

## Management of Charakokta stravi vicharchika (Contact dermatitis) through Ayurveda Medicines- A Case Study

Charushila Premanand Gawas,<sup>1\*</sup> Anaya Pathrikar,<sup>2</sup> Hemant Paradkar,<sup>3</sup> Nitin Kamat<sup>4</sup>

<sup>1</sup>PhD Scholar, <sup>2</sup>Professor, <sup>3</sup>Associate Professor, <sup>4</sup>Honorary Professor, Department of Kayachikitsa, APM Ayurveda Mahavidyalaya, Sion, Mumbai, Maharashtra, India

### ABSTRACT:

As per modern science Eczemas are type of dermatitis. Contact dermatitis is an inflammatory skin process caused by an exogenous agent or agents that directly or indirectly injure the skin. According to *Ayurveda* we can classify *vicharchika* (a type of *Kushtha*) into four type *Charakokta stravi vicharchika*, *Sushrutokta shushka vicharchika*, *Bhelokta jeerna vicharchika* and *Kashyapokta aupasargik* or *Agantuja* (infective) *Vicharchika*. In present case study the patient of contact dermatitis was treated as *Charakokta stravi vicharchika* with the *Shaman chikitsa*. A female patient of 45 years age with blackish itchy lesion on right ankle since 1 month with fissuring, excoriation discharge was consulted OPD. The patient was diagnosis as contact dermatitis and was treated with *Arogyawardhini vati* (500mg TDS), *Gandhak rasayan* (500mg TDS), *Krumikuthar* (250mg at night), *Triphala-nishottar* (250mg at night), *Mahamanjithadi kadha* (20 ml BD) and Herbal ointment (local application) for three months and patient got significant relief in signs and symptoms.

**KEY WORDS:** Contact dermatitis, Eczema, *Kushtha*, *Stravi vicharchika*.

Received: 22.08.2023 Revised: 04.09.2023 Accepted: 15.09.2023 Published: 02.10.2023

### Quick Response code



### \*Corresponding Author:

**Dr. Charushila Premanand Gawas**

PhD Scholar, Department of Kayachikitsa,  
APM Ayurveda Mahavidyalaya, Sion, Mumbai.  
E-mail : [charushilagawas1910@gmail.com](mailto:charushilagawas1910@gmail.com)

### INTRODUCTION:

Eczemas are a type of dermatitis and these terms are often used synonymously. Eczemas are action pattern that presents with variable clinical findings and the common Histologic finding of spongiosis. Contact dermatitis is an inflammatory skin process caused by an exogenous agent or agents that directly or indirectly injure the skin. The clinical lesion of contact dermatitis may be acute (wet and edematous) or chronic (dry, thickened and scaly),

depending on the persistence of the insult.<sup>[1]</sup> According to *Ayurveda* we can classify *Vicharchika* (a type of *Kushtha*) into four type *Charakokta stravi vicharchika*<sup>[2]</sup>, *Sushrutokta shushka vicharchika*<sup>[3]</sup>, *Bhelokta jeerna vicharchika*<sup>[4]</sup> and *Kashyapokta aupasargik* or *agantuja* (infective) *vicharchika*<sup>[5]</sup>.

### CARE REPORT:

A 45 years old female came to our OPD on 29/08/2020 having complaints of blackish itchy lesion on right ankle posteriorly with fissuring, excoriation discharge since 1 month (Table 1) which was gradual in onset. She was suffering with itchy, dry, scaly lesions since more than 1 year but with modern treatment she was getting intermittent symptomatic relief. Over a period, it became thicker and blackish. There was no specific aggravating factor. Symptoms were not associated with fever, arthritis. She had no past history of Diabetic mellitus (DM), Hypertension (HTN), Pulmonary Tuberculosis (PTB) and Thyroid disorder. She had no known history of any Allergy or Drug reaction.

