



## Effect Of Classical *Virechana Karma* In The Management Of Chronic Eczema ( *Kshudra Kushta*)- A Single Case Study.

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### Abstract

46 years old male patient came to OPD of *Panchakarma*, department of N.I.A complains of skin eruptions on both palm. with burning sensation, sever itching, pain, thick pus discharge, discoloration of skin, cracks, Dryness on affected area, redness of skin of both upper limb and face since 6 years. It was diagnosed case of chronic dyshydrotic eczema( Pompholyx).

In Ayurveda the case is considered as *kshudra kushta*. *Kushta* is also a *Raktapradoshaj vikar*. *Virechana karma* is indicated in *Kushta*, *Raktapradoshaja vicar*. Hence patient was treated with classical *Virechana karma* followed by *shamana Aushadhi* such as *Kaishor Guggulu*, *Arogyavardhini vati*, *Mhatikta Ghrita*, *Khadirarishta* etc. This treatment has shown excellent result as lesions were resolved, Redness, dryness, itching, burning sensation, pain, were reduced, there is no relapse of symptom for 6 month.

**Keywords:** chronic dyshydrotic eczema, *kshudra kushta*, *Raktapradoshaj vikar*. *Virechana karma*

### Introduction:

Skin complaints affects all ages from neonates to elderly and cause harm in number of ways discomfort, disfigurement, disability<sup>[1]</sup>. Skin diseases are very common, Eczema or dermatitis is one of the common inflammatory skin disease that affects about 20% of children and 3% of adult<sup>[2]</sup>. Eczema is of two types exogenous and endogenous, acute and chronic Eczema<sup>[3]</sup>. Clinical Features of Acute Eczema are Redness, Swelling usually with ill defined margins. Papules, Vesicle and more rarely large blisters, Exudation and cracking, Scaling Chronic Eczema - It may show all of the features Acute Eczema though it is usually less vesicular and exudative. Lichenification, dry, leathery, Fissure and scratch marks, Pigmentation.

Present study deals with case of 46 years old male patient suffering from skin disease of both palms since 6 years. It was diagnosed case of chronic dyshydrotic eczema( Pompholyx). Dyshydrotic eczema is a distinctive, chronic, relapsing, vesicular, eczematous dermatitis setiology, It affects young adults and is characterized by sudden crops of highly pruritic, deep seated sago like vesicles on the palms, sides of fingers and /or soles. The disease may be isolated, asymmetrical or bilaterally symmetrical. Vesicles resolve slowly over 1-3 week<sup>[4]</sup>. Though patient was treated with moderate topical steroids, oral administration of steroid, methotraxate etc, but he was suffering from the same complaints.

In Ayurveda skin diseases are considered under the entity of *kushta*. *Kushta* is also *Raktapradoshaj vikar*. *Virechana karma* is indicated in *Kushta*<sup>[5]</sup>, *Raktapradoshaja vikar*<sup>[6]</sup>

Hence patient was treated with classical *Virechana karma* followed by oral administration of *shamana Aushadhi* such as *Kaishor Guggulu*, *Arogyavardhini vati*, *Mhatikta Ghrita*, *Khadirarishta* etc.

## **Method:**

### Single Case Study.

#### Clinical Intervention.

A male patient aged 46 years came to OPD of *Panchakarma*, department of N.I.A. , jaipur having registration number – 95562 with complains of skin eruptions on both palm with burning sensation, sever itching, pain , thick pus discharge, discoloration of skin, cracks, Dryness on affected area, redness of skin of both upper limb and face.

Patient presented with 6 years h/o insidious onset of boils on both palm and along the line of fingers, gradually it develop pus, patient had sever burning sensation, itching and pain , patient got relief in burning sensation, itching and pain on exudation of thick pus, then it became dry and cracks were left behind. Patient also had itching, mild redness in both upper limb and face, marked dryness in skin of whole body, he gets depressed due to difficulty in doing routine work, Patient regularly taking allopathy medicines but again there is a relapse of symptoms.

**Associated Complains** : Anxiety, Depression, Loss of appetite, Dryness of mouth, increased thirst.

**History of present illness** – Patient presented with 6 years h/o insidious onset of boils on both palm and along the line of fingers, gradually it develop pus, patient had sever burning sensation, itching and pain , patient got relief in burning sensation, itching and pain on exudation of thick pus, then it became dry and cracks were left behind. Patient also had itching, mild redness in both upper limb and face , marked dryness in skin of whole body ,he gets depressed due to difficulty in doing routine work ,Patient regularly taking allopathy medicines but again there is a relapse of disease.

