

## STUDY ON THE EFFECT OF PRACCHĀN KARMA IN THE MANAGEMENT OF VICARCIKĀ VIS A VIS CHRONIC ECZEMATOUS DERMATITIS

Puja Nayak\*<sup>1</sup> and Anup Baishya<sup>2</sup>

<sup>1</sup>PG Scholar and <sup>2</sup>Associate Professor

Deptt. of Roga Nidan, Govt. Ayurvedic College and Hospital, Jalukbari, Ghy-14, Assam.

Article Received on  
21 May 2020,

Revised on 11 June 2020,  
Accepted on 01 July 2020,

DOI: 10.20959/wjpr20207-18016

### \*Corresponding Author

**Dr. Puja Nayak**

PG Scholar, Deptt. of Roga  
Nidan, Govt. Ayurvedic  
College and Hospital,  
Jalukbari, Ghy-14, Assam.

### ABSTRACT

Vicharcika is one, among all the Kṣudra kuṣṭha. Vicarcikā manifests as Kaṇḍū (itching), Śyāvā Piḍakā (blackish papular eruptions), Bahusrāvā (excessive discharge) in acute stages; Ruḁsata (dryness) and Rāji (lichenification) in chronic stages. Vicarcikā is mainly a kapha-pitta pradhan disease. It can be correlated to Eczematous dermatitis on the basis of symptoms. Eczematous dermatitis is characterized by erythema, vesiculation, oozing in acute stage; sealing and crusting in sub-acute stage; lichenification in chronic stages. Vicarcikā is mainly caused by pitta-kaphakara āhāra-vihāras like of Haritānām i.e. green leafy vegetables, Matsya i.e. fish, Amla Mastu i.e. sour curd, Dadhi i.e. curd, etc. Pracchān karma comes under Raktamokṣaṇa, which is used

in the treatment of duṣṭa raktajanita vyadhi, specially of skin in origin. Keeping this view in mind, in 30 selected patients of chronic eczematous dermatitis, Pracchān karma was done which showed clinically and statistically significant results in many symptoms. The same has been elaborated in the full paper.

**KEYWORDS:** Vicarcikā, Eczematous dermatitis, Pracchān karma.

### INTRODUCTION

Eczema is not a specific disease entity, but a characteristic inflammatory response of the skin to both exogenous and endogenous agents.<sup>[1]</sup> It may be defined as an inflammatory response to a variety of agents acting on skin from outside or from within the body, such as chemicals and drugs, hypersensitivity to various antigens and haptens, etc. Accordingly, clinical subtypes such as contact dermatitis, atopic dermatitis, and drug induced dermatitis, photo-

eczematous dermatitis and primary irritant dermatitis are described. Many idiopathic varieties of skin disorders, such as pompholyx, seborrhic dermatitis, exfoliative dermatitis (erythroderma) and neurodermatitis (lichen simplex chronicus) are also included under Eczema.<sup>[2]</sup> Eczema manifests as erythema, vesiculation and oozing in the acute stage; sealing and crusting in the sub-acute stage; lichenification (hyperpigmentation), accentuation of skin markings and thickening of the skin in chronic stage.<sup>[3]</sup>

‘Eczema’ is a Greek word; it originates from the Greek word ‘Ekzein’. Here ‘Ek’ means ‘out’ and ‘zein’ means ‘boil’. Thus, the whole word ‘Eczema’ means ‘to boil out’, ‘to break out’ or ‘something thrown by heat’.<sup>[4]</sup>

In Ayurveda, Eczematous dermatitis can be closely related to Vicarcikā. Vicarcikā is mentioned by our Ācāryas as one among the 11 Kṣudra Kuṣṭhas.<sup>[5, 6, 7]</sup> Vicarcikā is said to manifest the following lakṣaṇas (symptomatology) - Kaṇḍū (itching), Piḍakā (popular eruptions), Śyāvā (blackish discoloration/hyperpigmentation), Bahusrāvā / Lasikadhya (discharge), and these presentations are also found in eczematous dermatitis.<sup>[8, 9, 10]</sup>

As Kuṣṭha has been considered as one among the Rakta-pradoṣaja vikāras, so Vicarcikā can also be considered as one among the Rakta-pradoṣaja vikāras which mainly occurs due to excessive intake of pitta and kapha vridhikara ahara and viharas.<sup>[11, 12, 13]</sup> It should be treated by Rakta-pitta nashak cikitsa like Virechan, Upavasa and Raktamokshan.<sup>[14]</sup> So, PRACCHĀN KARMA which is one of the Raktamokshan procedures can be used in the management of Vicarcikā.

Pracchān karma is a sa-sastra type of raktamokshan i.e. bloodletting (which is one of the samsodhana karma) is done with the help of sastras or instruments. As mentioned in the Aṣṭanga Hṛdayam, Pracchān karma should be done in the following way- above to the site that is selected for Pracchān karma, should be tied tightly either with a rope or a leather strap. Tendons, joints, bones and vital spots are avoided and Pracchān should be done from below upwards, the incision being neither too deep, too wide or sideways.<sup>[15]</sup>

## PURPOSE OF STUDY

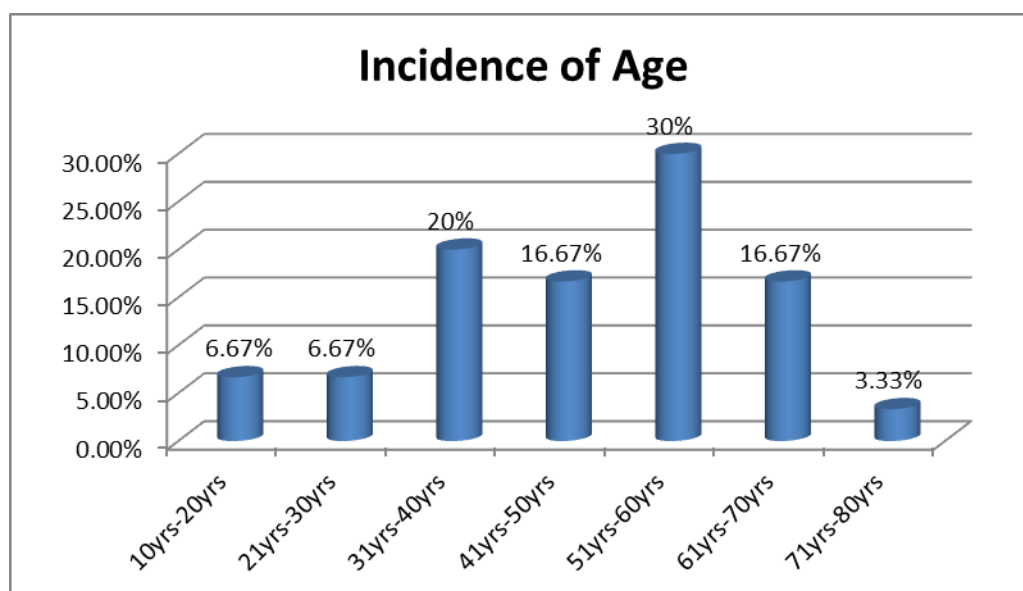
- To study the aetiopathogenesis of Vicarcikā vis a vis eczematous dermatitis and to find out the common nidanas which are most commonly responsible for the causation of these diseases.

