A REVIEW ON VICHARCHIKA FROM AYURVEDIC & WESTERN PERSPECTIVES WSR TO ECZEMA

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ABSTRACT
Skin is one of the five ‘Gyanindriyas’ as described in Ayurvedic texts. It is responsible for ‘Sparsh Gyan’ or touch sensation, therefore it plays a great role in physical and mental well being of any individual. It is the largest organ of the body which is exposed to external environment. It protects the internal organs from physical, chemical, mechanical and biological injuries. Any injury or disease in the skin becomes a great problem for a person because it is visible for all. The protective ability however may not always be able to deal with the environmental stimulus and this leads to the production of skin diseases. The protective ability of an individual is influenced by a variety of factors which include genetic factors, nutritional deficiencies, poor hygiene, overcrowding, other diseases and intake of certain drugs. Ayurveda has also described various factors which can cause skin diseases. There are so many diseases which do not kill, but create physical impairment along with psychological stress and strain. Vicharchika is one of them, which is one of the varieties of Kshudra Kushtha. Vicharchika has been compared with the modern disease Eczema by many authors. The clinical presentation of Vicharchika similar to Eczema in modern dermatology. The modern science has greatly advanced, particularly in dermatology but there is no specific medicaments for sure cure of eczema but symptomatic treatments like steroids are used, but they produce serious side effects like nephrotoxicity, osteoporosis, skin cancer etc. Ayurveda offers treatment for the root of eczema by cleansing vitiated Dosha and balancing the Dosha and Dhatu.
KEYWORDS: Vicharchika, Eczema, Kshudra Kushtha.

INTRODUCTION
Skin is a significant and most visible organ of our body. It has many important functions like it protects the internal organs from infectious organisms, chemical & mechanical injuries etc. These various invectives are the origin of many of the dermatosis i.e. eczema or dermatitis. Major of the skin disease are not fatal but create comparatively abundant stress and strain to the patient. Another reason for the skin diseases being more painful and irritant and some of them are contagious. Skin diseases are haunting mankind since ages past. Skin disease produces both psychological and physical discomfort due to tarnished skin. Different studies also recommend that skin infections are more prevalent in extreme climatic conditions. Most skin infections transmit through contact.[1]

AIMS & OBJECTIVES:
❖ To review the concept of Vicharchika as per Ayurvedic classics.
❖ To review the concept of Eczema as per western perspectives.

MATERIAL AND METHODS
The whole article is based on literary review collected from classical Ayurvedic texts, modern books and journals. The text from Brihattrayee i.e. Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya and their respective commentaries is Sanskrit as well as Hindi have been referred for this literary work.

DISEASE REVIEW
Vicharchika: An Ayurvedic Perspective
In Ayurvedic literature Eczema is considered to be a type of kustha, which is a disease of skin. Eczema is broadly considered to be specific type of kustha known as Vicharchika, a skin condition with a complex pathology, varying presentations and numerous treatment within the literature of Ayurveda. Vicharchika can most certainly be correlated with modern interpretation of eczema and atrophic dermatitis.

Nirukti of Vicharchika
According to Acharya Charaka “Sa Kandu Pidika Shyava Bahu Srava Vicharchika” (Ch.chi.7/26)[2] i.e. The skin disease where eruptions over the skin appear with dark pigmentation, itching with profuse discharge from the lesion.
According to Acharya Sushruta “Rajyo Atikandu Atiruja Sa Ruksha Bhavanti Gatreshu Vicharchikayam”(Su.Ni.5/13)³ i.e. condition in which skin is dry with severe itching and marked linings present is Vicharchika.

Nidana of Vicharchika⁴
- Intake of incompatible foods & drinks.
- Excessive use of Dadhi, Matsya, Amla & Lavana.
- Excessive use Tila, Ksheera & Guda.
- Intake of food that would cause burning sensation.
- Intake of Food during indigestion.
- Adhyasana.
- Intake of polluted water.
- Withholding of natural urges.
- Improper administration of Snehapana.
- Improper method of Administering Panchkarma.

Samprapti of Vicharchika⁵
In Ayurvedic literature samprapti described for kushta in general, is taken as follow Vicharchika also.

According to Charak Samhita due to various Nidana sevana, Tridosha gets vitiated simultaneously & produces shaithilya in the Twak, Mamsa, Rakta & Ambu. Then Tridosha gets seated in Shithila Dhatu & vitiating them with lakshnotpatti of Kustha Roga.

Purvaroopa of Vicharchika(Prodromal stage)⁶
There is no specific mention of Purvaroopa of Vicharchika, but Purvaroopa of Kushta as a whole are given in many Samhitas which are applicable to Vicharchika.

