



AYURVEDIC MANAGEMENT OF INFECTIVE ECZEMA

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ABSTRACT

Infective Eczema is an inflammatory reaction of skin, which make its appearance in association with a pre-existing cutaneous infection at site in contact with infectious exudate. The contemporary treatment available is unsatisfactory i.e. use of topical steroids and antibiotics. Hence there is a good scope for Ayurveda for its holistic approach. In Ayurveda this condition can be correlated to Vicharchika. A 67 year old male with complaints of swelling in lower limb, itching, yellowish discharge and brownish discoloration of legs visited our hospital. He was diagnosed as Infective Eczema and treated with Asanadi kwatha, kaishora guggulu, Gandhaka rasayana, Laghusutashekara vati, Manjistadi Kshara Basti and Triphala kwatha seka. After the 7 days course of treatment there was significant reduction in signs and symptoms.

KEYWORDS: Infective Eczema, Vicharchika, Ayurvedic treatment.

INTRODUCTION

Infective Eczema also called Infectious Eczematoid Dermatitis. ^[1] An inflammatory reaction of skin, which make its appearance in association with a pre-existing cutaneous infection at site in contact with infectious exudate. It presents with classic signs of eczema/dermatitis, characterized by erythema, edema, swelling, oozing and crusting. ^[2] Infective eczemas are very common in tropical countries; about three-fourths of hospital eczema cases fit into this category. ^[3] In

Ayurveda this disease can be correlated to Vicharhika , having tridosha involvement with kapha predominant. Characteristic symptoms of vicharchika are kandu, pidika, shyava varna and srava.^[4]

Case Report

A 67 year old male came to Shalya Tantra OPD of SDM Ayurveda Hospital, Udipi, on 16-11-22, presenting with swelling of both legs, itching, yellowish discharge and brownish discoloration of legs since 7 days.

History of Present Illness

A 67 year old male known case of Hypertension, Right Hemiplegia since 7 years under medication was apparently normal 6 years ago. He developed swelling in both the lower limbs associated with redness, discharge and itching below knee joint. He consulted doctor, was diagnosed as cellulitis and took treatment. He got some relief and was under medication. Since 7 days the swelling got aggravated along with itching, yellowish discharge and brownish discoloration of both legs. Hence he approached to our hospital for further management.

Past History

- Known case of Hypertension since 7 years under Cap. DEPIN 5mg 1-0-1
- Known case of Right Hemiplegia since 7 years under T.ECOSPRIN 75mg 0-1-0.
- Known case of Cellulitis since 6 years.

Family History

There were no similar complaints identified.

Personal History

- Diet : mixed
- Appetite : reduced
- Bowel : 2 days once, constipated
- Bladder : 3-4 times/day
- Sleep: sound sleep for 8 hours.
- Habit: nothing specific
- Allergy : nothing significant

Occupation History: retired

GENERAL EXAMINATION

- Pallor: present (+)
- Icterus: absent
- Cyanosis: absent
- Clubbing: absent
- Lymphadenopathy: no any palpable node
- Edema : present at bilateral lower limb, below knee joint

VITALS

- BP : 130/80 mmhg
- PR : 78bpm
- RR : 17cpm
- HR :70bpm
- Temp : 98.6 °F

SYSTEMIC EXAMINATION

- Respiratory system : chest bilaterally symmetrical
Bilateral Normal vesicular sounds heard.
- Cardiovascular system: S₁,S₂ sounds heard ; no murmurs.
- Gastrointestinal tract: tongue- coated, moist.
Per abdomen- soft, non-tender, no organomegaly.
- Central nervous system : consciousness – fully conscious and alert.
Orientation –oriented to place, time, person.
Memory- intact
Speech – dysarthria

Cranial Nerve Examination: All nerve intact except hypoglossal nerve.

