International Research Journal of Ayurveda & Yoga Vol. 6(9), pp. 1-10, September, 2023
Available online at http://irjay.com
ISSN: 2581-785X
DOI: 10.47223/IRJAY.2023.6901

ORIGINAL RESEARCH ARTICLE

A Critical Study on *Vicharchika* and Its Comparative Management with *Durvadi Lepa* and *Abhayaristadi Churna* w.s.r. to Eczema

Narayan Sahu[1]*, Sarita Mohanta[2], P. K. Panda[3], Utkalini Nayak[4], Sushmirekha Panda[5]

[1]PG Scholar, Department of Rognidan Evum Vikriti Vigyana, Government Ayurvedic College and Hospital, Balangir, Odisha, India.
[2]Professor and Head, Department of Rognidan Evum Vikriti Vigyana, Governmentt. Ayurvedic College and Hospital, Balangir, Odisha, India.
[3]Dean, Department of Rognidan Evum Vikriti Vigyana, SSCAS and RH, Sri Sri University, Cuttack, Odisha, India.
[4]Reader and Head, Department of Rognidan Evum Vikriti Vigyana, Government Ayurvedic College and Hospital, Balangir, Odisha, India.
[5]PG Scholar, All India Institute of Medical Science, Bibinagar, Hyderabad, Telangana, India.

ARTICLE INFO

Article history:
Received on: 01-08-2023
Accepted on: 16-09-2023
Available online: 30-09-2023

Key words:
Dermatitis,
Eczema,
Kshudra roga,
Kustha,
Mahakustha,
Vicharchika

ABSTRACT

Introduction: The skin is one of the largest organs and mirror image of the body, constitutes 16% of the human body weight. It weighs around 5 kg and covers an area of about 2 square meters. It covers the whole surface of the body. As per the symptometology, Vicharchika has been directly correlated with eczema (dermatitis) in modern science, which is defined as a non-contagious inflammation, due to low grade infection of skin characterized by erythema, scaling, edema, vasiculation, and oozing. In today's medical practice, there is no suitable therapy. Only local use of steroids produces symptomatic relief. *Shodhan* and *Shaman* are the main therapy options for *Vicharchika* in *Ayurveda. Durvadi lepa* and *Abhayaristadi churna* are the formulations mentioned in *Bhaisajya ratnavali* indicated for the management of *Kustha*.

Aims and Objectives: The aim of the study was to study about the comparative clinical efficacy of *Durvadi lepa* and *Abhayaristadi churna* in the management of *Vicharchika*.

Materials and Methods: This is a single-blind comparative clinical study with a pre-test and post-test design. The patients were randomly categorized into two groups. Thirty patients of Group A (15) and Group B (15) patients were registered from outpatient department and inpatient department of Government Ayurvedic College and Hospital, Balangir, presented with subjective parameters and objective parameters. After diagnosis, they were under trial with *Ayurvedic* formulations of *Durvadi Lepa* given 10 g once daily at evening time for local application and *Abhayaristadi Churna* given 3–6 g twice daily after food with luke warm water for a period of 30 days, respectively. The subjective and objective parameters were assessed in 10-day interval to interpret the result by statistical evaluation.

Observation and Results: It had been observed that the result of trial drug Group A patients was significant (0.05) to reduce both subjective and objective parameters after 30 days of treatment as compared to Group B patients. In Group A, 93.33% of patients had marked improvement, while 6.67% of patients had moderate improvement and 0.00% mildly improved. In Group B, 66.67% of patients had marked improvement and 20.00% moderate and 13.33% mildly improved. In both groups, the result was statistically significant, but improvement was noticed more in Group A.

Conclusion: On comparison between two groups, *Durvadi lepa* had shown more effect than *Abhayaristadi churna*. No adverse effects were noticed during clinical trial in both groups.

1. INTRODUCTION

In *Ayurveda,* "*kushhta*" is defined as "*twachaha kurvanti vaivarnya dustah kusthamushanti tat*"[1] the disease which destroys the skin etc., *dhatus* of the human body is called *kushtha*. All the skin diseases are included under *Kustharoga*.[2] According to *Ayurveda*, there are two types of *Kushtaroga*,[3] which is *Mahakushta* and *Kshudrakustha* which are again classified into seven types and 11 types, respectively.[4] It is classified as one of the "*Astha Mahagada*." *Vicharchika* is one among the *Kshudra kustha*. The meaning of *Vicharchika* is "cracking of skin" mainly seen on the skin of hand and legs. The symptoms

Corresponding Author:
Narayan Sahu,
PG Scholar, Department of Rognidan Evum Vikriti Vigyana, Government Ayurvedic College and Hospital, Balangir, Odisha, India.
Email: narayanbams@gmail.com

