

### A Clinical Study on Role of *Vaman Karma* with *Nimbapatol Kashay* in *Vicarcikā*

Richa Tripathi<sup>1\*</sup>, S. E. Chavan<sup>2</sup>, P.A. Kadus3 and J.S.Tripathi<sup>4</sup>

<sup>1,4</sup>Department of Kayachikitsa, Dhanwantari Bhavan, Institute of Medical Sciences, BHU, Varanasi (UP), India

<sup>2,3</sup>Dept. of Panchakarma, College of Ayurved, Bharti Vidyapeeth, Pune, Maharashtra, India

#### Abstract

The *Vicarcikā* as a clinical entity can be correlated with Eczema, which is one among the common chronic skin diseases. Its epidemiological studies reveal that it has affected 10- 20% population in India. Eczema is a type of dermatitis and these terms are often used synonymously. Primary lesions may include erythematous macules, papules, and vesicles, which can coalesce to form patches and plaques, marked by weeping and crusting and may include pruritus and scratching<sup>1</sup>. These signs and symptoms very much resemble with those of *Vicarcikā*, which is a *Kshudra Kuṣṭha* and is a *Kapha Pitta Pradhān Tridośaj Vikār*. *Vaman* is the main treatment for *Āmashayastha Pitta* and *Kapha*. Though *Vicarcikā* is a *Kśudra Kuṣṭha*, it has more recurrence and relapse rate inspite of its best available management. In all *Kuṣṭha*, there is *Duṣṭi* of *Twak*, *Rakta*, *Mansa* and *Ambu*. In *Ch. Chi.7*, it is directly given that *Vaman Karma* is the proper *Karma* in *Kaphaj Kuṣṭha* and according to *Śarangdhara*, *Vaman* is indicated with the help of *Nimba* and *Patol* in *Pitta Sanślista Kapha* condition, which directly applied to *Vicarcikā*. Hence clinical study of *Vaman Karma* with *Nimba Patol Kashay* in *Vicarcikā* was performed. The study revealed that there is marked improvement in clinical and symptomatic manifestations of *Vicarcikā*.

#### Keywords

*Vaman, Vicarcikā, Kuṣṭha, Nimbapatol Kaśay*



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## INTRODUCTION

Skin is often known as “the largest organ of human body”. The word *Twacha* or *Charma* is used for skin. The term is derived from *Samvaran* or covering. *Sparsānendriya* is located in *Twak*. It gives the knowledge of *Sparsā* (touch). This sense of touch spreads over the entire body as is derived from the power of *Vāyu* viz., the neurosensory element present here.

The skin has long been recognized as “the organ of expression”. Maintaining health of skin is given prime importance as it becomes unhealthy due to various factors like improper diet and lifestyle, climatic changes, improper or excessive use of cosmetics, allergy from some drugs and so many other factors. The skin serves as the boundary between our self and outside world<sup>2</sup>.

Unlike most internal illnesses, skin disease is often immediately visible to others and therefore people suffering from dermatological condition may suffer from social and emotional consequences. Research has shown that persons suffering from skin disease experience higher level of psychological and social distress, poor body image and lower self esteem as compared to the normal population. The colour and

health of skin is important biologically, cosmetically and socially. Studies regarding manifestation of psychocutaneous disorders have led to an increasing awareness of psychological effect associated with skin disease. These include depression, a decreased sense of body image and self-esteem, sexual and relationship difficulties and general reduction in quality of life. *Ayurveda* has designed a variety of treatment modalities among which *Panchakarma* therapeutic modalities are most superior. *Panchakarma* eliminates the root cause of disease and hence prevents the recurrence of the same. It helps to maintain the equilibrium of *Dosha* and *Dushya*.

*Vaman* is one of the important *Panchakarma* measures, which has been indicated in *Kushṭha Chikitsa*. Though *Vicarcikā* is a *Kshudra Kushṭha* and may appear locally there is systemic involvement also. Treatment procedures like *Lepa*, *Pracchan*, *Jaloukawacharan*, and *Virecana* are often used, but as it is a *Kapha Vataj* disease, principally *Vaman Karma* would be the most appropriate therapeutic procedure for it.

**AIM**

- To study *Vaman Karma* with *Nimbapatol Kashaya* in the management of *Vicarcikā*.