According to Acharya Charaka the prodromal symptoms include:
- Atiswedanam(Excessive perspiration)
- Aswedanam(No perspiration)
- Vaivarnyam(Deranged complexion)
- Kandu(Itching)
- Suptata(Numbness)
- Lomharsha
Paridaha
Shawyathu
Nistoda etc.

**Roopa (Symptoms) of Vicharchika**\(^7\)
In Ayurvedic literature *Vicharchika* is characterized by the following symptoms, which corresponds with commonly known symptoms of eczema:

- *Bahu-sraava* (profuse discharge)
- *Ati Kandu* (Excessive itching)
- *Shyava* (Blackish discolouration)
- *Pidika* (Creates inflammation & redness)
- *Ruja* (Pain due to chronic nature of disease)
- *Paaka* (Infection & purulent discharge)
- *Vrana* (Ulcerated lesion)
- *Raji* (Linings)

**Eczema: Western Perspective**\(^8\)

**Definition**
Eczema is a noncontagious inflammation of the skin characterized by erythema, scaling, oedema, vesiculatios, oozing and later lichenification. (P.N.Behl Practice of Dermatology 1998)

**Etiology of Eczema**
Hypersenstivity is the main cause of eczema. General predisposing causes of eczema are as follows:

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<thead>
<tr>
<th>S.NO.</th>
<th>CAUSE</th>
<th>EXAMPLES</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
<td>Age</td>
<td>Infancy, puberty, menopause</td>
</tr>
<tr>
<td>2.</td>
<td>Familial predisposition</td>
<td>Familial sensitiveness is an important factor. Personal or family history of allergy is found</td>
</tr>
<tr>
<td>3.</td>
<td>Allergy</td>
<td>Like Asthma, hay fever etc, Genetic predisposition are responsible for the preponderance of eczema in certain families and their absence in others</td>
</tr>
<tr>
<td>4.</td>
<td>Climate</td>
<td>Extreme of climate like heat, dampness, or severe cold trigger the onset of eczema.</td>
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<tr>
<td>5.</td>
<td>Local factors</td>
<td>Xeroderma, ichthyosis, greasy skin, hyperhidrosis etc.</td>
</tr>
<tr>
<td>6.</td>
<td>Chemicals</td>
<td>Insecticides, fertilizers, cement etc</td>
</tr>
<tr>
<td>7.</td>
<td>Cosmetics</td>
<td>Powders, lipsticks, hair dye, creams, perfumes. etc</td>
</tr>
<tr>
<td>8.</td>
<td>Medicaments</td>
<td>Topical applications, inhalations, systemic application like</td>
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sulphonamides, penicillin, arsenic etc.

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<tr>
<th>9. Infection</th>
<th>Streptococci, staphylococci, dermatophytes and yeast organism</th>
</tr>
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<tr>
<td>10. Focal sepsis</td>
<td>Internal septic focus shedding toxins or causing bacteraemia</td>
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**Classification of Eczema**\(^9\)

Depending upon the causative or provocative factors, the eczema has been classified mainly in two groups i.e. exogenous and endogenous eczema.

- **Exogenous Eczema**
  
  An external cause for the eczema is identifiable and when this is removed, eczema does not recur such as:
  
  - Irritant dermatitis
  - Allergic contact dermatitis
  - Infective dermatitis
  - Photo-allergic contact dermatitis
  - Eczematous dermatophytosis.
  - Eczematous polymorphic light eruptions
  - Dermatophytide

- **Endogenous Eczema**
  
  An internal cause or an inherent property of the skin is responsible for the occurrence of eczema, such as:
  
  - Atopic eczema
  - Seborrhoeic dermatitis and pityrosporum folliculitis
  - Seborrhoeic dermatitis of infancy
  - Asteatotic eczema
  - Nummular eczema
  - Dry discoid eczema
  - Exudative discoid and lichenoid dermatitis
  - Chronic superficial scaly dermatitis
  - Pityriasis alba
  - Gravitational eczema
  - Juvenile planter dermatosis
- Pompholyx
- Chronic acral dermatitis

**Symptoms of Eczema**

**A) Exogenous Dermatitis**
- Typical eczematous lesion varying from erythema to violent, vesiculation, pustulation, oozing and crusting.
- Accompanied by market itching.
- The sticky sep of plants containing phenolic oil resin or plant derived antigen substance are usually responsible.
- Usually occurs on exposed part.

**B) Endogenous Eczema**
- Pruritus and scratching
- Coarse marked, by exacerbation and remissions.
- Lesions typical of eczematous dermatitis
- Positive family history or personal history of allergy.
- Clinical coarse lasting longer than six week.

