A COMPARATIVE CLINICAL STUDY ON VICHARCHIKA VIS-À-VIS ECZEMA

Maurya Pradeep¹ A.S. Prashanth² Chavan S.G.³
¹P.G.Scholar, ²Prof. & Head, ³Prof. & Guide, Department of Kayachikitsa, Ayurveda Mahavidyalaya, Hubli, Karnataka, India

Abstract

The skin is the largest organ of the body with three main functions: protection, regulation and sensation. It is an important sense organ which provides tactile sensation and help, by not only protecting inner sensitive organs but also by performing various functions like temperature regulation, moisture control and it also protects the skin from harmful ultraviolet radiations. A clinician, in day to day practice, is confronted with various skin ailments that are complicated not only to treat but as well as to cure which require prolonged duration of treatment. "Vicharchika” is the most common skin disease and is most prevalent among the rural and urban population. It has been correlated with Eczema in the modern science because of the presenting symptoms such as Atikandu (Severe Itching), Shyava (Blackish Discolouration), Raji (Lichenification of skin), Ruja (Pain) etc. Here, an effort has been made to study and understand the role of Virechana karma, along with shamanoushadhi like Amrita Guggulu and Ekavimshati Guggulu in the management of Vicharchika.

Keywords: Vicharchika, Eczema, Virechana Karma, Amrita Guggulu, Ekavimshati Guggulu

INTRODUCTION

Skin is the largest organ of the body which interacts with the physical, chemical and biological agents of the environment. It acts as a mirror that reflects the internal and external pathology and thus helps in the diagnosis of certain diseases. It acts as a barrier to certain micro-organisms and the removal of the toxins to the possible extent. Among the various chronic diseases, skin disorders have a unique position irrespective of the time and climatic conditions, which has a World-wide spread.

All the skin diseases in Ayurveda have been highlighted under the title “Kustha”. In Ayurveda, the disease Kustha is considered as Bahu Doshavastha [1] since ‘Saptako Dravya Sangraha’ [2] are responsible for the manifestation of the different types of Kustha. Hence, as a Vyadhi Pratyaneeka Chikitsa, Shodhana is advised to purify the body systems and channels. Kustha, is one among the Ashta Mahagada [3] and it affects the Tridosha’s, Twak, Rakta, Mamsa and Lasika [4] which makes it difficult to treat. "Vicharchika” is the most
common skin disease and is most prevalent among the rural and urban population. Vicharchika has been correlated to Eczema in the modern science because of the presenting symptoms such as Atikandu (Severe Itching), Shyava (Blackish Discolouration), Raji (Thickening, Lichenification of skin), Ruja (Pain) etc. 

Eczema affects the people of all age groups irrespective of sex, religion, socio-economic status etc. Research studies reveal that it is the most common type of dermatosis accounting for about 22% of the participants and among them almost 60% of the sufferers are Females.\(^5\)

"SaKandu pidika syavabahuvarava vicharchika\(^7\)"

Which states that the skin disease where eruptions over the skin appear with dark pigmentation and itching with profuse discharge from the lesion. Acharya Charaka has mentioned symptoms like Kandu, Pidika, Srava and Shyava Varna in Vicharchika. "Rajyoatilkanduatirujasarukshabhavant igatresuvicharchikayama\(^8\)"

Vicharchika is a dry type of lesion with Raji, Atikandu and Vedana mainly occurring at the Pani-pada. In the Ayurvedic treasure of classics, the description of 18 types of Kustha has been mentioned which are divided under Mahakustha as 7 and Kshudrakustha as 11.\(^9\) Vicharchika is included under Kshudrakustha\(^10\) which has specific features like Daha, Kandu, Srava and Pidika that arise mainly due to vitiation of Kapha Dosha.\(^11\)

Shabdakalpadruma has mentioned the main features found in Vicharchika as cracking of the skin which mainly occurs over the hands and legs.\(^12\)

Acharya Charaka, Sushruta and Vagbhata have categorized Vicharchika differently. Generally all types of Kustha are stated to be Tridoshaja\(^13\) in origin and hence, Vicharchika can also be considered in the same manner. Here, the features like Kandu (itching), Daha (burning) and Shyava indicate the presence of the particular Doshas like Kapha, Pitta and Vata. Acharyas have described the predominance of Tridoshas in Vicharchika differently like Kaphaja Pradhana Vyadhi by Charaka, Pittaja Pradhana Vyadhi by Sushruta and Vata-Pittaja Pradhana Vyadhi by Madhava Nidana.