of *Vicharchika* are *Shyava pidika* (skin eruption with discoloration), *Bahusrava* (profuse discharge), *Kandu* (severe itching), and *Ruja* (pain).[5] Skin infections are more prevalent in children and people from lower socioeconomic categories due to poor hygiene. As *Kustha* is caused due to *Viruddha ahara* which leads to *Agnimandya*.[6] There are many causes of *Vicharchika*, excessive consumption of foods that are dry, stale and cold, salty, spicy sour, fermented or fried, late night work schedules, regular late-night dinners, excessive physical, mental and sexual activities, and the stress is responsible for causing *Vicharchika*. Excessive intake of teas, coffee, alcoholic beverages, aerated drinks, indigestion, constipation, acidity, or flatulence too can cause eczema. The etiological factors are varied in *Vicharchika*, but *Virudha ahar* and *Vegadharana* (holding of natural urges) are the major causative factors, and vitiation of seven body elements, that is, three *Doshas*, four *Dushyas,* namely, Skin (*Twak*), *Rakta*, *Mansa,* and *Ambu*.[7] It can be correlated with eczema in modern dermatology, based on the clinical presentations. The term eczema means to "boil out" (ec=out, zema=boil) that the skin is boiling out or oozing out. Eczema is an inflammatory reaction pattern of the skin. Characterized by variable intensity of itching and soreness, crusting, dryness, erythema, excoriation, exudation, fissuring, hyperpigmentation, Lichenification, oozing, scaling, and vasculation.[8] Skin diseases result in disfigurement and depression. Now a days, skin diseases are very common. Patients of skin diseases are always experienced with physical, emotional, and socioeconomic embarrassment in the society. Normally, 10–15% of people are attained with skin disorders and it is the second most common cause of their loss of work.[9] The modern science has greatly advanced, particularly in dermatology but there is no specific medication for sure cure of eczema but symptomatic treatments like steroids are used, but they produce serious side effects such as nephrotoxicity, osteoporosis, and skin cancer. Whereas *Ayurveda* treats from the root of eczema by cleansing vitiated *Dosha* and balancing the *Dosha* and *Dhatu* without any side effects. The mainstay of treatment in Ayurveda for *Vicharchika* is *Shodhana*, shamana which eliminates the vitiated Doshas. Parallel to *Shodhana*, Shamanoushadis help to correct the Dhatus and bring them to normalcy.

Among various *Kalpanas*, *Lepa kalpana* and *Churna kalpana* are used more profusely to treat diseases nowadays. For the ease of patient suffering from *Vicharchika*, a clinical trial of *Durvadi lepa* and *Abhayaristadi churna* on 30 patients (divided into two groups) was done for 30 days.

1.1. Aims and Objectives

The objectives of the study are as follows:

- To study the comparative effect of *Durvadi lepa* and *Abhayaristadi churna* in the management of *Vicharchika*
- To find out the effective treatment of *Vicharchika* in *ayurveda*
- To correlate *Vicharchika* described in *Ayurveda* with modern parlance.

2. MATERIALS AND METHODS

2.1. Selection of Patients

This is a single-blind comparative clinical study with a pre-test and post-test design. The patients were randomly categorized into two groups. The total of 30 patients (Group-A 15 and Group-B 15) had been selected by a special proforma covering demography along with both subjective and objective parameters from outpatient department (OPD) and inpatient department of Government Ayurvedic College and Hospital, Balangir, and Saradeswari Government Ayurvedic Hospital, Balangir. The consent of patient was also taken before clinical trial.

2.2. Diagnosis Criteria

The patient were diagnosed on the basis of subjective parameter and objective parameter for the diagnosis of *Vicharchika*. The subjective parameters were *Kandu*, *Pidaka*, *Shyava*, *Bahusrava*, *Raji*, *Arti*, and *Rukshya*, and objective parameters were differential count (DC), total leukocyte count (TLC), erythrocyte sedimentation rate (ESR), fasting blood sugar (FBS), and immunoglobulin E (IgE).

2.3. Inclusion Criteria

- Patients of both sexes in between 12 and 60 years of age with classical signs and symptoms like *Kandu*, *Pidaka*, *Shyava*, and *Bahusrava* of *Vicharchika* will be included in the study
- Eczema infections as per modern science Atopic dermatitis, contact dermatitis, Dyshidrotic eczema, Neurodermatitis, Nummular eczema, Stasis dermatitis will be included in this study.

2.4. Exclusion Criteria

The following criteria were excluded from the study:

- Patients <12 years and more than 60 years
- Patients with systemic disorders such as hypertension, diabetes mellitus, leprosy, anemia, any carcinogenic disorder, and HIV-positive patients
- Patients having signs and symptoms of other skin disorders such as TB skin, scabies, and eczema.
- Pregnant woman and lactating mother
- undergone recent surgeries
- Taking immunosuppressive medicines.

2.5. Selection of Drugs

Two medicines *Durvadi lepa* and *Abhayaristadi churna* had been taken for clinical trial. The drugs of both medicines were identified by the experts of Dept. of *Dravyaguna* and *Rashasastra* and *Bhaisajya kalpana* which were approved by DRC and IEC of Government Ayurvedic College and Hospital, Balangir, and Sambalpur University. Medicines were prepared as per GMP certified method in Mini Pharmacy of College under the supervision of expert of *Rashasashtra* and *Bhaisajya Kalpana*. The sample of research medicines was sent to Quality control Laboratories of ALN Rao Memorial *Ayurvedic* Medical College and PG Centre Koppa, Dist. Chikmagalur, Karnataka for Analytical study. [Table 1] showing the pharmacodynamics of *Durvadi Lepa*. [Table 2] showing the pharmacodynamics of *Abhayaristadi churna*.

2.6. Dose

- Group A: Patients were advised to take *Durvadi Lepa* 10 g once at evening time daily
- Group B: *Abhayaristadi Churna* 3–6 g twice a day after food with luke warm water.

2.7. Assessment Criteria

The subjective and objective parameters as per inclusion criteria were assessed by the grading score from 0 to 3 according to the severity of disease and favorable shift to back. Both parameters were followed up 10^{th}, 20^{th}, and 30^{th} day of medication. [Table 3] showing the assessment of subjective and objective parameters of *Vicharchika*.

