



Case Study

EFFECTIVE MANAGEMENT OF *VRASANA KACCHU* - CASE REPORT

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ABSTRACT

Skin is an organ which represents some inner abnormalities and stress conditions within one's body. Skin is just like a mirror reflection and manifesting various type of inner abnormality or diseased condition. Now a day's, skin infections are more common in a persons who is having altered life style, lack of physical exercise, unhygienic condition, mental stress, irregular food habits. In Ayurveda, major skin diseases have been classified under the heading of *Kustha*. Acharya Sushruta explained *Vrsanakacchu* under *Kshudrarogas*, while explaining the *Nidanas*, he opines that due to lack of hygiene there will be *Mala sanchaya* in the *Vrshana* leads to *Kandu*, *Kshipraspota* and *Sravayukthavyadhi* called *Vrsanakacchu*. In modern science this condition is termed as "Tinea Cruris, but in this present case, symptoms are seen in other places also, so in this condition can also be considered as "Tinea corporis" In spite of all the advancement in treatment the results in contemporary science are not much beneficial. Here, a case report of 24 years female who approached to OPD of SKAMCH & RC with chief complaints of dryness, blackish discoloration along with itching and peeling off of the greyish skin in the groin region, upper back, and above the umbilicus since 1 year, was treated with initial line of *Bahirparimarjana chikitsa* followed by *Shodhana chikitsa*.

KEYWORDS: *Vrsanakachu*, *Rookshana karma*, *Shodhana*.

INTRODUCTION

Skin infections are more common in persons, having altered life style, lack of physical exercise, insanitary condition, mental stress, irregular food habits. In Ayurveda, all most all skin diseases have been classified under the heading of *Kustha*.

Acharya Sushruta explained *Vrsanakacchu* Under *Kshudrarogas*, while explaining the *Nidanas* he opines that due to lack of hygiene there will be *mala Sanchaya* in the *Vrshana* leads to *kandu*, *Kshipraspota* and *Sravayukthavyadhi* called *Vrsanakacchu*.^[1]

As per modern science this condition is taken "Tinea infection". The term "tinea" refers exclusively to dermatophyte infections. Dermatophytes cause superficial mycosis of the skin, the important examples being *Microsporum*, *Trichophyton* and *Epidermophyton*. These superficial fungi are spread by direct contact or by fomites and infect tissues such as skin, hair and nails.^[2]

Clinically, these fungal infections are labelled according to the region involved. These are as follows, *Tinea capitis* occurring on the scalp, especially in children, *Tinea barbae* affecting the region of beard in adult males, *Tinea corporis* involving body surface at all ages. *Tinea cruris* occurs most frequently in the region of groin in obese men,

especially in hot weather. *Tinea pedis* or athlete foot is located in web spaces between the toes.^[3]

In this present case the site of origin is groin region and later it spreads to other parts, hence on the basis of origin and symptom this case has been diagnosed as *Vrsanakacchu*. By considering the symptomatology of the disease as well as the limitations of its treatment in the modern science, effective and safe modalities of *Shodhanachikitsa* were adopted in the present study with the intention to reduce the progression of the disease as well as to provide symptomatic relief. By considering the symptomatology of the disease as well as the limitations of its treatment in the modern science, effective and safe modalities of *Shodanachikitsa* were adopted in the present study with the intention to reduce the progression of the disease as well as to provide symptomatic relief.

Case report

A 24 years old female patient, financial executive by profession, visited OPD, SKAMCH & RC hospital with chief complaints of dryness, blackish discoloration along with itching and peeling off of the grayish skin in the groin region, upper back, hands and above the umbilicus since 1 year, history of the

patient revealed that patient was said to be apparently healthy before one year. She gradually developed profuse sweating followed itching sensation, in groin region and later small lesions with sharp border and central cleared round red colour big patches in groin region. Initially which was dry, later due to severe itching there was a watery discharge and peeling off greyish skin, further it spread over thighs, buttocks, umbilicus, upper back region and on the hands associated with sleep disturbances. The condition remains with same intensity of itching all over the day and the patient was feeling comfortable in lying down position.

