

# **Eczema and Vicharchika: A Review From Western and Ayurvedic Perspectives**

A Review of the Literature by Jessica Houghton

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## **Introduction**

Eczema is the common name given to Atopic Dermatitis, a chronic inflammatory skin condition that typically begins in the first few years of life. It is the most widespread skin disease of infancy and childhood<sup>1</sup> and is often the initial indication that a child will develop further allergic conditions such as allergic rhinitis and allergic asthma-the beginning of the so-called “atopic march.”<sup>2</sup> It was once thought of as solely a disease of childhood, but is becoming increasingly prevalent in all age groups. Although it does sometimes begin and resolve itself during childhood, it can progress into adulthood, or simply have a later onset for some individuals. There have been many significant scientific discoveries in recent years about the causes of eczema including the discovery of the filaggrin gene and the loss of barrier function, and also the current understanding of the role of the mast cell in allergic reaction. In addition, there have been highly credible theories as to what serves as the catalyst for the disease, including the hygiene hypothesis and the misuse of topical steroids.

Atopic dermatitis is characterized cracked or scaly skin, discolored patches, erythema (red skin), papules, exudate (oozing), and intense pruritus (itching), which can secondarily cause insomnia and diminished quality of life. It may present differently, combining any of these symptoms, depending on the age and nature of the patient, as well as the stage of the disease. Eczema is usually classified in three distinct stages: infancy, childhood, and adolescent/adulthood. Beginning in the second or third month of life, it often appears as patches on the cheeks referred to as “milk crust” and later in the flexures of the arms and legs. It is reminiscent of seborrheic dermatitis, also known as “cradle cap.” At this point, the condition may or may not yet have developed into an atopic condition<sup>3</sup>.

As the disease progresses into childhood, the eczematous lesions can be found on the flexural areas such as the inner-elbow, neck, and wrists. Even if the disease does resolve itself during adolescence, abnormal dryness and lichenification may remain in the affected areas. Although about 60% of the childhood cases of eczema will disappear completely<sup>4</sup>, it

frequently persists into adulthood. It can also develop for the first time at this later stage. The areas classically affected during this period are the flexures as well as the orbital and perioral regions of the head and most appear as dry, lichenified plaques<sup>5</sup>.

The psychological effects of eczema must be considered as well for both children and adults. Living with atopic dermatitis can have a profoundly negative effect on quality of life. Constant itching and scratching, soreness, pain, and discomfort can lead to high stress levels and sleep deprivation. Lifestyle may be affected, as the patient's activities might be restricted. Depression is also a concern as the patient might begin to feel hopelessness, embarrassment, despair due to the chronic nature of the disease<sup>6</sup>.

The specific definition of atopic dermatitis should be mentioned as the term "eczema" is often separated into two separate categories: atopic (extrinsic) dermatitis and atopiform (intrinsic) dermatitis; or in other words, allergic eczema and non-allergic eczema, respectively. According to the World Allergy Organization (WAO), atopy and atopic conditions are defined only in association with IgE-mediated pathophysiology<sup>7</sup>. This pertains to the body's ability to create the allergic antibody in response to an antigen. By exclusion, this would signify that only atopic dermatitis is specifically allergy-induced eczema. There is some debate over whether there are indeed two distinct forms; it is postulated by some that non IgE-associated eczema may represent a transitional phase of the IgE-associated form in infancy<sup>8</sup>. At the stage when an infant or child contacts the earliest signs of eczema, in about half the cases, there is no evidence of IgE-mediated sensitization<sup>9</sup>. These patients are not yet technically considered "atopic" but could progress into allergic sensitization.

What provokes the disease to progress from a non-allergic condition to an allergic one and potentially pushes the patient to develop other atopic diseases such as asthma and hay fever? The etiology of eczema isn't entirely clear. However, there is considerable research as to what causes it to manifest and several theories have been produced as a result. Most certainly, it is a multifactorial condition that occurs due to both genetic and environmental factors<sup>10</sup>.

