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Studies on *Vicharchika* & its Management by *Nitya Virechan Karma* and *Edagajadi Lepa* - An Observational Study

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ABSTRACT

Skin is the largest organ of the body and provides an intermediate barrier between the internal tissues & environment. It has great cosmetic importance. *Vicharchika* which is one of the common skin disease, is most prevalent among masses whether rural or urban. A critical peep with regard to this into the various Ayurvedic classics reveals that, the various *Kustha rogas* were known to ancients of remote antiquity. It comes under *Kshudra Kustha* in Ayurveda. *Vicharchika* is characterized by blackish brown eruptions associated with itching sensation and excessive exudation described by Acharya Charak in *Chikitsa Sthan* & striae appear all over the body which are dry, painful along with itching described by Acharya Sushruta in *Nidan sthan* under the heading of *Maha Kustha*. In classical text of Ayurveda, Acharyas emphasize the *Shodhana* therapy as the line of treatment at various places. It can be co-related with Eczema as per modern medicine. It is not a contagious disease but the condition can impact considerably on the quality of life of the affected individuals. There is no satisfactory treatment found in modern medicine, so attempt was done to treat it with *Nitya Virechan* with *Trivrit avaleha* & *Edagajadi lepa* on 20 patients for 4 weeks. On the assessment, it is observed that the effect of *Nitya Virechan* and *Edagajadi lepa* are highly significant.

KEYWORDS

Vicharchika, *Eczema*, *Virechan karma*, *Edagajadi lepa*



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INTRODUCTION

Globalization and economic development in India has brought about many social as well as geographical reforms like urbanization. Urbanization is an index of transformation from rural economics to modern industrial one. Despite offering many opportunities including potential access to better health care, today's urban environment has possessed potential health risks and introduced new hazards.

In 21st century, Science and technology makes our life better, fast, sedentary. Therefore a person has neither time to think and act for healthy life nor to follow the proper lifestyle. At present era, Skin diseases are becoming a major hazard for mental health more than physical harm as it distributes the cosmetic harmony. Among various health risks allergic skin disorders like eczema is a major problem encountered by the urban people. In Ayurveda, Skin diseases have been dealt under the headings of *Kustha* and all types of *Kustha* have been considered as *Raktavaha srotodushtijanya vikara* and *Tridoshaja* origin.

The word '*Kustha*' is a broad term which covers almost all *Twacha gata vikaras*. *Kustha* is produced by vitiation of seven factors which are 3 *Doshas* (*Vata*, *Pitta*, *Kapha*) and 4 *Dushyas* (*Twak*, *Rakta*, *Mamsa* and *Lasika*)¹. Because of

Amshamshakalpana of *Doshas* different skin lesions with varied pain, colour and shape are found in *Kustha*. *Kustha* are divided into two groups *Sapta Mahakustha* and *Ekadasha Kshudrakustha*².

Vicharchika is described under *Kshudrakustha* in Samhita texts. According to Charak, it is characterized by *Kandu*, *Pidaka*, *shyava*, *Bahusrava*³. It simulates "Wet Eczema" because of *Kaphaja pradhan vyadhi*. According to Sushruta, *Vicharchika* characterized by *Rajyo*, *Atikandu*, *Tibraruja*, *Rukshata*. It simulates "Dry Eczema" because of *Pittaja pradhan vyadhi*⁴. All *Kustha* are having *Tridoshaja* origin and their *lakshanadepends* upon *Dosha-Dushya* *Sammurchhana* and predominance of *Dosha* and *Dushya*. *Vicharchika* is mentioned in dominancy of different *Doshaby* various Acharyas i.e. *Kaphaja* (Charaka chikitsa 7/30), *Pittaja* (Sushruta Samhita 5/16), *Vata-Pittaja* (Madhava Nidan 49/35)⁵. While Kashyap has mentioned *Vrana*, *Vedana* and *paka* as a specific feature of *Vicharchika*⁶. And Bhela has mentioned *Shyava* & *Rakta Vrana* as variety, *Praklinna Srava* and *Mamsenopachitata* as characteristic features of *Vicharchika*⁷.

