

VIRECHANAKARMA AND SHAMANA CHIKITSA IN VICHARCHIKA (ATOPIC CHRONIC ECZEMA)- A CASE REPORT**Roopa.N¹, S.N. Belavadi²**

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Article Received: 09/07/2022 - **Peer Reviewed:** 22/07/2022 - **Accepted for Publication:** 03/08/2022**ABSTRACT**

In this present situation, may be due to busy schedules people following irregular food habits, wrong diets, physical exertion, unstable emotions, lack of exercise, etc. Most people are prone to skin diseases. This impacts sleep, work, relationships, hobbies, psychology, and quality of life. As beauty is an important Asset of life in most professions. *Vicharchika* is one of the most seen OPD cases nowadays. which is explained under *Kshudra kushta* by *Acharya Charaka* and *Sushruta*. *Ayurveda* as gaining more popularity in the treatment of *Twak vikaras* through the different intervention of treatment modalities. The similarity in signs and symptoms of *Vicharchika* is correlated to Atopic chronic eczema, which has a strong familial association. Where in this case we are going to see the specific *nidana*, its aggravation, and the effect of the treatment.

Key words: Vicharchika, Atopic Chronic Eczema, Virechana**INTRODUCTION**

Vicharchika is explained under *Kshudra kushta*¹. Though, it is *Kshudra Kushta*, it runs a chronic course and has a tendency for exacerbations. According to *Acharya Sushruta lakshanas* be like *Rajyo* (striae, furrows), *Atikandu*, *Atiruja*, *Saruksha*, all over the body. *Acharya Charaka* includes *Pidaka*,

Shyava and *Bahusrava*. This disease manifests due to the vitiation of *Tridoshas* (*Vata*, *Pitta*, and *Kapha*), *Dushyas* (*Twak*, *Rakta*, *Mamsa*, and *Lasika*). *Vicharchika*, according to *Ayurveda* is *Rakta Pradoshaja Vikara* being involved in three *Dosha* with the dominance of *Kapha*². *Vicharchika* can be

correlated to Atopic chronic eczema³ due to its similarity. Atopic chronic eczema, its prevalence has increased 2-5-fold in the early 1980s and the disease now Affects 1 in 10 people. There is a strong familial association with atopic eczema. Genetic factors and Mutations in the filaggrin gene have been identified as an important factor of cause in some. Environment

factors such as exposure to allergens in utero or during childhood may have an aetiological role and 60-80% of individuals.

Poorvaroopa⁴: *Twak parushya* (roughness), *Romaharsha* (horripilation), *Sweda bahulya* (excess perspiration), *Kandu* (itching), *Swapa* (loss of sensation), *Asruja krishnata* (black discolouration)

Table 1: Vicharchika Nidana

Nidana	Causative factors
<i>Viruddha anna and pana, Snighdha, guru</i>	Incompatible foods and liquids, unctuous, heavy (habitual)
<i>Ativyayama, Santapa, Vegadharana</i>	Excessive exercise, exposure to heat, suppress natural urges
<i>Sheetambusevana</i>	Immediately having cold water after exposure to heat
<i>Vishmashana and Anashana</i>	Improper ingestion of food
<i>Chinta, Shoka, Kopa</i>	Psychological factors like stress, worry, anger

Table 2: Similarities between Vicharchika and Atopic chronic eczema

Vicharchika	Atopic chronic eczema
<i>Atikandu</i>	Severe itching
<i>Vivarnya, shyava</i>	Dys pigmentation (hypo/hyper)
<i>Kharatva</i>	Fissure excoriation
<i>Rajyo</i>	Lichenification

A brief history of the patient

Presenting complaints

A 21 year old female subject weighing 60 kg and 5 feet in height, who was apparently normal before 5 years, gradually developed blackish lesions on both lower limbs below the knee joint and started with two lesions multiplies as time flies further spread to others until the ankle region. The subject is a final B.com student, belongs to a middle-class family, and stays in a hostel for her education, Hindu religion like to have outside food a lot and spicy food. The subject visited a Local allopathic Hospital and took treatment. Later consulted our Hospital OPD (OPD NO.-21000718)

for treatment where she was referred by another Ayurvedic Physician.

Clinical findings

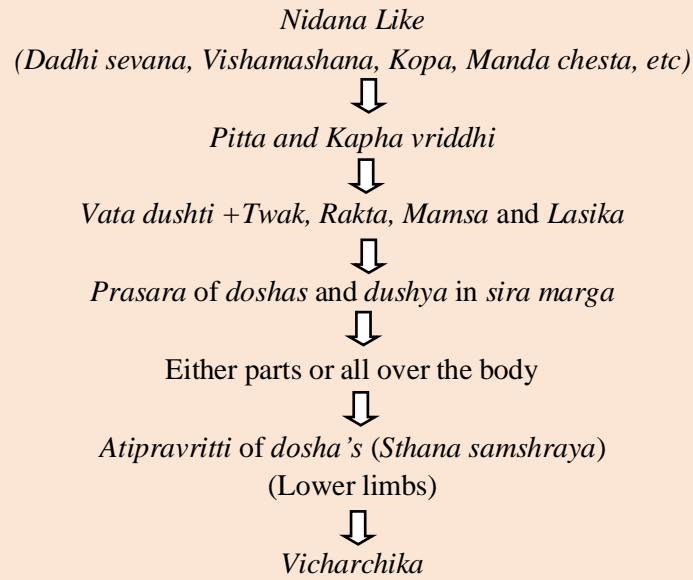
The subject's mother and uncle have a similar problem. On examination Skin lesions are black, itching more at night, dry lesions were found.