Genetic Factors

There is strong evidence that supports a genetic component in atopic dermatitis. In studies that compared twins, a monozygotic (identical) twin has an 80% chance of being affected by eczema if the other twin has the disease, whereas a dizygotic (non-identical) twin has only a 20% chance of being affected if the other twin has the disease<sup>11</sup>. This illustrates that the eczema is attributable to genetic factors, as the identical twins have more DNA in common.

Another piece of evidence exemplifying the role that genetics play in atopic dermatitis are the recent scientific breakthroughs in the understanding of the filaggrin gene (FLG). Scientists have uncovered a particular gene called the filaggrin gene that has been proven to play a key role in epidermal barrier function. In the skin, FLG is expressed in the granular layer of the stratum corneum. It forms an important permeability barrier to water, microbes, and allergens and provides mechanical defense by maintaining skin integrity. Filaggrin proteins are eventually broken down within the skin, releasing hygroscopic (moisture retaining) amino acids, which allows the skin to naturally maintain moisture<sup>12</sup>. In studies based on the condition ichthyosis vulgaris, it was determined that individuals with mutations to this gene show markers for the loss of function of the filaggrin gene<sup>13</sup> and as filaggrin is known to be reduced in eczema patients<sup>14</sup>, the same loss of barrier function can be observed in cases of eczema. In positive studies, it was found that between 14% and 56% of eczema cases carry one or more FLG mutations and the presence of a FLG mutation confers a 1.2 to 13 times increased risk of developing atopic eczema<sup>15</sup>.

## Mast Cells

Current research has provided evidence that mast cells are vital in the pathology of inflammatory diseases including atopic dermatitis<sup>16</sup>. A part of the immune system, the mast cell is a type of granulated leukocyte (white blood cell) that plays a specific role in allergic reactions, and therefore atopic dermatitis. Mast cells are found throughout the body, especially near the surface of the skin, blood vessels, and lymphatic vessels. They contain various chemical mediators, most notably to atopic dermatitis, histamine. When stimulated by an antigen allergen, they release their granules (degranulation) into the surrounding tissues, causing symptoms that are characteristic of an allergic reaction such as inflammation and swelling<sup>17</sup>. It is believed that the mast cell is releasing these chemicals as a means of defense; by creating an allergic response, they are calling the rest of the immune system into action to protect the body. They are vital to wound healing and homeostasis.

Unfortunately, many allergic diseases have arisen that involve the mast cell even though the body is not in need of defense, including asthma, allergies, and eczema<sup>18</sup>.

Skin mast cells may also be able to function as sensors for environmental and emotional stress. This may be due to hormones released by the endocrine system while under stress. Mast cell-related atopic dermatitis and psoriasis, are triggered or exacerbated by stress through mast cell activation<sup>19</sup>. It has been widely understood that stress is a contributing factor to eczema. The relationship between stress and mast cells provides an explanation for this.

Atopic dermatitis occurs in 15-30% of children and 2-10% of adults<sup>20</sup> and it has doubled to tripled within the last 30 years in industrialized countries<sup>21</sup>. Several possibilities as to why this is occurring have been suggested:

#### The Hygiene Hypothesis

The fact that atopic dermatitis occurs far more frequently in industrialized nations has led many to suggest what is known as the “Hygiene Hypothesis” which postulates that the decreasing incidence of infectious disease in industrialized countries has given rise to the increase in autoimmune and allergic diseases. The idea of the Hygiene Hypothesis is that some infectious agents-especially those that co-evolved with us-are able to protect us against a large breadth of immune-related disorders<sup>22</sup>. As we become hyper-vigilant about creating an environment free of all pathogens, via antibiotics, vaccines, sterilization, pasteurization, etc., we are eliminating the very microbial agents that could potentially protect us and keep our immune system in check. In countries where good health standards do not exist, people are chronically infected by various pathogens. In those countries, the prevalence of allergic diseases remains low, while in several countries that have eradicated common infections, we see a dramatic rise in allergic and autoimmune disease<sup>23</sup>. This suggests that a trade-off is occurring: being completely free from the occurrence of infectious disease has left us vulnerable to other non-infectious disease. It also suggests that these infectious pathogens might be able to inform the human immune system in some capacity, preventing the onset of atopic dermatitis and other immune-related conditions.

