

COMPARITIVE CLINICAL STUDY ON VICHARCHIKA (IRRITANT CONTACT DERMATITIS) WITH VISHGHNA LEPA ALONE AND AFTER VIRECHANA KARMA

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ABSTRACT

Ayurveda is a highly evolved & codified system of health science for life. *Ayurveda* is the oldest existing medical system of the world and it is based on purification of the body in a natural way. *Ayurveda* is divided into eight branches. *Agada Tantra* is one of the branch of *Ayurveda* which deals with diagnosis and treatment of the poison. *Acharya Charaka* and *Acharya Shusruta* have separately told the concept of contact poisoning. According to *Ayurveda*, irritant contact dermatitis is symptomatically very similarly to *Vicharchika* described in various texts. In the present study 30 *vicharchika* (irritant contact dermatitis) patients were registered from the O.P.D., Department of Agadtantra, Rishikul Ayurvedic College, Haridwar. All patients completed their treatment. The aim of the study was to evaluate the role of selected ayurvedic medicines on the management of

Vicharchika. The treatment schedule was to apply *vishaghna lepa* alone in Group A patients applied locally over the affected area twice a day for a period of 45 days and *Vishghna lepa* after *Virechan karma* in group B patients applied locally after planned *virechana* over the affected area twice a day for a period of 45 days. In present study overall Result of Group A is 35.3% & Group B is 69.26% No adverse drug reaction was found in this clinical study.

KEYWORDS:- *Kushtha*, *Kshudra Kushth*, Dermatology, Dermatitis, *Vicharchika*, *Vishghna*, *Virechana*.

INTRODUCTION

As *Vicharchika* (ICD) is a *Twakgata Vyaadhi*, which is caused by irritants (*Visha*), external application of drug must be beneficial for the patient. Contact Dermatitis is localised rash or irritation of skin caused by contact with a foreign substance. In it only the superficial region of skin is affected along with the inflammation of the affected tissue. This results in the formation of large itchy rashes along with burning. These can appear anywhere on the body and could take few days to several weeks for healing. This differentiates it from contact urticaria in which rashes appears within few minutes to few hours.

ICD is common condition that is reported to affect 5-9% of men and 13-15% of women. According to International Archives of Occupational and Environmental Health “incident Rate of contact dermatitis is believed to be around 0.5-01.9 cases per 1000 cases per year.”^[1] In case of contact dermatitis out of these 80% patient are of ICD.

According to *Ayurveda*, *Doshika* involvement and symptomatic manifestation of *Vicharchika* can be treated by *Samshodhan Chikitsa*. *Sushruta* and *Charaka* both have mentioned *Virechana* as an important management of *Pittaja*, *Kaphaja*, and *Raktaja Vyaadhi*. So in this study we have taken *Shirishadi Vishagna Lepa* as an external application and *Virechana* as *Samsodhan Chikitsa*.

OBJECTIVES

The present study is planned with the following objectives-

- To evaluate the efficacy of *Vishghna lepa* alone in the management of ICD in Group A patients.
- To evaluate the efficacy of *Vishghna lepa* after *Virechana Karma* in the management of ICD in Group B patients.

MATERIAL AND METHOD

Study design

Total 30 patients had been registered for the present clinical study as per the criteria for diagnosis of the disease *Vicharchika* (irritant contact dermatitis). All the 30 patients completed they're till the end of study. The patients had been selected from the O.P.D. of Agadtantra, Rishikul govt. Ayurvedic P.G. college, Haridwar, as per the criteria given below:

Inclusion criteria: a) Age group between 16-60 years.

- b) Chronicity not more than 2 years.
- c) Patient fulfilling the diagnostic criteria of Irritant contact dermatitis.

Exclusion criteria: a) Patient suffering from severe chronic illness.

- b) Patient suffering with chronic infectious disorder.
- c) Known case of other allergic disorder.

Assessment criteria

Assessment of the patients was done on the basis of relief in the symptomatic parameters. The symptoms and the grading are as follows.

a) Itching

- 0 - No itching.
- 1 - Mild itching not disturbing normal activity.
- 2 - Occasional itching disturbing normal activity.
- 3 - Itching present continuously and disturbing sleep.

b) Burning

- 0 - No burning sensation.
- 1 - Mild type of burning not disturbing normal activity.
- 2 - Occasionally burning disturbing normal activity.
- 3 - Burning present continuously and disturbing sleep.

c) Discharge

- 0 - No discharge.
- 1 - Moisture on the skin lesion.
- 2 - Occasionally discharge.
- 3 - Discharge present continuously

d) Dryness

- 0 - No dryness.
- 1 - Dryness with rough skin.
- 2 - Dryness with scaling.
- 3 - Dryness with cracking.

e) Vesicles

- 0 - No eruption in the lesion.

