Case Report

Ayurvedic visha hara (antitoxic) chikitsa in recurrent dyshidrotic eczema skin disease: A case report

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A B S T R A C T

Dyshidrotic eczema is a chronic, enigmatic condition that usually affects the hands and feet that probably accounts for about 5%–20% of hand eczemas [1]. The peak age of onset is between 20 and 30 years of age [2]. It is characterized by recurrent pruritic and painful erythematous papules and vesicles followed by peeling, scaling, and fissuring of the skin [3]. In Ayurveda various skin manifestation are mentioned under different chapter & context like kushtha, visarpa, kshudra kushtha, vidradi, krimi roga, keeta visha (insect bite), Gara visha & Dooshi visha (latent toxicity). Visphota variety of kushtha is characterized by pustules which are either white or reddish in appearance. These pustules have a thin skin and it is pittakapha predominant. The ayurvedic diagnosis was made as “Dashivisha janay visaphota kushtha” and treatment was done based on this. There was not a single cases on the internet treated on Ayurvedic line of management thus the present article was prepared to assess the role of Visha Hara and Rasayan Chikitsa in such emerging automimmune skin condition. Improvement in the skin lesion were observed after a period of 1 months of regular treatment and complete remission with no further attack after 2-month follow-up. The improvement was observable through the follow-up photograph.

1. Introduction

Dyshidrotic eczema is a chronic, enigmatic condition that usually affects the hands and feet and probably accounts for about 5%–20% of hand eczemas [1]. The peak age of onset is between 20 and 30 years of age [2]. It is characterized by recurrent pruritic and painful erythematous papules and vesicles followed by peeling, scaling, and fissuring of the skin [3]. In Ayurveda various skin manifestation are approached under different concepts like kushtha, visarpa, kshudra kushtha, vidradi(abscess), krimi roga(worms), keeta visha (insect bite), Gara visha (poison) and D. visha (latent toxicity). We report a case of dyshidrotic eczema treated successfully with pure Ayurvedic treatment with complete remission. Ayurvedic visha hara and long term rasayan chikitsa is found to be effective in treating emerging autoimmune skin conditions and need to be accessed further through big clinical studies.

2. Patient information

A female 21 year student was presented in hospital (7-9-2018) with 4 month history of an intensely itchy, vesicle rashes affected over palms of both hands on & off. Onset was acute and gradual. Clinical sign & symptoms like raga (redness), saphota (vesicles), pidika (small pustules), kandu (itching), paka (suppuration), kleda (fluid filled secretion), anga patina (cracking of skin), utsedha (swelling/inflammation), ati swedana (hyper sweating), sheeta (coldness), snighdha (slimness) were present. She had taken treatment from general physician but found no relief then she came here for further management.

2.1. Associated complaints

She had Agni mandya (low digestive fire), Ajirna, (indigestion), Chardi (nausea sensation in morning), Mala vibhanda (constipation) and regular sleep pattern. She having habit of taking tea, Virudh ahaar (milk shakes, fish) and fast food as she living in college hostel.

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

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

2.1.3. Psychological evaluation
She was in stress due to unable to do the work and cosmetic consideration.
3. Examination

The detailed examination is enlisted in the Supplementary Table 1.

4. Local examination

Deep-seated “tapioca-like” vesicles and, less commonly bullae primarily at all over the palms and lateral surfaces of the fingers with few rupturing of vesicles (Fig. 1a & b).

Based on clinical sign and symptoms with examination suggestive of Dyshidrotic Eczema or pompholyx eczema from modern science Due to some issue skin biopsy or tzanck smear investigation was not possible to confirm diagnosis.

5. Ayurvedic intervention

A detailed therapeutic intervention undertaken is provided in Table 1.

5.1. Pathya & apathya (do’s & don’ts)

Patient was advised to follow strict Pathya –Apathya (Ayurvedic diet), light food like khichadi, eating more of moog daal, kerala, patol (tikta raasa), Hot water for drinking. Apathya–meat, milk, curd, mansa (non veg), virudha hara (incompatible food items), adhyasana (over eating), vidhaya food (which causes burning like – pickles, chillies), abhishyandi ahara, Avoid day sleep, ati amla rasa (sour food items). Soaps and detergents was completely avoided and advice to wear gloves during bath (Fig. 1a & b).

