

## STUDY OF UPSHAYATMAKA EFFECT OF NISHADI KWATHA GHANVATI AND EDGAJADI LEPA IN VICHARCHIKA

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### ABSTRACT

*Vicharchika* is a disease described in the *Ayurvedic* text that show close resembles with Eczema on the basis of clinical manifestation. *Ayurvedic* text contributes several type of treatment for *Vicharchika*. Study was carried out in 30 patients of either sex in between the age of 16 to 60 years to assure the clinical response of *Nishadi Kwatha Ghanvati* and *Edgajadi lepa* in Eczema. In the study design Group A is treated with *Nishadi Kwatha ghanvati* and Group B is treated with *Nishadi kwatha ghanvati* and *Edgajadi lepa*. On the assessment, it is observed that the effect of *Nishadi kwatha ghanvati* and *Edgajadi lepa* is highly significance i.e.  $P < 0.01\%$ . The Statistical adjudication with suitable parameters shows that both trials Group A & Group B were Trial group. A was highly significance on cardinal sign & symptoms except *Vaivaranya*, *Rukshata* and *Rajyo* i.e. *Vaivaranya* & *Rukshata* was significant & *Rajyo* was Non-significant and Trial group B was highly significance. *Ruja* was significant on cardinal sign & symptoms on the basis of Subjective parameters (*Kandu*, *Shyava*, *Pidika*, *Bahustrava*, *Ruja*, *Rajyo*, *Rukshata*). The drug is quite safe and effective and act as *Deepana*, *Pachana*, *Langhana*, *Pittarechaka*, *Lekhaniya*, *Bhedniya*, *Kushthaghna*, *Kandughna*, *Krimighna*, *Vaivaranya*, *Raktashodhaka*, *Dahaprashamana*, *Shothahara*, *Rasayana* properties.

**Keywords:** *Vicharchika*, Eczema, *Nishadi kwatha ghanvati*, *Edgajadi Lepa*

### INTRODUCTION

Nature is always doing better for all living being, but modern era lifestyle is very far from the nature's rule. In 21st century, Science and technology makes our life better, fast, sedentary. Therefore A person has neither time to think and act for healthy life nor to follow the proper *Dinacharya* and *Ritucharya*. At present era, Skin diseases are becoming a major hazard for mental health more than physical harm as it

distributes the cosmetic harmony. The prevalence of Eczema/AD in adults could be as high as 10.7% overall and as high as 18.1% in individual states and 21% across various countries. Atopic eczema affects 15-20% of children and 1-3% of adults worldwide.

In *Ayurveda*, Skin diseases have been dealt under the headings of *Kushtha* and all types of *Kushtha* have been considered as *Raktavaha srotodushtjanya*

*vikara* and *Tridoshaja* origin. *Vicharchika* is described under *Kshudrakushtha* in *Samhita* texts. *Lakshanas* are *Kandu*, *Pidika*, *Shyava*, *Bahustrava* in *Charaka*<sup>1</sup>. It simulates “Wet Eczema” because of *Kaphaja pradhan vyadhi*. *Lakshanas* are *Rajyo*, *Atikandu*, *Ruja*, *Rukshata* in *Sushruta*<sup>2</sup>. It simulates “Dry Eczema” because of *Pittaja pradhan vyadhi*.

All *Kushtha* are having *Tridoshja* origin and their *lakshana* depends upon *Dosha-Dushya Sammurchhana* and predominance of *Dosha* and *Dushya*. *Vicharchika* is mentioned in dominancy of different *dosha* by various Acharyas i.e. *Kaphaja (Charaka chikitsa 7/30)*, *Pittaja (Sushruta Samhita 5/16)*, *Vata-Pittaja (Madhava Nidan 49/35)*<sup>3</sup>.

A similar clinical presentation of *Vicharchika* in Modern dermatology is seen in Eczema, which is defined as a non-contagious inflammation of the skin whenever not involves the infection.

