Management of Vicarcika (eczema) with Rukshana, Snehana and Virechana procedures

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ABSTRACT
Vicarcika is a chronic illness characterized by skin eruptions and itching with oozing. If it is neglected then normal condition of the body may be affected. This condition is called as Kushta in Ayurveda. Most of such cases have appearance of Kandu (excessive itching), Pidaka (papules, vesicles and pustules), Shyava (erythema with discolouration), Bahusrava (profuse discharge and oozing), Raji (thickening and lichenification of the skin), Ruja (pain) and Ruksha (dry lesion). The present study highlights a case of 69-years old male patient with major complains of discharge, itching on skin and severe pain on both lower limbs. He was managed successfully with treatment steps of Rukshana, Snehana and Virechana procedures. After 10 days of treatment, the acute inflammation was reduced with no discharge, old dead scaly layer get dried out and scaled off whereas the edema was markedly reduced. Moreover, pain and itching sensation were reduced in patient while the condition of erythema was completely disappeared.

INTRODUCTION
Skin eruptions and itching with oozing are the common conditions in Vicarcika (Yadav, 2001). It is one among the Kshudra kustha. Tvacha, Rakta, Mamsa and Laksi make the skin Kushtita (deformed). In case of negligence, this condition may severely affect the body skin which is also called as Kushta. As per the symptoms and pathogenesis, Vicarcika has been correlated with wet eczema by National AYUSH Morbidity and Standardized Terminologies Portal (NAMSTP) (Ministry of AYUSH, 2020). The clinical features of Vicarcika are Kandu (excessive itching), Pidaka (papules, vesicles and pustules), Shyava (erythema with discolouration), Bahusrava (profuse discharge and oozing), Raji (thickening and lichenification of skin), Ruja (pain) and Ruksha (dry lesion). Vicarcika, as a kaph pradhan kushta, is a rakta vikara (blood disorder). However, Ashtanga Hridaya, a classical text of Ayurveda, describes Vicarchika as a minor skin disease (kshudra kushta). According to Ayurveda, Vicarchika is a curable skin disease (sadhya kushta). The main features appear in this condition are eruptions with dark brown or blackish pigmentation, itching, profuse discharge, sometimes dryness of skin, marked lining with intense pain and pin-head size ulcerations (Fauci et al., 2012). Acharya Bhel narrates Vicarchika as a dark red coloured deep-rooted lesion with moisture or oozing. Blackish brown or multiple pin-head eruptions with profuse discharge, itching, lining, pain or irritation and dryness are the cardinal symptoms of Vicarcika.

eczema does not indicate any specific disease, it signifies the inflammatory condition of the skin. General practice for the management of eczema involves topical applications such as emollients, antipruritic lotions, steroids, coal tar/ zinc paste, oral antibiotics, sedative antihistamines, corticosteroids and immunosuppressive agents (Brown, 2016). Even after their use, relapses, recurrences and other complications are very common. Indiscriminate use of these drugs can cause vomiting, diarrhoea, stomach upset, allergic reaction, peptic ulcer, neuropsychiatric reactions, diabetes, diminution of libido and Cushing's syndrome.

The present clinical study has been conducted to evaluate systematic therapeutic benefits of the rukshana snehana and virechana during the management of Vicarcika.
CASE REPORT

A 69-years old male patient with major complaints of discharge, itching on skin and severe pain on both lower limbs visited the OPD of SDM College of Ayurveda, Udupi on 14/06/2018. He presented with a 4-months history of generalized pruritus with erythema and scaling of his skin of lower limbs. He developed erythema and pruritus on both legs starting from the lateral side of the leg with itching. He got treatment from a different clinic but that does not give him relief. He was a known hypertensive and taking medication for 2 years. He stopped the medication before 6 months without consulting a doctor. He was surgically operated for prostatitis.

He had no other previous medical history of diabetes, asthma, hay fever, allergic and rhinitis except disturbed sleep. The patient had a frequent habit of taking tobacco. Presently, he has no significant problem of urination, bowel movement and appetite. There was no relevant family history. Ayurveda treatment was started on 14.06.2018 after taking his consent.

Clinical findings

General examination

The patient was afebrile. The pedal pitting edema was significantly noticed. Dorsalis pedis and post tibial artery felt with normal pulsation. Pulse and respiratory rate were normal in range. Blood pressure was 160/90. Tongue was non-coated, no other lymph nodes palpable. No abnormality was noticed in the functioning of the respiratory, circulatory or digestive system.

Main examination

The skin layer of the leg was inflamed characterized by erythema, scaling, edema, vesiculation and oozing of discharge. Rashes were present all over the body.

Dashavidha pareekshya (Ten-fold examination)

Prakriti of the patient’s Prakriti was Vatakapha. Satwa (psyche), Sara (excellence of tissues), Samhana (compactness), Ahara Shakti (power of food intake and digestive functions), vyayama Shakti (power of performing exercise), satmya (suitability) and Praman (measurement of body organ) of the patient were madhyam (moderate) was normal in condition.

