

International Ayurvedic Medical Journal, (ISSN: 2320 5091) (November, 2017) 5(11)

# A THERAPEUTIC REVIEW ON *RECHAKA GHRITAS* IN CASES OF *VISARPA ROGA* - (CELLULITIS & ERYSIPELAS)

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#### ABSTRACT

*Visarpa* is one of the diseases described in Ayurvedic classics that takes lesser time to occur but longer time to treat due to involvement of *Sapta dhatwas* i.e, *Tridoshas Vata, Pitta, Kapha* and four *Dushyas* namely skin (*Twak*), blood (*Rakta*),tissue (*Mamsa*) and lymph (*Lasika*). The main aim of this article is to understand the concept of disease and therapeutic significance of *Rechaka ghritas*(the preparation of *Ghrita* with drugs possessing purgative properties) during treatment modalities, as the disease doesn't limit only internally but also depicts its spread externally over body leading to red swollen skin, blisters etc. on affected part along with other systemic manifestations like giddiness, breathlessness, bronchitis, altered consciousness, fever, loss of appetite and many more as per *Dosha-Dushya* involvement. These symptoms have much parlance to stages of infectious erythemas i.e. Erysipelas & Cellulitis in modern science. Ayurvedic management kept hold in treating the disease through internal & external drug therapy because this is one of the disease if not treated promptly and cautiously then it may cost one's life instantly.

Keywords: Visarpa, Erysipelas, Cellulitis, Rechaka, Ghrita, Sapta dhatwas.

#### **INTRODUCTION**

Ayurvedic classics described *Visarpa roga* as one of the acutely inflamed condition in body that spread at a higher rate to internal (systemic) and as well as external tissues (dermal) leading to innumerable symptoms local, generalized and systemic that sometimes proves fatal in avoidance of prompt treatment.<sup>1,2</sup> Erysipelas and cellulitis are the superficial and deeper forms of acute and chronic inflammation that involve cellular and vascular events leading to morphological changes like edematous, tense, glistening, smooth, hot circumscribed, erythematous area with/without bullae associated with pain, fever, chills, malaise etc. and may proved fatal in the form of septicemia and various systemic toxicity<sup>3</sup>. The treatment modalities in *Visarpa roga* adapted as *nidana parivarjana* (avoidance of etiological factors), *Shodhana* (internal purification), and *Shamana* (alleviation) as external and internal administration of medicines to pacify the vitiated *Doshas* and *Dushyas*. So, from broad, this article reviewed a complementary part of *Shodhana* therapy/purification i.e. *Rechaka ghrita* (medicated) as therapeutics<sup>4</sup>.

# Nidana<sup>5</sup>:

The etiologies behind the disease are mentioned as unwholesome diet, unhealthy activities and miscellaneous factors given as *Agantuja* that are responsible for the vitiation of all the three *Doshas*.

- Aharaja (diet) Pitta prakopaka rasa dominant (Amla, Lavana, Katu and Ushna guna), fermented products, excess intake of vidahi, abhishyandi dravyas and virudhaahar.
- 2. *Viharaja* (activity) day sleep (*diwaswapna*).
- 3. *Agantuja* (external/miscellaneous) trauma, strangulations/tight bandage, fall from height, strenuous activity, contact to toxic environment, exposure to intense heat, burning etc.

# Samprapti<sup>6</sup>:

In Ayurvedic classics, pathogenesis depicts as *Dosha-dushya sammurchhana* and following the same, the excess indulgence in above *nidana* leads to vitiation of *Tridoshas* turn into involvement of *Twak*, *Rakta*, *Mamsa* and *Lasika* and gets shelter either internally, externally or both possessing *Ashukari prakriti*.

# Bheda<sup>7</sup>:

Visarpa roga has been classified as per dominance of Dosha involvement namely Vataja, Pittaja, Kaphaja, Sannipataja, Vatapittaja (Agneya), Pittakaphaja (Kardama), Vatakaphaja (Granthi) Visarpa and Kshatjanya by Acharya Sushruta in Nidana Sthana.

## Lakshana<sup>8</sup>:

The manifestations of disease lie internally and externally as per the *Doshas* and *Dhatus* involvement. The specific *lakshanas* are illustrated for internally sheltered *Visarpa roga* as altered consciousness (*sammoha*), increased thirst (*trishna*), irregular manifestations of natural urges(*vegana vishama pravartana*) and instant loss of appetite (*agni bala kshaya*) and all those features manifested beyond these may indicate the spread of disease to external tissues.

