



CASE REPORT

Ayurvedic management of vicharchika - A case report

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Abstract

Vicharchika is a chronic skin disease which can be correlated with Atopic dermatitis. The recurrent relapses make the condition a huge challenge among dermatologists. *Ayurveda* offers a very scientific approach for treating this disease. This is an attempt to present a case of *Vicharchika* using rigorous evaluation guidelines. Skin illnesses should be evaluated with a special reference to the etiopathological changes that occurred long ago, in addition to their current morphological appearances. Etiopathological changes should be reversed with the appropriate medications since the treatment involves the *samprativighatana*. Internal purification methods (*Sodhana*) followed by proper *pachana*, *deepana* and *snehapaana*, makes the skin healthy. The changes of the skin can be assessed by Eczema Area Severity Index (EASI).

Introduction

The prevalence of skin diseases is increasing day by day in our society. It is observed that recent dietary practices, environmental pollution, contact with different irritant chemicals, stressful lives and sedentary jobs act as the contributing factors for the disease. Though the modern dermatological practices are found to be effective in many acute cases, recurrence even after proper medications makes the chronic cases, a big challenge among dermatologists. The number of patients seeking alternative treatments for their chronic skin ailments is also increasing in our society.

It is the responsibility of an Ayurveda physician to address these problems using scientific method and to document them in accordance with relevant data. This is an effort in that regard. Here took a case of *Vicharchika*, for detailed analysis.

Vicharchika

This is considered as a chronic skin condition in which varied presentations may be there. *Vicharchika* is derived from a word '*charcha*'. '*Vi upasarga* along with this word gives a meaning of cutaneous lesion with itch and scab. *Vicharchika* is defined by *Ashtanga hrudaya*^[1] as a clinical condition of skin associated with itching (*kandu*), eruptions (*pitika*), black (*syava*) and lymph (lasika) like oozing (*srava*) from lesion. Any of the *Acaryas* do not explain any direct *nidana* for *Kushta*. The *nidanans* available for *Kushta* can be consider as

the *nidanas* for *Vicharchika*. Intake of *virudha*, *guru*, *snigdha drava guna ahaara*, *ajeerna asathmya* and *ahita asana*, physical exercise, taking sunbath after heavy meals, sudden change of *santarpana* and *apatarpana karma*, entry of cold water immediately after affected with fear and exhaustion, suppression of natural urges, and *acaara hetu* like disrespectful to *guru* and indulgence in *papakarma* are included as *nidana*. Parent's *beeja dosha* also acts as the *nidana* for the manifestation of *kusta* in children.

lymphoid cells which subsequently attracts Th2 CD4+ helper T cells to the skin. This dysregulated Th2 inflammatory response is thought to lead to the eczematous lesions [12]. The Th2 helper T cells become activated, leading to the release of inflammatory cytokines including IL-4, IL-13 and IL-31 which activate downstream Janus kinase (Jak) pathways. The active Jak pathways lead to inflammation and downstream activation of plasma cells and B lymphocytes which release antigen specific IgE contributing

Table 1 -Rupas of *Vicharchika* according to various *Acarya*

| <i>Rupa</i> | <i>Cha Sam</i> [2] | <i>Su Sam</i> [3] | <i>A H</i> [4] | <i>Ma Ni</i> [5] | <i>Ka Sam</i> [6] | <i>Bha Pra</i> [7] | <i>Ha Sam</i> [8] |
|------------------|--------------------|-------------------|----------------|------------------|-------------------|--------------------|-------------------|
| <i>Kandu</i> | + | + | + | + | + | + | - |
| <i>Vedana</i> | - | - | - | - | + | - | - |
| <i>Atiruja</i> | - | + | - | - | - | - | - |
| <i>Syava</i> | + | - | + | + | - | + | - |
| <i>Sveda</i> | - | - | - | - | - | - | + |
| <i>Rakta</i> | - | - | - | - | + | - | - |
| <i>Bahusrava</i> | + | - | - | + | + | + | - |
| <i>Ruksha</i> | - | + | - | - | - | - | + |
| <i>Lasikadya</i> | - | - | + | - | - | - | - |
| <i>Raji</i> | - | + | - | - | - | - | - |
| <i>Paka</i> | - | - | - | - | + | - | - |

The *samprapti* of *Vicharchika* explained under the heading of Chronic skin diseases (*Kushta*). According to *Ashtanga hrudaya* [9] due to *mithya ahaara vihaara seva* especially *virudham anna*, sinful acts of the present life such as *sadhunindha* and *vadha*, robbing of the properties of others etc or sinful acts of previous life will vitiate the *doshas*. The vitiated *doshas* invade the *srotas* and vitiates the *tvak*, *rakta*, *mamsa* and *lasika* and make them *shithila* and get *sthanasamsraya* in *tvak* causing its discoloration and thus results in *kusta roga*.