According to Ayurveda, the word Kustha (pertaining to skin) in broad sense, means, one which discolours or depigments the Deha (body).\(^14\)

**OBJECTIVES OF THE STUDY**

1. To assess the role of Virechana Karma along with Shamanoushadhi Amrita Guggulu, & Kusthaghna Kashaya with Karanjadi Taila for external application in Vicharchika in Group A.

2. To assess the role of Virechana Karma along with Shamanousadhi Ekavimshati Guggulu & Kusthaghna Kashaya with Karanjadi Taila for external application in Vicharchika in Group B.
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3. To compare the efficacy of Virechana Karma along with Shamanoushadhi in Group A and Group B.

4. To study Vicharchika according to Ayurveda and Eczema according to Modern in detail.

RESEARCH DESIGN
A Comparative Clinical Study

MATERIALS AND METHODS

1. Amapachana with Hareetaki Choorna
2. Snehapana with Khadiradi Ghrita
3. Abhyanga with Karanjadi Taila
4. Virechana with Manibhadra Guda
5. Amrita Guggulu and Ekavimshati Guggulu as Shamanoushadhi.
6. Kushthaghna Kashaya as Anupana

INCLUSION CRITERIA

1. Subjects of Vicharchika on the basis of lakshana's as per diagnostic criteria.
2. Subjects of either sex between the age group of 20 to 60 years.
3. Subjects fit for Virechana Karma

EXCLUSION CRITERIA

1. Subjects Unfit for Virechana Karma.
2. Subjects with Uncontrolled DM & HTN.
3. Subjects with Uncontrolled Metabolic disorders and other Systemic disorders.
4. Subjects with HIV, HBsAg, Tuberculosis & STD.
5. Pregnant lady and Lactating mother.

DIAGNOSTIC CRITERIA: The patients were diagnosed entirely based on the signs and symptoms of Vicharchika mentioned in Ayurvedic classics and Modern books.

- Vaivarnya
- Raji
- Srava
- Kandu
- Ruja
- Pidika

I. Subjective Parameters
- Raji
- Srava
- Kandu
- Ruja
- Pidika

II. Objective Parameters
- Vaivarnya (Discoloration)
- Size of lesion
- Site of lesion
- Photography (Before Treatment and After Treatment)

ASSESSMENT CRITERIA:
The following Objective criteria were graded and analyzed.

1. Kandu (Itching)
2. Srava (Discharge)
3. Vaivarnya (Discolouration)
4. Ruja (Pain)
5. Pidika (Eruption)
6. Raji (Thickening, Lichenification of skin)
7. Sites of lesion
8. Size of lesion:

The area of skin lesions were measured by counting the area of square centimetre.

Change in the signs and symptoms of Vicharchika before and after treatment.

9. Photography (Before Treatment and After Treatment)
OVER ALL ASSESSMENT | GRADE OF IMPROVEMENT
--- | ---
Complete relief | 100% improvement
Marked relief | - 76%-99% improvement
Moderate relief | - 51%-75% improvements
Mild relief | - 25%-50% improvement
No relief | - less than 25% improvement

