



# “A RANDOMIZED COMPARITIVE CLINICAL STUDY TO EVALUATE THE EFFICACY OF ATARUSHADI KWATHA AND DURVADYA TAILA IN THE MANAGEMENT OF VICHARCHIKA”

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## Abstract :

### Introduction:

In present era, modernisation in life style has taken a toll on person's body and mind resulting in anxiety associated with stress. Along with hectic unhealthy schedules, sophistication and indiscriminate dietary habits have a strong influence over human skin, leading to various diseases of skin. One among them is 'Vicharchika'.

One among *Kshudra Kustha*, Characterised by *Kandu*, *Pidaka*, *Syavavarna*, *Bahusrava*, *Rukshata*. The clinical presentation of *Vicharchika* is similar to Eczema/Dermatitis. The formulations are selected as to break the *Samprapti* and aids in controlling, providing simple, easy, safe, effective formulation.

### Methods:

Clinically diagnosed patient presented with complaints of *Vicharchika* who fulfilled inclusion criteria were selected from the OPD IPD and of its associated Hospital of ALNRMAMAC Koppa. The aim of present study was to find out the efficacy of *Atarushadi Kwatha* and *Durvadya Taila* in management of *Vicharchika*. In present study 60 patients were taken divided into two Groups, **In Group A;** 30 Patients - oral administration of *Atarushadi Kwatha* 50ml twice daily before food, With *Durvadya Taila* as local application

**In Group B;** 30 Patients - oral administration of *Atarushadi Kwatha* 50ml twice daily before food. The patient were selected on criteria of inclusion parameters considered were irrespective of age, sex, religion occupation etc simple random technique was followed. Response to the treatment in the recruited patient

was recorded on 15 days of follow up and on the 30<sup>th</sup> day. After conducting the clinical trial on 60 patients, Observation and results were obtained.

### **Results:**

After obtaining all the necessary data, the results were formulated by applying suitable statistical Analysis shows that both groups were statistically significant in reducing the symptoms.

### **Discussion:**

At the end of 30 days, the results were collected and statistically analyzed. It was found that Group A showed better result compared to Group B in controlling and Significant management of signs and symptoms. It was concluded that *Atarushadi Kwatha* (Internally) with *Durvadya Taila* (Externally) has better effect than only the *Atarushadi Kwatha* (Internally) both clinically and statistically in reducing the symptoms of *Vicharchika*.

### **IndexTerms:**

*Vicharchika*; Eczema; *Atarushadi Kwatha*; *Durvadya Taila*; *Kandu*; *Pidaka*; *Shyavavarna*; *Bahusrava*; *Rukshata*; EASI Score.

## **I. INTRODUCTION**

Skin is one of the *Gyanindriyas*, as described in Classics. It is the first and largest organ of the body, Making up 16% of the body weight it protects the body from the external factors and keeps the internal organ intact <sup>1</sup>. It is responsible for *Sparsha Gyana* or touch sensation, therefore it plays a great role in Physical and Mental well being of an individual. Function is protection thermo regulation, synthesis of vitamin D, provide substratum of nerve endings which help in sensory perception and effective barrier against the entry of diseases. According to *Ayurvedic* classics, the word “*Kustha*” represents all the skin disorders. According to *Tridosha* therapy of *Ayurveda* unhygienic and irregular dieting affects All the skin disease in *Ayurveda* have been described under the heading of *Kustha*, one among the *Athamahagada* <sup>2</sup>, which are further divided into *Maha Kustha* and *Kshurda Kustha*. *Vicharchika* is one of the *Kshudra Kustha*. *Vicharchika* is stated to be *Tridoshaja* with dominance of *Vata Kapha dosha*. *Acharya Charaka* *Vicharchika* is defined as ‘*Sa kandu pidaka shyava bahu srava Vicharchika*<sup>9</sup>. *Vicharchika* is characterised by *Kandu*<sup>4,5</sup>(itching), *Pidaka*<sup>4,5</sup>(papules), *Syavavarna*<sup>4,5</sup>(erythematicdiscolorations), *Bahusrava*<sup>4,5</sup>(oozing), *Raji*<sup>6</sup>(fissure), *Arati* <sup>6</sup>(pain), *Ruksha*<sup>6</sup> (dryness). *Vicharchika* has been simulated with Eczema /Dermatitis, It is a disease which is resultant of delayed type hypersensitivity mediated by memory T lymphocytes in the skin and the clinical lesions maybe acute (wet and oedematous) or chronic (dry, thickened and scaly). The manifestation of eczema occurs in skin where in the sensitivity of the local cells are disturbed.