3. OBSERVATION AND RESULTS

The clinical study period of 30 patients was taken from October 03, 2022 to May 29, 2023. Table 4 mentions the demographic incidence

of registered patient. Along with incidence of *Dasavidha parikshya,* [Table 5] was observed and assessed. [Table 6]: Incidence of *Astavidha Pariksha* of registered patients. Total Patients as per disease and percentage of improvement in Group A and Group B in both subjective and objective parameter showing [Table 7]. [Table 8] showing the statistical analysis of subjective parameter. [Table 9] showing the statistical analysis of objective parameter of DC. [Table 10] showing the statistical analysis of objective parameter. [Table 11] showing clinical assessment of result in Group A and Group B.

4. DISCUSSION

The three vitiated *Doshas* of *Vata*, *Pitta*, and *Kapha*, as well as impaired *Twak*, *Rakta*, *Mamsa*, and *Ambu*, collectively make up seven crucial elements that contribute to the pathogenesis of this skin illness, with *Kapha* being the main *Dosha* in *Vicharchika*. Poor food and lifestyle choices contribute to eczema or *Vicharchika*, which compromises digestion and aggravates *Kapha dosha*. When *Kapha* is present, it shows up in the skin and builds up toxins. Eating too much fish, new grains, curds, and sour or salty meals. Black grams, radish, foods made from flour paste, sesame, and items made with milk and jaggery. *Vicharchika's* etiology and risk factors include engaging in sexual activity even when food has not fully digested (sex right after eating), sleeping during the day, insulting peers like *Brahmins*, *Gurus*, and other respected individuals, as well as engaging in sinful behavior. Due to *Virudha ahara* and suppression of natural urges, all diseases occur. In case of *kustha roga*, *Virudha ahara* plays an important role for the development of this disease. *Brihtrayees* and other *Acharyas* classified *kustha roga* into 18 types. *Vicharchika* is one among them. *Vicharchika* can be correlated with Eczema. The description of the disease *Vicharchika* is found since *Samhita* period. The detail of *Vicharchika* was discussed in the form of *Nidana* (Causative factor), *Rupa* (symptoms), *Samprapti* (Pathogenesis), and treatment which are described in various classical books. All these features were taken into consideration for this study as well as etiology, pathogenesis, clinical features, and treatment described in Modern science were also followed during research work. The aim of the present study was to study the effect of *Durvadi lepa* and *Abhayaristadi churna* on *Vicharchika. Durvadi Lepa* and *Abhayaristadi churna* were selected from *Bhaisajya ratnavali*. The whole study was performed in two groups, that is, 1. Group-A treated with *Durvadi Lepa* 10 g once at evening time daily and 2. Group-B treated with *Abhayaristadi Churna* 3–6 g twice daily after food with Luke warm water.

4.1. Discussion on Demographic Incidence

Data collected in present disease in the age group of 12–60 years was studied. It was observed from demographical study that most of the patients were found from middle aged, that is, 43.33% and equal number of male and females are involved, that is, 50% and 50%. About 100.00% were Hindus, Farmer, and Laborer 20% and 20%. About 96.67% were no treatment history for this disease, 100.00% having no family history, 90.00% having no history of past illness. Married were 83.33%, lower class were 56.67%. Educated were 53.33%, all of the patients were taking mixed diet, 50% of patients were found to addicted to tea and alcohol. About 40.00% had less or disturbed sleep, 93.33% were having abnormal bowel habit, 63.33 having normal micturition pattern. About 33.33% of female patients had normal menstrual history.

It was observed that maximum number of patients were having *Vata-pitta Prakriti* with the predominance of *Madhyama satwa-sara-samhanana-satmya-pramana-jaranashakti-vyayamashakti* and *Madhyama vaya*. The overall assessment revealed that in Group A, 93.33% of patients had marked improvement, while 6.67% of patients had moderate improvement and 0.00% mildly improved. In Group B, 66.67% of patients had marked improvement and 20.00% moderate, and 13.33% mildly improved. In both groups, the result was statistically significant, but the improvement was noticed more in Group A. Overall comparison showed that the best results were obtained in Group A (*Durvadi lepa*) in the form of better clinical response and statistical significance. The present study reveals that *Durvadi lepa* has potential effect on *Vicharchika* with the added advantage of being free from side effects.

From the study is seen that the younger and adult mainly suffer from this disease. This can be due to their lifestyle, and any disease history. In the present study, most of the patients registered were farmer and labor, that is, 20% and 20%. It may be due to majority of abor patient coming to OPD. Relation of any occupation is not seen behind the occurrence of *Vicharchika* (Eczema). In the present study, maximum patients, that is, were taking (50.00%) mixed diet. Any type of diet whether vegetarian or non-vegetarian does not have any direct link to produced *Vicharchika* (Eczema) but extra fat of meat which may lead to *Agni dushti*, constipation, and pain. In the present study, maximum patient, that is, 50.00% of patient taking tea and coffee. In the present study, maximum number of patients have found abnormal bowel habit (93.33%). The abnormal bowel may be due to *mandagni.* Due to *mandagni,* the food particles does not digested properly as a result constipation occurs. Maximum numbers of patient 30 (100%) of this study were from *Jangala desha.* This does not give any relation with the incidence of disease because the study was conducted mostly in the *Jangala desha*. In this study, majority of the patients, that is, 40% had disturbed sleep. This may be due to *Vata prakopa* and unstable mind in *Vicharchika.*

4.2. Discussion on *Dasavidha Parikshya*

It was observed that maximum number of patients were having *Vatapittaja prakriti* with the predominance of *Madhyama Vala-Satwa-Sara-Samhanana-SatmyaPramana- Vyayamashakti- Madhyama Vaya* and *Avara Ahara Shakti.*

4.3. Discussion on *Astavidha Parikshy*a

It was observed that maximum number of patients were having *Vatapittaja Prakriti* with the predominance of *Pandura varna*, *Sushka*, *Khara*, *Prakrita*, *Kathina*, *Manda*, and *Krisha akriti.*

4.4. Discussion on Subjective and Objective Parameter [Table 3]

4.4.1. Kandu

In Group A, the percentage of effect was 94.59% and in Group B, the percentage of effect was 88.07%. The *P*-value for both groups is <0.05. Hence, both groups are significant but in comparison, Group A shows more significant results than Group B.

