



Research Article

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

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ABSTRACT

Vicharchika is mentioned in classical text of Ayurveda as one among kushtha. All kushthas have tridoshaja 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 Bhaishajya rathanavalli 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 pathya ahara and vihara. Maximum improvement was found in 10 patients (50 %) in group A and 0 patients (0 %) in group B. Moderate improvement was in 6 patients (30 %) in group A and 4 patients (20 %) in group B. Mild improvement was in 4 patients (20 %) in group A and 7 (35 %) patients in group B. In group A 0 (0 %) and in group B 9 (45 %) patients were with no change. It was concluded that arkapatra taila and aragvadadi kwatha along with pathya ahara and vihara has a significant effect in the treatment of vicharchika.

Keywords: Vicharchika, Eczema, Arkapatra taila, Aragvadadi Kwatha

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 the kushtha (Skin disorder). All kushthas have a tridoshaja origin² hence vicharchika can be assumed in same way i.e. kapha being responsible for Kandu (itching), pitta responsible for srava (Discharge) and shyava (Discoloration) indicate the presence of vata. Despite its tridosha origin various acharyas have mentioned different dominancy in vicharchika i.e. kapha³, pitta⁴ and vata-pitta pradhana⁵. As per the symptomatology and pathogenesis, vicharchika has been directly correlated with eczema (dermatitis) in modern science. Sharangadhara mentioned arkapatra (*Calotropis procera*) taila⁶ (for external application) and Bhaishajya rathanavalli mentioned aragvadadi (*Cassia fistula*), kwatha⁷ (internally) in the treatment of vicharchika. An effort is being made in the present study to know the efficacy of arkapatra taila and aragvadadi kwatha.

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 skin⁸.

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.

Assessment 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 (shyavata/rakta), 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

Scoring criteria

0- Absent 1- Present. Scoring was given before and after the treatment.

Composition of test drug

Arkapatra taila

Arka (*Calotropis procera*), Haridra (*Curcuma longa*), Sarshapa taila (*Brassica campestris*)

Aragvadadi kwatha

Aragvadha (*Cassia fistula*), Dhataki (*Woodfordia fruticosa*), Karnikar (*Nerium indicum*), Arjuna

(*Terminalia arjuna*), Sarja (*Vateria indica*), Palasha (*Butea monosperma*), Kadamaba (*Anthocephalus indicus*), Nimba (*Azardirachta indica*), Kutaja (*Holarrhena antidysentrica*), Khadira (*Acacia catechu*), Murva (*Marsedenia tenacissiam*) and Ataroosh (*Adhatoda vasika*)⁹.

Study Design

Depicted in Table 1.

Sample size

A Minimum of 40 patients; 20 patients in each group selected for the present study.

Posology

Arkapatra taila for external application and argvadadi kwatha internally 25 ml two times a day.

Durations of the Study

45 Days and follow up after completion of the treatment

RESULT

Total 40 patients were registered for the study and they were randomly distributed in 2 groups. Results of the patients before and after treatment is cited in Table 2.

Total Effect of Therapy

None of the patient was found with complete remission in both the groups. Maximum improvement was found in 10 patients (50 %) in group A and none of the patients (0 %) in group B. Moderate improvement was found in 6 patients (30 %) in group A and 4 patients (20 %) in group B. Mild improvement was found in 4 patients (20 %) in group A and 7 (35 %) patients in group B. In group A 0 patients (0 %) and in group B 9 patients (45 %) were with no change.

Table 1: Study Design

Group	Method	Duration
A	Aragvadadi Kwath and Arkapatra Taila along with Pathya Ahara and Vihara	45 Days
B	Only on Pathya Ahara and Vihara.	45 Days

Table 2: Result of laxanas before and after treatment

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

BT: Before treatment, AT: After treatment

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

Overall Improvement	Group A (n = 20)		Group B (n = 20)	
	Number	%	Number	%
Completely Cured (100 %):	0	0.0	0	0.0
Maximum Improvement (75-99 %):	10	50.0	0	0.0
Moderate Improvement (51 – 75 %):	6	30.0	4	20.0
Mild Improvement (25-50 %):	4	20.0	7	35.0
No Change (Below 25 %):	0	0.0	9	45.0

DISCUSSION

Charaka said that vicharchika is kandu, pidaka, bahu srava, shyavavarna yukta. But sushruta 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), vaivarnya (Erythema with discoloration/hypo, hyper pigmentation), srava (Discharge/Oozing), rooksha (Dry lesion/Thickened skin), raji (Thickening or lichenification of skin), ruja (Pain) and daha (Burning sensation).