**Incidence of *Vicharchika*** – It affects 15-20% of population. One in the 5 children and one in 10 Adults are affected. Each year up to 17 % of adults and 22.6% of children were diagnosed with eczema from 20th century AD<sup>7</sup>. Further, *Ayurveda* emphasizes on managing the area of the *Vyakta Sthana* (place of the lesion) therefore comparative clinical Study is done with *Atarushadi Kwatha*<sup>8</sup> mentioned in *Bhaishajya Ratnavali* which is having drugs comprising of *Kusthagna* property, advised for internal administration. *Durvadya taila*<sup>9</sup> mentioned in *Chakradatta* is selected for external application on affected areas in group A

and only internal administration of *kwatha* in Group B is carried out to check the efficacy of both the medicine.

### Objectives:

1. To evaluate the efficacy of *Atarushadi Kwatha* in the management of *Vicharchika*
2. To evaluate the efficacy of *Atarushadi Kwatha* with *Durvadya Taila* in the management of *Vicharchika*.
3. To evaluate the efficacy of *Atarushadi Kwatha* without *Durvadya Taila* in the management of *Vicharchika*.

### Hypothesis:

**H0:** *Atarushadi Kwatha* and *DurvadyaTaila* both have no effect in *Vicharchika*.

**H1:** *Atarushadi Kwatha* with *Durvadya Taila* is more effective in *Vicharchika*.

**H2:** *Atarushadi Kwatha* alone is more effective in *Vicharchika*.

### Materials and Methods:

References of *Vicharchika*, *Atarushadi Kwatha* and *Durvadya Taila* were referred from all available classical Ayurvedic Literatures, references from Published Journals, Websites were collected and referred.

### Source of Drug and Method of Preparation:

Pharmaceutical Source –

The formulation *Atarushadi Kwatha and Durvadya Taila* was prepared in the pharmacy attached to ALNRMAMC Koppa using standard method of preparation mentioned as per *Kashaya Kalpana*<sup>10</sup> and *Taila Kalpana*<sup>11</sup> in AFI guidelines. The prepared drug was pharmaceutically analysed and standardized .

Table no :1 *Atarushadi kwatha*

Sl no	Drugs	Part Used	Qunatity
1	<i>Vasa</i>	Leaves	1 Part
2	<i>Guduchi</i>	Stem	1 Part
3	<i>Bakuchi</i>	Seeds	1 Part
4	<i>Haritaki</i>	Seeds	1 Part
5	<i>Eranda</i>	Roots	1 Part

Table no :2 *Durvadya taila*

Sl no	Drugs	Part Used	Quantity
1	<i>Durva</i>	<i>Panchanga</i>	4
2	<i>Tila</i>	Seeds	1

### Method of collection of Data:

**1. Study design** Single blind randomised comparative clinical study

**2. Sampling Process**

**a. Sampling population** OPD and IPD of ALNRMAMC Koppa and its Branch hospital at QH Hospital Koppa, Chickmagalur Dist.

**b. Sample Size** 60 subjects (Excluding Dropouts)

c. **Sampling Technique** - Randomised allocation by Block Method.

d. **Duration of the study** -60 days

e. **Selection of the drug and Dose** – *Atarushadi Kwatha* 50ml -0-50ml Before food *Durvadya Taila* –  
Local Application

**Inclusion Criteria:**

1. Subject of either sex.
2. Subject within the age group 16-60 yrs
3. Subjects with clinical features of *Vicharchika* such as *Kandu*, *Pidaka*, *Syavavarna*, *Bahusrava* and *Rukshata* will be included.
4. Subjects with controlled systemic disorder such as DM, HTN, etc will be included.
5. Chronicity less than 1 year.
6. Subject who are willing to give written consent for the study.

