



Case Study

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AYURVEDIC MANAGEMENT OF VICHARCHIKA: A CASE STUDY

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ABSTRACT

Ayurveda has a vast and in-depth explanation regarding the physiology, anatomy, and pathological manifestations of skin and considers viruddha ahara (incompatible foods) as one of the major causes of different twak rogas (skin diseases). All skin diseases under the sunshade of the Kustha, in other words, can be listed as "Ayurvedic dermatology" in Ayurveda. The pathology of all the Kushta owned by tridosha and, hence, Vicharchika can be explained similarly. Vicharchika has a more significant correlation with eczema/dermatitis in modern science. Eczema is a condition where patches of skin become inflamed, itchy, red, cracked and rough. A 19-year-old male patient complained of lesions over the upper back and arms associated with itching and watery discharge on and off for 1-2 years. He had taken higher steroids and NSAID and used to get relief only during its use. The patient was treated with Virechana karma and certain shamana drugs. A remarkable improvement in the condition was observed in one month.

Keywords: Kustha, Kandu, Vicharchika, Virechana Karma, Eczema

INTRODUCTION

Ayurveda considers ahara (food), nidra (sleep) and brahmacharya (celibacy) as three essential pillars of life and are responsible for providing strength and complexion till the end of life ¹. Viruddha ahara is pivotal in many diseases, especially skin manifestations such as different types of Kushta rogas. According to Ayurveda, food that is wrong in combination, which has undergone incorrect processing, consumed in the wrong dose, consumed at the wrong time of day and lousy season, interrupts the metabolism, inhibits the process of formation of tissues and which have opposite property to the tissues are called as Viruddha ahara or incompatible foods ². Vicharchika is a type of kshudra Kushta often encountered by Ayurvedic practitioners and is characterised by symptoms such as kandu (Itching), srava (discharge), pidika (skin eruptions) and shyava varna (reddish black). The clinical presentation of Vicharchika is similar to eczema in modern dermatology. Eczema manifests as dry and itchy skin with poorly demarcated erythema and scales. In the acute phase, eczema may be vesicular and oozing and in the chronic phase, it may become hyperpigmented and lichenified (thickened). Excoriations (scratch marks) are also observed frequently ³. The clinical lesions may be acute (wet and edematous) or chronic (dry, thickened, and scaly), depending on the persistence of the insult ⁴. Eczema is one of the significant public health problems worldwide. Its prevalence in children varies from 0.7% to 26% ⁵, while in adults it may range from 1% to 3% ⁶. In the past 30 years, the prevalence of eczema has increased two to three times, suggesting that environmental factors are now playing a more significant role in provoking the disease ⁷. When it comes to chikitsa (treatment), there are no particular descriptions available in Samhita regarding the chikitsa sutra of Vicharchika. While explaining the general line of treatment, Acharya Charaka has stated that all Kushta are caused by tridosha, so the treatment is to be carried out according to the predominance of dosha ⁸. In this article, a successfully managed case of Vicharchika with the help

of classical Virechana as well as appropriate shamana oushadhi (oral drug therapy) will be discussed in detail.

Aims and Objectives

The aim is to prove the role and efficacy of Virechana drugs and Virechana karma after ama doshantaka deepana-pachana chikitsa, snehana and swedana karma in Vicharchika (eczema) and to verify the role and effectiveness of shamana chikitsa (oral drug therapy) after Virechana karma.

MATERIALS AND METHODS

Case Report

Presenting Complaints: A 19-year-old male patient who was pursuing his under-graduation without any comorbidities came to the Kayachikitsa OPD of Dhanvantari Ayurveda Medical College, Hospital and Research Centre, Siddapur, Karnataka, with complaints of lesions over the upper back and both the upper arms on and off since 1-2 years.

Associated Complaints: The skin lesions, whenever developed, were related to profuse itching and watery discharge, which aggravated for the last three months. Also, the patient had a burning sensation in the stomach with sour belching occasionally for the past three weeks.

History of presenting illness: The patient was normal for two years. Then, one day, he noticed two small lesions on his upper back with severe itching. He consulted a local hospital for the same and was prescribed antifungal ointment, and symptoms were relieved after three days. Then, after 1.5 months, he took the fried chicken and again that day, he noticed similar lesions on his upper back and gradually, lesions started spreading into both upper arms. This time, he got no relief by applying the previously used antifungal cream. So he tried multiple doctors, and not much

relief in symptoms was seen, and above that, the number of lesions started increasing gradually. Hence, he came to our hospital to remedy his ailment better.

