

AN ARTICLE EFFICACY OF VIRECHANA AND LEPA IN THE MANAGEMENT OF VICHARCHIKA

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ABSTRACT

Beauty is either skin deep i.e. superficial or the purity of soul itself the later which is implied to satwa guna is penultimate and is beyond physical affliction. Complexion, colour etc. Attribute to the healthy status of twak and the humour and the former is mean of sensory perception and the vata dosha prevades in it. People who live in urban areas and in climate with low humidity seen to be at increase risk for developing atopic dermatitis. W.H.O. reveals that more than 75 million people all over the world have this disease. Vicharchika, one of the most common but miserable twak vikara affecting all the age of

population still stands as a challenge to different medical system. Doshadushya sammurchana reveals pathological involvement of pitta and rakta in manifestation of vicharchika. Among shodhana procedure for pitta pradhan dosha and rakta pradhan dushti 'virechana' is the choice of treatment. According to Sushruta if dosha are located in twak, rakta, mamsa first shodana should be done and then go for alpenna, etc. As khadira is said to be the best kusthaghana dravya by almost all the acharayas. So khadira ghita is used as shodhananga snehapana and lepana purposes in this study. In this study 30 patients are selected and divided into 2 groups each having 05 patients. The response observe and evaluate using paired t test to observe pre post significance.

INTRODUCTION

Skin is the most exposed part of the body which remains continuously in direct touch into the outer atmosphere and foreign bodies, physical, chemical, biological environment agents play role in producing the skin disease. Our Acharyas has considered the skin disease under the heading of kushta. This is one of the asta-mahagada also^[2,2] In our science skin disease have

explained as Maha kushta and kshudra kustha. Skin disorder are having prevalence rate of about 05% of world population. Vicharchika is one of kushdra kustha having the dominance of kapha,^[3] pitta and kapha dosha. Vicharchika can be corelated with Eczema in modern parlances. As kustha roga has different and complex type of pathology with different sign and symptoms. Many disease have not any remedies. Some of them are relapsing ot of them. Vicharchika is one which relapsing by its complex pathology. Though various treatments are available in contemporary science they are still not effective in preventing its reoccurrence. Shodana karama plays an important role in the chronic disease which expells the vikrut dosha and strike the route of mala and eradicated. As Virechana is the main treatment for pitta dosha, pitta is associated with vata or kapha.^[4] Virechana is special treatment for rakta pradoshaja vikaras. Acharya Bhela clearly said that vicharchika is virechana sadhya vyadhi.^[5] Virechan followed by lepa on skin provide fast recovery. As Sushruta has expalined in the treatment of kustha 'Twak samprapte shodhnalepanani' means in twakagat kustha shodhana drugs should applied as external application. This study is intended to give the relief of the patients suffering from vicharchika by administrating the both shodhana and lepana. In this study khadira grita expels a huge amount of dravamsha may lead to reduction kandu and srava rookstha is one of the symptom of vicharchika is reducing by using shodhana and lepana of khadira grita.

Table no. 1: Inclusion and Exclusion criteria.

Inclusion criteria	Exclusion criteria
<ul style="list-style-type: none"> ● Patients presenting with classical signs and symptoms of vicharchika like kandu, ruja, srava. ● Both males and females. ● Patient fit for virechan karma ● Patient fit for alepana. 	<ul style="list-style-type: none"> ● Patients suffering from systemic diseases like malignancy, tuberculosis etc. ● Patient below the age of 18yrs and above the age of 60yrs. ● Patient associated with other types of kustha.

MATERIAL AND METHOD

Collection of materials

Khadira grita, murchita tila tail and trivit lehya were prepared as per the classical reference in thr department of Rasa shastra and Bhaishajya kalpana of D.G.M.A.M.C & H GADAG.

Study design

The size of sample was 30 patients. In this study the patient were assign into 2 groups I.e. Group A, Group B, comprising of 15 patients in each group. Grouping was made by random sampling procedure and it is a comparative study.

Source of data

The patients of vicharchika within the age group of 18-60yrs were selected randomly from OPD and IPD of D.G.M.A.M.C. & H GADAG.

Intervention**Group A**

Sample size: 15 Patients

Material: Virechana karma

1. Purva karma

Pachan - Trikatu churna 3 gms tid will be given with ushnodaka before food individed dose until niramavastha.

Snehapana - Khadira grita Arohana karma snehapana according to kostha

Sarvanga abhyanga: Tila taila and

Swedana: Sarvang sweda

2. Pradhan karma- Virechana

Drug - trivit lehya

Dose - accordin g to kostha

3. Paschat karma: Samsarjan karma will be followed according to shuddhi.

Duration of Treatment: 16 days

Post treatment follow ups: 32nd days.

Group B

Sample size: 15 patients

Method: Virechana karma followed by lepana.

1. Purva karma

Pachan - Trikatu churna 3 gms tid will be given with ushnodaka before food individed dose until niramavastha.

Snehapana - Khadira grita Arohana karma snehapana according to kostha

Sarvanga abhyanga: Murchita tila taila and

Swedana: Sarvang sweda

2. Pradhan karma- Virechana karma

Drug - Trivit lehya

Dose - According to kosta

3. Paschat karma: Samsarjan karma will be followed according to shuddhi.

In this group after virechana karma, lepana with khadira grita was done for 16 days on effected area at morning.