**Exclusion Criteria:**

1. Subjects with infective skin lesions.
2. Subjects with uncontrolled systemic disorder such as Diabetes mellitus, Hypertension etc.
3. Pregnant and Lactating women.
4. Chronicity more than 1 year.
5. Subjects below age 16 years and above 60 years.
6. Subject not willing to give written consent for study.

**Methods for selection of patient:**

-Collection of primary data was done by “Direct Personal Interview Method”. A case Performa was prepared by seeing all the sign and symptoms of disease as per the Ayurveda and contemporary science.

-A detailed case history was taken and physical examinations were done the, clinical features of *Vicharchika* were diagnosed and included for the study.

-The subjects were included in the study based on inclusion criteria. Examination was done for subjective and objective parameters.

- Subjects were asked to read the norms of consent form, and were explained in the regional language and consent was taken from the patient with their own will. Further the randomisation was done and patients were allotted to particular group and based on the randomisation patient were given *Atarushadi Kwatha* (Internally) and *Durvadya Taila* (Externally) in Group A. *Atarushadi Kwatha* (Internally) In Group B

**Clinical method of administration**

-The subjects were given Bottle required for 15 days and advised for follow up and again 15 days medication was given.

-Quantity sufficient taila- 1 bottle was given to one patient. (100ml) for duration of 15 days , again after 15 days if required *taila* was given.

-Subjects were advised to apply oil before the bath and after bath for 2 times a day, for a period of 1 month (4 weeks), on the affected area.

**Parameters of Study:**

The assessment were done based on the parameters and presented in detail – *Kandu*, *Pidaka*, *Bahusrava*, *Shyavavarna*, *Rukshata*, and EASI Score.

**Diagnostic Criteria:**

Subjects were diagnosed based on *Pratyatmaka Lakshana's* (cardinal features) of *Vicharchika* mentioned in classics are *kandu*, *Pidaka*, *Syavyavarna*, *Bahusrava*, *Rukshata* these *lakshana's* were graded and assessed.

**Assessment Criteria:**

Effect of treatment was assessed on the basis of changes found in the gradation of the both individual and overall parameters according to their severity before, during and after treatment.

**Table No : 3 Assessment Criteria**

Sl. No	Parameters	G <sub>0</sub>	G <sub>1</sub>	G <sub>2</sub>	G <sub>3</sub>
1	<i>Kandu</i>	No Itching	Mild Itching	Moderate Itching	Severe Itching
2	<i>Pidaka</i>	No Eruptions	Scanty few eruptions on few lesions	Scanty Eruptions in 50 % of Lesions	Eruptions all over the lesions
3	<i>Shavyavarna</i>	Normal Skin Colour	Brownish red discolouration	Blackish red discolouration	Blackish discolouration
4	<i>Srava</i>	No Discharge	Mild /Little Moisture on the skin	Moderate Discharge after Scratching	Severe Discharge
5	<i>Rukshata</i>	No Dryness	Dryness with Rough Skin	Dryness with Scaling	Dryness with Cracking

**EASI [Eczema area and severity index]<sup>12</sup>****Eczema area**

**G<sub>0</sub>**- no active eczema in the region

**G<sub>1</sub>**-1-9% of skin is affected

**G<sub>2</sub>**-10-29% of skin is affected

**G<sub>3</sub>**- 30-49% of skin is affected

**G<sub>4</sub>**- 50-69% of skin is affected

**G<sub>5</sub>**-70-89% of skin is affected

**G<sub>6</sub>**- 90-100% the entire region is affected by eczema

**Table no:4 EASI Score**

% involvement	0	1-9%	10_29%	30-49%	50-69%	70-89%	90-100%
Region Score	0	1	2	3	4	5	6

