



Case Study

AYURVEDIC INTERVENTION IN ATYPICAL ECZEMA PROGRESSION

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ABSTRACT

Eczema is a chronic, relapsing inflammatory skin disorder. Long-term corticosteroid therapy often leads to drug dependency and reduced efficacy. This case report highlights a rare progression of *Vicharchika* (eczema) into erythroderma (moderate severity), necessitating a deviation from conventional Ayurvedic treatment approaches. **Clinical Findings:** A 40-year-old female patient presented with a chronic 8-year history of eczema involving the hands and feet, with overuse of corticosteroids. Upon initiation of *Snehana karma* (oleation), her condition rapidly deteriorated, manifesting as erythroderma with widespread erythema, foul-smelling pus oozing, epidermal shedding, malaise, and systemic distress. **Intervention:** Initial *Snehana* was given for 1 day but withdrawn after aggravation. The revised approach excluded *Shodhana* due to the patient's unsuitability and incorporated *Parisheka* (local irrigation therapy) and Oral medications. **Results:** Clinical monitoring using Visual Analog Scale (VAS) and Numerical Rating Scale (NRS) revealed significant symptom improvement from peak values (VAS 9, NRS 7) to minimal values. **Conclusion:** The successful resolution of erythroderma demonstrates the efficacy of tailored *Shamana* (palliative) medicine and external therapy.


INTRODUCTION

Eczema is a complex inflammatory skin disorder marked by itching, redness, and recurring, long-term symptoms. The pathogenesis of eczema involves genetic predisposition and environmental factors.^[1] The standard treatment includes topical and systemic corticosteroids which offer symptomatic relief but may result in long term side effects or dependency.

In Ayurveda, eczema is commonly correlated with *Vicharchika*, a type of skin disorder classified under *Kshudra Kushtha* (minor skin diseases).^[2] In Ayurveda the primary approach for managing *Kushtha* (skin diseases) is *Vaman karma* (therapeutic emesis) and *Virechana Karma* (therapeutic purgation) followed by *Raktamokshana karma* (blood-letting).^[3]

Similarly, as this case was reported for the management of *Vicharchika* initially, which was applied it. Instead of improvement, unexpected and unusual progression in symptoms of the disease was seen. The condition worsened, which correlated with erythroderma. Erythroderma is a severe inflammatory skin condition that causes widespread redness, scaling, and peeling. An exacerbation of an underlying eczema or dermatitis is the most common trigger of erythroderma.^[4] Erythrodermic symptoms presented by the patient can be correlated with *Audumber Mahakustha* in Ayurveda.^[5]

Given the escalation in symptom severity, the initial treatment plan was re-evaluated. The assessment indicated the possible involvement of *Aama dosha* (endotoxins resulting from impaired digestion and metabolism), necessitating a shift in therapeutic strategy. Considering the patient's weakened condition and unsuitability for classical *Shodhana* (bio-purification therapy), a personalized, stage-specific treatment approach was implemented. This addressed both systemic involvement and local skin symptoms, prioritizing safety and gradual disease regression.

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Case report

A 40-year-old female, farmer and housewife presented to the OPD of panchakarma on August 7, 2024, presenting with a chronic history of eczema. She presented with lesions on her hands and feet, accompanied by itching and pain. She has been experiencing this condition for the past eight years, with symptoms initially appearing in her hands and gradually spreading to her feet. Since 2016, she has sought treatment where she was prescribed oral medications along with topical applications. While these provided temporary relief, she eventually developed drug dependency and diminishing therapeutic efficacy. As a result of the diminishing response to conventional therapy, she decided to pursue Ayurvedic treatment for a cure. She had a 20-year history of smoking. There was no history of hypertension, diabetes, or thyroid disorder. On the first visit, the patient was admitted to the IPD for further management.

