



ISSN 2456-3110

Vol 7 · Issue 11

December 2022

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Maharshi Charaka**  
Ayurveda

**Indexed**

# Management of Nummular Eczema through Ayurveda: A Case Report

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## ABSTRACT

Nummular Eczema is a type of Eczema characterized by round coin like lesions distributed on the extensor surface of the extremities, posterior aspect of the trunk, buttocks, and lower legs. It shows crusting and weeping. Etiology and pathogenesis is not definitely established; psychogenic stress, focal sepsis, food allergies, alcohol, debility and drugs are usually held responsible. In *Ayurveda* it is correlated as *Vicharchika*, as it is having similar feature like *Kandu*, *Srava*, *Pidaka*. The unique treatments in *Ayurveda* can give a very good result with a very little chance of reoccurrence. In the present case study, A 26 year old male patient diagnosed with Nummular Eczema got admitted in the Agada Tantra inpatient department with chief complaints of reddish circular lesions over the left leg with yellowish discharge, pain and burning sensation. This patient was treated with *Snehapana*, *Virechana* and *Samana Aushadhis* for 10 days and marked changes were observed.

**Key words:** Nummular Eczema, Pidaka, Snehapana, Vicharchika, Virechana

## INTRODUCTION

Eczema is an inflammatory skin reaction characterized histologically by spongiosis with varying degrees of acanthosis, and a superficial perivascular lymphohistiocytic infiltrate. The clinical features of eczema include itching, redness, scaling and clustered papulovesicles.

There are two main classifications of eczema - exogenous eczema and endogenous eczema. The nummular eczema also called as discoid eczema comes

under endogenous eczema.

Nummular eczema is characterized by scattered, coin-shaped, usually sharply bordered patches, which typically show crusting and weeping<sup>2</sup>. In the acute phase, the lesions are dull red, oozy, crusted and highly irritable. They progress towards a less vesicular and more scaly stage, often with central clearing and peripheral extension, causing ring-shaped or annular lesions. As they fade, they leave dry scaly patches. After any period between 10 days and several months, secondary lesions occur, often in a mirror-image configuration on the opposite side of the body. A prominent characteristic of this disease is that patches, which have apparently become dormant may become active again, particularly if treatment is discontinued prematurely.<sup>[1]</sup>

## Aetiology

In most cases the cause is unknown. Allergic sensitivity to staphylococci or micrococci maybe responsible at least for secondary dissemination. Local physical or chemical trauma plays a part in some cases and discoid

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Submission Date: 12/10/2022 Accepted Date: 25/11/2022

Access this article online

Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

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eczema sometimes develop at the site of an old injury or scar. Dry skin caused by low environmental humidity is sometimes associated with discoid eczema. Emotional stress may have a role in some cases, but it is unlikely to be the primary cause.<sup>[2]</sup>

### Vicharchika

In *Ayurveda* skin diseases comes under *Kushta Rogas* with types as *Maha Kustas* and *Kshudra Kustas*. *Vicharchika* comes under *Kshudra Kusta* which has *Kapha Pradhana Tridosha* and having symptoms like *Kandu* (Excessive itching), *Pidika* (Vesicle/Boil/Pustule), *Shyavata* (Discoloration), *Bahu-Srava*, (Profuse oozing).<sup>[3]</sup> *Acharya Charaka* has described the general *Nidana* (cause) and *Samprapti* (pathogenesis) for *Kushta Rogas*. *Nidana*'s (causes) like intake of mutually contradictory food, food which is unctuous and heavy, *Chardi Vega Dharana* (Suppression of the urge for vomiting) and other natural urges, Performance of physical exercise in excessive heat and after taking very heavy meal, Use of cold water immediately after exposure to the scorching sun, exertion or exposure to frightening situation, Intake of uncooked food and, intake of food before the previous meal is digested are described.<sup>[4]</sup> Because of the causes the three vitiated *Dosas*, *Vatha*, *Pitta* and *Kapha*, in turn vitiate the *Tvak* (skin or *Rasa Dhatu*), *Rakta*, (blood), *Mamsa* (muscle tissue) and *Ambu* (lymph) and results in skin diseases. *Vicharchika* is a *Kapha Pradhana Kushta* and can be treated very well by *Ayurvedic* treatments like *Sodhana* (elimination therapy) and *Samana* (palliative therapy).