Here the study is selected to find out simple, sure, and effective medicament for *Vicharchika* which have least or no side effect. For this purpose, *Nishadi Kwatha ghanvati*<sup>4</sup> is selected as trial drug and *Edgajadi Lepa*<sup>5</sup>. *Nishadi Kwatha ghanvati* was prepared from *Nishadi Kwatha* because *ghanvati* form is easily palatable for patient. *Lepa* is used as external application which prevents from external stimulations; it may correct *Dosha* vitiation, *Agnivaishmyata*, *Dhatu dushti & shaithilyata*. According to line of treatment of *Vicharchika* the drugs which are having *Kapha-pitta shamaka* and *Laghu* property are used for its treatment.

## MATERIAL & METHODS

### Patients

During this clinical study, 30 no. of Subjective patients have been taken in a two groups by simple random sampling technique/method. All patients were registered from O.P.D. and I.P.D. of Kaya Chikitsa in Shri Khudadaad Dungaji Govt. Ayurved Hospital, Raipur (C.G.) or referred cases from other physician having the complaint of *Vicharchika* such

as *Kandu*, *Shyava*, *Pidika*, *Bahustrava*, *Ruja*, *Rajyo*, *Rukshata*.

### Inclusion criteria:-

Patient between 16 to 60 years of age. Patient presenting with Classical signs and symptoms of *Vicharchika*. Patient of both sex and socioeconomic condition.

### Exclusion criteria:-

Patient associated with other type of *Kushtha*. Patient associated with other Systemic disorder. Patient associated with Diabetes. Patient age below 16 and above 60 will be excluded.

### Study Design and Sample size

The research project is designed for study by open clinical trial and simple random sampling technique – comparative clinical trial is adopted here under two groups.

Total 30 patients, 15 patients in each group irrespective of their age; gender is under taken in the study. Selected patients were studied under two groups and take 15 patients in each group.

### Interventions

**Group A** - *Nishadi Kwatha Ghanvati* - 1gm in divided doses, *Anupana* - Luke warm water

In this group, 15 patients were treated with internal use of *Nishadi Kwatha Ghanvati*.

**Group B** – *Nishadi Kwatha Ghanvati* with *Edgajadi Lepa*

*Nishadi Kwatha ghanvati* - 1gm in divided doses, *Anupana* - Luke warm water

*Edgajadi lepa* - Local application two times in a day with *Mastu*. This should be given according to affected area. In this group, 15 patients were treated with internal use of *Nishadi Kwatha Ghanvati* and external use of *Edgajadi lepa*.

**Study Duration** - 45 days for each group.

**Follow up** - 15 days of each group. After completion of therapy the patients were asked to come in every 15 days for 1 month.

### Trial Drugs

Efficacy of drugs *Nishadi Kwatha Ghanvati* and *Edgajadi lepa* was evaluated from follow up of pa-

tient. Interpretation has been presented in statistical manner.

*Nishadi kwatha ghanvati* contains *Nisha* (Haridra) (*Curcuma longa*) 1 part, *Uttama* (Triphala) 1 part, *Aamlaki* (*Emblica officinalis*), *Vibhitaki* (*Terminalia bellerica*), *Haritaki* (*Terminalia chebula*), *Nimba* (Neem) (*Azadirachta indica*) 1 part, *Patolmool* (*Tricosanthes dioica*) 1 part, *Tikta* (Kutaki) (*Picrorhiza kurroa*) 1 part, *Vacha* (*Acorus calamus*) 1 part, *Lohityastika* (*Manjistha*) (*Rubia cordifolia*) 1 part and *Edgajadi lepa* contains *Edgaja* (*Chakramarda*) (*Cassia tora*) 1 part, *Til* (*Sesamum indicum*) 1 part, *Sarshap* (*Brassica campestris*) 1 part, *Kushtha* (*Kutha*) (*Saussurea lappa*) 1 part, *Magdhika* (*Pipar*) (*Piper longum*) 1 part, *Lavanatraya* 1 part *Saidhava* (Rock salt) *Vida* (*Sal ammoniac*)

*Sochal* (*Sochal salt*) were collected from the authenticate source and identified as per the Ayurvedic Pharmacopeia. All the drug samples were preserved and kept in the museum of Govt. Ayurvedic College, Raipur. The drugs were dried and processed for the *Nishadi Kwatha Ghanvati* and *Edgajadi Lepa* separately.

