



## Case Report

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



### AYURVEDIC MANAGEMENT OF VICHARCHIKA: A CASE REPORT

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Received on: 30/12/22 Accepted on: 31/01/23

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DOI: 10.7897/2277-4343.140229

#### ABSTRACT

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. 'Vicharchika', which can be co-related to eczema, is a variety of Kshudra Kustha. Clinical features of Vicharchika described by Charaka are intense itching blackish-brown maculopapular lesions associated with serous discharge. The patient, in this case, had presented with reddish black/brown thickened skin lesions with intense pruritus and mild discharge, clinically diagnosed as Vicharchika. The treatment principles of Raktavaha sroto dusti and Kustha roga were adopted here. As the dosha was in bahu dosha avasta, internal detoxification was planned by Virechana karma. After Virechana, the patient was treated with external therapies and oral medicine. The patient was then taken up for three sittings of bloodletting by leech therapy with a gap of one week between two sittings. By completing all three sittings of leech therapy, appreciable clinical changes were observed in the patient.

**Keywords:** Eczema, Kustha, Vicharchika, Leech therapy, Jalaukavacharana

#### INTRODUCTION

Skin is the outer-most protective layer of our body. The prevalence of skin diseases in the general population in different geographic regions of India varies from 7.9% to 60%.<sup>1</sup> Skin conditions place a heavy load on the world's healthcare systems.<sup>2</sup> Ayurveda uses the broad term "Kustha" to describe a range of obstinate skin diseases. Kustha is regarded as one among Astamahagada by Bruhatrayees for the challenges it throws at its chronicity, recurrence and treatment. Vicharchika, a variety of Kshudra Kustha (Minor obstinate skin diseases), has clinical features like intense itching blackish-brown maculopapular lesions associated with discharge as per Charaka and Vagbhata <sup>3, 4</sup>. On the contrary, Acharya Sushruta has mentioned the clinical features are linear lesions with excessive itching, pain and dryness.<sup>5</sup> Dermatitis, often related to eczema, is a reaction pattern that can have a variety of clinical and histologic findings; it is the final common expression for several disorders.<sup>6</sup> Vicharchika can be co-related with eczema. The term "eczema" generally explains a collection of chronic or recurrent skin rashes marked by skin redness, oedema, itching, and occasionally crusting, flaking, blistering, cracking, oozing, or bleeding<sup>7</sup>. The chronicity and recurrence of Vicharchika often pose a challenge for treatment. Hence this clinical case diagnosed as Vicharchika is presented along with its management.

#### MATERIALS AND METHODS

**Place of Study:** Alva's Ayurveda Medical College, Vidyagiri, Moodbidri, Dakshin Kannada, Karnataka, India.

#### Case Report

A 51 years old non-diabetic, non-hypertensive Hindu female, a homemaker approached the OPD of Kayachikitsa at the Ayurveda Medical College Hospital, presenting with reddish-

black discoloration and thickened skin around the mouth, neck, bilateral cubital fossa and upper back. It was associated with severe pruritus and mild serosanguineous discharge on scratching. Scratching also led to pain and a burning sensation at the site of lesions. The patient has been suffering from this condition for the last ten years. The condition has been recurrent and triggered by the consumption of greasy food, turmeric, cold climate and exposure to bright sunlight. Staying indoors in a controlled environment and consuming non-greasy home food reduced the severity of the condition. The patient had taken allopathic medicines prescribed by various dermatologists (which included topical hydrocortisone ointments and antihistamines). These medications have temporarily relieved; hence, the patient sought Ayurvedic treatment. The patient expresses the absence of co-morbid illness except for the presenting complaint. There has been no history of previous allergies. There is reduced appetite and disturbed sleep due to pruritus. Bowels and micturition were regular. The patient was found to be non-alcoholic and non-smoker. There was no family history of skin allergy reported.

#### Clinical findings and Laboratory Investigations

General examination revealed that the patient was well nourished, sthenic built with a height of 5 feet and weight of 65 kg. Her vitals were within the physiological range for her age and gender. The examination of the cardiovascular system, respiratory system, central nervous system and per-abdominal examination revealed normal findings.