Giddiness, neuralgic pain, tremors, dyspnoea, cough, painful joints, anorexia, epiphora,
blackish discoloration of skin lesion, horrpilation, macular/popular eruptions, difficulty
during urges etc.
Fever, increased thirst, altered sensorium, piercing bodyache, excessive thirst, burning
sensation, headache, insomnia, restlessness, yellowish green discoloration of urine &
stool along with eyes, coppery color blister formation along with exudative vesicles etc.
Fever with chills, heaviness, excessive salivation, letharginess, wrapping of wet cloth
around body, loss of appetite, weakness, skin lesions associated with edematous area,
pale appearance, less pain, deformed to thick skin etc.
Combined features of both Doshas
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Table 1: Symptoms of various types of Visarpa Roga

Sannipataja Visarpa	Spread to all tissues and every part of body leading to fatal consequences.
Kshatjanya Visarpa	Inflamed lesion having reddish/blackish discoloration, hyperpyrexia etc.

Other than this, classics also demonstrate *Dosha* dominant features as per its seven classifications.

## Chikitsa<sup>9</sup>:

The treatment of Visarpa roga categorized under –

- 1. *Nidana Parivarjana* (avoidance of etiological factors)
- 2. Shodhana (purification)
- 3. *Shamana* (alleviation)

Treating the cause is the main mode of successful therapy. So, following this, correcting the pathogenesis due to which all internal tissues, body fluids gets infected and thus the inflammatory process started, the main responsible factor should be pacified. In Visarpa, as the root cause is vitiated Pitta that also vitiates its same inherited property i.e. blood and thus it become the carrier of inflammatory mediators as in sequelae to vascular and cellular pathological events. This whole process occurs by the accumulation of vitiated Doshas and if accumulation of these Doshas vanishes anyhow, then further stages of inflammation fails to happen. So, purgation therapy through Tikta, Kashaya rasa dominant drugs help in combating above situation.

# Mode of action of Rechaka Ghrita:

Taking into consideration the *nidana, samprapti* etc. vitiated *Rakta/Pitta* is playing the keen role in disease course and involvement of one *Dosha* ultimately drag the other remaining *Doshas* thus vitiating *Dushyas* leading to its pathogenesis. So, foremost approach to be accounted is to stop the accumulation of vitiated *Pitta* so that it would not circulate through channels.

*Ghrita* has inherited the *sanskara* gunantaradhana property via which it may paci-

fy all the three vitiated *Doshas* i.e. *Vata dosha* through *Snehana, Pitta* through its *sheeta* nature and *Kapha* by *Sanskara*<sup>10</sup> and *Virechana* is the best way to omit occluded *Pitta*.

As per modern view, in cases of inflammation the pathological events leading to bacteraemia, septicemia, pyaemia etc. occur just because favorable environment in the form of weak cellular and vascular permeability meant to say that these conditions flourish on account of favoring strong platform to infections.

These medicated *Ghritas* along with *Tikta*, *Kashaya* drugs thus abolish the ground over which cellular and vascular pathological events occur and stopping the further release of inflammatory mediators and its quick spread through bodily streams.

The various Ghritas used are *Tiktaka ghrita*, *Mahatiktaka ghrita*, *Traymana ghrita*<sup>11</sup> etc.

#### **CONCLUSION**

The ultimate goal of treatment modalities is to maintain the balance between *Doshas* and *Dushays*. So, the internal application of *Rechaka ghritas* help to hamper the pathogenesis that leads to local and systemic toxicities. Here, *Shodhana* therapy is the initial step in *Samprapti vighatana* that enables the accumulation of vitiated *Doshas* and also provide a better ground in formation of newer *Dhatus*. So, better to say well begin is half done.

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# Source of Support: Nil Conflict Of Interest: None Declared

How to cite this URL: Neha Kumari & Abhilasha Singh: A Therapeutic Review On Rechaka Ghritas In Cases Of Visarpa Roga - (Cellulitis & Erysipelas). International Ayurvedic Medical Journal {online} 2017 {cited November, 2017} Available from: http://www.iamj.in/posts/images/upload/4245 4248.pdf