RESEARCH ARTICLE

MANAGEMENT OF VICHARCHIKA-A CLINICAL STUDY

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ARTICLE INFO	ABSTRACT
	Vicharchika is one of the most commonly encountered skin diseases all over the world. As per the symptamatology and pathogenesis. *Vicharchika* has been directly co-related with eczema in modern science i.e *Atikandu* (Excessive itching), *Shyaya* (Erythema with discoloration), *Raji* (Thickening, lichenification of skin), *Ruja* (Pain), *Ruksha* (Dry lesion) etc. *Vicharchiuka* is explained as *Kshudra Kustha*, *Kshudra Kustha Roga* by *Acharya Sushruta*. It is characterized by *Kandu*, *Rekha*, *Ruja* and *Rukshata* on the affected lesion. Though, *Shamana* and *Shodhana Chikitsa* are mentioned for it by various *Acharyas* but in the present study role of *Shamana Aushadhis* in the form of *Taila* application is undertaken. *Arka Taila* is explained by *Yogaratnakara* as an effective *Chikitsa*, while *Chakradatta* explained *Durvadya Taila* as external application for *Vicharchika*. It has ingredient which act on *Twacha vikaras*. Hence both formulations are worth tested for their efficacy in the management of *Vicharchika*. They are safe and economical and suitable for the fast life while people have no time for the *Shodhana chikitsa*. Present work was undertaken to study the effect of *Arka taila* and *Durvadya taila* in the form of external application ie. *Shaman* therapy in the management of *vicharchika*.

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INTRODUCTION

Nature is always favorable for all live being, but modernization of life style of man has changed the rules of nature. In fact there has been a drastic change in this day today activities including life style, food style, habits, medical therapies, environment pollution, industrial and occupational hazards. Although India is a developing country 80% of population live their life in rural areas. Due to lack of education, less neglected health consciousness, most of the people are unaware of proper hygiene skin disease. *Vicharchika* is very old disease mentioned in ancient science under the *Kustha*. *Vicharchika* categorized in different way i.e *Kshudra Kustha*, *Kshudra Roga* and *Sadhya Kustha*. All *Kusthas* are *Tridoshaja* in origin. So *Vicharchika* be said in same way. Now a day modern medical science reach top by great advance in dermatology as availability of powerful antibiotic, antihistamics, and steroids but assured management is still awaited. Many more drugs are available for treatment but limit to systematic relief only and have numerous side effects also. *Ayurvedic* classics recommend *Shodhana* therapy for *Kustha* and can be applied to *Vicharchika* as it is a subtype of the same. *Shodhana* in combination with *Shaman*

Aushadhis naturally uproots the disease, but the undertaken study is to assess the role of *Shaman Aushadhis* and in the form of externally applicable formulations. In the treatment of *Vicharchika Yogaratnakara* has mentioned *Arka Taila* as external application to be effective on the other hand *Chakradatta* has mentioned *Durvadya taila* for external application. These treatments are simple and convenient to patients. So the present study is undertaken to compare the efficacy of *Arka taila* and *Durvadya taila* in the management of *Vicharchika*.

OBJECTIVES

⌡ To study the *Nidana Panchaka* of *Vicharchika*
⌡ To evaluate the efficacy of *Arka Taila*, *Durvadi Taila* in the management of *Vicharchika*.
⌡ To compare the efficacy of *Arka Taila Durvadi Taila* in the management of *Vicharchika*.

MATERIALS AND METHODS

A). Drugs

⌡ *Arka Taila*
⌡ *Durvadya Taila* – Both external applications.

