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Case Study

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# ROLE OF VIRECHANA IN THE MANAGEMENT OF BAHYA VIDRADHI-A CASE REPORT

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#### **ABSTRACT**

Bahya vidradhi can be described as an inflammatory swelling which can occur anywhere on skin surface and if left untreated can spread into deeper tissues causing severe complications. The term 'sheegravidahitvat',[1] in the definition of vidhradi itself describes the nature of the disease in terms of emergence of symptoms in a fast pace. Indulging in mithya ahara and vihara causes vitiation of dosha along with rakta which in-turn vitiating the twak and mamsa dhatu resulting in the production of severe painful swelling which gradually giving rise to signs and symptoms of acute inflammation to be named as vidhradhi. [2] With this backdrop, a single case study has been selected which was presented in a female who is aged about 50 years having a swelling in anterior aspect of left leg which is associated with pain, redness and warmth since two months. But the same condition was recurring since one year. Vowing to the recurrent nature of the disease along with presence of rakta dushti in the patient, shodhana in terms of

virechana was selected. The treatment initially started with pachana, deepana and anulomana which was followed by snehapana, bahya snehana and swedana for a period of 4 days. On 4<sup>th</sup> day of bahya snehana and swedana, virechana was administered which was followed by samsarjana krama. The results depicts that there was significant improvement in the signs & Archana et al.

symptoms like pain, redness, warmth and swelling. The treatment was successful in resolving the abscess in a short duration of the treatment.

KEYWORDS: Abscess, Vidradhi, Snehapana, Virechana

#### INTRODUCTION

Vidradhi is a raktapradoshaja vikara<sup>[3]</sup> caused by vitiation of dosha along with rakta dhatu. Such vitiated dosha inturn vitiates the twak and mamsa dhatu gradually giving rise to a deep seated, painful, round swelling. In modern parlance, it is mimicking with an abscess. This abscess is presenting with a localized collection of pus in specific parts of the body<sup>[4]</sup> Cutaneous abscesses are collections of pus resulting from skin and soft tissue bacterial infections. They clinically exhibit the four cardinal inflammatory signs such as pain, warmth, swelling and erythema.<sup>[5]</sup> The typical treatment of abscess includes evaluation of focus of infection, antibiotics and incision and drainage. Recurrent abscesses can be a painful and frustrating often exacerbated in individuals with diabetes and tends to become more prominent during the hot weather. Several factors can contribute to their recurrence including diet, life style and previous illness. Ayurveda offers a holistic approach that focuses on identifying the root causes of these recurrent infections and effectively manage and prevent them.

#### MATERIALS AND METHODS

#### **Case description**

Name: XYZ

• Age : 50yrs

• Sex : Female

• Place: Bangalore

• Religion: Hindu

Occupation: Bank employee

Marital status: Married

Socio-economic status: Upper middle class

## **Presenting Complaints with Duration**

 Recurrent swelling over anterior aspect of left leg associated with pain, redness and warmth since 1 year.

#### **History of Present Illness**

• A female patient aged about 50 years and not a known case of Diabetes mellitus and Hypertension came to our hospital with presentation of localised swelling associated with pain, warmth and redness over anterior aspect of left leg. 1 year prior to the presentation she developed localised pus filled swelling over the anterior aspect of left leg below the knee associated with pain, redness and warmth. The swelling lasted more than 2 weeks and eventually burst on to the skin surface to let out the pus. Thereafter she developed 4-5 such skin lesions which lasted from 2 weeks to few months. This condition resulted with considerable discomfort in her day to day life activities. Hence she came to our hospital for detoxification treatment.

# Past history and family history

There was no significant medical, surgical or familial history noted.

#### **Personal History**

• BOWEL : Regular

• APPETITE : moderate

• MICTURITION : Clear, 4-5/day

• SLEEP: Sound

• DIET : Vegetarian

• ADDICTION : Nil

• ALLERGY : Nothing specific

#### **General Examination**

• Built : Moderately Built

Nourishment : Moderately Nourished

Pulse Rate:80 bpm

• Blood pressure :130/80mmHg

• Respiratory rate: 18/min

• Temp :98.6\*F

• Weight :63 kg

Pallor, Icterus, Cyanosis

Clubbing, Lymphadenopathy : Absent

#### **Systemic Examination**

- CNS –conscious, oriented to time place and person
- CVS S1 S2 heard.
- RS Normal vesicular breath sounds heard
- GIT soft, non-tender, no organomegaly

#### **Integumentary Examination**

On local examination, four cardinal signs of inflammations such as pain (*dolor*), warmth (*calor*), erythema (*rubor*), and swelling (*tumor*) were present. An oedematous and indurated nodule was present with overlying erythema. The colour of the erythema was violaceous at the centre of the nodule and changes from pink to red towards the periphery. There was also appreciable desquamation of the overlying skin. The borders were poorly defined but well contrasted against the uninvolved skin surrounding the abscess.

