



A COMPARATIVE CLINICAL STUDY ON VICHARCHIKA VIS-À-VIS ALLERGIC CONTACT DERMATITIS

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ABSTRACT

Allergic contact dermatitis is becoming a common skin problem all over the world. It accounts for about 4-7% of all dermatological problems. This is due to a delayed hypersensitivity reaction following contact with antigens. Hypersensitivity to chemicals appears to become a serious health problem for the general population, particularly in their work environment it will be the most incapacitating condition as a consequence of skin being exposed to chemical agents. Allergic contact dermatitis is characterized by erythema, scaling, edema, vesiculation and oozing. Itching varies from mild to severe. These features can be correlated with vicharchika. So in order to manage vicharchika in terms of Allergic contact dermatitis, a comparative study was done to evaluate the effect of virechana and shamanoushadhis. Group A was given virechana followed by shamanoushadhis i.e., Laghu sootashakara vati and Nava kwatha along with Manjishtadi taila for external application for 30 days. Group B was given only shamanoushadhis for 30 days. The efficacy of the treatment was assessed by noting the prime lakshanas of vicharchika like shyava varna, pidaka, kandu and srava before and after the treatment and statistically analysed using student 't' test. After treatment it is observed that, both shodhana chikitsa and shamana chikitsa have their own role in the management of vicharchika. Even statistically, both are having highly significant values within the individual groups. But when both shodhana and shamana treatment are statistically compared, they show no significant values which means that both are effective with no significant difference between them.

Key Words: Vicharchika, Allergic contact dermatitis (ACD), Laghu sootashakara vati, Nava kashaya, Manjishtadi Taila.

INTRODUCTION

Allergic contact dermatitis accounts for a great deal of misery, incapacity and sufferings. Besides this, they are a great handicap in society. Basically two factors cause dermatitis, first- an Allergic or a sensitive skin and second- exposure to an allergen or an irritant¹. With industrialization and increasing use of chemicals and synthetics in day to day applicabilities, the incidence of contact dermatitis is on the increase everywhere². This has made most of the people to acquire sensitivity to certain things and hence making them victims of allergy. Climate extremes like heat, severe cold and also psychological stress promote the development and aggravation of dermatitis. The characteristic features of Allergic contact dermatitis can be correlated with that of vicharchika. So the treatment was planned according to Kushta chikitsa³. Though the symptoms of Allergic contact dermatitis can be minimized by avoiding contact with the specific allergens, once the clinical features seems severe, the effective treatment must be administered. There is a popular adage that skin patients are never cured. But an attempt should be made to minimize the sensitivity and to develop the immunity of the skin. In Kushta, shodhana therapy is given a prime importance. So in order to manage vicharchika in terms of Allergic contact dermatitis, this study was undertaken to assess the efficacy of shodhana and shamana therapies.

MATERIALS AND METHODS

Aims and Objectives

- To evaluate the effect of virechana karma followed by shamanoushadhis in vicharchika in terms of Allergic contact dermatitis.

- To evaluate the effect of only shamanoushadhis in vicharchika in terms of Allergic contact dermatitis.
- To compare the effect of shodhana and shamana in both the groups.

Inclusion Criteria

The cases presented with signs and symptoms of vicharchika with a history of exposure to a particular contact or an allergen were selected.

For the purpose of clinical trial 14 patients from outpatient section and 6 patients from inpatient section were incidentally selected, irrespective of age, sex, occupation, religion and duration of illness after fulfilling the diagnostic parameters.

Exclusion Criteria

Patients who were not fit for virechana therapy and the patients with major systemic disorders which would interfere with the treatment were excluded.

Diagnostic Criteria

The patients were diagnosed on the basis of two following points;

- Presence of kandu, shyava varna, pidakas and srava.
- Specific history of contact with an allergen.

Research Design

Group A

10 patients were studied under this group. For the purpose of agni deepana and amapachana the patients were administered Trikatu churna in a dosage of 3-5 gms three times a day with ushnodaka before food. This was administered until the appearance of nirama lakshanas. The period may vary from 2-5 days.

Snehana

The patients were administered pancha tikta guggulu gritha in arohana krama, starting with the hrisiyasi matra until the samyak snigda lakshanas were observed.

Abhyanga and Sweda

Sarvanga abhyanga with manjishtadi taila and bhashpa sweda was done for three days i.e., in the vishrama kala as a pre requisite procedure for virechana karma.