### Selection of the patient / Criteria for Diagnosis

In this selection minimum patient of *Vicharchika* were selected from O.P.D. and I.P.D. of Kaya Chikitsa in Shri Khudadaad Dungaji Govt. Ayurved Hospital, Raipur (C.G.) or referred cases from other physician having the complaint of *Vicharchika* such as ***Kandu, Shyava, Pidika, Bahustrava, Ruja, Rajyo, Rukshata.***

The parameters of diagnosis would be on the platform of Ayurveda (**Ch.Chi.7/26**) (**Su.Ni.5/13**) as well as Modern aspects (**Harrison Principle of Medicine**)<sup>6</sup>.

**Assessment of result:** Each patient examined carefully availing a special proforma designed for this trial. Results were assessed from subjective parameters and investigations of base line data of before and after treatment as discussed in the result section.

### Laboratory investigations:-

1. Blood examination - Complete blood Count - Hb gm%, TLC, DLC (Eosinophil), ESR
2. Blood sugar (Random)
3. Urine analysis - Routine & Microscopic
4. IgE (Immunoglobulin test) - (if necessary)

**Table 01:** Criteria of Assessment of Patient:-

Clinical improvement in the sign, symptoms on the basis of scoring pattern.

Study Design on Assessment grade for Subjective Criteria			
1.	<i>Kandu</i> (Itching)	G <sub>0</sub>	No inflammation / No Itching
		G <sub>1</sub>	Mild (Present but not annoying or trouble some )
		G <sub>2</sub>	Moderate (Trouble some but does not interfere with daily routine)
		G <sub>3</sub>	Intense (Severe Itching, which is sufficiently trouble some and blood spot came out)
2.	<i>Pidika</i> (Eruption)	G <sub>0</sub>	No inflammation / None
		G <sub>1</sub>	Macule (Non palpable area of altered colour)
		G <sub>2</sub>	Papule (Palpable elevated small area of skin (<0.5cm)
		G <sub>3</sub>	Nodule (Solid palpable lesion with the skin (> 0.5cm)
3.	<i>Vaivarnya</i> (Depigmentation)	G <sub>0</sub>	Absent or Normal skin color
		G <sub>1</sub>	Brownish red discoloration (Rakta or Aruna varna)
		G <sub>2</sub>	Blackish red discoloration (Shyava varna)
		G <sub>3</sub>	Blackish discoloration (Krishna varna)
4.	<i>Srava</i> (Oozing/discharge)	G <sub>0</sub>	None
		G <sub>1</sub>	Mild (moisture on the skin lesion)
		G <sub>2</sub>	Moderate (weeping from the skin after itching)
		G <sub>3</sub>	Severe (profuse weeping making clothes wet)

5.	<i>Rajyo (Scaling)</i>	G <sub>0</sub>	None
		G <sub>1</sub>	Mild (only scaling)
		G <sub>2</sub>	Moderate (irritation on rubbing)
		G <sub>3</sub>	Severe (Bleeding on rubbing)
6.	<i>Ruja (pain)</i>	G <sub>0</sub>	None
		G <sub>1</sub>	Mild (Not disturbing daily routine)
		G <sub>2</sub>	Moderate (Occasional disturbing daily routine)
		G <sub>3</sub>	Severe (Continuously & even disturbing daily routine and sleep)
7.	<i>Rukshata (Dryness)</i>	G <sub>0</sub>	Normal (No dryness)
		G <sub>1</sub>	Ruksha (Dryness with rough skin)
		G <sub>2</sub>	Khara (Dryness with scaling)
		G <sub>3</sub>	Parusha (Dryness with cracking)

### STATISTICAL ANALYSIS:

Analysis of data was done by IBM computer using SPSS (statistical program for social science version 16.0). The mean before treatment of each sign and symptoms will be compared with that of after treatment in each group. Then the paired t – test will use for the purpose of test of significance. The effectiveness of the trial drug to different sign & symptoms of each group will be assessed through P – value.

