



Case Study

INTEGRATING PANCHAVALKALA KASHAYA SEKA AND VIRECHANA IN THE MANAGEMENT OF VICHARCHIKA

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ABSTRACT

Vicharchika, one among the *Kshudra kushta* is included under *Rakta pradoshaja vyadhi*. It is very difficult to cure and there are remissions. It has a very close resemblance to eczema which is characterized by oedema, skin thickening with pronounced skin markings secondary to chronic rubbing, exudate, fissures and dyspigmentation. Prevalence has increased dramatically since the early 1980s, and the disease now affects at least 20% of school children and 5-10% of adults in UK. **Materials and Methods:** A female patient aged 52 years presented with blackish colored lesions over bilateral foot associated with itching since 15 years was diagnosed as *Vicharchika*. The patient was treated with *Panchavalkala Kashaya seka* followed by *Virechana* with *Dantiharitaki lehya* and oral medications. **Results:** There was significant improvement in overall symptoms. **Conclusion:** Contemporary medicine offers moisturizers, anti-histamines and anti-inflammatory drugs for very long time where as on other hand, *Panchakarma* therapies can target root cause of the *Vyadhi* and provide more promising results.

INTRODUCTION

Vicharchika^[1,2,3] is described under *Kshudra kushta* by the *Brihatrayis* and one among *Kshudra roga*^[4] as per *Acharya Sushruta*. It is due to *Kapha pradhana tridosha dushti* according to *Acharya Charaka* and *Vaghbata*, *Pitta pradhana tridosha dushti* according to *Acharya Sushruta*. It is characterized by *Kandu*, *Shyava pidaka*, *Bahusrava*, *Raji* and *Ruksha gatra*^[5]. Since *Vicharchika* is *Pitta pradhana kushta*, *Virechana* can be adopted as *Shodhana*. In *Kushta*, *Puna puna shodhana*^[6] has to be planned as it is a *Yapya vyadhi*.

Eczema, a type of dermatitis, is a reaction pattern that presents with variable clinical findings and the common histologic finding of spongiosis. Prevalence has increased dramatically since the early 1980s, and the disease now affects at least 20% of school children and 5-10% of adults in UK^[7].

Generalized prolonged hypersensitivity to common environmental antigens, such as pollen and dust mite, is the hallmark of atopy, in which there is a genetic predisposition to produce excess IgE^[8]. Filaggrin gene mutations increase the risk of developing atopic eczema by more than threefold, emphasizing the importance of epiderma barrier impairment in this disease.

Case Report

Chief Complaints

Complaints of blackish colored lesions in bilateral foot since 15 years.

Associated Complaints

Associated with excessive itching, watery discharge from the lesion.

History of present illness

A female patient aged 52 years N/K/C/O Diabetes mellitus, hypertension and hypothyroidism was apparently normal 15 years back. Gradually, she developed small pinkish red colored lesions in right foot associated with itching. There was no h/o discharge, burning sensation and fever. Gradually, lesions developed over left foot, ankle in the next 2 years. She visited nearby clinics and took Allopathic

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treatment, found relief in symptoms. 2 years back, the symptoms got aggravated. Lesions spread above the ankle till mid leg. She had complaints of watery discharge, itching associated with scaling. Later, due to intense itching, she developed skin cuts associated with discharge, pus formation, burning sensation and swelling. Now since 1 month, she complaints of itching in the flexor surface of left upper limb and neck region. Symptoms used to aggravate during the cold seasons.

For all these complaints, she got admitted to our hospital for further management.

