EFFICACY OF ARKAPATRA TAILA AND ARAGVADADI KWATHA IN THE MANAGEMENT OF VICHARCHIKA WITH SPECIAL REFERENCE TO ECZEMA

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INTRODUCTION

Appearance carries a lot of weight in modern world. Patients are very much concerned about grooming and the way they present themselves before others. Both men and women want a fabulous skin right till old age. Any blemish on skin causes lot of psychological stress besides and physical uneasiness. Though modern medicine has enormously progressed in many fields there are still areas where treatment provided by them is unsatisfactory. In spite of presence of antibiotic, antihistamine, steroids etc, the skin disorder remains refractory to treatment. Usually 10 – 15 % cases present before general practitioners pertaining to skin diseases and about 30 % of all the skin diseases are eczematous1. Vicharchika (Eczema) is mentioned in the ancient classical texts of Ayurveda as one among kushtha. All kushthas have tridosha origin hence vicharchika can be taken in same way. But some acharyas have mentioned different dominancy in vicharchika i.e. kapha, pitta and vata-pitta pradhana. As per lakshanas, vicharchika can be correlated with eczema. Sharangadhara mentioned arkapatra taila and Bhaisajyagranali mentioned aragvadadi kwatha in the treatment of vicharchika. Effort is being made in present study to know the efficacy of arkapatra taila and aragvadadi kwatha. Patients were selected from OPD and IPD fulfilling inclusion criteria and were divided into 2 groups, Group A and Group B with 20 patients in each group. Patients in group A were administered aragvadadi kwatha 25 ml twice a day and arkapatra taila for external application and were also kept on appropriate pathya ahara and vihara. Patients in Group B kept as Control Group on discharge.

Aims and Objectives

To know the efficacy of arkapatra taila and aragvadadi kwatha in vicharchika w.s.r to Eczema.

MATERIALS AND METHODS

Data were collected from patients attending O.P.D and I.P.D fulfilling the clinical criteria for diagnosis of vicharchika. Patients were randomly selected irrespective of their socio-economic, educational or religious status. Ethical Clearance Number GAMC/PGS/15/10-11 was granted for this study.

Diagnostic criteria

- Patients with the following lakshanas of vicharchika like kandu, pidaka (Papule), syavata, bahusrava (Excessive discharge), rukshata (dry lesion), daha (burning), and ruja (pain).
- Signs and symptoms of eczema like itching, burning, erythema, dry and scaly skin/oozing lesion, hypo or hyper pigmentation, cracking and fissures, thickened crusty skin.

Inclusion Criteria

- Patients having kandu, pidaka, syavata etc. (As per vicharchika) and itching, burning sensation etc. (As per eczema criteria).
- Patients between the age group of 16-70 years.

Exclusion Criteria

- Patients with other systemic disorders like bronchial asthma, endocrine disorders
- Skin disorders other than vicharchika were excluded.
Scoring criteria
It was made on the basis of the following subjective and objective parameters. Conclusion was drawn on the basis of suitable statistical analysis.

Subjective
kandu, ruja, daha

Objective
pidaka, srava, vaivarnya, twak rookshata, shotha

Criteria for the total effect of therapy
Complete remission: 100 % relief in the signs and symptoms
Marked improvement: 75-99 % improvement in signs and symptoms
Moderate improvement: 51-75 % improvement in signs and symptoms
Mild improvement: 26-50 % improvement in signs and symptoms
Unchanged: No change or less than 25 % improvement in signs and symptoms

Table 1: Study Design

<table>
<thead>
<tr>
<th>Group</th>
<th>Method</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Aragvadadi Kwath and Arkapatra Taila along with Pathya Ahara and Vihara</td>
<td>45 Days</td>
</tr>
<tr>
<td>B</td>
<td>Only on Pathya Ahara and Vihara.</td>
<td>45 Days</td>
</tr>
</tbody>
</table>

Table 2: Result of laxanas before and after treatment

<table>
<thead>
<tr>
<th>S. No</th>
<th>Laxanas Present</th>
<th>Group A BT</th>
<th>AT</th>
<th>Group B BT</th>
<th>AT</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kandu</td>
<td>20 (100 %)</td>
<td>3 (15 %)</td>
<td>20 (100 %)</td>
<td>9 (45 %)</td>
<td>p=0.082</td>
</tr>
<tr>
<td>2</td>
<td>Daha</td>
<td>14 (70 %)</td>
<td>3 (15 %)</td>
<td>14 (70 %)</td>
<td>7 (35 %)</td>
<td>p=0.273</td>
</tr>
<tr>
<td>3</td>
<td>Ruja</td>
<td>16 (80 %)</td>
<td>3 (15 %)</td>
<td>17 (85 %)</td>
<td>9 (45 %)</td>
<td>p=0.082</td>
</tr>
<tr>
<td>4</td>
<td>Pidaka</td>
<td>20 (100 %)</td>
<td>4 (20 %)</td>
<td>20 (100 %)</td>
<td>11 (55 %)</td>
<td>p=0.048</td>
</tr>
<tr>
<td>5</td>
<td>Sarva</td>
<td>14 (70 %)</td>
<td>3 (15 %)</td>
<td>15 (75 %)</td>
<td>11 (55 %)</td>
<td>p=0.019</td>
</tr>
<tr>
<td>6</td>
<td>Vaivarnya</td>
<td>20 (100 %)</td>
<td>4 (20 %)</td>
<td>20 (100 %)</td>
<td>12 (60 %)</td>
<td>0.022</td>
</tr>
<tr>
<td>7</td>
<td>Rookshata</td>
<td>20 (100 %)</td>
<td>3 (15 %)</td>
<td>20 (100 %)</td>
<td>12 (60 %)</td>
<td>0.008</td>
</tr>
<tr>
<td>8</td>
<td>Shotha</td>
<td>10 (50 %)</td>
<td>3 (15 %)</td>
<td>11 (55 %)</td>
<td>9 (45 %)</td>
<td>0.082</td>
</tr>
</tbody>
</table>