INTEREVENTION

**GROUP A**

**AMAPACHANA**
Hareetaki Choorna–(Till Nirama lakshana were seen)
Matra: 5grams BD with Ushna Jala, before food.

**POORVA KARMA**

**SNEHAPANA**
Khadiradi Ghrita - (Sadyo Snehapanana)
Matra: Madhya Matra (As per Agni bala and Koshta of the patient)

**ABHYANGA AND ATAPA SEVANA**
Karanjadi Taila

**PRADHANA KARMA**

**VIRECHANA**
Manibhadra Guda
Matra: As per Koshta of the patient

**PASCHAT KARMA**

*Samsarjana Krama* depending on Vega/Shuddhi attained

**SHAMANOUSHADHI**
Amrita Guggulu
Matra: 500 mg (Twice a day), after food
Anupana: Kusthaghna Kashaya

**DURATION**
45 Days

**TOTAL DURATION ON THE STUDY**
60 Days

**GROUP B**

**AMAPACHANA**
Hareetaki Choorna–(Till Nirama lakshana were seen)
Matra: 5grams BD with Ushna Jala, before food.

**POORVA KARMA**

**SNEHAPANA**
Khadiradi Ghrita - (Sadyo Snehapanana)
Matra: Madhya Matra (As per Agni bala and Koshta of the patient)

**ABHYANGA AND ATAPA SEVANA**
Karanjadi Taila

**PRADHANA KARMA**

**VIRECHANA**
Manibhadra Guda
Matra: As per Koshta of the patient

**DURATION**
45 Days

**TOTAL DURATION ON THE STUDY**
60 Days
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PASCHAT KARMA

_Samsarjana Krama_ depending on _Vega/Shuddhi_ attained

<table>
<thead>
<tr>
<th>SHAMANOUSHADHI</th>
<th>Ekavimshati Guggulu</th>
</tr>
</thead>
<tbody>
<tr>
<td>Matra: 500 mg (Twice a day), after food</td>
<td></td>
</tr>
<tr>
<td>Anupana: Kusthaghna Kashaya</td>
<td></td>
</tr>
</tbody>
</table>

**DURATION**: 45 Days

**TOTAL DURATION ON THE STUDY**: 60 Days

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### EFFECT OF THERAPY ON SUBJECTIVE AND OBJECTIVE PARAMETERS OF VICHARCHIKA IN GROUP A.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>BT Score</th>
<th>AT Score</th>
<th>MEAN</th>
<th>% Relief</th>
<th>SD</th>
<th>SE</th>
<th>T Value</th>
<th>P Value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAJI</td>
<td>36</td>
<td>11</td>
<td>1.25</td>
<td>69.45%</td>
<td>0.7162</td>
<td>0.1602</td>
<td>7.802</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>SRAVA</td>
<td>21</td>
<td>5</td>
<td>0.8</td>
<td>76.2%</td>
<td>0.8944</td>
<td>0.2000</td>
<td>3.99</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>KANDU</td>
<td>44</td>
<td>8</td>
<td>1.8</td>
<td>81.82%</td>
<td>0.3783</td>
<td>0.0840</td>
<td>21.23</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>VAIVARNYA</td>
<td>41</td>
<td>15</td>
<td>1.3</td>
<td>63.42%</td>
<td>0.732</td>
<td>0.1630</td>
<td>7.93</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>RUJA</td>
<td>17</td>
<td>3</td>
<td>0.7</td>
<td>82.36%</td>
<td>0.655</td>
<td>0.1460</td>
<td>4.77</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>PIDIKA</td>
<td>36</td>
<td>8</td>
<td>1.4</td>
<td>77.78%</td>
<td>0.598</td>
<td>0.1330</td>
<td>10.46</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>SIZE OF LESION</td>
<td>50</td>
<td>19</td>
<td>1.55</td>
<td>62%</td>
<td>0.604</td>
<td>0.1350</td>
<td>11.45</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>SITE OF LESION</td>
<td>45</td>
<td>23</td>
<td>1.1</td>
<td>48.89%</td>
<td>0.852</td>
<td>0.1900</td>
<td>5.77</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
</tbody>
</table>

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### EFFECT OF THERAPY ON SUBJECTIVE AND OBJECTIVE PARAMETERS OF VICHARCHIKA IN GROUP B.