**Table No :5 Severity Score**

Symptoms	Grading	Symptoms
Redness	G <sub>0</sub>	No redness
	G <sub>1</sub>	Mild redness
	G <sub>2</sub>	Moderate Redness
	G <sub>3</sub>	Severe Redness
Thickness /Papulations	G <sub>0</sub>	No Papulations
	G <sub>1</sub>	Mild
	G <sub>2</sub>	Moderate
	G <sub>3</sub>	Severe
Excoriations /Itching	G <sub>0</sub>	No itching
	G <sub>1</sub>	Mild
	G <sub>2</sub>	Moderate
	G <sub>3</sub>	Severe
Lichenification	G <sub>0</sub>	No Lichenification
	G <sub>1</sub>	Mild
	G <sub>2</sub>	Moderate
	G <sub>3</sub>	Severe

**Laboratory investigations:**

If required-CBC, ESR, AEC, RBS, PPBS, FBS

**Criteria for withdrawal:**

During the course of treatment trail, if any serious condition or any serious adverse events which requires urgent treatment or if any subjects themselves want to withdraw from the study, such subjects may be withdrawn from the trail.

**Statistical Method:**

The results for the subjective parameters, Statistical analysis by applying “Wilcoxon Signed Rank test” Was carried out for Assessment within the group and “Mann Whitney U” test was done for the Assessment between the groups . The results for Objective Parameters ‘Paired ‘t’ test was carried out for assessment

within the group and “unpaired test t test” was carried out for assessment between the groups for analysis for EASI Score.

**Table No: 6 Intervention**

Criteria		Group A	Group B
Sample Size		30	30
Medicine		<i>Atarushadi Kwatha</i>	<i>Atarushadi Kwatha</i> with <i>Durvadya Taila</i>
Dosage and time Intake		50ml twice a day (Before Food)	50ml twice a day (Before food) Local Application
<i>Anupana</i>		-	-
Duration		30Days	30 Days
Follow-up	During Treatment	1 st , 15 th , 30 th day	1 st , 15 th , 30 th day
	After Treatment	30 days After Treatment	30 days After Treatment

### Results:

A total of 63 Subjects were registered for the study, there were 3 drop outs. The results obtained were done by assessing the 60 subjects who have completed the study.

Within the Groups – “Wilcoxon Rank Sum Test”

Table No: 7 Effect of treatment in *Kandu*

		Mean	Z Value	P Value	Remarks
Group A	BT	1.97	-4.849	0.000<0.01	H.S
	AT	0.53			
Group B	BT	2.30	-4.818	000<0.01	H.S
	AT	1.13			

Table No: 8 Effect of treatment in *Pidaka*

		Mean	Z Value	P Value	Remarks
Group A	BT	0.7	-2.449	0.014<0.05	S
	AT	0.5			
Group B	BT	0.4	-2.236	0.025<0.05	S
	AT	0.3			

Table No:9 Effect of treatment of *Bahusrava*

		Mean	Z Value	P Value	Remarks
Group A	BT	1.1	-3.000	0.003<0.01	H.S
	AT	0.6			
Group B	BT	0.8	-2.828	0.002<0.01	H.S
	AT	0.5			

Table No:10 Effect of treatment of *Shavavarna*

		Mean	Z Value	P Value	Remarks
Group A	BT	0.70	-3.162	0.005<0.01	H.S
	AT	0.32			
Group B	BT	0.43	-2.449	0.014<0.05	S
	AT	0.23			

Table No: 11 Effect of treatment of *Rukshata*

		Mean	Z Value	P Value	Remarks
Group A	BT	0.70	-3.690	0.000<0.01	H.S
	AT	0.33			
Group B	BT	0.77	-3.162	0.005<0.01	H.s
	AT	0.57			