### Ashtavidha Pariksha:

Nadi: 73/ min

Mala: Pichhil, Unsatisfactory (twice or thrice a day)

Mutra: Samyak (6-8 times a day)

Jivha: Alpa Saam

Shabda: Avishesh

Sparsha: Ishat Ushna

Drik: Prakrut

Akriti: Madhyam

### General Examination:

BP: 120/80 mm of Hg

Temperature: Afebrile

Weight: 54 kg

CVS: S<sub>1</sub>S<sub>2</sub> Normal

CNS: Conscious, Oriented

RS: Clear

In Treatment history, Patient had taken modern treatment like steroids, antifungal etc. on and off since 1 year. She was getting symptomatic relief with medicines but recurrence was common on discontinuation of treatment. In Personal History she had irregular bowel habit. But bladder habit, sleep, appetite is normal. She was non-vegetarian especially eating meat and fish, she loved to have junk food a lot, curd, fried items etc. In family History there was no history of DM, HTN, PTB, Carcinoma, Thyroid disorder, Asthma, allergy, eczema or any other skin disease.

### Clinical findings:

Diagnosis and assessment was done on ayurvedic criteria. (Table 1)

**Timeline:** Treatment was taken for total 112 Days with follow up taken on every 28 -29 days total 4 follow ups were done (Table-2).

### THERAPEUTIC INTERVENTION:

Patient was advised not to take sour, bitter, spicy food as well as junk food, fried items and curd.

**Apunarbhav chikitsa:** Yashtimadhu tail local application.

**Table:1 Assessment Criteria:**

Charaka Samhita	Present/absent
Kandu (Itching)	Present
Pidaka (Fissuring)	Present
Shyawa (Blackish Colour)	Present
Bahustrava (Discharge)	Present

Table 2: Treatment advised:

Drug	Dose	Treatment Duration	Anupan
<i>Arogyawardhini vati</i>	500 mg TDS	112 days	Luke warm water
<i>Gandhak rasayan</i>	500 mg TDS	112 days	Luke warm water
<i>Krumikuthar</i>	250 mg HS	112 days	Luke warm water
<i>Triphala nishottar</i>	2 gm each HS	112 days	Luke warm water
<i>Mahamanjithadi kadha</i>	10 ml BD	112 days	Luke warm water
Herbal ointment	For local application twice a day	112 days	

Table 3: BT –AT Observations:

Signs and symptoms	Before treatment (29/08/2020)	After treatment (19/12/2020)
<i>Kandu</i> (Itching)	Present	Absent
<i>Pidaka</i> (fissuring)	Present	Absent
<i>Shyawa</i> (blackish discoloration)	Present	Slightly diminished
<i>Bahustrava</i> (discharge)	Present	Absent
Excoriation	Present	Absent



Fig- 1. Before treatment status on 29/08/2020



Fig- 2: After treatment status on 19/12/2020

## RESULT AND DISCUSSION:

***Arogyavardhini vati*:** it is used in all type *kushtha* especially in *vata* and *vatakapahaj kushtha*. [6] *Aarogyavadhini Vati* helps to remove *Ama* (toxins) from the body. It has an antipruritic nature that relieves itching sensation. [7] Contains *Kutaki* as a main

content, which work as *Shodhan* and *Bhendan* of *Dosha*. [8]

***Gandhak rasayana*:** mainly advised in *kshudra kushtha*. It possesses the property like antibacterial, antiviral, and antimicrobial. [9]

**Krumikuthar rasa:** Krumikatar Rasa is a herbo-mineral combination contains Karpura, Hingul, Vatsanabh, Pasash Beej etc. mainly works on Krumi. It is considered that many *twak vikar* involves *krumi* in their pathophysiology and *krumikuthar Rasa* is a time tested formulation in Skin diseases.<sup>[10]</sup>

**Triphala nishottar:** As the patient was having irregular bowel movements *triphala nishottar* was given for *anuloman*. *Triphala churna* is used in the ailments of all *Doshas*, stimulates digestive capacity, *Rasayana* and *Vrisya*<sup>[11]</sup> etc.

