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Ayurvedic Strategies for Effectively Managing Contact Dermatitis: A Single Case Study."

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ABSTRACT-

In Ayurveda, the term "Kushtha" encompasses a range of skin diseases. The Vrihattrayi classify Kushtha as one of the Ashtamahagada due to its chronic nature, recurrence, and the challenges it presents in treatment. Among these, Vicharchika is a specific skin condition characterized by clinical features described by Charaka, including intense itching, reddish-brown maculopapular lesions, and serous discharge. These symptoms significantly disrupt sleep and daily life. Notably, Vicharchika closely resembles eczema in its causes, symptoms, and overall manifestation, highlighting its relevance in both traditional and modern dermatological contexts. Contact dermatitis is a prevalent skin condition characterized by rashes resulting from exposure to chemical or physical irritants, allergens, or sunlight. The initial contact with the irritant triggers an immune response, while repeated exposure causes a T-cell-mediated reaction, leading to skin inflammation. Conventional treatments focus on identifying and avoiding the irritant, combined with the application of topical steroids. However, these approaches provide only temporary relief and often fail to prevent the progression of chronic contact dermatitis. This condition is associated with Vicharchika Kushtha. This case report discusses a 26-year-old Male diagnosed with contact dermatitis, presenting with red, severe itching, oozing rashes, and a burning sensation. The patient underwent Ayurvedic treatment for two months, during which the severity of the disease was monitored through clinical symptoms and photographic documentation of the lesions. The results showed a significant reduction in symptoms, demonstrating the effectiveness of the Ayurvedic approach.

Keywords: Contact Dermatitis, Kushtha, Shaman Chikitsa, Vicharchika

I. INTRODUCTION-

The skin, the body's outer covering, plays a crucial role in protection and sensory perception. In Ayurveda, it is referred to as Sparshanaindriya, the sense organ of touch, and serves as a barrier against heat, cold, and external infections. In today's world, an individual's appearance is highly valued, making skin health essential. However, various skin diseases can negatively impact one's appearance, including Vicharchika, classified under Kshudra Kushtha in Ayurvedic texts.[1]

According to Charaka Samhita, Vicharchika is characterized by skin lesions accompanied by kandu (itching), Shyavapidiaka (discolored eruptions), and Bahusrava (oozing).[2]Sushruta Samhita describes it as marked by prominent linings (Rajyo), excessive itching (Atikandu), severe pain (Atiruja), and dryness Rukshata). Similarly, Acharya Vagbhatta aligns with Charaka's symptoms but emphasizes Lasika (watery discharge) rather than Bahusrava.

In modern medicine, contact dermatitis is an immunological reaction triggered by allergens that come into contact with the skin. Globally, dermatitis affects an estimated 245 million people (approximately 3.34% of the population). Skin disorders, including eczema, account for 10–20% of general medical consultations, underscoring their prevalence and impact on public health.[3]Contact dermatitis occurs when the skin comes into contact

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with a foreign substance, causing localized burning, itching, and rashes. This condition primarily affects the superficial layers of the skin, including the epidermis and outer dermis. Healing typically takes several days to weeks, provided there is no further exposure to the allergen or irritant. However, if the removal of the offending agent fails to provide relief, the condition progresses to chronic contact dermatitis.Contact dermatitis is categorized into three types: irritant contact dermatitis, allergic contact dermatitis, and photo-contact dermatitis.[4]Allergic contact dermatitis results from common allergens such as plants (parthenium), metals, cosmetics (hair dyes, fragrances, any beauty cream) medicines, rubber, etc.[5]

Acute allergic contact dermatitis (ACD) is a Type IV hypersensitivity reaction mediated by T cells and progresses through two primary phases: sensitization and elicitation. During the sensitization phase, exposure to an allergen allows small molecules (haptens) to penetrate the epidermis and bind to endogenous proteins, forming complete antigens. These antigens are processed by dendritic Langerhans cells, which migrate to regional lymph nodes to present the antigen to naïve CD4+ T cells. This interaction activates the T cells, which differentiate into allergen-specific memory T cells and circulate within the body.

