A Controlled Comparative Clinical Study on *Navaka Kashaya* and *Khadira Aristadi Kashaya* in the Management of *Vicharchika*

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ABSTRACT:

A comparative clinical study to evaluate the therapeutic effect of *Khadira aristadi Kashaya* and *Navaka Kashaya* in the management of *Vicharchika*. A single blind Controlled comparative clinical study with pre test and post test design. Conducted in Dhanvantari Ayurveda medical college Hospital; Siddapur, Karnataka.40 patients suffering from *Vicharchika* / Dermatitis of either sex were selected for the study. Selected patients were treated under two groups; A and B. Group A with oral administration of *Khadira aristadi Kashaya*, in a dose of 30 ml before food twice a day with *sukhoshna jala* as *anupana* and the same is continued for 30 days. Group B with oral administration of *Navaka Kashaya*, in a dose of 30 ml before food twice a day with *sukhoshna jala* as *anupana* for 30 days .The response following the intervention was assessed on $1^{st,}$ 15th, 21st, and 30th days to find out the progress of the Condition in both the groups. Further the change observed by the completion of the treatment was subjected to paired and unpaired t test to know the statistical significance. By using paired t test both the group parameters were statistically highly significant (P<0.001).Mean wise group A shows more improvement than group B. By Using unpaired t test: group A is showing more relief (%) in *Pidaka, Kandu, Shyavata* and *Srava* also statistically proved. In *Kandu* relief was statistically highly significant (P<0.001) and *Pidaka* and *Srava* statically significant (P<0.005) in these parameters. Final conclusion of this comparative clinical study is Group A is more effective than Group B (*Khadira aristadi Kashaya* is more effective than *Navaka Kashaya*) in the management of *Vicharchika*.

Key Words: *Vicharchika, Khadira aristadi Kashaya,* Dermatitis.

INTRODUCTION

The skin is a largest and important organ; act as the front-line protective barrier between internal structures and the external environment. Hypersensitivity to a variety of external environmental and dietetic factors may produce the characteristic skin diseases which are chronic in nature.

Though the skin diseases are not a life threatening, they make the patient worried due to its appearance.

In Ayurvedic literatures skin diseases are elaborated under the heading of *Kushta*.Charka describes '*Vicharchika*' under *Kshudra Kushta* as a *Kapha pradhana*.[1] *vyadhi* with the *lakshanas* of *Kandu*, *Shyavata Pidaka* and *Bahusrava*.[2] Authors like Yogaratnakara, Madhavakara and Vangasena too referred the same features. According to Susruta it is due to domination of *Pitta* [3] with the *lakshanas* of Raji*, Kandu, Ruja, and Rukshata*.The commentator Shrikanta Datta mentions *Vicharchika* as of *Tridosha Pradhana* in which *Kapha* produces *Kandu, Bahusrava* due to *Pitta and Shyavata* due to *Vata* [4].Among the different other foremost causes of the illness, *Viruddha Nidana* is mostly emphasized in the literature. *Vicharchika* being the illness always due to *Bahu doshavastha*; *Punaha Shodhana, Shamana, Kushta hara Rasayana and Bahir parimarjana Chikitsa* forms the crux of treatment. Assay of the literature is exploring the equation of *Vicharchika* and Dermatitis as well as establishing the modality of treatment of *Satmya Viruddha Nimitta Vyadhi* with special reference to *Vicharchika*. Recurring skin rashes, redness, skin edema, itching, dryness, crusting, flaking, blistering, cracking, oozing or bleeding are the typical clinical manifestations of Dermatitis. The prevalence of dermatitis in 56 countries had been found to vary between 3 and 20.5%. This affects 15-20% of children and 1-3% of adults' worldwide[8]. Based on a hospital-based study conducted on a single day in one medical college each in four zones of India the point prevalence of dermatitis was 6.75%.[5]

Ayurveda has a great role in the management of skin diseases. The present study entitled "A Controlled Comparative Clinical Study On *Navaka Kashaya* And *Khadira Aristadi Kashaya* In The Management Of *Vicharchika*" was carried out with an aim to explore the therapeutic effect of *Khadira aristadi Kashaya and Navaka Kashaya* to the diseased patients suffering from *Vicharchika* / Dermatitis.