Treatment History: When he first noticed the lesions in the upper back two years ago, he consulted a local hospital, and the doctor there prescribed the following medicines for a time of two weeks:

1. Fluticasone propionate+Mupirocin (0.005%/w/w) Cream
2. Tablet Levocetizine 5 mg 1 OD
3. Tablet Azithromycin 500 mg 1 OD

Then, when he again noticed the symptoms after 1.5 months, until approaching our hospital, he took multiple courses of the following medicines:

1. Tablet Levocetizine 5 mg 1 OD
2. Tablet Prednisolone 30 mg 1 OD for seven days and 1/2 OD for seven days
3. Tablet Dapsone 100 mg 1 OD
4. Tablet Bilastine Montelukast (20/10 mg) 1 OD

Personal History

1. **Diet:** Non-Vegetarian (consumes chicken very often)
2. **Appetite:** Good
3. **Bowel Habit:** Constipated, passes hard stools on alternative days
4. **Micturition:** 1-2 times a day, no burning micturition
5. **Sleep Pattern:** Disturbed 5-6 hours of sleep at night, no day sleep
6. **Food Habits:** Eats oily, fried foods, chicken and dairy products regularly

Clinical Examination

General Examination

- **General Appearance:** Fair
- **Built:** Hyposthenic
- **Nourishment:** Poorly nourished
- **Pallor:** Absent
- **Icterus:** Absent
- **Cyanosis:** Absent
- **Koilonychia:** Absent
- **Lymphadenopathy:** Absent
- **Odema:** Absent

Vitals

- **Blood Pressure:** 120/80 mm of Hg
- **Pulse Rate:** 80b/m
- **Temperature:** 97.8 degrees Fahrenheit
- **SPO₂:** 98%
- **Weight:** 48 kg
- **Height:** 150 cm

Ashtasthana Pareeksha

- **Nadi:** 80 b/m
- **Mutra:** 1-2 times/day
- **Mala:** Constipated, passes hard stools on alternate days
- **Jihwa:** Aliphtha
- **Shabdha:** Prakruta
- **Sparsha:** Ruksha
- **Druk:** Prakruta
- **Akruthi:** Krisha

Dashavidha Pareeksha

- **Prakruti:** Vata-Pittaja
- **Vikruti:** Kapha pradhana tridoshaja

- **Sara:** Madhyama sara
- **Samhanana:** Asamhata
- **Pramana:** Madhyama
- **Satmya:** Madhura pradhana shadrasa
- **Satva:** Avara satva
- **Ahara Shakti**
Abhayavaharana Shakti: Madhyama
Jarana Shakti: Madhyama
- **Vyayama Shakti:** Madhyama
- **Vaya:** Yuva

Systemic Examination

- **Respiratory System:** NVBS heard, no added sounds
- **Cardio Vascular System:** S1 and S2 heard, no cardiac murmurs
- **Central Nervous System:** Conscious and well-oriented to time, place and person
- **Gastrointestinal System:** P/A - Soft and non-tender, no organomegaly
- **Skin:** Multiple small-sized vesicles were observed on the upper back and both upper arms with occasional fluid discharge, itching and burning sensation.

Diagnostic Criteria: The case diagnosis was made as Vicharchika based on the presence of symptoms explained in our Ayurvedic classics⁹⁻¹¹.

Diagnosis based on symptoms

Symptoms	Symptoms seen in the patient
Kandu (Itching)	√
Pidaka (Papular Eruptions)	√
Srava (Excessive/Copious Discharge)	√
Shyava Varna (Blackish discolouration/hyperpigmentation)	√
Raji (Fissures on skin)	---
Atiruja (Pain)	---
Ruksha (Dryness)	√

Grading Pattern for the Subjective Parameters

Symptoms	Gradings given
Kandu (Itching)	0- None 1- Mild 2- Moderate 3- Severe
Pidaka (Papular eruptions)	0- Absent 1- Present
Srava (Excessive/copious discharge)	0- None 1- Alpa (Mild) 2- NaAlpa NaAtibahula (Moderate) 3- Ba husrava (Copious)
Shyava Varna (Blackish discolouration/hyperpigmentation)	0- Normal skin colour without hyperpigmentation 1- Barely visible hyperpigmentation 2- Mild hyperpigmentation 3- Moderate hyperpigmentation 4- Severe hyperpigmentation
Raji (Fissures on skin)	0- Absent 1- Present
Atiruja (Pain)	0- None 1- Alpa (Mild) 2- NaAlpa NaAtibahula (Moderate) 3- Atiruja (Severe)
Ruksha (Dryness)	0- Normal Skin 1- Mild 2- Moderate 3- Severe dryness with exfoliation ¹²

Consent: The present study was carried out in accordance with ethical principles by following the International Conference of Harmonization – Good Clinical Practice (ICH-GCP).