4.4.2. Pidaka

In Group A, the percentage of effect was 86.35% and in Group B, the percentage of effect was 82.07%.The *P*-value for both groups is <0.05. Hence, both groups are significant but in comparison, Group A shows more significant results than Group B.

4.4.3. Erythema

In Group A, the percentage of effect was 93.03% and in Group B, the percentage of effect was 83.88%. The *P*-value for both the groups is significant but in comparison, Group A shows more significant results than Group B.

4.4.4. Oozing

In Group A, the percentage of effect was 94.44% and in Group B, the percentage of effect was 88.00%. The *P*-value for the groups is significant but in comparison, Group A shows more significant results than Group B.

4.4.5. Thickening of skin

In Group A, the percentage of effect was 84.44% and in Group B, the percentage of effect was 77.84%. The *P*-value for both groups is <0.05. Hence, both groups are significant but in comparison, Group A shows more significant results than Group B.

4.4.6. Pain

Jwara: In Group A, the percentage of effect was 100% and in Group B, the percentage of effect was 100%. The *P*-value for both groups is <0.05. Hence, both the groups are significant.

4.4.7. Size of lesions

In Group A, the percentage of effect was 80.00% and in Group B, the percentage of effect was 74.58%. The *P*-value for the groups is significant but in comparison, Group A shows more significant results than Group B.

4.4.8. Number of lesions

In Group A, the percentage of effect was 88.89% and in Group B, the percentage of effect was 78.33%. The *P*-value for the groups is significant but in comparison, Group A shows more significant results than Group B.

4.4.9. Neutrophil

In Group A, the percentage of effect was 6.53% and in Group B, the percentage of effect was 1.14%. The *P*-value for the groups is significant but in comparison, Group B shows more significant result than Group A.

4.4.10. Eosinophil

In Group A, the percentage of effect was 56.25% and in Group B, the percentage of effect was 47.170%. The *P*-value for the groups is significant but in comparison, Group A shows more significant results than Group B.

4.4.11. Basophil

In Group A, the percentage of effect was 0.00% and in Group B, the percentage of effect was 0.00%. The *P*-value for the groups is non-significant.

4.4.12. Lymphocyte

In Group A, the percentage of effect was 3.43% and in Group B, the percentage of effect was 10.46%. The *P*-value for the groups is significant but in comparison, Group B shows more significant results than Group A.

4.4.13. Monocyte

In Group A, the percentage of effect was not applicable and in Group B, the percentage of effect was not applicable – value for Group A and Group B is >0.05. Hence, we can conclude that effect observed in Group A and Group B is not significant.

4.4.14. TLC

In Group A, the percentage of effect was not applicable and in Group B, the percentage of effect was not applicable – value for Group A and Group B is >0.05. Hence, we can conclude that effect observed in Group A and Group B is not significant.

4.4.15. FBS

In Group A, the percentage of effect was not applicable and in Group B, the percentage of effect was not applicable – Value for Group A and Group B is >0.05. Hence, we can conclude that effect observed in Group A and Group B is not significant.

4.4.16. ESR

In Group A, the percentage of effect was 100.00% and in Group B, the percentage of effect was 93.33%. The *P*-value for the groups is significant but in comparison, Group A shows more significant results than Group B.

4.4.17. IgE

In Group A, the percentage of effect was 100.00% and in Group B, the percentage of effect was 100.00%. The *P*-value for both groups is significant.

4.5. Probable Mode of Action

Durvadi Lepa[10] which contains *Durva*, *Chakramarda*, *Tulasi*, *Haritaki,* and *Saindhav lavana* has described in *Bhaisajya Ratnavali Kustharoga Adhikara* in the management of *Kushtha*. In this formulation, most drugs have *Kushtaghna*, *Kandughna,* and *Lekhana* properties. *Durva* having *Kashaya*, *Madhura rasa*, *Madhura vipaka,* and *Sheeta virya;* it acts as *Pittaghna*, *Vranaropana*, *Dahaprasamana,* and *Varnya*.[11] *Chakramarda* having *Katu rasa* and *Vipaka*, *Ushna virya* so it acts *Kaphavatashamaka*, *Kustaghna,* and *Vishaghna.*[12] *Tulsi* having *Katu*, *Tikta rasa*, *Katu vipaka*, and *Ushna virya;* it acts as *Kaphaghan*, *Sothaghna*, and *Durgandhanasana.*[13] *Haritaki* having *Pancha rasa (Katu*, *Tikta*, *Kashaya*, *Madhur*, and *Amla Rasa)*, *Lavana varjita Kashaya pradhan*, *Ushna virya*, *Madhur vipaka* acts *Tridoshahar*, *Sothahara*, *Vranasodhana*, and *Vranaropana.*[14] *Saindhav Lavan* having *Snigdha*, *Tikshna*, *Sukshma* and *Sheet Virya*, *Madhur Vipaki;* so it acts as *Pittaghan* and *Kaphaghan.*[15] *Kanji* and *Takra* have *Kaphavatanashak.*[16] The selected drug having *Kushtaghna*, *Dadrughna*, *Kapha-pitta shamaka properties*, we can used it in *Vicharchika.*