Past History

Medical history

N/K/C/O hypertension, diabetes mellitus
K/C/O bronchial asthma since 20 years

Family history

Father had bronchial asthma

Table 1: Personal history

Name: xyz	Bowel: Regular
Age: 52 years	Appetite: Good
Marital status: Married	Habits: None
Occupation: Accountant	Height: 152cm
Diet: Vegetarian	Weight: 82kg

Table 2: Ashtasthana pareeksha

<i>Nadi</i>	<i>Prakruta, 70bpm</i>
<i>Mutra</i>	<i>Prakruta</i> 3-4times/day 1-2 times/night
<i>Mala</i>	<i>Prakruta 1 time/day</i>
<i>Jihwa</i>	<i>Alipta</i>
<i>Shabda</i>	<i>Prakruta</i>
<i>Sparsha</i>	<i>Prakruta</i>
<i>Drik</i>	<i>Prakruta</i>
<i>Akriti</i>	<i>Sthula</i>

Table 3: Dashavidha pareeksha

<i>Prakriti: Vata kapha</i>	<i>Satmya: Katu pradhana sarva rasa satmya</i>
<i>Vikriti: Tridosha</i>	<i>Ahara shakti: Madhyama</i>
<i>Sara: Madhyama</i>	<i>Vyayama shakti: Madhyama</i>
<i>Samhanana: Madhyama</i>	<i>Vaya: Madhyama (52 years)</i>
<i>Satva: Madhyama</i>	<i>Pramana: Ht- 152cm Wt- 82kg</i>

SYSTEMIC examination

Central nervous system: Higher mental functions intact, no abnormality detected

Cardiovascular system: S1 S2 heard, no abnormality detected

Respiratory system: NVBS heard, no abnormality detected

Gastrointestinal system: P/A- soft, non tender

Integumentary System

Inspection

Site - Bilateral foot with symmetrical distribution

Distribution- Bilateral foot with symmetrical distribution

Colour - Hyperpigmented lesion (blackish brown)

Shape - Irregular

Edges - Gradually blend

Type of lesion – Secondary

Scales – Present

Excoriations – Present

Lichenification- Present

Visibility of blood vessels – Absent

Discharge – Serous

Palpation

Tenderness – Absent

Texture – Rough

Temperature – Not raised

Table 4: Specific signs elicited in the patients

Signs	
Auspitz sign	Negative
Koebners sign	Negative
Candle grease sign	Positive

Table 5: Samprapti ghataka

Dosha	Tridosha	Udbhavasthana	Amashaya
Dushya	Twak, Rakta, Mamsa, Lasika	Sancharasthana	Sarva shareera
Agni	Jatharagni, Dhatvagni	Vyaktasthana	Dvipada, Hasta
Agnidushti	Mandagni	Adhistana	Twak
Srotas	Rasavaha, Raktavaha, Mamsavaha, Medovaha	Rogamarga	Bahya
Srotodushti	Sangha, Vimargagamana	Sadhyasadhyata	Yapya

Table 6: Treatment protocol adopted

Panchakarma	Shamana Oushadhis
<ul style="list-style-type: none"> • <i>Sthanika Panchavalkala</i>^[9] <i>pariseka</i> to bilateral foot for 5 days • <i>Deepana pachana</i> with <i>Chitrakadi vati</i>^[10] for 3 days • <i>Snehapana</i> with <i>Murchita ghrita</i> for 4 days • <i>Sarvanga Abhyanga</i> with <i>Yastimadhu Taila</i> f/b <i>Ushnajala snana</i> for 3 days • <i>Virechana</i> with <i>Dantiharitaki leha</i>^[11] 	<ul style="list-style-type: none"> • <i>Triphala Guggulu</i> 1TID A/F • <i>Arogyavardhini Vati</i>^[12] 1BD B/F • <i>Avipathikara churna</i> 5gm BD B/F with warm water

OBSERVATION AND RESULTS**Table 8: Observation and Results**

Treatment	Observation
<i>Sthanika Panchavalkala pariseka</i> to bilateral foot	Itching and burning sensation reduced moderately
<i>Snehapana</i> with <i>Murchita ghrita</i>	Serous discharge from lesion reduced
<i>Sarvanga Abhyanga</i> with <i>Yastimadhu Taila</i> f/b <i>Ushnajala snana</i>	Itching reduced
<i>Virechana</i> with <i>Dantiharitaki leha</i>	Dry scaly lesion disappeared completely Itching and burning sensation reduced 80%

