



ISSN 2456-3110

Vol 5 · Issue 6

Nov-Dec 2020

Journal of  
**Ayurveda and Integrated  
Medical Sciences**

*www.jaims.in*

**JAIMS**

An International Journal for Researches in Ayurveda and Allied Sciences



**Charaka**  
Publications

*Indexed*

# Clinical evaluation of *Amrita Ghrita Sneha-Pana* followed by *Pippalyadi Yoga Virechana* in the management of *Vicharchika* (chronic dermatitis)

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## ABSTRACT

**Background:** *Vicharchika* is a *Kapha* dominated *Tridoshaja Kshudra Kustha* (minor skin disease) primarily characterized by eruptions with hyperpigmentation, itching and profuse discharge, but sometimes there may be dryness with itching, marked linings and thickening of the skin. The clinical presentation of *Vicharchika* is very much similar to that of Chronic Dermatitis or Eczema. The incidence of the disease is high and the relapsing nature of the disease makes it difficult to cure. Though many treatment modalities are there but in many of the cases the outcome is not satisfactory and long-term conventional treatment increases the chance of drug induced complications. So, in search of an effective, safe and affordable treatment modality the present study was carried-out. **Objective:** To evaluate the effectiveness of *Amrita Ghrita Sneha-pana* followed by *Pippalyadi Yoga Virecana* in the management of *Vicarcika* (chronic dermatitis). **Materials and Methods:** An open level clinical trial with pre-test and post test design were carried out where 30 patients suffering from *Vicharchika* were registered and were treated with *Amrita Ghrita Sneha-pana* followed by *Virechana* with *Pippalyadi Yoga*. Follow-up was done for 60 days. Assessment was done on 0-day, 15<sup>th</sup> day, 30<sup>th</sup> day and 60<sup>th</sup> day based on the symptoms and standard assessment tool specially designed for Chronic Dermatitis (Eczema). Appropriate statistical methods were used to analyse data. **Result:** Statistically significant improvement was observed in the symptoms of the disease. **Conclusion:** *Amrita Ghrita Sneha-pana* followed by *Pippalyadi Yoga Virecana* is found to be effective in the management of *Vicharchika*.

**Key words:** *Vicharchika*, *Chronic Dermatitis*, *Eczema*, *Amrita Ghrita*, *Pippalyadi Yoga*.

## INTRODUCTION

*Vicharchika* (chronic dermatitis) is described under *Kshudra Kushtha* (minor skin diseases) in Ayurvedic classics.<sup>[1]</sup> Though it is mentioned as a *Kapha* dominated *Tridoshaja*,<sup>[2]</sup> curable disease, yet the

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Submission Date: 17/11/2020

Accepted Date: 11/12/2020

### Access this article online

#### Quick Response Code



Website: [www.jaims.in](http://www.jaims.in)

DOI: 10.21760/jaims.5.6.1

relapsing nature makes it much discomfort for patient and troublesome for physician too. *Vicharchika* though not a life-threatening disease, but it gives problem to the patient due to its appearance, severe itching which disturbs routine life and chronicity. According to Charaka, the ancient medical authority, this skin disease is characterized by eruptions with hyperpigmentation, itching and profuse discharge.<sup>[3]</sup> Subsequent Ayurvedic authors like Vagbhata,<sup>[4]</sup> Madhavakara<sup>[5]</sup> and Bhavamishra<sup>[6]</sup> had similar opinion like Charaka whereas Sushruta, the Father of Surgery has mentioned the symptoms as dryness of the skin with intense itching and marked linings.<sup>[7]</sup> Similarly difference of opinion exists between the other texts like Kashyapa Samhita,<sup>[8]</sup> Harita Samhita,<sup>[9]</sup> Bhela Samhita<sup>[10]</sup> etc. But all the authors are having similar opinion about the fact that itching and

eruptions are cardinal symptoms of *Vicharchika*, and they are always present in this condition.