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B). Instruments

- Measuring tape
- Sterilized cotton swab
- Magnifying lens

PATIENTS OF *VICHARCHIKA*

A. Drug- *Arka Taila* and *Durvadya Taila* are prepared as per the classical reference at *Pavamana* pharmaceuticals, *Bijapur-* 586101

B). Instruments- Sterilized cotton swab is purchased from *Suprabhata* pharmaceuticals, *Bijapur.*

PREPARATION OF MEDICINE

Arka Taila- The ingredients of Arka[1] *taila* are *Arka patra* swarasa-50 litrs,, *Haridra Kanda*[2] -05 kg, and *Sarshapa* [3]Taila- 05, The *Arka Taila* was prepared as per *Taila Paka Vidhi* as explained in classics. *Arka patra* made into *Swarasa*, *Haridra* made into *Kalka* are mixed in *Sarshapa Taila*, kept on fire and cooked. When the *Samyak Paka Lakshanas* are observed, the prepared oil is collected and filtered.

Durvadya taila- The ingredients of *Durvadya taila* are *Durva Swarasa*[4] - 50 litrs, *Tila*[5] *Taila* 05 litrs. The *Durva* made into *Kwatha* and mixed into *Tila Taila*, kept on mild fire and cooked. When the *Samyak pakalakshnas* are observed the prepared oil is collected after filtering.

METHODS

The patients with *Vicharchika* within the age group of 17-70 yrs were selected randomly from O.P.D and I.P.D of Dr. BNME trust's Shri Mallikarjun Swamiji post graduate and research centre, Bijapur and camps conducted in the city of Bijapur by the institute irrespective of their sex, occupation and socio-economic status. The size of sample was 30 excluding the drop outs. The present study is a comparative study where in patients were assigned in to two groups viz; Group-A, and Group-B respectively, grouping was made by Random sampling procedure.

Source of Data

Clinical Data- The clinical data was obtained from the patients enrolled for the clinical study.

Inclusive criteria

- Patients presenting with classical and cardinal signs and symptoms of *Vicharchika* as explained in S*ushruta samhita.*
- Patients in between age group 17-70yrs.
- Patients of either sex.

Exclusive criteria

- Patients presenting with *Vicharchika*, that is associated with any other diseases.
- Patients suffering from other type of *Kustha.*
- The patients presenting with *Sravayukta Vicharchika.*

Sampling methods: Randomly selected patients from opd and ipd of Dr. BNME trust's *Shri Mallikarjun Swamiji* post graduate and research centre, *Bijapur* was allocated in group A and B by random sampling method.

Interventions

Group A- Sample size- 15

Drug – *Arka Taila*
Method- External application on the affected area
Kala- Morning and Evening
Duration-6 weeks
Follow up - once in 15 days.

Group B- Sample Size -15 patients

Drug- *Durvadya Taila*
Method- External application on the affected area
Kala- Morning and Evening
Duration- 6 Weeks
Follow up- once in 15 days.

After completion of treatment, follow up will be taken after one month.

ASSESSMENT OF VARIABLES:

Clinical assessment was made for the severity of the disease and for the clinical improvement regarding for the severity of individual symptoms assessment was framed as follows. *Rekha-* Absent-1, Superficial cracking of skin-2, Deep cracking with redness-3, Deep cracking with bleeding-4. *Kandu-* Absent-1, Mild kandu, with no locally symptoms after scratching-2 ,Moderate kandu with redness around lesion after scratching-3, Severe *Kandu* with localized oozing after scratching-4.

- *Ruja-* Absent-1, Present-2
- *Rukshata-* Absent-1, Present-2.

ASSIGNMENT ON CLINICAL IMPROVEMENT

Clinical improvement of the disease was based on improvement in the clinical findings and reduction on the severity of the symptoms of the disease grading for the clinical improvement for individual variables.

Grading for the clinical improvement for individual variables

- **CI-III:** Excellent i.e 3 degree reduction in the severity score, against the initial score i.e. severe-normal.
- **CI-II:** Good i.e 2 degree reduction in the severity score, against initial score, i.e reduction from moderate-normal , severe –mild
- **CI- I:** Encouraging i.e I degree reduction in the severity score, against initiual score, i.e. reduction from mild-normal. Modereate-mild and severe-moderate.
- **CS:** Clinically stable i.e severity score remains as against the initial score.
- **CD:** Clinically deteriorated i.e increase in severity score against the initial score.