In the elicitation phase, re-exposure to the allergen triggers memory T cells to recognize the antigen at the site of contact. These cells migrate to the skin, adhere to post-capillary venules, and release cytokines such as IFN-γ and TNF-α, along with chemokines, which recruit inflammatory cells like macrophages, eosinophils, and neutrophils. This immune response leads to localized inflammation and tissue damage, causing the hallmark symptoms of ACD, including redness, swelling, vesicles, and oozing lesions, often accompanied by severe itching and burning.

Histologically, ACD is characterized by spongiosis (intercellular edema) in the epidermis, leading to vesicle formation, and dermal infiltration of lymphocytes and macrophages, often centered around small blood vessels. If exposure to the allergen is not ceased, the acute condition may progress to chronic dermatitis, resulting in skin thickening, lichenification, and scaling. Removal of the offending allergen typically leads to resolution of the acute phase.

Treatment typically focuses on identifying and eliminating offending substances from the environment. Topical steroids are often employed to non-specifically suppress the inflammatory response. While these treatments are palliative rather than curative, they are effective in controlling acute flare-ups of dermatitis, which, if left untreated, can become self-sustaining.

III. MATERIAL AND METHOD-

A 26-year-old male with OPD no. 30908 came to theDhanwantari Ayurveda Medical College and Hospital Ujjainin the Charma Roga NivaranaOPD with C/O severe itching, redness, rash, burning sensation, and oozing in the neck region. The symptoms started 1 monthback following constant use of some metal jewelry. The lesion started as a small patch behind the neck region and gradually increased in size with itching. The patient was asymptomatic 1 month back after using a metal chain a small red,inflamed rash was noticed on the neck region. Following thisHe took conventional medication for 1 month which showed little or no response. He underwent treatments including topical application and internal medication with good results. He had no history of DM/HTN/Asthma. His vitals were normal.

TREATMENT PROTOCOL-

Oral Medication-

- Panchtikta Ghrit- 2tsf empty stomach with lukewarm milk/water
- Chitrakadi Vati- 1tab bd with lukewarm water up to 7 days
- Triphala Guggul- 2tab bd with lukewarm water after food
- Swadishta Virechana Churna- 1gm bd with lukewarm water after food
- Paripathadi Kashaya- 2tsf bd with the same amount of lukewarm water after food

Local Application-

- A cream containing Shuddha Gandhaka, Alsi oil, Neem Chhal, Chirayta, Haldi, Triphala, etclocally apply on the affected area 2 times a day.
- Nariyal Tail with Tankan Powder- Apply on the affected area 4-5 times a day.

Following the start of treatment, the patient was scheduled for follow-up appointments every 10 days at the OPD. This approach allowed for a comprehensive assessment of the patient's progress after treatment.

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IV. RESULTS-

In this case study, the patient's progress was assessed at baseline, and on the 15th, 30th, 45th, and 60th days. After completing the medicinal treatment, there was a significant improvement in the patient's signs and symptoms. Photographs also reflect notable enhancement in the lesions.

Images Before And After Treatment-

Image Before Treatment

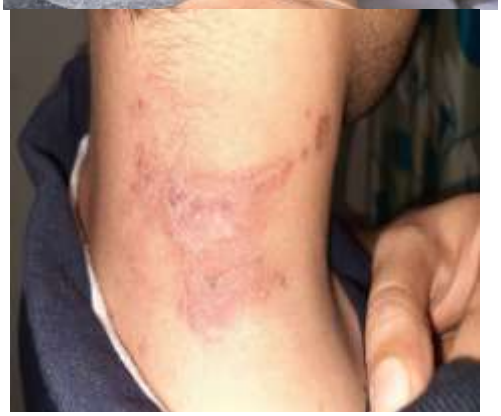
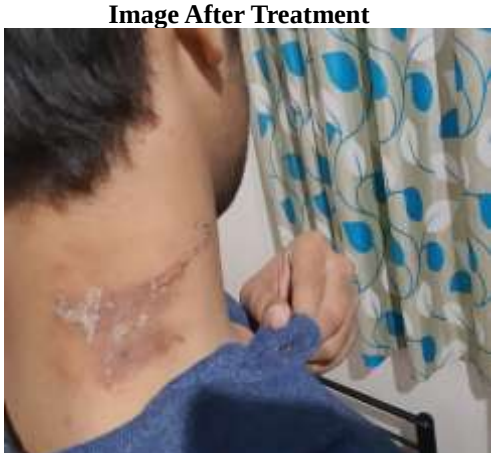


