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## COMPARATIVE STUDY TO EVALUATE THE EFFICACY OF VICHARCHIKAHARA LEPA AND KHADIRASHTAKA KWATHA IN THE MANAGEMENT OF VICHARCHIKA w.s.r. to ECZEMA

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#### ABSTRACT

Ayurveda is defined as that system, which uses the inherent principles of nature, to maintain health in a person by keeping the individual's body, mind and spirit in perfect equilibrium with nature by suggesting specific lifestyle and nutritional guidelines. Ayurveda has given a due importance to skin diseases, since the era of *Vedas* and later on in *Samhita Kala*. The study of skin diseases was done elaborately, and a separate chapter was given for skin disorders under the heading *"Kushtha"*. *Vicharchika*, which is one of the common skin diseases is most prevalent among masses both in rural and urban areas. It is the most obstinate and highly troublesome disease. Though, it has been described under *Kshudra Kushtha*, In Ayurvedic texts and also mentioned as a curable disease yet the relapsing nature of this disease makes it more painful and troublesome for physician.

Keywords: Kushtha, Vicharchika, Kshudra Kushtha, Skin Diseases, Ayurveda.

#### INTRODUCTION

According to Charaka Samhita – Vicharchika is condition where the skin has red rashes associated

with profuse discharge and intense itching. The clinical presentation of *Vicharchika* is similar to

eczema in modern dermatology. About 30% of all the skin diseases is eczema. It is always difficult to trace out the exact cause of disease, because it may be associated with the occupation, hobbies, diet, clothes, cosmetics or other articles that patient is exposed to during his routine life. Vicharchika has been directly co-related with eczema in modern sciences due to its symptomatology and pathogenesis i.e. Kandu (excessive itching) Daha (Burning sensation), Srava (discharge), Rukshta (dryness), Pidikautpatti (papules, vesicles, pustules), Vaivarnata (discolouration). Vicharchika has been directly co-related with eczema in modern sciences due to its symptomatology and pathogenesis i.e. Kandu (excessive itching) Daha (Burning sensation), Srava (discharge), Rukshta (dryness), Pidikautpatti (papules, vesicles, pustules), Vaivarnata (discolouration).

Nowadays, whole world is gradually turning towards Ayurveda for safe and complete cure of diseases especially in the field of skin problems. Ayurveda has provided immense positive results related to skin diseases. Besides of so much work done on this disease, a successful treatment is still not possible in any system of Medicine. The Present work is another attempt in this direction - Comparative study to evaluate the efficacy of Vicharchikaharalepa and Khadirashtaka Kwatha in the management of Vicharchika w.s.r. to Eczema.

#### **Aim and Objectives**

1. To review conceptual and clinical studies on *Vicharchika* w.s.r. to eczema.

- 2. Comparative study to evaluate the efficacy of Vicharchikahara lepa and Khadirashtaka Kwatha in the management of Vicharchika.
- 3. To provide safe and economical treatment in the management of Vicharchika.

#### **Material and Methods**

Source of data: The patients of either sex, suffering from Vicharchika were selected from OPD and IPD of Jammu institute of Ayurveda and Research and from urban wing Janipur, Jammu and various medical camps organized by JIAR (Jammu Institute of Ayurveda and Research) Hospital.

#### **Inclusion Criteria:**

- Age 16-60 years
- Both Sexes
- Patients having clinical signs & symptoms of • Vicharchika:
- ✤ Kandu
- ✤ Daha
- ✤ Srava
- ✤ Rukshta
- Pidikautpatti
- ✤ Vaivarnata
- Complains less than 5 years. •

#### **Exclusion Criteria:**

Age – Below 16 years and above 60 years

Cyperaceae

- Pregnant and lactating females ٠
- Patients already on Steroidal therapy •
- Patients suffering from Vicharchika for more than • 5 years.
- Patients having metabolic disorders, D.M, HTN, Thyroid disorders and secondary infections.