It can be co-related with Eczema as per modern medicine based on its clinical presentation. Eczema is a chronic



inflammatory skin disease, clinically and histologically very similar to contact dermatitis⁸. Eczema offers a wide clinical spectrum ranging from minor forms presented by a few dry eczematous patches to major forms with erythematous rash⁹. It is not a contagious disease but the condition can impact considerably on the quality of life of the affected individuals. Cardinal features of Eczema are erythematous skin lesions, flexural lichenifications or papules which go along with an intense pruritus and cutaneous hyper reactivity¹⁰. In classical text of Ayurveda, Acharyas emphasize *Shodhana* therapy to eliminate the vitiated *Doshas* parallel to *ShodhanShaman Oushadhis* as the line of treatment which helps to correct the *Dhatus* and bring them to normalcy. Effective therapeutic agents in contemporary medicine are limited in number and may have long term toxic side effects¹¹. So in this present study trial was done to treat it with *NityaVirechan* with *Trivrit avaleha* & *Edagajadi lepa*. *Virechan* is the prime procedure for *Pitta Dosh*¹². *Virechan* drug after entering *Amashaya* dislodges the vitiated *Pitta Dosh* and henceforth pacifies all *Pitta Vikara* of the body, just like a house which consists of fire will not only become hot when fire is made hot by adding suitable fuel and cooled when it is cooled¹³. *Lepana karma* is a patient friendly local therapeutic

procedure which is found to be highly efficacious in skin disorders to abate the local discomfort. A simple formula of *Edagajadi lepa* comprising of eight easily available drugs have been chosen from the compendium of *chakradatta*¹⁴. *Lepa* is used as external application which prevents from external stimulations; it may correct *Dosha* vitiation, *Agnivaishmya*, *Dhatu dushti* & *Shaithilyata*. According to line of treatment of *Vicharchika* the drugs which are having *Kapha – Pitta Shamaka* and *Laghu* property are used for its treatment.

AIMS & OBJECTIVES

- To study the literature of the disease in view of Ayurveda.
- To prescribe comparatively economical and easily available remedy in patients interest.
- To understand the concept & progress of the disease.
- To study the effect of *NityaVirechan karma* & *Edagajadi lepa* clinically.

MATERIALS & METHODS

Total 20 patients of *Vicharchika* presenting with the clinical features were randomly selected from the OPD & IPD of Institute of Post Graduate Ayurvedic Education & Research at Shyamadas Vaidya Shastra



Pith, Kolkata irrespective of the sex, occupation, religion, socio-economic status.

Inclusion Criteria -

- *Vicharchika* diagnosed according to the classical signs & symptoms described in Ayurveda.
- Patients who were ready for *Nitya virechan karma* and willing to apply the *lepa* daily.
- Patients of both sexes within the age group of 15 – 65 years.

Exclusion Criteria -

- Systemic disease present with *Vicharchika* as a complication.
- Patients of status eczematous condition.
- Patients unwilling for treatment for 3 months.
- Pregnancy & lactating women.

Investigations –

- Hematological investigation for HB%, TC, DC, ESR to evaluate safety of the trial.
- Routine examination of urine and stool to rule out any other disease pathology.
- Skin scrap test was done to exclude ring worm in suspected cases.

DOSAGE OF DRUG -

Nitya Virechan karma with *Trivrit avaleha* in a dose of 10gm once daily at night.

Edagajadi lepa applied locally for twice daily.

DURATION - 4weeks (1 month)

FOLLOW UP - For 3 month at an interval of 15 days.

INGREDIENTS OF EDAGAJADI LEPA-

Cakramarda bija churna, Tila churna, Sarsapa churna, Kustha churna, Pippali churna, Saindhava lavana churna, Sauvarcala churna, Bida lavana churna – 1 part each and *Mastu*(curd water)- QS.