On examination of the Integumentary system, the patient had lichenified skin with reddish-black discoloration on the neck, both cubital fossae, upper back and around the mouth. Coalescing of lesions was observed. Plaques were seen around the mouth and neck. The border of the lesions was poorly defined, and the lesions were irregular in shape. A slightly foul-smelling but scanty serous discharge was oozing from the lesions on the neck.

Laboratory investigations like blood routine and urine routine were performed. The values obtained on routine blood investigations were haemoglobin 14.9 gm%, total leucocyte count 9700/cumm, differential count neutrophils 87%, lymphocytes 9%, eosinophils 2%, monocytes 2%, basophils 0%, erythrocyte sedimentation rate 15 mm/hr, bleeding time 1minute, clotting time 4 minutes. The urine routine report showed values within the normal limits. The histopathological investigation though it seemed to be required in the study, was not done, as the patient belonged to a lower socio-economic status and the facility was not within approachable distance for the patient. Based on the history and physical examination, Vicharchika was diagnosed clinically. The involvement of Tridosha with a predominance of morbid kapha and the involvement of raktavaha srotas (channels of blood circulation) were observed. Rakta-dusti (vitiation of blood by the morbid dosha) along with vitiation of twak (Integument), lasika (serous fluid/lymph) and mamsa (soft tissue like muscles tissue), which constitute the bahya rogamarga (external pathway of diseases) were the entities involved in the samprapti of the disease. The disease was challenging the treatment as the condition was chronic and relapsing with full-blown clinical presentation.

### Therapeutic Interventions

The patient was treated as an In-patient. Initially, the patient had symptoms of reddish-black discoloration associated with severe itching and discharge around the neck, mouth and both cubital fossae. The fluid discharge stopped after Virechana. The patient was discharged from the hospital with instructions to follow samsarjana krama for two ahara kala. The wet lesions were almost dried. Itching and discoloration showed a reduction by the end of Virechana.

Triphala guggulu and Gandhaka rasayana were prescribed for oral consumption after the samsarjana krama period. Prakshalana (wound wash) with warm decoction prepared out of Asanadi gana powder, powdered bark of Neem, Triphala powder and Manjishta powder was done daily once for seven days as external treatment.

Along with oral medication and external treatments, leech therapy was done on the neck, mouth and elbows. After one sitting of leech therapy, pruritus was further reduced. Khadirarishta and Manibhadra guda were also administered for the next fifteen days, and two more sittings of leech therapy were performed at an interval of seven days. Details of treatments with timelines are given. [Table 1]

**Table 1: Treatment protocol with time-line**

Duration with date	Shodhana/ External therapies/ Oral medicines	Medicines, Dosage and Dose
<b>Kosta Shodhana</b>	<b>Virechana</b>	
<b>Purvakarma</b> 04/01/2021- 06/01/2021	Deepana Pachana	Chitrakadi Vati 500 mg 4 times x 3 days with hot water.
07/01/2021-10/01/2021	Snehapana Arohana krama	Mahatiktaka ghrthax4 days (30ml, 50ml, 80ml, 90ml; Until samyak snigdha lakshana).
11/01/2021 – 13/01/2021	Vishrama kala Abyanga + Swedana (Pitta Avirodhi, Kaphahara ahara krama)	Nalpamaradi Taila Abhyanga Q.S + Hot water bath for 3 days (Inclusive of Virechana day morning)
<b>Pradhana karma</b> 13/01/2021	Virechana (Purgation)	Trivrt lehya 45 grams on empty stomach with draksha phanta 50 ml.
<b>Paschat karma</b> 14/01/2021 - 17/01/2021	Samsargana for two Ahara kaala	Peyadi bhakta krama
<b>External therapy</b>	<b>Prakshalana</b>	
20/1/2021 - 26/1/2021	Stanika sukhoshna Prakshalana of kashaya	Kashaya prepared from Asanadi Kwatha churna + Nimba twak churna + Triphala kwatha churna + Manjishta churna (2:1:1:1). Q.S. Once daily for 7 days.
<b>Oral Medication</b>		
20/1/2021 - 26/1/2021	Oral medicines	Gandhaka Rasayana 500mg 2 tablets thrice and Triphala Guggulu 500mg 2 tablets thrice per day.
27/1/2021 - 10/2/2021	Oral medicines	Khadirarishta 15ml twice diluted with equal quantity of boiled and cooled water administered after food. Manibhadra guda 5 grams early morning on an empty stomach with 50 ml of milk. Gandhaka Rasayana 500mg 2 tablets thrice and Triphala Guggulu 500 mg 2 tablets thrice per day.
<b>Procedure</b>	<b>Blood Letting</b>	
1st sitting 21/01/2021 2 <sup>nd</sup> sitting 27/01/2021 3rd sitting 03/02/2021	Jalaukavacharana (Leech Therapy)	6 medium-sized leeches were applied in each sitting on the neck (2), both the elbows (1 each) and around the mouth (2).