Table No: 12 Effect of Treatment of **EASI**

	N		Mean	S.D	S.E	t value	P Value	Remarks
Group A	30	BT	3.2022	2.46417	0.44989	0.000<0.01	0.000<0.01	H.S
		AT	1.3567					
Group B	30	BT	3.4400	1.26673	0.23127	0.005<0.01	0.000<0.01	H.s
		AT	1.6767					

Statistical analysis between the group for subjective parameters i.e. A & B after treatment, based on “Mann whitney U” test. Comparison of parameters between the groups after treatment

Table No: 13

Parameters	Mean Rank	Mann –whitney test			
	Group A	Group B	Z value	P Value	Remarks
<i>Kandu</i>	243.50	36.50	-2.845	0.004(P<0.01)	HS
<i>Pidaka</i>	27.85	33.15	-1.389	0.165(P>0.05)	NS
<i>Bahusrava</i>	36.47	24.53	-2.986	0.0217(P<0.05)	S
<i>Shava Varna</i>	28.30	32.70	-1.234	0.051(P>0.05)	NS
<i>Rukshata</i>	26.27	34.73	-2.230	0.026(P>0.05)	S

## In between the groups for EASI Score

Table No: 14 Unpaired t Test

Parameters	Mean Rank	Unpaired t test			
EASI	Group A	Group B	t Value	P value	Remarks
	1.6767	1.3657	-1.089	0.058( P > 0.05)	NS

## Overall Assessment of Subjective and Objective Parameters



Table No:15 Over all Assesment

Parameters	Mean % Change	
	Group A	Group B
<i>Kandu</i>	73%	50%
<i>Pidaka</i>	29%	25%
<i>Bahusrava</i>	45%	37.5%
<i>Shavavarna</i>	54%	47%
<i>Rukshata</i>	52%	26%
<b>EASI Score</b>	58%	51%

**Discussion:**

*Vicharchika* was observed to have its prevalence in middle age group, especially in male working population, it is mainly found in farmers, Labours, Students and among females mainly found in house wife and field workers, With gradual onset. With higher incidence were observed among uneducated people due to lack of education regarding hygiene, these were the main cause of the disease. In this study prevalence of disease was found more among the economically Poor and middle -class subjects, Disease was more prevalent in *Vata Kaphja prakruti* people; and in *Anupa desha* due to dominance of *kapha dosha* in this geographical area. In this study *Nidhana* which were predominantly been were *Viruddha Aharalike Ati-katu amla alavan Seevana*, Fast food fried items, Curd, *Tila*, *Guda* etc.

*Vihara divaswapna*, *Ratri jagarana*, *Sheeta ushna vyatayasa*, *Vegadharana* etc. *Manasika nidhana*-regularly for long duration of time with the vitiation of *tridosha* mainly *vata* and *Kapha dosha* leading to *Agnimandya* further '*rasena Saha Mishrabhavajataragni and dhatvagni mandhya* with involvement of *rasa vaha srotas vimargagamana*, with *Rakta* and *Twak dhatu* mainly involved. "*Rase api shleshma*" due to impaired *Agni* there will impair production of *rasa dhatu*. Consecutive *Dhatu* like *Rakta* will be hampered

simultaneously. Thus developed vitiated form of *Rasa dhatu* can act as onset for initiator in the manifestation of disease. As *Twak Rukshata* is due to *Rasa Kshaya* said by *Acharya's* can be correlated in this study. Similarly *Rakta* is responsible for colour of the skin mainly with *Pitta dosha* involvement can lead to *shavya varna* can be correlated in the study. Presenting with *Purvaroop* initially with maximum subjects had *Aswedana, Paurushya*, *Vaivarnya*, *Kandu*, *Nistoda* and few cases with *Atishlakshnata, Supata*. With Symptom of *Kandu, Rukshata, Shavavarna* and few cases presented with *Bahusrava* and *pidaka*. All patients evaluated clinically as per proforma and assessed using subjective and objective parameters and grading before and after treatment were noted. Treatment initiated as per protocol along with *Nidana parivarjana, Pathyaapthya* advised accordingly. With the administration of *Atarushadi kwatha* (internally) with and without *Durvaditaila* (Externally) in two group, studied and results were statistically evaluated. Statistical evaluation of study before and after treatment'