- To study the effect of Pracchān karma on Vicarcikā vis a vis Eczematous dermatitis.

## MATERIALS AND METHOD

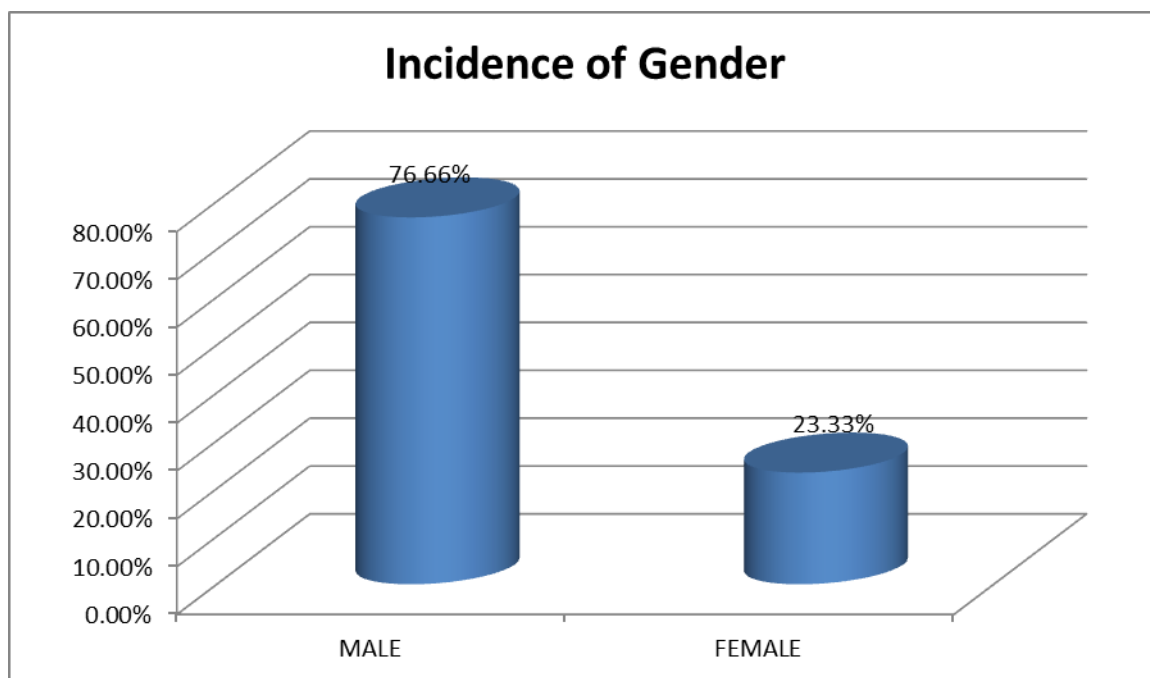
- A study was conducted in 30 patients of Vicarcikā which were randomly selected from the Roga Nidan OPD of Govt. Ayurvedic College and Hospital, Guwahati-14.
- Proper history was taken in a specially designed performa. A detailed study was carried out on the patients to evaluate the most common nidanas, to find out the efficacy of Pracchān karma on the affected part, and to find any changes in the dusta rakta which was collected after Pracchān, from the wound on a slide.
- Pracchān was performed over the affected area on those 10 patients.
- The area was at first sterilised with povidone iodine solution then pricks were made at a constant distance with a curved surgical blade #12.
- After the bleeding stopped the site was dressed using povidone iodine and patient was advised to avoid contact with water, dust, etc for 3 days.
- Pracchān was done for 2 seating at an interval of 15days.
- The results were noted after 30days of treatment.
- Data were collected and statistically analysed.

## ANALYSIS AND RESULTS



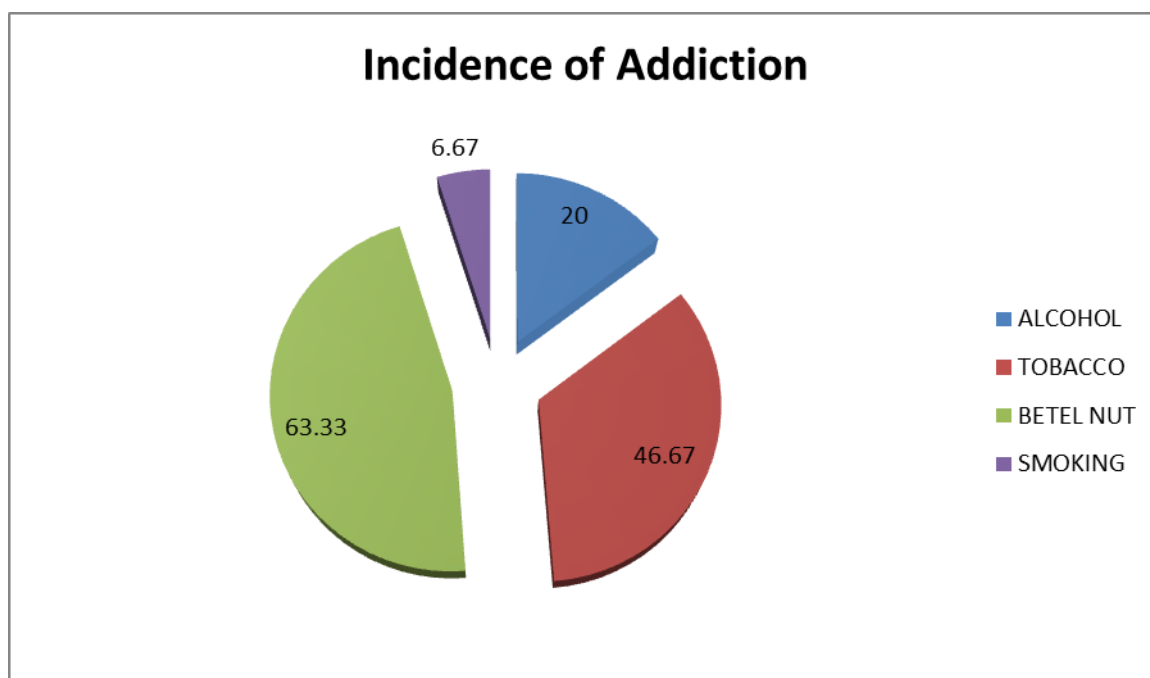
**Fig. 1: Incidence of Age observed in 30 patients of Vicarcikā.**

The figure reveals that maximum patients i.e. 30% belongs to the age group between 51yrs-60yrs of age, followed by 20% belonging to the age group between 31yrs-40yrs of age.