## CASE HISTORY

### Presenting complaint

A 24-year-old male, non-diabetic, normotensive patient was admitted to hospital with chief complaints of reddish round patches on left leg with itching and oozing since two months.

### History of presenting complaints

The patient was apparently healthy before 6 months. Gradually he developed reddish circular patches on abdomen with itching and watery discharge. He

consulted an allopathic physician and took medicine for the same (details of medication were not available) and the lesions got cured.

Before two months same lesion appeared on left leg, and after 1 month new lesion appeared near to the old one.

### Past medical history

Patient had previously consulted a private hospital six months before (details of medications were not available) where he got relief. After 2 months when the new lesions appeared on left leg, he took allopathic medication but got poor relief.

### General examination

On physical examination, appearance was moderately built and no major variations.

### Systemic examination

#### Skin examination

#### Inspection

- Site - Left leg
- Colour - Reddish
- Shape - Round
- Symmetry - Unilateral
- Border - well demarcated

#### Palpation

- Tenderness - Absent
- Surface texture - Damp
- Elevation - raised and flat
- Temperature - Absent
- Edema - Absent

### Diagnostic criteria

Pruritus (*Kandu*), acute lesion with exudation (*Srava*), papules (*Pidaka*), are present so this case is diagnosed as *Vicharchika* (Nummular eczema)

Table 1: Treatment Given

Day	Treatment given	Observation
Day 1	Sarvanga Abhyanga with Eladi Taila followed by Triphala Ks Pariseka Chitrakadi Vati (1-0-1) Triphala Churna (E/A)	No marked difference
Day 2	Sarvanga Abhyanga with Eladi Taila followed by Triphalaks Pariseka Chitrkadi Vati Triphala Churna (E/A)	Lesions began to dry
Day 3	Sarvanga Abhyanga with Eladi Taila followed by Triphala Ks Pariseka Chitrkadi Vati Triphala Churna (E/A)	Oozing was not there
Day 4	Snehapana with Mahatikthaka Ghritha 30ml Triphala Churna (E/A)	Slight oozing was there
Day 5	Snehapana with Maha Tikthaka Ghrith- 60ML Triphala Churna (E/A)	Slight oozing was there
Day 6	Snehapana with Maha Tikthaka Ghrith- 90ML Triphala churna (E/A)	Slight oozing was there
Day 7	Sarvanga Abhyanga with Eladi Taila followed by Bashpa Sweda Triphala Churna (E/A)	Lesions dried
Day 8	Sarvanga Abhyanga with Eladi Taila followed by Bashpa Sweda Triphala Churna (E/A)	Lesions dried

Day 9	Sarvanga Abhyanga with Eladi Taila followed by Bashpa Sweda Triphala Churna (E/A) Virechana with Avipathy Kara Choorna 50g with Triphala Ks 100ml	Lesions dried 18 Vegas observed
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The patient was discharged with *Samsarjana Karma* (dietary practice) to restore the digestion and metabolism along with palliative medicine (*Shamana Oushadhi*). Dietary restrictions included non-vegetarian diet, junk food, fried food items and milk products.

Table 2: Medicines on discharge

SN	Medicine	Dose	Duration
1.	Haridra Khanda	1tsp-0-1tsp After food	14 days
2.	Dooshivishari Gulika	1-0-1 After food	14 days
3.	Gandhaka Rasayana	1-0-1 Before food	14 days

1<sup>st</sup> follow up

Medicine given is *Thikthaka Ghritha* 1tsp after breakfast.

## DISCUSSION

### Nidana

Excessive use of tea, daily intake of curd at night, intake of spicy foods, alternate exposure to hot and cold

### Samprapti

Due to the above said *Nidanas* (causes), *Pitha* and *Kapha Dosh Dushti* happens. This along with *Agni Mandya* and *Srotho Dushti* leads to *Srothorodha* and *Sthana Samsraya* of *Doshas* on *Rasa, Raktha Dhatu*. This results in *Vicharchika*

The treatment planned for this patient was *Snehapana* (oleation) and *Virechna* (purgation), as the condition



was of *Pitha- Kapha* predominance, the patient constitution was of *Pitha Prakruthi* and lesion was on below *Nabhi* (umbilical region), hence *Virechana* was the apt choice for treatment.