The clinical features of *Vicharchika* are closely related with the clinical features of Atopic dermatitis. Atopic dermatitis (atopic eczema) is an itchy, acute or chronic relapsing inflammatory skin condition. The rashes are characterised by itchy papule (occasionally vesicle in infants) which become excoriated or lichenified and typically have flexural distribution [10]. Recently there has been an advanced observation that atopic state and syndrome of atopic dermatitis involves abnormalities of not only immune regulation but also a range of primary function of the epidermis. Other mainly involved reasons are genetic influence, maternal factor and inheritance, pregnancy and intrauterine factors, immune deregulation and environmental factors. The triggering factors include inhalants, microbial agents, auto allergens and food items. Excessive type 2 inflammation underlies the pathophysiology of atopic dermatitis [11]. Disruptions of the epidermal barrier allows allergens to penetrate the epidermis to deeper layers of the skin. This leads to activation of epidermal inflammatory dendritic and innate

to further triggering of the inflammatory mediators and cause itching and eczema. The main clinical features include itching, macular erythema, papules or papulo vesicles, edematous area with crusting, lichenification, dryness of skin and secondary infection. This is associated with other atopic manifestations like hay fever and asthma.

CASE HISTORY

Patient information

A 14 year old medium built female patient approached OPD with chief complaints of hyperpigmented thick skin and exfoliating skin rashes over bilateral ankle joints, forearms and knee joints associated with itching and burning sensation aggravated since one month and hyperpigmented thick skin over buttocks, back of thigh (b/l) and abdomen associated with itching aggravated since three months.

She has a thick dry skin since her childhood. As the skin is thick and dry she developed recurrent itching over buttocks, knee joints and back of thigh bilaterally from her two years of life. She consulted an *Ayurvedic* physician four months ago because the symptoms were persisting for several years. After taking medications, the skin became softer. However, as time went on, the illness worsened and was accompanied by skin exfoliation, itching, and burning sensation. Thus, the patient was referred by the physician to this hospital for additional care. After taking medication and following the recommended pathya for two months, she experienced a reduction in the thickness and hyperpigmentation around her abdomen, both thighs, and ankle joints. She also hardly experienced burning sensation and itching. She noticed a fluid-filled lesion over her right

foot's dorsal aspect a month ago. More fluid-filled, elevated lesions began to develop over both forearms and around the elbow joints after two days. Later, the lesion began to leak an unpleasant-smelling fluid, which eventually dried up on its own. Lesions started to spread to other body parts over time. The lesions were accompanied by bilateral foot swelling, pain, fever, and headache. Following ten days of intake allopathic medications, she experienced relief from pain, fever, and swelling. However, as she continuously experiencing other symptoms, she was admitted here for additional care.

Clinical findings -Systemic examination-Integumentary system

1.Skin- a) Morphology

Primary lesion

- hyperpigmented papules and plaques over the extensor aspect of knee joint bilaterally
- hyperpigmented macules and papules over the bilateral foreleg predominantly over the calf region and extensor aspect hand and forearm
- plaques around ankle joint, medial aspect of calf bilaterally, over right big toe and medial side of forearm
- macules over dorsal aspect of foot, thorax and abdomen
- papules over flexure aspect of elbow

Secondary lesion

- lichenification over flexure and extensor aspect of thigh, knee joint, elbow joint bilaterally and around abdomen

b) Distribution-symmetrical, generalized and bilateral

c) Configuration-discrete, grouped around the ankle joint

Palpation- thickened

d) Special tests

- Candle grease sign-negative
- Auspitz sign-negative
- Koebner's phenomenon-positive

2.Nails-No abnormality detected

3.Hair –Normal hair pattern

Diagnostic assessment

As per morphology and history, based on UK refinement of Hanifin and Rajka diagnostic criteria^[13], it can be diagnosed as atopic dermatitis. In ayurvedic perspective, diagnosed as *Vicharchika* based on the clinical symptoms as explained in *Brihat trayis*.