The *Khadira aristadi Kashaya* is explained in Sahasrayoga *kushtadhikara* [6] selected for study , having the ingredients- *Khadhira ,Arista , Guduchi, Patola , Darvi And Duralabha* with *kustahara* properties and *kapha pitta hara* properties. The drugs are easily available and economical. *Navaka Kashaya* explained in YOGARATHNAKARA *Kushta chikitsa* [7] is taken as the standard drug for this controlled comparative clinical study to evaluate the efficacy of *Navaka Kashaya and Khadira aristadi Kashaya* in *Vicharchika* disease patient.

METHODOLOGY
Aims and Objective of the study:-
1. To evaluate the efficacy of *Khadira aristadi Kashaya* in the management of *Vicharchika*.
2. To evaluate the efficacy of *Navaka Kashaya* in the management of *Vicharchika*
3. To compare efficacy of *Khadira aristadi kashaya* and *Navaka kashaya* in the management of *Vicharchika*.

The evaluation was done based on the changes in the parameters observed before and after treatment.

Hypothesis:-
1. H0:- Both *Khadira arishtadi kashaya and Navaka Kashaya* are equally effective in *Vicharchika* management.
2. H1:- there is a significant effect of *Khadira arishtadi kashaya* over *Navaka kashaya* in *Vicharchika* management.
3. H2:- there is a significant effect of *Navaka kashaya* over *Khadira arishtadi kashaya* in *Vicharchika* management.

Source of data:-
Patients attending the *Kayachikitsa* OPD and IPD of Dhanvantari Ayurveda college hospital, Siddapur were screened for *Vicharchika roga*.
Literary source:-
Literary aspects of study were collected from classical Ayurvedic and Modern texts, updated with recent journals.

Selection criteria: - The patients were selected based on the inclusion and exclusion criteria.
Inclusion criteria:-
1. Patients of either sex with irrespective of chronicity are selected
2. Patients having signs and symptoms of *Vicharchika* like *Pidaka Kandu Shyavata* and *Srava* Are Selected.(*Charaka chikitsa 7/26*)
3. Patients with age group between the 16 to 60 will be selected.
4. Treated and untreated cases will be taken for the study.
Exclusion criteria:-
1. Patients with history of systemic illness like diabetic mellitus and hypertension, thyroid hormone imbalances, cardiac pathology, immunodeficiency disorders like AIDS.
2. Patients who are unfit for the treatment.

Criteria of Diagnosis:-

Diagnosis is made on the basis of classical symptoms explained in *Charaka Samhitha*

Presence of prominent feature of *Vicharchika* is
1. *Pidaka*
2. *Kandu*
3. *Shyavata*
4. *Srava*

Study Design:-
TYPE OF STUDY:-The present study is Randomized Controlled Comparative Clinical study.
Research design: - 40 diagnosed patients of *Vicharchika,* fulfilling inclusion and exclusion criteria were taken for the study and randomly divided in to two groups A and B (Table 1, Table 2)
Randomization and blinding:- This is a single blind study where the patients were randomly assigned to both the groups in random order to avoid bias.
 The patients selected for the trial were listed in sequential order from number 1 to 40.the patients who were allocated the serial numbers 1 to 20 were assigned to group A and the patients who were allocated the serial numbers 20 to 40 were assigned to group B.
Observation period:- Patients were reviewed on $1^{st,}$ $15^{th,}$ 21st, and 30th days to assess the progress of the Condition in both the groups.
Follow up:-Fifteen days after the course of treatment
Total study Duration: - Thirty days.
Ethical committee clearance:- IEC/DACH/DATE21/03/2019
Patient consent:-Before commencement of treatment the patient was informed about the purpose of clinical evaluation and nature of the drug treatment. The consent of patient was taken in a consent form (format of the consent form is enclosed).
Data collection: - A comprehensive case record for all the patients was maintained as per the case proforma (proforma prototype enclosed).A detailed history was taken and complete clinical examination of all the patients was done before and after treatment. Baseline and post-intervention values of the assessment parameters were systematically recorded. The obtained data was tabulated in the master chart and later subjected to statistical analysis.
 DRUG SOURCE
Authentic raw drugs required for the preparation of

Khadira aristady kashaya and Navaka kashaya were procured from local areas and market. The required medicines were prepared at the pharmacy of Dhanvantari ayurvedic college, Siddapur as per classical methods.

