



Role of Dushi Vishari Agada and Nimba-Karanj Plota Application in The Management of Dushi Visha Janya Vicharchika WSRT Eczema with Cellulitis: A Case Report

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ABSTRACT

Vicharchika is considered as a one kind of *Twaka Vikara* (skin disorder) which causes routine disturbances and hampers the quality of life of an individual. *Twaka vikaras* are broadly described as 'Kushta' and mainly divided into two types 'Mahakushta' and 'Kshudrakushta'. *Vicharchika* is included under *Kshudrakushtas* by Acharya Sushruta and its management is told with *Shodhana* and *Shamana chikitsa* by various Acharyas. 'Dushi Visha' is described as intake or contact of toxic drugs which have lower strength and continues to stay in a the dormant state inside the body for years together not causing any kind of trouble. It can be of *Sthavara*, *Jangama* and *Kritrim* in origin. This *Dushi Visha* vitiates *dhatu*s on obtaining a favourable condition and manifests the diseases. Likewise, *Dushi Visha janya Vicharchika* causes *kandu*, *pidaka*, *srava* and *shyavata*. *Dushi Vishari Agada* is one of the *Vishaghna* formulations mentioned in *Ashtang Hridaya*, which is *Vishaghna* (neutralizes toxicity) and *rakta prasadak* (Blood Purifier). *Nimba* and *Karanj* causes *vrana shodhana* and *ropana* hence effective in any *twakavikaras*. Given in this case report a 70 years male patient of *Vicharchika* of bilateral lower limb (below knee) was treated in our hospital. Patient presented with the complaints of watery discharge from superficial ulcerations, severe itching, discoloration and swelling of toes of both feet. This case was diagnosed as *Vicharchika* (eczema with cellulitis) of bilateral lower limbs and was successfully treated with *Dushi Vishari agada* orally and *Nimba-Karanj plota* application locally. The eczema, swelling, ulcerations and discoloration was relived completely within 15 days. So, this case study highlighted that *Vicharchika* (eczema with cellulitis) can be treated with minimal and economical ayurvedic drugs effectively.

Keywords- *Vicharchika*, *Eczema*, *Cellulitis*, *Dushi Visha*, *Dushi Vishari Agada*, *Nimba Karanj Plota*, *Dushivisha janya vicharchika*, *Twakvikara*

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INTRODUCTION

Twakvikaras are considered as 'Kushtha' and mainly divided into two types 'Maha kushtha' and 'Kshudra kushtha'. *Kushtha roga* is *tridoshajanya* but certain *doshas* will be predominant. *Vicharchika* is one type of *twakavikar* which falls under category *Kshudra kushtha* [1]. *Kandu*, *srava*, *pidaka*, *shyavata* are the symptoms of *Vicharchika* and *Viruddhahar*, *krimi*, *dushi Visha*, *rakta dushti* are the main causative factors considered for manifestation of the same [2]. *Sushrutacharya* mentioned it has *Pitta* predominance while *Chrakacharya* and *Vagbhatacharya* considers it has *Kapha* predominance. 'Visha'(poisons) are classified as *Sthavar*, *Jangam* and *Kritrim*. These *Visha* accumulates over a period of time resulting in harsh effects on body; which is called as *Cumulative toxicity* [3]. It can be co related with concept of *Dushi Visha* explained by Acharya Sushruta. 'Dushi Visha' is described as an intake or contact of toxic drugs which have less strength and stays inside the body for years together not causing any damage to the body. It can be of *Sthavara*, *Jangama* and *Kritrim* in origin. This *Dushi Visha* vitiates *dhatu*s on obtaining a favourable condition and manifests the diseases [4]. *Vicharchika* definitely has huge effects on quality of life on an individual. Efficient medical treatments in present day science are fewer in number and has potentially harmful long-term adverse effect [5]. *Vagbhat Acharya* in the management of *Visha* gives knowledge about use of *Dushi Vishari agada* which contains drugs which are *Vishaghna*, *kandughna* and *rakta prasadak* which is advised to take in cases of poisoning [6]. In *Sharangdhar Samhita madhyam Khanda* explains about both internal as well as external *Sneha kalpanas* [7]. *Nimba* and *karanj taila* both are widely used for the management of skin diseases, are cost effective, easily available and easy for application locally which has

shown great results. Below mentioned case has been successfully treated with unique healing and with greater satisfaction of patient as well as treating team.

