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Ayurvedic Management Of Stasis Dermatitis –A Case Study

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Abstract

Introduction: Skin diseases significantly impact health-related quality of life and are ranked as the fourth most common cause of illness globally. Their prevalence has been rising due to factors like lifestyle changes, poor hygiene, stress, and nutritional deficiencies. Skin disorders are among the most common health issues encountered in general clinical practice. In *Ayurveda,* the term "*Kushta"* encompasses nearly all skin diseases. These conditions involve the imbalance of *Tridosha (Vata, Pitta, and Kapha)* and affect bodily elements such as *Rasa* (plasma), *Rakta* (blood), *Mamsa* (muscle tissue), and Ambu (body fluids). Among these, the vitiation of Rakta (blood) is considered the primary cause of skin diseases (*Twak Vikaras*). For diseases arising from blood-related disorders *(Raktaja Vikaras), Virechana* (therapeutic purgation) is the recommended detoxification procedure (*Shodhana Karma*) in *Ayurveda*.

Methods: This case study discusses a 44-year-old Female with Stasis dermatitis symptoms treated with *Ayurvedic* therapies, including *Shodhana* Chikitsa (body purification) using *Virechana Karma* and *Shamana Chikitsa* with various herbal formulations. The aim was to balance the *tridosha* and purify *Rakta.*

Results: The patient showed improvement, demonstrating the effectiveness of *Ayurvedic* treatments for Dermatitis. The results suggest that *Ayurveda* may serve as a main stay approach for treating skin conditions.

Keywords: *Vicharchika*, *Snehapana*, *Virechana,* Stasis Dermatitis, *Shamana Aushadi*.

Introduction

Most of the skin diseases in *Ayurveda* have been discussed under the broad heading of Kushta, which are further divided into *Mahakushta* and *Ksudra Kushta*. *Vicharchika* is considered as one among the *Kshudra Kushta*.[1] According to *Ayurvedic* texts, *Kushta* is a condition arising from the imbalance of the *three doshas (Tridoshaja)* and is one of the *Ashta Mahagada* (eight grave diseases) as described by *Acharya Charaka*, indicating its challenging nature in treatment. *Vicharchika* a specific type of *Kushta*, presents with symptoms such as *ShyavaVarna* (skin discoloration), *Parushatva* (hardness), *Ruksha Pidika* (dry, small eruptions), and *Kandu* (itching). This disorder is predominantly caused by an imbalance of the *pitta* and *Kapha doshas*, with clinical features reflecting the nature of both *doshas*. The pathogenesis of *Vicharchika* involves derangement in the seven physiological factors—*Vata, Pitta, Kapha, Twak* (skin), *Mamsa* (muscle tissue), *Shonita* (blood), and

Lasika (lymphatic system). To address the underlying cause of the disease, particularly in cases of *Bahudoshavastha* (excess *doshas*), *Shodhana* (purification) is essential, as recommended in the *Ayurvedic classics*.[2]

Stasis dermatitis is a pruritic eczematous reaction that arises secondary to venous hypertension. This occurs due to complications of a varicose vein or deep vein thrombosis. It is also termed varicose or gravitational eczema. Clinical features include redness, swelling, scaling and lichenification of lower limbs. According to the National eczema association, Stasis dermatitis occurs mostly in people aged 50 years or older, common in females than males. *Vatarakta* is a disease where there is vitiation of both Vata dosha and Rakta dhatu. Among the types of *Vatarakta, Utthana vatarakta* is *Bahya* variety where the site of manifestation is *Twak* (skin) and Mamsa (muscles). According to Acharya Charaka the symptoms of *Utthana vatarakta* include blackish, reddish or coppery coloured skin associated with itching, oozing, pain etc… The mainline of management includes *Alepa* (topical application), *Abhyanga* (oil massage), *Parisheka* (pouring decoction), and *Upanaha* (hot poultice). In convention medicine treatment of the disease is limited to corticosteroid therapy and topical application. In Ayurveda, Shamana Chikitsa has promising results for better management of Stasis dermatitis.[3] The primary treatments involve *Shodhana* (purification), *Shamana* (palliative care), and *Nidana Parivarjana* (removal of the root cause). In the current case study, *Virechana Karma*[4] (therapeutic purgation) was selected as part of *Shodhana Chikitsa* (purification therapy), and the patient underwent *Snehapana* (oleation) using *Panchatiktaka Ghrita*[5] This paper highlights the successful *Ayurvedic* management of *Vicharchika* a *Raktavahasrotodusti Vikara Ayurvedic* principles in particular *shodhana chikista* patient got cured with the symptoms. better results were obtained through *shodhana chikitsa* and *shamana chikitsa.*

Case Report

Presenting Complaint

A 44years old Female patient complaints of Blackish circular lesions over face, neck, bilateral upper limb, bilateral lower limb, associated with severe itching with powdery discharge since 4 years and the condition got aggravated since 6 months.

History of Presenting Complaints

Patient was apparently healthy 4 year back Gradually she developed with blackish circular lesions over face, Neck, bilateral upper limb, bilateral lower limbs associated with severe itching, powdery discharge and pus discharge in lower limbs for which she consulted and took allopathic medication but found no relief as the symptoms got aggravated from past 6 months patient got admitted for better treatment in SDM Ayurveda Hospital Hassan.