#### > Inspection

- Site localized swelling over anterior aspect of left leg over the shin
- Shape round and circumscribed
- Size ~4cm in diameter
- Colour –peripherally reddened
- Border poorly defined
- Pointing/tenting of the skin in center present

### > Palpation

- Tenderness present
- Temperature –present

### Samprapti Ghataka

- Dosha Pitta Pradhana Tridoshaja
- Dooshya -Rasa, Rakta and Mamsa
- Agni –Jataragni and Dhatwagni
- Srotas Rasavaha, Raktavaha and Mamsavaha
- Sroto Dushti Sanga
- Udhbhava Sthana Amashaya
- Roga Adhishtana -Twak
- Sadya-Asadhyatha -Krichrasadya

• Roga Marga -Bahya Rogamarga

#### **Treatment Given**

PROCEDURE	MEDICATION	DOSE	DURATION
Deepana –Pachana	1.Chithrakadi vati 2.Triphala choorna	2 -2- 2 before food 5g -0- 5g with hot water	1 day
Snehapana	Tikthaka ghritha	Day 1- 50ml Day2 - 90ml Day 3- 170ml	3 days
Sarvanga Abhyanga followed by Sarvanga Parisheka	Karanja taila Aragwadha patra+ Karanja patra kashaya	20-30 min	4 days
Virechana	Trivrit Leha + Triphala Kashaya	75 g 100ml	Total no: of vegas: 29 vegas Suddhi: pravara Shuddhi Anthiki: kaphanta
Samsarjana krama	Peyadi samsarjana krama	-	7 days

## **OBSERVATIONS AND RESULTS**

LAKSHANA	BT-1 <sup>st</sup> day	4 <sup>th</sup> day(after Snehapana)	AT- 8 <sup>th</sup> day	After 1 month follow up
Vedana	+++	++	+	-
Sopha	++	+	+	-
Sparshasahyata	+++	+	-	-
Daha	++	+	-	-
Raga	+++	++	+	-
Ushnatha	++	+	_	-







**Before treatment** 

After treatment

After 1 month

Severe: +++ Moderate: ++ Mild: + Nil: -

The interventions given was found to be effective in arresting progression of the condition. The symptoms like pain, swelling, warmth and redness associated with the abscess was considerably reduced after the treatment. There was also significant reduction in the size of the abscess with faster healing.

#### **DISCUSSION**

The above case of cutaneous abscess presented with the atmaroopa-karma of pitta like daha, aushnya, paka and raga<sup>[6]</sup> and hence can be considered under bahya vidradhi with a predominance of pitta-raktha dushti. The excessive vitiation of the rakta dhatu results in the sheegra vidahita in vidradhi. The inclusion of vidradhi among the raktapradoshaja vikara also explains about the importance of rakta in the pathogenesis of vidradhi. Hence shonithaja roga chikitsa which includes virechana was the suitable line of treatment in this case. [7] The ashraya-ashrayee sambhanda of pitta and rakta along with the ongoing sharad ritu complimented the choice of virechana karma as it is one of the treatment considered to be par excellence in the treatment of pittaja vyadhis. Virechana karma helps in elimination of the vitiated pitta from its very root-'kevalam vaikarikam pittamoolamapakarshati'. [8] In the present study snehapana was administered with tikthaka ghritha. [9] This ghritha contains drugs such as patola, nimba, katuka, darvi, pata, duralaba which are tiktha rasa pradhana thereby achieving ama pachana. Hence it is beneficial in pittadhika vyadhis. In the present study, snehapana was administered for 3 days wherein the patient had presented with samyak snigdha lakshana. Later Abhyanga with karanja taila<sup>[10]</sup> followed by with aragwadha patra and karanja patra parisheka sweda was administered for 4 days. The drugs of snehana and swedana were possessing kushtagna, kandughna and vranagna properties. On the 4<sup>th</sup> day after snehana and swedana, virechana was administered with trivrit leha<sup>[11]</sup> in a dose of 75 gm with Triphala kashaya as anupana. Patient had 29 vega with the presentation of kramat dosha pravritti and other samyak virikta lakshanas following which 7 days of samsarjana krama was administered. Soon after samsarjana krama there was significant reduction in the symptoms like pain, burning sensation, redness, warmth, swelling along with marked reduction in the size of the abscess. The same patient was followed after a gap of one month revealed that the abscess was completely resolved with minimum scarring. Also there was no recurrence of the same even after a gap of 3 months.

