



## AYURVEDIC MANAGEMENT OF ATOPIC ECZEMA: REPORT OF TWO CASES

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### ABSTRACT

Atopic eczema (AE) is an inflammatory, pruritic, chronic, relapsing skin disease and it is one of the most common skin disease which affects up to 1-3% of adults in most countries of the world. The Ayurvedic equivalent of AE is 'Vicharchika'. The present case report deals with the two cases of AE came for Ayurvedic treatment. Both the patients have received panchakarma treatment followed by internal medicines for the period of one month. The efficacy of treatment was assessed on Eczema area and severity index (EASI). Before starting the treatment and after one month completion of treatment, total two assessments were carried out on EASI. Virechana and vasti are beneficial for the immediate relief of signs and symptoms in eczema. Ayurvedic internal medicines followed by shodhana procedures are effective for preventing the recurrence of eczema and to maintain the sustained relief after shodhana. Virechana karma is found to be beneficial in avascular necrosis of the hip joint.

**Key Words:** Atopic eczema, Ayurveda, Vicharchika, EASI, Avascular necrosis, Panchakarma

### INTRODUCTION

Atopic eczema (AE) or atopic dermatitis is an inflammatory, pruritic, chronic, relapsing skin disease occurring commonly in families with other atopic diseases like bronchial asthma and / or allergic rhinoconjunctivitis<sup>1</sup>. AE is one of the most common skin disease which affects up to 1-3% of adults in most countries of the world. AE is often the first step in the development of other atopic diseases<sup>2</sup>.

Moderate to severe AE can have a profound effect on the quality of life for both sufferers as well as their families. Additionally, intractable itching, skin damage, soreness, sleep loss, social stigma of visible skin lesions, other factors like frequent visit to doctors, special clothing, need to apply various topical applications constantly etc; add to the burden of disease<sup>3</sup>.

The Ayurvedic equivalent of AE is 'Vicharchika'. Vicharchika is a rakta pradoshaja vikara (disease due to impure blood) having involvement of three dosha's with dominance of kapha. Maximum number of eczema patients who don't get proper relief by other systems of medicine opt Ayurveda with great hope but unfortunately till that time the disease acquires a chronic state which makes the job of an Ayurvedic physician even difficult. As eczema is a recurrent condition, the definite answer for it should be searched out<sup>4</sup>. The present case report deals with the two cases of chronic eczema came for Ayurvedic treatment. Written informed consent was obtained from both the patients for the publication of this case report along with images.

### DESCRIPTION OF CASES

#### Case I

A 58 year old male patient, diagnosed case of atopic dermatitis / chronic eczema along with avascular necrosis of left hip joint,

came to our care (20.04.2016) with the complaints of severe itching along with skin lesions at both hands and legs since last 5 years (2011); the skin lesions are associated with redness, dryness, crusting, flaking, bleeding and discoloration (Figure 1). Itching aggravates during evenings and at night. These complaints manifested insidiously and they were progressive as well as relapsing in nature. Patient also had pain at left hip joint since last 2 years (2014). Patient took allopathic and homeopathic treatment for the above complaints but he didn't get sustained relief. No family history of eczema, allergic rhinitis, asthma is found. Patient is known for having allergy with hen's egg, curd, egg plant and non vegetarian food items.

On examination, well demarcated, huge skin lesions were found on both crural region (Lt > Rt) and small, discrete lesions were found at both palms and dorsum of the hand. The lesions at lower legs were characterized by erythema, edema, crusting, flaking, excoriation, hyper pigmentation, lichenification and bleeding where as the skin lesions of both hands were characterized by peeling, crusting, hyper pigmentation and dryness (Figure 1). Patient had severe itching at skin lesions at the time of examination. Patient was limping due to pain at left hip joint and SLR (straight leg raising test) was found 30° of left leg. Movements like flexion, extension, abduction, adduction and rotation at left hip were restricted due to pain.

Routine hematological, biochemical investigation reports were normal (21.04.2016). Eosinophil count was within normal limits (21.04.2016). X- Ray of left hip joint revealed early AVN (avascular necrosis) (21.04.2015). MRI of left hip joint revealed, 'abnormal signal in the left femoral head and neck region; Mild subchondral sclerosis seen in the weight bearing portion of the left femoral head; Findings favor avascular necrosis of femoral head (Mitchell staging class-C); Edema in the left acetabulum and mild left hip joint effusion; AVN of stage II likely' (11.04.2016).