CASE REPORT

Personal history:

Name of the patient - XYZ

Age - 70 years

Gender - Male

Occupation - Farmer

Date of admission - 20/08/2022

Date of recovery - 05/09/2022

Chief complaints with duration

Patient complains of itching, mild watery discharge from superficial ulcerations, reddish to greyish discoloration of bilateral feet (below knee) and swelling of toes of both feet since last two months.

H/O present illness

Patient who is farmer by profession arrived at OPD of our hospital with primary concern being itching, watery discharge from superficial ulcerations, blackish discoloration of bilateral feet (below knee) and swelling of toes of both feet. These complaints patient suffered from two months and took treatment for the same in modern hospital. But there was no significant relief. These symptoms were increased since last one week which patient could not tolerate hence patient came to Ayurvedic hospital for the treatment of the same.

Past history

Patient has been diagnosed with diabetes mellitus since last 6 years on medication (tablet metformin 500 mg OD). There was no history of any known previous allergy found. Patient gave history that while working in the farm he might have come in contact with snake venom and since then he started these complaints. He also might have come in contact with certain fertilizers while working. These can be regarded as primary offenders.

Family history

no any family history of skin disorder.

General examination:

Blood Pressure - 130/80 mmHg

Pulse - 80/min

Temperature - afebrile

CVS - S1 S2 normal, heard

RS - air entry bilaterally equally clear

Digestive system - appetite mild

Bowel - normal

Urogenital system - normal

Local examination:

- On examination, patient had watery discharge from the superficial ulcerations and reddish to greyish discoloration of local part (below knee) bilaterally.
- Swelling of toes of both feet were seen by shiny skin.
- Local rise of temperature was also observed.
- Patient had pain and discomfort

Investigations:

On laboratory investigations routine hematological tests shown

Haemoglobin - 9.6 gm%

ESR was 50ml/hr

CRP 56/

absolute eosinophil count was 600 cells/microL

Evaluation for diagnosis:

On evaluation it was considered as kapha & pitta was main doshas and rasa & rakta was main dhatus involved. Jatharagni mandya was the reason for Ama formation. Furthermore, any poison essentially hits the rakta dhatu first before vitiating other doshas. Given that contact poisoning was discovered, this approach was used in this case to choose the appropriate medicine [11].

Details of procedure:

- On the basis of clinical history and investigations, patient was planned to give tablet Dushi Vishari agadaa twice daily (1BD) and once daily Nimba-Karanj taila plot application locally.

- For the plota application, bilateral feet (below knee) were cleaned with panchawalkal kwath and then dried by gently mopping the area with gauze pads.
- Patient was kept in supine position. Multiple (8-9) gauze pieces were soaked in by mixing Nimba and Karanj taila for two minutes. As soon as gauze pieces soaks the taila, they were applied over the affected area by fully covering the skin.
- They were then allowed to be there till all taila gets absorbed by the skin. Usually, it took 30-45 mins.
- Once the gauze pieces were dried it was then removed
- This procedure was done daily once and continued for 15 days.
- Patient got significant and satisfactory relief within 15 days and patient got discharged.
- He again came for follow up after 7 days where he got complete relief and there was no increase in any of the symptoms.

Probable mode of Action

1) Dushi Vishari Agadaa: (orally)

पिपल्यो ध्यामकं मासी रोधमेला सुवर्चिका । कुटन्नटं नतं कुष्टं यष्टी चंदनगैरिकम् ॥३९॥

दूषीविषारिर्नाम्ना न च अन्य अत्रापि वार्यते ।

(अ.ह. उ. ३५)

**Pippallyo Dyamakam Masim Rodhamela Suvarchika ,
Kutannatam Natam Kushtam Yashti Chandan Gairikam .**

Dushi Visharinamra na cha anya atrapi varyate, [12]

INGREDIENTS

SI No	DRUG	BOTANICAL NAME	Part used
1	Pippali	(<i>Piper longum</i> Linn.)	Fruit
2	Dhyamaka	(<i>Cymbopogon martinii</i> (Roxb.) Wats.)	Leaves
3	Jatamamsi	(<i>Nardostachys jatamansi</i> DC. (<i>N. grandiflora</i>))	Root
4	Lodra	<i>Symplocos racemosa</i> Roxb.	Stem bark
5	Ela	<i>Elettaria cardamomum</i> Maton	Fruit
6	Suvarchika	<i>Gynandropis pentaphylla</i>	Fruit
7	Musta	<i>Cyperus rotundus</i>	Root bark
8	Tagar	<i>Tabernaemontana divaricate</i>	Root
9	Kusta	<i>Saussurea lappa</i> C.B. Clarke.	Root
10	Yastimadhu	<i>Glycyrrhiza glabra</i> Linn.	Root
11	Chandana	<i>Santalum album</i> Linn.	Heart wood
12	Gairika	Red ochre/ Ferrous oxide	