p-value < 0.01 – Highly Significant

P-value = 0.01-0.05 – Significant

p-value ≥ 0.05 – Non-significant

### OBSERVATION AND RESULTS

The observation made on 30 patients of *Vicharchika* showed that maximum number of patients i.e. 30% belonged to years Age group, 56.67% were Females, 86.67% were belonged to Hindu community, 53.33% were Graduate, 76.67% were Married, 33.33% were in Service/job, 83.33% were belonging to Urban habitat, 46.67% were found to be Upper middle class, 50% patients were accustomed to Mixed diet and 50% patients were Vegetarian, 46.67% patients were suffering from 0-6 months, 83.33% patients do not have present any positive family history, 53.33% patients were reported with *Vishamagni*, 83.33% were addicted of Tea, 36.67% patients had Good sleep, 60% patients had *Madhyam koshta*, 53.33% patients having *Vata-kapha prakriti*, 60% having *Tamsika Manas prakriti*,

93.33% were having *Madhyam Sara*, 96.67% having *Madhyam Samhanan*, 76.67% patients having *Madhyam Pramana*, 86.67% patients *Madhyam Satva*, 73.33% patients in the study were accustomed to *Lavana rasa* as *satmya rasa* in diet, 36.67% were doing Irregular *Vyayama*, 60% patients were having *Madhyam Ahara shakti*, 70% were due to *Viharaja nidana*, 50% patients were affected in Winter season, 43.33% patients were taking Allopathy medicine, most of the patients had lesions on Lower extremities.

Chief complaints reported were *Kandu* (14) 93.33%, *Pidika* (11) 73.33%, *Vaivarnya* (11) 73.33%, *Srava* (10) 66.66%, *Rajyo* (5) 33.33%, *Ruja* (12) 80%, *Rukshata* (8) 53.33% was found in patients of Group A. Chief complaints reported were *Kandu* (12) 80%, *Pidika* (8) 53.33%, *Vaivarnya* (15) 100%, *Srava* (8) 53.33%, *Rajyo* (9) 60%, *Ruja* (6) 40%, *Rukshata* (10) 66.66% was found in patients of Group B.

The clinical assessment of results shows in Group A maximum number of patients (10) (66.66%) get moderately responded , (3) (20%) patients get mild/poor responded and (1) (6.66%) patients well responded and 1(6.66%) patients get not responded after 45 days of treatment. Where as in Group B maximum number of patients (12) (80%) get moderately responded, (2) (13.33%) get well responded, (1) (6.66%) patients get mild /poor responded after 45 days of treatment. Defining to the above benefits assessed among the patients improved, the Group B

has elicited more than Group A. Hence it can be said that *Nishadi Kwatha Ghanvati & Edgajadi lepa* play

important role in the management of *Vicharchika*.

**Table 02:** Statistical Analysis showing the Percentage of relief in Chief Complaints (Subjective) in 15 patients of Group A in *Vicharchika*

S. No.	Symptoms	To. Pts.	B.T.					A.T.					% of relief
			G <sub>0</sub>	G <sub>1</sub>	G <sub>2</sub>	G <sub>3</sub>	Total	G <sub>0</sub>	G <sub>1</sub>	G <sub>2</sub>	G <sub>3</sub>	Total	
1.	<i>Kandu</i>	15	1	6	5	3	25	8	5	2	0	9	64%
2.	<i>Pidika</i>	15	4	4	5	2	20	7	8	0	0	8	60%
3.	<i>Vaivarnya</i>	15	4	8	2	1	15	6	7	2	0	11	26.67%
4.	<i>Srava</i>	15	5	7	2	1	14	12	3	0	0	3	78.57%
5.	<i>Rajyo</i>	15	10	2	2	1	9	11	4	0	0	4	55.55%
6.	<i>Ruja</i>	15	3	8	4	0	16	12	3	0	0	3	81.25%
7.	<i>Rukshata</i>	15	7	5	3	0	11	9	6	0	0	6	45.45%

**Table 03:** Statistical Analysis showing the effects of Therapy on Various signs and symptoms (Subjective) in *Vicharchika*