Preparation Of The Trial Drug *Khadira aristadi Kashaya* **(Table 3)**

Method of Preparation:-
Preparation was done in 2 stages. All the ingredients taken in equal quantity made in to *yavakoota Choorna*
Kashaya is prepared with 16 part of water (60gm with 1 ltr of water), boiled and reduced to 1/4 part.

Preparation Of Standard Drug Navaka Kashaya:- (Table 4)
Method of Preparation:-
Preparation was done in 2 stages.
All the ingredients taken in equal quantity made in to yavakoota Choorna
Kashaya is prepared with 16 part of water (90 gm with 1.5 ltr of water), boiled and reduced to 1/4 part.
Method Of Administration Of Drug And Posology:-
Group –A: *Khadira aristady kashaya* 30 ml twice a day before food followed by *Sukoshna jala* as *Anupana.*
Group –B: *Navaka Kashaya* 30 ml twice a day before food followed by *Sukoshna jala* as *Anupana.*

ASSESSMENT CRITERIA:-

The Symptoms of Vicharchika in classical texts are taken as assessing parameters.
1. *Pidaka*
2. *Kandu*
3. *Shyavata*
4. *Srava*

RESULTS:
Considering the overall changes seen in the assessment parameters the total effect of the treatment was assessed as follows-
- Complete remission relief of 100% of sign & symptoms
- Marked improvement   relief of >60%
- Moderate improvement   50% to 60% relief
- Mild improvement   40% to 50% of relief
- No Change   <40 % relief

- P < 0.001 is considered as Highly Significant

- P < 0.05 is considered as Statistically Significant
- P > 0.05 is considered as Not Significant.

1.1 . Demographic Analysis

Age Wise Analysis- In age wise analysis all patients were in the range of 16 – 60 years. Maximum No. of patients were i.e. 37.5% belonging to age group 41 – 50 years, followed by 35% belonging to age group 20 – 30 years

Sex Wise Analysis-Sex wise distribution shows 55% patients was Female and 45% patients were Male.

Religion Wise Analysis- Religion wise analysis shows that maximum no. of patients i.e. 82.5% were Hindus, followed by 10% were Christians and remaining 7.5% were Muslims.

Marital Status Wise Analysis- Marital statuses wise distribution shows that maximum no. of patients were married i.e. 75% and rests 25% were unmarried.

Socio Economic Status Wise Analysis- Socio-Economic wise distribution shows maximum no. of patients were 57.5% were belongs to Middle economic status.

Deha Prakriti **Wise Analysis -** *Deha Prakruti* wise distribution shows that maximum no. of patients i.e 47.5% were belongs to *Vata-Pitta Pakruti* followed by 30% patients were from *Kapha-pitta Prakruti* and 22.5% patients were from *Vata-Kapha Prakruti*.

Manasa Prakriti **Wise Analysis-** *Manasa Prakriti* wise distribution shows maximum no. patients i.e 50% were having *Rajsik Prakriti* followed by 37.5% were having *Tamsik Prakriti*

Rasa Dominance Wise Analysis- *Rasa* Dominance Wise Distribution shows maximum no. of patients were i.e 45% were having *Vyamishra rasa* dominance followed by 35% patients were having *Sarvarasa* dominance and 20% patients were having *Ekarasa* dominance. Among these maximum no. of patients i.e 35% were having *Katu rasa* dominance followed by *Madhur and Lavana* i.e 22.5% of patients each and *Amla rasa* i.e 15.5% of patients.