Method of Preparation-

All the drugs were collected from the authentic source and identified as per the Ayurvedic Pharmacopeia. The drugs were dried and mix all the *churnas* and kept in *mastu*(curd water)for three (3) days.

Assessment Parameter-

- The improvement in the patients was assessed on the basis of relief in the signs and symptoms of the disease. To analyze the efficacy of the drug, scores were given for each symptom.
- According to the severity of the symptoms, the grading was given using verbal pain intensity scale.

Subjective Parameter:

1) *Kandu*(itching)-

No itching-0

Momentary itching-1

Episodic itching-2

Continuous itching -3



2) *Srava*(exudation)-

No discharge-0

Watery discharge-1

Pus discharge-2

Pus discharge mixed with blood -3

3) *Ruja*(pain)-

No pain at all-0

Mild pain of low intensity causing no disturbance in routine work-1

Moderate pain hampers the daily routine work-2

Severe pain causing definite interruption in routine work-3

4) *Pidaka*(boils)-

No *pidaka*-0

1-2 *pidakas* in one square centimeter area-1

3-4 *pidakas* in one square centimeter area-2

More than 4 *pidakas* in one square centimeter area-3

5) *Shyava varna*(discolouration)-

Normal skin colour-0

Reddish discolouration-1

Reddish black discolouration-2

Blackish discolouration-3

6) *Rukshatha*(dryness)-

No *Rukshatha*-0

Rukshatha present without cracks-1

Rukshatha present with superficial cracks-2

Rukshatha present with deep cracks-3

Statistical Analysis:

Student paired 't' test has been adopted for the assessment of the drug therapy.

OBSERVATIONS & RESULTS

Demographic study reveals that maximum patients i.e., 45% were in 36 – 45 years age group, 55% were male, 60% belonged to urban area, 65% patients were belong to middle socio-economic status, 50% patients was having *Mandagni*, and in 45% cases patients were alcoholic in nature & 70% patients were Non- vegetarian. Further effects of therapy on various parameters are presented in table 1.

Table 1 Effect of *Nitya Virechan* and *Edagajadi Lepa* on patients-

| Sl.No | Sign and Symptoms | Mean BT | Mean AT | Percentage of Relief | SD | SE | 't' test | P value |
|-------|--------------------|---------|---------|----------------------|-------|-------|----------|---------|
| 1 | <i>Kandu</i> | 3.5 | 1.8 | 48.57% | 0.8 | 0.178 | 9.55 | < 0.001 |
| 2 | <i>Ruja</i> | 2.5 | 2.33 | 6.8% | 0.38 | 0.09 | 1.82 | < 0.05 |
| 3 | <i>Syava varna</i> | 3.1 | 2.2 | 29.03% | 0.36 | 0.08 | 3.98 | < 0.001 |
| 4 | <i>Pidaka</i> | 3.55 | 2.75 | 22.54% | 1.5 | 0.257 | 3.11 | < 0.001 |
| 5 | <i>Rukshatha</i> | 3.6 | 1.8 | 50% | 0.614 | 0.137 | 13.14 | < 0.001 |
| 6 | <i>Srava</i> | 2.8 | 1.35 | 51.78% | 0.73 | 0.15 | 8.95 | < 0.001 |

* SD = Standard Deviation, SE = Standard Error, P value = Level of Significance

DISCUSSION

Skin ailments have been plaguing the human race as early as the recordable events are found. Even after great advances

in dermatology, the disease continues to be a challenge to a practitioner of any system of medicine. Ayurveda prescribes a general line of treatment for *Kustha* which includes



intensive *Shodhana* and *Shamana* therapy. But to give earlier relief for the localized symptoms/discomfort, *Sthanika Chikitsa* such as *Lepa* is very beneficial.

Vicharchikais having *Kapha*, *Pitta*predominance *Tridoshaja vyadhi*. For its management Acharyas have explained drugs which are having *Kapha Pittaghna* & *Anuloman* properties are useful. Though *Virechana* is a specific therapy for *Pitta Dosha*, it also acts on *Kapha Dosha*. *Edgajadi lepais* indicated in *Vicharchika*, so it is also selected for local application for four weeks as a full course. The drugs have *Pittarechaka*, *Lekhaniya*, *Bhedniya*, *Kushthaghna*, *Kandughna*, *Krimighna*, *Vaivarnya*, *Raktashodhaka* properties¹⁵.