S.No.	Sign & Symptoms	Mean		M.D.	% of Relief	S.D.	S.E.	t-value	p-value	Remarks
		BT	AT							
1.	<i>Kandu</i>	1.666	0.600	1.066	64	0.457	0.118	9.025	0.000	H.S.
2.	<i>Pidika</i>	1.333	0.533	0.800	60	0.676	0.174	4.583	0.000	H.S.
3.	<i>Vaivarnya</i>	1.000	0.733	0.266	26.67	0.457	0.118	2.256	0.041	S.
4.	<i>Srava</i>	0.933	0.200	0.733	78.57	0.593	0.153	4.785	0.000	H.S.
5.	<i>Rajyo</i>	0.600	0.266	0.333	55.55	0.617	0.159	2.092	0.055	N.S.
6.	<i>Ruja</i>	1.066	0.200	0.866	81.25	0.639	0.165	5.245	0.000	H.S.
7.	<i>Rukshata</i>	0.733	0.400	0.333	45.45	0.487	0.125	2.646	0.019	S.

**Table 04:** Percentage of relief in Chief Complains (Subjective) in 15 patients of Group B in *Vicharchika*

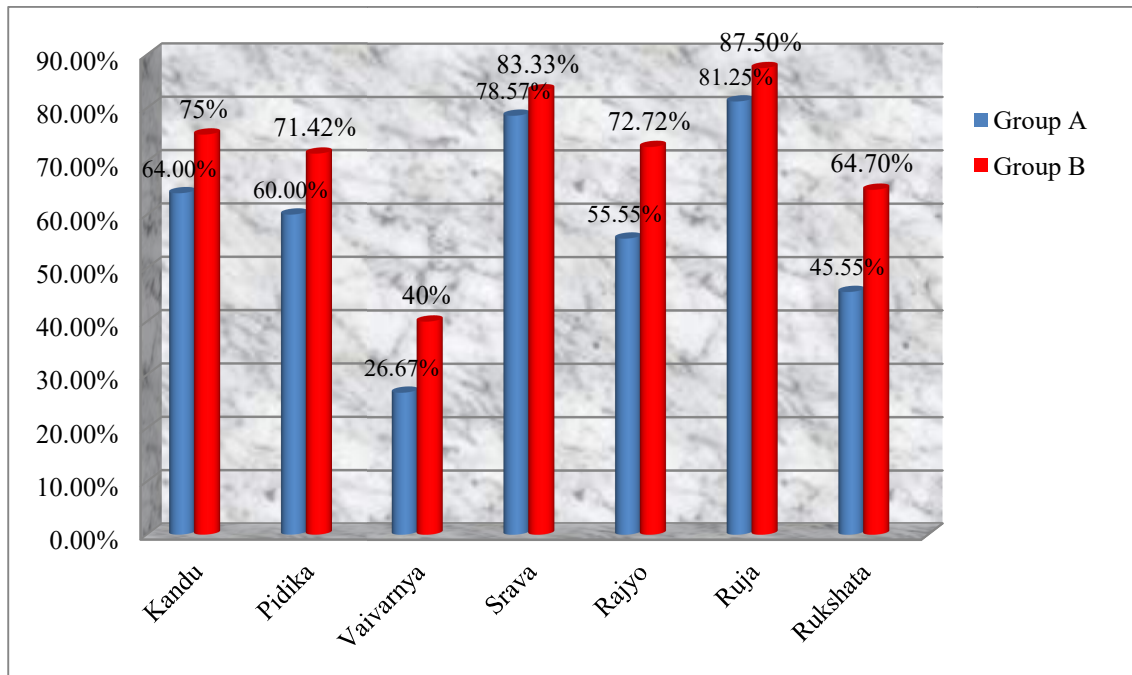
S.No.	Symptoms	To. Pts.	B.T.					A.T.					% of relief
			G <sub>0</sub>	G <sub>1</sub>	G <sub>2</sub>	G <sub>3</sub>	Total	G <sub>0</sub>	G <sub>1</sub>	G <sub>2</sub>	G <sub>3</sub>	Total	
1.	<i>Kandu</i>	15	3	4	8	0	20	10	5	0	0	5	75%
2.	<i>Pidika</i>	15	7	3	4	1	14	11	4	0	0	4	71.42%
3.	<i>Vaivarnya</i>	15	0	8	4	3	25	3	9	3	0	15	40%
4.	<i>Srava</i>	15	7	4	4	0	12	13	2	0	0	2	83.33%
5.	<i>Rajyo</i>	15	6	7	2	0	11	12	3	0	0	3	72.72%
6.	<i>Ruja</i>	15	9	4	2	0	8	14	1	0	0	1	87.5%
7.	<i>Rukshata</i>	15	5	4	5	1	17	9	6	0	0	6	64.7%