Clinical findings

After admission, the patient was initially initiated on *Snehana* (oleation therapy). However, she soon developed rapidly worsening symptoms,

including pus-filled blisters, erythema with cracking skin (shedding of epidermis), severe pain, foul smell in both hands, fever, restlessness, itching, and sleep disturbance. The lesions were widespread on the hands and feet, significantly impairing function in the affected areas. The onset of erythrodermic changes and worsening of the condition necessitated the prompt discontinuation of *Snehana* (oleation therapy). In response to the aggravated symptoms, the treatment approach was revised. (Refer to Table 1 and Table 2)

Assessment

Pain and itching were assessed using the Visual Analog Scale (VAS) and the Numerical Rating Scale (NRS). At admission, moderate pain was noted (VAS 4, NRS 6) with stable vital signs. Pain worsened around 11–12 August 2024 (VAS 9, NRS 7). By 15 August, scores decreased to VAS 5 and NRS 4, and continued to decline, reaching VAS 2 and NRS 2 by 27 August. Follow-up in September and October showed minimal pain (VAS/NRS 1–2), indicating consistent symptomatic improvement. (Refer to Table 1) No adverse events were reported post-discharge.

Table 1: Timeline

Sr.no	Date	Incidence	Intervention	Assessment of patient
1.	7/8/2024	Visit at OPD	Admitted in IPD	At time of admission VAS - 4 NRS - 6
2.	8/8/2024	IPD visit	Started <i>Snehana</i>	On 8/8/2024 VAS- 6 NRS- 6
3.	9/8/2024	Development of aggravated symptoms	Assessment done and revised the treatment protocol	On 9/8/2024 VAS - 8 NRS- 7
4.	10/8/2024-12/8/2024	Observation and daily assessment of the patient in IPD	<i>Shaman Aushdhi</i> (palliative medicine) and <i>Parisheka</i>	On 10/8/2024 VAS-8 NRS-7 On 11/8/2024 VAS- 9 NRS-7 On 12/8/2024 VAS-9 NRS-7
5.	13/8/2024-15/8/2024	Observation and daily assessment of patient in IPD	<i>Shaman Aushadhi</i> and <i>Parisheka</i>	On 13/8/2024 VAS-8 NRS-5 On 14/8/2024 VAS-6 NRS-5 On 15/8/2024 VAS-5 NRS-4 Marked relief in symptoms
6.	16/8/2024-18/8/2024	Observation and assessment of patient in IPD	<i>Shaman Aushadhi</i> and <i>Parisheka</i>	On 18/8/2024 VAS-3 NRS-4 Relief in symptoms

7.	19/8/2024-21/8/2024	Observation and assessment of patient in IPD	<i>Shaman Aushadhi and Parisheka</i>	On 21/8/2024 VAS-2 NRS-3
8.	22/8/2024-24/8/2024	Observation and assessment of patient in IPD	<i>Shaman Aushadhi and Parisheka</i>	On 24/8/2024 VAS-2 NRS-3
9.	25/8/2024-27/8/2024	Assessment done and discharged on 27/8/2024	<i>Shaman Aushadhi and Parisheka</i>	On 27/8/2024 VAS-2 NRS-2 Done at time of discharge
10.	12/9/2024	Follow up visit in OPD	<i>Shaman Aushadhi as previous</i>	On 12/9/2024 VAS-2 NRS-2
11.	12/10/2024	Follow up visit in OPD	<i>Shaman Aushadhi as previous</i>	On 12/10/2024 VAS-1 NRS-1

Table 2: List of shamana Aushadhi and procedure

- 1) *Jwarhar kashaya*-40 ml BD before food
- 2) *Kaishore gugglu*-500 mg BD before food
- 3) *Khadiraristha* -20 ml BD after food with *Aarogyavardhini vati*-500 mg BD after food
- 4) *Churna* combination of
Aamlaki churn-2 gm
Vidanga churn-2 gm
Rasmanikya -250 mg
Shuddha gandhak-250 mg
- 5) Procedure- *Parisheka* on affected site with *Triphala kwath*+ *Panchavalkala kwath*+*Sphatika bhasma*

