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MANAGEMENT OF VICHARCHIKA (ECZEMA)- AN AYURVEDIC APPROACH

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ABSTRACT:

Vicharchika is one among the disorders that has increased due to the globalization and has incapacitated many people due to its impact on their lifestyle. Patients with *Vicharchika* in general undergo many kinds of treatment but still look out for the treatments that would provide them a permanent relief and would not have a recurrence. Ayurveda assures the relief with more focus on prevention. In Ayurveda, *Vicharchika* is understood as one among the *Kustha* or the skin disorders and Eczema in Modern medicine. This condition is managed with oral and local medications as per the Modern medicine and a comprehensive treatment including *Shodhana* and *Shamana Chikitsa* with *Sthanika Chikitsa* with appropriate *Pathya Aahara* and *Pathya vihara* according to Ayurveda that serves the objective of the Ayurvedic science that the prevention is better than cure. The present study is an attempt to review the management of *Vicharchika* both from the Modern and the Ayurvedic perspectives.

Keywords: *Vicharchika, Eczema, Ayurveda, Atopic Dermatitis*

INTRODUCTION

Eczema also called as Dermatitis is a disease referring to multiple types of dermatitis that presents either as endogenous like atopic dermatitis (AD) or exogenous such as allergic and irritant contact dermatitis. Public and medical professionals other than dermatologists refer to this term as AD. [1] Atopic dermatitis is defined as a chronic, non-communicable skin disease presenting with dry skin, localized red scaly patches, pain and intense itching [2-4] With its high prevalence affecting 20% children and 10% adults, ranks 15th burden disease worldwide and number one for skin diseases and non-fatal diseases which is measured in disability-adjusted life years DALYs. [2,5,6] According to the Global Burden of Disease data, *Eczema* or the atopic dermatitis is being considered as the important public health problem worldwide with highest burden among all skin diseases.

Many factors such as genetic, environmental, skin barrier disruption, microbiome alterations and immune dysregulation plays the major role in the causation of the disease, though the precise aetiology cannot be fully elucidated.[2,3,7,8] These skin lesions are characterized by oozing vesicles on red swollen skin, papules, crusting and scaling which can merge into larger areas due to extensive scratching. Due to its chronicity it leads to lichenification also called as thickening of the skin. [2,3,9]

With the typical age-related distribution, stage of the disease, ethnicity and geographic location, the skin lesions can vary. [2,3,9,10] In case of infants'

skin lesions are observed on the scalp, cheeks, face and extensor sides of the arms and legs and whole body in severe cases. [2,3,9] With age advancing, skin lesions spread to knees and elbows, neck, ears, wrists, ankles and around the eyes. [9] Whereas in adults and adolescents head, hands, feet and neck are frequently affected making them incapacitated to perform their daily routine activities and work.[7, 10]

Quality of life in such patients gets disturbed to a great extent and experience negative effects such as sleep disturbances due to itching and scratching associated with pain and psychological distress. In addition, patients also undergo social restrictions with time consuming long duration treatments with reduced productivity at school or work. [11] Tools to assess the severity of atopic dermatitis include the Eczema Area and Severity Index (EASI), Scoring Atopic Dermatitis (SCORAD) and Investigator Global Assessment (IGA). [12,13]

In Modern medicine, atopic dermatitis is managed after assessing its severity, extent of the surface affected and the co-morbidities associated. [2] The initial treatment includes patient education, avoidance of irritants and triggers and use of topical therapies, such as emollients and topical corticosteroids.[14] If the disease is severe, adjuvant therapies such as phototherapy and systemic treatment needs to be administered. As it is a chronic disease, it needs treatment for long duration. Treatment should be customised and tailored made based on the patients' complaints and the symptoms with the aim of improving quality of life. [2] Psychological and educational programs

should be implemented to create awareness about the disease and the ways to deal with it positively. [14, 15]

Regarding the infection, the skin of people with atopic dermatitis are frequently more colonized with the bacteria *S Aureus* and are therefore more susceptible to infection with *S Aureus*, even systemic ones. When this bacterium affects the skin extensively, a short course of systemic antibiotics is recommended and topical antiseptic products can be considered for prevention of bacterial infections. [16,17,18] Whereas, Eczema herpeticum requires acyclovir, an immediate systemic antiviral therapy. Other viral infections should be treated as per the guidelines. [19] Bandaging of the wound is carried out to absorb the wound fluids that can avoid scratching and to hold the applied topical products. Currently tubular bandages are very effective that are being administered for decades due to its beneficial properties.

