

A CASE STUDY ON THE EFFICACY OF SIRAVYADHA FOLLOWED BY YASHADA LEPA IN THE MANAGEMENT OF VICHARCHIKA (VENOUS ECZEMA)Girish N G¹, Shreedhar Rao²

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**ABSTRACT**

Skin diseases are ranked as the 4th most common cause of human illness and dermatitis is the second commonest Skin disease. The skin disorders manifest externally but their route causes lie internally. Since times immemorial the Kushta is the most baneful disease afflicting human beings. *Vicharchika* is described under *Kshudrakushta*. It is often characterized with symptoms namely *Kandu*, *Srava*, *Pidaka*, *Rukshata*, *Raji* and *Shyava varna*. Hence this study was taken to prove that *Siravyadha* along with *Lepa* has remarkable results in *Vicharchika* (venous eczema). A 37-year-old male patient approached the OPD with the chief complaints of blackish discoloration, Pain, Itching, Flaking, Cracking and Dryness over the lateral portion of the lower 1/3rd of the right lower limb since 10yrs. He was having a history of varicose veins. He was treated with *Raktamokshana*¹ and *Yashada lepa*^{1a} and remarkable results were seen and there were significant improvements in the symptoms. Observation and results were drawn based on assessment criteria. The discussion was done based on entire observations during this study. The conclusion was drawn on the basis of the results.

Keywords: *Siravyadha*, *Venous eczema*, *Yashada lepa*, *Vicharchika*.

INTRODUCTION

The word kusta is derived from the root 'Kushu' which means that it comes out from the inner part to the outer part and destroys the organs of the body, therefore it is called *Kusta*. This is one of the *Asta-mahagadha*². *Twak* is also considered as *Updhatu of Mamsa Dhatu*. *Kushta Roga* is classified into two types i.e., *Maha Kushta* and *Kshudrakushta*. *Vicharchika* is one of the skin diseases classified under *Kshudrakushta* in *Ayurveda*. Right from ancient medical history abundant references of *Vicharchika* are found in different *Samhitas*. It is a disease with complaints of *Kandu*, *Raaji*, *Pidaka*, *Srava* etc. and is *Kashtasadhya Vyadhi* (difficult to treat). *Susruta* has mentioned it in *Pittaja vyadhi* since *Pitta* and *Rakta* are having *Ashraya-ashrayeebhava* and *Rakta* is dealt as the fourth dosha and *Raktamokshana* is the treatment of choice for this *vyadhi*. *Raktamokshana* is a para-surgical procedure in the *Shalyatantra* in which *Sushruta* has mentioned different methods according to the patient, disease, site, depth of the disease and involvement of the *Dosha dushya*³. The different methods of *Raktamokshana* are *Ashastrakrita (Jalauka, Shringa, Alabu, ghati yantra)* and *Shastrakrita (Siravyadha and Pracchana)*. *Siravyadha* is the most important method in all conditions where *Raktamokshana* is indicated and considered as an *ardha chikitsa* in all therapeutic procedures mentioned in *shalya tantra (surgery)*⁴. *Sushruta* applied this technique therapeutically as well as prophylactically. *Lepa kalpana*⁵ is given prime importance in the management of *kushta* (skin diseases). Various types of *lepa* are described for the treatment of *Vicharchika*. Skin disorders are having a prevalence rate of about 15% of the world's population. It can be co-related with *eczema* in modern parlances. In the early stage of *eczema*, the *stratum corneum* remains intact so *eczema* appears as red, smooth and oedematous plaque. Later, oedema becomes more severe, tense blisters appears on the plaques. Chronic *eczema* is dry and is characterized by thickened, scaly skin with hyperpigmentation. Though the various treatments are available in contemporary science they are still not effective in preventing its reoccurrence. Regarding treatment, *eczema* itself is difficult to cure in which steroids are used that

has a lifelong adverse effect on the body. *Vicharchika* is dominating *Pitta, Kapha and Rakta*, *Twak* is considerably included in pathology as *Dushya* in *Vicharchika*. All conservative management of *Vicharchika* has its limitations concerning care & its cure. Hence wide spectrum prevalence, its chronicity, lack of effective drug attracts the researcher to look for a suitable remedy for the disease.