**Comparative aspects of Vicharchika and Eczema**

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<thead>
<tr>
<th>S.NO.</th>
<th>Vicharchika</th>
<th>Eczema</th>
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<tbody>
<tr>
<td>(I)</td>
<td><strong>Rupa</strong></td>
<td><strong>Sign &amp; Symptoms</strong></td>
</tr>
<tr>
<td>1.</td>
<td><strong>Pidika</strong></td>
<td>Papule</td>
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<tr>
<td>2.</td>
<td><strong>Pidika-Sarga Shapha (Ca.su.18/24)</strong></td>
<td>Inflammation with marked reddening</td>
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<td>3.</td>
<td><strong>Pidika-Kustha Rogadhikare</strong></td>
<td>Vesicles</td>
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<td></td>
<td><strong>Pidadayake Kshudrasphotka</strong></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td><strong>Kandu</strong></td>
<td>Itching</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Srava-Lasikadhya</strong></td>
<td>Oozing Serum</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Raji</strong></td>
<td>Linear markings (Lichenification)</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Paka</strong></td>
<td>Pustules</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Vrana</strong></td>
<td>Ulcer</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Vrana-Lohita</strong></td>
<td>Reddening (Acute Stage)Hyper pigmentation (Chronic Stage)</td>
</tr>
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<th>(II)</th>
<th><strong>Bheda</strong></th>
<th><strong>Types</strong></th>
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<tbody>
<tr>
<td>1.</td>
<td><strong>Ruksha (Vatic)</strong></td>
<td>Dry Eczema</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Sravi (Paitika or kaphaja)</strong></td>
<td>Wet Eczema</td>
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Line of Treatment

A) Ayurvedic Perspective

In general it is an accepted fact that the skin diseases are time consuming as far as the treatment is concerned i.e. not easily cured, longstanding & requires patience in treatment.

- **Acharya Sushruta** has explained that the treatment of *Vicharchika* should carried out like that of *Kushta*(Su.Chi 20/18)[10]
- Also in Sushruta Uttartantra Acahrya has mentioned that “**Sanksheptah Kriyayogo Nidana Parivarjanam**” i.e. the first step for treatment is avoiding the *Nidana* factors.

- According to **Acharya Charaka**[11]
  - *Vata* predominant *Kushta*: *Ghee* is indicated
  - *Pitta* predominant *Kushta*: *Virechana* followed by *Raktamokshna*
  - *Kapha* predominant *Kushta*: *Vamana* is indicated
- **Acharyas** have advocated for *Shodhana* therapy before the *Shamana* treatment for *Kushta*.
- **Lepa, Parisheka, Avachurana, Avagahana** and **Dhuma** have been mentioned in the management of all types of *Kushta*.
- **Charaka** has mentioned use of *Gandhaka* in the treatment of *Kushta*.
- **Karanja Taila, Devdarvyadi Taila, Lakshadi Taila, Musta Taila, Laghu** and **Mahamarichayadi Taila, Tikta Ghrita, Neela Ghrita** etc. are used.

- **Shamana Chikitsa**
  When a full *Shodhana chikitsa* is not feasible due to weakened *Ojas*, or concerned regarding patient compliance then *Vicharchika* treated by *Shamna Chikitsa*.

B) Western Perspective: General line of treatment consists of the following steps[12]

- Elimination of causative factors and correction of environment.
- Palliative treatment must be carried out to effect a complete cure.
- **Systemic therapy**: They can provide symptomatic relief only.
  - ACTH and corticosteroids
  - Antihistaminics
  - Calcium gluconate and strontium bromide
  - Antibiotics in infective eczema
  - General tonics and multivitamins.
Local treatment

- Weeping eczema react well to astringent like lotion silver nitrate 0.5 - 1% in aqueous solution.
- Infective eczema, crusts are removed with condy’s fluid and then silver nitrate lotion or lotio gentian voilet 0.5 - 1% in aqueous solution. A potassium permanganate solution 1:4000 is also useful.
- In chronic eczema steroid and other allied local preparations, crude tar and superficial x-ray therapy may be helpful

CONCLUSION

The skin is the outside boundary between outside world and ourselves. It is also a direct representation of health and disease between us. When we are healthy mentally and physically, our skin glows, and conversely without health our skin lacks luster shows our imbalance. Whether called eczema, atopic dermatitis or Vicharchika this condition greatly effects the quality of life of individual. It is a complex disease, stemming from deep imbalances. An awareness of all aspects of disease both from the western and Ayurvedic approach provide a basis of understanding that will assist the sufferer move towards a state free of disease – a state of health.

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