Complementary medicine or the Traditional medicine includes the medicines other than Modern medicine and incorporates Ayurveda, Homeopathy, Chinese medicines etc. Many people with atopic dermatitis resort to complementary medicine due to its effectiveness and nil adverse effects. These complementary medicines encompasses a wide range of treatments focussing on the overall health of the patients.[19] CAM or the Complementary and alternative medicine refers to a group of divergent health care interventions and practices other than conventional medicine. [20]

In many countries across the world, CAM has been the primary choice of treatment for various health diseases. In India, the traditional systems of medicine such as Ayurveda, Siddha, and Unani which is 5000 years old is widely practiced in the rural Indian population and Chinese Medicines like Acupuncture and Acupressure in China. [21] Despite the advent and advances made by Modern evidence-based medicine, the use of CAM still holds its ground in the current era due to its effectiveness in chronic diseases. Recent trends like technology, internet, economic, cultural and the social trends has contributed much for the awareness and growth of CAM and its application on human life.[22, 23] In Ayurveda, *Vicharchika* is described as a *Tridoshaja* and a *Rakta Pradoshaja Vikara* with dominant *Kapha Dosha*. Though *Acharya Charaka* describes it as a *Kshudra Kushtha*, it has a propensity for exacerbations and has a chronic history. Based on the literature available in Ayurveda, *Vicharchika* can be correlated to eczema or the atopic dermatitis. Present study attempts to evaluate in detail about the *Nidana*, *Samprapti*, *Poorvaroop*, *Roopa*, *Chikitsa* and *Pathya -Apathya* of *Vicharchika* described in Ayurvedic literature. [24,25]

MATERIALS AND METHODS

Nidana (Aetiological factors)

Charaka describes *Vicharchika* as a *Kapha Pradhana Tridoshaja Vyadhi* and has explained its lakshanas as follows; the skin lesion with *Kandu* (itching), *Pidaka* (boil), *Shyava* (darkness) and *Bahusrava*(profuse oozing).[26] Whereas *Acharya Sushruta* defines vicharchika as a *Pitta Pradhana*

Tridoshaja Vyadhi and a disease that occurs with the combination of marked linings, excessive itching and pain along with dryness at the skin lesion. [27] *Acharya Vagbhata* has added *Lasikadhya* instead of *Bahusrava* other *Lakshanas* are same as *Aacharya Charaka*. [28] Regarding the pathology, factors responsible for the pathogenesis of disease are called *Nidana* in Ayurveda. [29] Though there is no specific *Nidana* for *Vicharchika*, *Nidana* of *Kshudra Kushtha* can be applied here [30] and it can be understood in three forms such as *Aharaja*, *Viharaja* and *Aacharaja Hetu*. *Aharaja Hetu* includes *Viruddha* and *Mithya Ahara*. *Mithya Aahara* is defined as the *ahara* that is opposite to *Ashtau Aahara Vidhi Vishesha Aayatanana* and *Viruddha Aahara* is described by *Acharya Charaka* and is the one that is opposite to *Desha, Kaala, Agni, Maatra, Satmya, Dosha, Sanskara, Veerya, Koshta, Avastha, Karma, Parihara, Upachara, Vidhee, Viruddha* etc. This *Mithya* and *Virudha Aahara* leads to *Agnimandya* and in turn to incomplete digestion and fermentation. Further with *Amotpatti, Tridosha Dushti* occurs and forms vitiated *Kleda*. Due to *Ashraya- Ashrayi Sambandha* the vitiation spreads to all the body tissues causing *Mansa Dusti, Twak Dusti, Lasika Dusti* and *Rakta Dusti* leading to *Vicharchika*. *Viharaja Hetus* such as *Vegavidharana, Mithya Vihara* like *Mithya Vyayama* and *Panchakarma Apacharana* may also lead to skin diseases like *Vicharchika*. One more *hetu* known as *Aacharja Hetu* is said to be another important causative factor which is caused by not following the right conduct and character such as not

respecting teachers, Elders, women and Old people. [31]

Poorvarooopa and Roopa (Premonitory symptoms & Symptoms)

Poorvarooopa of *Vicharchika* includes *Vaivarnyam, Kandu, Nistoda, Suptata, Parushyam, Atislakshnatvam, Paridaha, Lomaharsha, Kharatvam, Gauravam* And *Ushmayanam*. *Roopa* or the most common symptoms of *Vicharchika* are *Kandu* (Itching), *Pidika* (Boils), *Srava* (Discharge), *Shyava* (Discolouration), *Raji* (Scales), *Rukshata* (Dryness) and *Ruja* (Pain). *Acharya Sushrutha* presents the *lakshanas* of *Vicharchika* as *Ugra Rujatvam* and *Kandu* [32] and Itchy *Pidakas* with blackish excessive discharge as per *Charaka*. Instead of *Bahusrava*, *Charaka* uses *Srava* which means profuse discharge. [33]

Samprapti (Pathogenesis)

Regarding the *Samprapti*, due to the above described *Apathyakara Aahara Vihara*, it leads to vitiation of *Doshas* and these vitiated *Doshas* spread from one place to another in the body and finds a place for the manifestation of the disease and it is called *Vicharchika*. [33] Four *Srotases* such as *Raktavaha Srotasa, Rasavaha Srotasa, Mamsavaha Srotasa* and *Ambuvaha Srotasa* are involved in the formation of the disease. The symptom *Kandu* is seen due to involvement of *Kapha, Pitta, Rakta* and *Raktavaha Srotasa*. *Srava* and *Kleda* is due to *Pitta* and *Kapha Dosha*. and *Dushti* of *Rasavaha Srotasa & Ambuvaha Srotasa*. *Pidika* is seen due to involvement *Pitta, Rakta, Mansa* and *Raktavaha, Mansavaha Srotasa Dushti*.

