



A Comparative Randomized Controlled Trial of Two Different Virechaka Yoga in The Management of Vicharchika

Lalravi Sahu¹, Parappagoudra M², Pathan S³, Roy K B⁴, S Lekshmi Priya⁵

¹Assistant Professor, Department of Panchakarma, Rajiv Lochan Ayurved Medical College, Chhattisgarh.

²Associate Professor, Dept. of Panchakarma, Parul Institute of Ayurveda, Parul University, Vadodara, Gujarat.

³Assistant Professor, Dept. of Panchakarma, Pioneer Ayurvedic Medical College and Hospital, Vadodara, Gujarat.

⁴Professor, Dept. of Panchakarma, Parul Institute of Ayurveda, Parul University, Vadodara, Gujarat.

⁵Associate Professor, Dept. of Rasashastra and Bhaishajya Kalpana, Parul Institute of Ayurveda, Parul University, Vadodara, Gujarat.

Correspondence Email: rvsh312@gmail.com

ABSTRACT

Virechana is a primary modality of Shodhana Karma by which vitiated Doshas are expelled through Adhobhaga. There are 245 VirechakaYogas described in classics. The routinely practiced Virechana Yogas are of high dose, less palatable. Hence there is need to formulate a Yoga which will be more palatable & efficacious in minimal dosage. Vicharchika is one among the Kshudra Kushta Roga which is Kapha-Pitta Pradhana. Virechana Karma is indicated for Pitta Dosha and also in Pitta Samsrishta Dosha. In classics Danti Yoga and Trivrutt Yoga is mentioned as Virechaka Yoga in the management of Kushta. Hence the present study has been planned to see the comparative effect of Danti and Trivruttas Virechaka Yoga in the management of Vicharchika. The study observations showed that the 100% good palatability for Virechaka Yoga in both groups. 73.3% patients got their first Vega within one hour in both groups, both are having same latency period but maximum number of patients in Group-B was observed. 20% patients got 6-8 Vegas in Group-A and 73.3% patients in Group-B. In both groups 60% Patients got Samyak Shuddhi Lakshanas with Pittanta was observed. 70.25% Samyak Virikta Lakshanas was observed in group-A and 71.79% in group-B. There was a statistically significant improvement in major symptoms was observed in both groups with $p < 0.001$. After going through the clinical changes observed during and after the treatment, it may be opined that, DantiVirechaka Yoga acts as a better Virechaka Yoga compared to TrivruttVirechaka Yoga in the management of sign and symptoms of Vicharchika.

Keywords: Vicharchika, Danti Churna, Trivrutt Churna, Virechana Karma

Received 16.03.2022

Revised 11.05.2022

Accepted 21.05.2022

INTRODUCTION

Vicharchika has been correlated to eczema in modern parlance because of the presenting similar symptoms. *Vicharchika* (eczema) is a skin disorder commonly comes across in clinical practice which runs a long course. It is estimated that 10% of people have some form of eczema at any one time, and up to 40% of the population will have an episode of eczema during their life time [12]. This indicates that this disease bears economical, psychological burden on the society. So, in the medical field there is continued search for a reliable and ideal cure for this chronic skin disease When Patient is treated by *Ayurvedic Siddhantas*, Various types of *Chikitsa* are available. One of them is *Shodhan*. The *Doshas* that are pacified by *Shodhan* never recur but those pacified by *LanghanPachana* etc. may recur. *Acharya Charaka* told the benefits of *Shodhana* therapy as follows-vitiated *Doshas* are eliminated, the power of digestion and metabolism is enhanced, disease is cured, normal health is restored, sense organs, mind, intelligence and complexion become clear, gain of strength, plumpness, offspring and virility occur, person is not affected by old age and lives long without any disease. Now a days *Panchkarma* is proving one of the most effective & complete therapy in the management of the chronic disease such as *Vicharchika*. In present scenario *Panchkarma* therapy is the best way to effectively & safely manage the condition without any

drug dependency. It also detoxifies the body. Our aim is to develop a cost effective, free from adverse effect, easily available & use of minimum number of drugs in treating these chronic diseases. *Shodhana* procedure has given a due importance in this disease by almost all *Acharyas*. So, keeping this point in mind, only *Shodhana* therapy is considered as therapeutic regimen in this study.

This study has been designed to assess the comparative efficacy of *trivrutt* and “*Danti*” as a *Virechaka Yoga* in the management of *Vicharchika*. *Virechana Karma* is one of the *Panchkarma* which is performed to eliminate the vitiated *Pitta Doshas* from the body through the anal route. *Virechana Karma* is simple, easy to perform and readily accepted by the patients. *Kushtha* is a *Tridoshaja Vikara* in which *Virechana Karma* is a prime modality of management. All *KushthaRogas* are of *Tridoshaja* origin, *Vicharchika* is one among the *Kshudra Kushtharoga* which has *Kapha* dominancy, despite of this, in our classics there are different opinion on dominancy of *Doshas* i.e., *KaphaPradhana* or *Kapha-Pitta Pradhana*. *Virechana Karma* is indicated as a prime modality of treatment for *Pitta Dosha* and also in *KaphaSamsrushta Dosha*, *Pitta Sthanagata Kapha Dosha* *Virechana Karma* is indicated.

As ideal medicines are one which *Alpamatra*, induces *Mahavega*, *Bahudoshahara*, *SukhaShodhaka*, *Laghupaka*, *SukhaSwada*. The routinely practiced *VirechanaYogas* require to be given in high dose, less palatable. Hence there is need to formulate a *Yoga* which will be more palatable & efficacious in smaller dosage.

Generally, for inducing *Virechana Karma*, *TrivruttYogais* commonly given in practice. In classics *Dantiyoga* is mentioned as *Virechaka Yoga* in the management of *Kushtha*. However, it's utility as *Virechaka Yoga* in the management of *Vicharchika* is not explored. Therefore, there is a need to validate the utility of *Danti* as *Virechaka Yoga* in the management of *Vicharchika*.