*Vicharchika* has similar manifestations like that of chronic dermatitis mentioned in the modern contemporary system of medicine. Chronic dermatitis or eczema is very much troublesome for the patient and has a substantial impact on quality of life.<sup>[11]</sup> In the developed and developing world, chronic dermatitis accounts for a large proportion of skin diseases, both in hospitals and in the community. In Europe and USA the prevalence of chronic dermatitis among children is approximately 20% and, among adults it ranges between 7% and 14% with substantial variation between countries.<sup>[12]</sup> Though in India and other Asian countries the prevalence of the disease is less in comparison to the global scenario<sup>[13]</sup> but in the Asian countries the burden of the disease has been increasing over the last few decades.<sup>[14]</sup> The treatment in the Modern contemporary system of medicine mainly include use of emollients, topical corticosteroids, topical calcineurin inhibitors, cyclosporin, oral glucocorticoids, photo therapy, antimetabolites, interferon gamma, allergen immunotherapy and biologics depending on cases.<sup>[15]</sup> Long term use of many of these medications may have serious adverse effects.<sup>[16]</sup> Thus, there is a need to explore safe, effective, economical therapeutic intervention to relieve the symptoms, to stop the recurrence and to remove the disease from its root.

In Ayurveda *Shodhana* (internal purification) therapy has been considered to be superior to *Shamana* (pacifying) therapy as it expels out the vitiated *Doshas* from the body, thus cures the disease from its root and prevents recurrence.<sup>[17]</sup> *Virechana*, one of the five principal *Shodhana* procedures<sup>[18]</sup> has been considered as one of the best treatment modalities for chronic skin diseases.<sup>[19]</sup> In the classical Ayurvedic texts, large number of formulae are described for *Sneha-pana* and *Amrita ghrita*<sup>[20]</sup> is one among such drugs used for *Shodhanartha Sneha-pana* purpose and *Pippalayadi Yoga*<sup>[21]</sup> for *Virechana Karma*. *Sharangadhara* mentioned *Amrita Ghritam* as a *Sneha-pana Yoga* in the management of *Kushta*. Till now, no study has been taken-up to assess the

efficacy of *Amrita Ghritam* for the purpose of *Sneha-panam* and *Pippalayadi Yoga* for *Virechana Karma* in the management of *Vicharchika*. Hence this study was planned to explore the efficacy of *Amrita Ghritam* as *Shodhananga Sneha-pana* followed by *Virechana* with *Pippalayadi Yoga* in the management of *Vicharchika*.

## MATERIALS AND METHODS

### Materials

#### *Amrita Ghritam*

*Amrita Ghritam* is a medicated Ghee (purified butter) prepared with *Guduchi Kwath* (decoction of *Tinospora cordifolia*), *Guduchi Kalka* (Paste of *Tinospora cordifolia*) and *Go-Kheeram* (cow's milk). [Table-1]

**Table 1: Ingredients of *Amrita Ghritam*.**

SN	Ingredients	Parts
1.	<i>Guduchi Kalka</i> (Paste of <i>Tinospora cordifolia</i> )	1 part
2.	<i>GuduchiKwatha</i> (decoction of <i>Tinospora cordifolia</i> )	16 part
3.	<i>Go-Ksheeram</i> (cow's milk)	4 part
4.	<i>Go-Ghritam</i> (purified butter made from cow's milk)	4 parts

#### *Pippalyadi Yoga*

It is a *Virechana Yoga* specially indicated for *Kapha* predominant conditions. Its ingredients are – *Pippali* (*Piper longum*), *Shunthi* (*Zingiber officinale*), *Yavakshara* (an alkali formulation prepared from barley), *Shyama* and *Aruna Trivrit* (*Operculina turpethum*). [Table-2]

**Table 2: Ingredients of *Pippalyadi Yoga*.**

SN	Ingredients	Parts
1.	<i>Pippali</i> ( <i>Piper longum</i> )	1 part
2.	<i>Shunthi</i> ( <i>Zingiber officinale</i> )	1 part
3.	<i>Yavakshara</i> (an alkali formulation prepared from barley)	1 part

4.	<i>Shyama Trivrit (Operculina turpethum)</i>	2 part
5.	<i>Aruna Trivrit (Operculina turpethum)</i>	2 part
<i>Anupana of Pippalyadi Yoga: Madhu (honey)</i>		

## METHODOLOGY

An open-label, clinical trial was conducted with a sample size of 30 patients suffering from *Vicharchika*. Duration of treatment was for 12 days (minimum) to 23 days (maximum) and follow up was done for 60 days. Total duration of the study was one and a half year.

### Source of data

Patients suffering from *Vicharchika* attending the *Panchakarma* OPD and IPD of S.V. Ayurvedic Hospital, Tirupati, Andhra Pradesh were screened and allocated for the study. 30 patients were included into the study after fulfilling the inclusion and exclusion criteria and after getting written consent from the patients. Dropouts were excluded from the study.

