

REVIEW ARTICLE

Role of Virechana karma in Acne Vulgaris: a case report

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ABSTRACT

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Keywords:Yuvan pidika, Snehan, Virechan karma, Sansarjana karma Face is one of the most fundamental parts of the body, which conveys a wealth of information and reflects personality and wisdom. People who experience facial problems possess a negative self-image compared to those with normal faces. In Ayurveda texts, Acene is termed as yuvan pidika and was first described by Acharya Sushruta as one of the kshudra rogas. Yuvan pidika means that the disease almost takes place in young age. Acene is one of the most prevalent skin conditions affecting teenagers. It is a disease of the pilosebaceous unit. It is a very common skin disorder that can present with inflammatory or non-inflammatory lesions. It is characterized by the formation of open and closed comedones, papules, pustules, nodules, and cysts. In Ayurveda, vitiation of kapha dosha, vata dosha, and rakht dhatu lead to the development of mukhadushika. Ayurveda has great potential in the management of various skin disorders, and in this article, the success story of the management of acene vulgaris is reported. Virechan therapy is given to the patient after Snehan karma, followed by Sansarjan karma. Assessment was done after Virechan karma and after Sansarjana karma. Remarkable changes were found in various symptoms after assessment.

1.INTRODUCTION

Acne vulgaris, known as *Yuvanpidik*a1 in *Ayurveda*, is considered primarily a *Pitta-Kapha* disorder involving the skin and the *Rakta dhatu* (blood tissue). According to *Ayurvedic* principles, the accumulation of toxins (*ama*) and imbalances in *Pitta* and *Kapha* doshas contribute to the manifestation of acne lesions. *Virechana Karma*, a purification therapy, is employed in *Ayurveda* to eliminate excess *Pitta* and *Kapha doshas* from the body through controlled purgation.^[1,2] This therapy aims to restore balance to the doshas and promote overall health, including skin health.

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2.Patient information

A 24-year-old female patient presented with a history of persistent acne vulgaris for 6 years. According to the patient, she was asymptomatic before 6 years. Then she gradually developed acne on her face. Initially, there were macular rashes; then, after some time, they developed into pustular form. She had taken treatment with allopathic medicine but did not get relief.

There was no significant past history of any type of systemic illness found.

3.MATERIALS AND METHODS

Virechana karma followed by Sansarjan karma.

4.CLINICAL FINDINGS

4.1Ashtavidha pariksha^[3] (Eight-fold examination)

1.Nadi (pulse): 78/min 2. Shabda (speech): Clear

3. Mala (stool): Abaddha

- 4. Sparsha (touch): Normal
- 5. Mutra (urine): Normal
- 6. Drika (eyes): Normal
- 7. Jiwiya (tongue): Saam
- 8. Akruti (build): Madhyama

4.2. *Samprapti ghataka* (Main pathophysiological components)^[4]

- Dosha Kapha, Pitta.
- Dushya Twacha, Rakta.
- Agni Jataragni, Dhatwagni.
- Strotas Rakta Vahini.
- Udbhav Sthana Amashaya.
- Rogamarga Bahya.
- Adhisthan Twacha.
- Sanchar Sthan Rasayani Sthanik.
- Vyakta Sthan Mukhagat Twacha.

According to Ayurveda, she exhibited signs of Pitta and Kapha imbalance with vitiation of Rakta dhatu (blood tissue), leading to inflammatory acne lesions. Her lifestyle factors, including irregular eating habits and high stress levels, contributed to the aggravation of Pitta dosha.

5. Timeline

Assessment of acene was done on the first visit, and intermittent monitoring was done every third day. The total duration of the study was 16 days.

6. Therapeutic Intervention

Snehapan^[5]

Panchtikta Ghrita was administered to the patient on an empty stomach every morning at 7:00 am. The starting dose was 25 ml with the same amount of lukewarm water. Then, symptoms presented in the individual, the duration taken to digest the ghrita, and the time taken by the patient to feel hunger were recorded.

The patient was advised to avoid sleeping during the daytime, excessive wind, sunlight, and not to indulge in activities that drain energy, such as loud talking, swimming, long-distance walking, arguments, getting angry, and worrying. The patient was advised not to take any type of diet until she felt the sensation of hunger. She was only allowed to take lukewarm water until then. The dose of ghrita was gradually increased by 25 ml every day for 7 days in the following manner.