AIMS AND OBJECTIVES

1. To see the effect of *Danti Virechana Yoga* in the Management of *Vicharchika*.
2. To see the effect of *Trivrutt Virechana Yoga* in the management of *Vicharchika*.
3. To see the Comparative effect of both *Danti* and *Trivrutt Virechana Yoga* in the management of *Vicharchika*.

MATERIAL AND METHODS

Research Design: Randomized comparative clinical study.

Source population:

Minimum 30 patients diagnosed with *Vicharchika* were taken for study from Out Patient Department and in patient department of Parul Institute of Ayurved Hospital and Khemdas Hospital At. Post –Limda, Tal Waghodia, Vadodara.

Study Setting:

Panchakarma Therapy Room and IPD – Parul Ayurved Hospital, Waghodia Taluk, Limda Post, Vadodara, Gujarat 391760.

Inclusion criteria

- Diagnosed as *Vicharchika*
- The patients, who are fit for *Virechana Karma*
- In between the age group of 18-60 years of either gender will be selected.
- Patients with *Madhyama Koshtha*.

Exclusion Criteria

- Lactating and pregnant women.
- Lesions with secondary infections.
- Patients who are unfit for *Virechana Karma*
- Patient associated with any other systemic disorders.

Methodology: 30 patients were selected for the study based on the *lakshana* of *Vicharchika* as per *samhita* without considering their gender, religion and socio-economic status. Detailed case history was taken with the help of specially designed Case Performa. Consent was taken in a written consent form after explaining about the study and its procedures, prior to the study. The findings of each patient were observed and noted in the case proforma. Collection of all the data were noted and presented in tabular forms and bar diagrams. Suitable statistical tests were used to know the statistical significance.

Criteria for assessment:

Subjective parameters

1. *Kandu* (Itching)
2. *Daha* (Burning sensation)
3. *Shrava* (Discharge)
4. *Rukshata*(Dryness/Roughness)

5. *Pidika*(Eruption)
6. *Vaivarnya*(De-pigmentation)
7. *Raji* (Appearance of lines on Skin)

Assessment Based On Virechana Effect:

- Drug palatability
- Time taken for the onset of *Virechana*
- Number of *Virechana Vega*
- Duration of *Virechana*
- *AntikiShuddhi*
- *LaingikiShuddhi*
- *VegikiShuddhi*
- *VirechanaVyapad* (if any)

Intervention: -

- **Sample Size**-30 patients diagnosed as *Vicharchika*.
 1. Group A- *Shyama Trivrutt Virechana Yoga* of 12 gm with *Madhu* as *Anupana* was given for 15 patients.
 2. Group B – *Danti Virechana Yoga* of 12 gm with *Madhu* as *Anupana* was given for 15 patients.

METHOD OF VIRECHANA: -Study is divided into 3 main parts i.e.

- *Purvakarma, Pradhanakarma and Paschatkarma*

Purva-Karma:

- **Deepana-Pachana:** *Panchakolachurna* 3gm thrice a day before food was given till the attainment of *NiramaLakshana* was given.
- **Snehapana:** *GoGhrita* was given in *Arohana Karma* depending on the *Agni* until the *SamyakSnigdhaLakshanas* were achieved.
- **Vishrama Kala:** *Sarvanga Abhyanga* with *TilaTaila* for 30 minutes followed *Ushna Jala Snana* consequently for 3 days.

Pradhana-Karma: On the day of *Virechana Sarvanga Abhyanga* with *Tila Taila* for 30 minutes followed by *Ushna Jala Snana* was given. *TrivruttChurna* as *Virechaka Yoga* was administered in the dose of 12 gm with *Madhu* as *Anupana* in Group A and in Group B *DantiChurna* as *Virechaka Yoga* was administered in the dose of 12 gm with *Madhu* as *Anupana*.

Paschat-Karma: Patient was kept on *Samsarjana Karma* according to *Shuddhi* occurred.

Statistical Design: Friedman's test., Post Hoc analysis with Wilcoxon signed rank test with Bonferroni correction applied. Paired 't' test. Cochran's Q test.

Overall assessments: Conclusion written on the basis of results obtained after checking the significance statistically.

RESULTS

Distribution of patients based on Subjective Criteria-

Kandu: Out of 30 patients, 28 Patients (93.3%) of patients were having Severe itching episode more than 5 times a day even night and blood spot came out where as 2 patients (6.7%) of patients were complaining of Moderate itching along with moderate itching episode (3-4 times in a day). before the trial and after the trial In Group A-The patients who were treated with *Trivruttchurna* as *VirechakaYoga* showed an improvement in *Kandu* with reduction in mean by 2.13 units. The percentage of improvement was 54% overall. And In Group B The patients who were treated with *Dantichurna* as *Virechaka Yoga* showed an improvement in *Kandu* with reduction in mean by 2.26 units. The percentage of improvement was 57.5% overall.

Daha: Out of 30 patients, 17 patients (56.7%) of patients were having Severe Burning Sensation Disturbing Normal Activity, whereas 12 patients (40%) of patients were complaining of No Burning Sensation Even After Rubbing, and 1 patient (3.3%) of patients were having After Mild Type of Burning sensation. before the trial and after the trial In Group A-The patients who were treated with *Trivrutt Churna* as *Virechaka Yoga* showed an improvement in *Daha* with reduction in mean by 1.53 units. The percentage of improvement was 69% overall and In Group B The patients who were treated with *Danti Churna* as *Virechaka Yoga* showed an improvement in *Daha* with reduction in mean by 0.93 units. The percentage of improvement was 69.9% overall.

