

**THE EFFICACY OF VIRECHAN KARMA IN DADRU- A CASE STUDY****Dr. Armeda Malang\*<sup>1</sup>, Vd. Ratnang<sup>2</sup>, Dr. Divyrajsinh B. Gadhavi<sup>3</sup> and Dr. K. B. Roy<sup>4</sup>**

<sup>1</sup>2<sup>nd</sup> Year PG Scholar of Panchakarma Department, Parul University, Parul Institute of Ayurved, Limda Vadodara, Gujarat, India.

<sup>2</sup>Final Year PG Scholar of Panchakarma Department, Parul University, Parul Institute of Ayurved, Limda Vadodara, Gujarat, India.

<sup>3</sup>2<sup>nd</sup> Year PG Scholar of Panchakarma Department, Parul University, Parul Institute of Ayurved, Limda Vadodara, Gujarat, India.

<sup>4</sup>Professor Department of Panchakarma, Parul University, Parul Institute of Ayurved, Limda Vadodara, Gujarat, India.

Article Received on  
19 March 2019,

Revised on 09 April 2019,  
Accepted on 29 April 2019,

DOI: 10.20959/wjpr20196-14973

**\*Corresponding Author****Dr. Armeda Malang**

2<sup>nd</sup> Year PG Scholar of  
Panchakarma Department,  
Parul University, Parul  
Institute of Ayurved, Limda  
Vadodara, Gujarat, India.

**ABSTRACT**

Skin is the largest organ in human body. Skin is an important and most visible organ of the body. Any disease affecting the human skin is common, and is important; because the absence of normal skin functions as well as sometimes being life threatening can severely impair the quality of life. Skin disease affects all ages. Skin diseases are mostly caused by infections like bacteria and fungi etc. Tinea Corporis is one of the frequently occurring diseases; especially with poor hygiene conditions. On the bases of clinical symptoms i.e. *Mandal, pitika, Kandu, Srava* etc., Tinea Corporis can be correlated with *Dadru Kushtha*. Here is the case study of a patient who came to Parul Ayurved Hospital with the history of Tinea infections since 2

yrs. She took all other pathies treatment with very symptomatic relief with recurrence. In the present study patient was treated with planned *Virechan* procedure followed by *Shaman Medicine*. It gave marvelous relief with no recurrence almost for a year. This study shows very effective result in such cases where steroid is used along with anti-fungal drugs. It helped to increase belief of patient on both *Ayurved* and *Vaidya*.

**KEYWORDS:** *Virechan Karma, Dadru Kushtha, Tinea Corporis, Abhyantara Snehapana.*

## INTRODUCTION

Skin disease is common. It is more prevalent in tropical and subtropical countries like India where the heat and humidity is high for most part of the year. Survey suggests that approximately 1-7 to 1-10 of all patient visits to a primary care physician is for skin problem.<sup>[1]</sup> Population prevalence studies, are keeping with these figures, revealing an enormous burden of undiagnosed, untreated skin disease. It is too common and easy to underestimate the impact of skin disease make on patients. In most person healthy skin play a major role and is a key component of the image they present to the outside world. Conversely those with skin disease are often stigmatized, due to appearance they belief is a result of a contagious disease.

Fungal infections are varied and range from superficial infection with *Candida* species to life threatening infections of immunosuppressed individuals with *Aspergillus* species.<sup>[2]</sup> In general a fungal infection can be very superficial (stratum corneum, hair and nails) deep, involving skin by hematogenous spread. In Contemporary science commonly used drugs are for topical use terbinafine, miconazole cream whereas for Systemic terbinafine griseofulvin and Itraconazole.<sup>[3]</sup> But this treatment comes with major side effects e.g. rashes, hair loss, unpleasant taste, itching<sup>[4]</sup> etc. Also patients suffer depression due to recurrence of the condition. Normal life of the patient hampers.