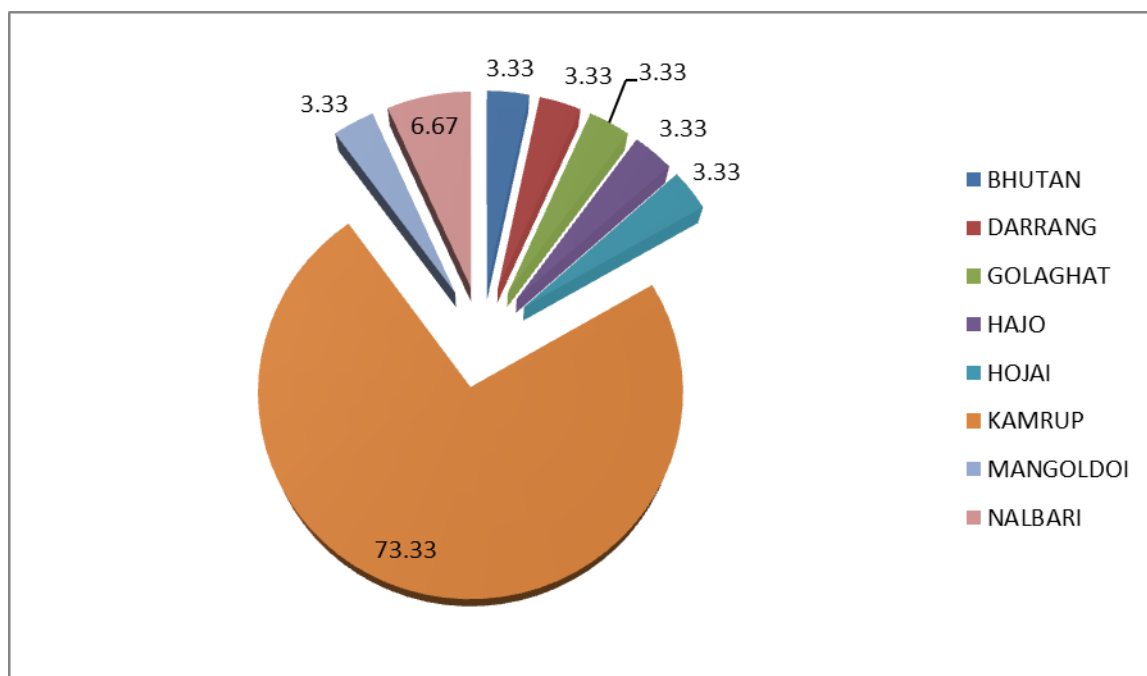
**Fig. 2: Incidence of Gender observed in 30 patients of Vicarcikā.**

The figure reveals that maximum patients belonged to the male group comprising of 76.66%.



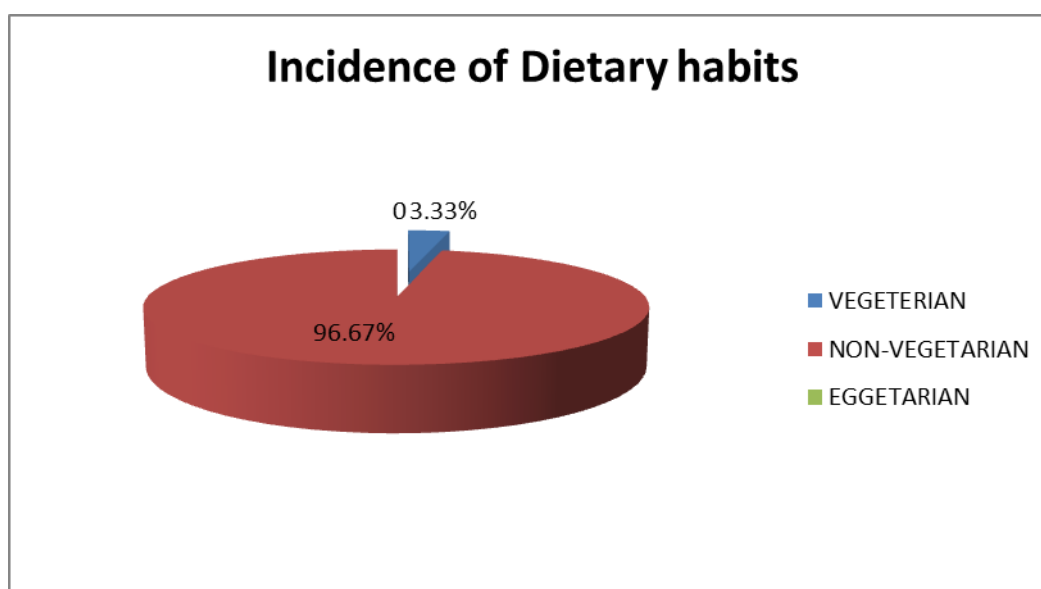
**Fig. 3: Incidence of Addiction in 30 patients of Vicarcikā.**

The figure reveals that maximum patients were addicted to chewing betel nut and tobacco, comprising 63.33% and 46.67% respectively.



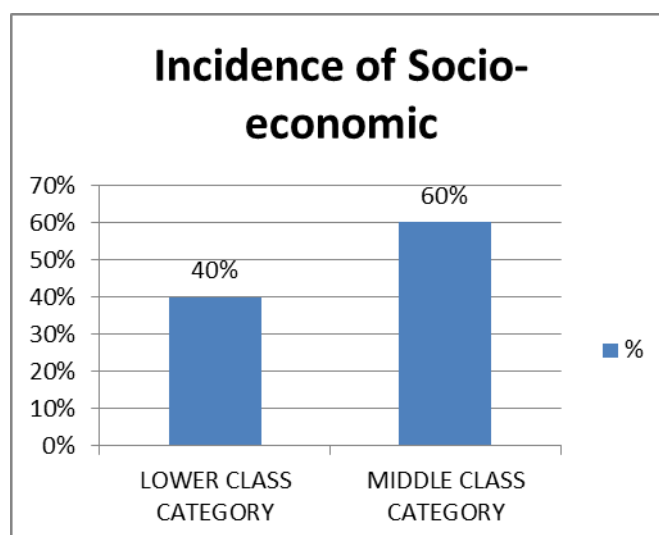
**Fig. 4: Incidence of Vicarcikā in relation to Locality.**

The figure shows that maximum patients belonged to Kamrup district which comes under the urban habitat.