Virechana

The patients were administered Trivruth lehya, 30gms in the morning hours in the empty stomach. Depending upon the koshta of the patient, the dose of lehya may vary from 15-30 gms. The patients were advised to take hot water after each vega pravritti. Atura nireekshana was done carefully. Samsarjana krama was advised to the patients according to the shuddi i.e., pravara / madhyama / avara. After samsarjana krama, the shamanoushadhis were administered for 30 days. They are;

- 1) Laghu sootashakara vati ⁴ 500mg- 2 tablets thrice a day
- 2) Nava Kashaya ⁵ - 30ml twice a day
- 3) Manjishtadi taila⁶ for external application.

Group - B

This group comprising of 10 patients were administered only the shamanoushadhis for 30 days.

Criteria for Assessment of Treatment

To assess the efficacy of the treatment, the prime lakshanas of vicharchika like shyava varna, pidaka, kandu and srava were noted carefully before and after the treatment.

Each of these lakshanas were observed, analysed and compared to record the improvement. The overall results of the treatment, were categorized into four groups namely 'Complete Relief', 'Moderate Relief', 'Mild Relief' and 'No Relief'. They were assessed according to the percentagewise relief of signs and symptoms.

To assess the relief in the symptoms, for the convenience the gradings were given as follows.

Sl. No	Symptoms	Grading
1.	Kandu	
	Severe	3
	Moderate	2
	Mild	1
2.	Pidaka	
	Bahupidaka (Samudaya)	3
	Vibhinna	2
	Alpa pidaka	1
3.	Distribution of pidakas	
	Sarvadaihika (Hasta,pada, mukha, deha)	3
	Mukha & pada	
	in hasta & pada or in Mukha & hasta or in only hasta or only pada or only mukha	2
	Nil	0
4.	Shyava varnata	
	more shyavata	3
	Moderate shyavata	2
	Mild shyavata	1
5.	Srava	
	Srava	3
	On scratching	2
	Occasional	1
	Nil	0

OBSERVATION AND RESULTS

The present study was conducted on 20 patients. Under Group A of 10 patients were selected for shodhana,

followed by shamana treatment, and Group B of 10 patients were selected for Shamana treatment.

Table 1: Sex Incidence in Both the Groups

Sl.No	Sex	No. of Cases	Percentage
01.	Male	12	60
02.	Female	08	40

The sex incidence of patients of vicharchika in this present study, was seen that, male patients are more of 60% than compared with female patients of 40%.

Table 2: Incidence in Different Age Groups

Sl.No	Age Groups (in years)	No. of cases	Percentage
01.	16-26	03	15
02.	27-36	01	05
03.	37-46	08	40
04.	47-56	06	30
05.	57-66	02	10

It is observed that patients of vicharchika in terms of allergic contact dermatitis are more of about 40% between the age of 37-46 years.

Table 3: Incidence of Different Deha Prakriti in Patients of Both the Groups

Sl.No	Prakriti	No. of Cases	Percentage
01.	Pitta Kapha	10	50
02.	Pitta Vata	08	40
03.	Vata Pitta	02	10

The deha prakriti assessment of the patients revealed that 50% of cases were fo pitta kapha prakriti, 40% of patients were with pitta vata prakriti and 10% of the patients were of vata pitta prakriti.

Table 4: Incidence of Manasa Prakriti

Sl.No	Manasa Prakriti	No. of Cases	Percentage
01.	Satwika	07	35
02.	Rajasika	13	65

In this study 65% of patients were of satwika prakriti and 35% of patients were of Rajasikaprakriti.

Table 5: Incidence of Vicharchika in the Patients of Different Occupation

Sl.No	Occupation	No. of Cases	Percentage
01.	Farmer	06	30
02.	Incense stick worker	02	10
03.	Plastic factory worker	01	5
04.	Auto driver	01	5
05.	House wife	01	5
06.	Telephone operator	01	5
07.	Gas fuel dealer	01	5
08.	Clerk	01	5
09.	Watch worker	01	5
10.	Staff nurse	01	5
11.	Typist	01	5
12.	Painter	01	5
13.	Goldsmith	01	5
14.	Student	01	5

In this present study, depending upon different occupations the incidence of vicharchika was found more in the farmers of 30%, 10% of patients were Agarbathi factory workers. The patients with other occupations like auto driver, plastic factory worker, telephone operator, gas fuel dealer, watch worker, clerk, typist, painter and goldsmith constituted each

for 5% of cases. Housewife, student and staff nurse also constituted each for 5% of cases.