- 1 - Scanty eruptions in few lesions.
- 2 - Scanty eruptions in at least half of the lesion.
- 3 - All the lesions full of eruptions.

f) Discoloration

- 0 - Nearly normal skin colour.
- 1 - Brownish red discoloration.
- 2 - Blackish red discoloration.
- 3 - Blackish discoloration.

Vicharchika (irritant contact dermatitis) was diagnosed on the basis of clinical manifestations as described in Ayurvedic classical texts and modern text. Routine Hb%, TLC, DLC, ESR, Patch test, Blood Sugar (fasting/ P.P) had been done to exclude other pathological conditions of the registered patients.

Group A

15 patients were studied under this group the treatment schedule was to apply in *Vishaghna lepa* alone locally over affected area twice in a day for 45 days.

Vishaghna lepa

1. Leaves of *nirgundi*
2. Bark of *shrisha*
3. Petroleum jelly
4. Til oil
5. Honey bee wax
6. Preservative sodium benzoate

Method of preparation of *lepa*

Firstly, *Shirisha* bark and *nirgundi* leaves *kwatha* were made individually then their *ghana* was prepared, after that the *ghana* of both the drugs was mixed with petroleum gelly, Til oil, honey bee wax and preservative sodium benzoate was packed in 10gm for convenient use.

Method for application of *lepa*

- ❖ The patients were asked to wash the area with normal water prior to application of *lepa*.
- ❖ Required quantity of *lepa* were advised to apply in over the affected area.
- ❖ The *lepa* was applied twice a day.

Group B

15 patients were studied under this group the treatment schedule was to apply in *Vishaghna lepa* after *Virechana Karma* locally over affected area twice in a day for 45 days. For the purpose of *deepana-paachana Chitrakadi vati* was used 2 *vati* twice a day for 3 days with *ushnodaka* after taking meal.

Snehana

Patients were administered *Panchatikta grita*, starting with *hrisiyasi matra* until the *samyak snigda lakshanas* were observed.

Abhyang and Sweda

Abhyanga and *Swedana* is given for 3 days so that all *Kapha* which was increased due to *Snehapana* get reduced and state of *Manda Kapha* is achieved.^[2] In *Abhyanga*, oil applied to the skin enters the deepest structure of the body in about approximately five minutes.

Here *Bashpa Sweda* is given to the patient for *Swedana karma*. *Swedana* was done up to the features of *Samyaka Swedana* appeared.

Virechana

After administration of *Snehana-swedana* finding the patient to be cheerful, slept well, completely digested previous meal and on empty stomach after the time of *kapha* has been passed (*Kapha gate Kale*) i.e. between 9 a.m. to 11 a.m. *Nishothadi Kwatha* was given to the patient as per the *Koshtha* of the patient. Patients were advised to take hot water after each *vega pravritti*. *Atura nireekshana* was done carefully. *Samsarjana karma* was advised to the patients according to the *shuddi* i.e., *pravara / madhyama / avara*. After *Samsarjana karma*, patients were advised to apply *Vishaghana lepa*.

Follow-up

The follow up of the patients was done at the interval of 15 days. Patients were kept under advice to avoid irritant that causes irritation. Patient was advised to visit O.P.D latter on for counselling purpose.

OBSERVATION

Out of 30 patients in group A and Group B there were total 6 patients were male while 24 patients were female. It means total 20% were male as compared to 80% were female. Out of total 30 patients in group A and group B; maximum patients were in age Group 40-50 years

followed by age 30-40 and 50-60 years. They were 73.33%, 16.66% and 10% respectively. Out of total 30 patients in Group A and Group B, maximum patients were found in homemakers group. They were 63.33%. Out of total 30 patients in group A and Group B, all patients were of Hindu religion. Out of total 30 patients in group A and Group B, maximum patients were mid class (70%). In the study as a whole 30 patients, 28 patients were married (93.33%), 2 patients were unmarried (6.66%). Out of total 30 patients in Group A and Group B, maximum patients' dietary habits were non vegetarian i.e.18 (60%). Out of 30 in Group A and Group B 50% show regular bowel habits and 50% were constipated. Out of total 30 patients in group A and Group B Moderate Appetite patients were 60%, and Poor Appetite patients were 40%. Out of 30 patients, 33.3% were of *Vata-Kapha Prakriti*, 36% were of *Vata-Pitta Prakriti* and the remaining. 30% were of *Pitta-Kapha Prakriti*. Maximum patients in the present study had *Madhayama Sara* (**46.6%**). Maximum patients in the present study had *Madhayama Samhanana* (**70%**). Out of 30 patients, maximum number of patients 70% of patients had *Madhyama Pramana*. Maximum no. of patients i.e. 50% was having *Madhyama Satmya*. Maximum patients in the present study had *Madhyam Satva* (**73 %**). Maximum no. of patients i.e. 46.33% were having *Madhyama Vyayam Shakti*.