**Case II**

A 21 year old female patient, diagnosed case of atopic eczema, came to our care (06.05.2016) with the complaints of severe itching along with skin lesions at flexural areas like, ante cubital, popliteal fossae, neck folds, behind the left ear and left lower leg since last 10 years (2006). These lesions are associated with oozing, itching, bleeding, redness, crusting, discoloration and flaking (Figure 2). Itching aggravates during night time, cold seasons and cold atmosphere. These complaints followed a relapsing course with flares at varying frequency and periods of remission. Patient has taken allopathic, Ayurvedic treatment for the above condition but didn't get sustained relief. Positive family history of eczema found (patient's father had eczema). Patient is known for having allergy with sour food items like citrus fruits, pickles, curd and egg plant. Exposure to cold leads to severe itching occasionally.

On examination, one huge skin lesion was found on left crural region which was characterized by papules, erythema, edema, crust formation, hyper pigmentation, lichenification and bleeding where as the skin lesions at both ante cubital fossae and at neck folds were annular, thickened and erythema with vesicles (Figure 2). Patient was found depressed and stressful due to these lesions. AEC (Absolute Eosinophil Count) was

normal (02.11.2011). Serum vitamin B<sub>12</sub>, serum ferritin and thyroid profile were normal (02.12.2011). ANA (Anti Nuclear Antibody) test, rheumatoid factor found negative and HBsAg was non reactive (03.07.2012). 25-OH vitamin D report was normal (04.07.2012). USG (Ultra sono graphy) revealed 'Acalculus cholecystitis' (04.11.2011). Renal function tests, liver function tests, hemostasis profile, routine hematological, biochemical investigation reports and urine analysis reports were normal (02.05.2016).

**Diagnosis, Assessment & Treatment**

The diagnosis of atopic dermatitis / eczema is made clinically and it was based on history, morphology and distribution of skin lesions. However both of the patients also satisfied the diagnostic criteria of atopic dermatitis developed by "American Academy of Dermatology"<sup>5</sup>. Efficacy of treatment is assessed on 'EASI (Eczema Area and Severity Index)' scale. An EASI score is a tool to measure the extent (area) and severity of atopic eczema<sup>6</sup>. Total two assessments are taken, pre treatment (baseline) and post treatment (after 30 days of treatment) in both cases. Ayurvedic diagnosis of 'Vicharchika' is made for both cases and for treatment purpose virechana karma is selected in case I and yoga vasti schedule in case II which were followed by internal medicines (Table 1).

**Table 1: Intervention**

<b>Treatment for case – I</b>	
20.04.2016 to 02.05.2016	Virechana karma
03.05.2016 to 20.05.2016	1. Pachatikta ghritam (10 ml twice a day, before food with hot water) 2. Manibhadra lehyam (5 gm twice a day, after food with water) 3. Darunaka tailam (for external application on lesions)
<b>Treatment for case – II</b>	
05.05.2016 to 12.05.2016 (Yoga vasti schedule)	Sarvanga abhyanga with Nalpamaradi kera tailam & Bashpa sweda with Niruha vasti: (A. Pachatikta kwatha - 500 ml B. Madhu - 150 ml C. Nimbamruta eranda tailam - 100 ml D. Gomutra arka (distilled cow urine) - 100 ml E. Hingu vachadi choorna kalkam - 20 gm F. Saindhava lavana - 6 gm) (or) Anuvasana vasti with Pippalyadi anuvasana tailam – 70 ml
13.05.2016 to 04.06.2016	1. Nimbamruta asavam (20 ml syrup + 20 ml water twice a day, after food) 2. Patola katurohinyadi kashayam (15 ml syrup + 45 ml water, twice a day, before food) 3. Manibhadra lehyam (5 gm twice a day, after food with water)

**Table 2: Efficacy of treatment on EASI of case I**

Body region	Case I	Redness	Thickness	Scratching	Lichenification	Area score	Region score
Head / Neck	Pre t*	0	0	0	0	0	0
	Post t°	0	0	0	0	0	0
Trunk	Pre t	0	0	0	0	0	0
	Post t	0	0	0	0	0	0
Upper limbs	Pre t	0	1	3	3	2	2.8
	Post t	0	0	0	0	0	0
Lower limbs	Pre t	2	3	3	3	2	8.8
	Post t	0	0	1	2	1	1.2
<b>Total EASI score</b>						Pre t	11.6
						Post t	1.2

