A STUDY ON THE EFFECT OF YASHADAMRITA MALHARA AND YASHAD BHASMA WITH SIKTH TAILA IN VICHARCHIKA WITH SPECIAL REFERENCE TO ECZEMA

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ABSTRACT

Generally, skin diseases run a chronic course and the recurrence is very common. In Ayurvedic texts, topical application of Yashadamrita Malhara is said to be very effective in the treatment of Vicharchika. But previously no study was carried out to evaluate the effect of this Malhara. Hence this study was planned to evaluate the effect of Yashadamrita Malhara and Yashad Bhasma with Sikth Taila in the management and prevention of the recurrence of Vicharchika. In first group, Yashadamrita Malhara was applied externally to the patients of Vicharchika (Eczema) which provided highly improvement to 55.55% patients, moderate improvement to 33.33% patients and mild improvement to 11.11% patients but the recurrence rate was high i.e 62%. Similarly in second group, Yashad Bhasma with Sikth Taila was applied externally to the patients of Vicharchika (Eczema) provided high improvement to 44.44% patients, moderate improvement to 33.33% patients and mild improvement to 22.22% patients. In this study, total 20 patients of Vicharchika (Eczema) were registered, among which 18 patients completed the full course of treatment. Both the drugs were given for local application twice daily. Results of the study showed that both drugs may be recommended as one of the drugs for the treatment of Vicharchika.

Keywords: Vicharchika, Yashad, Malhara, Bhasma, Sikth Taila, Eczema

INTRODUCTION

Ayurveda made up of word Veda (knowledge) and Ayush (life) i.e. knowledge of life. An Ayurvedic system adopts a holistic approach towards health care by balancing the physical,
mental and spiritual functions of the human body. It is the oldest system of medicine, practiced since thousand of years with medicines comprising of herbs, minerals, metals and animal origin. *Vicharchika* is one of the diseases mentioned in ancient science among the *Kushta*. *Vicharchika* is categorized in different ways i.e. *Kshudra kushta*, *Kshudra roga* and *Sadhya kushta*. All *Kushtas* are having *Tridoshaja* origin, hence *Vicharchika* can be explained in similar manner i.e. *Kapha* is responsible for *Kandu*, *Pitta* is responsible for *Srava* and *Shyava* indicates the presence of *Vata*.2 Despite its *Tridosha* origin, various *Acharyas* have mentioned different dominances in *Vicharchika* i.e. *Kapha*, *Pitta*, *Vata-pitta pradhana*, which also suggest specific symptom complexes. As per the symptomatology and pathogenesis, *Vicharchika* has been directly correlated with eczema (dermatitis) in modern science, with symptoms *Sakandu* (excessive itching), *Pidaka* (papules, vesicles, pustules), *Shyava* (erythema with discolouration), *Bahusrava* (profuse discharge, oozing), *Raji* (thickening, lichenification of skin), *Arti* (pain), *Ruksha* (dry lesion), etc. Dermatitis is being used as a synonym of eczema by most of the dermatologists.5 in recent days; modern science has reached the top by great advances, particularly when dermatology topic is concerned and also in regards to availability of powerful antibiotics, antifungal, antihistaminic, steroids, etc. But better management could not be searched out till today. Few drugs are available for symptomatic relief only. Skin diseases like eczema get a suitable atmosphere especially in developing countries, because of fast life style, industrial and occupational hazards, repeated use of chemical additives etc nowadays, whole world is gradually turning towards Ayurveda for safe and complete cure of diseases. Especially in the field of skin problems ayurveda can contribute remarkably. Topical application of *Yashadamrita Malhara* is said to be very effective in the treatment of *Vicharchika*. But previously no study was carried out to evaluate the effect of this *Malhara*. Hence this study was planned to evaluate the effect of *Yashadamrita Malhara*. Topical use of *Yashadamrita Malhara* and *Yashad Bhasma* with *Sikth Taila* were subjected to clinical trial in this study.