Diet Wise Analysis- shows that maximum no. of patients i.e 75% were Mixed diet (Non- vegetarian) and 25% patients were Vegetarian. **Overall:** Among 40 patients 55% patients consumed *sheeta,* 75% patients consumed *Katu ahara*, 10% patients consumed *Tikta ahara* and 5% patients consumed *Ruksha ahara.*

Dietary Habit Wise Analysis- shows maximum no. of patients i.e 42.5% were having *Adhyashana* dietary diet followed by 32.5% were having *Vishamashana* dietary diet

Occupation Wise Analysis- Occupation wise distribution shows maximum no. of patients i.e 47.5% were on Service followed by 35% patients were house wife ,10% patients were doing business and remaining 7.5% patients were Students.Nature of work wise distribution shows 60% patients having Non stressful work and 40% patients were having stressful work.

Agni Wise Analysis- Agni wise distribution shows maximum no. of patient were having *Mandagni* i.e 52.5% followed 27.5 % were having *Vishmagni* and 10% were having *Tikshna* and *Sama agni* each.*Kostha* wise distribution shows maximum no. of patient's i.e 37.5% having *Madhyam Kostha* followed by 32.5% were having *Mrudu kostha* and 30% patients were having *Krura kostha*.

Addiction Wise Analysis- Addiction wise distribution shows 50% of the patients were having no addiction and remaining 20% patient were having addiction of Tea followed by 15% were having Alcohol addiction ,7.5% patients were having Tobacco addiction and remaining 2.5% were having addiction of smoking.

Vihara Satmya **Wise Analysis-** maximum no. of patients i.e 45% were having *Divasvapna vihara satmya* followed by 22.5% patients were having *Vyayama satmya* and 32.5% patients were having no *vihara satmya*.

Sara Wise **Analysis-** Sara Wise Distribution shows that maximum no. of patient's i.e 72.5 % were having *Madhyama sara* followed by 22.5% patients were having *Pravara sara* and 5% were having *Avara Sara*

Samhanana Wise Analysis-Samhanana Wise Distribution shows that maximum no. of patient's i.e 77.5% were having *Madhyama Samhanana* followed by 17.5% patients were having *Pravara Samhanana* and 5% patients were having *Avara Samhana*

Statistical Analysis
Analysis of effect of the treatment was done statistically by calculating the mean, standard deviation, standard error, t-value, by paired t test and unpaired t test.

Statistical analysis of parameters of both groups based on paired t test (Table 5, table 6)

Mean Effect on *Pidaka*:
In group A, Statistical analysis revealed that the mean which was 2.15 before treatment was reduced to 0.15 after treatment with 93.02% relief. The change is statistically highly significant (p<0.0001). In group B, statistical analysis revealed that the mean which was 2.10 before treatment was reduced to 0.50 with 76.19 % improvement. The change is statistically highly significant (P<0.001).

Mean Effect on *Kandu*:

In group A, Statistical analysis revealed that the mean which was 2.55 before treatment was reduced to 0.50 after treatment with 80.39% relief. The change is statistically highly significant (p<0.0001). In group B, statistical analysis revealed that the mean which was 2.65 before treatment was reduced to 1.20 with 54.72 % improvement. The change is statistically highly significant (P<0.001).

Mean Effect on *Shyavata*:

In group A, Statistical analysis revealed that the mean which was 1.85 before treatment was reduced to 0.35 after treatment with 81.08 % relief. The change is statistically highly significant (p<0.0001). In group B, statistical analysis revealed that the mean which was 1.90 before treatment was reduced to 0.55with 71.05% improvement. The change is statistically highly significant (P<0.001).

Mean Effect on *Srava*:

In group A, Statistical analysis revealed that the mean which was 2.00 before treatment was reduced to 0.50 after treatment with 75 % relief. The change is statistically highly significant (p<0.0001). In group B, statistical analysis revealed that the mean which was 2.00 before treatment was reduced to 0.90 with 55.00 % improvement. The change is statistically highly significant (P<0.001).