**Occupational History** - Patient is working as master mason(*Rajmistri*) since 15 years, Patient realized that on contact with different types of cement material he developed all above symptoms.

**Family History** : Not significant.

#### **General Examination :**

-	Pulse	: 68/min
	Blood Pressure	: 110/70mmhg
	Pallor	: ++
	Icterus	: -ve
	Clubbing	: -ve
	Cyanosis	: -ve

#### **Examination.**

Cardiovascular System	-	Normal
Respiratory System	-	Normal
Per Abdomen	-	Normal

#### **In Ayurveda**

<i>Dosha</i>	-	<i>Pitta-Kapha</i>
<i>Dushya</i>	-	<i>Rasa –Rakta, mamsa, Twacha</i>
<i>Agni</i>	-	<i>Mandagni</i>
<i>Adhithan</i>	-	<i>Twacha, Rakta , Mamsa, Lasika</i>
<i>Vyaktasthan</i>	-	<i>Twaka</i>

#### ***Srotas Dushti Lakshana***

*Rasavaha* - *Aruchi, Asyavairasya, Krishangata*

*Raktavaha* - *kustha, Pidaka.*

*Udakavaha – Trishna, Mukhashosh.*

*Annavaaha - Anaannaabhilashnama, Arochaka.*

*Swedavaha- Twachparushya.*

### Examination of Lesion

Shape - irregular

Distribution area – Exposed Area

Border - Diffused

Spreading pattern – Symmetrical

As per *Ayurveda* - Shweta Varna , Khara Sparsha, Ghana sravaana,

### Management

A] First upon the patient is advised to avoid contact with different types of cement Material .

### Classical Virechana karma

Preparation of the Patient includes *Deepana, Pachana, Snehapana ,Sarvanga Abhyanga , Svedana*, Administration of *Virechana Yog*.

#### a) *Deepana and Paachana*

*Deepana Pachana* was done with *Ajmodadi Churna* <sup>[7]</sup> .3gms TDS with lukewarm water for for 5 days, till the *Niramalakshana* appear.

#### b) *Snehapana*

*Snehapana* was done with *Mahatikta Ghrita* , after complete digestion of previous day diet it was administered in higher dose everyday in early morning depending upon *Agni* and *Koshtha* for a period of 3 to 7 days, till the *Samyak Snigdha Lakshana* appears .

### Table no 1

Days	Dose
1 <sup>st</sup>	30ml
2 <sup>nd</sup>	70 ml
3 <sup>rd</sup>	110 ml
4 <sup>th</sup>	160 ml

Patient is advised to take warm water for drinking and to avoid exposure to excessive wind, sunlight,emotional exacerbation etc.

#### c) *Sarvanga Abhyanga and Svedana*

After *Samyak Snigdha Lakshana* appears a gap of three days was given prior to administration of *Virechana yoga* and during these days *Sarvanga Abhyanga* followed by *Svedana* was carried out.

#### d) *Diet during Vishramakala*

Diet containing *Jangala Mamsa Rasa, Yusha* with *Snigdha, Laghu, Ushna* quality and *Kapha Avridhikara Ahara*. According to Sushruta, on the previous day of *Virechana Laghu Ahara, Phalamla, Ushnodaka* <sup>[8]</sup> should be given.

### *Virechana Yoga*

*Trivrita Leha* <sup>[9]</sup> 60 gm + *Nimba-amritadi Eranda taila* 40ml.

Total 20 Vega on administration of *Virechana Yoga*, it was *Kaphant Virechana*, patient felt lightness in the body, *kshudhapravritti*,

### **Pascchat karma**

– *Samsarjana Krama* specific diet schedule was followed for 5 days according to *Shuddhi*.

### **Shamana Aushadhi**

1. *Kaishor Guggulu*<sup>[10]</sup> - 2 tabs (each tab 250 mg) TDS
2. *Arogyavardhini Vati*<sup>[11]</sup> -2tabs BD
3. *Amalki churna* 3gm+*Vidanga Churna*( 2gm) +*Shudhha Gandhaka* (500mg)- BD
4. *Mahatikta Ghrita*<sup>[12]</sup> - 20 ml BD with milk
5. *Jivantyadi Ymakam*<sup>[13]</sup> for local application
6. *Khadirarishta*<sup>[14]</sup>- 10 ml BD