Aims and Objectives
1. To evaluate the effect of of *Yashadamrita Malhara* and *Yashad Bhasma* with *Sikth Taila* in management of *Vicharchika* and associated symptoms of *Vicharchika* like pruritus, papules and hyperpigmentation etc.
2. To make a follow up for any relapse of symptoms of *Vicharchika* or recurrence of *Vicharchika* etc.
3. To compare the effect of *Yashadamrita Malhara* with *Yashad Bhasma* and *Sikth Taila*.

Material and method
Source of Data:
20 Cases of *Vicharchika* were selected randomly from OPD of *Ras Shastra* as well as patients which were referred from other Departments of Rajiv Gandhi Govt. Post Graduate *Ayurvedic College & Hospital*, Paprola.

Criteria for Diagnosis:
1. **Subjective Criteria:** Patients will be diagnosed on the basis of sign and symptoms of *Vicharchika* as per *Ayurvedic* symptoma-
ology. The patients having following signs and symptoms were diagnosed as suffering with Vicharchika (Eczema)\(^8\).

- **Kandu** (Pruritus)
- **Pidika** (Pappules)
- **Shyava** (Hyperpigmentation)
- **Bahusrava** (Discharge)
- **Ruja** (Pain)
- **Rukshata** (Dryness)
- **Shotha** (Thickness of skin)

2. **Objective criteria:**

- Routine haematological investigations like Hb g\%, TLC, DLC, ESR.
- Routine urine examination

**Criteria for inclusion:**

1. Patient suffering from vicharchika in between the age group of 15-70 years were selected.

2. Patients possessing signs and symptoms on the basis of diagnostic criteria were selected.

**Criteria for exclusion:**

1. Patients above 70 years and below 15 years were excluded.

2. Patients suffering from AIDS, Cancer, TB, DM and severe systemic disorders were excluded.

3. Patients of Vicharchika having secondary infections were excluded.

**Method for the preparation of drugs:**

**Yashad Bhasma**\(^9\):

*Yashad Bhasma* was prepared by the reference of R.T. (21/104-107). Here in this process of marana equal amount of Sh.Parada and Sh. Gandhaka were taken and triturated vigorously till homogenous mixture formed. After that homogeneous mixture of Yashad, Parada and Gandhaka were levigated with Nimbu Swarasa and subjected to Puta in horizontal Electric muffle furnace (E.M.F.). Total 8 puta were given at temperature 800\(^0\) C to increase therapeutic effectiveness of Bhasma.

**Yashad Pushpa**\(^10\):

*Yashad Pushpa* was prepared by the reference of R.T. (19/112-115). 450 gm of Yashad was taken in the crucible and allowed to melt over the ignited coal stove. 1200\(^0\)C temperature was sufficient enough to convert zinc metal to its flowers i.e.*Yashad Pushpa*.

**Yashadamrita malhara**\(^11\):

*Yashadamrita Malhara* was prepared first as explained in classic. First *sikh taila* base was prepared using *sikth* and *tila taila* in ratio 1:6 respectively. It was followed by mixing of *Yashad Pushpa* and *Sikth Taila* in ratio 1:3.

**Method of Research:**

- **IEC approval & Consent:** Approval from the institutional ethics committee was taken prior to begin with study vide letter No.IEC/2015/1049 dated 16/06/2015. A written & informed consent of patients was taken before their registration for the study.

- **Patients Information Sheet & CRF:** All the patients were given an information sheet stating all the details of the study protocol, benefits of trial & any expected side effect. A Clinical Research Performa was prepared to note down all the details of the patients and their disease.

- **Trial groups** 20 patients of Vicharchika were treated by randomly dividing them into two groups each comprising of 10 patients and treatment was given as follows-
Group 1: The patients of this group were treated with *Yashadamrita Malhara*.

Group 2: The patients of this group were treated with *Yashad Bhasma* and *sikth taila*.

**Form of drug**: Malhara (ointment)

**Dosage**: To be applied topically/Q.S.

**Duration**: 15 days

**Follow-up**: After 7th and 15th day of initiation of trial.

**Assessment**: Patients of both the groups were thoroughly assessed for any improvement in the subjective criteria after every 7th days till the completion of trial period of 15 days.