#### Vicharchikaharalepa

Nagarmotha

Ingredients are: Ref:- Sha	arangdharasamhita, uttartantra11/50	
Drug Name	Botanical Name	Drug Family
Chakramarda	Cassia tora	Leguminaceae
Bakuchi	Psoralea Corylifolia	Leguminose
Sarshapa	Brassica Campestris	Cruciferae
Tila	Sesamum Indicum	Pedaliaceae
Kustha	Saussurea Lappa	Compositae
Haridra	Curcuma Longa	Zingiberacae
Dharuharidra	Berberis Aristata	Berberidaceae

Cyperus Rotunetus

Ingreulents are:-		
Drug Name	<b>Botanical Name</b>	Drug Family
Khadira	Acacia catechu	Leguminosae
Amalaki	Embelicaofficinalis	Euphorbiaceae
Haritaki	Terminalischebula	Combretaceae
Vibhitaki	Terminalisbellirica	Combretaceae
Nimba	Azadiractaindica	Meliaceae
Patola	Trichosanthesdioica	Curbitancea
Guduchi	Tinosporacordifolia	Menispermaceae
Vasa	Adhatodavasica	Acanthaceae

## *Khadirashtaka Kwatha* Ref:- <u>Yogratnakar Uttartantra Kushthachikitsa</u>

#### Posology

Lepa	:	VicharchikaharaLepa
Yoga	:	KhadirashtakaKwatha
Dosage	:	Vicharchikaharlepa for L/A
khadirashtaka	ikwath	a 40 ml B.D, orally.

Duration:60 daysFollow Up:30 days

#### **Study Design**

GROUP : The registered patients for clinical trial were randomly divided into 2 groups on the basis of drug administration.

GROUP A : 30 patients of *Vicharchika* were given: *Vicharchikahara Lepa* for local application.

GROUP B : 30 Patients of *Vicharchika* were given:

Vicharchikahara Lepa for local application.

Khadirashtaka Kwatha - 40ml, B.D, orally

#### **Criteria of Assessment**

For evaluating the efficacy of drugs, following parameters were adopted before and after the completion of clinical trial.

#### A. Clinical Assessment

Improvement in the signs and symptoms of *Vicharchika* as per Ayurvedic classics:

- Kandu
- Daha
- Srava
- ✤ Rukshta
- Pidikautpatti
- ✤ Vaivarnata

B. Laboratory Investigations: -

(i) Hb gm%

(ii) TLC, DLC, ESR

(iii) Blood Sugar

#### **Duration of Trail**

Duration of clinical trial were of 60 days, all the observations made, and results obtained were computed statistically.

The information collected on the basis of observation made during the treatment were analysed on a statistical criteria in terms of mean score, Standard deviation (S.D), Standard error (S.E), Paired T-test, was carried at the level of 0.05, 0.01, 0.001, of P level. Thus, the obtained results were interpreted as:-

P> 0.05- Insignificant

P<0.05 -Significant

P< 0.001- Highly Significant

#### **Effect of Therapy**

Table 1: Comparative Analysis of Effect of Therapy Between Group A and Group B on Kandu

Group	Mean		M.D	Ν	Mean	S.D	S.E	T value	P value	Sig.
	ВТ	AT			%	±	±			
А	1.333	0.5667	1.5333	30	57	0.86037	0.15708	9.761	< 0.001	H.S
В	2.0000	0.5667	1.6667	30	71	0.71116	0.12984	12.836	< 0.001	H.S

- Statistical analysis indicates highly significant result in both the groups, but the better percentage of improvement is seen in Group B (71%) i.e. group B has shown more improvement in Kandu statistically.
- The improvement in Group A is 57% and in Group B is 61%, both are highly significant (p<0.001).

	1	2										
Group	Mean		Mean		M.D	Ν	Mean %	S.D ±	S.E ±	t value	p value	Sig.
	ВТ	AT										
А	1.0333	0.4667	0.5666	30	55	0.81720	0.14920	5.139	0.001	H.S		
В	1.4333	0.4333	1.0000	30	58	0.78784	0.14384	6.952	0.001	H.S		

- **Table 2:** Comparative Analysis of Effect of Therapy Between Group A and Group B On Daha
- Statistical analysis indicates highly significant result in both the groups, but the better percentage of improvement is seen in Group B (58%) i.e. group B has shown more improvement in *Daha* statistically.
- The improvement in Group A is 55% and in Group B is 58%, the result is highly significant in both the groups (p<0.001).