Case History: A 37years old male patient approached the OPD with chief complaints of blackish discoloration on the Right Lower limb medially just above ankle joint, associated with severe pain followed by itching and burning sensation, cracking and flaking of skin since 10 years, H/o Varicose veins. No H/o DM, HTN, Asthma.

History of personal illness: The patient was normal 10 years before. He developed dilated and tortuous in the Rt. Lower limb for which he approached nearby hospital which then it was diagnosed as varicose veins and then he eventually developed blackish discoloration and severe pain which is continuously followed by itching on Right lower limb just above the ankle joint. After a month patient developed flaking and cracking over the discoloured area associated with a burning sensation. The patient took allopathic treatment for the same. After a lot of treatment, he finally stopped those medications and opted for Ayurveda treatment.

Personal History: Occupation: Factory worker

Habits: Smoking and alcohol – occasionally

Socioeconomic status: Middle class

Marital status: Unmarried

Family history: No h/o any major illness.

EXAMINATION:

GENERAL: Temperature -Afebrile, BP -110/80 mm of Hg, P -80/min.

SYSTEMIC: CVS -S1S2 normal, CNS -Conscious and oriented, RS – B/L NVBS.

LOCAL EXAMINATION:

Irregular patch of medium size & shape over Rt. lower limb just above ankle joints & itching scaling, flaking and discoloration.

Ashtavidha Pareeksha:

Nadi: 80/min

Mutra: 4 times/ day

Mala: 1 time/day

Jivha: Coated

Shabdha: Spashta

Sparsha: Anusnasheeta

Druk: prakruta

Subjective Criteria:

Parameters	0	1	2	3
Pain/ Ruja	Absent	Mild	Moderate	Severe
Itching/Kandu	Absent	Mild	Moderate	Severe
Dryness/Rukshata	Absent	Dryness with rough skin	Dryness with scaling	Dryness with crackling
Discoloration/Shyavata	Absent	Brownish red	Blackish red	Blackish discoloration

Akruti: Madhyama

Bala: Madhyama

Raktabhara: 110/70mmHg.

Investigations: Hb% -13.7gm%, WBC -5200 /cumm, BSL (R) -112mg/dl., Urine (R) -NAD, ESR -8mm/hr., BT -1 min 45 sec, CT -4 min 10 sec, HbsAg -Non-Reactive, HIV -Non-Reactive

Objective Criteria:

Parameters	0	1	2	3
Lichenification	Absent	Mild lichenification	moderates	severe
No. of patches	Absent	1-2	3-4	>5

Table 1: Showing Treatment plan.

Day – 1	Siravyadha
2 nd -14 th Day	Yashada lepa
Day – 15 th	Siravyadha
16 th to 29 th Day	Yashada Lepa

General Instructions to the patient

1. Clean affected area with Lukewarm water
2. Maintain good physical hygiene.
3. Avoid long-standing
4. Pathya Ahara - Bland diet, bitter food products, light for digestion.

5. Apathya Ahara - Diet having excessive Katu, Amla& Lavana Rasa, fatty & fried food, curds & non-veg diet were strictly avoided during the study. In addition, alcohol and smoking were also avoided

MATERIALS REQUIRED: For Siravyadha: For Lepa:

Yashada Basma
Go ghrita
Spatula
Sterile gauze piece

Tila taila	Sufficient quantity
Water	Sufficient quantity
Sterile cotton	
Tourniquet	1
Sterile glove	1
Disposable needle No.18	1
Measuring jar	1
Cotton pads	
Sterile roller bandage	1

Table 2: Showing the procedures

Poorva karma	Pradhana karma	Paschat karma
1. Tila Yavagu pana one muhurta before the procedure of sufficient qty. 2. Sthanika abhyanga with tila taila. 3. Ushna jala sweda	*Siravyadha on 1 st and 15 th day *Site – 2 angulas above Gulpha sandhi/unnatha sira	*Pressure bandage applied. * Limb elevation.

Procedure:

Poorvakarma: Treatment procedure is explained to patient and written consent taken and advised to take tila-Yavagu 30minutes before to procedure and then *sthanika abhyanga* and *ushna-jala sweda* given.