Srava: Out of 30 patients, 16 patients (53.3%) of patients were having no discharge, whereas 7 patients (23.3%) of patients were complaining of Weeping from the Skin Lesion Followed by Crusting, and Weeping from the skin lesion, before the trial and after the trial In Group A-The patients who were treated with *TrivruttChurna* as *Virechaka Yoga* showed an improvement in *Srava* with reduction in mean

by 0.53 units. The percentage of improvement was 56% overall and In Group B The patients who were treated with *DantiChurna* as *Virechaka Yoga* showed an improvement in *Srava* with reduction in mean by 0.80 units. The percentage of improvement was 57% overall.

Rukshata: Out of 30 patients, 15 patients (50%) of patients had Dryness with Rough skin (*Ruksha*), whereas 14 patients (46.7%) of patients had no dryness (*Snigdha*), and 1 patient (3.3 %) of patients were complaining Dryness with scaling (*Khara*). before the trial and after the trial In Group A- The patients who were treated with *TrivruttChurna* as *Virechaka Yoga* showed an improvement in *Rukshata* with reduction in mean by 0.13 units. The percentage of improvement was 21% overall and In Group B The patients who were treated with *DantiChurna* as *Virechaka Yoga* showed an improvement in *Rukshata* with reduction in mean by 0.40 units. The percentage of improvement was 75% overall.

Pidika: Out of 30 patients, 29 patients (96.7%) of patients had lesion full of eruption, whereas 1 patient (3.3%) of patients had Scanty eruption in at least half of the lesion. Before the trial and after the trial In Group A- The patients who were treated with *TrivruttChurna* as *Virechaka Yoga* showed an improvement in *Pidika* with reduction in mean by 1.53 units. The percentage of improvement was 52% overall and In Group B The patients who were treated with *DantiChurna* as *Virechaka Yoga* showed an improvement in *Pidika* with reduction in mean by 1.87 units. The percentage of improvement was 62% overall.

Vaivarnya: Out of 30 patients, 29 patients (96.7%) of patients had blackish discoloration, whereas 1 patient (3.3 %) of patients had Blackish red discoloration. Before the trial and after the trial In Group A- The patients who were treated with *TrivruttChurna* as *Virechaka Yoga* showed an improvement in *Vaivarnya* with reduction in mean by 1.73 units. The percentage of improvement was 59% overall and In Group B The patients who were treated with *DantiChurna* as *Virechaka Yoga* showed an improvement in *Vaivarnya* with reduction in mean by 1.8 units. The percentage of improvement was 60% overall.

Raji: Out of 30 patients, 16 patients (53.3%) of patients had no appearance of lines on skin, 11 patients (36.7%) of patients had thickening of the skin but no criss cross marking and 3 patients (10 %) had Thickening of skin with criss cross marking. Before the trial and after the trial In Group A- The patients who were treated with *TrivruttChurna* as *Virechaka Yoga* showed an improvement in *Raji* with reduction in mean by 0.27 units. The percentage of improvement was 40% overall and In Group B The patients who were treated with *DantiChurna* as *Virechaka Yoga* showed an improvement in *Raji* with reduction in mean by 0.34 units. The percentage of improvement was 72% overall.

Onset Of 1st Virechanayoga:

Among 15 patients of Group – A, 3 patient (20 %) had 1st onset of *Vega* Less than half an hour, 11 patients (73.3%) had 1st *Virechana Vega* less than one hour and only 1 patient (6.7%) had 1st *Virechana Vega* in 2-3 hours. Among 15 patients of Group – B 14 patients (93.3%) had 1st onset of *Virechana Vega* on less than one hour and only 1 patient (6.7%) had *Vega* on Less than half an hour.

Total Duration of Virechana Karma: Out of 15 patients of Group – A, 9 patients (60%) patients had completed *Virechana* in 7.00 to 8.00 hours, 6 patients (40%) patients had completed *Virechana* in 5.00 to 6.00 hours and out of 15 patients of Group – B, 8 patients (53.33%) had completed *Virechana* in 7.00 to 8.00 hours, 7 patients (46.66%) patients had completed *Virechana* in 5.00 to 6.00 hours.

Total No. of Virechana Vegas: Among 15 patients of Group – A, 11 patients (73.3%) got 9 to 11 *Vegas*, 3 (20%) patients got 6 to 8 *Vegas*, 1 patient (6.6%) got more than 11 *Vegas* and Among 15 patients of Group – B, 11 patients (73.3%) got 6 to 8 *Vegas*, 3 patients (20%) patients got 9 to 11 *Vegas*, 1 patient (6.6%) patients got more than 11 *Virechana Vegas*.

STATISTICAL ANALYSIS –

Kandu – There was a statistically significant difference seen in *Kandu* with $X^2 = 58.199$, $p < 0.000$ in Group A. and there was a statistically significant difference seen in *Kandu* with $X^2 = 55.766$, $p < 0.000$ in Group B.

TABLE NO-1: SHOWING THE RESULTS OF FRIEDMAN TEST ON KANDU

Parameter	N	X ²	P VALUE	REMARK
Group A				
<i>Kandu</i>	15	58.199	0.000	S
Parameter	N	X ²	P VALUE	REMARK
Group B				
<i>Kandu</i>	15	55.766	0.000	S

Daha – There was a statistically significant difference seen in Severity of *Daha* with $X^2 = 41.503$, $p < 0.000$ in Group A. and there was a statistically significant difference seen in Severity of *Daha* with $X^2 = 25.129$, $p < 0.001$ in Group B.

TABLE NO-2: SHOWING THE RESULTS OF FRIEDMAN TEST ON DAHA

Parameter	N	X ²	P VALUE	REMARK
Group A				
Daha	15	41.503	.000	S
Parameter	N	X ²	P VALUE	REMARK
Group B				
Daha	15	25.129	.0001	S

Srava – There was a statistically significant difference seen in Severity of *Srava* with $X^2 = 21.333$, $p < 0.000$ in Group A. and there was a statistically significant difference seen in Severity of *Srava* with $X^2 = 27.446$, $p < 0.000$ in Group B.