The geographical dispersion of allergic and autoimmune diseases is a reflection of the geographical distribution of infectious diseases<sup>24</sup>. Many comparative studies have been made based on people of similar genetic background in differing geographical locations and differing lifestyles. One such example is the incidence of atopy between the people of the Republic of Karelia in Russia and the people of North Karelia in Finland. Both populations are genetically similar, but live under different environmental conditions. In the population with higher bacterial exposure, the prevalence of asthma was substantially lower (Russia)<sup>25</sup>.

### Red Skin Syndrome

The dramatic increase in atopic dermatitis has led some doctors to suggest that many presentations of the disease are actually “Red Skin Syndrome” also known as “Topical Steroid Addiction,” which is an iatrogenic condition created by the overuse of topical corticosteroids. This is a controversial position that is gaining in recognition as more patients are presenting with eczema that is no longer responding to the topical steroids used to treat it. The patient begins treatment with a low-dose topical steroid, but soon stops responding to this dose, needing increasingly stronger and more potent doses of the drug, eventually reaching the point where they need systemic doses, including oral and intravenous steroids. When the drug is removed, the body goes into topical steroid withdrawal. The symptoms are similar to regular atopic dermatitis, but worsen to include full body redness, a burning sensation, exudate, severe itching, night sweats, and a host of other related physical and emotional symptoms<sup>26</sup>. In a study of one hundred patients, eighty-seven were cured of red-skin syndrome after cessation of topical steroids and a lengthy and painful withdrawal period. The other thirteen dropped out of the study due to the inability to handle the withdrawal period<sup>27</sup>. There are few clinical studies that have been performed regarding this presentation of atopic dermatitis, but hundreds of cases have been documented and managed by the individual doctors who are chronicling the condition. Pharmaceutically, topical steroids have been in use since the 1950's, and the incidence of atopic dermatitis has greatly increased since this time. This suggests the possibility of a correlation.

### Western Treatment

Allopathic medicine manages eczema mainly with topical steroids, which control the inflammation, as well as staph bacteria on the skin. Antiseptic drugs are also used to control colonization of staph bacteria on the skin. Immunosuppressors such as Pimecrolimus and Tacrolimus are used to inhibit immune and inflammatory response, but do not come without a warning. Long-term safety studies continue to investigate the causal link to cancer, as well as an increased incidence of viral infections due to these drugs<sup>28</sup>. The xerosis (severe dryness) of eczema is often treated with emollients containing urea to support the barrier function<sup>29</sup>. In addition, a recent study showed that skin creams containing ceramides, waxy lipid molecules that attract water, have been shown to boost hydration in the skin<sup>30</sup>.

Eczema is also treated using phototherapy, immunotherapy, as well as various nutritional approaches including the GAPS (Gut And Psychology Diet). Vitamin C and Magnesium are also used in treatment.

In allopathy, all treatment is palliative, as eczema is considered an incurable disease. The drugs involved in treatment do not come without the possibility of side effects and often must be used continuously as the disease is chronic and prone to exacerbation.

#### *Vicharchika*-An Ayurvedic Interpretation

Ayurvedically, eczema is considered to be a type of *Kushtha*, which is a disease of the skin. It is also known as a type of *Twak Roga*, which also signifies that it is a skin disease, as “*Twak*” translates to skin and “*Roga*” translates to pain. Eczema is widely considered to be specific type of *Kushtha* known as *Vicharchika*, a skin condition with a complex pathology, varying presentations, and numerous treatments within the context of Ayurveda. As described in terms of *nidana*, *purva rupa*, *rupa*, *samprapti*, and *chikitsa*, *Vicharchika* can most certainly be co-related with the modern interpretation of eczema or atopic dermatitis.