**Table 2: Symptoms on a Likert scale before and after treatment (Day 21)**

Symptoms	Before treatment	After 21 days of treatment
Pruritis	3	1
Burning Sensation	2	0
Pain	2	0
Discharge	1	0
Discolouration	3	1
Dryness with flakes	3	0
Lichenification	3	1

0-Absent, 1-Traces, 2-Moderately present, 3-Excessive



Figure 1: Condition of the lesions at the commencement of Leech therapy



Figure 2: Condition of the lesions after Leech therapy

## OBSERVATION AND RESULTS

There was significant relief from pruritus. The thickened skin resumed its normal texture. The marked reduction was observed in discolouration when the patient was followed up a week after the end of the third sitting of leech therapy. The patient was advised to follow restrictions in diet and regimen. She was advised to reduce the quantity of salt and oil in her diet. She was also advised not to consume curds, turmeric and brinjal. The patient was instructed to avoid exposure to sunlight and day sleep. The patient was followed up for one year after the procedures, with monthly visits continuing the oral medicines. The patient was prompt in consuming the medication as well as follow-up visits. There was no recurrence of symptoms during the follow-up period. The patient has obediently adhered to the treatment advised and followed the instructions given by the physician. The treatment was well tolerated, and no adverse or unanticipated events were observed during the treatment and follow-up.

## DISCUSSION

The patient had experienced recurrent episodes of skin manifestations before visiting the OPD of Kayachikitsa at Ayurveda Medical College Hospital, Moodbidri, Dakshin Kannada, Karnataka. Therapeutic purgation, Oral medication, external therapies and bloodletting by leech therapy were the treatments. Leech therapy was performed in three sittings. The principles of management of Raktavaha srotas dusti and Kustha disease were followed. The symptoms were assessed before and after treatments and rated on a Likert scale. [Table 2]

### Probable Mode of Action of Treatment

**Gandhaka Rasayana:** The ingredients<sup>8</sup> are Gandhaka (sulphur) levigated with cow's milk, a decoction of Chaturjataka, Guduchi (*Tinospora cordifolia*), Triphala, Shunti (*Zingiber officinale*), Bhringaraja (*Eclipta alba*) juices, Ardraka (*Zingiber officinale*) juice and sugar candy. It is a Rasayana in Kustha. This formulation kindles the digestive fire. Purified Gandhaka (sulphur) is prescribed to treat various skin conditions such as dermatitis, psoriasis and eczema. It possesses fungicidal, antibacterial, and anti-parasitic effects also<sup>9</sup>.

**Triphala Guggulu:** The ingredients are Triphala, Pippali (*Piper longum*) and Guggulu (*Commiphora wightii*). It kindles the digestive fire. Triphala pacifies the tridosha. All ingredients have rasayana property. Kustha involves all the tridosha in its manifestation; thus, the formulation helps in resolving Agni mandya and aids pacification of the tridosha. Also, the Kustha hara property of the formulation helps in reducing the symptoms<sup>10</sup>. The main chemical constituents of triphala are tannin, gallic acid, ellagic acid, and chebulinic acid. These

powerful antioxidants may be accountable for the formulation's immune-modulatory effects<sup>11</sup>.