Abhyanga and Swedana

Abhyanga and swedan were advised to the patient after smayaka singdha lakshana for 3 days. Abhyanga was done with lukewarm Taila (oil) applied to the whole body. The patient was transferred to the Vaspa Sweda room after Abhyanga and was given Vaspa Sweda for 15-20 minutes^[1-8].

Diet in the evening of gap day (before *virecha-na*):^[6,7]

One night before Virechana therapy, she had given the diet consisting of Snigdha, Drava, Ushna, and Bhat. Therefore, Laghu Aahar (light diet) of moong dal, khichdi, and lukewarm water was given.

Virechan day

On the third day after abhyanga and swedan, Virechan yoga was given, which consists of the following constituents: Haritaki 60 gm Munnka 20 pieces Trikatu churn 5 gm

Rose petals

Yavkut of haritaki churna and munnka is used to make kwath preparation, and trikatu churn and rose petals are used as prakshepa dravya.

Now the number of vega is recorded accordingly; there were 16 vega until 6 p.m.

Sansarjan krama^[8]

The planning of sansarjana karma is based on the type of shuddhi, i.e., madhyam shuddhi, for 5 days, respectively. Peyadi sansarjana krama

Pathya-Apathya

Consume a Pitta-pacifying diet.

Intake lukewarm water and fresh green vegetables.

Stress management techniques, including yoga and meditation, promote relaxation and hormonal balance.

Avoid spicy food, bread, bakery items, non-veg, eggs, ice cream, cold drinks, chocolates, fast food, fermented food items, and any preservative- or chemical-containing items. Avoid tea and coffee. Viruddha Ahara Sevana (dietetic incompatibility)

Follow-Up

The first follow-up was taken after seven days.

Outcome

Following Virechana Karma and adherence to the prescribed Ayurvedic regimen, the patient experienced significant improvement in her acne lesions. Within 3 weeks posttreatment, the inflammatory lesions had visibly reduced, with a marked decrease in redness and swelling. Her skin texture improved, and new acne formation was notably suppressed. She reported a boost in confidence and overall well-being.

7.DISCUSSION

Virechana Karma, by its detoxifying and purgative effects, played a pivotal role in managing acne vulgaris in this case. The therapy not only addressed the superficial symptoms but also targeted the underlying doshic imbalances responsible for the chronicity of the condition. By enhancing digestive functions and eliminating accumulated toxins, in the case of yuvan pidika, which is primarily associated with Pitta, Rakta Pradosha, and to some extent Kapha imbalances, Virechana therapy is considered the most suitable treatment option. Virechana facilitated a sustainable improvement in skin health and resilience against future flare-ups.

8.CONCLUSION

The case of the patient highlights the role of Virechana Karma as a beneficial treatment modality in the management of acne vulgaris within Ayurvedic practice. By focusing on detoxification and restoring doshic balance, Virechana addresses the root causes of acne, providing sustainable relief and promoting overall well-being. Further research and clinical studies are warranted to validate these findings and broaden the scope of Ayurvedic therapies in dermatological conditions. This article underscores the effectiveness of Virechana Karma in treating acne vulgaris, showcasing Ayurveda's holistic approach to skin health and its potential as an alternative or complementary therapy to conventional treatments.

9. ACKNOWLEDGEMENT

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10. AUTHORS' CONTRIBUTIONS

All the authors contributed equally to the design and execution of the article.

11. FUNDING

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12. ETHICAL APPROVALS

This manuscript does not require ethical approval as it is a case study.

13. CONFLICTS OF INTEREST

Nil.

14. DATA AVAILABILITY

This is an original manuscript, and all data are available for review purposes only from principal investigators.

15.PUBLISHER'S NOTE

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Table 1- therapeutic intervention

1. Snehpan	7 DAYS	
2. Abhyang &swedan	3 DAYS	
3. Virechana karma	1 DAY	
4. Sansarjan karma	5 DAYS	

Table 2- Sansarjan karma

ays	Time	annakala	Madhyam shuddhi
1 st	Μ	-	-
	E	1	Реуа
2 nd	Μ	2	Реуа
	E	3	Vilepi
3 rd	Μ	4	Vilepi
	E	5	Akrita yusha
4 th	Μ	6	Krita yusha
	E	7	Akrita mans ras
5 th	Μ	8	Krita mans ras
	Е	9	Normal diet