**OBJECTIVES OF STUDY**

- To study about *Vicarcikā*. in detail.
- To study about *Vaman Karma* in detail.
- To evaluate the efficacy of *Vaman Karma* with *Nimbapatol Kashaya* in *Vicarcikā*.

**MATERIALS AND METHODS**

The study was started after enrolment of patients attending the OPD Dept. of *Panchakarma* at Ayurvedic Hospital, Bharti Vidyapeeth Deemed University, Pune by following up the protocol, with post-acceptance of the consent form as per the protocol approved in [IEC BVU/Exam/5634/2009-10](#). In this study, 25 diagnosed patients of *Vicarcikā* were selected based on purposive sampling technique.

In this study, patients were administered *Vaman Karma* with *Nimba Patol Kashay*<sup>3</sup>. The formulation was freshly prepared in the hospital. The subjective and objective parameters were assessed before and after the treatment. The data obtained were

recorded, tabulated and statistically analyzed by using paired 't' test.

**HYPOTHESIS**

Ho - There is no significant therapeutic effect of *Vaman Karma* with *Nimba Patol Kashay* in the management of *Vicarcikā*.

H1 - There is significant therapeutic effect of *Vaman Karma* with *Nimba Patol Kashay* in the management of *Vicarcikā*.

**SOURCES OF DATA**

Twenty five diagnosed patients of *Vicarcikā* following inclusion criteria approaching the OPD and IPD of Bharti Vidyapeeth Ayurved Hospital, Pune were selected for the study.

Secondary data from textbook refer journal Peer reviewed text etc.

**PARAMETERS OF ASSESSMENT**

Subjective Improvement in terms of grading of symptoms:

<i>Kandu</i>	<i>Pidaka</i>
<i>Vaivarnya</i>	<i>Srava</i>
<i>Daha</i>	<i>Ruja</i>

**Inclusion criteria:**

- 1) Patients with classical signs and symptoms of *Vicarcikā*, irrespective of sex.
- 2) Patients above 18 years and below 60 years of age.
- 3) Patients suitable for *Vamana Karma*.

**Exclusion criteria:**

- 1) Patients contraindicated for *Vamana Karma*.
- 2) Major systemic diseases that may interfere the course of treatment such as uncontrolled Diabetic mellitus and Hypertension, artificial pace maker or such other conditions that interferes the cardiac function.
- 3) Pregnant women and lactating mother.

### INTERVENTION

All the selected patients after proper evaluation were administered with *Vaman Karma* with *Nimba Patol Kashay* and follow up was taken up to one month. Post-test investigation was done on the 30<sup>th</sup> day of treatment. *Vaman Karma* was administered as per classical method.

### PROCEDURE

- **Poorvakarma**

Internal oleation - with cow's ghee ( *Vardhamaan Matra*)<sup>5</sup>

External oleation – by *Tila Taila*

*Swedana* ( Foementation) –*Mridu Sarwang Bashpa Peti Sweda*.

*Kaphotkleshaka Aahar*- a night previous to *Vamana* procedure.

- **Pradhan Karma**

Patients were administered *Vamak Kashay* and were observed for *Vega*.

*Sarvadehika Lakshanas* like *Swedagam* (sweating), *Romharsha* (goose flesh), etc were

observed and recorded along with pulse and BP after every *Vega*. *Samyak Vega* and *Upavegas* were recorded. *Pittant Vamana Vega* or *Vega* upto *Samyak Shuddhi Lakshan* were observed.

- **Paschat Karma**

*Dhoompana*: With *Vacha* powder.

*Gandusha*- With warm water.

*Samsarjana Karma* - 3/5/7 days according to the type of *Shuddhi*.

### PARAMETERS

#### Subjective Parameters

Subjective parameters were based on symptoms of *Kandu* (Itching), *Pidaka* (Papule),

*Shyava Varnata* (Discoloration of skin), *Srava* (oozing), *Daha* (burning sensation) and *Ruja*<sup>4</sup>(Pain). Visual Analogue Test was used.

