



Research Article

A STUDY ON THE EFFICACY OF *PATOLADI KASHAYA* AND *KARANJADI LEPA* IN *VICHARCHIKA* W.S.R. TO ECZEMA

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KEYWORDS: *Vicharchika*,
Eczema, *Patoladi Kashaya*,
Karanjadi Lepa, Placebo.

ABSTRACT

Background: Eczema is most common chronic relapsing skin disease seen in infancy and childhood. It is slightly more common in boys than girls. According to Ayurveda, *Vicharchika* is a major problem in skin diseases. Despite of great advance in dermatology and the advent of powerful antibiotics, antifungal as well as steroids, Eczema continues to defy the best effect of dermatologists. These modern medicines also have serious side effects like liver and kidney failure, bone marrow depletion etc. Long term use of tropical steroids may result in skin atrophy, stria, and telangiectasia. Hence it is the need of the hour to find out safe and effective medicine for *Vicharchika* and here comes the role of *Ayurveda*. The special treatment therapy of *Ayurveda* provides long lasting results by treating the disease and preventing reoccurrence. Finally gives a better quality of life. In *Ayurveda*, *Shodhana*, *Shamana* and *Nidana parivarjana* are the principle treatment for any disease. *Shaman chikitsa* is more preferable than *Shodhana chikitsa* in pediatrics age group, because children's have mridu and sukumar body constitution. The selected drug compounds, i.e. *Patoladi kashaya* and *Karanjadi lepa* are well indicated for *Kushta* and both act as *Shaman dravyas* in *Kushta*. **Aims and Objectives:** To study the efficacy of *Patoladi kashaya*, *Karanjadi lepa* and *Placebo* in *Vicharchika*. To find out economical therapy for *Vicharchika* with minimum or no side effects. **Material and Methods:** Total 60 patients having signs and symptoms of *Vicharchika* were selected randomly from OPD and IPD of Kaumarbhritya, S. V. Ayurvedic hospital, Tirupati and enrolled equally in two groups (n=30). Patients of Group A were administered with *Patoladi Kashaya* and *Karanjadi lepa* (according to age), Group B were with *Placebo Kashaya* and *Lepa* for 1 month. Patients were assessed at 15th day, 30th day, 45th day and 60th day. ANOVA test was applied for significance. **Results:** Group A shows better result than Group B in both subjective and objective parameters especially in *Kandu*, *Rukshata*, *Vaivaranya* and *Pidika*. **Conclusion:** *Patoladi kashaya* orally and *Karanjadi Lepa* externally is very effective management of *Vicharchika*.

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INTRODUCTION

In the present 21st century, wherever we are on this earth, we can see and feel how bad the impact of modern life is damaging the natural environment and our lives. As life style, food habits, behavioral pattern are changing day by day and environmental pollution, industrial and occupational hazards are affecting Human race. All these factors are declining the human immunity. Many new challenges are arising in front of medical system, because it is contributing a number of new diseases and also increasing the incidence of previously uncommon diseases. Skin diseases are one among them especially in pediatric age group. The main causes for these diseases are- use of *Mithya Ahara*, *Vihara* and *Achara*. *Vicharchika* (eczema) is one among such skin diseases. Skin complains affects all ages from the

neonates to the elderly and cause harm in a number of ways, such as discomfort, disfigurement, disability, etc

Chronic skin disease like eczema is associated with significant morbidity in the form of physical discomfort and impairment of patient's quality of life. In *Ayurveda*, All types of skin diseases have been discussed under the broad heading of *Kushta*. *Acharyas* considered *Vicharchika* as *Kshudrakushta*. In the present study *Vicharchika* is compared with Eczema due to its maximum resemblance with it. Eczema is most common chronic relapsing skin disease seen in infancy and childhood¹. It is slightly more common in boys than girls.² *Vicharchika* is a major problem in skin diseases. Despite of great advance in dermatology and the advent of powerful antibiotics, antifungal as well as steroids,