Abhayaristadi Churna[17] which contains *Haritaki* and *Nimba* has described in *Bhaisajya Ratnavali kustharoga Adhikara* in the management of *Kushtha*. *Haritaki* having *Pancha rasa (Katu*, *Tikta*, *Kashaya*, *Madhur*, and *Amla Rasa)*, *Lavana Varjita Kashaya Pradhan*, *Ushna Virya*, *Madhur Vipak* acts *Tridoshahar*, *Sothahara*, *Vranasodhana*, and *Vranaropana*. *Nimba* having *Tikta Kashaya rasa*, *Katu vipaka*, *Sheeta virya* it acts as *Kaphapittashamaka*, *Vranapachana*, *Vrana sodhana,* and *Kandughna* properties.[18]

Azadirachta indica shows therapeutics role in health management due to rich source of various types of ingredients. The most important active constituent is azadirachtin and the others are nimbolinin, nimbin, nimbidin, nimbidol, sodium nimbinate, gedunin, salannin, and quercetin. It contains antibacterial and antifungal properties and seeds hold valuable constituents including gedunin and azadirachtin.

The overall assessment showed in Table 11 revealed that in Group A, 93.33% of patients had marked improvement, while 6.67% of patients had moderate improvement and 0.00% mildly improved. In Group B, 66.67% of patients had marked improvement and 20.00% moderate, and 13.33% mildly improved. In both groups, the result was statistically significant, but improvement was noticed more in Group A.

Table 11 showing clinical assessment of result in Group A and Group B in assessing overall effect of therapy, [Graph 3], it was seen that overall comparison showed that the best results were obtained in Group A (*Durvadi Lepa*) in the form of better clinical response and statistical significance. The present study reveals that *Durvadi Lepa* has potential effect on *Vicharchika* with the added advantage of being free from side effects.

5. CONCLUSION

A total 30 of patients were registered for the study, and all of them turn up for follow-up. Hence, clinical study was carried out on 30 patients. The outcome of clinical study was significant statistically in intergroup comparison. On comparison between two groups, *Durvadi lepa* has shown more effect than *Abhayaristadi Churna*. Both the selected formulations showed better results with its *Kushtaghna*, *Kandughna,* and *Lekhana* properties. The positive point observed during the study that there were no side effects seen during the trail, which is really a good sign to the patients and is of vital importance in view of the global acceptance of *Ayurveda*. Encourage all to *Vicharchika* patient should consume easily digestible and wholesome food, green leafy vegetables bitter in taste, food, and ghee prepared by fortifying with *Bhallataka*, *Triphala,* and *Nimba*, 1-year-old cereals, meat of animals inhabiting from arid area, and preparations of *Mudga* and *Patola*. Patient should avoid food which is heavy to digest, sour food, milk, curd, meat of animals residing in marshy area, fish, jaggery, and sesame. *Udaka* and *Anupa Mamsa*, *Shaka*, *Pishtakrita*, *Tila*, *Vyayama*, *Divaswapna Yana*, *Ushnaahara*, *Lavana*, and *Amla*, *Vidahi* foods, *Guru,* and *Toya*.

6. ACKNOWLEDGMENTS

Nil.

7. AUTHORS' CONTRIBUTIONS

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

8. FUNDING

Nil.

9. ETHICAL APPROVALS

Approval of synopsis for human trial was obtained from the Institutional Ethical Committee IEC Number- 1081/G.A.C and H Dated May 26, 2021. The study was registered in the Clinical Trial Registry of India (CTRI Registration No.- CTRI/2023/02/049415 on dated July 29, 2022)

10. CONFLICTS OF INTEREST

Nil.

11. DATA AVAIBALITY

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

12. PUBLISHERS NOTE

This journal remains neutral with regard to jurisdictional claims in published institutional affiliation.