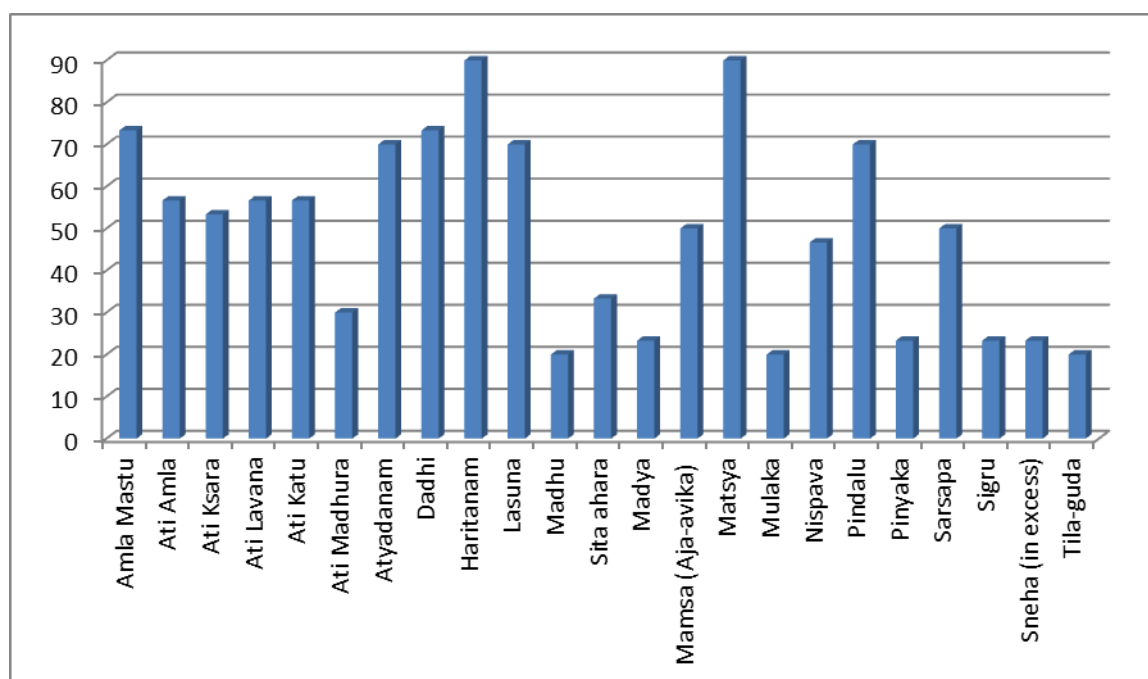
**Fig. 5: Incidence of Dietary habits in 30 patients of Vicarcikā.**

The figure reveals that 96.67% of the patients were adapted to non-vegetarian dietary habit.



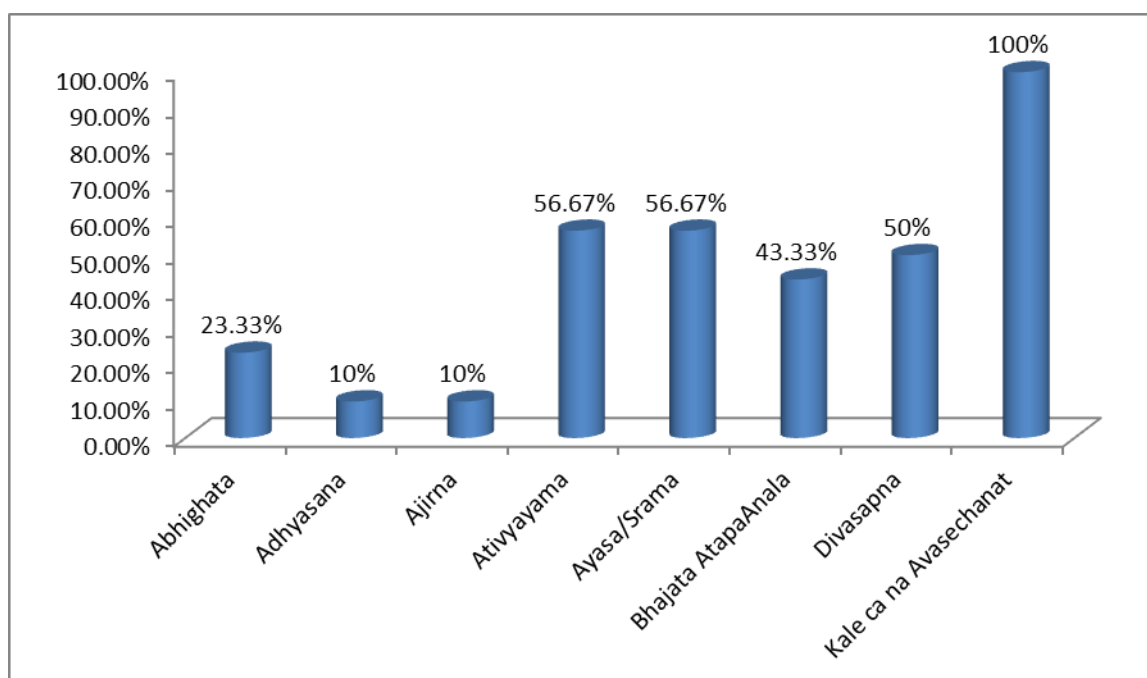
**Fig. 5: Incidence of Socio-economic Status in 30 patients of Vicarcikā.**

The figure shows that maximum number of patients belonged to the middle class category of socioeconomic status comprising 60%.



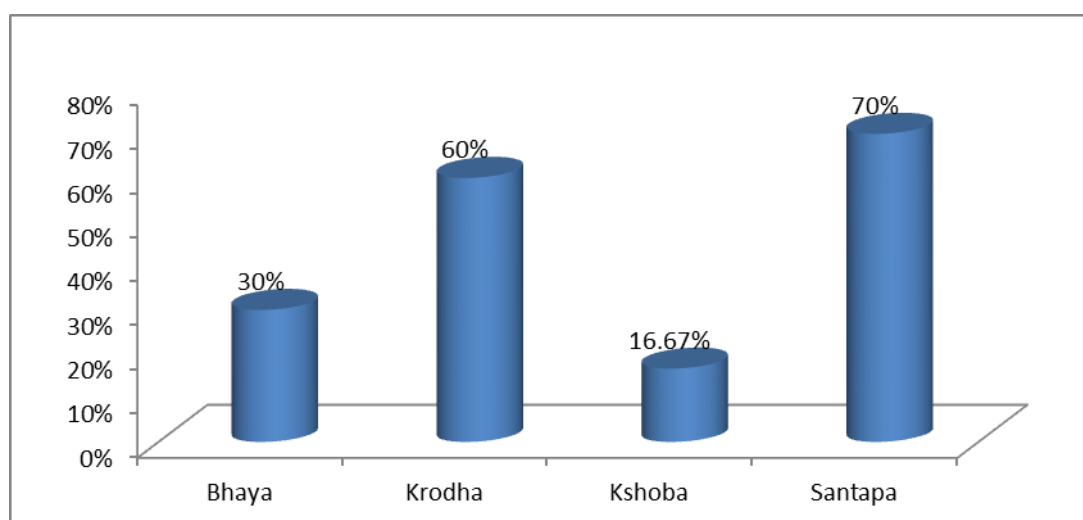
**Fig. 6: Distribution of Positive Aharaja Nidanas.**

The figure reveals that the leading Aharaja Nidanas were excessive intake of Haritanam i.e. green leafy vegetables and Matsya i.e. fish (90%), followed by excessive intake of Amla Mastu i.e. sour curd and Dadhi i.e. curd (73.33%).



