A Clinical Study on Role of Vaman Karma with Nimbatol Kashay in Vicarcikā

Richa Tripathi1,*, S. E. Chavan2, P.A. Kadus3 and J.S.Tripathi4

1,4Department of Kayachikitsa, Dhanwantari Bhavan, Institute of Medical Sciences, BHU, Varanasi (UP), India
2,3Dept. 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 scratching1. These signs and symptoms very much resemble with those of Vicarcikā, which is a Kshudra Kuşţha and is a Kapha Pitta Pradhān Tridośaj Vikār. Vaman is the main treatment for Āmashayastha Pitta and Kapha. Though Vicarcikā is a Kśudra Kuşţha, it has more recurrence and relapse rate inspite of its best available management. In all Kuşţha, there is Dušti of Twak, Rakta, Mansa and Ambu. In Ch. Chi.7, it is directly given that Vaman Karma is the proper Karma in Kaphaj Kuşţha 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, Kuşţha, Nimbatol Kaśay
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. Sparśanendriya is located in Twak. It gives the knowledge of Sparśa (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. 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 Kushtha Chikitsa. Though Vicarcikā is a Kshudra Kushtha 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 Nimbaton 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 Nimbaton 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. 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:
Kandu Pidaka
Vaivarnya Srava
Daha Ruja

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 30th day of treatment. *Vaman Karma* was administered as per classical method.

**PROCEDURE**

- **Poorvakarma**
  
  Internal oleation - with cow’s ghee (*Vardhamaan Matra*)
  
  External oleation – by *Tila Taila*
  
  *Swedana* (Fomentation) – *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* (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.

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**Table 1** Statistical values showing the effect of Vaman on Subjective Parameter
<table>
<thead>
<tr>
<th>Chief Complaints</th>
<th>No. of patients</th>
<th>Mean BT</th>
<th>Mean AT</th>
<th>S.D. BT</th>
<th>S.D. AT</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kandu</td>
<td>25</td>
<td>2.739</td>
<td>.4348</td>
<td>.4490</td>
<td>.0589</td>
<td>19.7&lt; .0001</td>
<td></td>
</tr>
<tr>
<td>Pidaka</td>
<td>17</td>
<td>1.957</td>
<td>.2174</td>
<td>.7674</td>
<td>.5184</td>
<td>12.11&lt; .0001</td>
<td></td>
</tr>
<tr>
<td>Srava</td>
<td>18</td>
<td>2.478</td>
<td>1.130</td>
<td>.6653</td>
<td>.3444</td>
<td>12.51&lt; .0001</td>
<td></td>
</tr>
<tr>
<td>Syava Varna</td>
<td>25</td>
<td>2.043</td>
<td>.1304</td>
<td>.7674</td>
<td>.4577</td>
<td>11.28&lt;.001</td>
<td></td>
</tr>
<tr>
<td>Daha</td>
<td>10</td>
<td>.9130</td>
<td>.0869</td>
<td>1.164</td>
<td>.2881</td>
<td>3.69&lt;.0013</td>
<td></td>
</tr>
<tr>
<td>Ruja</td>
<td>11</td>
<td>.9021</td>
<td>.0850</td>
<td>1.156</td>
<td>.2871</td>
<td>3.68&lt;.0010</td>
<td></td>
</tr>
</tbody>
</table>

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 *Bahudosha* condition hence repeated *Shodhan* is essential. *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 2nd 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 REVERSE 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 Prasadan 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 thee patients within three months after Vaman therapy.
REFERENCES

3. Arundutta and Hemadri (1982), commentries of Sarvang Sundari and Ayurved Rasayan of Ashtang Hridaya–Vagbhata Krishnadas Academy, Varanasi