TABLE NO-3: SHOWING THE RESULTS OF FRIEDMAN TEST ON SRAVA

Parameter	N	X ²	P VALUE	REMARK
Group A				
Srava	15	21.333	.000	S
Parameter	N	X ²	P VALUE	REMARK
Group B				
Srava	15	27.446	.000	S

Rukshata – There was a statistically significant difference seen in *Rukshata* with $X^2 = 10.571$, $p < 0.032$ in Group A. and there was a statistically significant difference seen in *Rukshata* with $X^2 = 17.714$, $p < 0.001$ in Group B.

TABLE NO-4: SHOWING THE RESULTS OF FRIEDMAN TEST ON RUKSHATA

Parameter	N	X ²	P VALUE	REMARK
Group A				
Rukshata	15	10.571	0.032	S
Parameter	N	X ²	P VALUE	REMARK
Group B				
Rukshata	15	17.714	0.001	S

Pidika – There was a statistically significant difference seen in *Pidika* with $X^2 = 54.410$, $p < 0.000$ in Group A. and there was a statistically significant difference seen in *Pidika* with $X^2 = 55.938$, $p < 0.000$ in Group B.

TABLE NO-5: SHOWING THE RESULTS OF FRIEDMAN TEST ON PIDIKA

Parameter	N	X ²	P VALUE	REMARK
Group A				
Pidika	15	54.410	0.000	S
Parameter	N	X ²	P VALUE	REMARK
Group B				
Pidika	15	55.938	0.000	S

Vaivarnya – There was a statistically significant difference seen in *Vaivarnya* with $X^2 = 52.567$, $p < 0.000$ in Group A and there was a statistically significant difference seen in *Vaivarnya* with $X^2 = 55.310$, $p < 0.000$ in Group B.

TABLE NO-6: SHOWING THE RESULTS OF FRIEDMAN TEST ON VAIVARNYA

Parameter	N	X ²	P VALUE	REMARK
Group A				
Vaivarnya	15	52.567	0.000	S
Parameter	N	X ²	P VALUE	REMARK
Group B				
Vaivarnya	15	55.310	0.000	S

Raji – There was a statistically significant difference seen in *Raji* with $X^2 = 10.000$, $p < 0.40$ in Group A and there was a statistically significant difference seen in *Raji* with $X^2 = 20.000$, $p < 0.000$ in Group B

TABLE NO-7: SHOWING THE RESULTS OF FRIEDMAN TEST ON RAJI

Parameter	N	X ²	P VALUE	REMARK
Group A				
Raji	15	10.000	0.040	S
Parameter	N	X ²	P VALUE	REMARK
Group B				
Raji	15	20.000	0.000	S

SAMYAKA VIRIKTA LAKSHANAS -

TABLE NO- 8: COCHRAN Q TEST FOR GROUP A

GROUP A	N	15
	Cochran Q test	111.097
	Diff	12
	Asymp.Sig.	.000

TABLE NO- 9; COCHRAN Q TEST FOR GROUP B

GROUP B	N	15
	Cochran Q test	132.634
	Diff	12
	Asymp.Sig.	.000

Table showing Cochran Q test values for *SamyakViriktaLakshana*. To access the *Samyak Virikta Lakshana* achieved in *GROUP A* and *Group B* Cochran's Q test was applied. The *Lakshana* of *Samyak Virikta* in this both groups found significant with P value <0.001.

DISCUSSION

Virechana Karma is one among the *Panchakarma* procedure having less complications and stress when compared to other *Shodhan* procedures because of its different variants (*Anulomana*, *Bhedana*, *Samsrana* and *Rechana*). It yields higher benefits in almost all types of disorders, proves beneficial in *Tridosha* and even can appreciate *Rasayana* effect also. When compared to *Vamana*, *Virechana* needs minimal supervision. Each and every step included in whole procedure of *Virechana* has its own importance in maintaining health and curing ill condition.

Vicharchika presents with clinical features like *Kandu*, *Pidika*, *Shyavata* and *Bahusrava*, which can be correlated to Eczema. Sometimes disease itself turns to become uncontrollable causing permanent disability, deformity, depigmentation and finally social stigma. The cosmetic effect of skin is destroyed which hinders the personal and social life of a person. This shows that this disease bears economical, psychological burden on the society. So, in the medical field there is continued search for a reliable and ideal cure for this chronic skin disease. *Shodhana* procedure has given an importance in this disease by almost all *Acharyas*. *Acharya Charaka* told the benefits of *Shodhan* therapy as follows-vitiating *Doshas* are eliminated, the power of digestion and metabolism is enhanced, disease is cured, normal health is restored, sense organs, mind, intelligence and complexion become clear, gain of strength, plumpness, offspring and virility occur, person is not affected by old age and lives long without any disease. In present scenario *Panchakarma* therapy is the best way to effectively & safely manage the condition without any drug dependency. It also detoxifies the body. Our aim is to develop a cost effective, free from adverse effect, easily available & use of minimum number of drugs in treating these chronic diseases.

Selection of medicine

In the clinical texts, large numbers (Nearly 245 in *Charaka Samhita* alone) of formulations are described for *Virechana Karma*, but only few are in practice. *Danti* and *Trivrutt* has been advised as *Virechaka Yoga* in the management of *Kushtha*. Till now, no study has been taken-up to assess the efficacy of *Danti Virechana Churna* Yoga in the management of *Vicharchika*. 245 yoga's for *Virechana* are described in classics among them 48 *DantiVirechana* yoga's are told. Clinical validation of this drug is requiring further, scientific explanation and justification for its global acceptance as a *Virechaka Yoga*. As ideal medicines are one which is given in *Alpamatra*, induces *Mahavega*, *Bahudoshahara*, requiring, *SukhaSwada*. The routinely practiced *VirechanaYogas* are of high dose, less palatable. Hence there is need to formulate a Yoga which will be more palatable & efficacious in smaller dosage. Generally, for inducing *Virechana Karma*, *Trivrutt Yoga* is in practice. In classics *Dantiyoga* is mentioned as *Virechaka Yoga* in the management of *Kushtha*. However, its utility as *Virechaka Yoga* in the management of *Vicharchika* is not explore. Therefore, there is a need to validate the utility of *Danti* as *Virechaka Yoga* in the management of *Vicharchika*.