Statistically analysis- The data were collected from both group before, during and after treatment and at the end of follow up and statistically analyzed by using students 't' test in consultation with the biostatistician.

Observation and Results

The observation for the present study was done in three stages;

⟩ Generalized observation for overall patients.
⟩ Observation for individual group
⟩ Result related observation for individual groups.

Generalized observation

According to age- In the present study it was observed that 6 patients were of 17-27 yrs(20%), 9 patients were of 28-37 yrs(30%) 6(20%) patients were of 38-47 yrs of age, 2(6.66%) patients was 48-57 yrs of age and 7(23.33%) patients were of 58-7- yrs of age.

According to sex: Majority of male patients were observed during the study i.e 21(70%) and female patients were 9(30%). **According to religion-** Majority of patients were Hindu i.e 28 patients (93.33%) and Muslim were a patients (6.66%).

According to education: In the present study majority of patients were graduates i.e 11 patients (36.66%), 4 patients(13.33%) had high school education, 5 patients(16.66%) had primary school education and 10 patients were uneducated(33.33%).

According to socio-economic status: Majority of patients were from middle class i.e 15 patients (50%), 10(33.3%) from poor class and 5(16.66%) patients of upper middle class.

According to marital status: In the present study majority of patients were married i.e 25 patients (83.33%) and unmarried were 5 patients (16.66%).

According to occupation: The patients from various were registered for the present study among them majority were workers, 6 patients(20%), students were 5(16.66), housewives were 4(13.33%) patients, businessmen patients were 3(10%), farmer patients were 5(16.66%), job holder patients were 5(16.66), Chemist was 1(3.33%) and peon was 1(3.33%).

According to diet: Among the patients registered for the study vegetarians were 18 patients i.e 60% and those who took mixed diet were 12 patients i.e 40%.

According to vyasana: In the present study 10 patients(33.33%) of the patients had the habit of excessive consumption of tea or coffee, 2 patients(16.566%) had gutka, chewers, 4(13.33) had cigar smokers, 4(13.33%) had alcoholic, 3(10%) had tobacco chewers 7 patients(23.33%)had no habits.

According to Prakruti: Majority of the observed cases were *Vata*, *Pittaja*, *Prakruti* 14 patients(46.66%) *vata-kaphaja prakruti* patients were 9 patients(30%) and remaining were *pitta kaphaja* 7 patients(23.33%) *prakriti* patients.

According to Agni Pariksha: In the present study out of 30 patients, 5 patients (16.66%) were having the *Mandagni*, 9(30%) patients were *Vishamagni*, 12(40%) patients were *Teekshnagni* and 4(13.33%) patients were having *Samagni*.

According to Kostha: In the present study out of 30 patients 5(16.66) were having *Madhyama kostha*, 13(43.33%) were having *krura* and 12(40%) patients were having the *Mrudu Kostha*.

According to kula: In the present study 5(16.66%) patients had *Kula Vruttanta* of *Vicharchika* and 25(83.33%) patients had no *Kula Vruttanta* of *Vicharchika*.

According to the duration of Vyadhi: In the present study the duration of disease was one month in 6(20%) patients 20 months in 5(16.66%) patients, 6 months in 9 patients (30%), 1 year in 3(10%) patients, 2 year in 3(10%) patients, 3 year in 3(6.66%) patients, 4 year in 1(3.33) patients, 6 year in 1(3.33%) patients.

According to presence of Ruja: In the present study 29(96.66%) patients having symptoms of *Ruja* while 1(3.33%) was not having symptom of *Ruja*.

According to presence of Rukshata: In the present study it was observed that all 30(100%) patients were having rukshata symptoms.

According to presence of Rekha before treatment: In the present study it was observed that no patients were having grade 1, 18 patients (60%) were having grade 2, 11 patients (36.66%) were having grade 3, were having 1 patients (3.33%) has been observed as grade 4 before the treatment.

