

Effect of *Vachadi* Ointment in the Management of Scabies - A Case Report

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Abstract

Introduction: Skin disease has a high prevalence throughout the world. Scabies is contagious and can spread quickly through close physical contact so it is an acute communicable disease. It is highly prevalent in young children. The present study is aimed to show the effect of *Vachadi* ointment on scabies in children. Scabies is characterized by nocturnal itching, vesicular or pustule eruptions, with small red bumps and blisters. According to Ayurveda Scabies can be correlated to *Pama*. *Pama* is one of the eighteen types of *Kushtha* (Skin Disease) according to the *Charak Samhita (Chikitsa-Sthana)* which is caused by vitiation of *Kapha* and *Pitta Dosha*. **Case Description:** A 10 years old male patient brought with complaints of itching in between the fingers of both the hands, wrists and forearms since 10-12 days. On local examination, vesiculopustular lesions were present along with dry scaly patches over both the hands, wrists and forearms. Effect of the treatment was assessed on the basis of clearance of lesion and relief from itching. **Conclusion:** After intervention of the *Vachadi* ointment for 14th day, there was a marked improvement in symptoms like itching, scaling, and discharge. So, it can be said that Ayurveda has a better remedy for skin related complaints.

Key words:-*Pama, Scabies, Communicable, Vachadi, Kushta*

Introduction

Skin is largest and most important organ of the body as it protects the internal organs from the harmful environmental influences. Many agents can affect the skin they may be varying in nature - physical (trauma, heat), chemical (strong acids) and biological (variety of organisms). The skin has several inbuilt mechanisms for interacting with the environmental agents and most of the times the skin is able to protect it from those agents. The protective ability however, may not always be able to deal with the environmental stimulus and this leads

to the production of skin disease.^[1] Skin diseases in *Ayurveda* are described as *Kushta roga*. There are seven *Mahakushta* and eleven number of *Shudra Kushta roga* are explained.^[2] All *Kushta Roga* are *Tridoshaja* in nature but according to dominancy of *Dosha* they can be classified according to *Dosha*. *Pama Kushta* is one of the *Shudra Roga* which in *Pitta-Kapha* predominating ^[3]. It is contagious and widely spreader disease throughout the world. *Pama Kushtha* characterized by many small *Pitikas, Srava, Kandu, Toda* and *Daha* that may be considered as scabies in contemporary science.^[4]

Scabies is major public health problem with an estimated prevalence of 130 million cases worldwide. The prevalence varies from 0.35 to 46%.^[5] The highest rates are found in countries with hot, tropical climates, where infestation is endemic. Scabies is more prevalent in overcrowded communities with low socioeconomic conditions. The point prevalence in the general population of rural India is about 13%, In Maharashtra 81% of inmates of an orphanage in rural area,^[6] 72% of

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cases are seen in the age group below 16 year. It may spread in a group of population within a short period of time due to close contact or skin to skin contact and contaminated clothes^[7]. Scabies, a common cause of itching is produced by infestation with the mite *Sarcoptes scabiei var hominis*. Poor hygienic condition and overcrowding, permitting close body contact favour the transmission of the disease. Mites of scabiei colonize the Horny layer of the human epidermis cause dermatitis. ^[8] *Acharaya Susruta* explained *Vachadi* Ointment in *Chikitsasthan* in the management of *Pama*.^[9]

Materials and Methods

Place: *Kaumarbhritya* OPD of Mahatma Gandhi Ayurved College, Hospital & Research Centre, Salod (Wardha).

Case Report:-

A 10 years old male patient brought with complaints of itching in between the fingers of both the hands, wrists and forearms, Itching intensifies during night time, since 10-12 days.

On Examination:-

1. Papulo-vesicular lesions with discrete presentation and distributed bilaterally over hands, wrists & forearms.

2. Multiple erythematous papules, Round shaped with a well-defined border measuring from 0.1 to 0.2 cm in diameter, with no scales.

3. Multiple spherical vesicles with a size range measuring from 0.2 to 0.3 cm in diameter with erosion that has already healed and crusted.