Mode of Action of the Procedure:**Probable mode of action of Purva karma-**

Any success of *Shodhan Karma* depends upon duly completed *Poorva-Karma*. For *Shodhan* procedure *Doshas* should be brought to *Koshtha*. For that all *Granthkaras* have explained four steps. *Vruddhi*, *Abhishyanda*, *Pak* and *Vat-Nigraha*. Here this *Pak Karma* can be done by properly increased *Agni*. Here *Dipana-Pachana* help to increase both quality and quantity of *agni*. Here the used drugs are *Panchkola Varga* i. e., *Pippali*, *Pippalimoola*, *Chavya*, *Chitraka* (*Krumi-Kandu-Kushtha Vinasha*), *Nagar*. Here the used drugs are 100% *Katu Rasatmaka*, 60% *Katu Vipakatmaka*, 80% *Ushna Veerayatmaka*. These properties will easily increase *Agni*. These drugs have 100% *Vata-Kapha Shamak* property. Because of which during *Deepana-Pachana Kandu*, *Srava* etc. gets decreased and patient feels better.

Snehana and Swedana:

Purusha is considered as *Snehamaya* and even the life is dependent on it. Human body is made up of infinite small and innumerable units known as *Paramanu* and they are held in proper position by *Sneha Dravyas*. Due to *Snehana*, *Kledana* of *Doshas* takes place and *Swedana* does liquification (*Draveekarana*), thereby helps in bringing them in to the *Koshtha*.

Here *AbhyantaraSnehan* is done in gradually increasing amount. With *Khale-Kapot Nyaya*, *Sneha* directly acts upon vitiated *Doshas* rather than forming *Nav-Dhatu*. Later with *Kshira-DadhiNyaya* this *Sneha* quantity is converted to vitiated *Dosha*. This procedure is continued up to 7 days, after which *Sneha* becomes *Satmya* to the body. After saturation of *Sneha* in the body, excess *Sneha* is expelled out through external orifices i.e., *Bahirmukha Srotasas* e.g., *Mukha*, *Guda*, *Roma-Kupa* etc. producing *Twaka-Snighdhata*, *Snehodvega*, *Adhastad Sneha Darshana* etc. Here for *abhyantarasnehan* in both groups A and B, *Go-ghrita* was administered. *Go-ghrita* is of *Madhur-rasatmaka*, *shitaviryatmaka* and has properties like- *Snigdha*, *Mrudu*, *Guru* and *Manda*.

Bahya Snehana and Swedana-

After completion of *Abhyantarasnehan* *bahyasnehan* and *swedana* was advised. According to concept of *Ayurveda*, the *Sneha* diffuses in the body through the minute hair follicles of skin and is dissolved and digested by *Bhrajaka Pitta*. As *Sparshnendriya* resides in *Tvaka*, which have dominancy of *Vata-Mahabhoota*. Both these therapies help in subsidence of *Vata Dosha*. After *Snehana Karma Swedana* should be given compulsory. *Swedana* is administered after *Snehana*, ultimately brings *Vata* under control and thereby helps for facilitating the easy elimination of *Purisha*, *Mutra* and *Retas*.

Role of 3 Days Gap:

After completion of *Snehan*, 3 days gap is given for *Abhyanga* and *Swedana*. During *Snehan* *Doshas* are brought from *Shakhato Koshtha*. In *Jwara-Chikitsa* it has been quoted by *Acharya Chakra* that it takes 1 day to bring *Dosha* from *UraSthana* to *Amashaya*. Here *Doshas* from all over the body i.e., *Shirah Pradesha* to *Padatal*, are to be brought to *Grahanito* expel out. So, it may require 3 days.

Also, during *Virechana Karma KaphaDosha-Avastha* should be in *Manda Avastha*. If *Kapha* in *UtklishtaAvastha* then instead of *Virechana*, *Vaman* will occur. To bring down this *Utklishta Kapha Avastha* (as *Sneha* and *Kapha Doshas* have similar properties) this 3 days gap is necessary.

PROBABLE MODE OF ACTION OF VIRECHANA KARMA

The drugs (*Trivrutt* and *DantimoolaChurna*) that are having properties like *Ushna*, *Tikshna*, *Sukshma*, *Vayavya*, *Vikasi* and *AdhobhagaharaPrabhava*, these drugs reach the *Hridaya* through their *Swaveerya* (*Swaprabhava-Chakrapani*) and circulates through large and small blood vessels of the body leading to the action of *Virechana* [11].

Even though *Virechana* is best for *Pittaharana*, (*Cha Su 25*) it proves itself beneficial even for *Kaphasamsrista* and *Vata Samsrista* conditions. *Snehan* and *Swedana* administered for the purpose of *Virechana* liquefies morbid *Doshas* and brings them from *Shakha* to *Koshtha* wherein they are made ready for easy elimination just by irritating local organ. Since morbid *Pitta* and *Kapha Doshas* which are in *Drava* form are brought to nearest route where in administration of *Virechanoushadhi*'s eliminates them without any exhaustion, since the route selected for elimination is *GudaMarga*.

