



Case Report

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

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ABSTRACT

Dyshidrotic eczema is a chronic, enigmatic condition that usually affects the hands and feet that probably accounts for about 5%–20% of hand eczemas. 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 *pitta-kapha* predominant. The ayurvedic diagnosis was made as “*Dushivisha janya visaphota kushtha*” and treatment was done basis 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 autoimmune 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.

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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* (sliminess) 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* (conspitation) 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.

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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't's)

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, azathioprine, 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.

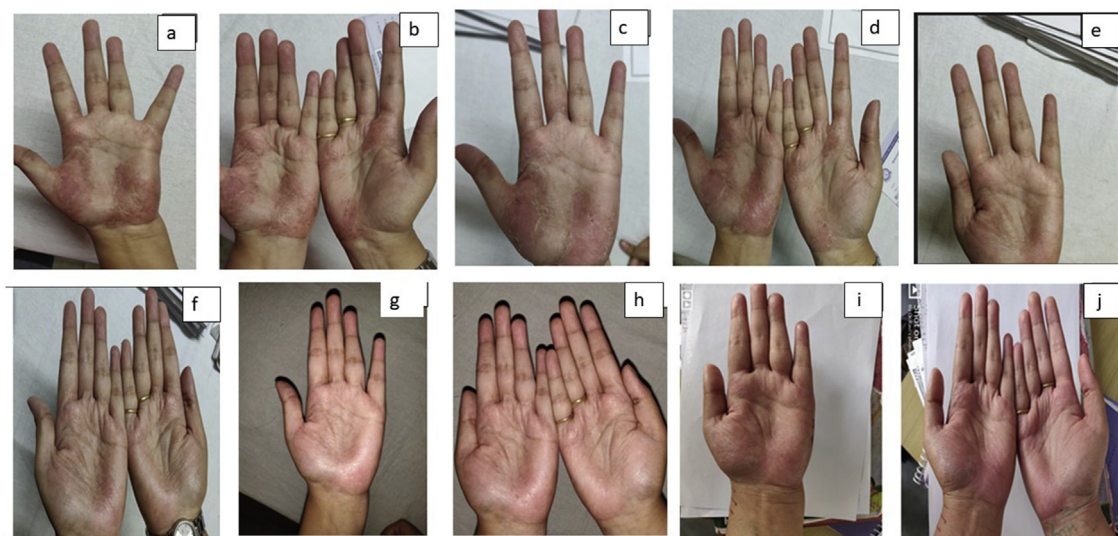


Fig. 1. Ayurvedic Intervention (a & b) Deep seated “tapioca-like” vesicles of left hand and right hand respectively (c & d) - clinical changes after 1st follow up, reduction in itching & redness, mild reduction in size and erythema (e & f) changes during 2nd follow up, No itching, No redness, significant reduction in size and erythema (g & h) changes during 2nd follow up, No redness, No itching and new vesicles (i & j) changes after 1 month follow up, smoothness of skin with complete reduction of lesions over both hands after follow up.

Table 1
Therapeutic intervention.

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

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 to metal. *Dooshivisha* (cumulative poison); is a form of toxin that has not been completely eliminated or neutralized due to various reasons, remains in the body for some time and eventually gets manifested in the form of some disease [11]. Exposure to certain environmental factors or due to consumption of incompatible foods which act as *visha* and directly affects the *rakta dhatu* and *rasa dhatu*. when *visha* enter into the body it vitiates *raktha* first [12]. This is because the ingested toxins effect and disturb *jataragni* primarily and consequently *bhoothagni* and *dhatwagni*. *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 *rakta 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), *stherya* (steadiness), *shotha* (swelling), *utseda* (elevated), *kleda* (stickiness) suggested the features of Kapha dominancy [14, ch 5/10]. *Raga* (redness), *parisrava* (exudation), *ati sweda* (sweating). *Paka* (inflammation), *kleda* (serus exudation),