6. Follow-up and outcomes

The symptoms like mandala (vesicles), pidika, srava (secretion), kandu (itching), vedana (pain), paka (suppuration), kleda (fluid filled secretion), anga sphutana (cracking of skin), utsedha (inflammation), were 60% reduced with in 8 day, no fresh vesicles seen (15-9-2018) (Fig. 1c & d) Weekly examination was done and after 15th day picture was taken with consent. After 60 day treatment, 95% the lesions were resolved and skin comes back to normal (30-10-2018) (Fig. 1e–j).

7. Discussion

7.1. Predispose factor

Most cases are idiopathic. Factors that may predispose to the development of dyshidrotic eczema in a susceptible individual include atopic, contact allergens, contact irritants, dermatophyte infection, allergy to metal (in particular, nickel and cobalt), hyperhidrosis, bacterial foci, or drug eruptions, prolonged use of protective gloves, intravenous immunoglobulin, psychological stress, and smoking [4–6]. Excessive sweating (hyperhidrosis), especially on the hands and feet, is considered to be in connection with the aetiology of the disease, sweating may become normal or may even decrease [7]. A gene locus on chromosome 18q22.1–18q22.3 was identified in a large Chinese family with 14 affected individuals through 4 generations [8].

7.2. Limitation of management

In contemporary science, topical and systemic corticosteroids are the mainstay of treatment but there are reports of cases that have been treated with botulinum toxin and calcineurin inhibitors [9]. Other immunosuppressants such as cyclosporine, azathio- prine, and methotrexate have occasionally be used for recalcitrant and severe cases unresponsive to the above measures, but with variable success, and typically not in children [10]. Oral antihistamines can provide symptomatic relief because of their sedative properties. Unfortunately, most of these attempts do not lead to long-term improvement and the majority of cases of dyshidrotic eczema relapse, persists for years, and still presents a therapeutic problem.
7.3. Role of Dooshivisha in kushtha chikitsa

Dooshivisha janya saphota kushtha was clinical condition diagnosed in the present case, which can be taken as toxic manifestation of skin due to visha (Dooshivisha-latent toxic) due to contact relation with chemicals, contact allergens, contact irritants, allergy of skin due to rasavaha srotas (coldness), and visha which act as jataragni and rakta dhatu. This is because the ingested toxins effect and disturb jataragni primarily and consequently bhoothagni and dhatuagni. Agni mandya leads to aam which vitiates rasa dhatu and rasavaha srotas. For Dooshivisha -habitat, season, food and day sleep are said to be the aggravating factors [13]. Due to Dooshivisha, many skin diseases are said to appear like mandal (vesicles/boils), kotha (round patches and rashes on the skin), kitibha kushtha [14] (various skin manifestation). When Dushivisha vitiates rasa dhatu [15], it will produces the rasa pradoshaja vikara (diseases) like-disinclination towards food, anorexia, indigestion, fatigue, anemia, obstruction of the srotas, etc [14, ch 28/9-10]. When dushivisha located in raktu dhatu, it will produces rakta proshaja vikara like-skin disorders, erysipelas, vesicles [16], etc which are very much evident in present case.

7.4. Ayurvedic diagnosis

The clinical signs like shweta (whiteness-skin color), sheeta (coldness), kandu (itching), shreyha (steadiness), shotha (swelling), utseda (elevated), kleda and kushtha. It does neutralizes effect of visha, kandu and kushtha.