RESULTS AND DISCUSSION

The results obtained from both the study shown a marked difference in the symptoms. The patients showed moderately significant results in the relief of all the symptoms. In this study in Group A on application of *Vishghna Lepa* in patients we found no improvement in 33.3% patients, mild improvement in 60% patients, moderate improvement in 6%, while in Group B with *virechan* and *lepa* we found mild improvement in 13.33% patients, moderate improvement in 60%, marked improvement in 26.66% patients. Thus it is cleared from the study that *Vishaghna lepa* along with *Virechana* helps more in the management of *vicharchika* (irritant contact dermatitis).

Table showing the comparative results of Group - A and Group - B

Characteristics	Group – A			Group – B		
	Mean score		Percentage of relief	Mean score		Percentage of relief
Signs and symptoms	Bt	At		Bt	At	
Itching	1.8	0.933	48.16%	2.333	0.533	77.153%
Burning sensation	1	0.533	46.7%	1.866	0.733	60.71%
Discharge	1	0.666	33.4%	2.266	0.466	79.43%
Dryness	1.533	1.066	30.46%	2.066	0.866	58.083%
Vesicle	1.733	1.333	23.08%	1.066	0.333	68.76%
Discolouration	1.333	0.933	30%	1.866	0.533	71.43%

Overall effect of therapy

Class	Grading	No. of patients in group A	No. of patients in group B
0 - 25%	No improvement	5	0
26 - 50%	Mild improvement	9	2
51 - 75%	Moderate improvement	1	9
76 - 99%	Marked improvement	0	4
100%	Completely cured	0	0

Probable mode of action of *vishghana lepa*

- *Shirisha* has *Laghu Ruksha Guna*, due to this it causes *Shoshana* of Discharge. And *Kapha shaman*, *Kapha Shamana* leads to subsidence of *Kandu* (itching).
- *Anushna Veerya* and *Kashaya Madhura Rasa* of *shirisha* subsides burning sensation.
- *Katu Vipaka* does *ama Pachana*.
- *Sindhuwar* has *Laghu Ruksha Guna* and *Ushna Veerya*, due to this it absorbs extra *Kleda Aand Kapha*, which is responsible for *Kandu* and *Sravaa*.
- *Tikta Kashaya Rasa*, subsides burning sensation of *Vicharchika*.
- *Vatakapha Shamaka dosha* prabhava helps in size reduction of vesicle.

Probable mode of action of *virechana karma*

- *Virechana Karma* expels out the *Doshas* dragging them towards the *Adhobhaga* through the *Guda*. *Amashaya* is the specific seat of *Pitta* and *Kapha*.
- Though *Virechana* is a specific therapy for *Pitta Dosha*, it may also be used for eliminating *Kapha Dosha*.
- *Virechana karma* also does *Shrotoshodhana* and *Agnideepana*.

CONCLUSION

Kushtha as well as *Vicharchika* has been considered as *Tridoshaja*, *Rakta Pradoshaja*, *Bahyamargashrita Vyadhi*. A variety of etiological factors may produce *Dosha Dushti*, *Dhatu Shaithilya* and *Kha-vaigunya* and which all leads to *Agnimandya*, *Amottapatti*, *Srotosanga* and finally disease *Vicharchika*. Disease is a final outcome of *Samprapti* (all the pathogenesis) and the best treatment for disease is *Samprapti Vighatana* (the breaking all steps of pathogenesis). So for this study *Vishaghna* ointment for local application along with *virechana* ointment was selected. In the present study *vishaghna lepa* showed moderately significant result that led to the patient satisfaction, but *lepa* after *Virechana karma* showed more significant results than *lepa* as alone. No complication had been observed in this

clinical study and more research can be done to provide better on the management of *Vicharchika* and the maintenance of hygiene is a very important issue and not to be neglected during treatment.

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