Treatment Protocol

Initially, since the patient had exams, shodhana was not planned due to unavailability of time; symptomatically, the following shamana oushadhi were given.

1. Tiktaka kashaya 1 tsp TID for 15 days.
2. Tablet Gandhaka rasayana 1 BD for 10 days.
3. An ointment containing Shuddha Gandhaka, Yashada bhasma and Karanja taila for external application for 15 days.

A slight reduction in the symptoms was noticed as discharge reduced, and a reduction in itching was also noticed, but the number of new lesions continuously increased. Then, at the time of follow-up, by assessing the dosha lakshana, slight changes were made in the medicines prescribed. Now, along with the above medication, the following medications were added:

1. Mahatiktaka ghrita 1 tsp OD for one month.
2. Khadirarishta 1 tsp TID for one month.
3. An ointment containing Haridra, Pashanabheda and Jivanti for external application for 15 days.

After the second course of treatment, he was far better than the first course, and this time, the plan was to conduct a classical Virechana.

1. **Deepana and Pachana:** Vati containing Bilwa, Mustaka and Trikatu 1 TID for three days
2. **Snehapana:** Mahatiktaka ghrita for three days in Arohana krama
3. **Abhyanga and Sweda:** Yashtimadhu Taila for three days
4. **Virechana Yoga:** Trivrit Lehya 50 gm.

The patient had 13 Virechana vega in total.

The patient was given the following medicines for one month after Virechana.

1. Tiktaka kashaya 1 tsp TID
2. Vati containing Gunja, Khadira, Mandukaparni, Amalaki, Parpata 1 TID
3. Mahatiktaka ghrita 1 tsp OD
4. Madhusnuhi rasayana 1 tsp BD

RESULT

Significant improvements were noticed in the symptoms after the Virechana was done to the patient, and the majority of the symptoms improved after finishing the follow-up medicines for one month; the patient is absolutely fine, leading a quality life.

Assessment of Subjective Parameters

Symptoms	Before Treatment	After Treatment	
		After 15 days	After 30 days
Kandu (Itching)	3	2	1
Pidaka (Papular eruptions)	1	1	0
Srava (Excessive/ copious discharge)	3	2	1
Shyava Varna (Blackish discolouration/hyperpigmentation)	3	2	1
Raji (Fissures on skin)	0	0	0
Atiruja (Pain)	0	0	0
Ruksha (Dryness)	3	2	2

Before Treatment



Figure 1



Figure 2



Figure 3

After Treatment



Figure 4



Figure 5



Figure 6

DISCUSSION

Vicharchika, one of the kshudra Kushta explained in our classics, is unique in its manifestation due to the difference in presenting signs and symptoms in different cases. Various authors also have differences in opinion, but they can be correlated with the eczema of contemporary science. According to Acharya Charaka, Vicharchika is characterised by eruptions over the skin associated with dark pigmentation, itching and profuse discharge¹³. Whereas Acharya Sushruta explains in a slightly different way when he says Vicharchika is a condition in which the skin has linear rough lesions with intense itching and pain, but when the same itching, burning and pain are experienced in the feet alone, it is termed as Vipadika¹⁴. According to these references, there may be slight differences in the prevalent dosha, but assessing the same and planning treatment accordingly will yield beautiful results.

Role of Virechana Karma

The entire samshodhana (elimination therapy) procedure depends wholly on how effectively the poorva karma is performed, i.e., deepana-pachana, snehana and swedana.

Here, in this case, the drug used for deepana-pachana was capsule Sujeerna's ingredients comprised drugs such as Pippali, Maricha, Shunti, Parpata, Ardraka, etc. These drugs have deepana, amapachana, Pitta, and Kaphahara properties, which are of very much help in this condition. Snehapana was done using Mahatiktaka ghrita, which is mentioned in Bhaishajyaratnavali Kushta rogadhikara. This formulation is indicated in almost all the skin diseases and has Vata-Pittahara properties and hence is found to be very useful in managing Vicharchika. Moreover, all the ingredients of Mahatiktaka ghrita are tikta rasa, madhura vipaka and ushna veerya, as a result of which it will be having affinity towards Rasa dhatu and twacha. Trivrut lehya Virechana yoga acts as the best purgation medicine for eliminating vitiated Pitta-Kapha dosha, which forms the crux of the pathology of Vicharchika.