Statistical Analysis of parameters of both groups based on Unpaired t test: (Table 7)

Pidaka: Both groups showed significant decrease in *Pidaka*. Mean difference in Group A was 2.0 while it was 1.6 in Group B. Though there appears a considerable difference in the Mean difference, on statistical analysis using unpaired t test the difference between two groups is statistically significant (P< 0.05)

Kandu: Both groups showed significant decrease in *Kandu*. Mean difference in Group A was 2.05 while it was 1.45 in Group B. Though there appears a considerable difference in the Mean difference, on statistical analysis using unpaired t test the difference between two groups is statistically Highly significant (P< 0.001)

Shyavata: Both groups showed significant decrease in *Shyavata*. Mean difference in Group A was 1.50 while it was 1.35 in Group B. Though there appears considerable difference in the Mean difference, on statistical analysis using unpaired t test the difference between two groups is statistically not significant (P> 0.05)

Srava: Both groups showed significant decrease in *Srava*. Mean difference in Group A was 1.50 while it was 1.10 in Group B. Though there appears a considerable difference in the Mean difference, on statistical analysis using unpaired t test the difference between two groups is

statistically significant (P< 0.05)

Statistical Interpretation: (Table 8-9)

Based on the results obtained by paired t-test the following observations can be made.

Group A: Changes recorded in all 04 parameters were highly significant.

Group B: Changes recorded in all 04 parameters were highly significant.

Hence, based on the mean paired t-test, it is evident that overall changes were more significant in Group A in comparison to Group B.

DISCUSSION

Discussion on Review of Literature

In Ayurvedic literatures skin disorders are elaborated mainly under the heading of *Kushta* and *Visarpa*. As there is lesser involvement of *Arambhaka Dosha* the complete manifestation of general symptoms of *Kushta* lacks in *Kshudra Kushta*. *Vicharchika* is a disorder enlisted under *Kshudra Kushta*. *Viruddha Ahara* and *Vihara* are considered to be the main *Nidana* for the disease *Kushta* in general and *Vicharchika* in particular. *Viruddha* is one which vitiates the *Doshas* but do not expel out of the body. Dermatitis is a disorder of an outcome of hypersensitivity reaction. Outcome of the *Mithyahara* is improper digestion, absorption of such *ahara rasa* in tern produce disease *Kushta*. Dermatitis due to the mal absorption and improper ingestion of the food is highlighted in parallel science.

Sheeta ushna Vyatyasa in the form of intake of cold material immediately after exposure to hot or habitual intake of hot and cold material in alternate may produce the *Vicharchika*. In other words to say excessive heat (especially with humidity) and coldness are known to provoke outbreaks of Dermatitis as well as sudden and extreme temperature swings. Needless to say etiology of *Vicharchika* and Dermatitis are almost similar.

Various Acharyas mentioned *Vicharchika* with different *Doshik* involvement along with their symptom complex. *Vicharchika* with *Kapha* dominancy shows symptoms of excess Itching, Discoloration, Boil, and Profuse Oozing, which also indicates its initial stages similar to that of Dermatitis.

Vicharchika which has *Vata* dominancy shows

characteristics like *Raji* (marked lining) and *Ati Kandu* (Excess Itching) and *Arti* (Pain) and *Ruksha* (Dryness) etc., which indicates Chronic or later stage. Thus this separation may indicate the 2 different stages of *Vicharchika;* they are *Sravi Vicharchika* and *Ruksha (Asravi) Vicharchika*.

The Symptomatology of *Vicharchika* is similar with dermatitis i.e., *Sakandu* (Excessive Itching), *Pidaka* (Boil/Pustule/Vesicle), *Shyavata* (discoloration/hyper pigmentation) and *Bahusrava* (Weeping).After going through the above it can be said that *Vicharchika* is a clinical entity in which the lesion has the *Shyavata* color of *Pidaka* with excessive itching and oozing, which may develop anywhere in the body (*Gatreshu)*, and may be either wet or dry.