In *Ayurveda*, all skin disease has been described in *Kushtha*. It is considered as one of the *Ashtamahagada*.<sup>[5]</sup> There are two types of *Kushtha* described in *Ayurveda* – *Mahakushtha* which is of 7 subtypes and *Kshudra Kushtha* which is of 11 subtypes. According to Acharya Charaka has included *Dadru* under *Kshudra Kushtha*<sup>[6]</sup> whereas Acharya Sushruta consider it as one of the *Mahakushtha*.<sup>[7]</sup> *Dadru Kushtha* is *Pitta* and *Kapha* predominant.<sup>[8]</sup> Its clinical features are: *Kandu* (itching), *Raga* (redness), *Pidika* (eruptions) and *Mandala Utgatam* (elevated circular skin lesion).<sup>[9]</sup> Considering all the clinical features *Dadru Kushtha* can be correlated with *Tinea Corporis*. *Ayurveda* treatment comprises of two major specialities i.e. *Samshodana* and *Samshamana Chikitsa*. *Panchakarma* treatment is basically a Bio Cleansing regimen intended to eliminate the toxic elements from the body. *Panchakarma* is a procedure in which vitiated, *Utklishta Doshas* are expelled out through the nearest route after *Snehana* and *Swedana*. *Virechana Karma* is one among the *Panchakarma*. It is the act of expelling *Doshas* through *Adhobhaga*. It is a procedure in which the orally administered drug acts on internally situated *Doshas*, especially on *Pitta Dosha* and expels them out of the

body through anal route.<sup>[10]</sup> Here the patient was treated first with *Virechan* treatment and later *Shaman* medicines were administered. An excellent relief was observed in this case. An attempt has been made to show efficacy of Ayurved management of *Dadru*.

### CASE STUDY

A female patient of 58 years old, visited Parul Ayurved Hospital Panchkarma- OPD (OPD-NO-18030404) on 28/11/2018, with the chief complaint of

- *Mandalakruti* (circular shaped lesions)
- Elevated peripheral part of lesions
- Excessive Itching
- Itching aggravating during night
- Reddish Discolorations
- Burning Sensation over both Thighs, Buttocks, Both Knee Joint Region, Scalp and behind the Ears.

Associated complaints- irregular evacuation of stools.

Patient was suffering from the problems since 2 years. Previously patient has consulted with Allopathic Dermatologist but no significant relief was found and but recurrence in the condition once the anti-fungal course was completed.

### Past History

No H/O- DM, HTN, Operation.

No F/H/O- Any skin disorder

### On Examination

- General condition: Moderate
- Pulse rate:74/min
- B.P: 130/90 mm of Hg
- R.R:18/min
- H.R:70/min
- *Mala: Vibandha*
- *Koshtha -Krura*
- *Mutra: Regular*
- *Nidra: Disturbed due to Itching*

- *Kshudha: Samyak*
- *Jivha: Nirama*

### Systemic examination

Respiratory System: - AEBE Clear

Cardiovascular System: - S<sub>1</sub>S<sub>2</sub> heard.

CNS: - All superficial reflexes are intact.

GIT: - NAD

### Local examination

Shape- Circular shaped lesion

Size- Multiple Patches, no specific size. (Ranging from 5mm to 15cm too)

Color- Blackish red

Secretion-Absent (occasionally *lasika srava*)

Elevation-Present (at periphery)

Pain-Absent

Inflammation-Absent

Loss of Sensation- No

### Samprapti Ghatak

- *Dosha- Pitta Pradhana Kapha*
- *Dushya- Rasa, Rakta, Mamsa, Ambu*
- *Srotas- Rasavaha, Raktavaha, Mamsavaha, Svedavaha*
- *Srotodushti- Sanga*
- *Ama- Sama*
- *Udbhavasthana- Amashaya*
- *Vyaktisthana- Inguinal region, both thighs, both buttocks*

After clinical examination, patient was diagnosed with *Dadru Kushtha* and patient was advised to undergo *Virechan Karma*. Firstly, the patient was advised to take *Dipana* and *Pachana* with

- 1) *Trikatu Choorna* -3gm for 3times
- 2) *Triphala Vati*- 0-0-2 (HS) with water.

The patient after *Dipana* and *Pachana* for 5 days, in which the *Niramalakshanas* were observed, the patient on 3/12/2018, was admitted in Parul Ayurved Hospital- *Panchakarma* IPD with the same complaints.

From 4/12/2018 -9/12/2018 *Snehapana* was given to the patient. For *Abhyantara Snehapana* *Panchtikta Ghrta* was used.