Trivrut lehya possesses properties like Kushtaghna, Kandughna, Varnya, Krimighna and Raktshodhaka. So, these drugs can also be quite helpful in samprapti vighatana.

Adhoamashaya is the udhbhavasthana of Vicharchika, according to our Acharya. Being the Pitta sthana, all morbid materials are collected there, and Virechana karma expels these morbid materials from aadhomashaya. Virechana karma removes the sanga in the rasavaha, raktavaha, mamsavaha, swedavaha and udakavaha srotasa as all srotasa are cleared. These cleared srotasa's start nourishment of the body properly. Bahyaroga marga (twachadi) gets cleared, and khavaigunya in the twacha will be removed due to Virechana karma. We know that twacha is indriya¹⁵ and Virechana karma increases the indriya bala¹⁶ which can be taken as the resistance power. In this way, the possibility of recurrence of the disease Vicharchika is nullified to an extent. Virechana karma pacifies Pitta and Kapha dosha and reduces itching, dryness, eruptions and slight discolouration.

Role of Shamana Oushadhi

Tiktaka Kashaya: Tiktaka kashaya is a vital formulation described in the Kushta chikitsa of Ashtanga Hrudaya¹⁷. The majority of the ingredients of this formulation are tikta rasa pradhana dravya's, which was crucial in Pitta shamana and eventually correction of Agni (digestive fire). Along with this, it also helps in the correction of vitiated Kapha dosha. Hence, this

formulation gave a significant improvement in the symptoms of the patient.

Khadirarishta: Khadirarishta is a formulation which is enriched with tikta, kashaya rasa, laghu, ruksha guna, sheeta veerya, katu vipakayukta dravya¹⁸. The ingredients of Khadirarishta include Khadira, Devdaru, Bakuchi, Daruharidra, and Triphala. It has Kapha Pitta shamaka, tridoshara, Kushtaghana, Shothahara, and Krimihara, as well as anti-bacterial, antioxidant, and antimicrobial properties. Because of these properties, it reduces symptoms such as itching, srava, etc., to an extent.

Madhusnuhi Rasayana: Madhusnuhi rasayana is a formulation explained in lehya prakarana of Sahasrayogam, which is indicated in Kushta as shamana yoga in the form of rasayana¹⁹. The majority of the ingredients of Madhusnuhi rasayana have the qualities of agnideepana and tridosha shamana. The main ingredient, Madhusnuhi itself, is having rakta prasadaka property. The other drugs, such as Amlaki, Haridra, and Ashwagandha, act as rasayana. These qualities enable Madhusnuhi rasayana to be a potent drug of choice in managing Vicharchika for longer.

Mahatiktaka Ghrita: The ingredients of Mahatiktaka ghrita include Saptaparna, Ativisha, Patha, Musta etc, which are having tikta kashaya rasa, sukshma strotogamitva guna by which it does Vata Pitta shamana along with other properties such as vatanulomana, Kushtaghna, Kandughna as well as provides snigdhatva (unctuousness) to the twacha (skin)²⁰. Since twak rukshata is one of the cardinal symptoms in any form of Kushta, this formulation helps reduce that, along with other significant symptoms manifested in the case of Vicharchika.

Both the patent medicines used contain drugs with tridoshahara properties and twak prasadaka and rakta prasadaka dravya, which are helpful for symptomatic management of almost all skin cases, especially Vicharchika in this case.

CONCLUSION

In the end, most of the symptoms subsided, and the skin became normal as it was earlier. In modern medical science, there is no such type of therapy which not only treats the Vicharchika but also reduces the relapses. Shodhana, clubbed with shamana therapy, is the main treatment base in most skin diseases, as in this Vicharchika case. The tikta kashaya aushadha dravya has a significant role in managing Vicharchika or eczema. This case report showed that a combined Ayurvedic regimen is potent and effective in treating Vicharchika. No adverse effect or aggravation of the symptoms was found in the patient during and after the treatment. Its effect can be ascertained only if the study is conducted in a more prominent number of cases. This treatment protocol can be explored further on larger samples, and standardisation of this treatment modality can be established, which will help treat many patients suffering from Vicharchika.

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