Shyavata is due to *Vata Doṣha*, *Rasa Dhatu* and *Rasavaha Srotasa Dushti*. [34]

Chikitsa (Treatment)

With reference to treatment, *Kushthas* are said to be caused by *Tridosha*, and hence the treatment has to be proceeded based on the predominance of *Doshas*. At first, the most predominant *Dosha* should be treated following the subordinate *Dosha*. *Nidana Parivarjana* being the first line of treatment for all types of *Kushthas*, it includes comprehensive approach with *Shodhana Chikitsa*, *Shamana Chikitsa* and *Rasayana chikitsa*. The *Chikitsa* that expels out the morbid *Dosha* from the body is known as *Shodhana*. By nature, *Vicharchika Kushtha* is difficult to cure disease, so it is called as '*Dushchikitsya*'. But by *Shodhana* therapy, the disease becomes easy to cure due to the removal of the root cause, hence *Shodhana* has great importance. [35]

Vicharchika is a *Kapha Pradhana Tridoshaja Vyadhi* according *Ayurveda Acharyas* to like *Charaka* and *Vagbhata* but, *Pitta Pradhana Tridoshaja* according to *Sushruta*. To begin with the *Chikitsa*, based on the dosha *Pradhanyata*, type of the *Shodhana Chikitsa* should be considered. In *Kapha Pradhanya*, *Vamana* and *Pitta Pradhanya Virechana* and *Raktamokshna* (blood-letting therapy) should be done, Among the *Shodhana karmas* (purificatory procedures) blood-letting is considered as the best treatment for skin diseases. In excessive morbidity of the *Doshas*, repeated *Shodhana* should be performed at regular intervals. *Acharya Sushruta* has advised to carry out '*Ubhayato Sanshodhana*' even at the *Purvarupa* condition of *Kushtha*. [31]

Shamana Chikitsa is the *Chikitsa* that is administered after the *Shodhana Chikitsa* and plays a very important role in removing the residual *Doshas*. This includes the both the *Abhyantara* and *Sthanika Chikitsa*. Further the *Rasayana Chikitsa* places its position in the prevention of the *Kushtha* by nourishing the *Sapta Dhatus* and specially indicated in chronic diseases. In some cases, *Shamana Chikitsa* is also administered in those patients who are contraindicated for *Shodhana*. *Abhyanatara Aushadhas* include various single and compound preparations in the form of tablets, *Kashayas* or *Churnas*. *Sthanika Chikitsa* involves various external applications that are mentioned in the *Shastra*.

Pathya- Apathya (Dietetic regimen)

Pathya plays a vital role in control and prevention of the disease where; it regulates the further increase in the pathogenesis of the disease. [31] *Pathya Ahara* incorporates *Laghu Anna*, *Tikta shaka*, *Purana Dhanya*, *Jangala Mansa*, *Mudga*, *Patolam*, *Nimba*, *Triphala*, *shalishashtika*, *Yava*, *Godhuma*, *Masura*, *Makshik* and *Khadira Kashaya Pana*. *Vihara* such as *Abhyanga* with *Karanja Taila*, *Utsadanam* with *Aragvadhadi Kashaya*, *Parisheka Avagaha* with *Bakuchi* etc. *Apathya Ahara* is the one that should be avoided and includes *Guru Anna*, *Amla Rasa*, *Dugdha*, *Dadhi*, *Anupa Mansa*, *Guḍa*, *Tila*, *Kulattha*, *Maṣha*, *Ikshu Vikara*, *Vidhi*, *Vishtambhi*, *Viruddha Ahara* and *Vishama ahara* etc. *Apathya Vihara* like *Diva Svapna*, *Swedana*, *Ativyayama*, *Vegavdharana*, *Papa Karma* should be avoided. [31]

DISCUSSION

Vicharchika is a type of skin disorder that takes a very longtime to heal, on the contrary causes a great negative impact to the patient suffering from it. Early diagnosis and an effective treatment can be very helpful in early recovery from the disease. Though there are multiple treatment options are available in the conventional medicine, either due to the adverse effects or the recurrence of the problem has made people look out for Ayurvedic Medicine that is practised since centuries. With Ayurvedic medicine, the disease can be controlled and prevented from its progression to further stages with an umbrella of treatments and a systematised approach.

CONCLUSION

Application of Ayurvedic treatment in Vicharchika including the *Shodhana Chikitsa*, *Shamana Chikitsa* and *Sthanika Chikitsa* with proper *Pathya Aahara Vihara* and avoidance of *Apathya Aahara Vihara* either singly or in addition to the Modern conventional treatment as a add-on treatment has proven with its effective results. The present study is an attempt to review the management of *Vicharchika* both from the Modern and the Ayurvedic perspectives.

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