Samprapti ghatakas

Dosha –Kapha pradhana ,Vata, Pitta

Dooshya –Rasa, Rakta, Mamsa

Agni –Mandagni

Aama –At the level of koshta, rasa ,raktha and mamsa

Srotas – Rasa, rakta, mamsa

Srotodusti-Sanga,vimarga gamana

Rogamarga –Bahya

Vyadhyavastha-Cirakala

Adhistana –Tvak

This 14-year-old girl has a family history of skin diseases, and she has experienced skin issues since she was a young child. This suggests the involvement of *beejadushti*. The patient used to consume *ahaara*, mostly *madhura, katu* and *lavana rasa*, as well as *ushna, teekshna* and *abhishyandhi guna* and various forms of *virudhaahara*. She is always inclined toward *vihaaraja nidana*, such as *avyayaama* and *divasvapna*. These factors might be the reason for *aama sanchaya* and *tridosha dusti* with a predominance of *kapha dosa*. The vitiated *dosa* along with *aama* moved through the *tiryagvahinisira* and reached the *baahymarga asrita tvak, rakta, mamsa, lasika*. As her *rasa* and *raktavahini srotases* already had a *khavaigunya* due to *beejadusti*, vitiated *dosha, aama* with *dooshya* undergo *doshadushya sammurchana* in *mamsavaha srotas* along with *rasa* and *raktavaahini srotases* resulting in the manifestation of *Vicharchika*.

TREATMENT APPROACH

Reversing the etiopathology is the process of treatment (*nidanaparivarjanam* and *sampraptivighatana*). Though the *srotovaigunya* happened due to *beejedushti* can't be reversed, she still requires *Aamapachana, Deepana, Dosha sodhana* and *Rasayana* to alleviate her symptoms.

Drugs given in this aspect

| Sl no | Medicine | Dose | Time of administration |
|-------|--|---|-------------------------------|
| 1 | <i>Amrithotharam kashayam+ Shadddharanam choornnam</i> | 45 ml kashaya with 1 teaspoon choornam | 6 am ,6 pm before kashayam |
| 2. | <i>Amrithavrisha patoladi Kashaya</i> | 15 ml kashayam with 45 ml leukewarm water | 9am,9pm After food |
| 3. | <i>Shadangam kashayam</i> | <i>Toyapanam</i> | frequently |
| 4. | <i>Avipathi choornam+ Gopeechandanadi gulika</i> | 10 gm choornam +three gulika with honey | 9am,9pm after food |

Pachana, Deepana

| SI no | Medicine | Time of administration |
|-------|--|------------------------|
| 1 | Wet compression with <i>Yasti kashayam</i> | 4-5 time in a day |
| 2 | Application of coconut oil | After wet compression |

Initial topical therapies for symptomatic relief

| SI no | Medicine | Dose | Time of administration |
|-------|------------------------|--|------------------------|
| 1 | <i>Tiktaka gritham</i> | Starting dose-30ml Final dose-90 ml | 6 am |

| SI no | Medicine | Dose | Time of administration |
|-------|--|------|------------------------|
| 1 | <i>Nalpamaradi taila + psorset oil</i> | | For two days, morning |

| SI no | Medicine | Dose | Time of administration |
|-------|---------------------------------|-------|------------------------|
| 1 | <i>Avipatti choornam+ honey</i> | 20 gm | 6 am |

Snehapaana

| SI no | Medicine | Dose | Time of administration |
|-------|-------------------|------|------------------------|
| 1 | <i>Takradhara</i> | | External application |

Abhyanga and ushna snana

| SI no | Medicine | Dose | Time of administration |
|-------|----------------------------------|----------------------|------------------------|
| 1 | <i>Panchathikthakam kashayam</i> | 90 ml | 6am ,6 pm |
| 2. | <i>Aragwadharishtam</i> | 25 ml | 9am,9pm , after food |
| 3. | <i>Kalyanakam ghritham</i> | 5 gm | bed time |
| 4. | <i>Paranthyadi kerathailam</i> | External application | |

Virecana



Takradhara

Discharge

RESULT AND



medicine

DISCUSSION

Figure 1- Patient diagnosed with Vicharchika at the time of admission .