#### DOSE OF SNEHAPANA

Date	Time given	Dose	Time of hunger
4/12/2018	7:00am	25ml	1:00pm
5/12/2018	7:00am	50ml	2:00pm
6/12/2018	7:00am	80ml	2:00pm
7/12/2018	7:00am	110ml	4:00pm
8/12/2018	7:00am	140ml	4:00pm
9/12/2018	7:00am	170ml	6:00pm

Daily *Jiryamana* and *Jirna lakshnas* were noted. After achievement of *Samyak Sneha Lakshana- Abhyanga* with *Nimba taila* followed by *Aatapa Sweda* was done for 3 days.

On *Virechan Karma* day, first *Abhyanga* with *Nimba taila* and *Atapa Swedana* was given to the patient, before administration of medicine, BP (130/90 mm of Hg) and pulse (74/min) was monitored.

For *Virechan- Trvrit Lehya* (70gm) was given at 10.30am (*Shleshma Kal Gate Gyatva*) *Anupana- Ushna jala* for whole day. All The instructions were given to the patient e.g. drinking hot water in between *Vegas*, avoidance of direct air, sleep during day to avoid any complications. A chart was maintained to note down Time of starting of *Vegas*, contents etc. in the below format.

Time of drug administration	Quantity	Time of Vega	Contents of each Vega	Vitals (B.P., PULSE)	Signs, Symptoms	Complications if any
-----------------------------	----------	--------------	-----------------------	----------------------	-----------------	----------------------

#### Observation during Virechana

1<sup>st</sup> *Vega* started at 10.40am. Last *Vega* i.e. 15<sup>th</sup> observed at 8.10pm. It was observed that at constant interval patient had *Virechan Vegas* up to 5pm. After that frequency decreased. Depending upon observations done during the whole day, below findings were noted,

<i>Vegiki</i>	<i>Madhyama shuddhi (15 vegas)</i>
<i>Lengiki</i>	<i>Samyak Virechan Lakshana</i>
<i>Maniki</i>	<i>Madhyama</i>
<i>Aantiki</i>	<i>Kaphant</i>

After the completion of *Virechan* procedure *Samsarjana karma* was advised.

*Samsarjana karma* was advised for 5 days. In 1<sup>st</sup> *Annakala Mudga Yusha* was advised. Gradually *Ahara* was changed (*Laghu* to *Guru*), finally normal diet was given in the evening of 5<sup>th</sup> day.

After the completion of *Samsarjana karma*, *Shaman* medicine was started to pacify the remaining vitiated *Pittadi Doshas*.

### SHAMANA CHIKITSA

Follow up	Date	Drugs	Dose	Lakshana
Before Virechan	3/12/2018	-	-	1. <i>Mandalakruti</i> (circular shaped lesions) ++++ 2. Elevated peripheral part of lesions+++ 3. Excessive Itching +++ 4. Itching aggravating during night +++ 5. Reddish Discolorations+++ 6. Burning Sensation over both Thighs, Buttocks, Both Knee Joint Region, Scalp and behind the Ears. +++
After samsarjana krama	18/12/2018	1. <i>Gandhaka Rasayana</i> 2. <i>Panchatiktaghrta Guggulu</i> 3. <i>Arogyavardhini Vati</i> 4. <i>Phalatrika Kwatha</i> 5. <i>Panchatika Ghrta</i>  6. <i>Nimaba taila</i>	2-2-2 2-2-2  2-2-2 80ml (BD) 2tsf-empty stomach morning Local application.	1. <i>Mandalakruti</i> (circular shaped lesions) ++ 2. Elevated peripheral part of lesions++ 3. Excessive Itching ++ 4. Itching aggravating during night ++ 5. Reddish Discolorations++ 6. Burning Sensation over both Thighs, Buttocks, Both Knee Joint Region, Scalp and behind the Ears. ++
1 <sup>st</sup> (after 7 days)	24/12/2018	1. <i>Gandhaka Rasayana</i> 2. <i>Panchatiktaghrta Guggulu</i> 3. <i>Arogyavardhini Vati</i> 4. <i>Phalatrika Kwatha</i> 5. <i>Panchatika Ghrta</i>  6. <i>Nimaba taila</i>	2-2-2 2-2-2  2-2-2 80ml (BD) 2tsf-empty stomach morning Local application.	1. <i>Mandalakruti</i> (circular shaped lesions) + 2. Elevated peripheral part of lesions+ 3. Excessive Itching + 4. Itching aggravating during night + 5. Reddish Discolorations+ 6. Burning Sensation over both Thighs, Buttocks, Both Knee Joint Region, Scalp and behind