## Discussion Regarding Probable mode of Action of Drug:

### Probable mode of action of *Atarushadi kwatha*

#### Action on *Dosha Atarushadi kwatha* acts on *Tridosha*

As majority of the drugs possess *Tikta, Kashaya rasa, Pitta dosha* is pacified and due to the *Ushna virya, Vata kapha Dosha* is pacified, it acts as *Kanduhara* by acting on reduction of vitiated *Vata kapha Dosha*. It is *Kushtaghna, Kandughna* and *Krimighna* by the effect of *Bakuchi, Amrita, Vasa* and *Haritaki*. *Atarushadi Kwath* includes *Atarusah (Vasa), Amrita (Guduchi), Eranda, Avalguja (Bakuchi), Haritaki*. *Atarusha* act as blood purifier. *Amrita* act as *Tridoshshamak, Rasayan, Vedna sthapan*. *Eranda* has property of *Kapha vata shamaka, Shoth hara*, used in *Raktavikar*. *Avalguja* has *Balya* effect on nervous system, *Shotha nashak* and promotes *Rakta samvahan*. *Haritaki* has property of *Rasayan, Shonita sthapan, Mutrala & Shotha hara*. These five drugs show antagonistic action on *Prakupita Vata doshas* and *Rakta dhatu* involved in *Vicharchika*.

#### Action on *Dhatu*

*Atarushadi kwatha* has *Tikta* and *Kashaya rasa*, these two *Rasa* by virtue of their pharmacological properties causes *Twak, Mamsa Sthirakarana* (nourishment and strengthening of skin and muscle) it also does *Vishaghata, Kleda upashoshana* and *Ropana*. By the *Anulomana karma* of *Haritaki* there will be *Shodana* of vitiated *dosha*. *Haritaki* exhibits potent improvement of *erythema* and scaling scores, decrease of epidermal, ear and skin fold thickening, decrease of tumour necrosis factor  $\alpha$  (TNF $\alpha$ ), interleukin(IL)-17A, IL-23 and matrix metalloproteinase(MMP)-9 expression and decrease of keratinocyte proliferation<sup>13</sup>. The phytochemical review shows that the methanol, ethanol and water extract of *Tinospora cardifolia* possess active components such as polyphenols, flavonoids and Tannins which contribute to the strong free radical scavenging activity. This can be correlated to the anti inflammatory and anti arthritic activity of *Tinospora* as the free radicles are involved in the process of inflammation<sup>14</sup>. The anti depressant activity of total furanocoumarins present in *bakuchi(Psoralea corylifolia)* helps in reducing stress and depression in the patients of *vicharchika*.

**Mode of action on Rasa**<sup>15</sup>

- *Madhura rasa*, is of *Snigdha Sheeta guna* helps in *Dahashamana* and *Varnya*
- *Tikta*, *Rasa* has *Ruksha, sheeta guna* helps in *Srava, Kandugna Kustagna, seetakarana, swedana*, *Dahashamana* has *lekhana* property
- *Kashaya rasa* has *Ruksha and Sheeta guna* which is helpful in *Ruja*, *Ruksha Guna* help in *srava* and keeps the area dry
- *Katu rasa* has *Ruksha and Ushna, laghu Guna has Kustagna and Kandugna guna*

**Mode of action on Guna**

- *Laghu guna* by nature is *Kaphagna and Sroto shodana*, by this quality it helps in repairing all the blocked channels, *Ruksha guna* helps in drying up the raw area.
- *Theekshna guna* helps the drug to act fast, spreading into deep and entire wound area.