Formulation	Composition	Pharmacological Properties	Purpose
<i>Jwarahara Kashaya</i>	Herbal decoction including <i>Guduchi (Tinospora cordifolia)</i> , <i>Kutaja (Holarrhena antidysenterica)</i>	Antipyretic, anti-inflammatory, <i>Pitta-Shamana</i> , immunomodulatory	To manage fever, inflammation, and systemic toxicity
<i>Kaishora Guggulu</i>	<i>Guduchi, Triphala, Trikatu, Guggulu (Commiphora mukul)</i>	Anti-inflammatory, antioxidant, detoxifying	Chronic skin disorders, regulates <i>Pitta-Rakta</i>
<i>Arogyavardhini Vati</i>	<i>Shuddha Parada, Shuddha Gandhaka, Abhraka Bhasma, Katuki, Triphala</i>	Hepatoprotective, <i>Rechana, Rakta-Shodhaka</i>	Supports liver detox, purifies blood, regulates metabolism
<i>Shuddha Gandhaka + Vidanga + Amalaki + Rasamanikya (Churna mixture)</i>	Sulfur, <i>Embelia ribes, Phyllanthus emblica</i>	<i>Krimighna</i> , antioxidant, antimicrobial	Controls infection, enhances immunity
<i>Parisheka with Panchavalkala Kwatha + Triphala Kwatha + Sphatika Bhasma</i>	Decoctions of <i>Ficus species, Triphala, Alum ash</i>	<i>Vrana Shodhana, Ropana</i> , astringent, antimicrobial	Local wound cleansing, helps reduce swelling and promotes healing

FIGURES



Fig 1. Development of pustules and increase in pain



Fig 2 Marked relief in symptoms



Fig 3: At the time of discharge

DISCUSSION

Various forms of dermatitis, particularly psoriasis and eczema, can progress to erythroderma. In erythroderma, severe symptoms such as widespread skin shedding, oozing, swelling, oedema, heart failure, and infections can occur.^[6] These manifestations resembled the aggravated symptoms of this patient.

In this case, the overuse of corticosteroids contributed to the accumulation of *Kleda* (internal moist or fluid) and *Aama* (metabolic toxin) leading to increased fluid retention, inflammatory response, and impaired detoxification. In this case patient had vitiation of *Pitta dosha*, presence of excessive *Kleda* and *Aama* which aggravated during *Snehana karma*.

Suppuration of lesions indicates spread of skin disease upto *Rakta dhatu* and involvement of *Pitta dosha*.^[7] Foul odor and pus from lesions expresses the progression of disease upto level of *Meda dhatu*.^[8]

Jwarhara Kashaya was given due to its bitter taste (*Tikta Rasa*), aiding in the suppression and elimination of aggravated *Pitta dosha* and digestion for *Aama dosha* which also helped reduce the shivering, fever, and itching. *Aarogyavardhini vati* was administered for mild purgative due to its *Pitta*-pacifying properties. *Rasamanikya*, *Kaishora Guggulu* are highly effective in managing various skin conditions such as *Kushtha*, *Vatarakta*, *Vishphota* etc.^[9]

Panchavalkala kwath is known for its potent wound-healing (*Ropana*) and cleansing (*Shodhana*) properties.^[10] In this case, this *Kwath* effectively reduced inflammation (*Shotha*) and promoted the healing of wounds due to its dominant *Kashaya* (astringent) taste. Similarly, *Triphala Kwatha* acts as *Tridoshaghna* and *Vrana Shodhana*.^[11] *Sphatika Bhasma* has *Kashaya*, *Laghu*, and *Ruksha* properties.^[12] Their combined action helped in reducing inflammation and pain, combating infection, modulating the immune response, and supporting overall health and recovery. The above combined pharmacological approach has the potential to manage the clinical manifestations of erythroderma effectively.

CONCLUSION

This case demonstrates the successful Ayurvedic management of erythroderma, emphasizing the need for stage-appropriate treatment. *Parisheka*, along with medications, highlights the therapeutic potential of Ayurveda. Moreover, Ayurvedic intervention in such a progression is scarcely documented in existing literature, making this case particularly valuable. This case exemplifies that Ayurvedic principles, when applied with clinical precision and contextual flexibility, can offer effective solutions in the management of skin disorders.

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