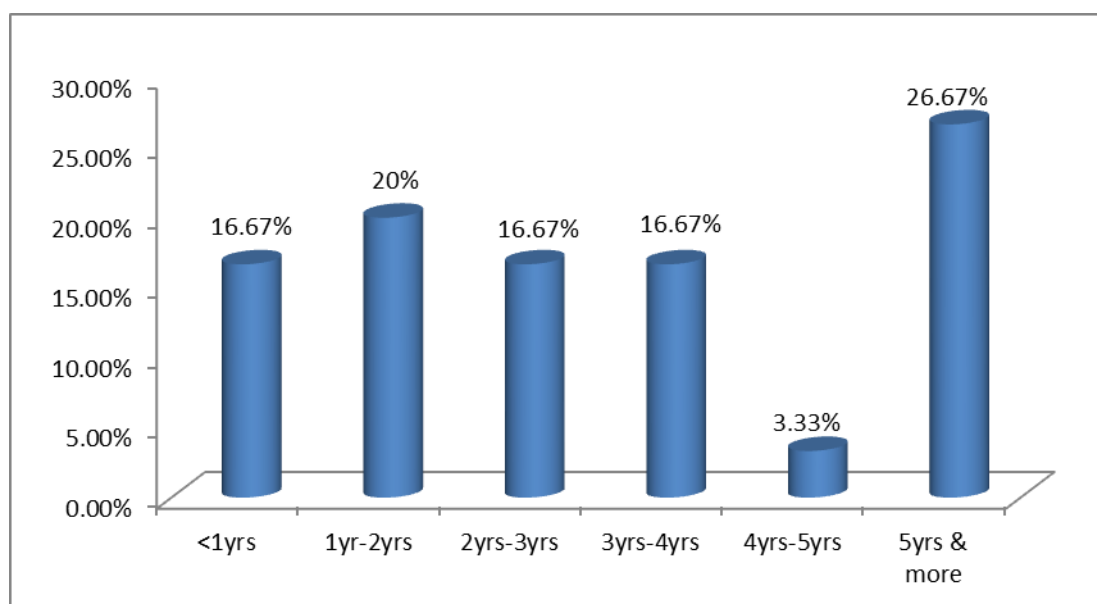
**Fig. 7: Distribution of Positive Viharaja Nidanas.**

The figure reveals that the leading Viharaja Nidanas were Kale-ca-na-avasechan i.e. not performing Raktamokshana according to ritucharya (sarad rtu) as mentioned in the classics (100%), followed by Ayasa i.e. very hardworking and Ativayama i.e performing heavy exercise regularly(56.67%) respectively.



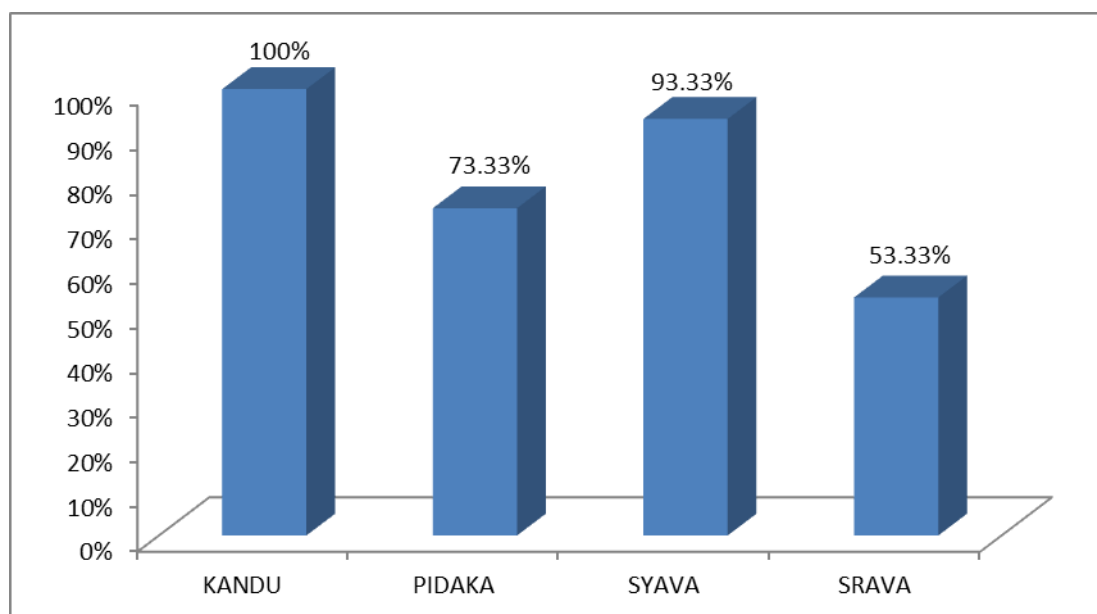
**Fig. 8: Distribution of Manasik Nidanas.**

The figure reveals that the leading Mansik Nidanas were Santapa i.e. anxiousness or sadness (70%), followed by Krodha i.e. anger or short temperedness (60%) and Bhaya i.e. afflicted by fear (30%).



**Fig. 9: Incidence of Vicarcikā in relation to Duration of Illness.**

The figure shows that most of the patients who registered themselves had a chronic onset of disease of more than 5yrs, comprising 26.67% of the totals patients.



