

**Efficacy of Virechana And Raktamokshana in The Management
of Vicharchika (Eczema) – A Case Study**

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Abstract

Dermatitis, also known as eczema, is a group of diseases that results in inflammation of the skin. This disease is characterized by itchiness, red skin, and rash. The exact cause of dermatitis is often unclear. Cases are believed to often involve a combination of irritation, allergy, and poor venous return. Dermatitis was estimated to affect 245 million people globally in 2015¹. It is clinically characterised by itching, erythematous, oozing and scaling. Lakshana of Vicharchika are similar to that of eczema like kandu (itching), srava (oozing) and pidaka with kandu. In this case report a 60 years female patient diagnosed as vicharchika and successfully treated with ayurveda treatment like shodhan and shaman without remission .

Keywords: Vicharchika, Eczema, Shodhan, Shaman.

Introduction

Vicharchika is explained in Charaka Samhita under Kustha Chiktisa Adhyaya. Vicharchika is a disease of Raktavahastro Dusthi in which Rakta as well as Dusthi of saptakodrava is explained. For Raktadusthijanya Vyadhi the line of treatment have explain as Virechana and Raktamokshana. Vicharchika can be correlated with eczema (Dermatitis) which comes under non-infectious inflammatory dermatoses, it is clinically characterised by itching, erythema, oozing and scaling². Lakshana of Vicharchika are similar to that of eczema like kandu (itching), srava (oozing) and pidaka with kandu.

In modern medicine topical application of drugs as well as systemic drugs are used for the treatment of dermatological diseases. Most of the drugs respond to topical therapy, but some requires a combination of local and systemic therapy². In Ayurveda line of treatment have explained as Abhyantar(Shaman and Sodhana) Chiktisa. Virechana, Raktamokshana and various lepas also have been explained. If bahudoshawastha of vicharchika then, the Sodhana Karma is to be given, like Vamana, Virechana, and Raktamokshana. When doshaj awastha is not eligible for vrুদ্ধa dosha, then and only then Shaman as well as lepas Chiktisa will be given³.

AIM – To study the Kshudra Kustha vyadhi w.s.r. to Vicharchika

OBJECTIVES –

- 1) To study the Vicharchika Vyadhi.
- 2) To study the Eczema as per Modern Science.
- 3) To study the etiopathogenesis of vicharchika as per Ayurveda.
- 4) To study the Chiktisa of Vicharchika as per Ayurveda concept.

CASE REPORT

Name of patient –XYZ

Gender – Female

Age – 60 yrs

Occupation – Housewife

Desh – Sadharan
Religion – Hindu
Marital status – Married

Chief complaints –

1. Kandu(+++++) all over body (more on abdomen ;lateral regions)
2. Black-reddish discoloration of skin(at the site if itching)
3. Oozing after itching

The above complaints are present since one month. But the disease persist since last 10years.

Present illness – patient was well before 10yrs. gradually the symptoms like itching all over the body, skin discoloration and oozing started. (Symptoms appear to be more severe in Sharad Rutu) She was taking treatment from general practitioner i.e. local steroids for external application and antifungal, antihistaminic as oral medicine. After taking these medicines patient got relief from above symptoms, but after discontinuation of these treatment again symptoms appears. So for further ayurveda treatment patient approached to CSMSS Ayurved Rugnayala, Kanchanwadi Aurangabad.

Note - (Patient have experienced relief in symptoms when she take a bath in the first rain fall in mruga naskhatra. –patient experience)

Past history of illness – No H/O DM, HTN, Asthama or any other disease .

Family history – No significant family history was found.

Ahara – Vegetarian (more consumption of lavana rasa)

Vyasan – Tea (4 to 5 times in a day)

Nidra – Disturbed sleep due to itching

Prakruti – Vata- pradhan pitta- anubandhi

Nadi – 74/min regular **BP** -130/80 mmHg

Bala –Madhyam

Jiva – Sama (white colour)

Agni – agnimandya

Mala pravrutti – Once / Twice a day (Swarup- Grathit)

Mutra pravrutti – 4 to 5 time in day, 2 to 3 times in night.

Akruti – Madhyam

Shabda – Prakrut (Spashta)

Sparsha – Anushnaseeta, Ruksha

Druk – Araktata+ , Netra kandu.

Skin examination –

1. Kandu – Present (more at night)
2. Strava – After itching (reddish white discharge)
3. Pidaka – Present
4. Twak Rukshata – Present
5. Raji – Present

Routine blood investigation(CBC, ESR, BSL, KFT, LFT, Urine routine and microscopic) was done before treatment and found normal. After taking proper history Virechana was planned followed by Raktamokshana.