Dermatitis can be considered in the same category because first manifestation of Dermatitis is Erythematic or Reddening of skin, Edema, Vesiculation, Oozing, Crusting and later Lichenification. Due to the intra and extra environmental changes within the body and its reactions against them, may produce extreme stages of *Vicharchika*. Main place of etiopathogenisis, is in *Tvak (Adhisthana), Rakta, Mamsa and Lasika*.

Saptako Dravya Sangraha is mandatory for the production of the *Kushta*. Each and every *Kushta* is *Tri Doshaja* in nature. In literature "*Kushta Visheshai Dosha"* and "*Dosha Visheshai Punascha Kushta*" is explained. That means by seeing the vitiation of *Dosha* one can assume the forth coming variety of *Kushta* and same way by analysing the *Kushta bheda* one can assume the *Dosha* vitiation.

This highlights the *Karya Karana Sambandha* between *Dosha* as well as *Kushta* and said to be unique for *Kushta.* The involvement of deeper *Dhatu* is absent in *Kshudra Kushta*, this is due the vitiated *Dosha* are not having the character of *Adibala Pravrittatva* and morbidity of *Vyadhi Arambhaka Dosha* are in minimum intensity.

Shodhana, Shamana, Vyadhi hara Rasayana and *Bahir parimarjana Chikitsa* are the crux of principles of treatment for *Vicharchika*. Repeated administration of *Shodhana* has been given importance in literatures. The recurrence of *Kushta* is remote possible if all modalities of management like *Shodhana, Shamana, Vyadhihara Rasayana and Bahir parimarjana* are fallowed as treatment.

If a person exposure against once *Satmya,* produces disease then is called as *Atma Asatmya Vyadhi*. As *Asatmya* refers to *Viruddha* to once *Satmya* so the disease produced by the *Atma Asatmya* referred as *Atma Satmya Viruddha Nimitta Vyadhi*. *Viruddha* is one which produces different *Vyadhi* in which *Kushta* in general and *Vicharchika* in particular remains first.

Dermatitis is one which is an outcome of intake of eggs, fish etc may be possible and sudden variation of environmental condition triggers the Dermatitis. This is similar to that of *Atma Satmya Viruddha* called as Hypersensitivity or Idiosyncrasy. This is the main pathology behind the Dermatitis.

Management of the *Atma Satmya Viruddha Nimitta Vyadhi* includes avoiding the *Nidana,* same for Dermatitis as avoiding the triggering factor. The second principle is adaptation of *Atma Asatmya* when there are such circumstances so that avoidance is not possible. This is possible by the *Abhyasa* of exposure to the *Nidana* in smaller dosage. This is also one of the main management of Dermatitis as Immunotherapy.

Remaining principle of treatment includes proper administration of *Shodhana,* proper management through *Shamana* and finally enhancement of *Vyadhikshamatva* by the *Kushta Vyadhihara Rasayana*.

Discussion on Drug review-

Khadira aristadi Kashaya explained in *sahasrayoga Kushta chikitsa* .*Khadira aristadi Kashaya* contains *Tikta-Kashaya rasa pradhana dravyas* (bitter and astringent taste). These two rasa by the virtue of their pharmacological properties like *Shoshana* (absorption), *Vishaghnatva* (anti poisonous), *Kandu prasamana* (reduce itching sensation), *Tvak mamsa sthirikarana* (nourishment and strengthening of skin and muscle) and *pidana, ropana* (wound healing), *Kledaupashosana* (drying of exudation) causes therapeutic action of reducing oedema, detoxification, restoration, antihistaminic action and contraction, healing, clearing of derbies. All these pharmacological properties as a whole are able to exert an anti-inflammatory action on the affected areas of skin.

Majority of the dravyas shows *laghu* and *Rooksha guna, katu Vipaka, anushna seetha veerya* by combination.

Doshaghnata is *kapha-pitta samana* (50%), *pitta samana (*10%) and *tridosha samana* (40%).