Asthavidha pareekshha (Eight-fold examination)

Nadi (pulse), mutra (urine) and shabda (voice) were normal. Bowels were regular, jihwa (tongue) was Anupalepa (non-coated), sparsa (touch) was Anushna Sheeta (normal temperature), Akriti (body built) was Madhyama (moderate) and Drik (vision) was Heena (diminished vision).

Diagnostic assessment

Before starting the treatment, routine hematological tests were done on 15/06/2018. The results showed 70% neutrophils, 06% eosinophils and 58 mm/h ESR. Neutrophils count and eosinophil counts were raised above the normal reference values. Erythrocyte Sedimentation Rate value was increased approximately fifth fold. The treatment was started as per Table 1-3.

The initial treatment was given for four days and then the procedure for Snehana was started with tiktaka ghrita. All treatments except Triphala kwath avagaha (bilateral foots) were stopped.

Table 1. Ayurveda medicines given to the patient

<table>
<thead>
<tr>
<th>Ingredients</th>
<th>Doses administered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triphala qwath</td>
<td>100 ml (morning and evening)</td>
</tr>
<tr>
<td>Aragwadha (Cassia fistula) and Karanja (Pongamia pinnata) pata pari sekh sarwanga (shower bath with decoction of the leaves without abhyanga (the Ayurvedic oil massage))</td>
<td>Once a day</td>
</tr>
<tr>
<td>Triphala qwath Avagaha (Ayurveda Exotic tub bath) on bilateral foots</td>
<td>Once a day</td>
</tr>
<tr>
<td>Laghu Sutshekhar Vati</td>
<td>two dose thrice a day</td>
</tr>
<tr>
<td>Ghandaka rasayana (double standard)</td>
<td>two dose thrice a day</td>
</tr>
<tr>
<td>Panchatikta Kashayam</td>
<td>20 ml thrice a day</td>
</tr>
</tbody>
</table>

Table 2. Schedule of Snehapana with Tiktaka ghrita

<table>
<thead>
<tr>
<th>Date</th>
<th>Dose</th>
<th>Symptoms observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>19/06/2018</td>
<td>50 ml tiktaka ghrita at 6:00 am after bath</td>
<td>Had comfortable Vatanulomana (flatulence)</td>
</tr>
<tr>
<td>20/06/2018</td>
<td>80 ml tiktaka ghrita at 6:00 am after bath</td>
<td>Had comfortable Vatanulomana (flatulence)</td>
</tr>
<tr>
<td>21/06/2018</td>
<td>170 ml tiktaka ghrita at 6:00 am after bath</td>
<td>Had comfortable Vatanulomana (flatulence) and increased appetite. Soft and unctuous bowels.</td>
</tr>
<tr>
<td>22/06/2018</td>
<td>300 ml tiktaka ghrita at 6:00 am after bath</td>
<td>In addition to the above, softness and lightness of body parts.</td>
</tr>
</tbody>
</table>
The snepana was given for four days and stopped. The patient was made to take khichdi as a regular diet during the procedure. Abhyanga with Karanja oil followed by Aragwadha and Karanga patra parieseka sarwanga was planned for three days. The virechana therapy was given on 25/06/2018 in which 75 gm of Trivrit (Operculina turpethum) avaleha and 150 ml Nimbamritam Eranda taila were administered while Ushnodaka pana was advised at an interval of 15 to 20 min. After virechanakarma, the patient passed stool 19 times (vegas). Various symptoms like increased appetite, lightness of the body and feeling of weakness were also observed. Nineteen vegas were obtained indicating Madhyam shuddhi (medium level of purification). No complication occurred after virechana and during samsarjana karma. Peyadi samsarjana for five days was advised. Determined as a madhyam suddhi, the patient was advised to follow the peyadi samsarjana.

The patient was given Kaishore guggulu (500 mg) one dose thrice a day, Laghu Sutshekhar vati one dose thrice a day, Mahamanjisthadi kashayam (three teaspoons thrice a day) and Amalaki churna (one teaspoon before sleep time at night with lukewarm water for 3 days) and Karanja taila for local application. The patient was followed up after 15 days to access for the confirmation of samyak deepana pachana lakshana.

RESULTS

There was improvement in the skin lesion, which was erythematous papules skin lesion, with discharge and wet appearance (Fig. 1). After rukshana therapy, a marked reduction in erythema, scaling and discharge was noticed. Few wetty appearance spots were seen (Fig. 2). During Snehapana therapy, proliferation of the new skin layer started with reduced pain, itching sensation and discharge was seen (Fig. 3). The scaling layer of the skin was markedly reduced after Abhayanga therapy (Fig. 4). After 10 days of treatment, the acute inflammation was reduced with no discharge. The old dead scaly layer was dried out and scaled off and markedly reduced edema. Pain and itching sensation were reduced whereas no evidence of erythema was found (Fig. 5).

![Fig. 1. Presentation as on 5/06/2018 showing skin lesion](image1)

![Fig. 2. Presentation as on 18/06/2018 showing improvement](image2)

![Fig. 3. Presentation as on 20/06/2018 showing proliferation of the new skin layer](image3)
DISCUSSION

Virechana is one of the Panchakarma procedures having less complication and stress than others, yielding higher benefits in almost all types of disorders. Each and every step included in the whole procedure of Virechana has their own importance in maintaining health and curing diseases.