Pradhana karma: The patient is made to sit over the examination table and then area 2 *angulas* above *Gulpha sandhi* is cleansed with surgical spirit. A tourniquet tied 2 inches above the ankle joint to make the vein Prominent. A sterile 18 no. the needle used for bloodletting, and it was collected in measuring jar and flow is allowed to stop on its own.

Paschat karma: Needle is taken out and area wiped with swab, sterile pad was applied and bandaged. The patient is asked to consume *Tila-yawagu* and asked to

take rest with limb elevated for 15min and advised to remove bandage in the evening.

Lepa

- Sufficient quantity of *Yashada lepa* prepared by mixing *Yashada bhasma* and plain *Goghrita* as mentioned in *Rasatarangini*.
- Duration – 2nd day to 14th day
- The affected area is cleaned with a sterile swab dipped in hot water and then allowed to dry up
- Lepa is applied with spatula in the opposite direction of the hair root.
- Lepa was allowed to dry and then cleaned with sterile gauze.

Observation:

Table 3: Showing changes in symptoms Before and After Treatment.

Symptoms	Grades Before treatment	Grades after treatment
<i>Ruja</i>	3	0
<i>Kandu</i>	2	0
<i>Ruksha</i>	3	1
<i>Shyava</i>	2	1
No. of patches	1	1
Lichenification	1	1

Result:

The patient started to show signs of improvements after the *Siravyadha* and *Lepa* initially and later there was a significant decrease in pain, discolouration. There was overall recovery observed.

DISCUSSION

Probable mode of action of siravyadha

Kusta is *Rakta-Pradosha vyadhi* and *vicharchika* is one among *Kshudra kusta*, hence *Siravyadha* helps in the rectification of underlying pathology by expelling *Dusta rakta* from the body. *Sushruta* advised doing *Raktamokshan* in *Kshipra marma* in *vicharchika*.

After a particular amount of bloodletting, the fluid and plasma components of the blood will be decreased. Normally the exchange of gases, nutrients and waste products between blood and tissue takes place at the capillary level. Hence the volume loss may affect this exchange mechanism and also decreases the plasma and its contents like immunoglobins, carbohydrates, lipids, salts, vitamins and clotting proteins. Here the low oxygen at the tissue stimulates the development of RBC by haemopoiesis and even the volume loss will be replaced by the plasma proteins. Plasma proteins are essential in maintaining blood volume. These plasma proteins are too large to leave the vasculature

and remain in the capillaries exerting the osmotic pressure over the lesion that pulls the fluid back into the vascular system from the interstitial space. So, whenever the blood is contaminated with any type of certain allergens that starts to circulate all over the body, finally it gets lodged in the tissue at the capillary junction where the blood exchanges its contents with the tissue. Hence these allergens are deposited there and produce the symptoms of eczema. Hence in *Siravyadha* the inflammatory and allergen components are removed replacing it with oxygenated blood, which nourishes the affected site with Oxygen and nutrients, hence the symptoms of *Vicharchika* subsides.

Probable mode of action of lepa:

Absorption and metabolism of lepa (drug) is a collective work of Bhrajaka pitta, Samaana and Vyana vayu and slesaka kapha. Bhrajaka pitta metabolizes the active principles of drugs that have been applied over the skin with the support of saman and vyan vayu. According to modern medical science, lepa kalpana can be understood in form of a transdermal drug delivery system, *Yashada lepa* mentioned *Rasatarangini* especially indicated in *chirakari vicharchika* i.e chronic eczematous conditions. Their author advocates *Yashada Basma* to be mixed with *Go-ghrita* to be used for 7 days depending upon the conditions. *Yashada* is having immunomodulatory effect⁶ and it speeds up the healing process and *ghrita* acts as *Mardhavakara* and *Rasayana* and helps in local cells recovery by its *Madhura rasa* and *Snigdha guna*

CONCLUSION

Vicharchika is a Non-infectious disease acute (wet and oedematous) and chronic disease (dry, thick and scaly) which is characterized by redness, skin edema, itching and dryness with possible crusting, flaking, blistering, cracking, oozing or bleeding. Kustha is described as the most chronic disease. *Ayurveda* described a wide range of dermatological disorders including the classification, pathophysiology, clinical presentation, management and prevention. The present case study concludes that use of *Siravyadha* and *yashada lepa* with some dietary and lifestyle modification is very effective in the management of vicharchika.

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