**Table 05:** Statistical Analysis showing the effects of Therapy on Various signs and symptoms (Subjective) in *Vicharchika*

S.No.	Sign & Symptoms	Mean		M.D.	% of Relief	S.D.	S.E.	t-value	p-value	Remarks
		BT	AT							
1.	<i>Kandu</i>	1.333	0.333	1.000	75	0.654	0.169	5.916	0.000	H.S.
2.	<i>Pidika</i>	0.933	0.266	0.666	71.42	0.723	0.186	3.568	0.003	H.S.
3.	<i>Vaivarnya</i>	1.666	1.000	0.666	40	0.487	0.1259	5.292	0.000	H.S.
4.	<i>Srava</i>	0.800	0.133	0.666	83.33	0.723	0.186	3.568	0.003	H.S.
5.	<i>Rajyo</i>	0.733	0.200	0.533	72.73	0.516	0.133	4.000	0.001	H.S.
6.	<i>Ruja</i>	0.533	0.066	0.466	87.5	0.639	0.165	2.824	0.014	S.
7.	<i>Rukshata</i>	1.133	0.400	0.733	64.70	0.593	0.153	4.785	0.000	H.S.

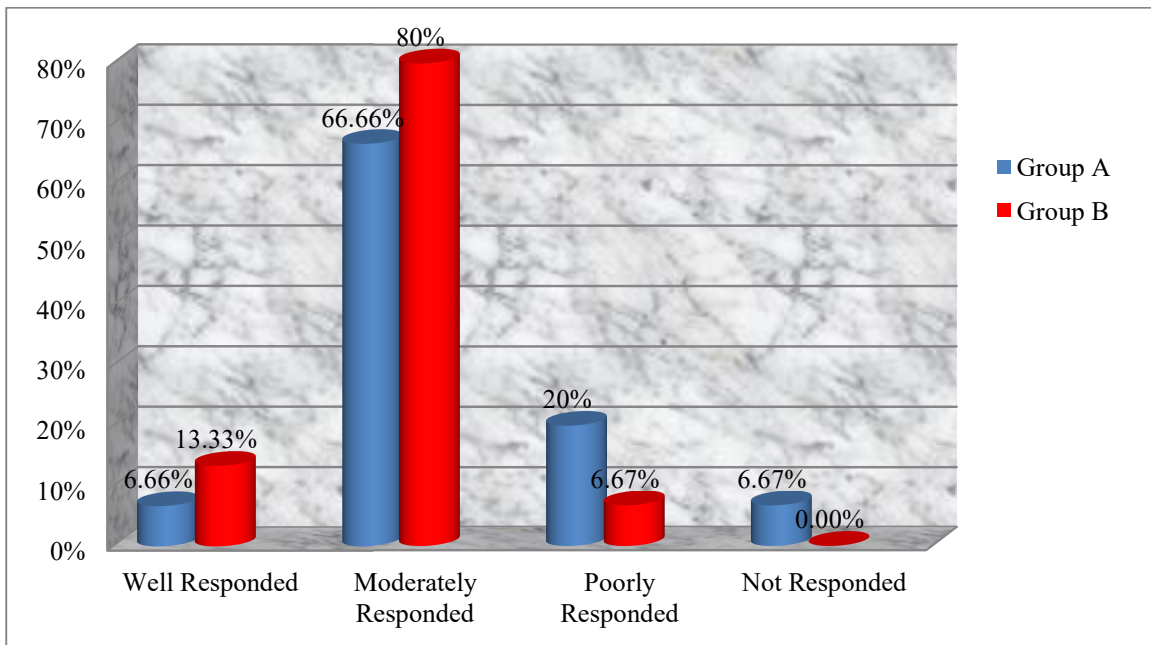
**Table 06:** Frequency distribution of improvement in cardinal Symptoms in Group A & Group B