BT: Before treatment, AT: After treatment

Table 3: Total effect of therapy in patients Group A and Group B

<table>
<thead>
<tr>
<th>Overall Improvement</th>
<th>Group A (n = 20)</th>
<th>Group B (n = 20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>%</td>
<td>Number</td>
</tr>
<tr>
<td>Completely Cured (100 %):</td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Maximum Improvement (75-99 %):</td>
<td>10</td>
<td>50.0</td>
</tr>
<tr>
<td>Moderate Improvement (51 – 75 %):</td>
<td>6</td>
<td>30.0</td>
</tr>
<tr>
<td>Mild Improvement (25-50 %):</td>
<td>4</td>
<td>20.0</td>
</tr>
<tr>
<td>No Change (Below 25 %):</td>
<td>0</td>
<td>0.0</td>
</tr>
</tbody>
</table>
DISCUSSION
Charaka said that vicharchika is kandu, pidaka, bahu srava, shyavavarna yukt. But surshruta mentioned kandu, shyavavarna, atiruja, and rooksha. The disease vicharchika to a greater extent resembles eczema/dermatitis. Therefore the eczematous dermatitis can be included in the study of vicharchika. Vicharchika can be correlated with eczema in the sequence with the symptoms kandu (Excessive itching), pidaka (Papules/Pustules/plaques/macule/Vesicles), vaivarunya (Erythema with discoloration/hypo, hyper pigmentation), srava (Discharge/Oozing), rooksha (Dry lesion/Thickened skin), raj (Thickening or lichenification of skin), ruja (Pain) and dha (Burning sensation).
The Arkapatra taila contains arkapatra swaras, haridra kalka and sarshapa taila and aragvadadi kwatha contains twelve drugs aragvada, dhataki, karnikar, arjun, sarja, palasha, kadamba, nimba, kutaja, khadira, marva and atarosha.
All these drugs are having kushtagna and kandugna properties. Their action is mainly on skin and skin disorders. All ingredients are having gunas (qualities) like laghu, rooksha. Rasas like katu, tikta and some are kashaya, katu vipaka and ushna vireya. Sarshapa and kadambha have got vedanastapana guna, nimba act as krimigna, palasha act as Rakta shodhaka. Arkapatra taila prepared with sarahapa taila as base, when mixed with kushtagna dravyas it supports the kushtagna dravyas in their action on disease.
The symptom kandu, after the treatment the improvement was better clinically i.e. 45 % in Group A than Group B. Better clinical outcome of Group A may be due to kaphavata hara property of arkapatra taila and kushtagna, krimigna, deepana etc. properties of aragvadadi kwatha.
In dha, the improvement was better i.e. 25 % in Group A than Group B. Better clinical outcome of Group A may be due to kapha and pitta shama of aragvadadi kwatha.
In ruja, the improvement was better i.e. 25 % in Group A than Group B. Better clinical outcome of Group A may be due to vatahara and vedanastapana guna of aragvadadi kwatha.
In pidaka the improvement was better i.e. 35 % in Group A than Group B. Better clinical outcome of Group A may be due to vatakapha hara, lekhana, kustagna guna of arkapatra taila and mridu virechaka guna of aragvadadi kwatha.
In srava, the improvement was better i.e. 35 % in Group A than Group B. Better clinical outcome of Group A may be due to vatapitta hara, kandugna, kushtagna, guna of aragvadadi kwatha and reehaka guna of arkapatra taila.
In vaivarunya, the improvement was better i.e. 40 % in Group A than Group B. Clinical outcome of Group A may be due to kandugna, kushtagna, of trail drugs.
In twak rookshata, the improvement was better i.e. 45 % in Group A than Group B. Clinical outcome of Group A may be due to lekhana, kaphavata hara of arkapatra taila.
In shlotha, the improvement was better i.e. 25 % in Group A than Group B. Clinical outcome of Group A may be due to rechaka of aragvadadi and lekhana guna of arkapatra taila.

CONCLUSION
Vicharchika is a clinical entity categorized under kshudra kushtha, kshudra roga, sadhya kushtha and on the basis of its etiology, signs and symptoms it can be correlated with disease Eczema. Vicharchika is a kaphapitta pradhana tridoshaja vyadhi. Statistical analysis of the data obtained leads to the conclusion that arkapatra taila and aragvadadi kwatha along with pathya ahara and vihara is highly effective in vicharchika. It can also be concluded that pathya ahara and vihara (Group- B) alone doesn’t produce results comparable to pathya ahara vihara along with arkapatra taila and aragvadadi kwatha (Group-A). It can therefore be concluded that ‘arkapatra taila and aragvadadi kwatha along with pathya ahara and vihara has a significant effect in the treatment of vicharchika.

Scope for further research
The present study has shown interesting results. It is recommended that the study should be carried out on large number of patients to confirm the findings on a wider scale. As eczema is an atopic disease and further research can be carried out to analyze the immune modulator effect.

REFERENCES

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