



Case study

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.

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INTRODUCTION

Skin eruptions and itching with oozing are the common conditions in *Vicarcika* (Yadav, 2001). It is one among the *Kshudra kushtha*. *Tvacha*, *Rakta*, *Mamsa* and *Lasika* 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 kushtha*, is a *raktaj vikara* (blood disorder). However, *Ashtanga Hridaya*, a classical text of Ayurveda, describes *Vicarchika* as a minor skin disease (*kshudra kushtha*). According to Ayurveda, *Vicarchika* is a curable skin disease (*sadhya kushtha*). 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 *Pramana* (measurement of body organ) of the patient were *madhyam* (moderate) was normal in condition.

Asthavidha pareeksha (Eight-fold examination)

Nadi (pulse), *mutra* (urine) and *shabda* (voice) were normal. Bowels were regular, *jihwa* (tongue) was *Anupalepa* (non-coated), *sparsha* (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 *Snepana* was started with *tiktaka ghrta*. All treatments except *Triphala kwath avagaha* (bilateral foots) were stopped.

Table 1. Ayurveda medicines given to the patient

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

Table 2. Schedule of *Snehapana* with *Tiktaka ghrta*

Date	Dose	Symptoms observed
19/06/2018	50 ml <i>tiktaka ghrta</i> at 6:00 am after bath	Had comfortable <i>Vatanulomana</i> (flatulence)
20/06/2018	80 ml <i>tiktaka ghrta</i> at 6:00 am after bath	Had comfortable <i>Vatanulomana</i> (flatulence)
21/06/2018	170 ml <i>tiktaka ghrta</i> at 6:00 am after bath	Had comfortable <i>Vatanulomana</i> (flatulence) and increased appetite. Soft and unctuous bowels.
22/06/2018	300 ml <i>tiktaka ghrta</i> at 6:00 am after bath	In addition to the above, softness and lightness of body parts.

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 *Karanja 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, *Mahamanjithadi 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



Fig. 2. Presentation as on 18/06/2018 showing improvement



Fig. 3. Presentation as on 20/06/2018 showing proliferation of the new skin layer



Fig. 4. Presentation as on 25/06/2018 showing the improvement in scaling layer of the skin



Fig. 5. Final observation as on 27/06/2018 showing reduced edema

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 Dosh*a 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 *Pravahika*, *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 *Snehapana*, 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 *vicarcika*.

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 *Kledata* 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 *Bahudoshha*, which even holds good for *Vicharchika*. Ayurvedic treatment approaches followed in the current case including *Rukshana*, *snehana* and *virechana* are beneficial in treating *Vicarcika*. 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.

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