				the Ears. +
2 <sup>nd</sup> (after next 7 days)	31/12/2018	1. <i>Gandhaka Rasayana</i> 2. <i>Panchatiktaghrta Guggulu</i> 3. <i>Arogyavardhini Vati</i> 4. <i>Phalatrika Kwatha</i> 5. <i>Panchatika Ghrta</i>  6. <i>Nimaba taila</i>	2-2-2 2-2-2  2-2-2 80ml (BD) 2tsf-empty stomach morning Local application.	1. <i>Mandalakruti</i> (circular shaped lesions) -absent 2. Elevated peripheral part of lesions- absent 3. Excessive Itching -mild 4. Itching aggravating during night-absent 5. Reddish Discolorations+ 6. Burning Sensation over both Thighs, Buttocks, Both Knee Joint Region, Scalp and behind the Ears- absent

## DISCUSSION

In *Kushtha Chikitsa*, Acharya Charaka has quoted that the vitiated *Doshas* should not be eliminated at a time. As the patient may not tolerate *Shodhana*. For the remaining *Doshas* after *Shodhana* treatment *Shaman* can be administered. Here the role of medicine used in *Panchkarma* procedures, later the given *Shaman* medicine administered is discussed.

1. *Dipana Pachana*<sup>[11]</sup> – Success of any *Panchkarma* therapy depends upon properly done *Poorvakarma*. Here before expelling *Doshas* outside the body, it is necessary to bring them from *Shakha* to *Koshtha*. For this *Dipan-pachan* is done. *Trikattu* (*maricha, pippali, shunthi*) is always the drug of choice for *Dipana* and *Pachana*. It helps to convert *Aama* into *Niramavastha*. As it is said '**Saman Doshan Na Nirharet**'. Also this drug has *Kaphavatahara*, *Srotoshodaka* and *Pittakara* action. With *Srotoshadhana* it brings *Doshas* to *Koshtha*.
2. *Abhyantara Snehapana* – *Vridhhi*, *Abhishyanada* are the conditions of *Doshas* which are helpful to move them towards *Koshtha*.<sup>[12]</sup> Here *Sneha* was administered in gradually increasing amount depending upon *Agni* and *Koshtha* of the patient. With *Snehapana* *Srotas* wall becomes smooth, all *Lina Doshas* can be easily moved. It is done for *Dosha Utklishta* which is responsible for *Doshagati* from *Shakha* to *Koshtha*.
3. *Atapa sevan*<sup>[13]</sup> - *Kushtha* is contraindicated for *Swedana karma* because *Saagni Sweda* produces water vapours which may aggravate the condition. But *Swedana Karma* helps to liquefied the vitiated *Dosha* and help them moved towards the *Koshtha*. Acharya Charaka said that depending upon *Avastha* of patient contraindicated karma can be done if required. So in *Kushtha*, *Atapa Sweda* which is a type of *Niragni Sweda* was used.



4. *Virechan treatment*<sup>[14]</sup>- *Virechan* is a procedure by which the orally administered drug acts on internally situated *Doshas*, specifically on *Pitta Dosh* and expel them out of the body through anal route. *Virechan* is the main treatment for *Pitta dosha nirharana*. *Amashaya* is considered as *Samanya sthana* for *pitta* and *Kapha doshas*, *Virechan* holds good for both. Here, in *Dadru* the main vitiated *Doshas* are *Pitta* and *Kapha*. It is said that if main *Ashaya* of *Doshas* are emptied it decreases the supply of remaining 5 subtypes.

In *Virechan* procedure vitiated *Doshas* from all over the body are expelled, *rasa -Rakta dhatugata dushtis* are removed.