#### Ayurvedic Classification:

Both the Charaka Samhita and Sushruta Samhita classify skin diseases into two categories: the *Mahdktishthas* (Major) and *Kshudra* (Minor). There are seven *Mahdktishtha Kushtham* (plural) and eleven *Kshudra Kushtham*, for a total of eighteen *Kushtham*. The *Mahdktishtha*

*Kushtham* include those that are considered variations of leprosy, while the *Kshudra Kushtham* comprise all other skin conditions<sup>31,32</sup>. The names and individual definitions vary depending on the author, but the quantity of conditions remains mostly consistent among Ayurvedic texts. It is generally agreed by most Ayurvedic scholars that *Vicharchika*, a minor *Kushtha*, most closely resembles the modern interpretation of eczema or atopic dermatitis, although there are some who consider *Pama* to be eczema as well. Although it is among the minor *Kushtham*, *Vicharchika* it is a chronic and involved condition.

The *Kshudra kushtas* are listed as follows, according to both Charaka and Sushruta. Although each lists varies slightly, *Vicharchika* is listed in both:

<b>Charaka's Eleven Minor <i>Kushtham</i><sup>33</sup></b>	<b>Sushruta's Eleven Minor <i>Kushtham</i><sup>34</sup></b>
<i>Ekakusths</i>	<i>Aruna</i>
<i>Carmalkhya</i>	<i>Sthumlarushkam</i>
<i>Kitibha</i>	<i>Mahakushtam</i>
<i>Vipadika</i>	<i>Eka-kushtam</i>
<i>Alasaka</i>	<i>Charmadalam</i>
<i>Dadru</i>	<i>Visarpah</i>
<i>Carmadala</i>	<i>Sidhma</i>
<i>Pama</i>	<i>Vicharchika</i>
<i>Visphota</i>	<i>Kitima</i>
<i>Sataru</i>	<i>Pama</i>
<i>Vicarcika</i>	<i>Rasaka</i>

#### *Purva Rupa* (Prodromal Symptoms)

As enumerated in the Charaka Samhita, the prodromal symptoms include:

Loss of touch sensation

Excessive or no perspiration

Deranged complexion

Appearance of rashes, horripilation (goose bumps), itching, piercing pain, exertion, exhaustion, and excessive pain in wounds<sup>35</sup>

## *Rupa* (Symptoms)

In modern Ayurvedic literature, *Vicharchika* is characterized by the following symptoms, which correspond with commonly known symptoms of eczema:

**Ati Kandu** (Excessive itching): Varying from mild to severe, interfering with work and sleep.

**Bahu-Sraava** (Edema and pustules): Characterized by superficial inflammatory edema of epidermis associated with vesicle formation (common in wet eczema).

**Rukshata** (Roughness): Chronic lesions of eczema may be dry and rough.

**Shyava Pidika** (Redness and pustules): In chronic cases of eczema, integument (skin) appears thickened and is hyper-pigmented.

**Raji** (Lichenification, thickening): Due to scratching in chronic cases of eczema, the skin becomes, thick, hyper-pigmented with visible crisscross ridges<sup>36</sup>.

The *Sushruta Samhita* defines *Vicharchika* as “excessive pain and itching, giving rise to extremely dry, crack-like marks on the body<sup>37</sup>.” This definition certainly describes one of the many presentations of eczema, as we know it. The *Charaka Samhita* depicts *Vicharchika* in a slightly different way. “It consists of pimples which are itchy, blackish, and with excessive discharge<sup>38</sup>.” Both seem to be describing a condition in which both *vata* and *kapha* are involved in the pathology. Sushruta’s description appears to reveal both *vata* and *kapha* vitiation, with dryness and cracking due to the *vata*, and the itching due to *kapha*. Charaka’s definition however, clearly favors *kapha* as the primary vitiated dosha. In fact, Charaka specifically labels *Vicharchika* as a *Kapha* imbalance, but the blackish coloring to the lesions indicates that *vata* must also be a factor.