**Probable mode of action of Durvadya Taila****Mode of action on Dosha and Dhatu**

- The drug consist of *lekhana*, *Shodana*, *Stambana*, *Rakta shodaka* property
- *Vatahara –Guru guna*, *Shota hara*, *Dahashamana* property –*Sheeta, Kashaya rasa* properties reduces the inflammation and helps in pain and tenderness reduces *Pitta*.
- *Rakta shodhan –Tikta kashaya rasa, Pittashamana varnya twak prasdana* actions enhance the colour of lesion by enriching the blood circulation
- *Stambhana, Shoshana karma* of *Kashaya rasa, Tikta and Vishada guna kledahara*, *Rakta stambaka* property will cease the *Srava*.
  - *Lekahana, kledahara Raktashodaka* action of *Kashaya rasa* takes part in scraping debris and slough
  - *Varnya*, *Twak prasdana Rakta pras*

**Mode of Action on Rasa**

- *Durva* is having predominant rasa like *Madhura, Katu*, *Tiktha* and *Kashaya rasa*
- *Madhura rasa* is *sheeta* in nature by this act as soothing effect on the area
- *Madhura rasa, Vranagna, Dhatuposhana* and *Dhatu vardana*, by which it is understood that the *Madhura rasa dravyas* play a vital role in healing.
- *Tiktha rasa* has the *Vishada guna*, which act as *lekhana* and *Vishoshikari*. It plays a major part in *Vranashodhana* by keeping the area clean, by the *lekhana* property, prevents the growth of microbes.

- Kashaya rasa exhibits Sthambhana <sup>16</sup>(styptic) action by its Sheeta and Ruksha gunas and helps in absorbing fluids, thus keeping the raw area dry, Kashaya rasa effects local haemostasis by its Sthambhana property by allowing the blood to clot and stop the bleeding..

### Mode of action on Guna

- *Laghu guna* by nature is *Kaphagna* and *Sroto shodana*, by this quality it helps in repairing all the blocked channels and aid in the proliferation of surrounding connective tissue elements and capillaries, which migrate in to site to be repaired.
- *Ruksha guna* helps in drying up the raw area and helps in wound contraction.
- *Theekshna guna* helps the drug to act fast spreading into deeper wound.

### Mode of action of Drugs on symptoms

#### On *Kandu* –

*Kandu* is caused due to excess *kapha* and its seat is *twak* or *kala*. *Kandu* occurs due to increased *Kapha Dosh* (ChSu. 20/18), *Pitta Dosh* (Ch.su20/15) and *Vata* (Sha.sa .pu.kh 7/114) so *Tridosha* is responsible for *Kandu*, the reduction in the *Kandu* would have happened due to *Kaphavata hara* and *Tridosahara* properties in the *Atarushadi kwatha* the *Tikta* and *Kashaya rasa* of the drug and *Ruksha, snigdha Guna* is helpful in relieving from the itching. Drugs mentioned in *Kashaya* have *Kandugna, Kusthagna, Krimigna, Deepana, Dahahara* mode of action. - *Durva* and *Tila* have *Tikta, Kashaya, Katu rasa, snigdha Guna, Kapha vata shamaka* properties along with *Kustha hara* Action. Relief in *Kandu* may be due to *Tridosahara* property in *Taila*.

#### On *Pidaka*

Acharya charaka in '*Trishothiyam adyayam*' have mentioned that the vitiated *pitta* gets accumulated in the *Twacha* and *Rakta* rests over them and creates *Raga yukta shopha* hence it is *pidaka* -The drugs have *Tikta, Kashaya rasa, Sita Virya* as well as *Madhura Vipaka* of drugs helps to mitigate *Pitta dosha*. It also supports to Mitigate *Pitta Dosh*. It also support to normalise *Pitta* and *Rakta dosha* this help in reduction of *Pidaka*.

#### On *Bahusrva*

*Ushna* and *Teekshna guna* of vitiated *Pitta* and *Kapha dosha prakopa* are responsible for *Srava*. The *Srava* is produced by vitiated *Pitta* and *Kapha*. Drugs are *Kapha-pitta shamaka, Kustagna, Madhura, Kashaya Rasa, Sheeta veerya* as well as *Madhura vipaka* of drugs helps to mitigates *Pitta* . It also support to normalise *Pitta*, at the same time due to *Kashaya, Tikta and Katu rasa* are *Kapha hara* in nature it also have effect over vitiated *Pitta dosha*. *Laghu, Ruksha Guna, Ushna Veerya, Katu Vipaka* of formulation and *Kaphagna* property also help to mitigate *Kapha dosha, Tridosha hara shamaka, Stambagna, Dahashamaka, Kustagna* Collectively it has effect on symptom *Bahusrava*.