The Arkapatra taila contains arkapatra swarasa, haridra kalka and sarshapa taila and aragvadadi kwatha contains twelve drugs aragvada, dhataki, karnikar, arjuna, sarja, palasha, kadamba, nimba, kutaja, khadira, murva and ataroosha.

All these drugs are having kushthagna and kandugna properties. Their action is mainly on skin and skin disorders. All ingredients are having common gunas (qualities) like laghu, rooksha. Rasas like katu, tikta and some are kashaya, katu vipaka and ushna virya. Sarshapa and kadambha have got vedanasthapaka guna, nimba act as krimigna, palasha act as Rakta shodhaka. Arkapatra taila prepared with sarahapa taila as base, when mixed with kushthagna dravyas it supports the kushthagna 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 kandugna, krimigna, deepana etc. properties of aragvadadi kwatha.

In daha, the improvement was better i.e. 25 % in Group A than Group B. Better clinical outcome may be due to kapha and pitta shamaka 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, lekha, 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, kushthagna, guna of aragvadadi kwatha and rechaka guna of arkapatra taila.

In vaivarnya, the improvement was better i.e. 40 % in Group A than Group B. Clinical outcome of Group A may be due to kandugna, kushthagna, 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 lekha, kaphavata hara of arkapatra taila.

In shotha, 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 lekha 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

1. Ronald Marks and AC Roxburgh. Roxburgh's Common Skin Diseases, By Arnold Publishers, 17th edition; 2003. p. 105.
2. Kasinath Shastri: charakasamhita, revised by chraka and Drdhabla with the Ayurveda Dipika commentary of Chakrapanidatta and with Vidyotini Hindi commentary by Chaukambha Sanskrit Sansthana; Varanasi; edited by Dr Gangasahay Pandey. A.M.S Eighth Edition; Part II, Chapter 7, Shloka 31; 2004. p. 203.
3. Kasinath Shastri: charakasamhita, revised by chraka and Drdhabla with the Ayurveda Dipika commentary of Chakrapanidatta and with Vidyotini Hindi commentary by Chaukambha Sanskrit Sansthana; Varanasi; edited by Dr Gangasahay Pandey. A.M.S Eighth Edition; Part II, Chapter 7, Shloka 30; 2004. p. 203.
4. Jadvaji Trikamji Achary: Sushruta Samitha with the Nibanda Sangraha commentary Pub: Chaukambha Oriental; Varanasi. Chapter 5, Shloka 16; p. 262.
5. Brahmanada Tripati: Madhava Nidana with madhukosha commentary, Edited with vimala madhudhara Hindi commentary, Vol. II, Pub: Chaukamba Surbharati Prakashan; Varanasi; Chapter 49, shloka 35; p. 213.
6. Parashurama Shastri Vidyasagar: Sharangadhara Samhitha with commentary Adhamalla's Dipika and Kashi Ramas Gudharatha Dipika Edited, Pub: Chaukambha Oriental Varanasi; 4th Edition, Chapter 9, Madyama Khanda, Shloka 147; 2000. p. 227.
7. Kavi Raj Govind Das Sen: Bhaishajaya Rathavali Edited with Siddhiparada Hindi Commentary by Prof Siddhi Nandan Mishara, First Edition Chaukamba Surbharati Prakashan; Varanasi; Chapter 58, Shloka 62-63; p. 866.
8. Siddarth N Shah. API Text book of medicine, 7th Edition Section XXI Dermatology. Mumbai: Association of Physicians of India; 2003.
9. PV Sharma, Dravya Guna Vignana 2nd part Chaukambha Sanskrita Samsthana, Varansi, 4th edition; 1978.

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