A detailed history taking, and physical examination was carried out in these patients. The clinical data along with the elaborated assessment of the condition were recorded in the specially designed case proforma.

### Inclusion criteria

1. Patients with signs and symptoms of *Vicharchika* described in Ayurvedic texts and signs and symptoms of chronic dermatitis.
2. Patients of either sex between the age of 18-60 years.
3. Patients who are willing to participate in the study.

### Exclusion criteria

1. Patients with Diabetes mellitus, Hypertension, Chronic metabolic disorders, Tuberculosis, HIVAIDS, Malignancy and other systemic diseases which needs regular medication.
2. Patients with drug induced chronic dermatitis.

3. *Upadrava-janya* and *Upadrava-yukta Vicharchika*.
4. Patient with hyper lipidemia and serum electrolyte imbalance.

### Investigations

Hemogram, Fasting and Post Prandial Blood sugar, Glycosylated haemoglobin, Renal Function Test, Liver Function Test, Fasting Lipid Profile, Serum Sodium and Potassium, Routine examination of Urine and stool, HIV test were carried out before treatment to exclude other conditions.

### Intervention

1. *Dipana-Pachana* with *Chitrakadi Vati*<sup>[22]</sup> for 3 to 6 days
2. *Sneha-pana* with *Amrita Ghritam* for 3 to 7 days
3. *Abhyanga* with *Mahamarichyadi Taila*<sup>[23]</sup> followed by *Atapa Swedana* and *Ushna Jala Snana* for 3 days
4. *Virechana* with *Pippalyadi Yoga* one day
5. *Samsarjana Krama* for 3 to 7 days

### Therapeutical steps

1. Patients were given *Chitrakadi Vati* as *Dipana Pachana* drug with *Ushna Jala Anupana*, for 3 to 6 days before starting *Sneha-pana*.
2. Patients were subjected to *Sneha-pana* with *Amrita Ghritam* with *Ushna Jala Anupana* as per the classical method. Depending upon *Rogi-bala* (strength of the patient), *Roga-bala* (severity of the disease) and strength of *Agni*, the dose of *Ghrita* was given in *Vardhamana Matra* (increasing dose), starting from 30 ml and increased up to maximum 180 ml. *Sneha-pana* was continued for a period of 3-7 days, based on *Koshtha* and appearance of *Samyaka Snigdha Lakshanas*.<sup>[24]</sup>
3. When *Samyaka Snigdha Lakshanas* were achieved, *Abhyanga* (with *Mahamarichyadi Tailam*) and followed by *Atapa Swedana* and *Ushnodaka Snana* was advised to the patients for two days and prior to *Virecana Karma*.

4. *Virechana Karma* was carried out with *Pippalyadi Yoga* as per the classical method. 18 to 36 g of *Pippalyadi Yoga* (Churna) with *Anupana* of *Madhu* was given as *Virechana* drug depending on the *Bala* of the patient.
5. *Usnodaka* was used as *Virechanopaga Dravya* as per the requirement in between *Vegas*.
6. When the *Samyaka Shuddhi Lakshana* as according to *Vaigiki, Antiki, Maniki*, and most importantly *Laingiki* criteria<sup>[25]</sup> were found, the procedure was completed, and the patient was advised to take rest.
7. Vital parameters like pulse, blood pressure, respiratory rates were recorded throughout the procedure.
8. *Samsarjana Krama* (3 to 7 days) was advised to each patient based on their level of purification (*Pravara/Madhyama/Avarashuddhi*).<sup>[26]</sup>

**Assessment criteria**

Patients were assessed based on the clinical parameters [Table-3], and Eczema Area and Severity Index (EASI) score.<sup>[27]</sup> These gradations were recorded in every patient during assessment on 0-day i.e. before the therapeutic intervention on 15<sup>th</sup> day, 30<sup>th</sup> day and on 60<sup>th</sup> day.

