International Journal of Research in AYUSH and Pharmaceutical Sciences

Case Study

A Clinical Case Study on Dyshidrotic eczema (Pompholyx) w.s.r to Vicharchika Dr Sujata Banik^{1*}, Dr Chinmoyee Thakuria²

- *1Associate Professor, Department of Kaumarbhritya, IAAMC, USTM, Meghalaya, India.
- ²Assistant Professor, Department of Swasthavritta, IAAMC, USTM, Meghalaya, India.

ARTICLE INFO

Article history: Received: 16-11-2024 Accepted: 16-12-2024 Published: 01-01-2025

Keywords:

Dyshidrotic
Eczema, Hand
Foot
Dermatitis,
Padadari,
Pompholyx,
Vicharchika.

ABSTRACT

Skin is considered to be the largest organ in human body and in Ayurveda, it is considered responsible for 'Sparsh gyan' or touch sensation. Skin is a barrier which prevents against any mechanical stimuli to enter the body. In paediatrics, skin care and skin related problems are much way common than adults and are often unexplained. Due to current scenario of food habits, cosmetics etc. a child suffers from diverse skin ailments at a very early stage of life. Amongst all skin diseases, Dyshidrotic Eczema (Vicharchika) being the most common and which is usually caused due to vitiated Pitta dosha according to Ayurveda. These vitiated Pitta dosha causes Pompholyx, which is a type of Eczema where intense itchy blisters develops on the edges of finger, palm, toes & soles of feet also commonly coined as Hand & Foot Dermatitis. It may be both acute & chronic mostly affecting teenage & early adult age group. In this present case, a 9 year old female patient, who presented with the chief complaint of rashes over palm & soles bilaterally associated with severe itching & mild oozing wounds. She was treated with Ayurvedic medicines and followed by proper Ahara vihar and recovered completely.

INTRODUCTION

Dyshidrotic Eczema is a common form of eczema affecting the hands and/or feet of the patient. Dyshidrotic eczema, also known as dyshidrosis or pompholyx, is a common but often misunderstood skin condition. It manifests as small, itchy blisters on the hands and feet and can be a source of discomfort and frustration for those affected. In this article, we'll delve into the symptoms, causes, and treatment options for this condition to shed light on its complexities and provide guidance for managing it effectively. [1,2]



Access this article online

https://doi.org/10.47070/ijraps.v8i12.191

Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)

Symptoms:^[3] The hallmark symptom of dyshidrotic eczema is the appearance of small, fluid-filled blisters, typically on the palms of the hands, sides of the fingers, and soles of the feet. These blisters may be intensely itchy and can cause discomfort or pain, especially if they burst or become infected. In severe cases, the skin may become red, cracked, and tender, leading to further irritation and potential complications.

Causes: [4] The exact cause of dyshidrotic eczema remains unclear, but several factors may contribute to its development. One theory suggests that it may be related to an abnormal response of the immune system or an imbalance in the body's inflammatory pathways. Certain triggers, such as stress, allergens, or exposure to irritants like detergents or metals, can exacerbate symptoms or provoke flare-ups in susceptible individuals. Additionally, genetic

predisposition may play a role, as dyshidrotic eczema tends to run in families.

Treatment:^[5] Managing dyshidrotic eczema involves a combination of self-care measures and medical interventions. Moisturizing the affected areas regularly can help soothe dryness and reduce the risk of flare-ups. Avoiding known triggers and taking steps to protect the skin from irritants can also minimize symptoms and prevent exacerbations. In more severe cases, topical corticosteroids or immune-modulators may be prescribed to reduce inflammation and alleviate itching. Antihistamines may help relieve itching and promote better sleep, particularly at night when symptoms can be most bothersome.

Lifestyle Adjustments:^[6] Can help manage dyshidrotic eczema and reduce the frequency and severity of flare-ups. These may include:

- **1. Stress Management:** Finding healthy ways to cope with stress, such as practicing relaxation techniques or engaging in regular exercise, can help minimize its impact on skin health.
- **2. Hand Hygiene:** Practicing good hand hygiene by washing hands with mild soap and lukewarm water, followed by thorough drying, can prevent the buildup of bacteria and reduce the risk of infection.
- **3. Protective Measures:** Wearing gloves when performing tasks that involve exposure to water, chemicals, or other potential irritants can shield the skin and prevent irritation.
- **4. Avoiding Triggers:** Identifying and avoiding triggers that exacerbate symptoms, such as certain foods, environmental allergens, or harsh skincare products, can help prevent flare-ups.