### OBSERVATION AND RESULTS

Total 25 patients were registered for the therapy. Following is the symptomatic analysis before and after the treatment

**Table 1** Statistical values showing the effect of Vaman on Subjective Parameter

Chief Complaints	No. of patients	Mean BT	Mean AT	S.D. BT	S.D. AT	t	p
<i>Kandu</i>	25	2.739	.4348	.4490	.0589	19.7	<.0001
<i>Pidaka</i>	17	1.957	.2174	.7674	.5184	12.111	<.0001
<i>Srava</i>	18	2.478	1.130	.6653	.3444	12.514	<.0001
<i>Syava Varna</i>	25	2.043	.1304	.7674	.4577	11.285	<.001
<i>Daha</i>	10	.9130	.0869	1.164	.2881	3.694	<.0013 ES
<i>Ruja</i>	11	.9021	.0850	1.156	.2871	3.682	<.0010 ES

Total 25 patients had undergone the treatment and the results are calculated by comparing subjective parameters before and after treatment. *Vaman Karma* with NPK is 95% effective (extremely significant) in *Srava*, 92% effective (extremely significant) in *Daha*, 95% effective (extremely significant) in *Ruja*, 86% effective (extremely significant) in *Kandu*, 92% effective (extremely significant) in *Pidaka* and 62% effective (significant) in *Shyavavarnata*.

## DISCUSSION

*Vicarcikā* as a *Kshudra Kustha* has *Kapha* dominance with involvement of *Tridosha*, which is evident from its signs & symptoms. *Vicarcikā* is a *Bahudoshā* condition hence repeated *Shodhan* is essential<sup>6</sup>. *Vicharchika* is commonly seen in housewives, laborers, which are commonly in touch with soap, detergents, chemicals and other irritants, and in office going people who are constantly

dependent on junk foods and sedentary habits. Maximum number of patients had lesions in lower extremity especially feet followed by hands as the 2<sup>nd</sup> common site of affliction.

Among the *Ahara Hetus*, sour food like tomato, lemon, different kind of sauce and Chinese preparations is commonly seen. Among the non-vegetarians, consumption of excessive mutton and fish are observed. *Dugdha Lavan Ati Sevana* (Biscuits and bakery products, *Khari* and *Khakhra* with milk tea) and *Ati Snigdha Ahara* (Cake, pastries, butter, Shrikhand, etc.) are also noticed. Among the *Viharaja Nidanas* *Diwaswapna* (sleeping during daytime), *Ratri Jagarana* and *Sheetoshna Viparyaya* (having hot and cold things together like shower after excessive sweating, consumption of hot Samosas with cold drinks etc.) were also found. Psychological factors like *Chittodwega* and *Krodha* also found to play an important role in the causation of *Vicarcikā*.

## PROBABLE PATHOGENESIS

*Vaman Karma* being the main treatment for *Kapha* spontaneously removes the *Kapha* from *Koshtha* and relieves the symptom of *Kandu*. Meanwhile, it is responsible for *Amashayastha Pitta Shodhan* and will cause *Daha Prashaman*. *Nimba Patol* having *Pitta Kapha Shamak* properties might have helped to reduce *Pidaka*. *Nimbapatol* with their *Anupravan Bhav* may cause *Bhrajak Pitta Prasadana* and will reduce *Shyavavarnata* (discoloration). The *Tikta Katu Rasa* helps in *Vranashodhan* (antibiotic) and ultimately decreases the *Srava* (oozing). The collective effect of *Pittaharan*, *Kledaharan* and *Vata Niyaman* results in pacification of *Ruja* (associated pain).

Relapsing nature of *Vicarcikā* is most common, which suggest that, long-term intensive systemic therapy is necessary for eradication of the disease, to compliment the effect obtained with *Vaman Karma* (therapeutic emesis).

## CONCLUSION

A lot of formulations of therapeutic emesis are mentioned in *Samhitas* but almost every formulation contains *Madanphala*. Here, we

have experimented *Vaman Karma* with *Nimba Patol Kashay* in *Vicarcikā*, which has very good effect on symptoms of *Kandu*, *Pidaka*, *Srava*, *Daha* and *Ruja*, but it is not very effective in *Shyava Varnya*. Most of the patients were reported in chronic stage. Repeated *Shodhan* is required as the symptom of *Kandu* relapses in 6 patients and *Pidaka* and *Srava* relapses in three patients within three months after *Vaman* therapy.

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