

AYURLINE

e-ISSN: 2456-4435

October-2020 | Vol. 04th | Issue:5th

International Journal of Research in Indian Medicine

"Effect of an Ayurvedic Formulation Orally and Purnil Oil locally in the management of Vicharchika w. s. r. to Eczema" —A case study.

Subhash B Jamdhade*1, Pravin G Kendre2, S. K. Jaiswal3

- 1. Associate Professor
- 2. P.G Scholar
- 3. HOD/Professor

P.G. Dept. of Kaychikitsa, D.M.M. Ayurved College, Yavatmal, M. S., India

*Corresponding Author: drsubhashjamdhade@gmail.com

Abstract:

Ayurveda is the traditional, ancient system of health science. Ayurveda is science of life. Ayurveda is not only curative but also preventive science of life. Skin is the largest and important organ and outermost covering of the body which is 1st protective barrier but very often it is exposed to many entity which can damage it and cause many skin disorder. In ayurveda the word Kushta is broad term which cover almost all skin disorder. According to many acharya in kushta due to vitiated dosha the part of the skin become affected and changes its normal colour called Kushta .which have been classify two groups.

1. Mahakushta 2. Kshudrakushta.

Vicharchika is defined under kshudrakushta. it can be correlate with eczema in modern medicine. Vicharchika is kapha pradhan vyadhi and symptom of

vicharchika are Kandu (itching), Shyavata (blackish discoloration), Pidaka (eruption), Bahustrava (discharge), Ruja (pain), Rajyo (marked lining due to thickness of lesion), Rukshata (dryness).

In spite of presence of antibiotic, antihistamines, steroids etc., the skin disorder remains refractory to treatment But *Ayurveda* is the repository of skin remedies which are therapeutically safe and effectiveness.

In *ayurveda* there are various drugs formulation mentioned in *samhita* which show significant effect on *vicharchika*.

Methodology: In this case of *vicharchika* patient was treated by some *Ayurvedic* formulation orally and *Purnil* Oil locally.

Keywords: Vicharchika, Kushta, Eczema, Purnil oil, Ayurvedic Formulation

E- ISSN: 2456-4435

Introduction:-

Ayurveda is the traditional, ancient Indian System of Health science. Ayurveda is "the science of life". Skin is the largest and important organ and outermost covering of the body which acts as a protective barrier. But very often, it is exposed to many entities which can damage it and cause many of the skin disorder. About 10-20% ofthe general practice includes the patients suffering from skindisorder and Eczema accounts for a very large proportion of all the skin diseases.

In Ayurveda, The word Kushta is broad term, which covers almost all skin disorders. According to Astanghrudaya, in kushta due to vitiated dosha the part of skin becomes affected and changes its normal colour called kushtha. Which have been classified mainly into two groups-

(1) Mahakushtha (2) Kshudrakushtha

Vicharchika being one among kshudrakushtha and also a Rasa, Raktaand Mansa dhatu pradoshaj vikara.

According to Acharya vicharchika is kapha pradhan vyadhi and symptoms of vicharchika are kandu (Itching), shyavavarna (blackish discolouration), pidika (carbuncles), bahustrava (discharge), ruja (pain), rajyo (marked lining due to thickness of lesion), rukshata (dryness).

Also Many Acharya defined as various dosha responsible for Vicharchika vyadhi and defined vicharchika is kaphapradhan, pittapradhan, Kaphavat prdhan Disease.

All the clinical features of vicharchika can be very well correlate to clinical features of Eczema, which is distinctive pattern of inflammatory response of the skin, Eczema is broad term used for many types of skin inflammations, Itis disorder the skin also called Dermatitis. It is a pattern of inflammatory response of the skin which is the resultant of delayed type of hypersensitivity mediated T lymphocytes in the skin. It clinically manifest by pruritus, eythema, oedema, Papules and Vesicles and oozing in acute stage where itching, scaling, dryness lichenification occur in chronic stage.

