



MANAGEMENT OF VICHARCHIKA THROUGH PANCHAKARMA: A CASE STUDY

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ABSTRACT:

Vicharchika is skin lesions of varying size with inflammation, severe itching sensation, with bleeding in some cases, and this condition is as distressing as it causes disfigurement by affecting cosmetic look of an individual. In the present case study, a 48 years old male patient was consulted with the complaints of recurrent skin rashes over extensor surface of the hands and neck characterized by redness, skin edema and, flaking, blistering, cracking, oozing and bleeding. The patient was diagnosed with vicharchika by looking at the symptoms and signs of their complaints. In the current case report, the patient was going to be treated with *Virechana* therapy. According to Ayurveda, *Vicharchika* is fundamentally a *Kapha Pradhana Tridoshaja Vyadhi*. The present standard of care for management is inadequate. The condition of the patient was evaluated for eczema symptoms and signs, which were treated and resolved. According to the principles outlined in the Declaration of Helsinki, this study was conducted in accordance with the International Conference of Harmonization-Good Clinical Practices Guidelines (ICH-GCP). This study demonstrates that there have been more cases of *Vicharchika* which can be treated with ayurvedic modalities.

Keywords- Eczema, *Virechana*, *Mahatikta Gritha*, *Virechana*

INTRODUCTION

In many respects, the skin is unique, but no other organ demands as much attention and worry in both sickness and health. There is a lot of emphasis on skin health, and there is a lot of rivalry to have glowing, clearer, healthier, younger, and more youthful skin. This concentration might lead to secondary issues with self-esteem and mental health. Not only does the skin keep everything in, but it also serves as an airtight, waterproof, and flexible barrier between the outside world and the body's carefully regulated systems.

Vicharchika is classified as a *Kshudra Kushtha* in *Ayurveda*, with symptoms such as *Kandu*, *Shyavapidika*, and *Bahusrava*^[1]. *Vicharchika* is one of the most prevalent skin problems encountered in clinical practice, and its persistent character has presented a challenge to practitioners of all medical systems. It is characterized by intense itching, profuse discharge, eruptions, and a blackish staining.

Eczema, commonly known as dermatitis, is a skin ailment^[2]. The acute stage is characterized by pruritus, erythema, oedema, papules and vesicles, and seeping, whereas the chronic stage is characterized by itching, scaling, dryness, and lichenification^[3]. Eczema often manifests as areas of chronically itchy, dry, thickened skin, most commonly on the hands, neck, face, and legs, but it can appear

elsewhere^[4]. It's also more prevalent in the winter. Eczema can be classified into three types: atopic, contact dermatitis, and neural dermatitis.

Atopic dermatitis (AD) is a chronic or persistently relapsing hypersensitive skin manifestation characterized by itching. A variety of other related features are observed in a subset of patients. The prevalence of atopic eczema was found to range between 3 and 20.5% in 56 nations. The point prevalence of Atopic dermatitis in our sample was 6.75%^[5].

MATERIALS AND METHODS

Case presentation

A 48 years old male patient was consulted with the complaints of recurrent skin rashes over extensor surface of the hands and neck characterized by redness, skin edema and, flaking, blistering, cracking, oozing and bleeding. Patches of skin were inflamed; itchy and red. Patient was suffering with these symptoms from last 5 years. The patient also consulted to allopathic hospitals and took allopathic treatment but did not get much relief from modern medicine and even condition become worse with spreading of symptoms to nearby area of body.

Personal history

Appetite: Decreased

Bowel: Regular

Micturition: Regular

Sleep: Disturbed

Food: Mixed and junk food

Vital data

Pulse: 74/Min

BP: 120/80 mmHg

Respiratory Rate: 20 /Min

Weight: 78kg

Skin examination-

Site: Extensor surface of hands and neck

Dryness, scaling, cracking and bleeding from the region was seen.

Margins: irregular

Bleeding present on itching.

On *Rogi Pareeksha* patient was found anxious, constipated with coated tongue. Patient was *Vata* and *Pitta Prakriti* with *Madhyam Samhanana*, *Sara* was *Madhyam*, *Sama Pramana*, *Satmya* was *Madhyam*, *Madhayam Satva* (in relation to mental strength), *Vyayamshakti* was *Madhyam*, *Aharshakti* and *Jaranshakti* were also *Heena*. Gait was normal. All laboratory and biochemical investigations were found normal.

Criteria of Diagnosis

The clinical presentation of *Vicharchika* as described in *Ayurvedic* literature and Eczema as described in Allopathic texts, i.e., skin lesion with itching, discharge, or dryness or thickening of the skin with hyper pigmentation

and recurrence and running a chronic course, was used to make the diagnosis.

Intervention

It was decided to start classical *Virechana* therapy and advised *Agnitundi Vati* as *Deepana Paachana* for 3 days and after that *Snehapana* was started with *Mahatikta Gritha* from 40ml 1st day, 80 ml 2nd day, 120 ml 3rd day, 180 ml 4th day and on 5th day 250ml of Gritha was given as *Arohana Snehapana*, *Sarvanga Abhyanga* and *Sarvanga Sweda* was done for 3 days on the last day *Virechana* was advised with 60 gm of *Trivrit Leha* of Arya vaidyasala with batch no. 220/55 and 30 ml *Eranda Taila*. Patient had got 25 Vegas later *Samsarjana Karma* was advised.