- According to Ashtang Hridaya Uttarsthana, patient suffering from Dushi Visha can be given Dushi Vishari agada.
- It contains Pipalli (*Piper longum*), Dhanyak (*Vitiveria Ziznoidis*), Jatamansi (*Nardostachys jatamansi*), Lodhra (*Symplocos racemosa*), Ela (*Ellettaria cardamomum*), Suvarchika (*Gynandropis pentaphylla*), Musta (*Cyperus rotundus*), Tagar (*Tabernaemontana divaricata*), Kushtha (*Saussurea lappa*), Yashtimadhu (*Glycyrrhiza glabra*), Chandan (*Santalum album*), Gairik (*Ferrous oxide*).
- All these drugs are pitta kaphaghna, Vishaghna (neutralizes toxicity) and raktaprasadak (blood purifier).

Mode of Action of Dushi Vishari Agada

- Drugs in Dushi Vishari agada like Lodhra, Jatamamsi, Nagkeshar, Vacha, Pippali and Ela are katu-tikta rasatmak. Tikta rasa act as a Kledahar.
- It clears Srotovarodha by dilating micro channels by expelling Kapha and Kleda and ultimately acts as Kushtaghna.
- Katu rasa acts as Krimihara, Kushtaghna, Vishaghna, removes Srotovarodha hence clears srotasas by reaching in srotasas by its Laghu and Ruksha guna.
- Rasa and rakta dhatus are Dushyas here and ingredients in Dushi Vishari agada like nagakeshar and jatamamsi are raktaprasadak and twakdosahara.
- Ingredients like ela, nagarmotha, pippali, vacha has laghu, rukshna and tikshna guna hence acts on dushit rakta dhatu and cleans it.

- In kushtha, agni gets affected. Ingredients like pippali, nagarmotha, ela, vacha are laghu, tikshna dravyas which acts on agni and does deepana and pachan and clears Mandagni.

Nimba-Karanj plota: (local application)

- Nimba has kashay and (tikta rasa, laghu ruksha guna, sheeta veerya and katu vipak) hence takes care of vrana shodhana and ropana.
- Karanj has tikta, katu, kashay (rasa, laghu) tikshna (guna, ushna veerya, katu vipak) and Vrana shodhana properties.
- Sneha plota application will also take care of inflammation, it will prevent further bacterial growth and will also reduce itching. Sneha will also act as a barrier for the further spread of the disease.

Mode of Acton of Nimba and Karanj Taila

Nimba taila

- Nimba taila mentioned in Sharangdhar Samhita has 31 different ingredients and it is advised for external use as medicated herbo-mineral taila which can be used in kushtha, nadvrana, dushtavrana, shotha, loota Visha and in many other such skin conditions [9].
- It is also indicated for vrana shodhan (cleansing), vrana ropana (healing) and savarnikaran (normal skin texture) in wounds.
- Nimba has active components like the anti-inflammatory and antibacterial characteristics of nimbidin, nimbin, and nimbidol aid in expediting the healing of wounds.
- Neem also contains a lot of amino acids, vitamins, and minerals, which are essential for the proliferation stage of wound healing.
- A wide range of phytochemical components, including alkaloids, triterpenoids and their glycosides, limonoids, flavonoids, fatty acids, and steroids, have anti-inflammatory, anti-carcinogenic, anti-oxidant, immunomodulatory, antifungal, antibacterial, and antiviral activities