Sushruta goes on to classify *Vicharchika* as a *pitta* driven condition, which indicates that heat and redness are present, and Charaka clearly states, “All types of *Kushhta* are caused by the three *doshas* together, so predominance or minimal role of each *dosha* must be determined from the respective symptoms<sup>39</sup>.” All three *doshas* are involved in the formation of this condition, therefore, symptoms can be present relating to each *dosha*.



Symptoms of V-, P- and K-predominant *Kushtham*<sup>40</sup>:

<i>Vata</i> Dominant	<i>Pitta</i> Dominant	<i>Kapha</i> Dominant
roughness, wasting, piercing pain, other types of pain, contracture, extension, hardness, coarseness, horripilation, blackish and reddish colors	heat, redness, discharge, suppuration, fleshy smell, moisture, “falling down of organs” [i.e., a finger / i.e., the liver	whiteness, coldness, itching, stability, raising, heaviness, unctuousness, eating away by maggots and moisture

*Nidana* (Etiology)

The *Sushruta Samhita* lists the etiology of *Kushtham* in general:

“Improper diet or conduct, especially the ingestion of improper, unwholesome, indigestible, or uncongenial food; physical exercise or sexual intercourse immediately after partaking of any oleaginous (greasy) substance, or after vomiting; constant use of milk in combination with the meat of any domestic, aquatic, or amphibious animal; a cold water bath after an exposure to heat; and repression of any natural urges<sup>41</sup>. “

Being that *Vicharchika* stems from the aggravation of more than one *dosha*, the specific *nidana* would correlate to the most prevalent *dosha* noted in the condition. If the patient has participated in activities that would aggravate a particular *dosha*, then these are the behaviors that would have thrown that *dosha* out of balance and into a disease state.

*Samprapti* (Pathogenesis)

The pathogenesis of *Vicharchika* is complicated in that it inevitably involves more than one *dosha*, and likely all three. It also involves several *dhatu*s simultaneously, adding an even greater level of complexity to the condition.

According to the *Sushruta Samhita*, the *samprapti* (pathogenesis) of all *kushtham* begins with *vata*. “The repression of any natural urges are the factors which tend to derange and aggravate the fundamental principle of *Vayu* in a person. The enraged or aggravated *Vayu*, in combination with the agitated *Pittam* and *Kapham*, enters into vessels or ducts (*srotas*), which transversely spread over the surface of the body<sup>42</sup>.” Based on this, in all *kushtham*,

*vata* accumulates and aggravates in the *rasa* of the *purishavaha srota*. It overflows into the *rasavaha srota*, creating mild and transient systemic dryness, and into the *raktavaha srota*, creating mild and transient coldness and fatigue. It relocates to the skin in the *mamsavaha srota* and pushes both *pitta* and *kapha* out of balance and they follow their respective paths to relocation, manifestation, and diversification.

It should be noted that Sushruta continues to expound on the topic of skin disease in general by saying, “the preponderance of any particular morbid diathesis (*dosha*) in any case of *Kushtham* should be looked upon as its originating cause<sup>43</sup>” which leads us to understand that whichever *dosha* is primarily vitiated should be considered the root of the condition. This is a slight contradiction to the assertion that “*vayu*” is the origin of skin disease. He later goes on to say “The forms known as *Sthularushka*, *Sidhma*, *Rakasa*, *Mahakushtam*, and *Ekakaushtam* should be considered as offspring of the deranged *Kapham*. *Parisarpa*—*kushtham* alone is due to the action of the deranged *Vayu*, while the remaining types (of minor *Kushtham*) owe their origin to deranged *Pittam*<sup>44</sup>.” By exclusion, this would indicate that eczema, be it *viharchika* as it is widely known, or *pama* or in some schools of thought, would be the result of vitiated *pitta* according to Sushruta. In this case, *Pitta* would initiate the disease process by accumulating and aggravating in the *anavaha srota*, overflowing into the *rasavaha* and *raktavaha srotas*, and relocating into the *mamsavaha srota*, specifically the skin in the form of heat, inflammation, or redness, with other *doshas* joining the fray as well.