Method for *virechana karma*

Purva Karma (Snehana and Svedana)

Internal *Snehana* was done by administration of *Mahatikta Gritha* given in a single dose in the morning on empty stomach with warm water for 7 days or appearing of *Samyaka Snehana Lakshana* (symptoms of proper internal oleation like oiliness of skin, passing stool containing fat, feeling of aversion of *Ghee*), whichever was earlier. The initial dose of *Ghee* was 40 ml, which was increased daily depending upon the tolerance of the patient, but generally by 40 ml. The patient was observed for *Samyaka Snehana Lakshana* and on getting these symptoms,

administration of Ghee was stopped and the patient was subjected to *Abhyanga* with *Nimba Taila* and *Vashpa Sveda* (fomentation done by using vapor) by using *Dashamoola Kvatha*, twice a day for the three gap days. During all these days, light and liquid warm diet was given. Thereafter, on the fourth day morning, *Virechana* was performed.

Virechana Karma

In the morning of *Virechana* day, the patient was asked not to eat anything and they were prepared by performing *Abhyanga* with *Nimba Taila* and *Vashpa Sveda* with *Dashamoola* decoction. Thereafter, the patient was taken to *Virechana* room at about 9.30 a.m. and the pulse, blood pressure, and respiration were noted to assess general condition of the patient. Then, *Virechana Yoga* comprising of 80 gm of *Trivrit Avalehyam* along with 30 ml of *Eranda Taila* anupana of *sukhushna jal* was administered. Number of motions were counted till the symptoms of *Samyaka Virechana* (symptoms of proper purgation like stopping of purgation on its own, passing of stool with mucus in the last one or two motions, feeling of lightness in the body, and later improvement in sign and symptoms of the disease) appeared.

Paschata Karma

After getting the symptoms of *Samyaka Virechana*, the patients were kept on *Samsarjana Krama* depending upon the type of *Shuddhi* (purification) achieved by the patients. Patient achieved madhyam *Shuddhi* accordingly *Samsarjana krama* of *peya, vilepi, yusha* was planned for 5 days.

RESULTS

The overall reduction in *Kandu* (Itching), *Srava* (Discharge), *Pidaka* (Papules), *Shyavata / Vaivarnyata* (Discoloration), *Rukshata* (dryness) were graded based on patient's presentation & physician's observation & were manually documented. The mode of gradation & assessment is explained below.

Table 1: Grading

Signs and symptoms	Before Treatment	After Treatment
<i>Kandu</i> (itching)	3	0
<i>Pidika</i> (eruptions)	3	1
<i>Shyava</i> (discoloration)	3	1
<i>Bahu srava</i> (discharge)	2	0
<i>Rukshata</i> (dryness)	3	0
<i>Ruja</i> (pain)	2	0



Figure 1 Patient having lesions of Vicharchika on extensor surface of both arms before and relieve in symptoms after virechana



Figure 2 Patient having lesions of Vicharchika on neck and surrounding areas before and relieve in symptoms after virechana

DISCUSSION

Vicharchika is fundamentally a *Kapha Pradhana Tridoshaja Vyadhi* [6] and *Rasa, Twak, Rakta, Mamsa, and Kleda* are *Dushya* of it [7].

As in this case of *Vicharchika*, as per the symptoms, the main involvement was that

of *Pitta* and *Rakta* (blood), so here *Virechana* (systemic purification by giving purgative drug) was given [8].

Virechana Karma expels out the *Dosha* dragging them towards the *Adhobhaga* through the *Guda*. *Amashaya* is the specific seat of *Pitta* and *Kapha*. Though *Virechana* is a specific therapy for *Pitta Dosha*, it also acts on *Kapha Dosha*. *Virechana* drugs with the *Ushna, Tikshna, Sukshma, Vyavayi* and *Vikasi* properties reaches the *Hridaya* by virtue of its *Virya* then following the *Dhamani* it spreads the whole body through large and small *Srotas*. *Virechaka* drugs by their properties bring the morbid humour from the *Shakha* to *Koshtha*. Dominant *Prithvi* and *Jala Mahabhuta* take these *Dosha* towards. *Prabhava* of the medicine is responsible for expulsion of these *Dosha* out of the body by rectal root. In the present study, *Trivita Avaleha* was selected for *Virechana Karma* has property for *Sukha Virechak* [9]. *Trivita* has *Madhura Kashaya, Tikta Rasa, Katu Vipaka* and *Ushna Virya* [10]. With *Madhura, Kashaya, Tikta Rasa, Trivita* helps to pacify or expelled out *Pitta Dosha*. *Trivrit* was having *Kusthaghna, Krimighna, Rakta Shodhana* and also *Tridoshaghna* properties [11].

In the *falashruti* of the *mahatiktagrut acharya* has mentioned it is a remedy majorly for *kushtha*. Upon studying properties of

contents of *mahatikta ghrut*, it was selected for the treatment. All ingredients in the *ghrut* are *Tiktarasatmak*, *Madhur vipaki* and *Ushna viryatmak* so they have affinity towards *Rasa* and ultimately towards skin^[12].

CONCLUSION

Virechana is an effective *Panchakarma* therapy for the treatment of *Vicharchika*, even in chronic situations, as the patient had symptoms for 5 years before receiving significant relief in 20 days. As a result, it may be concluded that *Virechana* therapy, in conjunction with *Rasayana* and *Shamana* therapy, can be employed as a treatment plan for *Vicharchika* in order to provide safe and effective management with little or no remission. Because this is a case of a single patient, it requires greater contributions from all angles in terms of reproducibility and safety.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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