<table>
<thead>
<tr>
<th>Parameter</th>
<th>BT Score</th>
<th>AT Score</th>
<th>Mean</th>
<th>% Relief</th>
<th>SD</th>
<th>SE</th>
<th>T Value</th>
<th>P Value</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAJI</td>
<td>25</td>
<td>9</td>
<td>0.8</td>
<td>64%</td>
<td>0.767</td>
<td>0.171</td>
<td>4.65</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>SRAVA</td>
<td>19</td>
<td>2</td>
<td>0.8</td>
<td>89.48%</td>
<td>0.67</td>
<td>0.15</td>
<td>5.66</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>KANDU</td>
<td>41</td>
<td>11</td>
<td>1.5</td>
<td>73.18%</td>
<td>0.688</td>
<td>0.15</td>
<td>9.74</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>VAIVARNYA</td>
<td>36</td>
<td>15</td>
<td>0.95</td>
<td>58.34%</td>
<td>0.892</td>
<td>0.199</td>
<td>4.75</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>RUJA</td>
<td>15</td>
<td>7</td>
<td>0.4</td>
<td>53.34%</td>
<td>0.67</td>
<td>0.14</td>
<td>2.85</td>
<td>&lt;0.05</td>
<td>S</td>
</tr>
<tr>
<td>PIDIKA</td>
<td>31</td>
<td>2</td>
<td>1.45</td>
<td>93.54%</td>
<td>0.887</td>
<td>0.198</td>
<td>7.30</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>SIZE OF LESION</td>
<td>43</td>
<td>13</td>
<td>1.4</td>
<td>69.77%</td>
<td>0.82</td>
<td>0.183</td>
<td>7.62</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
<tr>
<td>SITE OF LESION</td>
<td>42</td>
<td>15</td>
<td>1.35</td>
<td>64.29%</td>
<td>0.988</td>
<td>0.221</td>
<td>6.10</td>
<td>&lt;0.001</td>
<td>HS</td>
</tr>
</tbody>
</table>
**COMPARATIVE EFFICACY OF THERAPIES ON DIFFERENT PARAMETERS.**

<table>
<thead>
<tr>
<th>Parameters</th>
<th>GROUP- A</th>
<th>GROUP- B</th>
<th>‘t’</th>
<th>SD</th>
<th>P</th>
<th>Remark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>S.D</td>
<td>S.E</td>
<td>Mean</td>
<td>S.D</td>
<td>S.E.</td>
</tr>
<tr>
<td>RAJI</td>
<td>1.25</td>
<td>0.716</td>
<td>0.160</td>
<td>0.8</td>
<td>0.767</td>
<td>0.171</td>
</tr>
<tr>
<td>SRAVA</td>
<td>0.8</td>
<td>0.89</td>
<td>0.20</td>
<td>0.85</td>
<td>0.670</td>
<td>0.15</td>
</tr>
<tr>
<td>KANDU</td>
<td>1.8</td>
<td>0.37</td>
<td>0.084</td>
<td>1.5</td>
<td>0.688</td>
<td>0.153</td>
</tr>
<tr>
<td>VAIVARNYA</td>
<td>1.3</td>
<td>0.73</td>
<td>0.16</td>
<td>0.95</td>
<td>0.89</td>
<td>0.199</td>
</tr>
<tr>
<td>RUJA</td>
<td>0.7</td>
<td>0.655</td>
<td>0.146</td>
<td>0.4</td>
<td>0.67</td>
<td>0.14</td>
</tr>
<tr>
<td>PIDIKA</td>
<td>1.4</td>
<td>0.598</td>
<td>0.133</td>
<td>1.45</td>
<td>0.88</td>
<td>0.198</td>
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<td>0.604</td>
<td>0.135</td>
<td>1.4</td>
<td>0.82</td>
<td>0.183</td>
</tr>
<tr>
<td>SITE OF LESION</td>
<td>1.1</td>
<td>0.852</td>
<td>0.19</td>
<td>1.35</td>
<td>0.988</td>
<td>0.221</td>
</tr>
</tbody>
</table>

**INDIVIDUAL PATIENTS RESULTS OF BOTH GROUPS**

<table>
<thead>
<tr>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT Score</td>
<td>AT Score</td>
</tr>
<tr>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>19</td>
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<tr>
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<tr>
<td>14</td>
<td>4</td>
</tr>
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<td>7</td>
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<tr>
<td>15</td>
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</tr>
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<td>17</td>
<td>5</td>
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<tr>
<td>17</td>
<td>5</td>
</tr>
<tr>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>11</td>
<td>2</td>
</tr>
</tbody>
</table>
RESULTS ASSESSMENT IN BOTH THE GROUP