Table 6: Incidence of Causative Factors

Sl.No.	Causative Factors	No. of Cases	Percentage
01.	Partheneum plants and its pollen	05	25
02.	Kumkum	04	20
03.	Diff.chemicals used in incense sticks,plastic , manure, araldite and laboratory	05	25
04.	Nickel used in safety pins, artificial jewellery and key chains	02	10
05.	Hair dye	01	5
06.	Wall Paint	01	5
07.	Petrol	01	5
08.	Cactus (Plant)	01	5

Majority of cases had a history of contact with partheneum plants and different types of chemicals, each group constituted of 25% of cases, kumkum allergy was found in 20% of cases. Allergy to nickel revealed 10% of cases.

Table 7: Incidence of Chronicity

Sl.No	Chronicity	No. of Cases	Percentage
01	5days-1month	05	25
02	3months-6months	04	20
03	1 year-3years	08	40
04	4years-8years	03	15

15% of cases had the chronicity of symptoms for years, ranging from 4 years - 8 years, majority of 40% of cases had of chronicity for about 1-3 years. The development of signs and symptoms of vicharchika in 25% of cases had a history of 5 days to one month. In the rest 20% of cases, the period ranged from 3 months - 6 months.

Table 8: Aggravating Factors in the Cases of Vicharchika

Sl.No	Aggravating Factors	No. Of Cases	Percentage
01.	Exposure to Sun	10	50
02.	Exposure to soaps and detergents	05	25
03.	Exposure to dry cold weather	01	05
04.	Exposure to same causative factor	04	20

Table 14: Overall Assessment of Improvement in Symptoms Kandu, Pidaka, Shyavata and Srava in both the group A and Group B

Over All Assessment	Group A (No of Cases %)				Group B (No of Cases %)			
	Kandu	Pidaka	Shyavata	Srava	Kandu	Pidaka	Shyavata	Srava
Complete Relief	5(50%)	8(80%)	5(50%)	9(90%)	10 (100%)	9(90%)	9(90%)	10(100%)
Moderate Improvement	4(40%)	2(20%)	5(50%)	1(10%)	-	1(10%)	1(10%)	-
Mild Improvement	1(10%)	-	-	-	-	-	-	-

The results of the study confirmed that both shodhana and shaman have their own role in the management of vicharchika, as the patients belonging to both the groups showed remarkable reduction in the symptoms. The results of the treatment were keenly observed on every 7th, 14th, 21st, 28th and 35th day. In Group A, in all the patients, the changes in the symptoms during amapachana and snehavana were not much appreciated. But after virechana karma about 20% of symptoms were relieved. Especially the severity of pidakas and srava were reduced. But by the end of 4th week of the treatment, moderate

50% of cases had a history of the signs and symptoms getting aggravated after being exposed to the sun, only 5% of cases had dry and cold weather as an aggravating factor. The symptoms get aggravated after being exposed to soaps and detergents in 25% of cases. Aggravation of symptoms on re-exposure to the same causative factors revealed 20% of cases.

Table 9: Severity of Kandu in the Patients of Vicharchika

Sl.No	Kandu	No. Of Cases	Percentage
01.	Severe Kandu	03	15
02.	Moderate Kandu	17	85
03.	Mild Kandu	00	00

Table 10: Pidaka Sankhya in the Patients of Vicharchika

Sl.No	Pidaka Sankhya	No. Of Cases	Percentage
01.	Samudaya (Bahu)	03	15
02.	Ekakini(Vibhinna)	14	70
03.	Alpa	03	15

Table 11: Severity of Shyavata in the Affected Skin Areas

Sl.No	Shyavata	No. Of Cases	Percentage
01.	Severe	02	10
02.	Moderate	07	35
03.	Mild	11	55

Table 12: Quantity of Srava in the Patients of Vicharchika

Sl.No	Srava	No. Of Cases	Percentage
01.	Bahu Srava	00	00
02.	Madhyama Srava(Srava developing after scratching)	11	55
03.	Alpa Srava	09	45

RESULTS

Table 13: Overall assessment of improvement in symptoms of both the groups

Assessment	Group A		Group B	
	No. of Cases%	%	No. of Cases	%
Complete relief	4	40%	9	90%
Moderate improvement	4	40%	1	10%
Mild improvement	2	20%	--	--
Not improved	--	--	--	--

changes in the kandu and shyavata was also noted. In Group B, in all the patients the maximum relief in the symptoms were observed by the 3rd week of the treatment.