Eczema continues to defy the best effect of dermatologists. These modern medicines also have serious side effects like liver and kidney failure, bone marrow depletion etc. Long term use of tropical steroids may result in skin atrophy, stria, and telangiectasia. Hence it is the need of the hour to find out safe and effective medicine for *Vicharchika* and here comes the role of *Ayurveda*. The special treatment therapy of *Ayurveda* provides long lasting results by treating the disease and preventing reoccurrence. Finally gives a better quality of life. The selected drug compounds, i.e. *Patoladi Kashaya* and *Karanjadi Lepa* are well indicated for *Kushta* and both act as *Shaman dravyas* in *Kushta*.

Material and Methods

Materials

Group A

(A) *Patoladi Kashaya*³

Drug Quantity

- *Patola* 1 part
- *Nimba* 1 part
- *Guduchi* 1 part
- *Khadira* 1 part
- *Karanja* 1 part
- *Haritaki* 1 part
- *Vibhitaki* 1 part
- *Amlaki* 1 part
- *Vasa* 1 part

(B) *Karanjadi Lepa*⁴

1. Herbal drugs

Karanja 1 part
Kushta 1 part
Chakramarda 1 part

2. Animal origin

Gomutra Quantity sufficient

Group B

Placebo *Kashaya* and *Lepa*

Any work done with a placebo controlled study is a valid area of research. So in the present study a placebo models for *Kashaya* and *Lepa* was designed to conduct the placebo controlled evaluation of the therapeutic effect of *Patoladi kashaya* administered orally and *Karanjadi lepa* as external application.

In the present study the dummy *Kashaya* was prepared with Starch powder mixed with wheat oats and edible colours. For dummy *Lepa*, fine wheat powder was used.

Methods

All stipulated drugs were taken in equal quantity, washed and dried well and then made into coarse powder for *Kashaya churna* and fine powder for *Lepa churna*.

Prepared drugs

Conduct of trial

Study Design: Randomized, Single Blind, Placebo controlled.

Selection of objects: Total 60 patients having signs and symptoms of *Vicharchika* were selected randomly from OPD and IPD of Kaumarbhritya dept., S. V. Ayurvedic hospital, Tirupati and enrolled equally in two groups (n=30).

Inclusive Criteria

- Patients of age group 0-16years.
- Patients with signs and symptoms of *Vicharchika*.
- Patients with Signs and symptoms of Eczema.

Exclusive Criteria

- Age group > 16 years.
- Children with any other chronic skin diseases like psoriasis.
- Children with other debilitating diseases like SLE, TB.

Drug and Posology

- Patients of Group A received *Patoladi Kashaya* orally empty stomach twice a day and *Karanjadi Lepa* for external application daily. The dose of *Kashaya* was calculated by using following formula:

$$\text{Children Dose} = \frac{\text{Adult dose} \times \text{age in yrs}}{\text{Age in yrs} + 12}$$

- Patients of Group B received *Placebo Kashaya* and *Placebo Lepa*.

The drugs were administered both internally and externally for 30 days. Both the trial drugs were prepared and procured from Pharmacy, S.V. Ayurvedic College, Tirupati.

Criteria for assessment

Subjective Criteria

The signs and symptoms of *Vicharchika* were assessed by scoring system.

Objective Criteria

- Absolute Eosinophil count.
- SCORAD international scoring system.

Criteria for overall assessment

- **Cured:** Patients showing 100% improvement in signs and symptoms have been considered as cured.
- **Complete Remission:** Patients showing more than 76-99% average improvement in the Signs and Symptoms have been considered as complete remission.
- **Marked improved:** The patients showing improvement in between 51 to 75 % in Signs and Symptoms has been considered as Marked improved.
- **Partially improved:** The patients showing improvement in between 26 to 50 % in Signs and Symptoms has been considered as Mild improved.
- **Unchanged:** No change or less than 25% improvements in Signs and Symptoms have been considered as unchanged.