**Mahamanjishthadi kadha:** *Madhura Tikta Kashaya Rasa, Guru, Ruksha Guna, Ushna Virya, Katuvipaka, Manjishtha* is attributed with *Varnya, Rakta Shodhak* and *Vishaghna* properties<sup>[12]</sup> which makes it clinically useful in *Darunaka* by improving the blood circulation of scalp and thus promotes cleaning of the debris.

**Herbal ointment:** which contains *Hydnocarpus wightiana, Pongamia glabra, Azadirachta indica, sphatika, Calendula officinalis, Curcuma longa, Adhatoda vasaca, Camphora officinarum*. Used for its action of anti-inflammatory and antimicrobial.

Patient had taken these medicines for 112 days. After the treatment she has got significant improvement (Fig-2).

## CONCLUSION:

The case study demonstrates the way *Vicharchika* can be totally treated with only *Ayurvedic* medicine and avoiding *Apathya*. The patient got significant relief after the treatment. Therefore, the given *Ayurvedic* treatment was successful in treating the disease.

## Patient perspective:

The patient was pleased after getting relief in most of the symptoms.

## Declaration of patient consent:

The authors certify that they have obtained patient consent form, where the patient has given his consent for reporting the case along with the images and other clinical information in the journal. 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.

## REFERENCES:

1. Kasper: Harrison's Principles of Internal Medicine, McGraw Hill Medical Publishing Division, New Delhi, 16<sup>th</sup> edition 2004. p.289.
2. Vaidya Jadavaji Trikamji Acharya, Agnivesha, Charaka samhita, Dridhabala krit, Chikitsasthana. Ch.7, Ver. 26. Chaukhamba Orientalia Varanasi; 2015. p.451.
3. Acharya T, Susruta Samhita, Nidansthana. Ch. 5, Ver. 13. Chaukhamba Orientalia Varanasi; 2011. p.285.
4. Krishnamurthy K.H., Sharma Priyavrat, Bhel Samhita, Ch-6, Ver.25, reprint edition, Chaukhamba Orientslis Varanasi; 2008. p.330.
5. Satyapal, shri Kashyap samhita, revised by vatsya, Ch 9/2, reprint edition, Chaukhamba Varanasi, 2010. p.116
6. Vd. G.P. Gune, (Aushadhi Gundharma shatra). Part-2, kalpa no 30, reprint edition, Chaukhamba Sanskrit Pratisthan, 1992. p.76.
7. Shah B, Sah RK, Prasad S M. Ayurvedic Management of *Ekakustha* (Psoriasis) - A Case Report. Int. J. AYUSH CaRe. 2020; 4(1). p.50-54
8. Zile KC, Dhindhime RS. Ayurvedic Management of *Ekakustha* (Vata-Kaphaj Kushta) w.s.r. Psoriasis-A Case Study, International Journal of Ayurveda and Pharmaceutical Chemistry 2019; 10(1). p.131-136.
9. SaokarR, et al, Screening of Antibacterial and Antifungal Activity of Gandhaka

Rasayana- an Ayurvedic Formulation, International Journal of Recent Trends in Science And Technology 2013; 8(2). p.134-137.

10. Jadhav PB, Wagh S. Ayurvedic management of dadru kustha-a case report, World Journal of Pharmaceutical Research 2022; 11(16). p.1162-1168.
11. Chunekar KC, Bhavaprakash Nighantu, Bhavamishra, Haritakyadi Varga /43, Chuakhamba Bharati Academy Varanasi, 2013. p.12
12. Prof. Siddhinandan Mishra, Govind Das. Bhaisajya Ratnavali, Kushtharogadhikara - 54/64, Chaukhambha Prakashan Varanasi; 2015. p.866.

**Conflict of interest:** Author declares that there is no conflict of interest.

**Guarantor:** Corresponding author is guarantor of this article and its contents.

**Source of support:** None

**How to cite this article:**

Gawas CP, Pathrikar A, Paradkar H, Kamat N. Management of Charakokta stravi vicharchika (Contact dermatitis) through Ayurveda Medicines : A Case Study. Int. J. AYUSH CaRe. 2023; 7(3):244-248.