Duration of Treatment: 16 days for virechana and 16 days for Alepana.

Post treatment follow ups: 48th day.

Virechana vidhi

1. Purva karma 2. Pradhana karma 3. Paschata karma

1. Purva karma

Trikatu churna 3 gms was given daily before food in divided doses tid according to kosta until niramavastha.

For Snehapana Khadira grita Arohana karma snehapana according to kosta and agni of the individual patient until samyak snigdha laxanas were seen.

On the day of vishramkala I.e. 3 days Abhiyanga using murchita tia taila followed by: Sarvang swedana was done

Snigdha drava and ushana bhojana was advised to the patient.

2. Pradhan karma

On the next day in the empty stomach Trivit lehya was given. The patient was advised to take hot water frequently for proper digestion of virechana oushadi. When the vega were observed, patient was advised to exclude the first two vegas as it contains only mala from next coming vegas were counted. The vegas were calculated, lakshanika shuddhi and ankati was also observed.

3. Paschath karma

According to type of suddhi, samsarjana karma was adopted. Before sending the patient the subjective and objective partameters were absorbed.

Subjective and Objective parameters

Vaivarny (discolouration)

Srava

Kandu

Rookshata

OBSERVATION AND RESULTS

Distribution of patients by incidence of kandu

Group-A

Grade of kandu	Before tretment		After treatment		After follow up	
	No. of patients	%	No. of patients	%	No. of patients	%
Grade 0	00	00	05	33.33%	00	20%
Grade 1	02	13.33%	08	53.33%	08	53.33%
Grade 2	08	53.33%	01	6.66%	06	40%
Grade 3	05	33.33%	01	6.66%	01	6.66%

Group-B

Grade of kandu	Before tretment		After treatment		After follow up	
	No. of patients	%	No. of patients	%	No. of patients	%
Grade 0	00	00	10	66.66%	03	20%
Grade 1	01	6.66%	04	26.66%	08	53.33%
Grade 2	05	33.33%	01	6.66%	03	20%
Grade 3	09	60%	00	00	01	6.66%

Distribution of patients by incidence of vaivarnya

Group-A

Grade of vaivarnya	Before tretment		After treatment		After follow up	
	No. of patients	%	No. of patients	%	No. of patients	%
Grade 0	00	00	00	00	00	00
Grade 1	00	00	02	13.33%	01	6.66%
Grade 2	02	13.33%	06	40%	03	26.66%
Grade 3	13	86.66%	07	46.66%	10	66.66%

Group –B

Grade of vaivarnya	Before tretment		After treatment		After follow up	
	No. of patients	%	No. of patients	%	No. of patients	%
Grade 0	00	00	02	13.33%	01	6.66%
Grade 1	01	6.66%	05	33.33%	03	20%
Grade 2	02	13.33%	06	40%	06	40%
Grade 3	12	80%	02	13.33%	05	33.33%

Distribution of patients by incidence of rookshta**Group-A**

Grade of rookshta	Before tretment		After treatment		After follow up	
	No. of patients	%	No. of patients	%	No. of patients	%
Grade 0	08	53.33%	08	53.33%	08	53.33%
Grade 1	01	6.66%	04	26.66%	04	26.66%
Grade 2	04	26.66%	02	13.33%	02	13.33%
Grade 3	02	13.33%	01	6.66%	01	6.66%

Group-B

Grade of Rookshta	Before tretment		After treatment		After follow up	
	No. of patients	%	No. of patients	%	No. of patients	%
Grade 0	01	6.66%	08	53.33%	07	46.66%
Grade 1	02	13.33%	06	40%	07	46.66%
Grade 2	08	53.33%	01	6.66%	01	6.66%
Grade 3	04	26.66%	00	00	00	00

Disrtibution of patients by incidence of srava**Group-A**

Grade of srava	Before tretment		After treatment		After follow up	
	No. of patients	%	No. of patients	%	No. of patients	%
Grade 0	07	46.66%	12	80%	12	80%
Grade 1	04	26.66%	03	20%	03	20%
Grade 2	04	26.66%	00	00	00	00
Grade 3	00	00	00	00	00	00

Group-B

Grade of srava	Before tretment		After treatment		After follow up	
	No. of patients	%	No. of patients	%	No. of patients	%
Grade 0	14	93.33%	14	93.33%	14	93.33%
Grade 1	01	6.66%	01	6.66%	01	6.66%
Grade 2	00	00	00	00	00	00
Grade 3	00	00	00	00	00	00

DISCUSSION

Total 30 patients divided into 2 groups, undergone the treatment and the results are calculated by comparing the criteria of subjective and objective parameters before and after the treatment. Finally in Group A, among 15 patients 1 (6.66%) patients show good response, 4 (26.66%) patients show moderate response, 6 (40%) patients show mild response, 1 (6.66%) patients show response.

In Group B, among 15 patients, 3 (20%) patients show good response, 9 (60%) show moderate response, 3 (20%) patients show mild response. None of the patients show poor and no response.