Table 1
Therapeutic intervention.

| Date       | Treatment               | Dose                                 | Duration |
|------------|-------------------------|--------------------------------------|----------|
| 7-9-2018   | Aragwadhadi kashaya     | Oral- 20 mL each twise a day before meal | 10 days  |
|            | Patol katurehinyadi kashyaya | With Equal amount of Warm water         |          |
|            | Bilwadi vati            | Oral — 2 tablet TID After meal.       |          |
|            | Triphala powder         | External- Decoction for wash and lepa over both palms |       |
| 20-9-2018  | Gudchhiyadi kashyaya    | Oral- 20 mL each twise a day before meal with Equal amount of Warm water | Next 15 days |
|            | Patol katurehinyadi kshaya |                                      |          |
| 6-10-2018  | Kalyanaka ghrita        | 10 g early morning around 6 am after few exercise | Next 1 month |

Table 2
Rationale use of given medicine.

| S. no | Formulations            | Ingredients                                                                 | Karmukta (Ayurvedic pharmacology) | Dosha hara | Rationale use of In this case                                                  |
|-------|-------------------------|------------------------------------------------------------------------------|----------------------------------|------------|--------------------------------------------------------------------------------|
| 1     | Aragwadhadi kashaya     | Aragwada, indrayava, patali, kakatikta, nimba, Murva, pata, bhumintha, sahachara, patola, saptachaddha, chiraka, karavi, madhanaphala, sahachara, Pugavishesha, Pusi, Karna, Bana — sharpunka | Visha vikara, Chardhi, Kushta, Vishajwara, Kandu, Prameha, Dastavdana | Kapha — pitta hara | Neutralizes all kind of visha (poison), useful in all kapha kushta (skin diseases), eliminates kapha symptoms like itching (kandu), reduces srava (secretion), heals all kind of dusta vrina (non healing ulcers). |
| 2     | Patol katurehinyadi kashyaya | Patola, Katurakarhini, Chandana, Madhusrava, Gaduchi, Paantha                      | Kushta, Jwara, Visha, Aruchi, Kaalamal, Vamana | Kapha — pitta hara | Neutralizes all kind of visha (poisons), useful in relieving Aam, agnimandhya (low digestive fire), induces the liver functioning |
| 3     | Gudchhiyadi kashyaya    | Gaduchi, Padmaka, Arista (nimba), Vanka (Dhanyaka), Raktuchandana,             | Jwara, chardi, dha, trishna, kandu and kushta. | Pitta-kapha hara | All are kushta rasa due to which it reduces Aam (toxins) and mala (waste) from dhatu. It helps in reducing itching (kandu). It is good pitta — kapha kushta like saphota kushta. Neutralizes all kind of visha (poisons) It does aam pachana. Helps in removing Gara visha and agni mandhya. |
| 4     | Bilwadi vati            | Bilwa, Surasa(talsi), Koranja, Tagara, Devadaru, Triphla, Sunti, Maricha, Pipplali, Haridra, Daruhidra, oja mutra (goats urine), | Sarpa visha, and many other jangama visha (animate poison), Ajirna, Gara visha, jvara, Bhutaghna (antimicrobial, antiviral). | Kapha — vata hara | Neutralizes effect of Gara Visha. Because of Rasayana property it helps in rejuvenating and repairing the damage cells. Helps in reducing the stress factor. |
| 5     | Kalyanaka Ghrit [17]    | Vidanga, triphla, Danti, Devadaru, Hareenu, Tali, Patapopatra, Manjishtha, Nagakesara, Ulpalam, Padmakam, Dadimam, Malati pushpam, Haridra, Daruhidra, Sariva, Krishnasrava, Shalipur, Preiparni, Priyangu, Tagaram, Kushtam, Bhradhi, Kantakari, Ekalavukam, Chandanam, Gavakshi | Kushta hara, vrana ropala, visham jvara nasham, deepan, ruchikaraka, (bhava prakshie, haritaki varg) | Kapha-pitta hara | Usefull in reducing symptoms like itching and srava, kleda help in healing ulcers, act as very good antibacterial to reduce secondary infection. |
| 6     | Triphala powder         | Vibhitaki, amalaki, haritaki.                                                 | Kushta hara, vrana ropala, visham jvara nasham, deepan, ruchikaraka, (bhava prakshie, haritaki varg) | Kapha-pitta hara | Usefull in reducing symptoms like itching and srava, kleda help in healing ulcers, act as very good antibacterial to reduce secondary infection. |
ang shputana (cracking in skin) suggested the feature of aggravated pitta dominant kushtha [14, ch 5/10]. On the basis of symptomatology, the present disease can be equated with Kaptha-pitta doshic kushtha.