Samprati Vighatana -

Vata-In *Samanya Chikitsa* *sutra* of *Vata dosha Mrudu Samshodhana* has been advised. (*Cha.Chi.28/84*). With *Madhura*, *Kashaya*, *Tikta Rasa*, *Trivrutt* helps to pacify or expelled out *Pitta Dosha*. With *Madhura Rasa* and *Ushna Veerya* it has action on *Vata Dosha* too. Also, *Trivrutt* does *Ama Pachana*, removes *Sanga* from *Srotas* and does *Strotomukha Vishodhana*. Due to this *Vata* gets pacified and helps in *Samprapti Vighatana*. Whereas *Danti* has *Vatahara*, *Ushna Guna* Property. *Vata Dosha* is *Yogvahi* in nature. In *Vicharchika* it carries *Dushita Pitta* and *Kapha* to *Twak Dhatu* (*Rasa*, *Rakta*). When such *Dushita Pitta* is expelled, *Vata* is given normal *Gati* so this skin lesions starts improving.

Pitta- *Pitta Dosha* has *Ashrayashrayi Bhava* with *Rakta Dhatu*. *Vicharchika* is one type of *Kushtha* i.e., *Rakta Pradoshaja Vikara*. *Virechana 1st* acts upon *Mula-Pitta* i.e., *Adho-Amashayastha/ Grahanistha*.

Trivrutt Churna has Madhura, Kashaya, Tikta Rasa, Katu Vipaka and Ushna Veerya due to this property it may be act on Dushit Pitta. Danti Possesses the qualities like Katu, Tikshna, Ushna, Guru, sara, Ashukari, Vikashi. This is more beneficial in reducing Pitta Dosha. This Pitta controls all remaining 5 types i.e., Pachaka Pitta, Bhrajaka Pitta, Ranjaka Pitta, Aalochaka, Sadhaka Pitta.

Kapha- In Kustha (Vicharchika) Due to KaphaDushtiStrotorodha will occur and Kleda accumulated in Twakpradesh. Due to Tikta Rasa. KatuVipaka, and UshnaVeerya of Trivrutt whereas, Danti having KatuVipaka, andGuna, KatuVipakaGunadharmas, so it acts on Kapha Dosha and helps to open the routes of Strotasa (Srotomukha). Virechana in KaphaDushitaAvastha should be given when Pitta-pradhanya is present.

Lasika-As Kushtha is Kleda-pradhan condition. Due to hetu-seven excessive quantity of Kleda is produced.Svedasyakleda-vidhruti i.e., to hold this kleda is the function of Sweda. Lomakoopa are situated in tvaka which is the moola sthana of swedavahasrotas. (Ch.Vi.5). In Vicharchika, is produced due to lymph, which is ApaMahabhoota Pradhan. Trivrutt has Ruksha Guna and hence, helps to dry up the discharge, which might be the reason of getting relief in Srava. Danti having KatuVipaka, andGuna, KatuVipakaGunadharmas, it acts on DushitaKapha Dosha, Kleda and opens the routes of Srotas.

Mamsa Dhatu- Vasa and all six types of Tvacha are Upadhtus of Mamsa dhatu. (Cha.Chi.15/17) In Kushtha with Viruddha-AharadihetusevanMamsadushti occurs. It also results due to Pratilomagati with excess vitiation of Tvaka.It can be clinically observed with Pidika-Utpatti. With Virechana as all vitiated doshas are expelled out.HereKatu and Tikta rasa of Trivrutt and Katu Rasa, KatuVipaka, Ushna Guna of Danti does Lekhana of Kleda-Shoshana present in PravridhaMamsa Dhatu.

Discussion on Observation and results: -

Deepana and Pachana-

Out of 30 patients, 63.3% of patientstook 4 days for *Deepana*and *Pachana*, 36.6% patients took 5days for *Deepana*and *Pachana*to attain *NiramaLakshana*. Here *Pippalyadi* five drugs readily increases digestive power which is important prior to any *Shodhan* therapy. As in *Kushtha* vitiated *Kaphadi Doshas* are more (*Srotorodha*), *DeepanaPachana*was given up to the development of *Niramavastha*. Here 4-5 days were needed due to *Bahudoshavastha*.

Total no. of days for Snehapana-

Here,out of 30 patients, 76.6% patients took *Snehapana* for 5 days, 16.6% patients took *Snehapana* for 6 days and 6.6% patients took *Snehapana* for 4 days to get *Samyak Snigdha Lakshana*.

DISCUSSION ON KARMA-

Palatability of Virechana Yoga-

100% palatability was found in all 30 patients as the Both *ChurnaYogas*(Trivrutt and Danti)

Onset of 1stVirechana Vega (Latency Period):

In 15 Patients of Group A ,11 Patients got 1st*Vega* within one hour and in 15 Patients of Group B, 14 Patients i.e 73.3% got 1st*Vega* within one hour. In Group B maximum number of patients shows latency period so that it is more effective as Compare to Group A.

Generally, *Karma* of *Virechana Aushadhi* starts in its *Pachyamana Avastha*. Here due to properly done *Deepan-Pachan* followed by *Vardhaman Snehapana*, maximum patients have good digestive power. In such patient's 1st*Vega* started within 1 hour.

Total Duration of Virechana Karma-

Out of 15 patients of Group-A, 60% patients had completed *Virechana* in 7.00 to 8.00 hours, 40% patients had completed *Virechana* in 5.00 to 6.00 hours, In Group-B 53.33% patients had completed *Virechana* in 7.00 to 8.00 hours, 46.66% patients had completed *Virechana* in 5.00 to 6.00 hours.

This statistical Data shows that the *Virechana Vegas* completed in less duration in Group B in comparison to Group A. Here, *Ushna-Tikshnatva* properties of Danti triggers *Virechana Vegas*.

Total Number of Virechana Vega's-

Among 15 patients of *Trivrutt* group, 20% patients got 6-8 *Vegas*, 73.3% patients got 9 to 11 *Vegas*, 6.6% patients got more than 11 *Vegas*.Among 15 patients of *Danti* group, 73.3% patients got 6 to 8 *Vegas*, 20% patients got 9 to 11 *Vegas*, 6.6% patients got more than 11*Virechana Vegas*.