Majority of the patients belonged to age group of 36 to 45 years (45%). These ages of individuals are prone to exposure (occupational, environmental) which acts as etiological factors for eczema. Majority of the patients were alcoholic and non-vegetarian leading to *mandagni* which is the prime cause for every disease according to the Ayurveda “*Roga Sarve Api Mandagni Jayate*”¹⁶. Urban people were more afflicted because they were having Irregularity in food taking, Junk food, Suppression of natural urges, Uses of cosmetics and other chemicals, Polluted environment, Stressful life and Emotional disturbances

definitely play a major role in manifestation of *Vicharchika*. *Mithya Ahara–Vihara*, especially *Navanna*, *Viruddhahara*, diet predominant with *Ushna* & *Snigdha guna* and *Vegavidharana* are the main causative factors of *Vicharchika*¹⁷.

These drugs are herbal drugs, which is very simple, safe, economic (cost effective), no side effect and good efficacy drugs in medium dose. Hence it can be employed in the case of *Vicharchika*.

Probable Mode of Action of Therapy-

Virechana Karma expels out the *Doshas* dragging them towards the *Adhobhaga* through the *Guda*¹⁸. *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 *Srotasa*. *Virechaka* drugs by their properties bring the morbid humour from the *Shakha* to *Kshotha*. Dominant *Pruthvi* and *Jala mahabhoota* take these *Doshas* towards. *Prabhav* of the medicine is responsible for expulsion of these *Doshas* out of the body by rectal root¹⁹.

In the present study, *Trivrita Avaleha* was selected for *Virechana Karma*, *Trivrita avaleha* has property for *Sukha Virechak*²⁰.



Trivrita has *Madhura Kashaya, Tikta Rasa, Katu Vipaka* and *Ushna Veerya*²¹ with *Madhura, Kashaya, Tikta Rasa, Trivrita* helps to pacify or expelled out *Pitta Dhosha*. *Trivrita* was having *Kushthaghna, Krimighna, Rakta Shodhana* and also *Tridoshaghna* properties²². So effect of drug itself was found to be helpful in the reduction of the disease.

The *amadasha* prevails locally at the site of lesion. The drugs present in *Edagajadi lepa* act synergistically to bring about *Srotoshodhan* and thereby establish a *niramavastha*. This in turn aids in the absorption of the active constituents of the *lepa* by the orifices of the *Siras (Siramukhas)*. It is said to act best sour media. So the *lepa* prepared by soaking the constituent drugs in *Dadhi masthu* is justified. Chrysophanic acid present in *Edagaja* is indispensable in treatment of skin disorders²³. Each of the drugs complementing one another by their pharmacological action may bring about a synergistic action in relieving the clinical features of *Vicharchika*.

CONCLUSION

Vicharchika is one of the most common skin problems which effect mostly in middle age group of patients. It is predominantly caused due to vitiation of

Kapha dosha. *Edagajadi lepa* which helps to combat the vitiated *Kapha dosha* due to *Usna guna* pacify *Kandu* and also having *Snehan* effect to prevent *Rukshashta* and also cures *Srava*.

Trivrit (*Operculina turpethum*) also known as *Sukha Virechan* having *Usna Virya & Pitta - Kaphahara* property helps in purgation and elimination of toxins (i.e., vitiated *Doshas*) which are responsible to produce *Vicharchika*.

Both *Nitya Virechan Karma* and *Edagajadi lepa* is effective to cure *Kandu, Srava* and *Rukshashta* within very short period of time. Statistical analysis of the treatment plan yielded results which were statistically significant. There was no adverse effect of the therapy and it is cost effective too.

The size of the sample was too small to draw a generalized conclusion. Therefore; the therapy can be tried in a large sample to observe its further efficacy.



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