**On shava varna**

Due to *Pitta Vikaras* there is skin discolouration due to which the skin becomes *Rakta nila pita*, *Vata* and *Kapha dosha* also gets vitiated there by reducing the concentration of *Brajaka pitta* causing *shavya varna*. Vitiating *Pitta* returns vitiates *Rakta* which further causes discolouration in the skin. *Kapha pitta shamaka*, *Tridoshara hara*, and *Varnya* action.

**On Rukshata**

*Rukshata* means increase in *Khara guna* of *vayu* and decrease in *Snigdha guna and guna* and *Drava guna* of *kapha dosha* this causes dryness and thickening of the skin. Due to *Snigdha guna* and *Kustagna* properties. *Kapha vata hara* action it is helpful in *Rukshata*.

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**Conclusion**

1. *Vicharchika* is more prone to middle age group especially in male population, Due to recurrent exposure to the factors like chemicals, dust, environmental factors, irritant substance and occupational status. It is also chronic in nature so after remission, there are chances of recurrence.
2. *Vicharchika* condition is more aggravated by dry and cold weather and also when excessive sweating occurs. Sunlight and irritant material also precipitates the conditions.
3. Addictions like smoking and Alcohol having irritants may be also harmful in the disease. As they may promote keratinocyte proliferation and disrupt the barrier function of the skin.
4. Personal hygiene and skin care have utmost importance. As irregular bath may lead to deposition of dirt and exposed irritant substance and constant exposure to the sun may stimulate the integument.
5. General emotional expression also interfere in skin condition i.e. anxiety, depression, tense mind activate the sympathetic nerve stimulation which produce indigestion, Skin manifestation.
6. *Virudha Ahara- Matsya, Dugdha, Atri, katu Amla Lavana, Madhura, Guru, Snigdha, Drava Ahara and Vihara like vegadharana, Atapaseevana, Divaswapna, Ratrijagarana*. Today's lifestyle chemicals, pesticides, insecticides used in cultivation as well as preparation of food substances also play a vital role in occurrence of *Vicharchika* because of the toxins in it. All these types of *Ahara* either disturb in digestion or produce certain harmful substances (allergens) Skin manifestation etc.
7. Sudden exposure to a change in atmosphere is also one of the aetiologies of *Vicharchika*. As abrupt change in the environment cannot bring the homeostatic inside body, leads to cellular distress and vaso constriction causing drying up of the skin.
8. In the study, Internal administration of *Atarushadi Kwatha* provided better relief in symptoms *Kandu, Pidaka, Shava varna, Bahusrava, Rukshata* and in EASI score changes were found.
9. External application of *Durvadya Taila* in Group A provided better relief (Group A) in *Kandu, Shavyavarna, Rukshata* effectively along with slight effect in *Bahusrva, and Pidaka* and EASI Score.

10. This clinical work was designed to carry out a comprehensive literary study on *Vicharchika*. In the effect of *Atarushadi Kwatha* and *Durvadya Taila*. Highly significant results in the cardinal symptoms were observed in *Kandu*, Significant result in *Bahusrava*, *Rukshata* and no significance was found in *Pidaka* and *Shavya varna*. The results thus obtained in Group A with *Atarushadi Kwatha* (Internally) and *Durvadya Taila* (Local Application) showing slightly more effect with mean score of 52 % than Group B *Atarushadi Kwatha* (Internally) with mean score of 39.5% in all symptoms .

11. Thus among two formulations quoted by classical texts in *Vicharchika*, by statistical value it is proved that *Atarushadi Kwatha* with *Durvadya Taila* is choice remedy in *Vicharchika*.

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