**Fig. 10: Incidence of Vicarcikā in relation to Sign & Symptoms.**

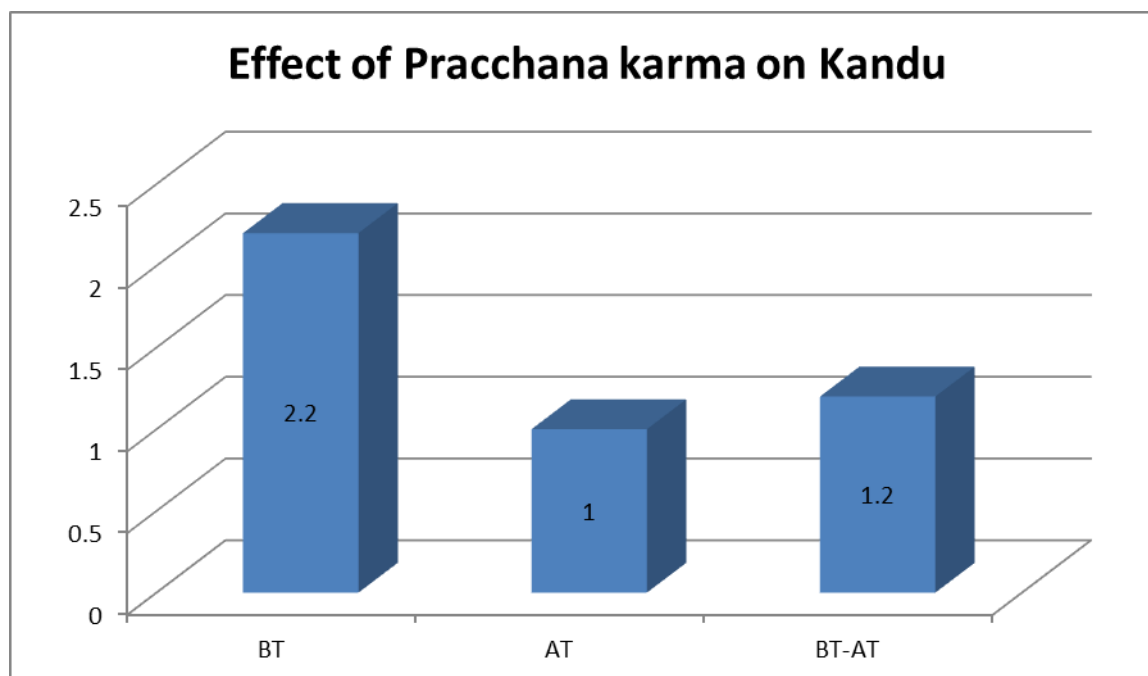
The figure reveals that all the registered patients had the complaint of Kaṇḍū i.e itching, followed by Śyāvāta i.e. blackish discolouration due to lichenification comprising of 93.33%.



## 11. ANALYSIS OF RESULT OF PRACCHĀN KARMA ON SIGNS AND SYMPTOMS

1. Effect of Pracchān karma on Kaṇḍū (itching) before and after 30days of treatment in 30 patients:

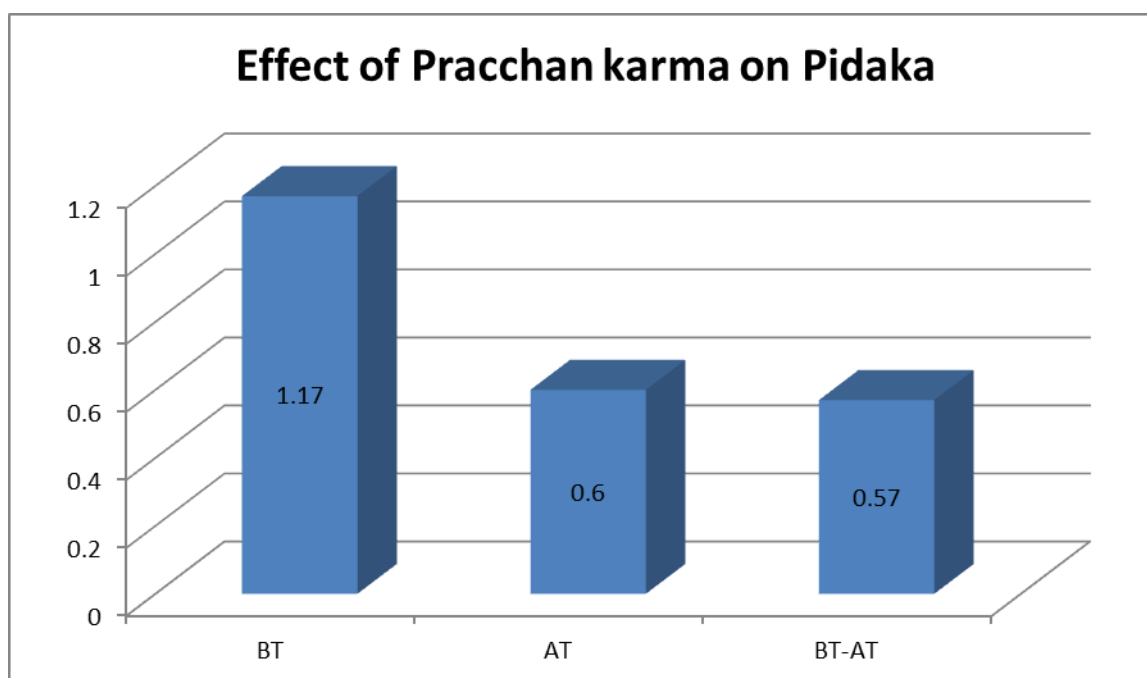
Duration	Mean Value	S.D.	SEM	SE	t-Value	p-Value
Before Treatment	2.20	0.66	0.12	0.088	13.5733	<0.0001
After Treatment	1.00	0.69	0.13			
BT-AT	1.20					



Effect of the therapy on Kaṇḍū (itching): Kaṇḍū was calculated according to grading score and observed before and after treatment and the result obtained was highly significant. Before treatment, mean value was 2.20 and S.D. was 0.66. After the completion of the treatment, mean value decreased to 1.00 and S.D. was 0.69; the difference of mean value being 1.20 and t-Value 13.5733 with p-Value <0.0001 i.e. highly statistically significant.

2. Effect of Pracchān karma on Piḍakā (Papular eruptions) before and after 30days of treatment in 30 patients:

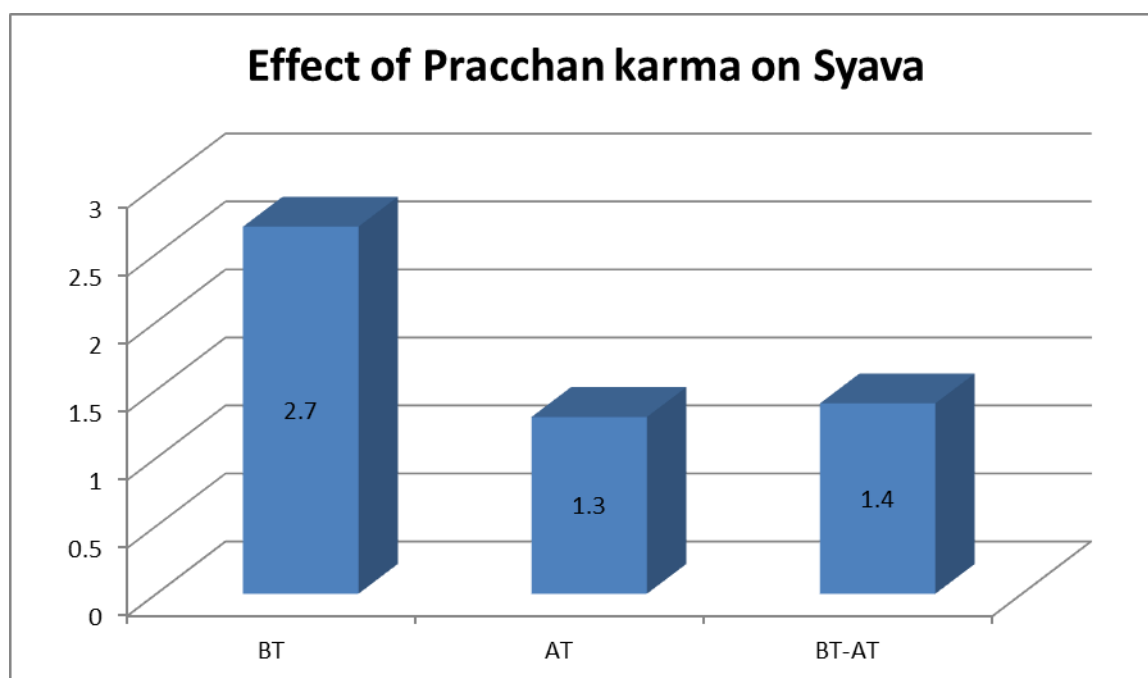
Duration	Mean Value	S.D.	SEM	SE	t-Value	p-Value
Before Treatment	1.17	0.95	0.17	0.104	5.4613	<0.0001
After Treatment	0.60	0.67	0.12			
BT-AT	0.57					