Past medical history:

Known case of DM since 5 years (Under medications)

Patient had previously taken allopathic medication 3 years ago and found no relief (Details of medication not available).

Personal history:

Appetite: Reduced

Bowl: Hard stools

Micturition: Regular

Sleep: Disturbed

Habits: Non-veg consumption (weekly thrice), intake of spicy food regularly, consuming curd for dinner (weekly twice).

General Examination:
On physical examination- appearance was moderately built.
General complexion- brown
BP- 130/80mmhg
Pulse- 73bpm
Respiratory rate- 16cpm
Temperature- Afebrile
Systemic Examination:
CVS – S1S2 heard, No murmurs
CNS – Conscious and well oriented to time, place, and person
RS –NVBS heard, No added sounds.
Integumentary system examination:
Inspection: location- Face, Neck, bilateral lower limb, bilateral upper limb
Shape: circular lesions
Colour: blackish
Powdery discharge present
Palpation: temperature- present, Edema- absent, texture of lesion- Rough and scaly.

Diagnostic Criteria:
Shyava varna (discoloration)
Rukshatwa – dryness of skin lesions
Kandu– itching present.

Comparison between Vicharchika and Dermatitis.

Vicharchika	Dermatitis
Shyava varna	blackish discoloration
srava	Oozing of fluid
pidika	vesicles
Ugra kandu	Severe itching.

Management:

Date:20/7/24 – 24/7/24
Day 1- *Deepana pachana* with *chitrakadi vati* 1-1-1 and *pancha kola phanta* 30ml TID b/f

Diet- *Ganji* at 8am and 1am, *kichadi* at 7pm.

Day 2 – Day 5 *Snehapana* with *pancha tikta ghrita* was given in Arohana matra from 40ml to 150ml

Diet – *peya* on attaining hunger, Night – *kichadi*

Day 6- *Sarvanga abhyanga* with *marichadi taila* followed by *bashpa sweda*

Diet- rava idli (morning), rice and rasam(afternoon and night)

Day 7- *Sarvanga abhyanga* with *marichadi taila* followed by *bashpa sweda*

Diet- *peya* (morning), rice and rasam (afternoon), night (*kichadi)*

Day 8- *Sarvanga abhyanga* with *marichadi taila* followed by *bashpa sweda*

Virechana with – *Nimbamrutadi eranda taila* 50ml

Does and don't to be followed after treatment:

Does - *pathya ahara* was adviced

Don't – non-veg diet, spicy and junk food items, milk products and fried items to be strictly avoided.

Vihara – avoid day sleep and exposure to cold climate.

Medication on discharge:

Sl no	Medication	Dosage	Duration
1	*Nimbadi guggulu 250mg*	2-2-2 after food	15 days
2	*Arogyavardhini vati 500mg*	1-0-1 after food	15 days
3	*Guggulu tiktaka Kashaya*	15-15-15ml before food	15 days
4	*Marichadi taila*	For external application	15 days
5	Atrisor ointment	For external application	15 days

		1st Follow up Date – 15/8/24-3/9/24		
Sl no	Medication	Dosage	Anupana	Days
1	*Nimbadi Guggulu250mg*	2-0-2 after food	Warm water	15 days
2	*Guggulu thikta Kashaya*	15-0-15ml before food	Warm water	15 days
3	*Arogyavardhini vati 500mg*	1-0-1 after food	Warm water	15 days
4	*Avipattikara choorna*	0-0-5gm after food	Warm water	15 days
5	*Marichadi taila*	External application		15 days
		2nd Follow up Date- 3/9/24-18/9/24		
1	*Nimbadi Guggulu250mg*	2-0-2 after food	Warm water	15 days
2	*Arogyavardhini vati500mg*	1-0-1 after food	Warm water	15 days
3	*Guggulu thikta Kashaya*	10-0-10ml before food	Warm water	15 days
4	Tab. Allerin 200mg	1-0-1 after food	water	15 days
5	*Marichadi taila*	External application		15 days
6	*Mahatiktaka Lepa*	External application		15 days
7	*Eladi soap*	For bathing		15 days

Observation & results

Observations during snehapana- Dryness and itching reduced slightly

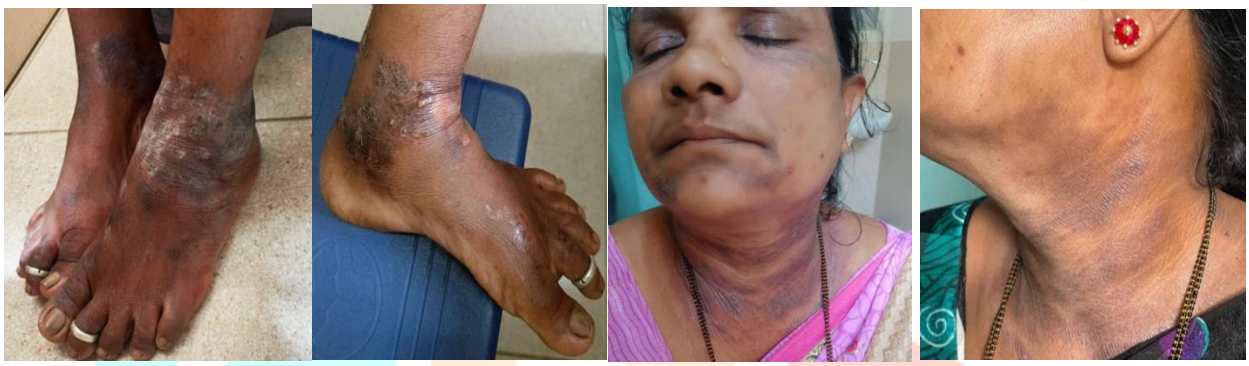
Observation after virechana- Symptoms got reduced