Appearance carries a lot of weight in modern world. Patients are very much concerd about grooming and the way they present themselves before other. Both men and women want a looking attractive and fabulous skin right till old age. Any blemish on skin causes lot of psychological physical stress. uneasiness. In spite of presence of antibiotic, antihistamines, steroids etc, the skin disorder remains refractory to treatment But Ayurveda is the repository skin remedies which of therapeutically safe and effectiveness. The prevalence of skin disease in the general population has variedfrom 7.86% to 11.16% in various studies.

Method:- A case report

A 57yr male pt. came to OPD of kayachikitsa department of L K Ayurved Hospital Yavatmal with **chief c/o**

1) Padbhagi Twakvaivarnyata (changes in skin colouration) since 20 yr.

E- ISSN: 2456-4435

- 2) kandu (Itching) since 20yr
- 3) pidika (eruption), since 20yr
- 4) shyavvarna (blackish discolouration) since 20 yr
- 5) strava (discharge), on and off
- 6) ruja (pain), since 20 yr
- 7) rajyo (marked lining due to thickness of lesion), since 20 yr
- 8) rukshata (dryness), since 20 yr.

Pt. having above complaints since 20 yr.

Past history: NO H/O DM/HTN/Any major illness.

History of present illness:

Pt. is normal before 20 yr ago then pt. has been suffered from above symptoms. Pt. was treated by local doctor many times but after stop medication pt. symptoms was aggravated then pt.came to L.K. Ayurved Hospital Yavatmal for ayurvedic treatment and management.

Rugna parikshan:-

1) Nadi: 68/min

2) Mala: Asamyak

3) Mutra: samyak

4) Jivha: alpasaam

5) Shabda: prakrut

6) Sparsha: prakrut

7) Druk: praktrut

8) Aakruti:-Madhyam

9) Nidra:- prakrut

10) BP:- 140/86 mmHg

11) Temp: - Afebrile

Material and methods

Method:-

1) A Case Study

2) Centre: P.G Dept. of kayachikitsa L. K. Ayurved Hospital, Yavatmal, affiliated to D.M.M Ayurved college, Yavatmal.

Material:-

Table no.1 Showing material of case study

Sr.	Dravya	Dose	Duration	Anupan
no.				
1	Gandhak Rasayan	250 mg	Twice a Day	Lukewarm water
2	SuksmaTriphala	250 mg	Twice a Day	Lukewarm water
3	Guduchighanvati	250 mg	Twice a Day	Lukewarm water
4	Panchsakarchurna	3gm	H.S	Lukewarm water
5	Purnil Oil	Local application	Twice a Day	

Table no.2 Mode of action of formulation used in chikitsa

Sr.no	Dravya	Mode of action/Use	
1	Gandhak Rasayan	Kandunashak, kushtaghna, Vishaghna, rasayan,	
		vranaghna, Sarvaroghar	
2	SuksmaTriphala	Krumighna, kushtaghna, kshudraroghar,	
3	Guduchighanvati	Rasayan, Balancing Tridoshas, improve	
		immune system and built body resistance to	
		infection	
4	Panchsakarchurna	Mrudu virechak, vatanulomak	
5	Purnil Oil	Kushtaghna, twachyakar, kandughna,	
		krumighna	

*Before treatment:-



*During treatment :-1.



*During treatment: 2.