S.No	Symptoms	Group A	Group B
1.	<i>Kandu</i>	64%	75%
2.	<i>Pidika</i>	60%	71.42%
3.	<i>Vaivarnya</i>	26.67%	40%
4.	<i>Srava</i>	78.57%	83.33%
5.	<i>Rajyo</i>	55.55%	72.72%
6.	<i>Ruja</i>	81.25%	87.5%
7.	<i>Rukshata</i>	45.45%	64.7%



**Table 07:** Showing the Clinical Assessment on sign and symptoms after treatment in different group of *Vicharchika*

S.No.	RESULT	GROUP A		GROUP B		TOTAL	
		No. of Patients	Percentage	No. of Patients	Percentage	No. of Patients	Percentage
1.	Well Responded (>75% improvement)	1	6.66%	2	13.33%	3	10%
2.	Moderately Responded (>50% to 75% improvement)	10	66.66%	12	80%	22	73.33%
3.	Poorly Responded (>25 to 50% improvement)	3	20%	1	6.67%	4	13.33%
4.	Not Responded (Negligible (≤ 25%) improvement)	1	6.67%	0	0.00%	1	3.33%



**Table 08:** Showing the effect of therapy on follow up (30 days) in Different Group

S.No.	Clinical Assessment	During Follow up			
		Group A		Group B	
		No. of Patients	Percentage	No. of Patients	Percentage
1.	Recurrence	6	40%	3	20%
2.	Not recurrence	9	60%	12	80%

**Table 09:** Statistical Analysis showing effect of medicine on various Investigations in 15 patients of Group A

S.No.	Sign & Symptoms	Mean		M.D.	% of Relief	S.D.	S.E.	t-value	p-value	Remarks
		BT	AT							
1.	Hb%	11.813	12.180	-0.366	3.10%	0.371	0.095	-3.821	0.002	H.S.
2.	ESR	17.800	12.733	5.066	28.46%	2.814	0.726	6.971	0.000	H.S.
3.	TLC	8.240	7.833	4.066	4.93%	208.62	53.86	7.550	0.000	H.S.
4.	DLC (Eosinophil)	4.733	2.400	2.333	49.23%	0.816	0.210	11.068	0.000	H.S.
5.	RBS	95.600	91.866	3.733	3.90%	4.008	1.034	3.607	0.003	H.S.

**Table 10:** Statistical Analysis showing effect of medicine on various Investigations in 15 patients of Group B

S.No.	Sign & Symptoms	Mean		M.D.	% of Relief	S.D.	S.E.	t-value	p-value	Remarks
		BT	AT							
1.	Hb%	12.286	12.913	-0.626	5.10%	0.592	0.152	-4.099	0.001	H.S.
2.	ESR	23.600	14.133	9.466	40.11%	6.490	1.67	5.649	0.000	H.S.
3.	TLC	8.886	8.333	5.533	6.22%	748.204	193.185	2.864	0.012	S.
4.	DLC (Eosinophil)	5.266	3.266	2.000	37.97%	1.253	0.323	6.179	0.000	H.S.
5.	RBS	99.866	90.133	9.733	9.74%	12.038	3.108	3.131	0.007	H.S.

## DISCUSSION

All types of *Kushtha* are *Tridoshaja* origin, Acharya **Charaka** has attributed *Kapha* dominance in *Vicharchika* with symptoms of *Sakandu* (itching), *Pidika* (macule/papule/vesicles) and *Shyava* (Dusky) colored eruption and *Bahusrava* (profuse oozing). This indicates initial or acute stage and wet type of eczema. **Sushruta** has described clinical picture of dry eczema with the symptoms of *Rajyo* (scaling), *Atikandu* (excessive itching), *Arati* (pain), *Rukshata* (dryness) etc., and *Gatreshu* (may occur at anywhere in the body) that indicates chronic or later stage. This type of presentation is due to provoked *Pitta*. This explanation suggests different stages of *Vicharchika*. According to **Vagbhata**, *Vicharchika* has a characteristic discharge like *Lasikadhya* while *Indu* explained it with *Jalapraya* i.e., watery discharge. **Kashyapa**<sup>7</sup> has mentioned *Vrana*, *Vedana* and *Paka* as a specific feature of *Vicharchika*. **Bhela**<sup>8</sup> has mentioned *Shyava* & *Rakta Varna* as variety, *Praklinna Srava* and *Mamsenopachitata* as characteristic features of *Vicharchika*. *Vicharchika* is stated to be *Tridoshaja* with the dominancy of *Kapha* and *Pitta Dosha*. *Twacha*, *Rakta*, *Mamsa* and