Table 3: Comparative Analy	sis of Effect of Therapy Between	Group A and Group B On Srava

Group	Mean		M.D	Ν	Mean	S.D	S.E	t value	р	Sig.
	BT	AT			%	±	±		value	
А	1.1667	0.3667	0.8000	30	66	0.76112	0.13896	5.757	0.04	S
В	0.6333	0.2667	0.6333	30	57	0.71840	0.13116	4.829	0.001	H.S

- Statistical analysis indicates significant result in Group A and highly significant result in Group B but the better percentage of improvement is seen in Group B (57%) i.e. group B has shown more improvement in *Srava* statistically.
- The improvement in Group A is 66% (p<0.005) and in Group B is 57% (p<0.001). This shows significant result in Group A and highly significant result in Group B

Group	Mean		M.D	Ν	Mean	S.D	S.E	t value	р	Sig.
	BT	AT	-		%	±	±		value	
А	1.8000	0.6000	1.20000	30	50	0.71438	0.13043	9.200	0.049	S
В	0.9667	0.7000	1.30000	30	53	0.83666	0.15275	8.510	0.001	H.S

- Statistical analysis indicates significant result in Groups A and highly significant result in Group B but the better percentage of improvement is seen in Group B (53%) i.e. group B has shown more improvement in *Rukshta* statistically.
- The improvement in Group A is significant 50% (<0.005) and in Group B is highly significant 53%, (p<0.001).

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Group	Mean		M.D	Ν	Mean	S.D	S.E	t value	p value	Sig.
	BT	AT			%	±	±			
А	0.9333	0.4000	0.53333	30	57	0.50742	0.09264	5.757	0.049	S
В	1.6000	0.6000	0.60000	30	58	0.77013	0.14061	4.267	0.04	S

- Table 5: Comparative Analysis of Effect of Therapy Between Group A and Group B On Pidikautpatti
- Statistical analysis indicates significant result in both Groups A and B, but the better percentage of improvement is seen in Group B (58%) i.e. group B has shown more improvement in *Pidikautpatti* statistically.
- The improvement in Group A is 57% and in Group B is 58%, the result was significant in both the groups (p<0.005)

**Table 6:** Comparative Analysis of Effect of Therapy Between Group A and Group B On Vaivarnata

Group	Mean		M.D	Ν	Mean	S.D	S.E	t	p value	Sig.
	BT	AT	_		%	±	±	value		
Α	1.6000	0.9333	0.66667	30	37	0.60648	0.11073	6.021	0.249	N.S
В	1.2333	0.4333	0.86667	30	55	0.57135	0.10431	8.308	0.04	S

- Statistical analysis indicates significant result in Groups B and insignificant result in Group A and also the better percentage of improvement is seen in Group B (55%) i.e. group B has shown more improvement in *Vaivarangata* statistically.
- The Group B with the t-test value of 8.308 shows significant result(p<0.005) and group A remains insignificant with t-test value 6.021(p>0.005).

**Table 7:** Haematological Improvement comparative Analysis of Effect of Therapy Between Group A And Group
 B on Haemoglobin Concentration

Group	Mean		M.D	Ν	Mean	S.D	S.E	t value	p value	Sig.
	BT	AT			%	±	±			
А	11.770	11.606	0.16333	30	1.3	2.17786	0.39762	0.411	0.684	N.S
В	1.0000	0.7667	0.23333	30	23.3	0.65859	0.12024	8.308	0.260	N.S

• Statistical analysis indicates non-significant results on the parameter Haemoglobin Concentration. (p>0.005)

**Table 8:** Comparative Analysis of Effect of Therapy Between Group A and Group B on Erythrocyte

 Sedimentation Rate

Group	Mean		M.D	Ν	Mean	S.D	S.E	t	р	Sig.
	BT	AT			%	±	±	value	value	
A	12.400	11.3667	1.0333	30	8.3	1.4967	0.2732	3.781	0.667	N.S
В	1.4000	1.30000	0.1000	30	15	0.8441	0.1541	2.163	0.049	S

• The Significant result was noticed in groups B (p<0.005) with the t- test value of 2.163 while group A remains Non-Significant (p>0.005).

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Group	Mean		M.D	Ν	Mean	S.D	S.E	t value	p value	Sig.
	BT	AT			(%)	±	±			
А	91.366	91.000	0.3666	30	0.4	2.73840	0.49996	0.267	0.792	N.S
В	1.0667	0.4333	0.6334	30	5.9	1.82606	0.33339	0.300	0.766	N.S

- Table 9: Comparative Analysis of Effect of Therapy Between Group A and Group B on Blood Sugar
- Statistical analysis indicates non-significant results on the parameter Blood Sugar(p>0.005).

