



Case Study

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MANAGEMENT OF HAND ECZEMA (VICHARCHIKA) THROUGH AYURVEDA: A CASE STUDY

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ABSTRACT

Eczema is referred to as "atopic dermatitis." It's a chronic inflammatory skin condition characterised by itchy, red, and dry skin and sometimes scaly patches of skin. These patches may become thickened, cracked, or scaly and can occur anywhere on the body. Eczema often involves periods of flare-ups and remissions and can vary from mild to severe. It is considered a type of allergic or atopic condition, and it's commonly associated with other allergic conditions such as asthma and hay fever. Eczema resembles Vicharchika in Ayurveda. The signs and symptoms of Vicharchika are kandu (itching), pidika (papule), shyava varna (blackish-brown discoloration), and bahusrava (excessive exudation). Case summary: A 29-year-old female patient approached Kayachikitsa Skin OPD with complaints of dry, scaly skin lesions over bilateral palms with redness, cracking, and occasional discharge from lesions associated with severe itching for 10 years; symptoms have aggravated for 15 days. Based on signs and symptoms, an Ayurvedic diagnosis was made as Vicharchika (hand eczema). The subject was given deepana (appetiser)-pachana (carminative), bahya rukshana karma (external dehydrating therapy), then snehapana (internal oleation), followed by Virechana (purgation therapy), and shamana aushadhis (oral medications). The subject showed improvement in signs and symptoms, EASI and DLQI scores.

Keywords: Atopic dermatitis, Hand eczema, Snehapana, Virechana, Vicharchika.

INTRODUCTION

The word hand eczema¹ refers to "dermatitis which has mostly restricted to the hands, with no or barely slight involvement in other regions." Hand eczema is a frequently received and becoming more prevalent condition that was likely first reported in the nineteenth century². It is a condition that affects people of all jobs. Numerous internal and external/environmental factors may contribute to the aetiology of this illness, alone or in conjunction. Dermatologists have identified several morphological variations of hand eczema, including dermatitis solare, rubrum, impetiginoides, squamosum, papulosum, and marginatum.³

Hand eczema (HE) is a recurrent inflammatory dermatosis with a high 1-year prevalence reaching 9.7%⁴ and a lifetime prevalence of 11.3% to 20%⁵⁻⁸. It has been observed that the disease has an incidence rate of 5.5-8.8 per 1000-person years^{9,10}. Hand eczema is portrayed as a condition that lowers a patient's quality of life (QoL) and impacts a wide range of facets of their life, including the physical, social, and psychological¹¹. The term "chronic Hand eczema" is frequently used to characterise a condition that lasts at least three months or recurs at least twice in a 12-month period¹². Females are more commonly affected than males (2:1), possibly related to greater exposure to home chemicals and wet jobs¹³. Hand eczema was shown to be caused by Irritant Contact Dermatitis (ICD) in half of the cases and allergic contact dermatitis in 15% of cases¹⁴.

Vicharchika (Eczema) is among the Kshudra Kustha (skin disorders). Skin manifestations of Vicharchika include pidika (papule), shyava varna (blackish-brown discoloration), bahusrava (excessive exudation), and kandu (itching sensation).¹⁵ Eczema is correlated with Vicharchika in Ayurveda as signs and symptoms of both are more similar.

Patient Information

A 29-year-old female patient visited the Kayachikitsa-Skin Outpatient Department of SDM Hospital, Hassan, Karnataka, India, on October 27, 2023, with complaints of dry, scaly skin lesions over bilateral palms, as well as redness, cracking, and occasional discharge from the lesion, which had been associated with severe itching for ten years. Symptoms have worsened over the past 15 days. On basis of presented signs and symptoms like kandu (itching), pidika (papule), shyava varna (blackish-brown discoloration) and bahusrava (excessive exudation), an Ayurvedic diagnosis was made as Vicharchika (hand eczema).

Habits: Consumption of curd (daily), spicy and oily foods.

Clinical Findings

Vital signs were normal during the examination. On examination of the integumentary system, the cutaneous lesion was distributed throughout both palms. The lesions were erythematous scales and fissures. The colour was blackish-pink and associated with a rough surface. Ill-defined margins were evident, clustered in a grouped fashion, and there was intermittent serous discharge from

lesions. On palpation, tenderness was present, no localised temperature increased, and the texture was rough.