Effect of the therapy on Piḍakā (Papular eruptions): Piḍakā was calculated according to grading score and observed before and after treatment and the result obtained were very significant. Before treatment, mean value was 1.17 and S.D. was 0.95. After the completion of the treatment, mean value decreased to 0.60 and S.D. was 0.67; the difference of mean value being 0.57 and t-Value 5.4613 with p-Value <0.0001 i.e. highly statistically significant.

3. Effect of Pracchān karma on Śyāvā (Blackish discolouration) before and after 30days of treatment in 30 patients:

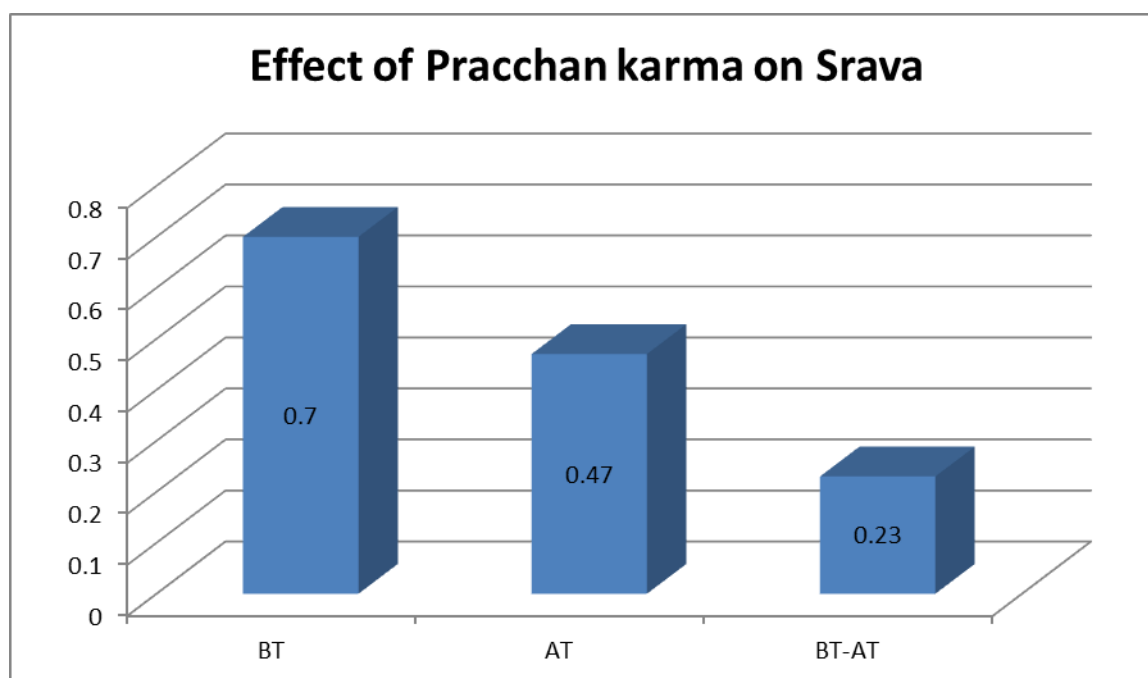
Duration	Mean Value	S.D.	SEM	SE	t-Value	p-Value
Before Treatment	2.70	0.65	0.12	0.103	13.6143	<0.0001
After Treatment	1.30	0.53	0.10			
BT-AT	1.40					



Effect of the therapy on Śyāvā (Blackish discolouration): Śyāvāta was calculated according to grading score and observed before and after treatment and the result obtained were extremely significant. Before treatment, mean value was 2.70 and S.D. was 0.65. After the completion of the treatment, mean value decreased to 1.30 and S.D. was 0.53; the difference of mean value being 1.40 and t-Value 13.6143 with p-Value <0.0001 i.e. highly statistically significant.

4. Effect of Pracchān karma on Srava (Discharge) before and after 30days of treatment in 30 patients:

Duration	Mean Value	S.D.	SEM	SE	t-Value	p-Value
Before Treatment	0.70	0.75	0.14	0.092	2.5357	0.0169
After Treatment	0.47	0.68	0.12			
BT-AT	0.23					



Effect of the therapy on Srava (Discharge): Srava was calculated according to grading score and observed before and after treatment and the result obtained was statistically significant. Before treatment, mean value was 0.70 and S.D. was 0.47. After the completion of the treatment, mean value decreased to 0.47 and S.D. was 0.68; the difference of mean value being 0.23 and t-Value 2.5357 with p-Value <0.01 i.e. statistically significant.

## DISCUSSION

Vicarcikā is considered as one among the Kṣudra Kuṣṭhas by all the Ācāryas. Vicarcikā can be classified into two types depending upon the symptoms as mentioned in the classics.

Sl. No.	Sravi Vicarcikā	Ruṣṣa Vicarcikā
1.	Kañḍū (Itching)	Kañḍū (Itching)
2.	Śyāvā Piḍakā (Blackish papular eruptions )	Rāji (Lichenification)
3.	Bahusrāvā/ Lasikaadhya (Excessive discharge)	Arati-Ruja (Pain)
4	Arati/Ruja (Pain)	Ruṣṣata (Dryness)

Symptoms of Sravi Vicarcikā have been mainly mentioned by Ācārya Caraka, Ācārya Vāgbhaṭa and Mādhavkara. Symptoms of Ruṣṣa Vicarcikā have been mentioned by Ācārya Suśruta.

From the study it has been found that, maximum number of patients i.e. 9 (30%) belonged to the age group between 51yrs to 60yrs; followed by 6 patients i.e. 20% belonged to the age group between 31yrs to 40yrs of age. Majority of patients belonged to the middle

aged group maybe due to the fact of pitta predominance during this age group, which is responsible for the causation of Vicarcikā.