### Deepana and Pachana

For preparing the patient for *Snehapana* (oleation), the patient should be in a *Nirama* state. For this *Pachana* of *Ama* and *Deepana* of (digestive fire) is needed, for which *Chitrakadi Vati* was advised to be taken twice daily before food. *Chitrakadi Agni Vati* is a potent medicine for *Amapachana* and *Deepana*. Along with this light diet such as *Mudga Yusha* (green gram soup) and *Kichadi* was advised for 3 days.

### Snehapana

As the *Purvakarma* (preparatory) for *Virechana* *Acchasnehapana* was given with *Mahathikthaka Ghritha*.

The *Tikta Rasa* (bitter taste) helped in *Keldra Shoshanam*, and caused *Kapha* and *Pitha Harana* thereby relieving the symptoms of itching, oozing etc. *Snehapana* also helped in bringing the *Leena Dosh* into *Aleena Dosh Avastha*. After obtaining the *Samyak Snigdha Lakshanas* (symptoms of proper administration), *Sarvanga Abhyanga* (full body massage) with *Eladi Thaila* and *Bashpa Sweda* (steam fomentation) was given. *Eladi Gana* being *Vatakapha Hara*, *Varnya* (enhance complexion) and *Kandu Nirharana* (removes itching), it was selected for *Abhyanga* (massage).

### Virechana

After *Snehapana* and *Swedana* the *Doshas* were in *Uthklishhta* state. As the patient was of *Pitha Prakruti* and the lesions were presented below *Nabhi* (navel region), *Sodhana* procedure selected was *Virechana* (Purgation). 50g *Avipathikara Choorna* was given for *Virechana* with 100ml *Triphala Kashaya*, *Avipathikara Choorna* is *Pitha Hara* and *Triphala* helps to alleviate *Kapha Dosh*.

### Palliative measures

After *Sodhana* medicine given were *Haridra Khanda*, *Dooshi Vishari* and *Gandhaka Rasayana*.

*Haridra* and other ingredients works efficiently for skin as they are *Pitta-Kaphahara* in nature, hence useful in the condition of this patient.

*Dooshivishari Gulika* was administered for *Shesha Dosh Harana*. *Gandhaka Rasayana* is good for skin as it balances *Tridosha* and is nourishing also.

*Thikthaka Ghritha* was given in order to balance *Pitha* in his body as he was having a *Pitha Pradhana* constitution.

### RESULT

At time of admission the patient was suffering with reddish coloured lesions associated with itching and oozing. After *Snehapana* and *Sodhana*, *Samana* treatment along with light diet was given, as a result of which oozing and itching become absent and lesions dried upto a marked extent.

Fig. 1 & 2: On the day of admission



Fig. 3 & 4: On the day of discharge



Fig. 5 & 6: 1<sup>st</sup> Follow Up

## CONCLUSION

Nummular eczema is a non-contagious skin disease characterized by coin shaped patches with crusting and weeping. In *Ayurveda* it can be correlated with *Vicharchika* which has symptoms like *Kandu* (itching), *Srava* (oozing) caused as a result of improper diet and habits. *Kushta* is a *Dushchikithsya Vyadhi* but with the help of *Shodhana* procedures we can remove the *Dosha* from the route and can manage *Kushta* effectively. According to the *Dosha* predominance, *Dosha Avastha*, and patient strength appropriate

*Sodhana* should be selected. In this case the patient was of *Pitha Prakruthi* and the disease was of *Kapha Pitha* predominance so the *Shodhana* procedure planned was *Virechana*. With proper external and internal treatment, a very good result was obtained.

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**How to cite this article:** Maneesha K, Chaitra H, Y. Rajeswari. Management of Nummular Eczema through Ayurveda: A Case Report. J Ayurveda Integr Med Sci 2022;11:245-249.

**Source of Support:** Nil, **Conflict of Interest:** None declared.

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