Kushtagna, kandughna, medhoroga hara, Sotha hara, Daha hara, trishna hara agnimandya hara, raktapitta

hara, Sarpa visa hara, krimigna are the *Rogagnatha* of the *Khadira aristady Kashaya*.

Mode of Action Khadira aristadi Kashaya:

Tikta-Kashaya Rasa Pradhana, Majority of the *dravyas* shows *laghu* and *Rooksha guna Pradhana* and, *Veerya-anushna seetha, Vipaka-Katu, Doshaghnata- kapha-pitta shamaka* and *tridosha samana*.

Tikta & Kashaya- Pitta-kapha shamaka, shroto vishodhan, Deepana and *pachana*

Laghu - kapha shamaka, Guru- Vata shamaka, Rakta shudhikara, Ruksha - Kapha and *pitta shamaka, Tvacha Shodhana*

Katu Vipaka - Kapha shamaka and *shroto vishodhan*

It promotes *Samprapti Vighatana* by:

By improving *Agni*

By improving quality of *dhatu*

By promoting competence of *Srotas*

Dosha- Tridosha- - kapha-pitta shamaka by the virtue of *Tikta Kashaya rasa, Laghu Rooksha guna* and *Katu Vipaka.*

*Dushya-Rasa and Rakta-*Since combination of *Kashaya rasa- katu vipaka* and presence of *Sheeta veerya dravyas* causes *Rakta dustihara* action. *Tikta* and *Kashaya rasa - Rasa dustihara, Deepana* and *pachana, Ruksha guna- Tvacha shodhak.*

Srotas- Rasavaha and Rakta vaha: Since it *Tikta, Kashaya rasa Pradhana- Lekhana* and *Chedana* and *Deepana* and *pachana, laghu guna babul* helps in *Rasa* and *Rakta shroto dustihara*

Agni: Mandagni-Tikta Rasa is *Deepana* and *Pachana - Agni vardhaka-*

Srotodusti Prakara: Vimargaman: Since *Kashaya rasa* is *Ama Pachaka* hence purifies the *srotas* and *guru guna - Rakta shudhikara.*

Udbhava Sthana: Amashaya: Tikta-Kashaya rasa is *ama pachana* hence Amashaya dustihara.

Sanchara sthana: Tiryak- Rasa-Rakta vaha srotas: *Tikta* and *Kashaya Rasa Deepana* and *Pachana* and *Chedana guna bahulatha -Rasa dustihara.*

Vyakta Sthana: Tvacha -Tikta rasa is *dustihara* and *Ruksha guna* is *Tvacha shodhak* ultimately improves *Ashrya sthana.*

Svahbava: Ashukari: Due to *guna* it is *Ashukari Svahbava*

Vyadhi marga: Bahya: Since it is *Laghu Rooksha, Kushtagna* in *Guna – Kashaya-Tikta rasa* and *katu (Vipaka) Pradhana* -best quality of *Dhatu* formation occurs and *Dhatu* are considered as a *Bahya Roga Marga.* In *Vicharchika* movement of doshas take place by *Tiryak Gati* (during pathogenesis) called as *Vimargaman* of

Dosha. *Khadira aristady Kashaya* is *Tikta , Kashaya rasa Pradhana –Deepana ,Pachana*, and *Ama Pachaka guna bahula* . It purifies *srotas* and *Tiryak gamana* of *dosha* return to *kostha* and also causes *Agni Deepana* and breaks the *samprapti* of *Vicharchika.*

Mode of action with *Navaka Kashaya-*

 Standard drug selected for the controlled comparative study, having *Tikta-Kashaya rasa* predominance, *Laghu Rooksha guna bahulatha*, *Ushna veerya pradhana.*

Katu vipaka predominant (75%) in nature . *Doshaghnata* is *pitta* and *kapha shamaka.*

Kandu hara and *Kushtagna, krimigna* and *rasayana* are the main *karma* of ingredient drugs.

By virtue of all these factors the *vyadhi* and *dosha* involved in the *Vicharchika* get tackled.