\*Pre treatment score; °Post treatment score

Table 3: Efficacy of treatment on EASI of case II

Body region	Case I	Redness	Thickness	Scratching	Lichenification	Area score	Region score
Head / Neck	Pre t*	2	2	1	1	1	0.6
	Post t°	0	0	0	0	0	0
Trunk	Pre t	0	0	0	0	0	0
	Post t	0	0	0	0	0	0
Upper limbs	Pre t	2	3	3	3	1	2.2
	Post t	0	0	0	0	1	0
Lower limbs	Pre t	2	3	3	3	1	4.4
	Post t	1	1	1	1	1	1.6
Total EASI score						Pre t	7.2
						Post t	1.6

\*Pre treatment score; °Post treatment score



Figure 1: Case I – Skin lesions before treatment





Figure 2: Case II – Skin lesions before treatment



Figure 3: Case I – Skin lesions after treatment



Figure 4: Case II – Skin lesions after treatment

## DISCUSSION

The main line of treatment described for kushtha (skin diseases) is repeated shodhana (purification), by that the disease can be completely eradicated from the root<sup>7</sup>. Out of panchakarma (five major procedures of bio purification), virechana is better option for the skin diseases where pitta dosha and / or rakta (blood) are mainly involved<sup>8</sup>. According to a previous work it was proved that prior to the administration of shamana (pacifying) drugs significantly increases the cure rate and also prevents the recurrence of vicharchika (eczema)<sup>9</sup>. Based on these principles for case I, virechana karma was planned. Virechana karma started initially with deepana (stomachic) and paachana (digestants) drugs followed by snehapana (internal administration of pure cow's ghee). Patient has received snehapana for five days with gradually increasing doses (30 ml on day-1, 70 ml on day-2, 120 ml on day-3, 180 ml on day-4 and 250 ml on day-5). After attaining samyak snigdha lakshana's (signs and symptoms to assess proper snehapana), patient has received sarvanga abhyanga (full body massage) and bashpa sweda (sudation in steam chamber) for the period of two days which was followed by virechana. For virechana purpose, 100 gm of trivrit avalehyam is prescribed at once on early morning on empty stomach. Patient got 17 vega's (loose motions) without any discomfort. After virechana, samsarjana krama (post therapeutic diet regimen) was observed for the period of three days.

For case II, vasti karma was implemented as the patient was not ready to undergo snehapana and virechana procedure. One yoga vasti schedule was given. Yoga vasti schedule contains 8 vasti's (5 anuvasana & 3 niruha vasti's) and the schedule starts with anuvasana vasti followed by 6 vasti's (3 niruha and 3 anuvasana vasti's alternatively) and ends with anuvasana vasti. In vasti, drugs like panchatikta kashaya, nimbaamruta eranda tailam, hingu vachadi kalkam and gomutra arka were used. After vasti schedule, patient has received internal medicines (Table 1).

In case I, The baseline score (pre treatment) on EASI was 11.6 and after one month (post treatment) it was reduced to 1.2. Itching was completely diminished and good improvement was noticed in all the parameters like, erythema, edema / papules, excoriation, lichenification and also in surface area of skin lesions (Figure 3). Improvement is better in upper limbs compared to lower limbs (Table 2). Along with this, patient also got relief of pain in left hip joint. The SLR was 90° (post treatment). Patient was able to walk and use the stairs without

pain. In case II, the pre treatment (baseline score) on EASI was 7.2 and it got reduced up to 1.6 after treatment (after one month of treatment). The lesions at neck folds and at ante cubital fossae were disappeared. The big lesion of left crural region became soft and the surface area of which got reduced. Just like case I, in case II also improvement was observed (Figure 4) in all the parameters like, erythema, lichenification, excoriation and edema / papules (Table 3). During post treatment assessment (after one month of completion of treatment), it was observed that in both the patients the quality of life got improved and itching was totally disappeared.

Both virechana and vasti karma are beneficial in the management of chronic eczema. Virechana karma is also found effective in reducing the signs and symptoms of AVN of hip joint. Further studies with long duration & follow up with large sample are required to substantiate the present study findings.

## CONCLUSION

Atopic eczema can be considered as vicharchika and shodhana (purificatory) procedures like, virechana and vasti are beneficial for the immediate relief in signs and symptoms of eczema. Ayurvedic internal medicines followed by shodhana procedures are effective for preventing the recurrence of eczema and to maintain the sustained relief after shodhana. Virechana karma is found to be beneficial in avascular necrosis of the hip joint.

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