Statistical analysis

Standard Error (S.E.). Statistical significant test for comparison was done by ANOVA followed by Turkey multiple comparison test.

Observation

Among both Group A and B 30 patients completed the treatment and follow up. Maximum number of children's belongs to 4-8 years of age group (38.33%), Male child (55%), resident of *Jangala desha* (88.33%), Hindu religion (88.33%), *Mandagni* (43.33%), mix diet (88.33%), *Vata Pradhana Prakruti* (46.67%), *Madhyama Samhanana* (68.33%), poor socioeconomic class (58.33%) and maximum number of patients consumed more *Katu, Lavana* and *Amla Ras* i.e. 71.67%, 70%, 68.33% respectively, family H/o allergy (46.66%) and eczema (43.33%). The symptoms of *Vicharchika* like *Kandu* (100%), *Vaivarnya* (98.33%), *Pidika* (66.67%),

Rookshata (60%), *Srava* (40%), *Daha* (38.33%), *Ruja* (16.67%) and *Raji* (11.67%).

Results

Effect of therapy on subjective and objective parameters

a) Extremely significant results (P <0.001) were found in parameters like *Kandu, Vaivarnya, Rookshata, Pidika, Daha, Srava* and decrease in SCORAD scoring, A.E.C. (absolute Eosinophil count) in Group-A. Highly significant (P <0.01) results were noticed in *Ruja* in Group-A. No significant result for *Raji* in Group-A. Results were not significant in Group B for both objective and subjective parameters.

Table no. 1: Effect of therapy on symptoms, SCORAD and A.E.C. in Group A

Parameters	Mean ± S.D		Percentage %	Q	P Value
	BT	AT			
<i>Kandu</i>	2.10±.4807	.67±.6609	68.24	23.922	<.001
<i>Rukshata</i>	1.13±1.100	.33±.5467	70.8	10.270	<.001
<i>Srava</i>	.90±1.094	.30±.5960	66.7	8.747	<.001
<i>Vaivarnya</i>	2.13±1.567	.87±.7303	59.48%	21.300	<.001
<i>Pidika</i>	1.13±1.137	.47±.7761	59	9.660	<.001
<i>Ruja</i>	.40±.9322	.13±.3451	66.7	4.935	<.01
<i>Daha</i>	.73±1.048	.27±.5208	63.93	7.472	<.001
<i>Raji</i>	.23±.7279	.13±.4342	43.47	2.597	>.05
SCORAD	36.46±8.441	13.80±8.803	62.16	32.421	<.001
A.E.C.	722.03±133.72	452.20±108.68	37.37	19.170	<.001

Table no. 2: Effect of therapy on symptoms, SCORAD and A.E.C. in Group B

Parameters	Mean ± S.D		Percentage %	Q	P Value
	BT	AT			
<i>Kandu</i>	1.80±.4842	1.69±.6742	11.11	3.795	>.05
<i>Rukshata</i>	1.10±.9595	1.00±.9097	9.09	3.277	>.05
<i>Srava</i>	.77±1.104	.77±1.104	0	.000	>.05
<i>Vaivarnya</i>	1.73±.6397	1.60±.5632	7.7	3.856	>.05
<i>Pidika</i>	1.40±.9322	1.37±.9273	2.38	.8679	>.05
<i>Ruja</i>	.33±.8023	.23±.5683	33	2.597	>.05
<i>Daha</i>	.80±1.031	.70±.9154	12.5	3.444	>.05
<i>Raji</i>	.23±.6261	.20±.5509	14.48	.0333	>.05
SCORAD	31.63±7.260	30.93±6.876	2.22	3.463	>.05
A.E.C.	735.50±139.78	743.27±129.31	-1.05	1.198	>.05

Effect of therapy in Group-A

Overall effect of therapy

Overall results in Group-A reveals that 6.67% patients got complete cure, 16.67% patient got complete remission, 53.33% got marked relief, 23.33% got mild relief where as there was no cure for 0% of the patients. Overall result in Group-B reveals that only 10% patients got Mild relief, rest of the patients i.e. 90% was not cured. No patient was cured in this group.