Here in this study, effect of *Trivrutt Churna* to produce *Virechana Vegas* is more than *Danti Churnain* the Dosage of 12 gm of each.

Vegiki Shuddhi-

Out of 15 patients of Group-A, 93.3% got *AwaraVegiki Shuddhi Lakshanas* (up to 10 *Vegas*),6.7% got *Madhyam Vegiki ShuddhiLakshanas* (10-20 *Vegas*).In Group-B, out of 15 patients, 93.3% got *Awara Vegiki Shuddhi Lakshanas* (up to 10 *Vegas*),6.7% got *Madhyam Vegiki Shuddhi Lakshanas* (10-20 *Vegas*).In both the groups none of the patient attained *Uttam Shuddhi*, this denotes now a days *Granthokta Matra* of these medicines i.e., 1 *Karsha* may be not sufficient in both groups.

Antaki Lakshana-

Among 30 patients of Both Group, 60% got *Pittanta* and 40% got *Kaphanta Shuddhi Lakshanas*. In these patients either *Kapha* was not that much prominent or Medicine was not that much enough to expel out *Kapha* through anal route.

Laingiki Shuddhi-

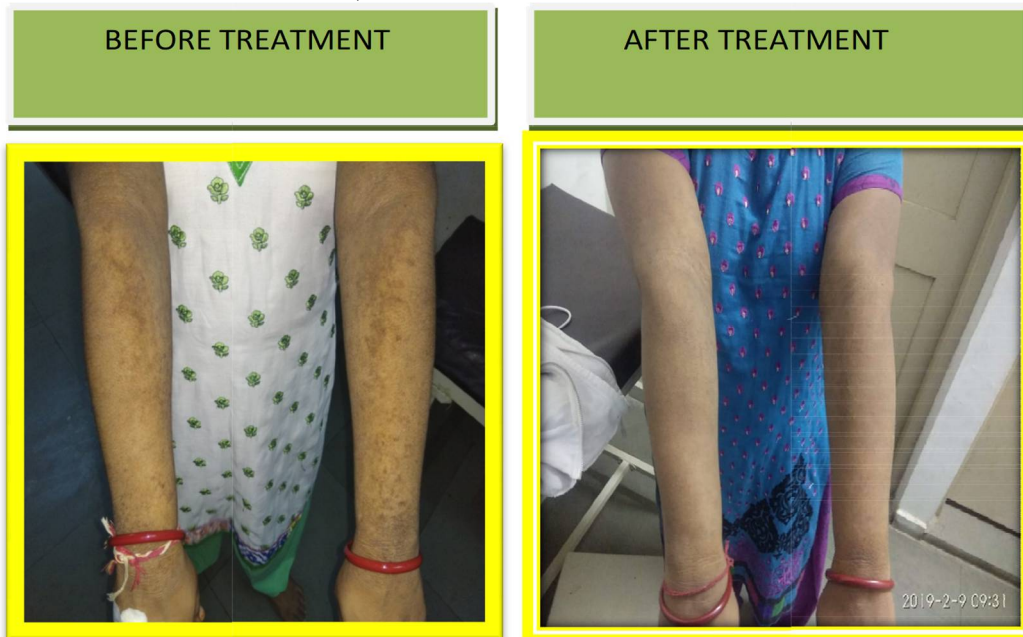
Among 15 patients of Group-A, *Srotovishuddhi*, *Laghuta*, *Anamyatwa*, *Vatanulomana*, *Daurbalyata*, *Kshudha Pravrutti*, *Kale Vega Pravartana* (100%), *Agnivridhi* (66.7%), *Vit-Pitta-Kapha-Vata Kramena Prapti* & *Hrudayavarana Shuddhi* (40%), *Trishna Pravrutti* and *Indriya Prasada* (33.3%), were observed. Among 15 patients of Group-B, *Agnivridhi*, *Srotovishuddhi*, *Laghuta*, *Anamyatwa*, *Vatanulomana*, *Kshudha*, *Kale Vega Pravartana* (100%), *Trishna Pravrutti* (73.3%), and *Indriya Prasada* (26.7%), *Vit-Pitta-Kapha-Vata Kramena Prapti* (20%), were observed.

Overall, *Samyaka Virikta Lakshan* in Group-A 70.25% and In Group-B 71.79% were Observed.

Table No. - 10 Over All Effect of Therapy -

Improvement	Group A		Group B	
	No. of Patients	%	No. of Patients	%
Marked (>75%)	-	-	-	-
Moderate(50-75%)	1	6.7	4	26.7
Mild(25-50%)	14	93.3	11	73.3
No Response(<25%)	-	-	-	-

After completion of the whole treatment, in Group-A no subject attained marked improvement i.e. 0%, moderate improvement was found in 1 patient i.e.,6.7 %whereas Mild improvement was observed in 14% i.e.,93.3 %. After completion of the whole treatment, in Group-B no subject attained marked improvement i.e., 0 %, Moderate improvement was found in 4 patients i.e.,26.75 whereas Mild improvement was observed in 14% i.e.,73.3