- ✚ Maximum numbers of patients i.e. 23 were male comprising 76.66 % of the total population; while 7 patients (23.33%) belonged to the female group.
- ✚ Maximum patients i.e. 27 in number belonged to Hindu community, comprising 90% of the total population, while patients belonging to Muslim community comprised of 13% (3 patients) of the total population.
- ✚ Maximum patients i.e. 8 patients were businesspersons comprising 26.67%, followed by serviceperson, 6 patients comprising 20% of the total population. Among the businesspersons some of them had contact history with petrol, kerosene and pesticides, and some farmers had a history of being bitten by poisonous leeches and also exposure to pesticides. This might have resulted into Eczematous dermatitis.
- ✚ Maximum numbers of patients were belonging to middle class comprising 60% (18 patients); followed by 40% (12 patients) of patients belonging to lower class.
- ✚ 93.33% of the total population was married, while 6.67% of the patients were unmarried.
- ✚ 73.33% belonged to urban habitat; and 26.67% belonged to rural habitat.
- ✚ Maximum incidence addiction towards betel nut in 19 patients (63.33%); 14 patients (46.67%) were addicted to chewing Tobacco, most probably due to their easy availability.
- ✚ Majority of patients i.e. 29 (96.67%) were following Non-Vegetarian dietary habits, while 1 patients (3.33%) were Vegetarian.
- ✚ The leading Aharaja Nidanas were excessive intake of Haritanam i.e. green leafy vegetables and Matsya i.e. fish (90%), followed by excessive intake of Amla Mastu i.e. sour curd and Dadhi i.e. curd (73.33%). The leading Viharaja Nidanas were Kale-ca-na-avasechan i.e. not performing Raktamokshana according to ritucharya (sarad rtu) as mentioned in the classics (100%), followed by Ayasa i.e. very hardworking and Ativayama i.e performing heavy exercise regularly(56.67%) respectively. The leading Mansik Nidanas were Santapa i.e. anxiousness or sadness (70%), followed by Krodha i.e. anger or short temperedness (60%) and Bhaya i.e. afflicted by fear (30%).
- ✚ Mostly the patients with chronic symptoms registered themselves in the study.
- ✚ Maximum numbers of patients were found to have symptoms of dry eczema during the chronic stage, while some patients during the acute stage, were also recorded, with Kaṇḍū i.e. itching being the predominant symptom.
- ✚ Pracchāna karma has a very good effect on alleviation of symptoms like Kaṇḍū i.e. itching, Piḍakā i.e. papular eruptions, Śyāvāta i.e blackish discolouration (due to

lichenification) and srava i.e. discharge. So, it plays an important role in the treatment of Vicarcikā.

## CONCLUSION

Vicarcikā is mainly kapha-pitta pradhan disease, so kapha-pitta pradhan ahara-vihara should be strictly avoided. Pracchāna karma alleviates symptoms like Kaṇḍūṭwa (itching), Śyāvāta (blackish discolouration) of the lesion. This indicates that, it has positive effect in the treatment of eczematous dermatitis, which is mostly caused due to rakta-pradosana i.e. vitiation of blood. So, Pracchān karma should be encouraged for immediate relief of symptoms, while treating Vicarcikā alongwith other oral medications.

## REFERENCES

1. Mathew, K. George; Aggarwal, Prabin, (2014). Medicine Prep Manual for Undergraduates (Fourth Edition), Chapter-4, Page No. 235.
2. Mohan, Harsh, (2010). Textbook of Pathology (Sixth Edition), Chapter-26, Page No. 770
3. Valia, R. G.; Valia, Ameet R.; (2001). Textbook and Atlas of Dermatology (Second Edition), Chapter-17, Page No. 412.
4. Venes, Donald; Biderman, Arthur. [et al.], (2010). Taber's Cyclopedic Medical Dictionary (Twenty First Edition), Volume 1, Page No. 723.
5. Shāstri, Kavirāja Ambikādutta, (2014), Suśruta Saṁhitā of Maharṣi Suśruta, Chaukhamba Sanskrit Sansthan, Varanasi, Volume 1; Ni. 5/5, Page No. 321.
6. Shukla, Ācārya Vidyadhar, Tripathi, Prof. Ravi Dutta, (2017), Caraka Saṁhitā of Agniveśa, Chaukhamba Sanskrit Sansthan, Varanasi, Volume 2; Ci. 7/13, Page No. 182.
7. Tripathi, Dr. Brahmanand, (2017), Aṣṭāṅga Hṛdayaṁ of Śrīmadvāgbhaṭa, Chaukhamba Sanskrit Sansthan, Varanasi; Ni. 14/7-9, Page No. 528.
8. Shukla, Ācārya Vidyadhar, Tripathi, Prof. Ravi Dutta, (2017), Caraka Saṁhitā of Agniveśa, Chaukhamba Sanskrit Sansthan, Varanasi, Volume 2; Ci. 7/26, Page No. 185.
9. Tripathi, Dr. Brahmanand, (2017), Aṣṭāṅga Hṛdayaṁ of Śrīmadvāgbhaṭa, Chaukhamba Sanskrit Sansthan, Varanasi; Ni. 14/18, Page No. 529.
10. Śāstrī, Śrī Sudarsana; Upādhyāya, Prof. Yadunandana, (2019), Mādhava Nidānam of Śrī Mādhavakara, , Chaukhamba Sanskrit Sansthan, Varanasi, Volume 2; 49/22, Page No. 189.

11. Shukla, Ācārya Vidyadhar, Tripathi, Prof. Ravi Dutta, (2017), Caraka Saṃhitā of Agniveśa, Chaukhamba Sanskrit Sansthan, Varanasi, Volume 1; Su. 28/11-12, Page No. 430.
12. Shāstri, Kavirāja Ambikādutta, (2014), Suśruta Saṃhitā of Maharṣi Suśruta, Chaukhamba Sanskrit Sansthan, Varanasi, Volume 1; Su. 25/11, Page No. 132.
13. Tripathi, Dr. Brahmanand, (2017), Aṣṭāṅga Hṛdayaṃ of Śrīmadvāgbhaṭa, Chaukhamba Sanskrit Sansthan, Varanasi; Su. 27/3-4, Page No. 295.
14. Shukla, Ācārya Vidyadhar, Tripathi, Prof. Ravi Dutta, (2017), Caraka Saṃhitā of Agniveśa, Chaukhamba Sanskrit Sansthan, Varanasi, Volume 1; Su. 24/18, Page No. 323.
15. Tripathi, Dr. Brahmanand, (2017), Aṣṭāṅga Hṛdayaṃ of Śrīmadvāgbhaṭa, Chaukhamba Sanskrit Sansthan, Varanasi; Su. 26/51-53, Page No. 292.