Figure 2- Patient diagnosed with Vicharchika at the time of discharge after pachana, deepana, snehapaana, Abhyanga ushmasveda, virecana and takradhara



Figure 3-At the time of follow up after 2 weeks of discharge.

Reversing the original samprapti ghatakas, such as Aama and Agnimandya, is necessary before attempting to appease the vitiated doshas and dooshyas. *Amrithotharam kashayam* and *Shaddharanam choornnam* has given for this purpose. *Amrithavrisha patoladi Kashaya* and *Shadangam kashayam thoyapaanam* might have helped her to pacify latent aama at the level of *rasa* and *rakta* and also for igniting the *agni* in *koshta* as well as in *dhathu* levels. Along with all these functions these medicines also have the power to pacify *Kaphavidhi*. *Avipatti choornam* and *Gopeechandanadi Gulika* are effective to pacify *pithavidhi*. During this time period wet compression with *Yasti kashayam* had given ,that helped for the *balavarnakaravta* and *pitta vata raktahara karma*. The application of coconut oil had prevented the dryness of skin and itching. *Tiktaka*

Table 2 -At the time of admission **ECZEMA AREA SEVERITY INDEX**

| Body region | Erythema | Edema / papulation | Excoriation | Lichenification | Area score | Multiplier | Score |
|-----------------|----------|--------------------|-------------|-----------------|------------|------------|-------|
| Head and neck | 0 | 0 | 0 | 1 | 1 | 0.1 | 0.1 |
| Trunk | 1 | 1 | 1 | 1 | 2 | 0.2 | 1.6 |
| Upper extremity | 1 | 2 | 2 | 2 | 3 | 0.3 | 6.3 |
| Lower extremity | 2 | 3 | 3 | 3 | 4 | 0.4 | 17.6 |
| Total score | | | | | | | 25.6 |

Table 3- At the time of discharge

| Body region | Erythema | Edema /papulation | Excoriation | Lichenification | Area score | Multiplier | Score |
|-----------------|----------|-------------------|-------------|-----------------|------------|------------|-------|
| Head and neck | 0 | 0 | 0 | 1 | 1 | 0.1 | 0.1 |
| Trunk | 0 | 1 | 0 | 1 | 1 | 0.2 | 0.4 |
| Upper extremity | 0 | 1 | 0 | 1 | 2 | 0.3 | 1.2 |
| Lower extremity | 0 | 1 | 1 | 2 | 3 | 0.4 | 4.8 |
| Total score | | | | | | | 6.5 |

Table 4 -At the day of follow up after discharge

| Body region | Erythema | Edema /papulation | Excoriation | Lichenification | Area score | Multiplier | Score |
|-----------------|----------|-------------------|-------------|-----------------|------------|------------|-------|
| Head and neck | 0 | 0 | 0 | 1 | 0 | 0.1 | 0 |
| Trunk | 0 | 0 | 0 | 1 | 0 | 0.2 | 0 |
| Upper extremity | 0 | 0 | 0 | 0 | 1 | 0.3 | 0.6 |
| Lower extremity | 0 | 1 | 0 | 1 | 2 | 0.4 | 1.6 |
| Total score | | | | | | | 2.2 |

gritham which is indicated in *kusta Cikitsa* had given for snehapaana here. The snehana karma helped as the poorvakarma for virecana .The process of virecana purifies the internal atmosphere by draining away the vitiated qualities of doshas. The process of *Takradhara* is found to be effective in managing skin diseases by improving the structural as well as functional integrity of skin. From these treatments the Eczema severity index score of patient had reduced from 25.6 to 6.5.At the time of discharge Pancatiktaka kashayam had given for the purpose of aama pachana and sophahara karma.

Aragwadharishtam had given as vyaadhipratyanika Cikitsa.The rasayana properties of *Kalyanakam ghritham* might be prevent the further worsening of disease. With the aforementioned treatments, the patient has got complete relief from itching and burning sensation and the hyperpigmentation and lichenification has also reduced.

Conclusion

Though we treat various types of diseases in our OPD/IPDs, due to the lack of evidence-based documentation, Ayurveda medical stream is not accepted by the scientific world. Here is an attempt to present a skin disease with ample

documentation based on Eczema Area Severity Index scoring. As per the analysis, by the end of one month, the itching and burning sensation of the patient has reduced completely and the hyperpigmentation and lichenification has also reduced.

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