Image After Treatment



V. DISCUSSION-

Contact dermatitis is a localized skin condition characterized by a rash or irritation resulting from contact with a foreign substance, affecting the superficial layers of the skin, including the epidermis and dermis. In Ayurveda, Vicharchika, a type of Kshudra Kushtha, is associated with symptoms such as Kandu (itching), Pidika (eruptions),Shyavata (discoloration), andLaseekadya (discharge), which can be correlated to contact dermatitis.[6] Although Vicharchika is primarily considered a kapha-dominant condition, Additionally, Bhoja Samhita describes this condition as Pitta or Pitta-Kapha Pradhana Vikara. [7] This case study examines the clinical aspects of contact dermatitis in a patient whose lifestyle and dietary choices played a role in the condition. The individual regularly consumed curd, milk (twice daily), spicy and oily foods, tea (four times a day), and artificially colored foods, which, according to Ayurveda, acted as Nidana (precipitating factors) that aggravated the KaphaDosha. Moreover, the patient's insufficient water intake contributed to the vitiation of the VataDosha. This imbalance disrupted the Rasa Dhatu (body fluids), which impacted the Rakta Dhatu (blood), leading to symptoms like itching,discoloration, exfoliation, and rough skin on the upper extremities—signs described in Ayurveda as Kandu and Shyava Twak.In the present case, the patient exhibited severe itching, oozing, and a mild burning sensation at the lesion site. Since the symptoms indicated a Sama DoshaAvastha (state of imbalanced doshas with toxins), the treatment focused initially on ama Pachana (digesting toxins) and Agni Deepana (stimulating digestive fire) for this Chitrakadi Vati given to the patient.

A comprehensive treatment plan was implemented to address the underlying cause of contact dermatitis and the progression of Vicharchika. This plan included Panchatikta Ghrit, a therapeutic ghee used internally forShaman purposes. Its Sukshma Srotogamitvaproperty enables it to penetrate and nourishallDhatus (tissues). Forskin disorders, Ghee medicated with Tikta (bitter)and Kashaya (astringent) Flavors is advised for internaluseto balance aggravated Pitta and Kapha Doshas, which are often responsible for skinailments. Its internal administration supports the purification of blood and restoration of skin health, while its nourishing properties aid in improving skin texture and resilience.[8]Triphala Gugglu, as described in ancient Indian scriptures, is a remarkable herbal remedy that addresses a wide

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variety of ailments. It harmonizes the three Doshas in the body and is highly effective in detoxifying the system, supporting healthy cholesterol levels, aiding in weight management, and ensuring proper digestion and nutrient absorption[9].Paripathadi Kashayaishighly effective in purifying the blood and eliminating toxins (Ama) from the body, addressing conditions like rashes, boils, and other dermatological issues. With its potent anti-inflammatory and antipruritic properties, it helps reduce swelling, redness, and itching, making it beneficial for conditions such as dermatitis.It has a cooling effect, balancing aggravated Pitta dosha and providing soothing relief. It supports liver function, which plays a vital role in maintaining clear and healthy skin, and offers a holistic approach to treating chronic skin disorders, promoting long-term relief and healing.Topical applications, including creams containing Shuddha Gandhaka, Alsioil, Neem Chhal, Chirayta, Haldi, and Triphala, were utilized to restore the skin's color and texture. Additionally, Swadishta Virechana Churna was prescribed for its laxative, blood-purifying, antibacterial, and antipruritic effects.

After 60 days of treatment, the patient experienced significant improvement, with complete resolution of symptoms. This case highlights the effectiveness of Ayurvedic therapies in managing contact dermatitis.

VI. CONCLUSION-

This case report proves the effectiveness of Ayurveda in treating such conditions. The Amapakwa Avastha of the disease should be analyzed before planning the treatment protocol. Ayurvedic treatment for contact dermatitis takes a customized approach that focuses on both the underlying causes and the symptoms of the condition. The treatment is based on Kushtha Chikitsa, where remedies are chosen based on the predominant dosha at each stage of treatment and the disease's development. Significant improvement in symptoms was noted, demonstrating the effectiveness of Ayurvedic medicine as a primary treatment. This case emphasizes the importance of combining traditional Ayurvedic principles with modern clinical approaches to achieve the best possible outcomes for patients.

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