Charaka goes into great detail regarding the complex factors that result in *Kushtham* in general. “Seven materials affected morbidly are the causative source of *Kushtha* such as the three *doshas* vitiated by etiological factors and the four *dusya sariradhatus* (*twak*, *mamssa*, *rakta* and *lasika* [*rakta*]) affected with affliction by *doshas*<sup>45</sup>.” In addition to all of the *doshas* that could potentially be vitiated, he specifically refers to the *dhatu*s, or tissues, involved in the pathology. *Twak*, or skin, is considered a *dhatu* of its own in this instance, and not solely an *upadhatu* of *mamsa*. *Lasika* of the *rakta* is lymph, which corresponds with the *rasa dhatu*.

As previously mentioned, Charaka defined *Vicharchika* as a *kapha* condition, which would have *kapha* accumulating and aggravating in the *anavaha srota*, overflowing in the *rasavaha* and *raktavaha srotas*, and relocating in the *mamsavaha srota*, resulting in swelling, itching, and exudate.

Charaka also states that, “There is no *kushtha* which is caused by vitiation of [only] one dosha. However, the types of *kushtha* having similar etiological source, have difference in pain, color, symptoms, effects, name and treatment according to proportional variation, association, and location of doshas<sup>46</sup>.” According to Charaka, all skin disease will be *sannipatika* by nature, but will vary in symptoms depending on the location of the vitiated *dosha*. He goes on to explain that depending on how the *doshas* combine, different innumerable conditions will arise, and treatment should be selected based in on the prevalence of the particular *doshas* involved.

### *Dhatus*

As previously stated, several *dhatus* are affected in *Vicharchika*. Beyond the initial accumulation and aggravation of *dosha* in the *rasa*, and the overflow into both *rasa* and *rakta*, this condition relocates, manifests, and diversifies in the *rasa*, *rakta*, and *mamsa*. The *rasa* is disturbed and presents differently depending on the *dosha* involved: severe dryness for *vata*, severe inflammation and burning membranes for *pitta*, and swelling and itching for *kapha*. Any manifestation on the skin (*twak*) has reached the deeper dhatu of the *mamsa*. Regarding the *rakta*, the texts of *Ayurveda* state that *Rakta Dusti* (Impure blood) is considered one of the prime causes of skin diseases<sup>47</sup>. Impure blood will most certainly manifest on the skin.

### *Chikitsa*

As *Vicharchika* always involves more than one *dosha*, the *chikitsa* will vary based on the presence of particular symptoms. The most aggravated symptom should be treated first. The *Charaka Samhita* offers detailed treatment for each *dosha*, although none specifically for *Vicharchika*.

In cases of *vata* predominant *Kushtha*, ghee is prescribed, for *pitta* predominant *Kushtha*, *virechena* (purgation) followed by *raktamokshana* (bloodletting), and for *kapha* predominant *Kushtha*, *vamana* (therapeutic vomiting) is utilized<sup>48</sup>.

If the patient is strong enough, full *pancha karma* is recommended, as this condition has reached the central disease pathway.