In the context of Ayurveda, Dyshidrotic Eczema can be related to a condition known as *Vicharchika*^[7,8] or "Palmoplantar Eczema". It is often equated with eczema or dermatitis. It is primarily caused by the imbalance of the three *Dosha vata, Pitta,* and *Kapha* with a significant dominance of *Kapha*.

Key Features of Vicharchika[9,10]

Symptoms: Itching, redness, thickening of the skin, and the appearance of lesions, which can be compared to the blisters seen in Dyshidrotic Eczema.

Dosha Imbalance: Predominantly *Kapha*, along with *Vata* and *Pitta*.

Causes: Poor diet, improper lifestyle, stress, and environmental factors.

Treatment:^[11] *Ayurvedic* treatment focuses on balancing the *Dosha* through dietary changes, herbal remedies, detoxification processes like *Panchakarma*, application of herbal pastes (*Lepa*), oral administration of herbal preparations, and dietary modifications to balance the *Dosha's* and lifestyle modifications.

Comparison and Relevance:

Symptoms: Both Dyshidrotic Eczema and *Vicharchika* involve itching, blisters, and inflammation, suggesting a possible correlation between the two.

Triggers: Stress and environmental factors are common triggers in both conditions.

Management: While Western medicine focuses on topical treatments and avoidance of triggers, *Ayurvedic* treatment for *Vicharchika* emphasizes holistic management, including diet, lifestyle, and herbal remedies.

Understanding Dyshidrotic Eczema through the lens of Ayurveda, specifically in the context of *Vicharchika*, offers a comprehensive approach to managing the condition. The integration of modern dermatological practices with Ayurvedic principles can provide a more effective and holistic treatment strategy

Case Report

A female child of 9yrs was presented on 10/11/2023 with chief complaints of recurrent severe itchy vesicular rash over both palm and soles since 1 year associated with mild watery discharge. Clinical sign and symptoms presented were Raga (redness), Saphota (vesicles), Pidika pustules), Kandu (itching), (suppuration), Kleda (fluid filled secretion), Anga Patina (cracking of skin), Utsedha (swelling / inflammation), Ati Swedana (hyper sweating), Sheeta (coldness), Snighdha (sliminess) were present. She had taken treatment from general physician but found no relief then she came here for the further treatment.

Chief complaints: Patient complaints of small multiple blisters over both palm & soles along with itching and mild watery discharge with mild pain on and off since 1 year.

History of present illness: Patients complaint gradual onset of severe itching on both palm

Sujata Banik, Chinmoyee Thakuria. A clinical Case study on Dyshidrotic eczema (Pompholyx) w.s.r to Vicharchika

with itching and mild pain since 1 year. She has taken allopathic medication for the same and was getting temporary relief, due to recurrence of the above symptoms; she approached here for further treatment. On examination, few fissures were present on both palm along with local tenderness and sweating.

Associated complaint: Increased sweating of both palm & cold to touch

Past History: No h/o DM / HTN / hypothyroidism or any other major medical or surgical history.

Family History: No history of same illness in any of the family members.

Personal History

Appetite: ReducedBowel: constipatedMicturition: Regular

• Sleep: Sound

• Food: Non-Veg. diet

Addiction: Junk food items (Chinese)

General Examination

• Appearance: Normal

• Built: Moderate

• Nourishment: Moderate

Pallor: AbsentIcterus: AbsentOedema: Absent

• Cyanosis: Absent

Vital Data

Pulse: 82/MinBP: 110/90 MmHg

• Temp.: 98.2°F

• Respiratory Rate: 22/Min

Weight: 24kg
Height: 126cms
BMI: 15.1 kg/m²

According to the clinical features, the patient was diagnosed as a case of *Vicharchik*. Clinical features indicated predominance of *Pitta Dosha*