Thus after the treatment, when overall assessment was done to assess the improvement between the two groups, the group A (Shodhana) showed 40% (4) of 'complete relief' where as Group B (Shamana) showed 90% (9) of 'complete relief'. The 'moderate improvement' was seen in 40% (4) of patients of Group A, followed by 10% (1) of patients of Group B. 'Mild improvement' was seen in

20% (2) of patients of only Group A. and, No patient was recorded under the category of 'No improvement'. When it was statistically analyzed and the percentage wise

reduction of symptoms were compared between the groups, both the groups showed highly significant values.

Table 15: Statistical analysis of mean symptoms before and after treatment of Shodhana Group

Symptoms	Mean	SD	SE	t	P	Remarks
Kandu	1.6	0.699	0.221	7.24	<0.001	HS
Pidaka	1.8	0.632	0.20	9.0	<0.001	HS
Shyava	1.3	0.483	0.153	8.49	<0.001	HS
Srava	1.5	0.527	0.167	8.98	<0.001	HS

Table 16: Statistical analysis of mean symptoms before and after treatment of Shamana Group

Symptoms	Mean	SD	SE	t	P	Remarks
Kandu	2.1	0.316	0.1	21.0	<0.001	HS
Pidaka	1.9	0.316	0.10	19.0	<0.001	HS
Shyava	1.2	0.421	0.133	9.02	<0.001	HS
Srava	1.6	0.516	0.163	9.81	<0.001	HS

Table 17: Statistical analysis of mean symptoms before and after treatment of shodhana and shamana groups

Symptoms	Mean	SD	SE	t	PSE	T	P	Remarks
Kandu	Gr. A	1.6	0.699	0.221	0.2425	2.061	<0.025	HS
	Gr. B	2.1	0.316	0.1				
Pidaka	Gr. A	1.8	0.632	0.20	0.2236	0.447	<0.25	HS
	Gr. B	1.9	0.316	0.10				
Shyava	Gr. A	1.3	0.483	0.153	0.2014	0.496	<0.25	HS
	Gr. B	1.2	0.421	0.133				
Srava	Gr. A	1.5	0.527	0.167	0.2314	0.432	<0.25	HS
	Gr. B	1.6	0.516	0.163				

DISCUSSION

As tikta dravyas acts well on pittaja and kaphaja vikaras, guggulu tikta ghrita was selected for snehana in this study⁷. The kupita doshas must be balanced sometimes by langhana, pachana and shodana. The diseases treated under langhana, pachana may recur again but not after shodhana therapy, as shodhana does the root eradication of morbid doshas.⁸ Trivrut is considered as shreshta dravya for virechana so here trivrut lehya is selected⁹. It eliminates pitta and kapha doshas from the koshta by its adbhagahara property. The action of laghu sootashkara vati in allergic disorders of skin, nose and throat are specific in nature. It is also said that laghu sootashkara vati in combination with other drugs becomes truly a panacea for most of the allergic manifestations.¹⁰ In combination with laghu sootashkara vati, Nava Kashaya which acts well on pitta and raktaja vikaras was selected. All the twak vikaras requires an external application (lepa) which helps in providing a soothing effect to the skin. The taila which owns this property when associated with kushtaghna dravyas may act in reducing the symptoms. So, manjishtadi taila was selected.

In this study, statistical analysis of group A with shodhana followed by shamana and Group B with shaman treatment, has shown highly significant results. This gives an inference that, the effect of shodhana therapy was equivalent to shamana therapy. Such observation might be because; the study is conducted on small sample size of incidental selection. The symptoms of vicharchika, the mode of manifestation of disease, the periodicity, the predisposing factors etc differs from patient to patient. So identical allotment of patients to each group was not possible. Depending upon dosholbanata, some conditions require repeated shodhana, some require shodhana just once and some may require only shamana chikitsa.

As in vicharchika vis-à-vis Allergic contact dermatitis, the pathology starts in the area of the contact, later the antigen antibody reactions starts after being activated by regional lymphnodes. Here the involvement of pitta, twak,

rakta mamsa and laseeka will be involved primarily in the affected area only. So, only shamana treatment also has given highly significant values.

CONCLUSION

Allergic contact dermatitis occurs after developing sensitivity on repeated exposure to particular allergen. This allergy can be understood as asthmya which means that which is not conducive to the body and that which makes the dhatu dushti and produces the symptoms of the vicharchika like shyava varna pidaka, kandu and srava. Both Shodhana and shamana chikitsa have their own role in treating this condition depending upon the level of aggravation of doshas. Further treatment should be aimed in providing the immunity to the skin so that it should not become hypersensitive. However the education about avoiding the causative factors of Allergic contact dermatitis appears to be a viable option in tackling this skin disorder.

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