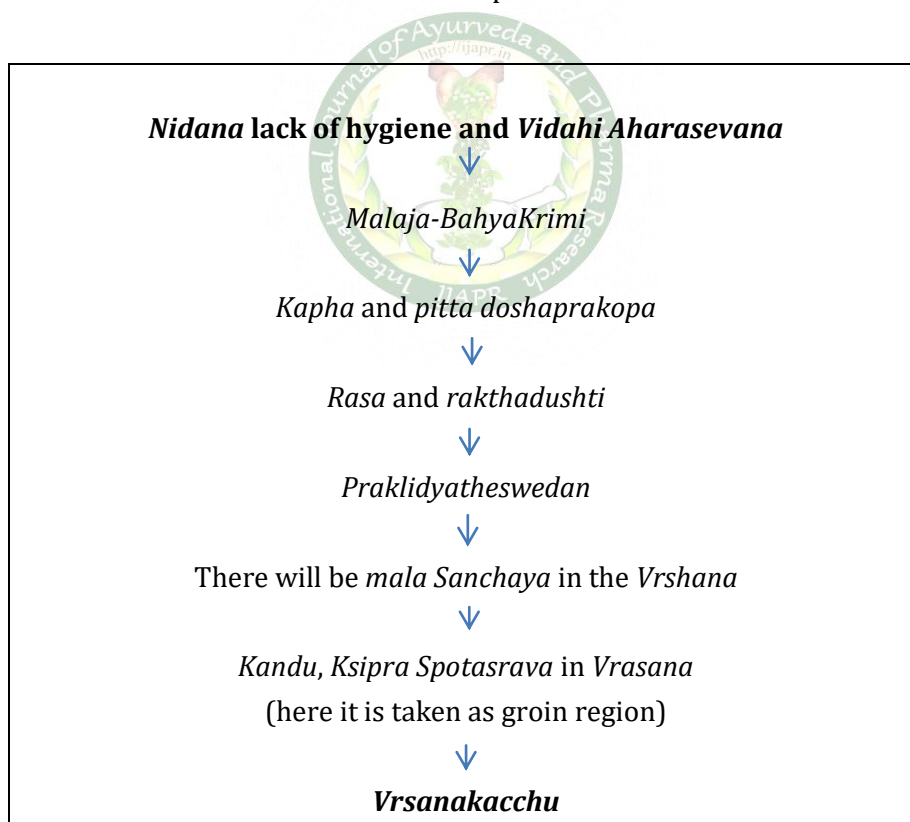
Past history: No H/o DM/HTN/Trauma or any other major medical illness.

Family history: No history of same illness in any of the family members.

General Examination

On the day of examination patient found to be well built, moderately nourished, afebrile, normotensive, other parameters like pallor, cyanosis, icterus, lymphadenopathy was absent.

Samprapti



DIAGNOSIS

On the basis of following signs and symptoms and site of origin this case is diagnosed as *Vrsanakacchu*.

Systemic Examination

CVS : S1, S2 Heard, no murmur

CNS : Well oriented, conscious.

RS : Normal vesicular breathing, no added sounds.

P/A : Hard, no tenderness, no organomegaly.

Ashta Vidha Pariksha

1. *Nadi*: 80 b/ min
2. *Mala* : Constipated
3. *Mutra* : 5- 6 times
4. *Jiwha*: *Alipta*
5. *Shabda* : *Avishesha*
6. *Sparsha* : *Anushna Sheeta*
7. *Druk* : *Avishesha*
8. *Akriti* : *Madhyama*

Skin Examination

Multiple erythematous papule vesicular lesions (*Raaga* and *Pidika*) with sharp border central cleared round big patches along with slight discharge on itching. Observed in groin, perineum and buttocks, thighs, on the umbilicus, upper back and on hands patches with blackish Discoloration and dry flakes.

Intervention

Date	Treatment	Observation
Day1to 6	<i>Sarvangaudwarthana</i> with <i>Triphalachurna</i> x 21days and for 35minutes with <i>Manjishtachurna</i> and <i>Siddarthakasnanachurna</i>	No Significant changes seen
Day 7 to 14	-do-	Sweating and Itching sensation reduced Dryness and plaques persist Elevated borders, discolouration persist
Day15 to 17	-do-	Sweating reduced Itching reduced Plaques and dryness reduced Elevated circular border and discolouration persist
Day 18 to 21	-do-	No Sweating No Plaques, No itching, No dryness Elevated circular border and redness reduced
Day22to 26	<i>Snehapana</i> with <i>Guggulu Tiktaka Gritha</i> 30ml + <i>Yavakshara</i> 5gm <i>Snehapana</i> with <i>Guggulu Tiktaka Gritha</i> 60ml + <i>Yavakshara</i> 10gm <i>Snehapana</i> with <i>GugguluTiktaka Gritha</i> 60ml + <i>Yavakshara</i> 10gm <i>Snehapana</i> with <i>Guggulu Tiktaka Gritha</i> 100ml + <i>Yavakshara</i> 10gm <i>Snehapana</i> with <i>Guggulu Tiktaka Gritha</i> 150ml + <i>Yavakshara</i> 20gm	Mild itching Itching increased Dryness, itching Dryness, severe itching and plaques increased with reddish border and Discolouration persist. <i>Snigdha Varchas</i> Observed (<i>Dosautkleshaavastha</i>)
Day 27-29 <i>Vishramakaala</i>	<i>Sarvanga Abhayanga</i> with <i>Suryapaaki Taila</i> followed by <i>Mridu Bashpa Sweda</i> .	Itching reduced mildly on day 1 And on day 2 plaques decreased and reddish border decreased, Discolouration decreased.
Day 30	<i>Sarvanga Abhayanga</i> with <i>Suryapaaki Taila</i> followed by <i>Mridu Bashpa Sweda</i> <i>Virechana</i> with <i>Trivruth Lehya</i> 70gm, followed by <i>Ushnajala</i> . <i>Anupana</i> was given	Patient had 10 Vegas thus attained <i>Avara Vegiki Shuddhi</i> . Thus patient was advised to follow <i>Peyadi</i> <i>Samsarjanakrama</i> for 3days.
After 3 days of <i>Samsarjana karma</i>		Itching sensation reduced No elevated borders seen and reddish border decreased mild discolouration was present