Table 10: Comparative Analysis of Effect of Therapy Between Group A and Group B On Total Leucocyte Count

Group	Mean		M.D	Ν	Mean	S.D	S.E	t value	p value	Sig.
	BT	AT	-		(%)	±	±			
А	7.6033	7.5433	0.0666	30	0.7	0.25134	0.04589	1.308	0.201	N.S
В	12.800	12.600	0.2033	30	1.5	0.53336	0.09738	2.088	0.267	N.S

• Statistical analysis indicates non-significant results on the parameter Total Leucocyte Count (p>0.005)

Table 11: Comparative Analys	vis of Effect of Therapy	Retween Groun	A And Groun	n B on Neutrophils
Table II. Comparative Analys	sis of Effect of Therapy	<sup><i>i</i></sup> Between Oroup	A Aliu Olouj	b on Neurophins

Group	Mean		M.D	Ν	Mean	S.D	S.E	t value	p value	Sig.
	BT	AT			(%)	±	±			
А	51.6333	50.9333	0.7000	30	1.3	0.65126	0.11890	5.887	0.206	N.S
В	11.3667	11.0333	0.2000	30	2.9	0.84690	0.15462	1.293	0.049	S

• Statistical analysis indicates significant result in groups B(p<0.005) with the t-test value of 1.293while group A remains Non-Significant(p>0.005).

Table 12: Comparative Analysis of Effect of Therapy Between Group A and Group B on Lymphocytes

Group	Mean		M.D	Ν	Mean	S.D	S.E	t value	p value	Sig.
	BT	AT			(%)	±	±			
А	39.3333	37.5000	1.8333	30	4.6	1.01992	0.18621	9.845	0.349	N.S
В	91.2333	91.1333	0.1000	30	0.1	1.0148	0.18528	6.836	0.778	N.S

• Statistical analysis indicates non-significant results on the parameter Lymphocytes (p>0.005).

**Table 13:** Comparative Analysis of Effect of Therapy Between Group A and Group B on Eosinophils

Group	Mean		M.D	Ν	Mean	S.D	S.E	t value	р	Sig.
	BT	AT			(%)	±	±		value	
А	5.2333	4.4333	0.8000	30	15	0.61026	0.11142	7.180	0.04	S
В	7.8167	7.6133	0.2034	30	26	0.79438	0.14503	4.826	0.001	H.S

• Statistical analysis indicates significant result in Group A(p<0.005) and highly significant in Group B. (p<0.001).

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Group	Mean		<b>M.D</b>		Mean	S.D	S.E	S.E t value		Sig.
	BT	AT	_		(%)	±	±			
А	5.7000	5.2667	0.4333	30	7.6	0.50401	0.9202	4.709	0.054	N.S
В	53.533	35.933	0.3667	30	32	0.49013	0.08949	4.097	0.723	N.S

Table 14: Comparative Ana	alvsis of Effect of Therapy Between	Group A and Group B on Monocytes
<b>Hubic III</b> comparative i m		

• Statistical analysis indicates non-significant results on the parameter Monocytes. (p>0.005).

Table 15: Comparative Analysis of Effect of Therapy Between Group A and Group B on Basophils

Group	Mean		M.D	N	S.D	S.E	t value	p value	Sig.
	BT	AT			±	±			
А	0	0	0	30	0	0	0	0	N.S
В	0	0	0	30	0	0	0	0	N.S

Statistical analysis indicates non-significant results on the parameter Basophils (p>0.005).