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, bhunimba, sahachara, patola, saptachaddha, chitraka, karavi, madhanaphala, sahachara, Pugavishesha, PutiKaranja, Bana – sharpunka	Visha vikara, Chardhi, Kushtha, Vishajwara, Kandu, Prameha, Dustavrana	Kapha –pitta hara	Neutralizes all kind of <i>visha</i> (poison), usefull in all <i>kapha kushtha</i> (skin diseases), eliminates <i>kapha</i> symptoms like itching (<i>kandu</i>), reduces <i>srava</i> (secretion), heals all kind of <i>dusta vrana</i> (non healing ulcers),
2	Patolkaturohinyadi kashyaya	Patola, Katukarohini, Chandana, Madhusrava, Guduchi, Paatha	Kushtha, Jwara, Visha, Aruchi, Kaamalam, Vamana	Kapha –pitta hara	Neutralizes all kind of <i>visha</i> (poisons), usefull in relieving <i>Aam</i> , <i>agnimandhya</i> (low digestive fire), induces the liver functioning
3	Guduchiyadi kashaya	Guduchi, Padmaka, Arista (nimba), Vanka (Dhanyaka), Raktachandana,	Jwara, chardi, daha, trishna, kandu and kushtha.	Pitta-kapha hara	All are <i>kshaya rasa</i> due to which it reduces <i>Aam</i> (toxins) and <i>mala</i> (waste) from <i>dhatu</i> . It helps in reducing itching (<i>kandu</i>). It is good <i>pitta –kapha kushtha</i> like <i>saphota kushtha</i> . Neutralizes all kind of <i>visha</i> (poisons)
4	Bilwadi vati	Bilwa, Surasa(tulsi), Karanja, Tagara, Devadaru, Triphla, Sunthi, Maricha, Piplali, Haridra, Daruharidra, aja mutra (goats urine).	Sarpa visha, and many other jangama visha (animate poison), Ajirna, Gara visha, jvara, Bhutaghna (antimicrobial, antiviral).	Kapha -vata hara	It does <i>aam pachana</i> . Helps in removing <i>Gara visha</i> and <i>agni mandhya</i> .
5	Kalyanaka Ghruta [17]	Vidanga, triphla, Danti, Devadaru, Hareenu, Talisapatra, Manjishtha, Nagakesara, Ulpalam, Padmakam, Dadimam, Malati pushpam, Haridra, Daruharidra, Sariva, Krishnasariva, Shalaparni, Prsniparni, Priyangu, Tagaram, Kushtam, Bruhati, Kantakari, Elavalukam, Chandanam, Gavakshi		Kapha-pitta hara	Neutralizes effect of <i>Gara Visha</i> . Because of <i>Rasayana</i> property it helps in rejuvenating and repairing the damage cells. Helps in reducing the stress factor.
6	Triphla powder	Vibhitaki, amalaki, haritaki.	Kushtha hara, vrana ropaka, visham jwara nashni, deepan, ruchikaraka, (bhava prakash, haritaki varg)	Kapha-pitta hara,	Usefull in reducing symptoms like itching and <i>srava</i> , <i>kleda</i> . 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 *Kapha-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 ahara* (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 [14, ch 7/30]. Here *sphota* 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 *dushivisha* (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 23/63].

7.5. Selection of drug

The drugs with *kapha pittaghna* (*Doshahara*), *ruksha guna*, *teekta rasa* properties, primarily *vishaharam*, *kushthaghna*, *krimihara*, along with *aamhara*, *kandughna*, *deepana*, *pachana*, *rakta Shodhaka* (blood purifier), *Shotha 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-ohinyadi kashaya*. Next, *rasayan chikitsa* started with *kalyanaka ghruta* for next 1 month and two month follow up was taken and now patient was completely relieved and normal.

7.6. Selection of rasayan

K. ghruta is *ghrita* preparation and it contains 28 ingredients [18]. Ingredients are predominantly *thikta kashaya rasa*, *laghu rooksha guna*, *ushna vërya*, *katu vipaka* and *pitta-kapha samaka* in action. *Kalyanaka ghruta* 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, *ghruta* mentioned as a *visha hara* and good *dëpana dravya*. It can promote the digestive power in all the *agni* level. *Ghruta* is one of the best *rasayan* and *vishaghna dravya* as it is having all the qualities exactly opposite to that of *visha*. It is having *brimhana*, *snehana*, *yogavaahi*, *daahaprashamana* and *medhya* property. *Snehaguna* property oleate the tissue, make proper arrangement of *dhathu* and *do dridhëkaranam* 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>.

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