#### **CONCLUSION**

The life style diseases are emerging nowadays because of improper life style of the person which includes asamyak yoga of ahara, vihara and manasika bhava. These all together leads to manifestation of different systemic diseases related to different srotas which depends upon

the khavaigunya in the patient. The same is true in the present case which was depicting the recurrences of the disease in adha kaya. When such a patient approaches towards Ayurvedic treatment having the bahudoshavastha, the ultimate treatment protocol includes Panchakarma management in the form of shodhana. In the present condition, since pitta and rakta dushti was observed and the sthana was also the adha kaya, virechana was considered to be the best treatment protocol for combatting the rakta dusthi, more and above the sharath ritu was also favouring for virechana karma. Considering all the above parameters the treatment which was administered had provided a promising results.

#### REFERENCES

- Acharya Y T, editor, 1<sup>st</sup> ed. Charaka Samhitha by Agnivesa. Suthrasthana; Kiyanthashiraseeyam: Chapter 17, Verse 95. Varanasi: Choukhamba Sanskrit Sansthan, 2018; 104.
- 2. Acharya Y T, editor, 1<sup>st</sup> ed. Charaka Samhitha by Agnivesa. Suthrasthana; Kiyanthashiraseeyam adhyaya: Chapter 17, Verse 90. Varanasi: Choukhamba Sanskrit Sansthan, 2018; 104.
- 3. Acharya Y T, editor, 1<sup>st</sup> ed. Charaka Samhitha by Agnivesa. Suthrasthana; Vividhasithapeetiyam adhyaya: Chapter 28, Verse 12. Varanasi: Choukhamba Sanskrit Sansthan, 2018; 179.
- 4. Shenoy R, Manipal Manual of Surgery. CBS Publication: New Delhi; 2005; 16.
- 5. Wong CM, Scheufele CJ, Sandhya Bodapati, Nguyen DA, Hermann AE, Elizze J, et al. Presentations of Cutaneous Disease in Various Skin Pigmentations: Cutaneous Abscesses. HCA healthcare journal of medicine (Online). 2022 Jun 30; 3(3).
- Acharya Y T, editor, 1<sup>st</sup> ed. Charaka Samhitha by Agnivesa. Suthrasthana;
   Maharogadhyayam: Chapter 20, Verse 15. Varanasi: Choukhamba Sanskrit Sansthan,
   2018; 114.
- 7. Acharya Y T, editor, 1<sup>st</sup> ed. Charaka Samhitha by Agnivesa. Suthrasthana; Vidhishoniteeyam adhyaya: Chapter 24, Verse 18. Varanasi: Choukhamba Sanskrit Sansthan, 2018; 125.
- 8. Acharya Y T, editor, 1<sup>st</sup> ed. Charaka Samhitha by Agnivesa. Suthrasthana; Maharogadhyayam: Chapter 20, Verse 16. Varanasi: Choukhamba Sanskrit Sansthan, 2018; 115.

- 9. Murthy K R S, English Translation on Astanga Hridayam of Vagbhata. 5<sup>th</sup> ed. Chikitsasthana; Kushtachikitsitam: Chapter 19, verse 2-7. Varanasi: Choukhamba Krishnadas Academy, 2007; 472.
- 10. Pandey G, English Translation on Bhaisajya Ratnavali of Govindadas Sen. 1<sup>st</sup> ed. Visrparogaadhikara, verse 11. Varanasi: Choukhamba Sanskrit Series Office, 2008; 254.
- 11. Murthy K R S, English Translation on Astanga Hridayam of Vagbhata. 5<sup>th</sup> ed. Kalpasthana; Virechana kalpa: Chapter 2, verse 9. Varanasi: Choukhamba Krishnadas Academy, 2007; 540.