Motor system examination:

- Muscle bulk – normal (4 limbs)
- Muscle tone – Right side: hypertonic
Left side: normotonic
- Muscle power – upper limb :Right- 3/5 ; Left – 5/5
Lower limb:Right-2/5 ; Left -5/5
- Reflexes : deep tendon reflexes
Right side – diminished
Left side - normal

LOCAL EXAMINATION

I.Inspection:

- Site and extension : Right lower limb below knee, anterior aspect Left foot, dorsum aspect.
- Type of lesion: maculo-papule, scales
- Shape : irregular
- Margin : irregular
- Distribution- asymmetrical
- Swelling – present
- Discoloration- brownish

II.Palpation

- Temperature : slightly raised
- Tenderness : present

- Swelling : present ; pitting edema
- Skin texture : thickened, shiny

INVESTIGATION

- Haemoglobin- 8.3 g%
- Total count- 950 cells/cumm
- Lymphocytes- 11 %
- RBS – 120mg/dl
- Blood urea- 33.0mg/dl
- Serum creatinine-0.9mg/dl

DIAGNOSIS

Considering the history, examination & investigation, he was diagnosed with Infective Eczema

TREATMENT

Patient was admitted on 16-11-22 and given treatment for 7 days. Following are list of treatment given;

1. Internal medication :
 1. Asanadi kwatha 40ml BD
 2. Kaishora guggulu 1-1-1
 3. Gandhaka rasayana 1-1-1
 4. Laghusuta shekara vati 1-1-1
2. Manjistadi Kshara Basti
3. Triphala kwatha seka /wash – locally.

ASSESSMENT CRITERIA

- Pain- [0- absent, 1- mild pain, 2- moderate pain 3- severe pain]
- Tenderness- [0-absent, 1- tenderness on palpation without flinch, 2-flinch on palpate, 3- tenderness with withdrawal,4- withdrawal to stimuli]
- Discharge- [0-absent, 1- mild , 2- moderate, 3- severe]
- Pigmentation-[0- absent, 1- limited in area & brown, 2- diffuse over most of area, 3- wider distribution]
- Edema-[0-absent, 1-mild, 2-moderate, 3- severe]
- Inflammation- [0-absent,1-mild cellulitis, limited to small area, 2- moderate cellulitis involves lower 1/3rd of leg, 3-svere cellulitis , involves more than lower 1/3rd of leg]

RESULT

There was significant relief in the signs and symptoms during the treatment course. Swelling, itching, discharge were reduced. Brownish discoloration was reduced & skin texture was returning to normalcy.



Before treatment On 16-11-22

After treatment On 22-11-22



Grading Different Signs & Symptoms Before & After treatment

Signs/Symptoms	Before treatment 16-11-22	After treatment 22-11-22
1. Pain	1	0
2. Tenderness	3	1
3. Discharge	3	0
4. Pigmentation	3	1
5. Edema	3	0
6. Inflammation	2	0

Treatment	Action
1.Asanadi kwatha	Indicated in kusta, kapha roga
2.Kaishora guggulu	Indicated in kusta, vrana. Its shotohara property (anti-inflammatory) reduces inflammation , skin lesions & pain.
3.Gandhaka rasayana	Actas kandughna & jwarahara. Indicated in kusta.
4.Laghusutashekara vati	Acts as rakta prasadhaka
5.Manjistadi Kshara Basti	Acts as rakta shodhaka, rakta prasadhaka. It is tridosahara & srotoshodhaka. Kshara by its property fastens action of drugs.
6.Triphala Kwatha Seka	Seka is adviced in visarpa chikitsa by Sushruta. Triphala acts kapha-pittaghna, ropaniya. It is indicated in kusta, kleda & kapha roga.

DISCUSSION

Considering etiology, patient had history of cellulitis since 6 years & the symptoms swelling, itching, yellowish discharge & brownish discoloration of lower extremities, the condition diagnosed as Infective Eczema. The symptoms were showing involvement of tridosha with kapha dosha predominance. The treatment adopted was based on 2 conditions ie. Visarpa(cellulitis) and Vicharchika (infective eczema).

The combination of all these therapies act as anti-inflammatory & also helps in enhancing circulation & purifying blood thus aid in fast recovery & cure from disease. After 7 days course of treatment there was significant reduction in signs & symptoms.

CONCLUSION

Infective Eczema is a common condition presented in hospitals. The treatment protocol adopted in the present case gave a remarkable result. Hence this disease can be managed by Ayurvedic treatments easily and effectively.

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