History of present illness:-

According to his Father, patient was asymptomatic 1-2 week back. But since then patient had developed few rashes in between the fingers and started itching. This itchiness started from his fingers first which widespread to his wrist, forearm within last 6-7 days. Furthermore, he said that the itchiness worsens at night and his sleep was disturbed by intense pruritus. History of pyrexia was denied. They had consulted to nearest doctor and taken treatment for the same and got no satisfactory result then patient came to Mahatma Gandhi Ayurveda college hospital & Research Centre, Salod Wardha.

Past History:-

Not significant

Family History:-

Previously, his elder brother had experienced the same complaint. Also, he had a history of sharing the same room and bed with his brother.

Table No.1 – Details of Personal History

Sl.No.	Parameters assessed	Status
1	Appetite	Poor
2	Diet	Mixed (Veg & Non-veg)
3	Bowel movements	Irregular 1-2 times a day
4	Urine	4-5 times a day
5	Sleep	Disturbed, wakes up crying at night
6	Likes	More of outside packed food, Biscuits & Chocolates
7	Dislikes	Milk, dairy products
8	Nadi (Pulse): 78/ min.	Shabda (Speech): Clear
9	Mala (Bowel): mild constipation	Sparsha (Touch): Normal
10	Mutra (Bladder): Normal	Drika (Eyes): Normal
11	Jivha (Tongue): slightly coated	Akriti (Built): Madhyam

Diagnostic assessment:

The case was diagnosed on the basis of clinical presentation; it was diagnosed as *Pama Kushta* (Scabies).

Treatment Plan:-

Patient was treated on OPD basis.

Table no. 2- Ingredients of Vachadi Ointment

Sr. No	Ingredients	Botanical Name	Part used	Quantity	1gm of Ointment contains
1	Vacha	Acorus calamus Linn.	Rhizome	150gm	0.033gm
2	Daruharidra	Berberis aristata DC.	Rhizome	150 gm	0.033gm
3	Sarshap	Bressica nigra Koch.	Oil	4.5 Lt	0.825gm
4	Paraffin wax	-----	----	200gm	0.117gm

Table no. 3 - Properties of Vachadi Ointment ¹⁰

Sr. No	Dravya	Karma/Action	Guna	Rasa	Virya	Vipak
1	Vacha	Kapha - Vathar dipan, Truptighna, Rasayn ,Asthanopag	Laghu, Tikshna	Katu, Tikta	Ushna	Katu
2	Daruharidra	Shotahara, Varnashodhan, Varnaropan	Laghu, Ruksha	Kashay, Tikta	Ushna	Katu
3	Sarshap	Shotahara, Lekhan, Vednasthapan	Tikshna	Katu	Ushna	Katu

Preparation of the Trial Drug: The drugs will be prepared as per standard procedure mentioned in *Rasatarangini*; ¹¹ *Vachadi Ointment* will be prepared in Department of RSBK of Mahatma Gandhi Ayurved College, Hospital and Research Centre, Salod (H), Wardha.

Flowchart Of preparation Vachadi Ointment

Course powder of *Vacha*, *Daruharidra* & *Sarshap* will be taken in Equal proportion

16 times water will be added to these drugs and

heated on *Mandagni* till it is reduced to ¼ quantity to prepare a *Quath*.

Decoction will be filtered in steel container & *Sarsap Tail* in 1/8 quantity will be added and again heated on *Mandagni* till attains *Sneha Siddhi Lakhana*s.

Tail will be filtered and will be kept in an air tight container.

To this processed oil Paraffin-wax will be added in a proportion of 1:5 and stirred continuously till an ointment like consistency is obtained.

The ointment will be stored in an air tight container and dispatched in tubes measuring

20 gm each.