#### Results

#### **Clinical Improvement**

Comparative interpretation of clinical recovery in 60 patients of 2 groups are described as follow:

S.no	Characteristics	Group A			Group B		
		't' value	'p' value	Result	't' value	'p' value	Result
1	Kandu	9.761	0.001	H.S	12.836	0.001	H.S
2	Daha	5.139	0.001	H.S	6.952	0.001	H.S
3	Srava	5.757	0.04	S	4.829	0.001	H.S
4	Rukshta	9.200	0.049	S	8.510	0.001	H.S
5	Pidikautpatti	5.757	0.049	S	4.267	0.04	S
6	Vaivaranyata	6.021	0.249	N.S	8.308	0.04	S
7	Hbgm %	0.411	0.684	N.S	8.308	0.260	N.S
8	ESR	3.781	0.667	N.S	2.163	0.049	S
9	Blood Sugar	0.267	0.792	N.S	0.300	0.766	N.S
10	TLC	1.308	0.201	N.S	2.088	0.267	N.S
11	Neutrophils	5.887	0.206	N.S	1.293	0.049	S
12	Lymphocytes	9.845	0.349	N.S	6.836	0.778	N.S
13	Eosinophils	7.180	0.04	S	4.826	0.001	H.S
14	Monocytes	4.709	0.054	N.S	4.097	0.723	N.S
15	Basophils	0.00	0	N.S	0.00	0	N.S

#### DISCUSSION

Any research work without being discussed about its nature, utility and importance is said to be incomplete, any hypothesis becomes principle only after discussed from all the angles.

According to *Acharya Charaka*, Success in treatment signifies the correct application of all therapeutics measures.

Shastra SahitaTarka is essential for Gyana Sadhana.

- The facts, established by proofs after careful investigations, observations and experiments and supported by accurate data and convincing reasoning can convince the people about validity and even the facts require support of statistics.
- Shastra based discussion over any conceptual and practical oriented study definitely gives one or other fruitful conclusions.

The clinical research which was carried out on a distressing dermatological entity like *Vicharchika* is

needed to be discussed in terms of Conceptual, Drug and Clinical contrives.

**Probable Mode of Action:** As rightly said by *Acharyas*, some drugs may act through *Rasa*, some through *Guna, Veerya, Prabhava* or it may be the combined effect of all the ingredients. Hence, to understand the mode of action of *Vicharchikahara lepa* and *Khadirashtaka Kwatha*, it is necessary to understand the pharmacodynamics by understanding the dominant *Rasa, Guna, Veerya, Vipaka*. Hence, they are shown as under:

#### 1. Vicharchikahara Lepa

The ingredients of Vicharchikahara Lepa are Chakarmarda, Bakuchi, Sarshapa, Tila, Kushtha, Haridra, Dharuharidra and Nagarmotha. Most of the ingredients of the Lepa has the dominance of katu and Tikta Rasa like 87.5% each respectively. Both of these Rasas has the ability of kaphashamana. As discussed by Acharaya Charak in su. 26, Tikta rasa has the property of Dipana-Pachana and thus it helps in Amanashana formed due to Nidana Sevena, the Katu and Tikta Rasa present in all the ingredients dries up the discharge, which is the main symptom of Vicharchika. Also, the Tikta Rasa has the properties of Rakta Prasadana, Vishaghana, Kushthagana, Kandugana and Dahaprashmana.

The Dushya involved in Vicharchika are Twak, Rakta, Mamsa, Ambu and Rasa Dhatu is responsible for the vitiation of these. The symptoms of Rasa Vriddhi are just same as Kapha Vriddhiso, Langhanais mentioned for the treatment of Rasa Dusthi, the drugs present in Vicharchikahara Lepa have Laghu, Ruksha, Tikshna Guna, which helps in Laghana. The Ushna Veerya of all the ingredients present in Lepa helps in Kapha and Vata Dosha Sanga from the Srotas and do Srotomukh Vishodana. The presence of Katu and Tikta Rasa in almost all of the ingredients helps in Lekhana of Pravrudha Mamsa Dhatu and dominancy of Ruksha Guna helps in drying up the discharge. Katu Vipaka of all ingredients helps in Agni Deepana and in Shodhan of Srotas.

*Chakramarda, Sarshapa, Haridra, Kushtha, Bakuchi* present in *Lepa* have *Krimighana* property and *Krimi*being one of the causative factors of *Kushtha*. Haridhrahas Tridoshshamaka property as well as it has Kushthagana, Krimigana and Shothagana properties. Bakuchi contains psoralen which is Kushthagana and Krimighana. Bakuchi also has a strong antioxidant property. It increases blood circulation locally thus provides nutrition to the cells present there and helps in the adequate formation of Bhrajaka pitta in the skin. Therefore, it is important to use an external application for the treatment of Vicharchika as it is a type of skin disorder which has to be managed locally for better results.