Number of vegas- 14vegas attained Madhyama suddhi.

Observation after first & second follwup – Symptoms got reduced significantly.

Patient was advised to follow *samsarjana krama* along with (*shamana Aushadhis*).

Before treatment



After second follow up

Discussion

For preparing a patient for *Snehapana* (oleation therapy), it's essential that they are in a *Nirama* (free from toxins) state. To achieve this, both *Pachana* (digestion of Ama/toxins) and *Deepana* (enhancing digestive fire) are necessary. Initially, *Amapachana* is achieved by administering *Chitrakadi Vati* and *Panchakola phanta*[6] Along with this medications, a light diet *Peya* and *Kichadi* was recommended.

As part of the preparatory procedure (*Purvakarma*) for *Virechana* (therapeutic purgation), *Acchasnehapana* (internal administration of medicated ghee) was carried out using *Panchatiktaka Ghrita*[7] The bitter taste (*Tikta Rasa*) of the ghee aids in drying excess moisture (*Kleda Shoshanam*), while balancing *Kapha* and *Pitta,* thereby alleviating symptoms like itching and dryness. Additionally, *Snehapana* helps in transforming the deeply lodged doshas (*Leenadosha*) into a more mobile state (*Aleena Doshaavastha*). Once the desired symptoms of proper oleation (*Samyak Snigdha lakshanas*)[8] are observed, full-body massage (*Sarvanga Abhyanga*) with *Marichadi Taila* and steam therapy (*Bashpa Sweda*) are applied. These procedures help in loosening the doshas (*Dosha Shithilikarana*) and moving them from the tissues (*Shaaka*) to the digestive system (*Koshta*). *Marichadi Taila*,

known for its ability to reduce *Vata* and *Kapha,* and alleviate itching (*Kandu Nirharana*), was specifically chosen for the massage therapy (*Abhyanga*).

Nimbadi guggulu most of the ingredients of this formulation have got *tikta*(bitter) *Kashaya* (pungent) *rasa* which act as *kaphavatahara* (pacifies *kapha* and *vata*) and helps in pacifying *kapha dosha*. During the course of consuming this drug one is asked to consume *snigdha*(unctuous) and *ushna*(hot) food to avoid excess dryness to body. *Arogyavardhini vati* contains *abhrak Bhasma* promotes health and is beneficial for maintaining natural metabolism in the body. *Amalaki* has rich antioxidant properties, antihepatotoxic, antibacterial. *Haritaki* improves digestive system and effective for relieving liver disorder. *Bibhitaki* is laxative, astringent.

Conclusion

With the Aforementioned treatment protocol, we achieved significant overall clinical recovery. Therefore, this protocol can be considered as one of the approaches for managing stasis dermatitis.

Reference

1. Tripathi B. Charaka Samhita Chikitsasthana 7/28-29. Chaukhamba Surabharathi Prakashana, Varanasi: 2009. Pg 306.
2. Tripathi B. Charaka Samhita Chikitsasthana 7/22. Chaukhamba Surabharathi Prakashana, Varanasi: 2009.Pg305.
3. Acharya Agnivesha. Charaka Samhita. Revised by Charaka, Compelled by Dridabala, Ayurved Deepika commentary of Acharya Chakrapanidatta, Edited by doi:10.46607/iamj6610022022 Yadavji Trikam ji Acharya. Chap 29, Varanasi: Chowkhamba Sanskrit Pratisthana; 2004. P 92.
4. Tripathi B. Charaka Samhita Chikitsasthana 7/41.Chaukhamba Surabharathi Prakashana, Varanasi: 2009. Pg308.
5. Govindadas. Bhaishajya Ratnavali, Edited by Rajeshwardutt Shastri, Adhyaya 8, verse 26-27, Chaukhamba Prakashan, Varanasi. 2008, page no1240-1241
6. Govindadas. Bhaishajya Ratnavali, Edited by Rajeshwardutt Shastri, Adhyaya 8, verse 26-27, Chaukhamba Prakashan, Varanasi. 2008, page no1240-1241
7. Sharangadhara, Sharangadhara Samhita, Choukhambha Surbharti Prakashan, Varanasi, Reprint 2013, p117-8.
8. Tripathi B, Astanga Hridayam Sutrasthana 16/30.Chaukhamba Sanskrit Prathisthan, Delhi: 1999. Pg 209