5. *Gandhaka Rasayana*<sup>[15]</sup>- the main content of this drug is *Shuddha Gandhaka*. *Bhavana* of *godugdha*, *Twak*, *nagakesara*, *tejapatra* etc. are given which helps to increase efficacy of the *kalpa*. This drug mainly consists of *tikta*, *kashaya rasa Pradhana dravya*. It is indicated in all types of *Kushthas*. *Gandhaka* get excreted through skin. It acts as carrier to other drugs. It has anti-microbial property.
6. *Panchtikta ghrta Guggulu*<sup>[16]</sup>-*Nimba Twak*, *Guduchi*, *Vasa*, *Patola* and *Kantakari* are the main contains of the *Kalpa*. With *Tikta rasa* it helps to decrease *kledabhav* whereas *Guggulu* is useful in elevated lesions of *Kushtha*. *Purana Guggulu* is said to be *Lekhana* in nature. It mainly acts on *pittadosha*. This drug is advised in all types of *Kushtha*.
7. *Arogyavardhini Vati*<sup>[17]</sup>- This always the drug of choice in the management of *Kushtha*. This drug has 2 parts of *Triphala*, 3 parts *Shilajatu*, and 4 parts *Guggulu* along with other *Rasa-aushdhi* which acts as *Yogavahi dravyas*. The main content is *Tikta* which is in equal quantity of the remaining drugs. Majority of these drugs are of *Tikta rasa*. All these drugs helps to reduce *Kleda*, *pitta* and *Kapha*. So *Arogyavardhini* is advised in all 3 types of *Kushtha*. It helps to increase *Rasa* and *Rakta dhatvagni*. It results in less production of *Rasadi Malas* i.e. *Kapha* and *Pitta*.
8. *Phalatrikadi Kwatha*<sup>[18]</sup>- this drug mainly contains of *Musta*, *Daruharidra* and *Indravaruni* of equal parts. It is having *Kashaya Pradhana rasa* which is *kledashoshana*. It is *tridoshahara* but mainly act on *kaphapittahara*. Though *Acharya Sarangadhara* described it in *Prameha Chikitsa* it can be used in *Kushtha Chikitsa* due to *Dosha-Kleda samya*.
9. *Panchtikta Ghrta*<sup>[19]</sup>- for *Abhyantara Snehapana* it was used. *Medicated Ghrtas* due to their *Rasa*, *Virya*, *Vipaka* more efficiently as compare to Plain *Ghrta*.



10. *Nimba taila*<sup>[20]</sup>- Acharya Sarangadhara has mentioned this *Nimba taila* in *Palitya Chikitsa*. With its property as *Kandughna*, *Kushthaghna* it gives symptomatic relief. It was used externally in patients.

*Dadru*, one among the *Kshudra Kushtha* is a very contagious disorder, which can be correlated with *Tinea Corporis*. In the present study, *Virechan Karma* play a significant result in the treatment of *Dadru Kushtha*. So maintenance of hygiene is a very important and should not be neglecting. So patient was also advised to follow the *Pathyapathya*.



## CONCLUSION

This case is a documented evidence for the successful management of *Dadru Kushtha* which is of *Pittakapha pradhana* through *Shaman* and *Shodhana Chikitsa*. Repeated *Shodhana* should be administered to control the frequency of recurrence. The success of this case helped to increase hopes of the patient towards *Ayurved*. It can be concluded that if proper *Yojana* of *Shodhana* and *Shaman* treatment are done it helps to eradicate the disease from its root.