#### 2. Khadirashtaka Kwatha

Khadirashta Kakwatha is used in Vicharchika for internal use. The ingredients are Khadira, Amalaki, Haritaki, Vibhitaki, Nimba, Patola, Guduchi, Vasa. As all the ingredients present in the kwatha has Katu, Tikta, Kasaya Rasa which helps in Dipana-Pachana and stops Ama formation. The Kashaya Rasa present in Khadira helps in Stambana and has SheetaVeerva which is Dahaprashmana, even the Guduchi present in the Kwatha is also mentioned in Dahaprashmana Mahakashaya by Acharya Charka in Sutra Sthana 26. The Kashaya Rasa also have properties like Varnaropana and also has anti- inflammatory and anti-septic properties as well as Kushthagana Prabhava. Due to Sheeta Veerya, Amalaki and Vasa are Shothagana, Dahaprashman, Vedanasthapan an Kapha-Pittahara.

Nimba present in Kwatha has SheetaVeeray, due to which it helps in Dahaprashmana and also have properties like Kaphapittahara, Kandugana, Krimigana, Kushthagana. Patola mainly has Laghu and RukshaGuna, Laghuguna possess Kaphashamaka property it also helps in Agni Deepan and by its Strotoshodhaka property, it acts on minute channels and removes the Amavisha. AcharyaSushruta in Su.46 has described has described Lekhana and Ropana properties of Laghu, Guna. Lekhana property might help in management of hyper keratinization which leads to scaling.

Drug like *Guduchi, Haritaki, Vibhitaki* and *Amalaki* has the property of *Rasayana* and are also are *Tridoshshamaka*. So, they can enhance the nature of relief and stop the recurrences.

Now, looking to the *Karmas* of both the formulations: Vicharchikahara Lepa and Khadirashtaka Kwatha-It is clear that almost all the drugs are having Kushthagana, Kandugana and Rasavana properties which itself explains its action on Vicharchika being one of the types of Kushtha. Thus, in nutshell all the drugs present in the formulations are able to work on Vicharchika through their Deepana- Pachana, Kaphagana, Tvachava Tridoshshamaka, Srotoshodhaka, Kandugana and Kushthagana properties.

#### **Clinical Study**

60 clinically diagnosed patients of *Vicharchika* were randomly selected for the study, these patients were divided into 2 group on the basis of drug administration.

**Group A:** 30 patients of *vicharchika* were given: *Vicharchikahar alepa* for local application.

**Group B:** 30 Patients of *Vicharchika* were given: *Vicharchikahara Lepa* for local application. *Khadirashtaka Kwatha* – 40ml, B.D. orally.

#### CONCLUSION

Effect of Therapy

• Group A (Vicharchikahara Lepa)

While assessing the clinical improvement after the administration of Vicharchikaharalepa, statistically highly significant results were seen in Kandu and Daha i.e. p<0.001 with 57% and 55% relief respectively. Significant result i.e. p<0.005 were seen in Srava, Rukshta and Pidikautpatti with 66%, 50% & 57% respectively whereas insignificant results were in Vaivarnata. While assessing seen the haematological improvement after the administration of Vicharchikahara Lepa, statistically significant results were seen in only Eosinophils p<0.005 while insignificant results were observed in rest of the parameters.

# • Group B (Vicharchikalepa and Khadirashtaka Kwatha)

While assessing the clinical improvement after the administration of *Vicharchikaharalepa* and *Khadirashtaka Kwatha*, statistically highly significant results were seen in *Kandu, Daha, Srava* and *Rukshta* 

i.e. p<0.001 with 71%, 58%, 57% & 53% relief respectively while Significant result i.e. p<0.005 were seen in Pidikautpatti and Vaivarnata with 58% and 55%. While assessing the haematological improvement after the administration of Vicharchikaharalepa and Khadirashtakakwatha, statistically Highly Significant results were seen in Eosinophils, Significant results in ESR and Neutrophils p<0.005 while rest of the parameters remain insignificant.

Comparison of overall improvement in Group A and Group B:

While assessing the overall percentage of improvement in both the groups on different clinical parameters, it was noticed that there was 53% improvement in Group A (*Vicharchikahara Lepa*) and 58% improvement in Group B (*Vicharchikahara Lepa and Khadirashtaka Kwatha*).

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