REFERENCES

1. Sharma PV, editor. Charaka Samhita. Vol. 1, 2., Ch. Chi.7/13. Varanasi: Chaukambha Orientatlia; 2011.
2. Sharma PV, editor. Charaka Samhita. Vol. 1, 2., Ch. Chi.7/30. Varanasi: Chaukambha Orientatlia; 2011.
3. Vagbhatta AH. Sarvangasundari commentary of arunadatta and ayurveda rasayana of hemadri. In: Shashtri HS. Nidana Sthana. Vol. 14. Varanasi: Chaukhambha Surbharati Prakashan; 2007. p. 525.
4. Sharma PV, editor. Charaka Samhita. Vol. 1, 2., Ch. Chi.7/13. Varanasi: Chaukambha Orientatlia; 2011.
5. Sharma PV, editor. Charaka Samhita. Vol. 1, 2., Ch. Chi.7/26. Varanasi: Chaukambha Orientatlia; 2011.
6. Sharma PV, editor. Charaka Samhita. Vol. 1, 2., Ch. Chi.7/4. Varanasi: Chaukambha Orientatlia; 2011.
7. Sharma PV, editor. Charaka Samhita. Vol. 1, 2., Ch. Chi.7/5-6. Varanasi: Chaukambha Orientatlia; 2011.
8. Fauci AS, Kasper DL, editors. Text book of Harrison's Principles of Internal Medicine. 19th ed., Vol. 2. New York: McGraw-Hill Education; 2009.
9. Fauci AS, Kasper DL, editors. Harrison's Principles of Internal Medicine Part, 2. 17th ed., Ch. 54. New York: McGraw-Hill Medical Publication; 2011. p. 324.
10. Sharma L. Durvadi Lepa, Bhaisajya Ratnavali (Chakradatta) Kustha Roga Adhikara, Sloka No-54/14. Varanasi: Chaukhamba Bharati Academy Edition; 2005. p. 860.
11. Sharma PS. Dravya Guna Vigyan. Vol. 2. Varanasi: Chaukhamba Bharati Academy Edition; 2005. p. 580.
12. Sharma PS. Dravya Guna Vigyan. Vol. 2. Varanasi: Chaukhamba Bharati Academy Edition; 2005. p. 187.
13. Sharma PS. Dravya Guna Vigyan. Vol. 2. Varanasi: Chaukhamba Bharati Academy Edition; 2005. p. 710.
14. Sharma PS. Dravya Guna Vigyan. Vol. 2. Varanasi: Chaukhamba Bharati Academy Edition; 2005. p. 674.
15. Mishra B. Bhava Prakasha, Hindi Commentary, Haritakyadi Varga. Nighantu Part. 11th ed. Varanasi: Chaukhambha Sanskrit Sansthana; 2004. p. 241-9.
16. Sushruta SS. Nibandha sangraha commentary of dalhana and nyaya chandrika panjika of gayadasa on nidanasthana. In: Acharya YT, Acharya NR, editors. Sutrasthana Sthana. Vol. 45/84. Varanasi: Chaukhambha Orientalia; 2007. p. 226.
17. Sharma PV. Abhayaristadi Churna, Bhaisajya Ratnavali (Chakradatta) Kustha Roga Adhikara, Sloka No-54/58. Varanasi: Chaukhamba Bharati Academy; 2005. p. 866.
18. Sharma PV. Dravya Guna Vigyan, Priyabrata Sharma. Vol. 2. Varanasi: Chaukhamba Bharati Academy Edition; 2005. p. 149.

How to cite this article:
Sahu N, Mohanta S, Panda PK, Nayak U, Panda S. A Critical Study on *Vicharchika* and Its Comparative Management with *Durvadi Lepa* and *Abhayaristadi Churna* w.s.r. to Eczema. IRJAY. [online] 2023;6(9);1-10.
Available from: https://irjay.com
DOI link- https://doi.org/10.47223/IRJAY.2023.6901

Table1: The pharmacodynamics of *Durvadi Lepa*

S. No.	Name	Rasa	Guna	Virya	Vipaka	Doshaghnata
1.	*Durva*	*Kashaya, madhura*	*Laghu*	*Sheeta*	*Madhura*	*kaphapittashamaka*
2.	*Haritaki*	*Pancharasa(Lavanavarjita Kashaya Pradhana)*	*Laghu, Ruksha*	*Ushna*	*Madhura*	*Tridoshahara*
3.	*Chakramarda*	*katu*	*Laghu, Ruksha*	*Ushna*	*Katu*	*Kaphavatashamaka*
4.	*Tulasi*	*Katu, Tikta*	*Laghu, Rukṣa*	*Uhsna*	*Katu*	*Kaphavatahara*
5.	*Saindhava Lavana*	*Lavana, Madhura*	*Snigdha, Tikshna, Sukshma and Laghu*	*Anushna Sheeta and Sheeta*(According to Bhavaprakasha)	*Madhura*	*Tridoshahara*

Table2: The pharmacodynamics of *Abhayaristadi churna*

S. No.	Name	Rasa	Guna	Virya	Vipaka	Doshaghnata
	Haritaki	*Pancharasa(Lavanavarjita kashaya pradhana)*	*Laghu, ruksha*	*Ushna*	*Madhura*	*Tridoshahara*
	Nimba	*Tikta, Kasaya*	*Laghu, rukshya*	*Sita*	*Katu*	*Kaphapittahara*

Table3: The assessments of subjective and objective parameters

Illness	Severity	Grade
Kandu	Severe itching in the affected area	3
	Mild itching to moderate itching	2
	Occasionally itching	1
	No itching	0
Pidaka	Cover all the affected regions	3
	Moderately developed papular eruption	2
	Very few papular eruption	1
	No papular eruption	0
Erythema	Blackish blue color of affected area	3
	Red color of affected area	2
	Not present	1
	Absent	0
Oozing	Severely oozing from affected part	3
	Mild-to-moderate oozing from affected	2
	Part	1
	Occasionally present	0
Thickening of skin	Thickening of skin over all affected area	3
	Thickening of skin in most part of affected area	2
	Very few part affected	1
	No thickening at all	0
Pain	Severe pain in affected area	3
	Mild to moderately pain in lesions	2
	Occasionally pain in lesions	1
	No pain	0
Nature of lesions	Prominent visible lesions with discharge	3
	Moderately visible lesion	2
	Mild visible lesion	1
	No lesion	0
Size of lesions	3 cm/more than 3 cm	3
	2–3 cm	2
	1–2 cm	1
	Below 0.5/1 cm	0
Number of lesions	three lesions/more than three lesions	3
	two lesions	2
	Only one lesion	1
	No lesions	0
TLC	>13,500/Cu mm	3
	12,000–13,500/Cu mm	2
	10,500–12,000/Cu mm	1
	4500–10,500/Cu mm	0
FBS	>150 mg/dL	3
	126–150 mg/dL	2
	101–125 mg/dL	1
	70–100 mg/dL	0
ESR	>30 mm/h	3
	21–30 mm/h	2
	11–20 mm/h	1
	<10 mm/h	0