**Parameters for Assessment of Results**: Assessment of the results obtained were done on the basis of 7 subjective criteria which were assigned different grades. Haematological and urine examination were done before the therapy.

Statistical Analysis: The obtained data was analyzed statistically and expressed in terms of mean standard deviation (SD) and standard error (SE). The “t” test was applied to observe the significance of results obtained after treatment.

**Clinical observations and results**: The data collected from clinical trial was compiled and subjected to statistical analysis and presented under following sections.

1. **Age** - It was found that maximum number of patients in the present study belongs to the age group of 31--50 years i.e. 60%, followed by 21-30 years (30%), which correlates the incidence of age. This shows the high incidence in madhyamavastha. This age is golden period for individuals when mental stress and other exposure i.e. occupational, environmental, unwholesome food were more which leads to dermatitis.

2. **Sex** - Maximum number of patients were male i.e. 55% while the percentage of female patients was 45%. So it can be said that in this study males are more affected than females which coincides with the observation of incidence.

3. **Marital Status** - Maximum number of patients registered in this study were married (95%).

4. **Habitat** - Maximum patients included in the study i.e. 65% reside in rural area, as research institute is situated in rural area and the input in OPDs is maximum from villages.

**DEMOGRAPHIC PROFILE**

Demographic data of all the 20 patients registered for Clinical study is shown here on the basis of Age, Sex, Occupation, Education, Marital status, Habitat, Diet and Life style.

**Status of 20 patients of Vicharchika**: Total 20 patients were registered. In group-1, 10 patients were registered amongst which 9 patients completed the trial and 1 patient left the treatment against the medical advice. In group-2, 10 patients were registered and 1 patient left the treatment against the medical advice.

Hence, the total number of patients is 20 for the present study. Demographic observations for 20 patients and clinical trial results for 18 patients are described as follows.
5. **Occupation** - On considering the nature of occupation, it was found that maximum number of patients i.e. 60% were housewives and farmers. Farmers who are exposed to irritant substances in the form of pollens or fertilizers are having a higher tendency and housewives are more exposed to household appliances, which are common causative factors for Vicharchika.

6. **Dietary habits** - Maximum number of patients (85%) were having mixed diet. So, it can be concluded that the nidana like guru, vidahi, ushna, tikshna and matsya sevana definitely plays a role in the causation of kustha.

7. **Prakriti** - Maximum number of patients, Pitta-Kapha Prakriti(85%), followed by kapha-Pittaja Prakriti (10%). Kapha and Pitta are considered as the aggravated Dosha in the pathogenesis of Vicharchika.

8. **Presence of symptoms** - In the present clinical trial Hyper pigmentation and dryness symptoms were present in all i.e.in 100 % patients. 80-90% patients were having complaint of pruritus, pappules and discharge. 77.77% patients were having symptom of pain. Complaint of the symptom thickness were present only in 44.44% patients.

In group 1-Yashadamrita Malhara provided significant relief in the symptoms of vicharchika such as pruritus (90%), pappules (77.28%), hyper pigmentation (70.56%), discharge (64.69%), pain (84.59%), dryness (90.91%) and thickness (75%). In this group, 73.33% patients had marked improvement and 26.67% patients had moderate improvement. [Table 1]

In group 2- Yashad Bhasma with Sikth Taila also provided significant relief in the symptoms of vicharchika such as pruritus (89.49%), pappules (81.83%), hyper pigmentation (68.40%), discharge (62.51%), pain (79.98%), dryness (92%) and thickness (83.33%). In this group, 73.33% patients had marked improvement and 26.67% patients had moderate improvement. [Table 1]

Inter group comparison shows that there is insignificant difference in the effect of therapy on the symptoms in both the groups. (p>0.05). [Table 2]

**OVERALL EFFECT OF THE THERAPY:**

**Group-1** -Among the 09 patients, 01patient was mildly improved, 03 patients were moderately improved and 05 patients were highly improved.