DISCUSSION

In this present case based on *Nidana*, *Lakshana* (*Prakliyatheswedan Kandu*, *sphota*, *srava* in groin region), and considering the site of origin this condition was diagnosed as *Vrsanakacchu*. Since *Kushta* is a *Santarpana* and *Kledapradhana Vyadhi* the first line of treatment is *Apatarpana Chikitsa* in the form of *Rookshana* followed by *Shodhana* is adopted.

Rookshana by Udwarthana

By performing *Udwarthana* there will be *Garshana* action, and it causes “*Viviktatava of siramukha*” in the *Srotas* through which the *Virya* of the drug get absorbs and activates *Twachasthaagnii*. *Brajaka pitta* get activates and helps in expulsion of *Dushithadoshas*. i.e., the drugs *Triphala*, *Manjishta* and *Siddarthakachurna* are having *Tiktha Kashaya rasa*, and the *Virya* of the drugs get absorb and does *Kapha Pitta Shamana*. *Udwarthana* by its action alleviates *Kandu*, and clears the *mala* by doing *Sweda hara* action.^[4]

Rookshanadravya used here are having the predominance of *Tikta*, *Katu*, *Kashaya rasa*, *Ruksha*, *laghu*, *Usna*, *Vishada Guna* and also these drugs possess *Kushtaghna* properties which are opposite to *Nidana* of the disease hence helped in *Samprapti Vighatana*.

Takra Dhara

Acharya vaghbhata opines that *Takrakalpanas* are practiced effectively for the purpose of getting *Srotosodhana* effect.^[5] As there is *Snigdha guna* related *Kaphadushti* and *Kledapradhananyatha*, in this disease. *Musta*, *Amalaki* and *Asanadiqwathachoorna* are used for the preparation of *Takra Dhara* the property of *Takra* is enhanced by the drugs and helps in treating the disease, having *Kapaha hara*, *Kandugna*, *Krimihara* property and reduces *Kleda* in *Twak* and the healing process can be improved, thereby it does *Sampraptivighatana*.

Rationality behind Selection of Virechana Karma

In this disease *Kapha* and *Rakthadoshas* are vitiated hence *Virechana karma* was chosen, *Acharya charaka* while explain *Chikitsasutra* of *Kushta*, he clearly indicated *Virechana karma* in *Raktha pradhanakushta*.^[6]

Since *Pitta* is the *Mala* of *Rakta* and have *Asraya Asrayibhava*, there is an inseparable relation between them. *Virechana* pacify vitiated *Pitta Dosh* and also help in eliminating vitiated *Kaphadosha*, also corrects *Dushita Rakta Dhatu*, causes *Vatanulomana*, *Srotoshodhana*, thus burning sensation, itching, were reduced.

After *Shodhana* on third day there was significant changes seen in the *Laxanas* i.e., only discoloration was present and other symptoms were got relieved.

Selection of Drugs

Guggulu Tiktaka Gritha: The drugs used in the preparation of GTG are having *Tiktha*, *Kashyadravya* which will act as *Kaphapittashamaka* and due to its *Kushtaghna* properties of the drugs helps in reducing the symptoms.^[7]

Yavakshara: As patient is having *Krurakoshta*, *Yavakshara* is used during *Snehapana*. *Yavakshara* is having *Laghusnigdhasukshmaushma* and does *Agnideepana* thus helps in reliving *Aanaha*.^[8]

Suryapakitaila: In *Vishrama kala Suryapaki Taila* was used for *Abhyanga*.

The drugs used in preparation of *Suryapakitaila* are *Kutaja* and *Tilataila*.

Kutaja: *Kutaja* is having *Kashaya tiktha rasa*, *Kapha Pittahara*, *Grahi* and *Deepana* properties, was useful in reducing the Symptoms *Kandu*.

Tilataila: *Tila* because of its *Kashaya*, *Tiktarasa*, *Vatahara* and *Tvachya* property, was useful in reducing the Symptoms.

Trivritlehya: *Trivrit* is having *Kashayamadhurarasa* and *Katuvipaka* due to its *Rookshaguna* helps to pacify the symptoms of *Kapha* and *Pitta*.^[9]

CONCLUSION

Ayurveda is having a unique approach in treating *Twakvikaras*, proper *Srothoshodhana* and *Doshanulomana* therapies had shown significant improvement in relieving the condition. *Nidanaparivarjana* and proper applicability of the treatment plays an important role in treating the disease.

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