According to presence of Rekha after treatment- In the present study it was observed that 14 patients (46.66%) were having grade 1, 14 patients(46.66%) were having grade 2, 2 patients (6.66%) were having grade 3 and none of the patients were seen as grade 4 after treatment.

According to presence of Rekha after follow up: In the present study it was observed that 8 patients(26.66) were having grade 1, 18 patients (60%) were having grade 2, 4 patients(13.33%) were having grade 3 while no patients were observed as grade 4 after the follow up.

According to presence of Kandu before treatment: In the present study it was observed that none of the patients were having 1, 19 patients (63.33%) were 2, 10 patients (33.33%) were having grade 3, while 1 patient(3.33%) was having grade 4 before treatment.

According to presence of Kandu after treatment: In the present study it was observed that 16 patients(53.33%) were having grade 1, 14 patients(46.66%) were having grade 2, while none of the patients were seen as grade 3, and grade 4, after the treatment.

According to presence of Kandu after follow up: In the present study it was observed that 7 patients(23.33) were having grade1, 19 patients(63.33%) were having 2, 4 patients (13.33) were having grade 3while none of the patients were seen grade 4 after follow up.

According to site of lesion: Among the registered patients most of them had the *Vicharchika* on lower limb i.e 14 patients (46.66%), 9 patients(30%) had *Vicharchika* on neck and 7 patients(23.3%) had *Vicharchika* on upper limb.

According to shape of lesion: In the present study out of 30 patients, 9(30%) patients were having discoid round like lesion, 7 (23.33%) patients were having circinate or circular also 7(23.33%) patients were having grouped lesion, 1(3.33%) patient having annular like lesion, 3(10%) patients were having uyrate wave like lesion, 3(10%) patients were having arcurate curved like lesion.

According to color of lesion: In the present study it was observed that 7(23.33%) patients were having white color lesion, 2(6.66%) patients were having reddish white while 21(70%) patients were having black color lesion.

OBSERVATION FOR INDIVIDUAL GROUP AFTER TREATMENT

Group-A

- **Excellent –** None of the patient showed excellent at the end of the treatment
- **Good-** 2(13.33%) *Kandu* patients showed good response.
- **Encouraging-** 12(80%) *Rekha*, 10(66.66%) *Kandu*, showed encouraging result.
- **Stable-** 1(20%) *Rekha*, 3(20%) *Kandu* showed no response.
- **Deteriorate-** None of the patient showed deterioration in the condition. Out of 15 patients, all patients had *Rekha* and *Kandu*.

Group-B

- **Excellent-** None of the patient showed excellent response at all end of the treatment.
- **Good-** 2(13.33%) *Kandu*, patients showed good response.
- **Encouraging-** 13(86.66%) *Rekha* 10(66.66%) *Kandu* showed encouraging response
- **Stable-** 2(13.33%) *Rekha*, 3(20%) *Kandu* showed no response.
- **Deteriorate-** None of the patient showed deterioration in the condition. Out of 15 patients, all patients had *Kandu* and *Rekha*.

OBSERVATION OF PATIENTS FOR INDIVIDUAL GROUP AFTER FOLLOW UP

Group-A

- **Excellent-** None of the patient showed excellent response after follow up.
- **Good-** None of the patient showed good response after follow up.
- **Encouraging-** 7(46.6650 *Rekha*, 7(46.66%) *Kandu* showed encouraging response.
- **Stable-** 8(53.33%) *Rekha*, 8(53.33%) *Kandu* showed no response.
- **Deteriorate-** None of the patients showed deterioration in the condition. Out of 15 patients all patients had *Rekha* and *Kandu*.

Group-B

- **Excellent-** None of the patient showed excellent response after follow up.
- **Good-** 1(6.66%) *Rekha*, Patient showed good response.
- **Encouraging-** 8(53.33%) *Rekha*, 8(53.33) *Kandu* showed encouraging response.
- **Stable-** 6(40%) *Rekha*, 7(46.66%) *Kandu* showed no response
- **Deteriorate**- None of the patient showed deterioration in the condition. Out of 15 patients all patients had *Rekha Kandu*, symptoms.