*After treatment:



Discussion:-

01) Hetu:-

 Aahar:- Dadhisevan, mansasevan, Lavan-amla-katu padarth sevan Madhyapan (drinking), virudhaaahar, vidahiannapan • Vihar:-Atishram, aatapsevan,atikrodh, panchkarma Abhav, Diwaswap

02) Samprapti Ghatak:-

- 1) Dosha:- vat + kapha
- 2) Dushya:- Rasa, Rakta, Mansa
- 3) Strotas:-Rasavahastrotas

Raktavahastrotas

Mansavahstrotas

4) Udbhavsthan: - Twacha

5) Vyaktisthan:-Twacha

In this case study the drug used orally formulation of Gandhak Rasayan, su. Triphala, Guduchi Ghanvati mostly acts as Kushtaghna, Vranaghna, Twachyakar, Shothaghna, Raktashudhikar, Balancing trishosha and rasayani and localy used purnil oil which also conataint combination of karanj oil, tuvarakoil. bakuchioil. marichoil. neemoil, castor oil which also Kushtaghna, vranaghna, twachvakar, Shothaghna, Raktashudhikar.

Result:

In ayurveda there are lots of drug used but in this case Ayurvedic Formulation Orally and Purnil oil local used and it is safe and show significant effect on reduce clinical sign and symptom of vicharchika patient.

Conclusion:- on the basis of above discussion It is concluded that Ayurvedic drug formulation of Gandhakrasayan, su.Triphala, guduchi Ghanvati orally and Purnil oil locally is

E- ISSN: 2456-4435

very effective to reduce sign and symptoms of vicharchika patient.

References:-

- 1. Charaksamhita edited by Ravidattatripathi,chaukhambapra kashan Sanskrit pratishthan Delhi, 2007 edition,Nidansthanchap.no.5; shloka no.4 page.no.514
- 2. Charaksamhita edited by Ravidattatripathi, chaukhambaprakashan Sanskrit pratishthan Delhi,2007 edition, chikitsasthanchapter no.7, Shloka no.26 and 30. Page no.185
- 3. Sushrutsamhita, edited by Ambikadattashastri,chaukhambap rakashanVaranasi,Reprint 2016,Nidan sthan chapter no .5 shlokano.5 & 13 page.no.320
- 4. SarthVaghbhat;VaghbhatkrutAsta ngHruday edited byDr.GaneshkrushnaGarde,Chauk hambhasurbharatiPrakashana,Var anasi;2016 edition;Nidansthan chap.no.14,shlok no.3 pageno.204
- 5. SarthVaghbhat;VaghbhatkrutAsta ngHruday edited by Dr.GaneshkrushnaGarde,Chaukha mbha surbharati Prakashana, Varanasi;2016 edition,Sutrasthan chap.no.1,shlock no.5,page no.02
- 6. Madhavnidan edited by Ayurveda charyashri yadunandnopadhyay,

- chaukhamba prakashan part 2, reprint2009
- 7. Sharangdharsamhita edited by bramhanandtripathi,chaukhambap rakashan Varanasi 2015,prathamkhanda, (Rogaganana)chapter no7.shloka no.87 page.no.72
- 8. Berth Jones J.Eczema; lichenification; prurigo and erythroderma.In: Burns T et al; eds. Rook's textbook of dermatology 8th ed.UK: Blackwell Publishing Ltd; 2010.
- 9. Davidson's Principle & Practice of medicine 23rd edition; Elsevier publication; Chap. no.29 page.no.1244
- 10. Harsh Mohan textbook of pathology 5th edition; Jaypee brothers Medical publication Ltd Page.no.796
- 11. Jain, S, Barambhe MS, Jain J, Jajoo UN, Pandey, N.Prevalance ofskin disease in rural central India. A Communication based cross-sectional, observational study. J mahatma Gandhi Inst med sci.2016;21:111-5
- 12. Yogratnakar edited by vaidyaraj, dattoballal borkaryog Ratnakaruttar, Rasayanadhikar page.511

Conflict of Interest: Non

Source of funding: Nil

E- ISSN: 2456-4435

pg. 5

Cite this article:

"Effect of an Ayurvedic Formulation Orally and Purnil Oil locally in the management of Vicharchika w. s. r. to Eczema" —A case study.

Subhash B Jamdhade, Pravin G Kendre, S. K. Jaiswal

Ayurline: International Journal of Research In Indian Medicine 2020;4(5): 01-05