Table 9: Overall assessment before and after treatment

	Before treatment	After <i>Panchavalkala pariseka</i>	After <i>Virechana</i>	% of Improvement
Discharge	Severe	Reduced by 60%	Complete disappearances of discharge	100%
Itching and burning sensation	Present	Reduced by 40%	Completely reduced	100%
Scaly lesion	Present	Present	Absent	100%
EASI Score ^[13]	12	2.6		78.3%
SCORAD ^[13]	66.1	16.2		75.5%
Average Improvement				90.76%



Before Treatment



After Treatment

DISCUSSION

In the present case study, an average improvement of 90.76% was found. All the assessment parameters showed marked improvement. *Punaha punaha shodhana* is told as the main line of treatment in *Kushta* as it is a *Bahudosha avastha* and *Yapya* in nature. In this case, there was mainly involvement of *Kapha*, *Pitta* and *Rakta*, and hence *Virechana* was planned.

Deepana pachana with *Chitrakadai vati* was given. *Chitrakadi vati* contains *Chitraka*, *Pippali moola*, *Yavakshara*, *Sarjikshara*, *Panchalavana*, *Vyosha*, *Hingu*, *Ajamoda* and *Chavya* which does *Ama pachana* and *Agnideepana*.

Panchavalkala pariseka

Pariseka is a therapeutic procedure where medicated *Kashaya* is poured over the affected area in a continuous stream. It effectively does the *Shamana* of *Kapha* and *Pitta dosha* which are primarily involved. *Panchavalkala* has *Kashaya rasa* which helps in drying and tightening the skin, *Tikta rasa* which helps in cleansing and detoxification. It is *Tridosha shamaka* and has antibacterial, antifungal, anti-inflammatory and healing properties. There was 60% reduction in discharge and 40% reduction in itching and burning sensation after *Panchavalkala seka*.

Virechana with Dantiharitaki leha

Mandagni (disrupted digestion and metabolism) is the main cause for all *Vyadhis*. By *Virechana*, the *Ama* which is present in the intestinal level hampering the gut biosis can be removed, thereby help in regaining normal gut microbiota. Normal gut microbiota is very essential for the purpose of digestion, metabolism and maintaining immune balance. Gut dysbiosis can lead to Th 2-

dominant immune response, which is a hallmark of eczema. It is also associated with reduced production of metabolites like ceramides and lipids, which are crucial for maintaining the skin barrier (Weakened skin barrier makes the skin more susceptible to allergens, irritants and infections worsening eczema symptoms).

Dantiharitaki Leha is a classical Ayurvedic formulation used for *Virechana* in conditions involving *Kapha-pitta dosha dushti*. The herbs in this formulation have anti-inflammatory effects which help reduce swelling, redness and irritation, supports the healing of tissues and promotes regeneration. *Virechana* addresses the root cause by detoxifying the body, purifying the blood and balancing the *Doshas*.

CONCLUSION

Vicharchika is one such disease which is chronic and recurring in nature, characterized by *Kandu*, *Srava*, *Vaivarnya* and thickening of skin. Faulty lifestyle and dietary habits causes vitiation of *Agni*, further leading to vitiation of *Tridoshas*, impairing *Rakta*, *Mamsa* and *Twak*, resulting in *Vicharchika*. *Shodhana* therapies like *Virechana* and *Raktamokshana* are effective in these conditions. Here, in the present case, *Panchavalkala seka* was given as *Lakshanika chikitsa*. *Virechana* was given as *Samprapti vighatana* and *Dosha pratyhanika chikitsa*. The present case being chronic in nature, requires long term management, including lifestyle modifications, to minimize flare ups and improve quality of life. Ayurveda emphasizes treating the *Mula* (root cause), rather than just symptoms, ensuring sustainable results and improves overall health.

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