*Lasika* are *Dushya* of *Vicharchika*. *Rasavaha*, *Raktavaha*, *Mamsavaha*, and *Swedavaha srotasa* vitiated and *Kha-vaigunya* occurs into them<sup>9</sup>. Due to *Nidana sevana Jatharagni* and *Dhatvagni* both vitiated to produce *ama*, which causes *srotorodha*, which is also a responsible factor for *Sang in srotasa*. *Chikitsa* is nothing without *Samprapti Vighatana* even *Samprapti Vighatana* is *Chikitsa* itself. So, *Samprapti Ghataka* is discussed in detail at this point. *Upashaya*, *Anupashaya*, *Sadhyasadyata*, *Chikitsa* and *Pathyapathaya* as per *Ayurvedic* classics were mentioned.

*Vicharchika* is having *Kapha*, *pitta* predominance *Tridoshaja vyadhi*. For its management *Acharyas* have explained that those diet & drugs which are having *Kapha Pittaghna* & *Anulomana* properties are useful. Despite of *Tridoshaja* origin of All *Kushtha*, *Charaka* has mentioned dominancy of *Kapha*. Taking above point in view two formulations viz. *Nishadi Kwatha ghanvati* & *Edgajadi lepa*. According to classics *Nishadi Kwatha ghanvati* indicated in *Kaphaj-pittaja* prominent *Kustha* diseases therefore it is selected. *Edgajadi lepa* is indicated in *Vicharchika* so it is also selected for local



application for six weeks as a full course. Both of the compounds have *Deepana, Pachana, Langhana, Pittarechaka, Lekhaniya, Bhedniya, Kushthaghna, Kandughna, Krimighna, Vaivarnya, Raktashodhaka, Dahaprashamana, Shothahara, Rasayana* properties<sup>10</sup>. So it may correct *Dosha* vitiation, *Agnivaishmyata, Dhatu dushti & shaithilyata*. Defining to the above benefits assessed among the patients improved, the Group B has elicited more than Group A. Hence it can be said that *Nishadi Kwatha Ghanvati & Edgajadi lepa* play important role in the management of *Vicharchika*.

## CONCLUSION

Urban people were more afflicted because they were having Irregularity in food taking, Junk food, Suppression of natural urges, Uses of cosmetics and other chemicals, Polluted environment, Stressful life and Emotional disturbances definitely play a major role in manifestation of *Vicharchika*. *Mithya Ahara-Vihara*, especially *Navanna, Viruddhahara*, diet predominant with *ushna & snigdha guna* and *Vegavidharana* are the main causative factors of *Vicharchika*<sup>11</sup>. These drugs are herbal drugs, which is very simple, safe, economic (cost effective), no side effect and good efficacy drugs in medium dose. Hence it can be employed in the case of *Vicharchika*.

All subjective parameters in both Groups individually reduced effectively in this study. Hence it can be said that *Nishadi Kwatha Ghanvati & Edgajadi lepa* play important role in the management of *Vicharchika*. The Statistical adjudication with suitable parameters shows that both trials Group A & Group B were Trial group A was highly significance on cardinal sign & symptoms except *Vaivarnya, Rukshata* and *Rajyo* i.e. *Vaivarnya & Rukshata* was significant & *Rajyo* was Non-significant and Trial group B was highly significance except *Ruja* was significant on cardinal sign & symptoms. During the study no any adverse effect are observed. It can recommend that, along with the above *Ayurvedic* thera-

pies, dietary management, lifestyle modifications, exercises, meditation, Asana can advise to the patient of *Vicharchika* for the betterment of the life. Out of many studies carried throughout the world the present endeavor is a beam of ray for future reference.

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**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Chandrakar Yogita et al: Study Of Upshayatmaka Effect Of Nishadi Kwatha Ghanvati And Edgajadi Lepa In Vicharchika. International Ayurvedic Medical Journal {online} 2018 {cited November, 2018}  
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