The following is Charaka's prescription for Kushtha in general:

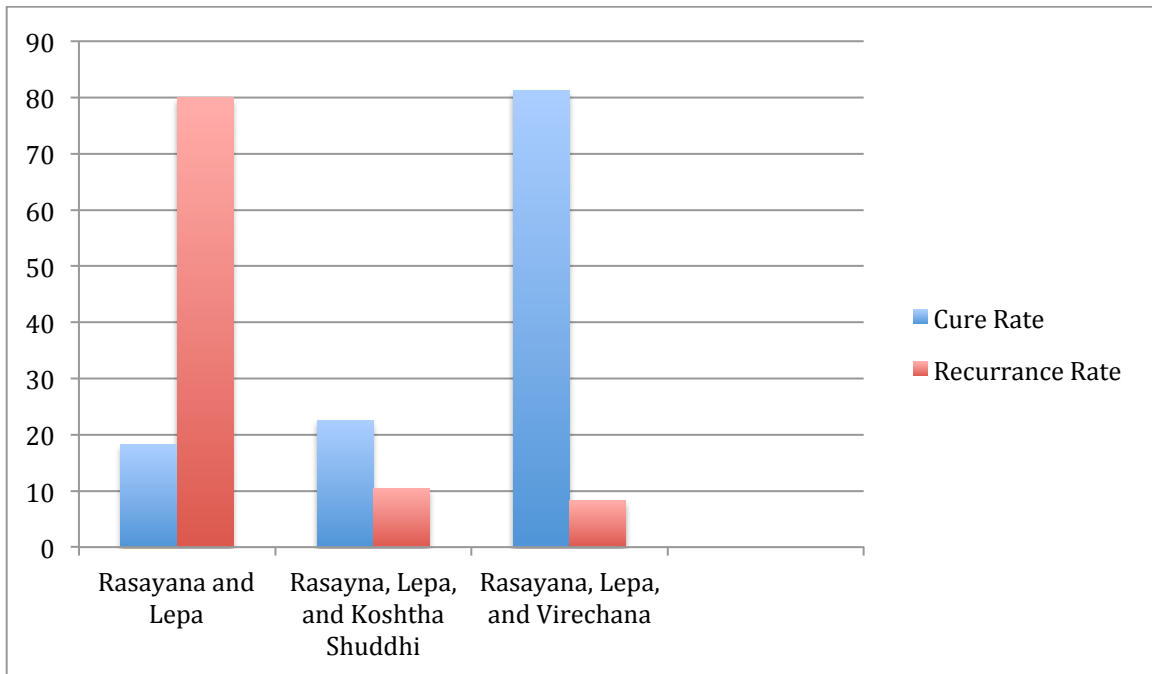
Summary of Total Program for Treatment of Skin Diseases:

The *kustha*, if curable, does not continue after these 5 steps:

- 1) the pathogenic factors are eliminated [*vaman/ virechan/ basti*]
- 2) blood is let out
- 3) external remedial measures [pastes/ baths/ scraping/ etc]
- 4) internal remedial measures [pastes/ decoctions/ ect.]
- 5) unction is administered [ghrtas/ tailas]<sup>49</sup>

*Raktamokshana*, or bloodletting, as a means to purify the blood is particularly valuable in cases of *vicharchika*; although the condition manifests on the surface of the skin, it is intimately connected with the state of the *rakta*, as previously noted from the *Charaka Samhita*. Sushruta extols *raktamokshana* as the most effective therapy in half of the body ailments<sup>50</sup>. Although not commonly practice in the United States, this practice is a valuable tool used in current practice in India. A study on the use of *raktamokshana*, specifically utilizing *Jalauka* (leeches), indicated a dramatic improvement of the symptoms of *Vicharchika*. The case report involved a female patient of *vata-pitta prakruti* with exudate, intense itching, and erythema of the skin for six months prior to the study. Within one month of the beginning the treatment, eczematous lesions were improving and at two months, the patient showed no signs of recurrence<sup>51</sup>.

