vikar and pitta is mala of rakta dhatu, Virechana karma is fruitful. Trivritta[7,8] being Kashaya, Madhur in rasa and katu vipaka possesses Kapha-Pitta samak properties, so we have chosen it as our virechak drug. Thus, after clearing the channels of circulation (srotosodhan) shamana chikitsa was followed accordingly. Khadirarista[9] having shothhara (anti-inflammatory), Shodhana (detoxification) properties helps in purification of vitiated rakta and its krimighna property helps to get rid of symptoms of worm infestations. It is also a powerful source of antioxidant and flushes out toxins from the body. Arogyavardhini vati[10] performs Agni Deepan resulting in proper rasa dhatu formation, Katuki in it causes elimination of Dusit Pitta and corrects Rakta. Gandhak rasayana[11] relieves discoloration of skin and reestablish the natural colour. All essential properties to treat Kushta is present in Gandhak. It alleviates Dusit Kapha and visa. By its action on rasa and rakta dhatwagni it does ama pachana and shodhana of vitiated lasika. Marichyadi taila 12 has healing action. It mainly pacifies the vitiated Kapha. Powder Pathya helps in effective functioning of digestive system, through its anulomak guna it removes toxins from the body.

Siddharthak Snana Churna[13] is a unique formulation used for treatment of skin disorders including discoloration, itching etc. It improves the skin colour and has anti-inflammatory action too.

CONCLUSION

Eczema is a chronic skin infection and recurring in nature. Early diagnosis and treatment helps in improving the quality of life. In this study patient was treated with classical Virechana (Purgation therapy) and Shamana auosadhi (Oral medications). Pathya and Apathya (Wholesome and Un-wholesome diet and regimen) were properly instructed. These methods were found to be effective in the management of Eczema. Thus, we conclude, this Ayurvedic approach tackles the root cause of the disease, exemplifying fundamental principles of ayurveda. This study has showed that ayurvedic treatment modalities is highly effective in the management of Vicharchika, as evidenced by reduction in The Eczema Severity Index (EASI) score assessed on the basis of improvement in both signs and symptoms.

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Declaration Of Patient Consent

The study was carried out as per international conference of Harmonisation - Good Clinical Practices Guidelines (ICH-GCP) or as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants. The authors certify that they have obtained all appropriate patient consent. The patient has given his consent for his images and other clinical information to be reported in the journal. The patient was assured that his initials will not be published and due efforts will be made to conceal his identity.

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