Clinical examination

Asthavida pariksha

Nadi (Pulse): 78b/min, *Mala pravritti* (Stool): once daily, *Mutra pravritti* (urine):4-5 times daily, *Jihva* (Tongue): *Alipta*, *Kshudha* (Agni): *Mandya*, *Shabda* (Speech): *Prakruta*, *Sparsha* (Skin): *Ruksha*, *Khara*, *Drik* (Eyes): *Khara*, *Akruti* (Stature): *Madhyama*

Flow chart No. 1 shows a schematic representation of *Samprapti*^{5,6}:



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Samprapti ghataka⁵

- *Dosha-Tridosha*
- *Dushya-Twak, Rakta, Mamsa, Lasika*
- *Ama- Jatharagnijanyaama*
- *Agni-Jataragnimandyajanya*
- *Srotas- Rasavaha, Raktavaha*
- *Srotodusti Prakara- Sanga*
- *Roga swabhava- Chirakari*

- *Udbhava sthana- Amashaya*
- *Vyaktasthana- Twacha*
- *Rogamarga- Bahya*
- *Sadhyasadhyata- Sadhya*

Materials and Methods

Treatment plan

- *Amapachana*
- *Arohana krama Snehapana*
- *Virechana*
- *Shamanaushadhi*
- *Pathya-Apathya*

Table 3: Showing Treatment schedule/Intervention

Date	Treatment	Medicine/Procedure
22/06/21 23/06/21 24/06/21	<i>Deepana and pachana</i>	Tab. <i>Agnitundi vati</i> ⁷ 1tid with <i>sukoshna jala</i> before food for 3 days
25/06/21 26/06/21 27/06/21	<i>Snehapana</i>	<i>Pancha tiktaka guggulu ghrita</i> ⁸ 30 ml 1 st day 60 ml 2 nd day 90 ml 3 rd day
28/06/21 29/06/21 30/06/21	<i>Abhyanga and swedana</i>	<i>Marichadi taila abhyanga</i> followed by <i>Bhaspa sweda</i> for three days
31/06/21	<i>Virechana</i> with Number of <i>Vegas</i>	<i>Trivrut leha</i> ⁹ 40 grams morning 8am Total <i>vegas</i> observed- 15 times
01/06/21	Pathya: Ganji, Khichadi, Laghuahara, Leafy vegetables Apathya <i>Dadhi, Mamsa, Matsya and Tila taila and Vegadharana</i>	

	Shamanaushadi	<p><i>Arogyavardini vati</i>-500mg-1TID-Water-After food <i>Guduchyadi kashaya</i>-15ml-1TID-Sukoshna jala- Before food <i>Nimbadhi guggulu</i>-(500mg)-1TID-Water-After food</p>
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Table 4: Showing Results

Features	Before Treatment	After Treatment
Colour	Blackish (dark)	Reduced (light)
Itching	Severe (at night)	Reduced
Lesion size	Big and larger	Reduced
Area covered	Below knee to ankle	Reduced in some places

Table 5: Showing images of before and after treatment and after following up Before treatment After treatment After following up



Probable mode of action:

- *Deepana* and *pachana* help in *agni* correction and *Agni sandeepana* (Increase in appetite)
- *Snehana* and *Swedana*- *Dosha Shithileekarana* and brings *doshas* from *shakas* to *koshta*
- *Virechana karma*
- a. *Virechana dravya* spreads throughout the body at the cellular level due to its pharmacological properties like *Vyavayi*, *Ushna guna*, *Vikasi*, *Tikshna guna*.
- b. *Vyavayi guna*- on quick absorption.

- c. *Vikasi guna*-Softening and loosening of the bond by *Dhatu shaithilyakarana*
- d. *Ushna guna-dosha sanghata* is liquefied.
- e. *Tikshna guna-chedana* of *doshas* and accumulate *dosha* in *koshta* from *shaka* followed by elimination.

DISCUSSION

Subject as family history of the disease, Habitual use of curd, irregular food habits, short-tempered, junk, and spicy foods. Based on *Doshas* involvement and assessing *Prakriti*, *Ayurvedic* treatment protocol is

planned for the subject with proper counselling. Treatment protocol- *Deepana-pachana*, *Snehanapana*, *Snehana-swedana*, *Virechana* followed by *Shamanaushadi* were given.

CONCLUSION

Twak vikaras can be treated efficiently through *Ayurvedic* management specifically with *Virechana karma*. The subject should come to the hospital in the acute stage rather than the chronic stage. We have followed the treatment protocol for *Vicharchika* according to *Kushta chikitsa* mentioned in *Classics*. The patient was satisfied with the treatment and as came for two follow-ups and advised for *pathya* and *apathya ahara* and *vihara*.

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