<table>
<thead>
<tr>
<th>GRADES OF IMPROVEMENT</th>
<th>No. of patients GROUP A</th>
<th>No. of Patient GROUP B</th>
<th>REMARKS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 25%</td>
<td>00</td>
<td>01</td>
<td>No Relief</td>
</tr>
<tr>
<td>26% to 49%</td>
<td>01</td>
<td>03</td>
<td>Mild Relief</td>
</tr>
<tr>
<td>50 to 74%</td>
<td>14</td>
<td>07</td>
<td>Moderate Relief</td>
</tr>
<tr>
<td>75% to 99%</td>
<td>03</td>
<td>05</td>
<td>Marked Relief</td>
</tr>
<tr>
<td>100%</td>
<td>02</td>
<td>04</td>
<td>Complete Relief</td>
</tr>
</tbody>
</table>

PARAMETER SCORE EFFECT OF THERAPY ON INDIVIDUAL SUBJECTS

<table>
<thead>
<tr>
<th>TOTAL PARAMETER SCORING</th>
</tr>
</thead>
<tbody>
<tr>
<td>GROUP A</td>
</tr>
<tr>
<td>BT</td>
</tr>
<tr>
<td>294</td>
</tr>
</tbody>
</table>

The total scoring of the symptoms of 20 patients before treatment in group A was 294 and after treatment, it was 92 and in group B, before treatment the scoring was 252 and after treatment, it was 76. The therapy provided 68.70% relief in group A and 69.84% relief in group B. Scoring parameters were selected for the diagnosis and to assess the changes after the treatment.

DISCUSSION:

In this study, Hareetaki Choorna was selected for Amapachana as it acts as Deepana and Pachana. Khadiradi Ghrita was selected for the purpose of Sadyo Snehapana, in which most of the drugs are Katu, Kashaya and Tiktha Rasa Pradhana possessing Laghu, Ruksha Guna's. It is Tridosha Shamaka especially Kapha Vata Kushtaghna, Krimighna and Kandughna. Karanjadi
taila was selected for Abhyanga which acts as Kandughna, Sravahara, Pidika and Raji Shamaka, Lekhana kara so it reduces the thickening of skin which is present in Vicharchika. Manibhadra Guda was selected for Virechana Karma which possesses the properties like Laghu, Ruksha, Teeksha Guna’s with Ushna Virya, Vyavayi and Vikasi Guna’s which helps in Virechana. Amrita Guggulu is Tridosha Shamaka, Vatapitta Shamaka and Vedana Sthapaka and Ekavimshati Guggulu acts as Deepana, Pachana, Anulomana and Vata Kapha Shamaka. These were selected as Shamanoushadhi along Kushthaghna Kashaya as Anupana. Here, most of the ingredients are Tridoshashamaka, Vatakapha Shamaka which help in the management of Vicharchika.

CONCLUSION

Vicharchika is a disease of agriculturists, housewives, industrial workers who are more exposed to the assault of irritant substances. Vicharchika is Tridoshaja, Kapha Pradhana Vyadhi and has been classified under Kshudrakushtha. It has been correlated with Eczema in the modern science because of the presenting symptoms such as Atikandu (Severe Itching), Shyava (Blackish Discolouration), Raji (Lichenification of skin), Ruja(Pain) etc. As it is a Rakta Pradosha Vikara and due to Bahudoshabhavastha, Shodhana Chikitsa i.e. Virechana is the most suitable treatment for Kushtha. In this study, Virechana along with Shamanoushadhi Ekavimshati Guggulu (Group B) was found to be more effective than Virechana along with Shamanoushadhi Amrita Guggulu (Group A).

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3. Sushrutasamhita, by Priyavrat Sharma, Vyakhyakar Dr. Anant Sharma with Nibandha samgrahavyakhya, 1st part. Chaukambha
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4. Charaka Samhita of Agnivesha, by Vaidya Harish Chandra Kushwaha


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Conflict of Interest: None declared

Corresponding author:
Dr. Maurya Pradeep
P.G.Scholar, Department of Kayachikitsa, Ayurveda Mahavidyalaya, Hubli, Karnataka, India
Email: dr.pradeemauyra89@gmail.com