Material And Method

- **Shaman Chiktisa**

1. Nidana Parivarjana.
1. Ahara – Laghu, Ruksha, Anabhishtyandi.
2. Ampachak vati 2BD (250mg each) at Samana Kala with Ushnodaka for 3day –for Pachana .

- **Sodhana Chiktisa**

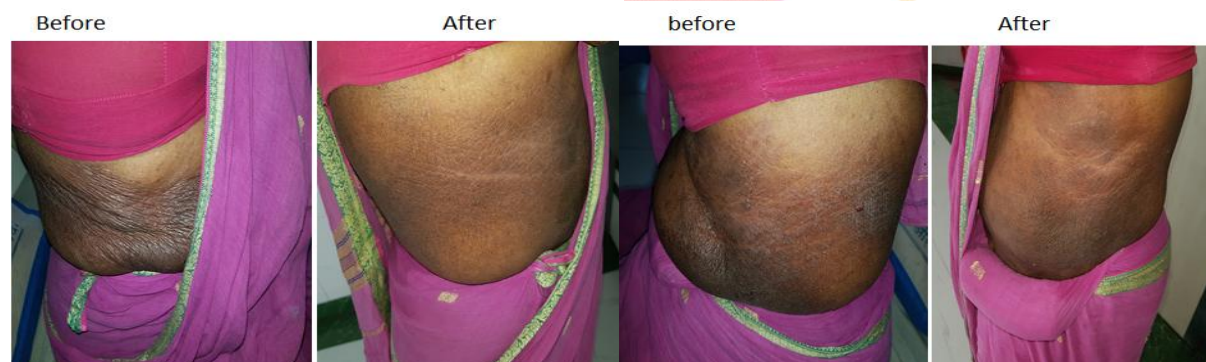
3. Snehapana was done with Panchatikta Ghrita .

Days	Quantity of Sneha
1 st day	30ml
2 nd day	60ml
3 rd day	90ml
4 th day	120ml

Samyak Snigdha lakshana appears on 4th day.

4. Then external Snehana with Sahachar tail and Swedana (Nadi Sweda) was done for 3days.
5. After external Snehana and Swedana , Virechana was given with Avipattikar churna 4tsf at bed time with luke warm water.
6. Patient had 7 vegas of Virechana.
 - a) First Vega – Purisha alpa drava yukta
 - b) Second Vega – Drava mala pravrutti
 - c) Third Vega –Drava mala pravrutti
 - d) Fourth Vega - Drava mala pravrutti
 - e) Fifth Vega – Drava mala pravrutti
 - f) Sixth Vega - Drava mala pravrutti
 - g) Seventh Vega - Drava mala pravrutti
7. After Virechana Samsarjan karam was followed for 3days.

After completion of Samsarjan Karma Siravedha was done under all aseptic precaution from cuboidal fossa of both the hands. Scalp set (needle) no 20 was used, around 30ml of blood was removed from each cuboidal fossa.



Discussion

Vicharchika is Kshudra Kustha it is included under Rakta Pradoshaj Vikara⁴. Vicharchika is having both acute and chronic condition. Lakshana according to Acharya Charaka can be co-related with acute condition like Pidaka and Srava⁵ while lakshana according to Acharya Sushruta can be co-related with chronic condition like Rukshata, Raji, and Kandu⁶. While explaining the treatment of Kustha Acharya Charaka told

that if lakshana are severe then Sodhana should be done and if lakshana are not severe then Raktamokshana should be done in such patients⁷. In this case study the lakshana of patient was severe and chronic like Itching, Oozing, skin (black reddish) discolouration, Rukshata. So keeping in mind about severity of lakshana and Bala of patient first Sodhana was done with Virechana and then Siravedha.

After Virechana the discolouration of skin, Rukshata, Pidaka, Raji, Oozing was reduced 70% to 80% and itching was still persist but severity was reduced. After the Siravedha the itching was totally reduced. As it was a chronic case there will be Sanga of Dosha therefore by doing Siravedha and Sodhana the Sanga have been removed. Because of Siravedha the vitiated blood was removed. The rakta is also responsible for varna, after siravedha the skin appears normal.

Conclusion

It can be concluded that chronic case of Vicharchika can be successfully manage with Ayurveda treatment such as Virechana and Siravedha.

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