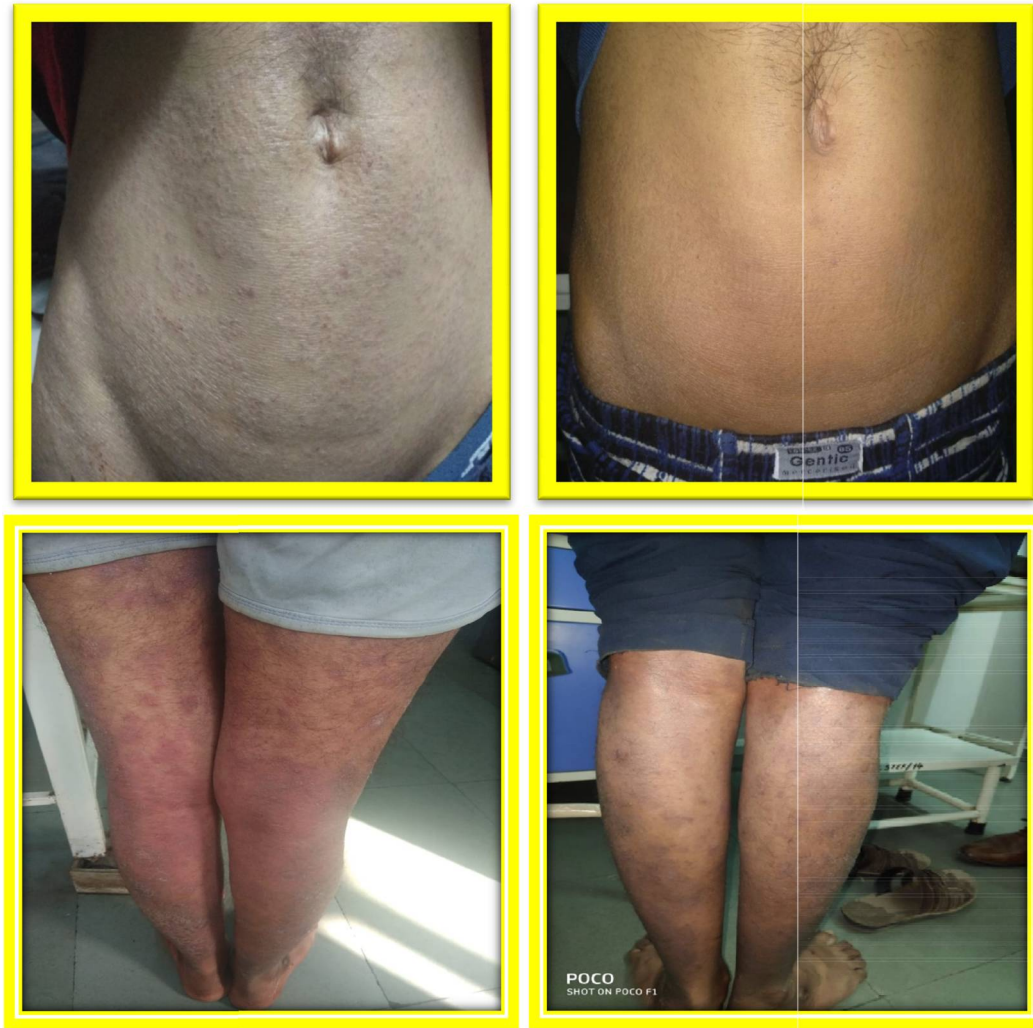


Fig. 1 Improvements in Patients after Treatment

CONCLUSION:

Above study plan showed that in case of Virechana Karma, Samyak Virikta Lakshnas shows effective in Group-B compare to Group-A. On the basis of subjective and objective parameters of Vicharchika Group-B is shows Statistically Significant relief compare to Group-A. After the overall treatment i.e., Virechana Karma, Samsarjana Karma and Follow-up, results were found better in patients of Group-B. Hence it can be concluded that Virechana was effective in both group but Virechana Karma with Dantimoola Choorna shows better result. Hence, the null hypothesis was negated and research hypothesis proved.

Conflict of Interest: None Declared.

REFERENCES

1. Sharangadhara, Sharangadhara Samhita with Commentaries Adhamallas Dipika and KasiramasGudhartha Dipika, Published by, Varanasi. Purva Khanda, 4th chapter, page no 35
2. Agnivesa, Charaka Samhita with Ayurveda Dipika Commentary, Choukhamba Sanskrit series. Varanasi. 2014.Chikitsa Sthana 7/26 page no 451
3. Agnivesa, Charaka Samhita with Ayurveda Dipika Commentary, Choukhamba Sanskrit series. Varanasi. 2014.Sutra Sthana 28/33-page no.180
4. Agnivesa, Charaka Samhita with Ayurveda Dipika Commentary, Choukhamba Sanskrit series. Varanasi. 2014.Sidhi Sthana 1/6-page no.677
5. Sushruta, Sushruta Samhita with NibandhaSangraha commentary Choukhamba Sanskrit series 2014.Chikitsa Sthana 31/5page no 507
6. Agnivesa, Charaka Samhita with Ayurveda Dipika Commentary, Choukhamba Sanskrit series. Varanasi. 2014.Sutra Sthana 5/87-page no.42
7. Bhel samhita sutra 22/9
8. Agnivesa, Charaka Samhita with Ayurveda Dipika Commentary, Choukhamba Sanskrit series. Varanasi. 2014.Sutra Sthana 14/4-page no.87

9. Agnivesa, Charaka Samhita with Ayurveda Dipika Commentary, Choukhamba Sanskrit series. Varanasi. 2014.Chikitsa Sthana 3/73-page no.405
10. Agnivesa, Charaka Samhita with Ayurveda Dipika Commentary, Choukhamba Sanskrit series. Varanasi. 2014.Sidhi Sthana 1/9-page no.678
11. Agnivesa, Charaka Samhita with Ayurveda Dipika Commentary, Choukhamba Sanskrit series. Varanasi. 2014.Kalpa Sthana 1/5-page no.651
12. NIH: National Institute of Arthritis and Musculoskeletal and Skin Diseases. Atopic Dermatitis. (<https://www.niams.nih.gov/health-topics/atopic-dermatitis/advanced>) Accessed 10/20/2020

CITATION OF THIS ARTICLE

Lalravi Sahu, Parappagoudra M, Pathan S, Roy K B, S Lekshmipriya. A Comparative Randomized Controlled Trial of Two Different Virechaka Yoga in The Management of Vicharchika. Bull. Env. Pharmacol. Life Sci., Vol 11[7] June 2022 : 44-54.