**Table 3: Parameters for assessment (grading system)**

S N	Symptoms	Grading system of the symptom			
		Grade-0	Grade-1	Grade-2	Grade-3
1.	<i>Kandu</i> (itching)	No itching	Mild itching not disturbing normal activity	Occasional itching disturbs normal activity	Itching present continuously and even disturbing sleep
3.	<i>Srava</i> (discharge)	No discharge	Moisture on the skin lesion	Weeping from the skin lesion	Weeping from the skin lesion followed

					d by crusting
4.	<i>Rukshta</i> (roughness)	No dryness	Dryness with rough skin ( <i>Ruksha</i> )	Dryness with scaling ( <i>Khara</i> )	Dryness with cracking ( <i>Parusha</i> )
5.	<i>Pidikotpatti</i> (eruption)	No eruption in the lesion	Scanty eruptions in few lesions	Scanty eruptions in at least half of the lesion	All the lesions full of eruption
6.	<i>Vaivarnya</i> (discolouration)	Nearly normal skin colour	Brownish red discolouration	Blackish red discolouration	Blackish discolouration
7.	Thickening of skin	No thickening of skin	Thickening of skin but no criss-cross marking	Thickening with criss-cross marking	Severe lichenification
8.	Ruja (pain)	No pain	Mild pain	Moderate pain	Severe pain

**Statistical analysis**

Effect of the therapy on signs and symptoms of *Vicharchika*, on 15<sup>th</sup> day, 30<sup>th</sup> day and 60<sup>th</sup> day were evaluated by repeated ANOVA test with Turkey-Kramer multiple comparison test.

**RESULT**

The efficacy of therapy was adjudged on varied parameters and the results were derived after execution of statistical methodology. The effect of therapy has been presented here, with the help of repeated Anova test.

**Table 4: ANOVA summary for *Kandu* (itching)**

Groups	A: 0-day	B: 15 <sup>th</sup> day	C: 30 <sup>th</sup> day	D: 60 <sup>th</sup> day
Mean	0.300	0.200	0.100	0.067
Std. Deviation	0.651	0.484	0.3051	0.254



Sample size	30	30	30	30
Comparison	A vs B	A vs C	A vs D	B vs D
M. D.	0.100	0.200	0.233	0.133
Q value	2.086	4.171	4.867	2.781
P value summary	ns P >0.05	*P <0.05	**P <0.01	ns P >0.05

**Effect of the intervention on *Kandu* (itching):** on 15<sup>th</sup> day there was no significant relief in *Kandu* but assessment on 30<sup>th</sup> days showed significant relief and on 60<sup>th</sup> day reduction of *Kandu* was highly significant [Table-4].

**Table 5: ANOVA summary for *Pidikotpatti* (eruptions)**

Groups	A: 0-day	B: 15 <sup>th</sup> day	C: 30 <sup>th</sup> day	D: 60 <sup>th</sup> day
Mean	1.400	0.733	0.533	0.300
Std. Deviation	1.037	1.048	0.819	0.535
Sample size	30	30	30	30
Comparison	A vs B	A vs C	A vs D	B vs D
M. D.	0.667	0.867	1.100	0.433
Q value	7.598	9.878	12.537	4.939
P value summary	***P<0.001	***P<0.001	***P<0.001	**P<0.01

**Effect of the intervention on *Pidikotpatti* (eruptions):** The reduction in *Pidikotpatti* on 15<sup>th</sup> day, 30<sup>th</sup> day and 60<sup>th</sup> day was extremely significant [Table-5].

**Table 6: ANOVA summary for *Ruja* (pain)**

Groups	A: 0-day	B: 15 <sup>th</sup> day	C: 30 <sup>th</sup> day	D: 60 <sup>th</sup> day
Mean	0.400	0.233	0.167	0.067
Std. Deviation	0.622	0.504	0.379	0.254
Sample size	30	30	30	30
Comparison	A vs B	A vs C	A vs D	B vs D
M. D.	0.167	0.233	0.333	0.167

Q value	3.281	4.594	6.563	3.281
P value summary	ns P >0.05	**P <0.01	***P <0.001	ns P >0.05

**Effect of the intervention on *Ruja* (pain):** The relief in *Ruja* on 15<sup>th</sup> day was not significant but on the 30<sup>th</sup> day the relief in *Ruja* was highly significant and the reduction of *Ruja* on 60<sup>th</sup> day was extremely significant [Table-6].