The variety of etiology (Nidanam) of Kushtha are explained in which due to visha (Dushivisha – latent poison) is very much suitable in present era as we all indulge in toxins environment knowingly and unknowingly. Patient has habitual taking virudh ahar (fruit milk shakes) & fast food. Visaphota variety of kushtha is characterized by pustules which are either white or reddish in appearance [14, ch 7/26]. The pustules have a thin skin and it is Pitta-kapha predominant [4, ch 7]/30. Here sphiota type of kushtha variety resembles with dyshidrotic eczema. Visha being the one important nidana (etiology), the final diagnosis was made as “Dushivisha janya visaphota kushtha”.

All variety of kushtha results from imbalance of tridosha, hence at the time of treatment should be decided after determining the varying degree of each dosha by its specific features [15, ch 7/32]. The principle of management of kushtha in the different stages of the kushtha (skin diseases) and dushivish (anti poisonous therapy) includes pancha karma (eliminative procedures-therapeutic emesis, purgation, etc.), vein puncture, local applications, and internal administration of drugs [14, ch 9]/22–39; ch 23/83].

7.5. Selection of drug

The drugs with kapha pittaghna (Dosahara), ruksha guna, teekta rasa properties, primarily vishaharam, kushthaghna, krimihara, along with aamhara, kandughna, deepana, pachana, rakta Shodhaka (blood purifier), Shotaha hara (anti-inflammatory), Vrana shodhana, Ropanam, Vata anulomana and pitta rechak were chosen and prescribed at different stages in the case. First course of medication was selected (Table 1). No adverse drug reaction was noticed during the course of treatment. After 1 month, Aragwadhi Kshaya was stopped and Guduchiyadi kashaya was added with patolkatur-ohinadi kashaya. Next, rasayan chikitsa started with kalyanaka ghrita for next month and two month follow up was taken and now patient was completely relived and normal.

7.6. Selection of rasayan

K. ghrita is ghrita preparation and it contains 28 ingredients [18]. Ingredients are predominantly thikta kashaya rasa, laghu rooksha guna, ushna vepa, katu vipaka and pitta-kapha samaka in action. Kalyanaka ghrita as mentioned does good to mankind. Its been indicated for visha (poison) conditions and various mental disorders so it helps in reducing the mental tension in patient as stress is also one of the major factors for disease manifestation.

Addition to that, ghrita mentioned as a visha hara and good deepana dravya. It can promote the digestive power in all the agni level. Ghrita is one of the best rasayan and visaghna dravya as it is having all the qualities exactly opposite to that of visha. It is having brimhana, snehana, yogavathi, aadhasparshamana and medhya property. Snehaguna property oleate the tissue, make proper arrangement of dhatu and do dridhekaranam of body. Thus the body acquires bala, varna, lustier, firmness, and ability to encounter disease. Due to its manda guna, its action lasts longer. Medicines of the rasayana group are supposed to repair and rejuvenate damaged cells and having balancing and rejuvenating effects on the three constitutional elements that sustain human life (Table 2).

8. Conclusion

Dyshidrotic eczema or pompholyx is a rare and difficult skin condition to cure. It is notorious for its recurrence nature. The present conventional drug do not lead to long-term improvement and the majority of cases of dyshidrotic eczema relapse, persist for years, and still present a therapeutic problem. Present observation and approach endorses a step toward the practice of Ayurvedic intervention in Dyshidrotic eczema. Present case definitely boost up the new researcher scholar to take these condition and do further studies.

9. Patient perspective

Patient was satisfied to get complete remission.

10. Informed consent

Written permission for publication of this case study had been obtained from the patient.

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None.

Conflict of interest

None.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.jaim.2020.06.010.