Table 1: Treatment plan given to the patient

| Date | Medicine given |
|----------|---|
| 11/11/23 | 1. Avipattikar churna ¼ tsp BD with warm water before food |
| | 2. Mahamanjisthadi Kwath (5ml) + Paripathadi Kwath (5ml) + Nimbadi Churna (1/4tsp) BD with warm water before food |
| | 3. Dasanga Lepa LA mix with warm water |
| 25/11/23 | Cont. same treatment along with |
| | 4. Panchatikta ghruta guggulu 1tab TID after food |
| | 5. Gandhak Rasayan 1tab BD after food |
| 12/12/23 | Cont. same treatment |
| 20/12/23 | Cont. same treatment |
| 20/1/24 | Cont. same treatment |

Dietary Modification - Proposed Diet Chart-

Empty stomach: Jeera Kashaya 20ml

Breakfast: Mudga yusha mixed with Amalaki

churna/Sunthi churna

Mid-morning: *Pachak Takra* 10ml

Lunch: Parboiled rice/ Roti with Sabji (*Amalaki/Sunthi churna* sprinkled) mixed with some amount of Ghee

Evening: Amahara Kashaya (Shunthi+ Jeera+ Madhu) 10ml

Dinner: Moong dal khichdi/ Roti Sabji with *Shunthi churna* sprinkled on it.

Advice: Avoid mucilagineous food items like *Masha, Bhindi, Suran Kanda, Brinjal* etc.

Lifestyle Modification:

- *Nadi-Shuddhi Pranayama* 5times in 3 respiration.
- *Yoga Nidra* (Progressive Muscle Relaxation) session daily for 15 minutes.
- *Pada Abhyanga* before bedtime as advised.

OBSERVATION

As seen in table no 1, the patient visited for regular follow ups every 15 - 20 days and following symptoms like redness, vesicles, small

pustules, itching, fluid filled secretion, cracking of skin were reduced moderately within one month, few new vesicles were seen simultaneously. After 40 days of treatment, >80% of lesions were reduced with no fresh complaint. After another 30 days, complete normalcy of skin of palm & soles were seen. The treatment continued for total 70 days for complete reduction of all symptoms.

DISCUSSION

Dyshidrotic eczema (pompholyx) is a skin condition characterized by small, itchy blisters on the hands, fingers, and feet. It is often triggered by stress, allergies, or excessive sweating. Common treatments include topical corticosteroids, moisturizers, and antihistamines to reduce itching and inflammation. In Avurveda, Vicharchika is a type of skin disease, often compared to eczema. It is caused by an imbalance in Pitta and Kapha dosha, leading to symptoms like itching, redness, and oozing. Treatment focuses on detoxification (e.g., Panchakarma), herbal remedies, and dietary modifications to balance Dosha and remove toxins. Both conditions emphasize lifestyle and stress management, but while modern medicine targets symptom relief, Vicharchika in Ayurveda takes a holistic approach, targeting internal imbalances and detoxification. Both systems acknowledge the role of stress and recommend lifestyle adjustments, though Ayurveda offers more in-depth dietary and detoxification protocols.

Dvshidrotic eczema^[12] can be a challenging condition to manage, but with proper care and treatment, it is possible to alleviate symptoms and improve quality of life. Consulting with a healthcare professional is essential for accurate diagnosis and personalized management strategies tailored to individual needs. The Ayurvedic approach to managing dyshidrotic eczema involves restoring balance to the Doshas while addressing the underlying factors contributing to the condition. Here are some key principles and strategies from Ayurveda that may be employed in the management of dyshidrotic eczema:

1. Dietary Modifications: Dietary modifications aimed at pacifying aggravated *Doshas*. This may involve consuming cooling and hydrating foods

to soothe inflammation and support skin health, while avoiding spicy, oily, and processed foods that can exacerbate *Pitta* imbalance.

- **2. Herbal Remedies:** Examples include *Neem* (*Azadirachta indica*), turmeric (*Curcuma longa*), *Aloe vera*, and licorice (*Glycyrrhiza glabra*).
- **3. Detoxification Therapies:** These therapies may include procedures like *Abhyanga* (therapeutic oil massage), *Swedana* (herbal steam therapy), and *Virechana* (therapeutic purgation), which can help clear toxins from the system and alleviate symptoms of eczema.
- **4. Lifestyle Modifications:** Practicing stress-reducing techniques such as yoga, meditation, and *Pranayama* (breathing exercises) can help balance the mind-body connection and reduce the impact of stress on skin health. Adequate rest, proper hydration, and regular exercise are also emphasized to support overall well-being.