**Prakshalana:** The procedure of washing the affected part using medicated liquids is called kshalana or prakshalana. In this patient, it was performed using the decoction of a combination of medicines. Asanadi kwatha<sup>12</sup> reduces kapha and cures Kustha, which has also reduced pruritus in the patient. Nimba (*Azadirachta indica*) bark and Triphala<sup>13</sup> mitigate kapha- pitta and reduce Kustha. It has helped to reduce the discharge from the lesions. Manjishtha (*Rubia cordifolia*) bestows good colour and complexion on the skin and purifies the blood. Hence it must have helped reduce the patient's blood vitiation and black discolouration. The dosage form, i.e., kashaya kalpana, has helped lessen the affected part's kleda (moisture/wetness). Prakshalana helps in cleansing the lesions.

**Khadirarishta:** The main ingredients in the formulation are Khadira (*Acacia Catechu*), Devadaru (*Cedrus Deodara*), Bakuchi (*Psoralea corylifolia*), Darvi (*Berberis aristata*), Triphala and Makshika. Khadira is an agraoushadhi (frontline drug) for Kustha. The formulation is used in all Kustha varieties.<sup>14</sup>

**Manibhadra Guda:** The ingredients of this formulation are Vidanga (*Embelia ribes*), Amalaki (*Embllica officinalis*), Haritaki (*Terminalia chebula*), Trivrit (*Operculina turpethum*) and Jaggery. Upon reviewing the drugs used to prepare Manibhadra guda, they can be classified into two categories; those with the shodhana effect to reduce Kustha and that possess Rasayana property. Sushruta mentions that Vidanga is an essential ingredient in preparing many formulations used in Kustha. Amalaki (*Embllica officinalis*) and Hareetaki (*Terminalia chebula*) are drugs having the Kustha hara effect. These two drugs are also good, Rasayana. Trivrit is a mild purgative, according to Ayurveda. Therefore, it can be understood that Manibhadra guda acts as an effective Kustha hara and Rasayana medicine<sup>15</sup>.

**Jalaukavacharana:** To remove the Raktadushti in the shakha (external pathway of diseases), raktamokshana (bloodletting) was done in the patient. Since the surface area involved with the lesions was localized but deeply located in the integument, and there was redness along with a burning sensation, Jalaukavacharana was selected. Moreover, Jalaukavacharana is a blood-letting procedure that can be chosen even in delicate people<sup>16</sup>. The effectiveness of the treatment may be attributed to the anti-inflammatory activity of the leech saliva, which contains several pharmacologically active biological substances like *Eglins* and *bdellins*<sup>17</sup>. This help reduce erythema and oozing. Applying leeches causes the formation of granulation tissue, which causes the production of collagen that causes keratolysis and reduces the thickness of eczema. By increasing microcirculation and lowering inflammatory elements, leech

application helps to minimize itching impulses. The acanthosis and scratching that cause lichenification are reduced by leech therapy. *Hyaluronidase*<sup>18</sup>, an enzyme found in leech saliva with antibacterial effects, may have decreased oozing in Vicharchika.

## CONCLUSION

Kustha is a condition found to respond favourably to Ayurveda treatment. Purificatory procedures, external treatments and internal medicines are essential for its management. Even though there are no specific treatment principles mentioned for each type of Kustha, Acharya Charaka explains that treatment modalities are to be adopted depending upon the dosha predominance, the dhatus involved, and the stage of roga-rogi. The principles of treatment of Raktavaha srotas and Kustha disease, in general, were adopted in treating this case. A good clinical outcome and patient satisfaction were observed.

**Patient Perspective:** The patient was delighted with the results obtained at the end of twenty-one days of treatment. The patient was further followed up for one-year post procedures continuing the internal medicines. No recurrence of symptoms was observed during the follow-up period.

**Declaration of Patient Consent:** Authors certify that they have obtained consent from the patient for reporting the case along with the journal's images and other clinical information. The patient understands that her name and initials will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

## ACKNOWLEDGEMENT

We acknowledge Alva's Ayurveda Medical College and Hospital, Moodbidri, D.K, Karnataka, India.

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## Cite this article as:

Zenica Dsouza and Ayana KT. Ayurvedic management of Vicharchika: A Case Report. *Int. J. Res. Ayurveda Pharm.* 2023;14(2):1-4  
DOI: <http://dx.doi.org/10.7897/2277-4343.140229>

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

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