References

[1] Adams DR, Marks JG. Acute palmplantar eczema (dyshidrotic eczema). In: Post TW, editor. Up to date. Waltham, MA: Wolters-Kluwer; 2014.
[2] Nezafati KA, Cruz P, Heyman WR, Anderson BE, Hinov C. Dyshidrotic dermatitis. In: Clinical decision support: dermatology. Wilmington, Delaware: decision support in medicine, LLC, electronic database; 2014.
[3] Brazzelli V, Grassi S, Savasta S, Ruffinazzi G, Carugno A, Barbaccia V, et al. Pompholyx of the hands after intravenous immunoglobulin therapy for clinically isolated syndrome: a paediatric case. Int J Immunopathol Pharmacol 2014;27:127–30.
[4] Waltham MA, Wollina U. Pompholyx: a review of clinical features, differential diagnosis, and management. Am J Clin Dermatol 2010;11:305–14.
[5] Markantoni V, Kours A, Armyra K, Vavouli C, Kontochristopoulos G. Remarkable improvement of relapsing dyshidrotic eczema after treatment of coexistent hyperhidrosis with oxybutynin. Dermatol Ther 2014. https://doi.org/10.1111/dth.12514.
[6] Yoos SY, Park HS, Lee JT, Cho S. Histological and differentiation between palmplantar pustulosis and pompholyx. J Eur Acad Dermatol Venereol 2013;27:889–93.
[7] Watkins J. Eczema diagnosis and management in the community. Br J Community Nurs 2011;16:418–22.
[8] Chen JJ, Liang YH, Zhou FS, Yang S, Wang J, Wang Pei-Guang, et al. The gene for palmplantar pustulosis and pompholyx. J Invest Dermatol 2008;126;300–4.
[9] Wollina U. Pompholyx: what’s new? Expert Opin Invest Drugs 2008;17:897–904.
[10] Wollina U. Pompholyx: a review of clinical features, differential diagnosis, and management. Am J Clin Dermatol 2010;10:305–14.
[11] Susruta samhita of susruta, English translation by Prof. K. R. Srikantha murthy, VOI II chikitsa sthana, kalpa sthana, page no 423, shloka no. -25,26.
[12] Astanga hridya of vadhaga with Sasiheka Sanskrit Commentary by Arundatta & hemadri. Edited by pt. hari sadasiva sastr pradakara bhagacharya, Chaukhamba subharati prakashan, Varanasi, Uttar Tantra, chp- 35, page 903, shloka no. -9.
[13] Astanga hridya of vadhaga with Sasiheka Sanskrit Commentary by Arundatta & hemadri. Edited by pt. hari sadasiva sastr pradakara bhagacharya, Chaukhamba subharati prakashan, Varanasi, Uttar Tantra, chp- 35, page 903, shloka no. -9.
[14] Gmagyesa Charak, Caraka, Samhita Caraka. In: acharya vaidya yadvji trikamji, prakashan Chaukhamba surbharati, editors. Commentary by Sri cakrapani-datta; 1910. Varanasi, chikitsa Sthana, ch-23,page no 473, shloka no. 31.
[15] Susruta, samhita of susruta, English translation by Prof. K. R. Srikantha murthy, VOI II chikitsa sthana & kalpa sthana, kalpa sthana, chp-2, page no 423, shloka no. -29.
[16] Charak, Agnivesa, Caraka Caraka Samhita. In: acharya vaidya yadavji trikamji, prakashan Chaukhambha surbharati, editors. Commentary by Sri cakrapanidatta. Varanasi: sutra sthana; 2010. ch-28,page no.179, shloka no.11-12.

[17] Astanga hrdaya of vagbhata with Sasilekha Sanskrit Commentary by Arundatta & hemadri, edited by pt. Hari sadasiva sastri pradakara bhisagachrya, Chaukhamba surbharati prakashan, Varanasi, sutra sthana, chp- 5, page 73, shloka no. -38.

[18] Krishnapriya S, Sreerudran Pavan K, Hussain Gazala. A review on Kalyanaka ghrita as Vishaghna. J Biol Sci Opin 2018;6(4):2018.