CONCLUSION

This case study highlights the importance of understanding the holistic view of the disease. The combination of personalized Ayurvedic therapies along with conventional medicine may lead to improved quality of life, reduced recurrence, and long-term management of dyshidrotic eczema. Dyshidrotic Eczema patients can face an economic burden due to their disease and providers should aim to recognize this disease and its treatments to minimize healthcare costs for patients and improve quality of life.

REFERENCES

- 1. "Fitzpatrick's Dermatology in General Medicine" edited by Lowell Goldsmith, Stephen Katz, Barbara Gilchrest, Amy Paller, David Leffell. and Klaus Wolff. This authoritative textbook covers various dermatological conditions. including dyshidrotic eczema, offering insights into its etiology, clinical presentation, and management.
- 2. Fitzpatrick's Dermatology in General Medicine, 9th Edition, McGraw-Hill Education, New York.
- 3. "Dyshidrotic Eczema: A Comprehensive Review" by Mahajan R, De D. This review article published in the Indian Journal of Dermatology provides an in-depth overview of dyshidrotic eczema, including its

Sujata Banik, Chinmoyee Thakuria. A clinical Case study on Dyshidrotic eczema (Pompholyx) w.s.r to Vicharchika

- epidemiology, clinical features, pathogenesis, differential diagnosis, and treatment options.
- 4. Mayo Clinic (mayoclinic.org): The Mayo Clinic website offers comprehensive information on various medical conditions, including dyshidrotic eczema. Their articles are reviewed by medical professionals and provide reliable information on symptoms, causes, diagnosis, and treatment options.
- 5. "Dyshidrotic Eczema: Pathophysiology and Clinical Relevance" by Coenraads PJ, Diepgen TL. This article, published in the Journal of the European Academy of Dermatology and Venereology, discusses the pathophysiology of dyshidrotic eczema and its clinical implications for diagnosis and management.
- 6. "Guidelines of care for the management of atopic dermatitis: Section 4. Prevention of disease flares and use of adjunctive therapies and approaches" by Sidbury R, et al. This guideline, published by the American Academy of Dermatology, includes recommendations for the management of dyshidrotic eczema as part of the broader spectrum of atopic dermatitis.

- 7. Charaka Samhita, vidyotini Hindi commentary by Pandey K.N & Chatturvedi G.N, Chaukhambha Vaidyabhavan, Varanasi, Chikitsa sthana 7/13.
- 8. Charaka Samhita, vidyotini Hindi commentary by Pandey K.N & Chatturvedi G.N, Chaukhambha Vaidyabhavan, Varanasi, sutra sthana 7/14.
- 9. Ashtanga Hridaya, vidyotini Hindi commentary by Atridev Gupta, Chaukhambha Sanskrit sansthana, Varanasi Sharir sthana 3/8.
- Sushruta Samhita ed. By Y.T Acharya, Chaukhambha Orientalia, Varanasi, Nidana sthana 5/16.
- 11. Charaka Samhita, vidyotini hindi commentary by Pandey K.N & Chatturvedi G.N, Chaukhambha Vaidyabhavan, Varanasi, Chikitsa sthana 7/13.
- 12. American Academy of Dermatology Association (aad.org): The AAD website offers patient resources and information on skin conditions, including dyshidrotic eczema. Their articles are written and reviewed by dermatologists, ensuring accuracy and reliability.

Cite this article as:

Sujata Banik, Chinmoyee Thakuria. A clinical Case study on Dyshidrotic eczema (Pompholyx) w.s.r to Vicharchika. International Journal of Research in AYUSH and Pharmaceutical Sciences, 2024;8(12):1-5. https://doi.org/10.47070/ijraps.v8i12.191

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence Dr Sujata Banik

Associate Professor, Department of Kaumarbhritya, IAAMC, USTM, Meghalaya, India. Email: drsujata13@gmail.com

Disclaimer: IJRAPS is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAPS cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJRAPS editor or editorial board members.