Karanj taila

- Therapeutic uses of Karanj are given in brihat-trayi.
- In Charak Samhita, Karanj is indicated in kushta, krimi roga, kandu, Visha, unmad-apasmara, grahani, ajeerna, raktapitta and many other diseases. [10]
- In Sushruta Samhita it is indicated in prameha, kushta, bhagandar, nadi vrana, Netra roga, rakta pitta and many such diseases.
- Guna of Karanj leaf is Sara, Tikshana &, Laghu, It has Katu, tikta & kashaya rasa, Katu vipaka and ushna virya with Pittakaraka, Kapha Vata Shamak prabhava.
- Acharya Sushruta has included it in Aragvadhadi, Varunadi, Arkadi, Shayamadi gana. The useful parts are seeds, leaves, bark, fruits and root
- Acharya Sushruta has included it in Aragvadhadi, Varunadi, Arkadi, Shayamadi gana.
- In Ashtang hridaya it is indicated in kushtha, vrana, twakdosha, shophya, ajeerna and many other diseases.
- In vitro testing against B. anthracis and Salmonella typhi revealed significant antibacterial activity of karanj (*Pongamia pinnata*) leaves. The keratinophilic fungus *Verticillium tenuipes*, *Malbranchea pulchella*, *Keratinophyton-tereum*, and *Chrysosporium tropicum* were all somewhat resistant to the essential oil from P. pinnata. Pongamia pinnata leaf ethanolic extract (70%) possesses anti-inflammatory properties against several stages of inflammation (acute, sub-acute, and chronic).
- Karanj has anti-inflammatory, analgesic, anti-fungal, anti-ulcerogenic, antioxidant activities.

COMPLAINTS AND OBSERVATION OF THIS CASE REPORT

No.	Complaints	Observations on 1 st week (7 th day)	Observations [on 2 nd week (14 th day)]	Observation on 3 rd [week (21 st Day)]
1.	Pain (Vedana)	Alpavedana (Mild)	Vigatvedana (None)	Vigatvedana (None)
2.	Tenderness (Sparsha asahatva)	Alpa (Mild)	Sparsha sahatva (No tenderness)	Sparsha sahatva (No tenderness)
3.	Itching (Kandu)	Ugra (Severe)	Manda (Mild)	No Kandu
4.	Exudate type (Srava Bheda)	Salila prakash (Watery)	Nirasrava (None)	Nirasrava (None)
5.	Exudate quantity (Srava Matra)	Alpa srava (Mild)	Nirasrava (None)	Nirasrava (None)
6.	Wound Bed (Varna)	Aruna and Dhusara Varna (greyish and reddish discoloration)	Twaksavarna (Same as skin colour)	Twakasavarna (Same as skin colour)

RESULTS

After 15 days the symptoms such as itching, discoloration, superficial ulceration and lesions due to excoriation and watery discharge along with inflammation was significantly reduced. As patient took discharge after 15 days, we asked to continue the same medications for 7 days at home and asked patient to come for follow up. After 7 days of discharge there was no recurrence of symptoms neither any new symptoms were seen. He was perfectly alright with no symptoms of Dushi Visha janya Vicharchika (Eczema with Cellulitis) reoccurred.

PICTORIAL RESULTS

Fig 1,2,3,4 : On The Day Of Admission



Fig 5-6-7 : *Plota* Application



Fig 8, 9 After *Patola* Application

Fig 10-11-12 : On 7th Day



DISCUSSION

Visha is nothing but the substances which harms the human beings or animals when comes in contact with the body surface. With the repeated exposure and over a period of time it gets accumulated in the body and shows its harmful effects whenever it gets favorable conditions. This is nothing but the cumulative toxicity. And this cumulative toxicity is nothing but the Dushi Visha according to Ayurveda. This Dushi

Visha leads to many skin disorders such as skin irritation, scaly skin, contact dermatitis, skin eczema and many others. In Ashtang Hridaya Uttarsthana, shodhan and shaman chikitsa is told. According to the severity of symptoms we chose to do shaman chikitsa the help of Dushi Vishari agada. In all kind of twak vikaras mainly raktadushti is observed and the contents of Dushi Vishari agada has Pitta kaphaghna, Vishaghna and rakta prasadak properties. Also some Dravyas in this agada like Jatamansi, Lodhra, Ela, Musta, Tagar, Kushta, Yashtimadhu, Chandan are Kushtaghna, Kandughna and mostly act on twak vikaras. Dushi Vishari agada has been proven beneficial for Dushi Visha janya Vicharchika through various Clinical studies. Nimba and karanj are proven beneficial and excellent for treating the skin diseases. Plota application of the Nimba and karanj taila allows the oil retention on skin for maximum time and helps in proper absorption, reduces itching and also facilitates cleansing and healing.

CONCLUSION

From above discussion, we can conclude that Dushi Visha janya Vicharchika is not an acute skin condition but it gradually shows its harmful effects on skin . It can be treated in early stage with simple medications which are also affordable to the patient. Early Diagnosis and treatment will also stop the further spread of the disease. Dushi Vishari agada tablet is easy to administer orally and plota application is also an easy procedure which do not require much materials and manpower. Hence it can be considered as beneficial in Dushi Visha janya Vicharchika.

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