**Table 7: ANOVA summary for *Rukshata* (roughness)**

Groups	A: 0-day	B: 15 <sup>th</sup> day	C: 30 <sup>th</sup> day	D: 60 <sup>th</sup> day
Mean	1.800	0.933	0.8000	0.467
Std. Deviation	1.297	0.785	0.761	0.507
Sample size	30	30	30	30
Comparison	A vs B	A vs C	A vs D	B vs D
M. D.	0.867	1.000	1.333	0.467
Q value	10.455	12.064	16.085	5.630
P value summary	***P<0.001	***P<0.001	***P<0.001	***P<0.001

**Effect of the intervention on *Rukshata* (roughness):** Reduction in *Rukshata* was extremely significant after treatment on 15<sup>th</sup> day, 30<sup>th</sup> day and on 60<sup>th</sup> day [Table-7].

**Table 8: ANOVA summary for *Srava* (discharge)**

Groups	A: 0-day	B: 15 <sup>th</sup> day	C: 30 <sup>th</sup> day	D: 60 <sup>th</sup> days
Mean	0.867	0.577	0.525	0.381
Std. Deviation	1.042	0.3457	0.3457	0.2537
Sample size	30	30	30	30
Comparison	A vs B	A vs C	A vs D	B vs D

M. D.	0.289	0.341	0.485	0.196
Q value	8.695	8.695	9.485	0.7904
P value summary	***P<0.001	***P<0.001	***P<0.001	ns P>0.05

**Effect of the intervention on Srava (discharge):**

Reduction in *Srava* was extremely significant after treatment on 15<sup>th</sup> day, 30<sup>th</sup> day and on 60<sup>th</sup> day [Table-8].

**Table 9: ANOVA summary for Vaivarnya (discolouration)**

Groups	A: 0-day	B: 15 <sup>th</sup> day	C: 30 <sup>th</sup> day	D: 60 <sup>th</sup> day
Mean	0.733	0.200	0.167	0.033
Std. Deviation	1.081	0.551	0.461	0.183
Sample size	30	30	30	30
Comparison	A vs B	A vs C	A vs D	B vs D
M. D.	0.533	0.567	0.700	0.167
Q value	6.028	6.404	7.911	1.884
P value summary	***P<0.001	***P<0.001	***P<0.001	ns P>0.05

**Effect of the intervention on Vaivarnya (discolouration):**

Reduction in *Vaivarnya* was extremely significant after treatment on 15<sup>th</sup> day, 30<sup>th</sup> day and on 60<sup>th</sup> day [Table-9].

**Table 10: ANOVA summary for Skin thickening**

Groups	A: 0-day	B: 15 <sup>th</sup> day	C: 30 <sup>th</sup> day	D: 60 <sup>th</sup> day
Mean	2.200	1.467	1.333	0.967
Std. Deviation	0.997	0.899	0.959	0.765
Sample size	30	30	30	30

Comparison	A vs B	A vs C	A vs D	B vs D
M. D.	0.733	0.867	1.233	0.500
Q value	8.916	10.537	14.994	6.079
P value summary	***P<0.001	***P<0.001	***P<0.001	***P<0.001

**Effect of the intervention on Skin thickening:**

Reduction in Skin thickening was extremely significant after treatment on 15<sup>th</sup> day, 30<sup>th</sup> day and on 60<sup>th</sup> day [Table-10].

**Table 11: ANOVA summary for EASI score**

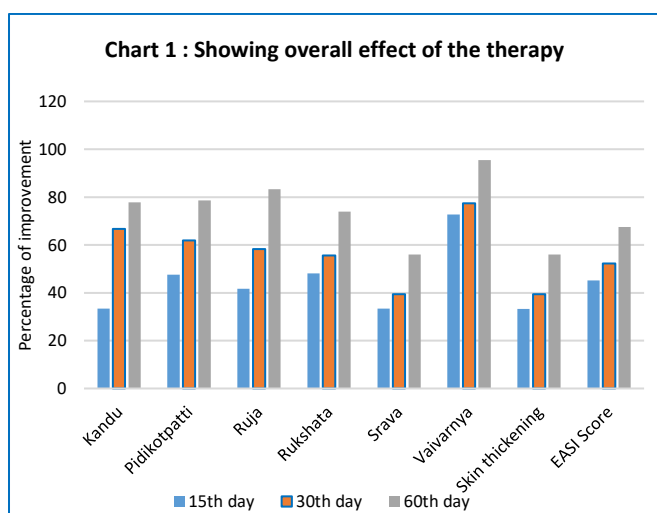
Groups	A: 0-day	B: 15 <sup>th</sup> day	C: 30 <sup>th</sup> day	D: 60 <sup>th</sup> day
Mean	48.932	26.817	23.363	15.927
Std. Deviation	11.144	11.530	8.421	6.754
Sample size	30	30	30	30
Comparison	A vs B	A vs C	A vs D	B vs D
M. D.	22.115	25.568	33.005	10.890
Q value	12.533	14.490	18.704	6.171
P value summary	***P<0.001	***P<0.001	***P<0.001	***P<0.001