Laboratory parameters: Hb - 10.3 gm%, Total count - 5,300 cells/CMM, ESR - 2 mm/hr

Table 1: Timeline of the case

Date	Relevant medical history
2013	Onset of itching, erythematous skin lesions with scales and fissures over B/L palms Consulted a nearby hospital and got treatment for one month, and complaints were reduced completely.
2016	The same complaints reappeared, and for this, consulted SDM Hospital Hassan was admitted, took treatment and symptoms reduced. Did follow-up for six months, and symptoms reduced completely.
From 2017 till October 2023	No reappearance of symptoms
October 10	Acute onset of skin lesions over B/L palms
October 12	Erythema, scaling started
October 18	The itching started, and on scratching, fissures started to form
October 23	With all the above symptoms, severe discharge from the lesion started
October 27	Consulted in the skin outpatient department of SDM Hospital, and admission advised

Diagnostic Assessment

Sroto Pareeksha: Raktavaha Srotas

Clinical features: Vaivarnya (discolouration), Pidika (skin eruptions), Kandu (itching), Srava (serous discharge)

Diagnosis: Vicharchika (Hand Eczema)

Table 2: Timeline of intervention

Date	Oral medications and procedure	Dose	Remarks
27/10/2023	1. Chitrakadi Vati 2. Sarvanga Udwartana with Triphala churna + Bashpa Swedana	1-1-1 (B/F)	
28/10/2023 to 30/10/2023	3. Snehapana with Mahatiktaka Ghrita 1 st day 2 nd day 3 rd day	30 ml 80 ml 130 ml	Samyak snigdha lakshanas-attained on 3 rd day snigdha varchas, twak snigdhatata and deepptagni were observed.
1/11/2023 to 2/11/2023	4. Sarvanga Abhyanga with Yashtimadhu Taila followed by Bhashpa Swedana.		Vishrama Kala
3/11/2023	5. Sarvanga Abhyanga with Yashtimadhu Taila followed by Bhashpa Swedana. 6. Virechana with Trivrut Lehya + Draksha Kashaya	30 gm + 100 ml	Total vega – 13 Shuddhi – Madhyama Antiki – Kaphanta
4/11/2023	7. Samsarjana Krama 8. Discharge medicines a) Mahatiktaka Ghrita b) Gandhaka Rasayana c) Aragwadharishta d) Gandhaka Malahara	5 days 20 ml BD (B/F) (Kshudhitavastha) 1 TID (A/F) 20 ml TID (A/F) E/A	

B/F- before food, A/F- after food, BD- twice a day, TID- thrice a day, E/A- external application

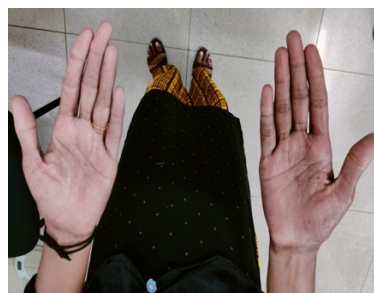
RESULTS

Table 3: Outcomes

Parameter	Before Treatment	After treatment
Srava	Present	Absent
Kandu	Present	Absent
Pidika	Present	Absent
EASI score	6	1.80
DLQI	17	4



A- Before treatment



B- After treatment

Figure 1: A and B

DISCUSSION

The Ayurvedic diagnosis was made as Vicharchika (hand eczema) based on signs and symptoms. Abhyanga (oil massage), bashpa swedana (sudation therapy), snehapana (internal oleation), Virechana (purgation therapy), and shamana aushadhis (oral medications) were administered.