TLC: Total leukocyte count, ESR: Erythrocyte sedimentation rate, FBS: Fasting blood sugar

Table 4: Demographic incidence of registered patients(*n*=30)

S. No.	Criteria	Maximum percentage	Category
1.	Age	43.33	46–60years
2.	Sex	50 and 50	Male and Female
3.	Religion	100.00	Hindu
4.	Occupation	20 and 20	Farmer and Labourer
5.	Treatment history	96.67	No treatment history
6.	Family history	100.00	No family history
7.	*Desa*	100.00	Jangal desa
8.	Marital status	83.33	Married
9.	Socioeconomical status	56.67	Lower class
10.	Education status	53.33	Literate
11.	Dietary habit	50	Samashana
12.	Addiction	50	Tea
13.	Sleeping habit	60	Normal
14.	Bowel habit	93.33	Abnormal
15.	Urine habit	63.33	Normal
16.	Menstrual history	33.33	Regular
17.	Mode of onset	100.00	Gradual

Table 5: Incidence of *Dasavidha pariksha* of registered patients(*n*=30)

S. No.	Criteria	Maximum percentage	Category
1.	*Prakriti*	43.33	*vatapittaja*
2.	*Vikriti*	63.33	*Avara Vala Vyadhi*
3.	*Sara*	43.33	*Asthi sarata*
4.	*Samhanana*	66.67	*madhyama*
5.	*Pramana*	96.67	*madhyama*
6.	*Satva*	96.67	*madhyama*
7.	*Satmya*	100.00	*madhyama*
8.	*Ahara Shakti*	90.00	*madhyama*
9.	*Vyayama Shakti*	83.33	*Pravara*
10.	*Vaya*	66.67	*Madhyavastha*

Table 6: Incidence of *Astavidha pariksha* of registered patients(*n*=30)

S. No.	Criteria	Maximum percentage	Category
1.	*Nadi*	46.67	*Vatapittaja*
2.	*Mutra*	50	*Pandura varna*
3.	*Mala*	26.67	*Sushka*
4.	*Jihva*	53.33	*Khara*
5.	*Sabda*	70	*Prakrita*
6.	*Sparsha*	40	*Kathina*
7.	*Drik*	40	*Manda*
8.	*Akriti*	46.67	*Krisha*

Table 7: Total Patients as per disease and Percentage of improvement in Group A and Group B(n=30) in both subjective and objective parameter(*n*=30)

Subjective and objective parameter	Group A		Group B		Group A	Group B
	Frequency	Percentage	Frequency	Percentage	% of improve	% of improve
Kandu	***n***	**%**	***n***	**%**	**% Effect**	**% Effect**
Pidaka	15	100.00	15	100.00	94.59	88.07
Erythema	15	100.00	15	100.00	86.35	82.07
Oozing	15	100.00	15	100.00	93.03	83.88
Thickening of skin	7	46.67	13	86.67	94.44	88.00
Pain	15	100.00	15	100.00	84.44	77.84
Nature of lesions	11	73.33	13	86.67	100.00	100.00
Size of lesions	14	93.33	15	100.00	80.00	74.58
Number of lesions	14	93.33	15	100.00	88.89	78.33
TLC	2	13.33	1	6.67	0.00	0.00
FBS	12	80.00	13	86.67	100.00	93.33
ESR	0	0.00	4	26.67	0.00	0.00

TLC: Total leukocyte count, ESR: Erythrocyte sedimentation rate, FBS: Fasting blood sugar

Table 8: The statistical analysis of subjective parameter(*n*=30)

Subject parameter	Groups	Mean	Median	SD	SE	Wilcoxon W	*P*-value	% effect	Result
Kandu	Group A								
	BT	2.47	3.00	0.64	0.17	−3.493[b]	0.0004784	94.59	Sig
	AT	0.13	0.00	0.35	0.09				
	Group B								
	BT	2.93	3.00	0.26	0.07	−3.542[b]	0.0003964	88.07	Sig
	AT	0.35	0.00	0.46	0.12				
Pidaka	Group A								
	BT	2.93	3.00	0.46	0.12	−3.542[b]	0.0003964	86.35	Sig
	AT	0.40	0.00	0.51	0.13				
	Group B								
	BT	2.73	3.00	0.46	0.12	−3.520[b]	0.0004323	82.07	Sig
	AT	0.49	0.00	0.49	0.13				
Erythema	Group A								
	BT	BT	2.87	3.00	0.52	−3.542[b]	0.0003964	93.03	Sig
	AT	AT	0.20	0.00	0.41				
	Group B								
	BT	BT	2.67	3.00	0.49	−3.508[b]	0.0004511	83.88	Sig
	AT	AT	0.43	0.00	0.41				
Oozing	Group A								
	BT	BT	1.20	0.00	1.06	−2.460[b]	0.0138744	94.44	Sig
	AT	AT	0.07	0.00	0.26				
	Group B								
	BT	BT	1.67	2.00	0.72	−3.306[b]	0.0009461	88.00	Sig
	AT	AT	0.20	0.00	0.77				
Thickening of skin	Group A								
	BT	3.00	3.00	0.00	0.00	−3.508[b]	0.0004511	84.44	Sig
	AT	0.47	0.00	0.52	0.13				
	Group B								
	BT	2.93	3.00	0.26	0.07	−3.508[b]	0.0004511	77.84	Sig
	AT	0.65	0.00	0.52	0.13				

(Contd...)