**Group 2** -Among 09 patients, 02 patients were mildly improved, 03 patients were moderately improved and 04 patients were highly improved. [Table 3]

<table>
<thead>
<tr>
<th>Table:1 Effect of therapy on the Symptoms in patients.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptom</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Pruritus</td>
</tr>
<tr>
<td>Pappules</td>
</tr>
<tr>
<td>Hyper pigmentation</td>
</tr>
</tbody>
</table>
Table 2: Inter Group Comparison

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Signs / Symptoms</th>
<th>% Relief Gr.1</th>
<th>% Relief Gr.2</th>
<th>% difference</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pruritus</td>
<td>90%</td>
<td>89.49%</td>
<td>0.51%</td>
<td>&lt;0.05</td>
</tr>
<tr>
<td>2.</td>
<td>Pappules</td>
<td>77.28%</td>
<td>81.83%</td>
<td>4.55%</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>3.</td>
<td>Hyper pigmentation</td>
<td>70.56%</td>
<td>68.40%</td>
<td>2.16%</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>4.</td>
<td>Discharge</td>
<td>64.69%</td>
<td>62.51%</td>
<td>2.18%</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>5.</td>
<td>Pain</td>
<td>84.59%</td>
<td>79.98%</td>
<td>4.61%</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>6.</td>
<td>Dryness</td>
<td>90.91%</td>
<td>92%</td>
<td>1.09%</td>
<td>&gt;0.05</td>
</tr>
<tr>
<td>7.</td>
<td>Thickness</td>
<td>75%</td>
<td>83.33%</td>
<td>8.33%</td>
<td>&gt;0.05</td>
</tr>
</tbody>
</table>

Table 3: Overall Effect of the Therapy

<table>
<thead>
<tr>
<th>Overall Effect</th>
<th>Trial Group–I</th>
<th></th>
<th>Trial Group–II</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of Cases</td>
<td>%age</td>
<td>No. of Cases</td>
<td>%age</td>
<td></td>
</tr>
<tr>
<td>100% Relief</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>60–90% Relief</td>
<td>5</td>
<td>55.55</td>
<td>4</td>
<td>44.44</td>
</tr>
<tr>
<td>60–40% Relief</td>
<td>3</td>
<td>33.33</td>
<td>3</td>
<td>33.33</td>
</tr>
<tr>
<td>40–10% Relief</td>
<td>1</td>
<td>11.11</td>
<td>2</td>
<td>22.22</td>
</tr>
<tr>
<td>&lt;10% Relief</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

DISCUSSION

The present study was completed to evaluate the efficacy of an Ayurvedic formulation on Vicharchika. The outcome of the study showed ample evidence in regard to action of drug.

In Ayurvedic classics, Agnimandya by Virudha Ahara, Vihara play important role in the pathogenesis of Vicharchika. The drugs, which are used in the present study, are Tikta, Katu and Kashaya rasa predominant and have the agnidipan property. Their probable mode of action is as suggested below:

Topical administration of zinc appears to be superior to oral therapy due to its action in reducing super infections and necrotic material via enhanced local defense systems and collagenolytic activity & the sustained release of zinc ions that stimulates epithelialization of wounds. Zinc is transported through the skin from these formulations, Topical zinc therapy emphasizes its importance in auto debridement, anti-infective action, and promotion of epithelialization. Zinc oxide is used to soothe skin.

As per anatomy of skin just below the top layer of skin a thicker dermis is present where nerves, hair follicles, sebaceous glands, sweat glands, blood vessels and lymph vessels are situated. Under the dermis is the subcutaneous fatty layer. Applying ointment to the skin is a quick and efficient way to introduce them into the blood, nerves and lymph. Many ointments are lipophilic, meaning that by their molecular
CONCLUSION

The present study conclude that the drugs are effective in relieving signs and symptoms of vicharchika. Both therapies were found significantly effective in management of vicharchika. No untoward effect was noted during treatment and follow up period in both groups, however, this is only a preliminary study conducted as a part of educational research program with small number of patients, in fixed duration of time. Further multicentre, clinical studies are required with larger sample to establish vicharchikahara effect of these drugs. On the basis of the results of this dissertation, Yashadamrita Malhara may be recommended as one of the drugs for the treatment of Vicharchika.

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Conflict Of Interest: None Declared

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