Posology:-

Treatment plan: *Vachadi* Ointment

Frequency: Thrice a day

Route: Local application

Site: Affected area

Dose: Quantity sufficient

Duration: 7 days

Ahara and Vihara (Diet and mode of life) advised during treatment:-

Table No-4- Pathya- Apathya

Pathya (Regimen to follow)	Apathya (Regimen to be restricted)
Ahara	Ahara
Green gram, Rice, Wheat, Green vegetables, Fruits, Lukewarm water, Ginger water etc.	Ice cream, Cold drinks, Curd, Bread, Toast, Jam, Sauce, Non-Veg, Egg, Oily substances like chips etc, Fast food, Fermented foods, Sweet and sour taste foods, Milk, Yoghurt, Pickles etc.
Vihara	Vihara
Adequate sleep at night (8 hours), Maintain the personal hygiene, Clothes, bed linen, towels should be boiled and changed frequently, While bathing put few leaves of neem in the hot water.	Night awaking (Ratri Jagarana), Day sleeping (Diwaswapa)

Observations & Results

Table No-5: Observations before and after complete course of treatment

Sl. No	Symptoms	Before treatment	After treatment
1	Kandu	+++	-
2	Toda	+	--
3	Daha	++	-
4	Srava	-	-
5	Pidika	+++	+

Figure no-01



(Before treatment)

Figure no-02



(After treatment)

Discussion

As per Ayurveda literatures, *Pama Kushtha* is *Pitta-Kapha* dominant *Vyadhi* and *Kandu*, *Srava*, *Pidika* etc. are the clinical feature. *Vachadi* Ointment having mainly *Tikta*, *Kashaya Rasa*, *Ruksha*, *Laghu Guna*, *Sheeta Virya*, *Katu Vipaka* hence they are *Kapha-Pitta shamaka* and acted as *Vranaropaka*, *Shonitasthapaka*, *Kushthaghna*. Externally application of *Vachadi* ointment for *Shodhana* (cleaning), *Ropana* (healing) of lesions, as well as *Vranaropaka*, *Twachya* property. *Pathya-apathya* and hygiene maintenance were also advised to patient. Child has followed the treatment protocol and *Pathya-apathya* properly and responded very well with treatment.

Conclusion

Hence it is concluded that external use of *Vachadi* ointment and proper hygiene maintenance are highly effective in the management of *Scabies (Pama Kushtha)*.

Conflict of Interest – None

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References

1. Pasricha J.S. and Gupta R., Illustrated Textbook of Dermatology 3rd edition New Delhi, J.P. Brothers 2006 p.1
2. Agnivesh, Charaka Dridhabala, Chakardatta, Charak Samhita, Ayurved dipika commentary Kushta Nidana Adhyaya chapter no. 5, Varanasi, Chaukhamba Bharti Academy, 2008, p.642-643.
3. Agnivesh, Charaka Dridhabala, Chakardatta, Charak Samhita, Ayurved dipika commentary Kushta Chikita Adhyaya chapter no. 7, Varanasi Chaukhamba Bharti Academy, 2008, p.252-253.
4. Ramharsh S., Kaya Chikitsa Vol 2 nd, Chapter 19, 1 st edition 2001, Delhi, Chaukhambha Samskrit pratisthan, P.330.
5. Sehgal V N, Textbook of Clinical Dermatology 4th edition New Delhi, J.P. Brothers 2006, P.43.
6. Agrawal S, Etal, ADH, HQ 33 Corps, C/O 99 APO, PubMed, Med J Armed Forces India., Vol- 68(4), 2012 Oct.
7. Gupta P and Ghai O.P, Textbook of preventive and social medicine, Chapter 8th section 4, 2nd edition 2007, CBS Publishers and distributors P.312.
8. Sehgal V N, Textbook of Clinical Dermatology 4th edition New Delhi, J.P. Brothers 2006, P.43.
9. Susruta, Dalhana, Susruta Samhita of, Nibandhsangraha Commentary, Shudrachikita Adhyaya, Chapter no. 20, Shastri A D, Varanasi, Chaukhamha Sanskrit Sansthan, p.116-117
10. Agnivesh, Charaka Dridhabala, Chakardatta, Charak Samhita, Ayurved dipika commentary Kushta Nidana Adhyaya chapter no. 5, Varanasi, Chaukhamha Bharti Academy, 2008, p.642-643
11. Shasti, Kashinath, Rasatarangini, Dvitiya Tarang, Sholka no 34, Motila Banarasidas, reprint, delhi, 1979, P 17-18.