**Effect of the intervention on EASI score:** Reduction in EASI score was extremely significant after treatment on 15<sup>th</sup> day, 30<sup>th</sup> day and on 60<sup>th</sup> day [Table-11].

**Table 12: Overall effect of the intervention**

SN	Symptoms	On 15 <sup>th</sup> day % of relief	On 30 <sup>th</sup> day % of relief	On 60 <sup>th</sup> day % of relief
1.	<i>Kandu</i>	33.33	66.66	77.76
2.	<i>Pidikotapatti</i>	47.62	61.90	78.57
3.	<i>Ruja</i>	41.67	58.32	83.32
4.	<i>Rukshata</i>	48.15	55.55	73.88

5	<i>Srava</i>	33.33	39.39	56.04
6.	<i>Vaivarnaya</i>	72.72	77.35	95.50
7.	Skin thickening	33.32	39.40	56.05
8.	EASI score	45.19	52.25	67.45



### Overall effect of the intervention

*Kandou* was reduced by 33.33%, 66.66% and 77.76% on 15<sup>th</sup> day, 30<sup>th</sup> day and 60 day respectively. *Pidikotpatti* was reduced by 47.62%, 61.90% and 78.57% on 15<sup>th</sup> day, 30<sup>th</sup> day and 60 day respectively. *Ruja* was reduced by 41.67%, 58.32% and 83.32% on 15<sup>th</sup> day, 30<sup>th</sup> day and 60 day respectively. *Rukshata* was reduced by 48.15%, 55.55% and 73.88% on 15<sup>th</sup> day, 30<sup>th</sup> day and 60 day respectively. *Srava* was reduced by 33.33%, 39.39% and 56.04% on 15<sup>th</sup> day, 30<sup>th</sup> day and 60 day respectively. *Vaivarnya* was reduced by 72.72%, 77.35% and 95.50% on 15<sup>th</sup> day, 30<sup>th</sup> day and 60 day respectively. Skin thickening was reduced by 33.32%, 39.40% and 56.05% on 15<sup>th</sup> day, 30<sup>th</sup> day and 60 day respectively. Reduction in EASI score was 45.19%, 52.25% and 67.45% on 15<sup>th</sup> day, 30<sup>th</sup> day and 60 day respectively. [Table-12][Chart-1]

### DISCUSSION

*Vicarcika* is a *Kapha* predominant *Tridoshaja Kshudra Kushtha*. The cardinal symptoms of *Vicarcika* are *Kandou*, *Pidaka Utpatti*, *Vaivarnya*, *Shyavata*, and *Bahusrava*. Though it is mentioned as *Sadhya Kustha*

by all Ayurvedic texts but just like all other *Kusthas* recurrence is the main challenge.

In the present study, out of 30 patients, 12 were from the age group of 40-50 years, 9 from 20-30 years and 5 patients from 30-40 years age group, 2 patients were above 50 years and 2 patients were below 20 years. There were 16 male patients and 14 female patients in the study. Maximum number of patients (about 80%) were Hindus as in the surrounding areas population of Hindus were much higher. The maximum number of patients were from urban habitat (66.66%). The distribution of the patients revealed that patients who were in service (40%) and housewives (33.33%) were likely to be more suffered from *Vicharchika* followed by, students (16.66%) and labourer 10%. The distribution of patients showed that middle class people 70% are more prone to get the disease. The data reveals that, 40 % of patients were having *Vata-Kapha Prakriti* followed by 30% of patients having *Pitta-KaphaPrakriti*, 30% patients were having *Vata-Pitta Prakriti*. Maximum affected part was found in right lower limb (93.33%) followed by left lower limb (80%), left upper limb (73.33%), right upper limb (66.66%), Head and neck (43.33%), back (33.33%), anterior trunk (20%) and genitals (13.33%). Among the clinical features, all the patients had *Kandou*, *Srava* was there in 30% patients, *Pidika* in 73.33% patients, *Vaivarnya* in 40%, *Ruja* in 33.33% patients, and *Rukshata* in 73.33% patients. About 70% of the cases had *Shushka* (dry) type of the *Vicharchika* where as 30% were presented with *Sravi Vicharchika*. 63.33% of cases had chronicity of 1-5 years on the other hand 30% of cases were, less than 1 year of chronicity.