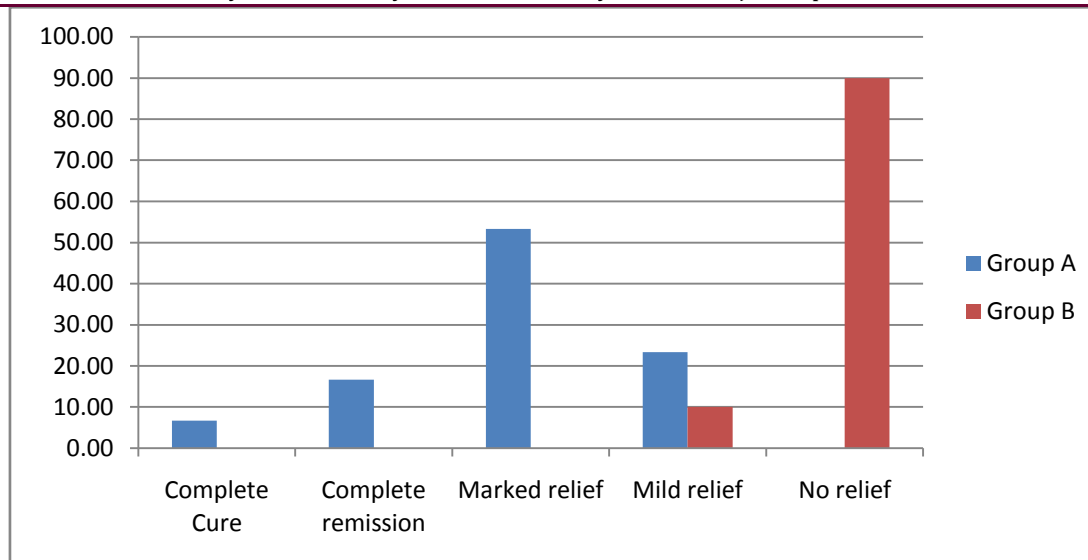


Figure 1: Overall effect of therapy

DISCUSSION

Vicharchika has been mentioned in almost all *Ayurvedic texts*, either in form of *Kshudra Kustha* or *Sadhya Kustha*. Various *Acharyas* mentioned *Vicharchika* with different *Doshic* involvement of vision of their symptomatological complex. Charka says that *Vicharchika* has a *Kapha* dominancy because, there is an excess itching, discoloration, boil, profuse oozing, which also indicates its initial or acute stages. Characteristics like *Raji* (marked lining) and *Arti* (pain) and *Ruksha* (dryness) etc., which indicate chronic or later stage. Thus, this separation may also suggest different stage of disease *Vicharchika*. In initial stage of *Vicharchika* when pruritus may be severe, ultimately skin intactness may rupture and water discharge may produce which is also mentioned by Vagbhata that *Vicharchika* has a characteristic like *Lasikadhya* while Indu explained it with *Jalapraya* i.e., watery discharge. The symptomatology of *Vicharchika* is similar with Eczema. Now a days, modern science become so much advanced particularly in dermatology as topic is concerned and also 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. Their indiscriminate use is most undesirable. Long term use of topical steroids may result in skin atrophy, stria, and telangiectasia. Topical steroid addiction has been reported in long term users of topical steroids and it results in uncontrollable, spreading dermatitis and worsening skin inflammation. *Ayurvedic* system of medicine is generally considered as the best for most of the skin diseases. Holistic approach of *Ayurveda* is particularly useful in treating skin diseases, which is often a manifestation of systemic illnesses.

Possible mode of action

Kushtha is a *Sannipatika* disease according to *Ayurveda*. *Vicharchika* can also be considered as *Sannipatika*, with a predominance of *Kapha* and *Pitta*.