Poorvakarma (Preoperative procedure): Before administering snehapana, purvakarma (preoperative procedure) includes agni deepana (appetiser), pachana (carminative), and rookshana (dehydrating therapy).¹⁶ Chitrakadi Vati contains Chitraka, Pippalimoola, Yava Kshara, Sarja Kshara, Pancha Lavana, etc., which have Kaphavatahara (reduces Kapha and Vata doshas), deepana (appetiser), pachana (carminative), Pitta saraka, and Amlapittarahara karma (relieves hyperacidity). Externally, rukshana karma (dehydrating therapy) was done by udwartana (powder massage), as it has gauravahara (depletion of heaviness), kanduhara (reduces itching), Meda Kapha Vilayana (liquefies Kapha and Meda), twak prasadakara (enhancing the quality of skin), and Kaphahara Karma (reduced Kapha dosha) and brings out laghuta in shareera (provides lightness in body).¹⁷⁻¹⁹ Here, udwartana was done with Siddartaka churna, which has Kushtaghna (curing skin disease) and Kandughna (reduces itching) properties. Before performing shodhana karma (bio-cleansing method), it is necessary to bring the doshas from shakha (tissues) to koshta (viscera) via vriddhi (increasing), vishyandhana (liquification), and srotomukha vishodhana (clears the channels). Snehana and swedana karma are beneficial in this aspect.

Snehapana was done with Mahatiktaka Ghrita, which has Kushtahara, Kanduhara and Pidakahara karma (reduces painful eruption).²⁰

Sarvanga abhyanga was done with Yashtimadhu taila. Its ingredients are Yashtimadhu, which has Vata Pitta shamana, varnya (complexion promoter), kandughna karma, and snehopaga dravya (oleaginous drug),²¹ which helped in bringing the snehana effect before performing pradhana karma (operative procedure). Tila taila has varnakara (complexion promoter), twak prasadakara karma (enhancing the quality of skin), and Vataghna.²²⁻²⁴ Amalaki has Tridosha shamaka and Kushtaghna karma.²⁵ Snehana moistens the dhatus and obstructed doshas, while bhashpa swedana mobilises, brings, and accumulates them in koshta, which is then expelled from the body using shodhana karma.²⁶

Pradhana Karma (Operative procedure): Virechana

Virechana dravya has ushna (hot), teekshna (sharp), sukshma (subtle), vyavayi (fast pervading), and vikasi guna (opens channels). Vicharchika is Kapha pradhana tridosha and Rakta pradoshaja vyadhi. Because of the involvement of Rakta dosha, Virechana is the most effective treatment. Trivrut Lehya is chosen for Virechana karma as it possesses adhobhagadoshahara²⁷ and ruksha Virechaka dravya (purgative drug). Draksha kashaya is Mrudu Virechaka (mild laxative), which increases the efficacy of Trivrut Lehya in Virechana karma.

Shamana Chikitsa (Palliative treatment)

Mahatiktaka Ghrita was chosen as shamananga sneha (internal oleation does palliation of vitiated doshas) because it has Kushtahara, Kanduhara, and Pidakahara karma.²⁰ Gandhaka rasayana is indicated in Kustha Roga (skin diseases). It decreases Kandu (itching) and daha (burning sensation). It has Raktashodhaka (blood purifier), vranaropaka (wound healing), twachya (skin lightening), krimighna (anthelmintic), and tridosha shamaka.²⁸ Aragwadha, the major component in

Aragwadharishta, has Kushtaghna and Kandughna karma. It is known to have anti-inflammatory and wound healing characteristics, which help to reduce swelling, itching, and burning sensations, as well as anti-fungal and antibacterial activity.^{29,30} Gandhaka Malahara is made up of Siktha taila, Gandhaka, Girisindoora, Tankana Bhasma, and Karpooora, which contains Kaphavatahara (subsides Kapha and Vata) and helps to relieve itching and dryness.

CONCLUSION

Hand eczema is a chronic, relapsing, and remitting condition that is difficult for both patients and doctors to manage. In Ayurveda, this can be correlated with Vicharchika, and treatment modalities such as deepana-pachana, snehapana, abhyanga, and Virechana were adopted according to Kushta chikitsa. The current study showed marked improvements in signs and symptoms, EASI, and DLQI scores for hand eczema.

Patient Perspective: The patient was satisfied with the treatment in terms of reduced skin lesions, dryness, itching, and improvement in sleep.

Patient Consent: Informed consent for publication of this case study has been obtained from the patient.

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