Table 8: *(Continued)*

Subject parameter	Groups	Mean	Median	SD	SE	Wilcoxon W	*P*-value	% effect	Result
Pain	Group A								
	BT	1.33	2.00	0.90	0.23	−3.127[b]	0.0017663	100.00	Sig
	AT	0.00	0.00	0.00	0.00				
	Group B								
	BT	1.73	2.00	0.80	0.21	−3.418[b]	0.0006318	100.00	Sig
	AT	0.00	0.00	0.00	0.00				
Nature of lesions	Group A								
	BT	3.00	3.00	0.00	0.00	−3.416[b]	0.0006363	80.00	Sig
	AT	0.60	1.00	0.51	0.13				
	Group B								
	BT	2.95	3.00	0.00	0.00	−3.542[b]	0.0003964	74.58	Sig
	AT	0.75	1.00	0.49	0.13				
Size of lesions	Group A								
	BT	3.00	3.00	0.00	0.00	−3.416[b]	0.0006363	80.00	Sig
	AT	0.60	1.00	0.51	0.13				
	Group B								
	BT	2.95	3.00	0.00	0.00	−3.542[b]	0.0003964	74.58	Sig
	AT	0.75	1.00	0.49	0.13				
Number of lesions	Group A								
	BT	3.00	3.00	0.00	0.00	−3.416[b]	0.0006363	88.89	Sig
	AT	0.33	0.00	0.49	0.13				
	Group B								
	BT	3.00	3.00	0.00	0.00	−3.542[b]	0.0003964	78.33	Sig
	AT	0.65	0.00	0.49	0.13				

[b]Grade

Table 9: The statistical analysis of objective parameter of differential count(*n*=30)

Objective parameter	Groups	*n*	Mean	SD	SE	Wilcoxon W	*P*-value	% effect	Result
Neutrophils	Group A								
	BT	15	59.20	9.10	2.35	−1.685	0.114	6.532	Sig
	AT	15	63.07	1.03	0.27				
	Group B								
	BT	15	64.27	8.38	2.16	0.339	0.740	1.141	Sig
	AT	15	63.53	0.52	0.13				
Eosinophils	Group A								
	BT	15	9.60	3.58	0.92	5.872	0.000	56.250	Sig
	AT	15	4.20	0.41	0.11				
	Group B								
	BT	15	7.07	2.40	0.62	5.493	0.000	47.170	Sig
	AT	15	3.73	0.59	0.15				
Basophils	Group A								
	BT	15	0.00	0.00	0.00	0.000	1.000	0.000	NS
	AT	15	0.00	0.00	0.00				
	Group B								
	BT	15	0.00	0.00	0.00	0.000	1.000	0.000	NS
Lymphocyte	AT	15	0.00	0.00	0.00				
	Group A								
	BT	15	31.07	7.35	1.90	−0.586	0.567	3.433	Sig
	AT	15	32.13	1.36	0.35				

(Contd...)

Table 9: *(Continued)*

Objective parameter	Groups	*n*	Mean	SD	SE	Wilcoxon W	*P*-value	% effect	Result
	Group B								
	BT	15	28.67	8.87	2.29	−1.340	0.201	10.465	Sig
	AT	15	31.67	0.90	0.23				
Monocytes	Group A								
	BT	15	0.13	0.52	0.13	−1.948	0.072	0.000	NS
	AT	15	0.67	0.98	0.25				
	Group B								
	BT	15	0.00	0.00	0.00	−1.849	0.075	0.000	NS
	AT	15	0.93	0.96	0.25				

Table 10: The statistical analysis of objective parameter(*n*=30)

Objective parameter	Groups	Mean	Median	SD	SE	Wilcoxon W	*P*-value	% Effect	Result
TLC	Group A								
	BT	0.13	0.00	0.35	0.09	−1.414[b]	0.1572992	NA	NS
	AT	0.00	0.00	0.00	0.00				
	Group B								
	BT	0.07	0.00	0.26	0.07	−1.414[b]	0.1572992	NA	NS
	AT	0.00	0.00	0.00	0.00				
FBS	Group A								
	BT	0.00	0.00	0.00	0.00	0.000[c]	1.0000000	NA	NS
	AT	0.00	0.00	0.00	0.00				
	Group B								
	BT	0.73	0.00	1.28	0.33	0.000[c]	1.0000000	NA	NS
	AT	0.73	0.00	1.28	0.33				
ESR	Group A								
	BT	0.13	0.00	0.35	0.09	−1.414[b]	0.1572992	NA	NS
	AT	0.00	0.00	0.00	0.00				
	Group B								
	BT	0.07	0.00	0.26	0.07	−1.414[b]	0.1572992	NA	NS
	AT	0.00	0.00	0.00	0.00				

SD: Standard deviation, SE: Standard error, t: Test of significance, *P*: Probability, 0.05=No Significant at 5% level, TLC: Total leukocyte count, ESR: Erythrocyte sedimentation rate, FBS: Fasting blood sugar, [b,c] Grade

Table 11: Clinical assessment of result in Group A and Group B

Overall effect	Group A		Group B	
	No of cases	Percentage	No of cases	Percentage
Marked improvement	14	93.33	10	66.67
Moderate improvement	1	6.67	3	20.00
Mild improvement	0	0.00	2	13.33
No change	0	0.00	0	0.00
Total	15	100.00	15	100.00