### **Discussion**

*Kushtha* is always originating due to provocation of all three *Doshas* and *dushit Twacha*, *Rakta Dhatu*, *Mamsa Dhatu*, and *Sharirastha jaliya ansha*<sup>[15]</sup>. Charaka opines at this context that most dominant symptoms of the *Dosha* should be tackled first and later the associated symptoms and their causative *Dosha* should be treated<sup>[16]</sup>. *Kushtha* has specific *nidan* hence *nidanparivarjan* is the first step of *chikitsa*, the patient is master mason, had regular contact with different chemicals, during treatment patient strictly avoid contact with such chemicals, which are *agantuj hetu* may help to restrict basic pathogenesis of the diseases. On the basis of symptomatology the present case is considered as *Kshudra kushta* with *Pitta Dosha Pradhanya* and *kapha Dosha anubandha*, *Virechana karma* is indicated in *Kushta*, *Virechana* pacify vitiated *Pitta Dosha* and also help in eliminating vitiated *kapha dosh*, also corrects *Dushit Rakta Dhatu*, causes *Vatanuloman*, *Srotoshodhana*, thus burning sensation, pus formation, itching, pain were reduced. Oral administration of *Shamana Aushadhi* which are *Raktapitta shamak*, *Varnaprasadak* and also work as *Rasayan* which help to cure disease and also restrict relapse of symptoms.

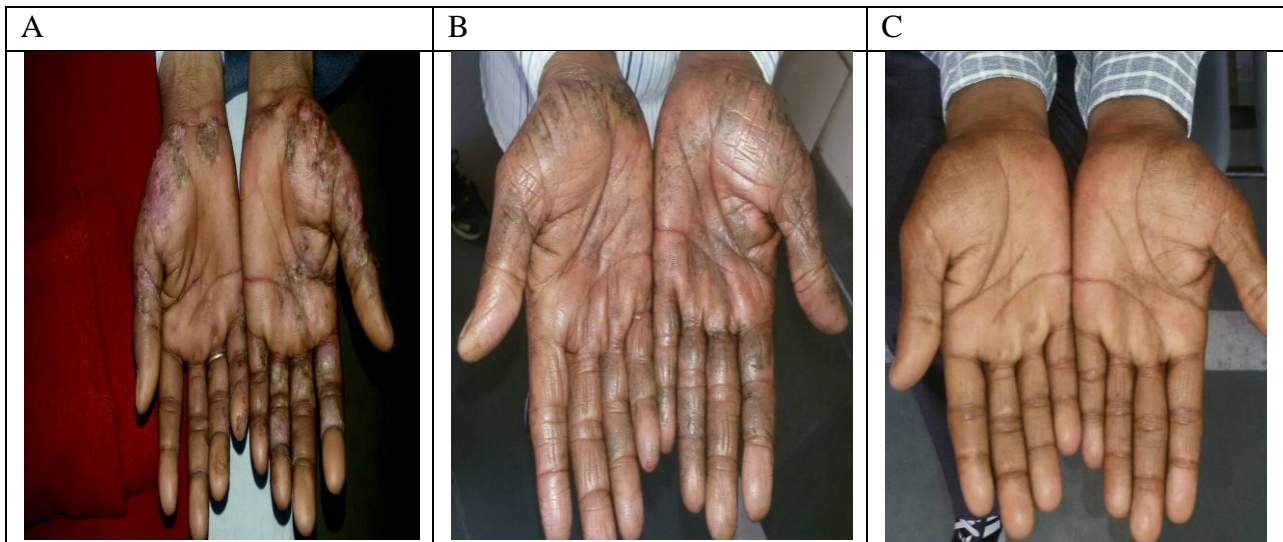
Eczema or dermatitis is inflammation with spongiosis. Spongiosis is intercellular oedema in the epidermis. This is accompanied by perivascular lymphatic infiltrate<sup>[17]</sup>. *Virechana* is basically cleansing in nature it clears channels of transportation. Lots of fluid will be excreted which may help to reduce oedema by eliminating inflammatory mediator thus symptoms gets reduced.

### **Result**

1. Lesions were completely resolved
2. Marked Relief found in burning sensation and itching.
3. No pain in affected area.
4. No relaps of skin eruption on both palm and other symptoms.
5. Redness, dryness and itching on both upper limb and face was completely corrected.

### **Conclusion**

It can be concluded from present case study that classical *Virechana Karma Followed by Shamana Aushadhi* is highly effective in the management of Chronic Eczema (Dyshydrotic Eczema) *Kshudra Kushta*.



**Fig. A. Before treatment,**

**B. After treatment,**

**C. After follow up**

**A.** Before treatment.

**B.** After Virechana karma followed by oral administration of Shamana aushadhi for 15 days. Then patient continue the Shamana aushadhi for 45 days.

**C.** After follow up of 4 month.

## Referances

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