The role of *virechana karma*, or purgation, as a treatment for *Vicharchika* has also shown to be highly valuable for this condition. A study was performed in response to two prior studies involving the use of *rasayana* therapy orally, and *Snuhyadi Lepa* (medicated paste) externally. The first study found that although this treatment was somewhat effective in eliminating the disease, the recurrence of the disease was very high. The second study added the use of *koshtha shuddhi*, which is an herbal treatment given for mild purgation. This decreased the recurrence of the disease but the cure rate remained low. The final study, involving 32 patients, replaced the *koshtha shuddhi* with a traditional *virechana karma*. The patients prepared for the *virechana* with full *purva karma* and followed it with *Prashat Karma* before beginning the *rasayana* therapy. The study found that the addition of the traditional method of *Virechana Karma* (instead of the *Koshtha Shuddhi*) before the *Rasayana* therapy and externally applied *Lepa*, greatly increased both cure and decreased the recurrence rate<sup>52</sup>.



This study exemplifies that both *rasayana* therapy and topical treatment of *Vicharchika* with *lepas* are far more effective after the body has been deeply purified. “Medicines applied externally exhibit quick effect after the impurity of the blood is eliminated and thus the seat of morbidity is evacuated<sup>53</sup>.”

*Lepas* are topical treatments commonly used to address symptoms on the skin, but as *Vicharchika* is a condition of the deeper tissues, stronger purification and internal medicine is needed to eliminate the disease. Common herbs used in *lepa* for *Vicharchika* include haritaki and vidanga. Neem is also used topically as an oil.

*Rasayana* therapy is a useful tool in treatment, however, as seen in the above study, purification is needed to deal with deeply embedded imbalances. Some *rasayana* herbs commonly used for the treatment of *Vicharchika* are: Gaduchi, Tumeric, and Amla. Shatavari is also used to calm *pitta*, both in the mind and on the skin.

When a full *shodana chikitsa* (ie, *pancha karma*) is not feasible due to weakened *ojas*, or concerns regarding patient compliance, *shamana chikitsa* may be employed. This is a palliative approach that will have an affect on the disease; however, it will take considerably longer. Some cleansing herbs used in the treatment of *virechika* are: Dandelion Root, Echinacea, Purnavaha, Manjista, and Red Clover. Triphala is used to both cleanse and tonify.

Aloe Juice can be used an alternative to cleanse the blood and heal the skin from the inside. Externally, *dosha* appropriate oils can be used in an *abhyanga* (oil massage) to support the integrity of the skin. If the skin tolerates it, a warming oil such as sesame is appropriate, and for pitta, coconut oil is cooling.

## Diet

The diet should be appropriate to pacify the dosha that is primarily vitiated. In addition, certain foods are commonly known to be aggravating to Vicharchika:

- Hot and spicy foods like chilies, raw onions and garlic
- Excess fermented foods like pickles, curds and yogurt
- Excess salt intake
- Red or sweet wine and hard alcohol
- Sour fruits
- Deep fried foods
- Ice cream and cold drinks
- Coffee
- Strong tea (tea should not be steeped for more than 2 minutes)
- Over consumption of nuts (soaked nuts are ok, seeds like sunflower or pumpkin are lighter and easier to digest)<sup>54</sup>

## Prognosis

The prognosis of *Vicharchika* varies. It is considered to be curable by Charaka. *Kushtha* that is of *Vata-Kapha* origin or is of a single *dosha* is easier to treat, while *Kushtha* that is *kapha-pitta* or *vata-pitta* is considered difficult to treat<sup>55</sup>. In all respects, the longer the condition is left untreated, the more difficult it becomes to manage. “As a young tree is cut with a little effort but the same requires great effort when fully grown, likewise, the newly born disorder is cured easily while the much advanced one is cured with difficulty or becomes incurable<sup>56</sup>.”

## Conclusion

The skin is the boundary between the outside world and our selves. It is also a direct representation of the health, or disease, within us. When we are healthy, mentally and physically, our skin glows, and conversely without that health, our skin lacks luster and shows our imbalance. Whether called eczema, atopic dermatitis, or *Vicharchika*, this condition greatly affects the quality of life of the individual. It is a complex disease,

stemming from deep imbalances. An awareness of all aspects of the disease, both from the Western, and the Ayurvedic approach, provide a basis of understanding that will assist the sufferer move toward a state free of disease-a state of health.

## References

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