**REFERENCES**

1. Davidson's Principle and Practice of Medicine by Nicholas.A.Boon, Nieni.R.Colledge, Brain.R.Walker, Elsevier publishers, Edition-20<sup>th</sup>, Reprint-2006, Chapter-27, pg-1297.
2. Basic Pathology by Vinay Kumar, Abdul.K.Abbas, Ton.C.Aster, Elsevier Publishers, Edition- ninth, First reprint in India -2013, Chapter-23, pg-857.
3. Davidson's Principle and Practice of Medicine by Nicholas.A.Boon, Nieni.R.Colledge, Brain.R.Walker, Elsevier publishers, Edition-20<sup>th</sup>, Reprint-2006, Chapter-27, pg-1260.
4. <https://www.webmd.com/.drugs/2/>
5. Susruta Samhita edited by Priya Vrat Sharma, Chaukhambha Visvabharati Publisher Varanasi, Edition- Reprint: year 2004, Chapter-33, pg-318.
6. Agnivesa's Charaka Samhita based on Chakrapani Datta's Ayurveda Dipika by Dr. Ram Karan Sharma and Vaidya Bhagwan Dash, Chaukhambha Publishers, Varanasi. Reprint 2011, chapter 7, page no. 325.
7. Susruta Samhita and Dalhana Commentary, edited by Prof. Vasant C. Patil and Dr. Rajeshwari N.M., Chaukhambha publishers, Edition- First, 2018, chapter-5, page no-38.
8. Agnivesa's Charaka Samhita based on Chakrapani Datta's Ayurveda Dipika by Dr. Ram Karan Sharma and Vaidya Bhagwan Dash, Chaukhambha Publishers, Varanasi. Reprint 2011, chapter 7, page no. 326.
9. Agnivesa's Charaka Samhita based on Chakrapani Datta's Ayurveda Dipika by Dr. Ram Karan Sharma and Vaidya Bhagwan Dash, Chaukhambha Publishers, Varanasi. Edition- Reprint 2011, chapter 7, page no. 325.
10. Agnivesa's Charaka Samhita based on Chakrapani Datta's Ayurvedadipika by Ram Karan Sharma and Vaidya Bhagwan Dash, Chaukhambha Publishers Varanasi, Edition: Reprint 2011, Chapter-1, pg-3.
11. Sarangadhara Samhita translated by Dr.P.Himasagara Chandra Murthy, Chaukhambha Publishers, Varanasi, Edition-2<sup>nd</sup>, 2007, chapter-4<sup>th</sup>, page-32.
12. Vagbhata's Astanga Hrdayam translated by Prof.K.R.Srikantha Murthy, Chowkhambha Krishnadas Academy, Varanasi publishers, Edition- 7<sup>th</sup>, 2010, Chapter-16, pg-212.
13. Agnivesa's Charaka Samhita based on CHAKRAPANI DATTA'S AYURVEDA DIPIKA by Dr. Ram Karan Sharma and Vaidya Bhagwan Dash, Chaukhambha Publishers, Varanasi. Edition-Reprint 2011, Chapter-14, pg-283.
14. Agnivesa's Charaka Samhita based on Chakrapani Datta's Ayurvedadipika by Ram Karan Sharma and Vaidya Bhagwan Dash, Chaukhambha Publishers Varanasi, Edition: Reprint 2011, Chapter-1, pg-3.

15. Ayurveda Prakash of Acharya Sri Madhava, edited by Vaidya Vachaspati Shri Gulrajsharma Mishra, Chaukhambha Publishers, Varanasi, Chapter-2, pg-269.
16. Cakradatta, Kushtha Roga Chikitsa, edited and translated by Priya Vrat Sharma, Chaukhambha Publishers Gokul Bhawan, K-37/109, Gopal Mandir Lane Varanasi, Edition- 2007, chapter-50, pg-404.
17. Rasaratna Sammucchaya of Shri Vagbhatacharya, edited with The Suratnojjvala Hindi Commentary by Kaviraj Sri Ambika Datta Sastri, Chaukhambha Amarabharati Prakasha, oriental publishers – Varanasi- 221001. Chapter 20, pg-435.
18. Sarangadhara Samhita translated by Dr.P.Himasagara Chandra Murthy, Chaukhambha Publishers, Varanasi, Edition-2<sup>nd</sup>, 2007, Madhya Khanda Kalpana, Chapter-2, pg- 129.
19. Cakradatta, Kushtha Roga Chikitsa, edited and translated by Priya Vrat Sharma, Chaukhambha Publishers Gokul Bhawan, K-37/109, Gopal Mandir Lane Varanasi, Edition- 2007, chapter-50, pg-402.
20. Sarangadhara Samhita translated by Dr.P.Himasagara Chandra Murthy, Chaukhambha Publishers, Varanasi, Edition-2<sup>nd</sup>, 2007, Madhya Khanda Kalpana, Chapter-9, pg- 221.