Patoladi Kashaya

Patoladi Kashaya is a combination of 9 drugs. All the key ingredients of this *Kashaya* are having

Tridosahara properties, especially *Kaphapittahara* property, which is main *Dosha* involved in pathogenesis of *Vicharchika*. All the drugs in combination are having *Kushtaghana*, *Kandughana*, *Krimighna*, *Rasayana*, *Raktashodhaka*, *Raktaprashadaka* and also *Varnya* properties. Recent research work shows that these drugs are having potent Anti-allergic, anti-inflammatory, immunomodulatory, cytoprotective, antibacterial, anti-oxidant, antimicrobial and antifungal properties. By Anti-allergic property it cures the main cause of Eczema i.e. allergy. Antioxidant action may reduce the risk of allergy by protecting against oxidative tissue damage. Allergies arise from imbalanced *Dosha Vata*, *Pitta* or *Kapha* according to *Ayurvedic* concept. The stipulated yoga is a potent *Shamana* type of *Aushada*. *Shamana aushadha* have potency of curing *Doshic* imbalance and maintaining *Dosha* in a balanced state. So finally reduce risk of allergy. Immunomodulatory activity reduces hypersensitivity reaction, so reduces severity and risk of allergy. Other causes of eczema like infections may be cured by antibacterial, antimicrobial and antifungal property of stipulated yoga. Most of the drugs of stipulated yoga are having *Tikta* and *Kashaya ras*, in which *Tikta rasa* works on *Aamashya* and treat the *Ama* condition, finally improve *Agni* and helps in *Sroto-sudhi*. These drugs also have *Raktashodhaka* and *Rakta-prasadana* properties, because of *Tikta* and *Kashaya ras* dominance, *Rakta* is one of the main *Dushya* in *Tvak vikara*. These properties have direct positive effect on *Tvak dhatu*. One of the key drugs is *Khadira*; Caraka told that *Khadira* is best *Kushtaghna*⁵ *Dravya*. *Guduchi* is a proved immune-modulator⁶ and also a very potent *Rasayana* drug, so it helps in reducing the episodes and severity of allergy, which is a major cause of the Eczema according to modern science. *Rasayana karma* of drugs like *Guduchi*, *Amlaki*, *Haritaki* etc, helps in reducing the reoccurrence of *Vicharchika*. *Rasayana* drugs are used for preservation of good health, because they have immunomodulatory, antioxidant action and hemopoetic effect. *Rasayana* drugs also improve the complexion of the

skin⁷. *Nimba*, *Amalaki* and *Guduchi* has especially *Dahaprashmana* property. *Chakramarda* and *Gomutra* have *Lekhana* property. *Patola* and *Karanja* work as *Vranaropaka dravya* and *Nimba* has *Vranashodhaka* property. All these properties will help in reducing the symptoms of *Vicharchika* like *Kandu*, *Vaivarnya*, *Pidika*, *Rukshata*, *Srava*, *Daha*, *Raji*, and *Ruja*, and finally in breaking the pathogenesis of *Vicharchika*.

Karanjadi lepa

The stipulated yoga of *Karanjadi lepa* also has all *Kushthaghna*, *Kandughna*, *Krimighna* and *Varnya* drugs in it. Almost all the drugs in it are having antibacterial, anti pruritic and anti inflammatory, antimicrobial, antifungal action. *S. lappa* causes a significant reduction in the mRNA levels and production of inflammatory chemokines and cytokine, by this property; it can effectively suppress the development of atopic dermatitis. The medicine is applied through the aid of *Gomutra*, which are also a potent *Kushthaghna* and *Krimighna dravya* and *Aruksha* in nature. *Gomutra* also works as penetration enhancer, so it facilitates absorption through the skin.

CONCLUSION

The experiment clearly concludes that *Patoladi kashaya* and *Karanjadi lepa* for external application could be a remedy for *Vicharchika* and can be used in other *Kustha* also especially *Kaphaja-pittaja kushthas* explained in the classic texts without any side effects. It will be a

panacea for many of the skin problems. Results were not significant in placebo group.

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