OBSERVATION FOR INDIVIDUAL GROUP AFTER TREATMENT BASED ON OBSERVATIONAL CRITERIA

Group-A

Ruja, Ruksha

- **Complete reduction in the individual symptom**- 10(71.42%) patients for *Ruja*, 6(40%) patients for *Rukshata* had shown complete reduction after treatment.
- **Slight reduction in the individual symptom**- 4(28.57) patient for *Ruja*, 5(33.33%) patients for *Rukshata* shown slight reduction after treatment.
- **Stable no change in the individual symptom**- 4(26.66%) patients for *Rukshata* had no response after treatment.
- Out if 15 patients, 1 patient had no complaint of *Ruja*.

Group –B

Ruja, Rukshata

- **Complete reduction in the individual symptom**- 7(50%) patients for *Ruja* , 9(60%) patients for *Rukshata* had shown complete reduction after treatment.
- Slight reduction in the individual symptoms- 5(35.71%) patients for *Ruja*, 4(26.66%) patients for *Rukshata* shown slight reduction after treatment.
- Stable no change in the individual symptom- 2(14.28%) patients for *Ruja* 2(13.33%) patients for *Rukshata* had shown stable after treatment.
- Out of 15 patients, 1 patient had no complaint of *Ruja*.

Observation for individual group after follow up based on observational criteria

Group- A

Ruja, Rukshata

- **Complete reduction in the individual system**- 9(64.28%) patients for *Ruja* 5(33.33%) patients for *Rukshata* had shown complete reductions of the symptoms at the end of the follow up.
- Slight reduction in the individual symptoms- 3(20%) patients for *Ruja*, 2(13.33%) patients for *Rukshata* had shown slight reduction of symptom at the end of follow up.

- Stable no change in the individual system- 2(14.28%) patients for *Ruja* 8(53.33) patients for *Rukshata* had shown no change in the individual symptom at the end of follow up.
- Out of 15 patients, 1 patient had no complaint of Ruja.

Group-B

Ruja, Rukshata

- Complete reduction in the individual symptom- 9(60%) patients for *Ruja* 4(26.66%) patients for *Rukshata* had shown complete reduction in the individual symptom after the follow up.
- Slight reduction in the individual symptom- 3(21.42%) patients for *Ruja*, 4(26.66) patients for *Rukshata* had shown slight reduction in the individual symptoms after the follow up.
- Stable no change in the individual symptom- 2(14.28%) patients for *Ruja*, 7(46.66%) patients for *Rukshata* had shown slight reduction after the follow up.
- Out of 15 patients, 1 patient had no complaint of *Ruja*.

CONCLUSION

The *Aharaja Viharaja* and *Kulaja Nidanas* are main factors which are contributing for the manifestation of *Vicharchika*. *Sushka Vicharchika* is a disease which manifests due to predominance of *Pitta Dosha*.

The people who are having *Vata-Pitta* and *Pitta-Kaphaja Prakruti* are more prone to be affected by *Vicharchika*. *Stanika Kandu* and *Ruja* in *Ardra Avastha* can be considered as *Purvarupa* of *Vicharchika*. Efficacy of *Arka Taila* has found encountering effect in the management of *Vicharchika*. Efficacy of *Arka Taila* has found encouraging effect in the management of *Vicharchika*. *Durvadya Taila* has also found its efficacy in the management of *Vicharchika* but may need therapeutic duration to relieve completely. In comparison with *Arka Taila* and *Durvadya Taila Arka Taila* has found more efficacious than *Durvadya Taila*. In comparison with etiology and symptamatology *Vicharchika* can be co-related with eczema. As *Vicharchika* is *Kshudra Kustha* it can be managed by *Shaman Chikitsa*.

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