*Samshodhana Chikitsa* (bio-cleansing therapy) of Ayurveda, which includes *Virechana Karma* also, basically intends to eliminate the harmful toxic elements from the body and thereby facilitates the normal functioning of different systems of the body. The toxic products of body metabolism can be broadly divided into water soluble, fat soluble and volatile substances. The volatile substances like carbon dioxide can easily be removed from the body through lungs. While there are number of mechanisms



available to get rid of the water-soluble toxic materials through kidney, sweat and other body secretions, removal of fat-soluble toxic materials is very difficult and only liver can play a small role. Hence it is likely that, there would be accumulation of fat-soluble toxic products in the body leading to various diseases. This may be termed as *Mala-Sanchaya* in *Shakha* i.e. *Rasadi Dhatu* (different tissues). In the present study, use of *Amrita Ghrita* as *Sneha-pana* followed by *Virechana* could help in the elimination of these fat-soluble toxic products. In modern day medicine, we understand that molecules move from higher concentration to lower concentration when separated by a diffusible membrane. The skin and the mucus membrane provide an excellent opportunity for this manoeuvre. The oil/ghee processed with *Aushadha-dravyas* acting on *Rasa* and *Rakta Dhatu* gave an additional effect. In this way, the *Sneha-pana* and *Abhyanga* played a very important role to bring *Doshas* from *Shakha* to *Koshtha*. Out of 30 patients, 18 patients needed a highest dose of 150 ml of *Amrita Ghritam* for *Samyak Snigdha Lakshana*, 10 patients had highest dose of 120ml *Ghritam* and 2 patients required 180ml as highest dose to achieve *Samyaka Snigdha Lakshana*. Features of *Samyaka Snigdha* were observed on 5<sup>th</sup> day in most of the patients.

Prior to the *Pradhana Karma*, *Svedana* was done which possibly increased the local skin blood flow, thereby enhancing the exchange process (*Srotomukha Vishodhanam*). Though *Svedana* is contraindicated in *Kushtha*, *Mridu-Svedana* was advised to the patients.

Out of 30 patients, 4 Patients had more than 20 *Virechana Vega*, 21 patients had 15-20 *Vega* and 5 patients had 10-15 *Vega*, but overall patients had *Laingiki Shudhi*. 3 Patients complained of weakness, 2 patients complained of abdominal cramp during *Virechana* and 1 patient had episodes of vomiting after consuming the *Virechana* drug. No other major complication of *Virechana* was observed.

*Kandu* (itching) and *Rukshata* (dryness) were markedly reduced in the course of *Snehapana* itself. This may be due to the *Snigdha Guna* of *Ghrita* and

therapeutic effect of *Guduchi*. Other features started improving after the process of *Virechana*. Maximum improvement was observed by 10-15 days after *Virechana* in most of the patients.



## CONCLUSION

From the above study It can be concluded that *Amrita Ghrita Sneha-pana* followed by *Virecana Karma* with *Pippalyadi Yoga* has shown encouraging improvement in the signs and symptoms of *Vicharchika* hence it can be a remedy for *Vicharchika* and other *Kaphaja* varieties of skin diseases. For further research, some modification in the treatment schedule may be done for e.g. addition of *Rasayana* drugs or *Shamana Aushadhi Prayoga* after *Virechana*. In the present study as the sample size is very small and the follow up period is short so to come to a conclusion about the effectiveness and safety of the specific treatment, a clinical trial with an appropriate control group, bigger sample size and long follow up period will be needed.

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**How to cite this article:** Dr. Pritu Tiwari, Dr. Abhishek Bhattacharjee, Dr. Parashara Murali Krishna. Clinical evaluation of Amrita Ghrita Sneha-Pana followed by Pippalyadi Yoga Virechana in the management of Vicharchika (chronic dermatitis). J Ayurveda Integr Med Sci 2020;6:1-9. <http://dx.doi.org/10.21760/jaims.5.6.1>

**Source of Support:** Nil, **Conflict of Interest:** None declared.