The symptoms of Bahu Dosha are usually treated with Shodhana procedure. If it is associated with Ama, then Shodhana can only be done after Pachana of Ama, which can be achieved by Dipana, Pachana and Svedana measures (Acharya, 2002). Persons who are Sneha Satmya, first Rukshana Chikitsa is to be done and after that Virechana has to be executed. Clinical features manifestation like Kandu, Pidaka, Shyavata and Bahusrava are seen. In acute cases, the wet eczema is seen. Intactness of skin and rupture of skin takes place and watery discharge is seen. Kushta is Shodhana Pradhana Vyadhi and Vicarcika which is one among the Kshudra Kushta even will be benefitted by repeated Shodhana (Gupta, 1987).

Virechana was planned because Virechana is the best modality for kushta treatment. Virechana is best to remove the avarana of vaata by kapha. Before virechana, rookshana was done with Triphala kwath while Sarvanga Parisekh was done with Aragwadha and karangapatra because rookshana would be the procedure of choice to remove Kapha avarana. Aragwadha was chosen for the removal of the local dosha Dhathu Dusti by its sodhana action i.e. the srava hara, shopha, shoola, daha hara and kandughna properties. There are other formulations of Aragwadaha like Kashyaya, Varti, Kalka, Rasakriya, Avachurnana, etc. (Murthy, 2004). Pariseka with Aragwadha Kvatha for Shodhana of Vrana is mentioned in Ayurveda.

Laghusutsekhar vati and Gandhaka rasayana are Pittasamana and reduce allergic reaction. Pancha tikta Kashaya (five herbal ingredients decoction with bitter in taste) is tikta rasa Pradhan, constituting Vayu (air) and Akasha (ether) and is Kaphasaamaka. Sneha is able to increase the quantity of Dosha at the site of disease due to Kledana property. It loosens and softens the Dosha, increases the liquidity, directs the Dosha towards Koshta can penetrate the microchannels and removes the Dosha from anywhere.

After completion of Snehapana (internal administration of medicated Sneha, a gap is kept for Abhyanga and Swedana to bring the Manda Kapha stage, which is necessary for Samyak Virechana. Sneha and Kapha are having the same Gunas. It means Sneha administered as Purva Karma increases Kapha by its property. If Virechana is carried out just after Snehapana, then there are chances of Pravahiya, Gaurava and Grahani like condition as Kapha masks the Grahani and it may even cause Vamana instead of causing Virechana, since there is Kapha utkleshavastha. Virechana Aushadhi should be administered after the passing of Kapha Kala.

Virechana helps in eliminating Pitta followed by Kapha and Vata as well tolerated by the patient. On follow up, Kaishora guggulu (500 mg) one dose thrice a day, was advised considering its action on Vata and Pitta. Trivrit avaleha has kaphapittahar properties and the patient can tolerate it. Eranda is best to remove the vata (Acharya, 2002)

Selection of treatment procedure/ medicine

First ruksha and then snehana was done. Roookshana was adopted first to alleviate kapha. Average of 5 days was required to achieve Samyak Snigdha Lakshana in this Madhyama Koshti patient. After Snehapanah, there is an increase in Kapha, so,
it is difficult to carry out Virechana in such a state. Hence, for Kapha Samana, a three days time gap is necessary. Thereafter, the process of Virechana was carried out. Virechana is indicated for the treatment of kaphaavruta vata and also in the management of vicarica.

Oral medications were selected on the basis of the properties of ingredients in the respective formulations that help in pacifying the aggravated pitta-kapha dosha keeping the vata in control. Samsarjana Krama further significantly relieved Kandu. Since Vicharchika is a Kapha Pradhana Vyadhi, Virechana was incapable of eliminating the vitiated Kapha. In majority of the patients, Kandu persisted even after Virechana but to a smaller extent, during observation period i.e. after Samsarjana Krama, the intensity of Kandu decreased. In Pidika, excess Kleadata and Dravamsha is removed by Virechana. Vaivarnya Bhrajaka Pitta Shodhana occurs resulting in formation of Snigdha and normal colour of skin Srava, Rukshata, Ruja improvements were observed.

The patient presented with bilateral itching pedal edema where Kapha plays a predominant role, demanding Rukshana chikitsa. Following the condition of the patient was good. Itching sensitivity was remarkably reduced. It is time to update this review to take into account new evidence that has emerged in relation to treatment modality of Ayurveda therapy and herbal medications. Furthermore, there has been no systematic evaluation of the effectiveness and safety of the different formulations for eczema.

CONCLUSION

Repeated Shodhana is indicated in Kushta due to involvement of Bahudosha, which even holds good for Vicharchika. Ayurvedic treatment approaches followed in the current case including Rukshana, snehana and virechana are beneficial in treating Vicarica. Such approaches may be taken into consideration in large scale populations to evaluate the efficacy through well designed protocols.

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CONFLICTS OF INTEREST

The authors declare that there is no conflict of interest regarding the publication of this article.

REFERENCES


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