Discussion on patient's demographic data:

Age: - This shows the prevalence of illness *Vicharchika* in *Madhyamavastha.* In this age possibility of mental stress and other exposure i.e. occupational, environmental, unwholesome food were more which leads to Dermatitis.

Sex: This indicates that maximum no. of patients was female. This may be due to demographic factor.

Religion: These indicate more incidences in Hindus due to the dominancy of Hindus in the area from where the *Vicharchika* patients were selected.

Marital Status: As per the inclusion criteria, the Patients between the age group of 16 to 60 were opted, and the marriageable age of individuals falls in this age group. The same is reflected in the present sample with more numbers of married participants.

Socio-Economic Status: This indicated the dominancy of middle-class people in the area from where the patients selected

Deha Prakriti: Vicharchika is a disorder predominant of *Kapha* with involvement of *Pitta Dosha (Parisrava).* It may be contended that person belonging to *kapha* predominant *Prakriti* are more prone to get *Vicharchika*. The same is reflected in the present sample.

Manasa Prakriti: Maximum no. of patient were having *Rajasika Prakriti*

Rasa Dominance:. Indicated that most of the patient were taking *Katu rasa, Madhura rasa* and *lavana rasa,* these are described as etiological factors. Maximum no. of patients having *Vyamishra rasa* . This causes *Kapha prakopa* and *pitta prakopa*. They are the main *doshas* involved in *Vicharchika samprapti.*

Diet wise: indicated the dominancy of Non vegetarian in the area from where the patients selected. The main item in mixed diet is Fish, Chicken and Black Gram item. These are considered to be *Guru, Vidahi* and *Viruddha Ahara* and hence likely to have influenced causation of *Vicharchika* in such individuals.

Occupation: This indicates the dominancy of service population than other but there is no direct correlation and hence requires bigger sample size. Students are having stress which is one of the causes for *Vicharchika.* Housewives are in contact with different material which produces usually Allergic Dermatitis or Hand Dermatitis. Professionals who include Teacher and Engineers tend to stand for a prolonged period and hence the possibility of Stasis Dermatitis is more.

Agni: This indicates major incident take place in *Mandagni* people which leads to *Ama* and *rasa dhatu dushti.*

Addiction: It is due to dominancy of habit of drinking tea in the area and having no direct correlation with incidence of *Vicharchika.*

Sara: Sara indicates the strength as well as immunity power of the person. Person who has *Avara* and *Madhyama Sara* will suffer from the disease easily.

Samhanana: Samhanana of the Patients in this study does indicate the predilection of illness to Patients of any *Samhanana.*

Etiological Factor:

AHARA--Majority of patient had *Katu rasa ahara* lead to *vata* and *pitta prakopa* and *sheetala ahara sevana* leads to *vata prakopaka* and *Mandagni. Ati lavana sevana* leads to *Pittaprakopa* and *Kapha prakopaka* and also *Rakta dushti.* *Viruddhahara* and *Adhyashana* is also key factor in *Pittaprakopa. Dadhi, Snigdha bhojana, santarpana janya ahara* are responsible for *Kapha prakopa* and *Rasa dushti* and *Ama* formation which give rise to *Mandagni* key factor in pathogenesis of *Vicharchika.*

Majority of patient having *Snigdha, Viruddha ahara, Ati lavana, Katu* which leads to *Pitta prakopa* and *Kapha prakopa* and also *Raktadustikara* ; which are main factor in pathogenesis. Hence over all *Aharaja nidana* are key factor which causes *tridosha prakopa* and *Mandagni (samprapti of Vicharchika)*

Viharaja: Ati divasvapna leads to *Kapha prakopa* and *rasa dushti* and *viruddha Ahara* and *upvasa* leads to *Pita Prakopa* and *Vegavarodha* leads to *Vata prakopa* and hence causes *Tridosha Prakopa.*

Manasika: Maximum no. of patient having *Krodha*

Manasika bhava i.e. 65% followed by 20 % were having *Shoka*. Main cause for *pitta prakopa.*

Chronicity of disease: Maximum no. of patients having 2 to 6 months chronicity .

CONCLUSION

As per detailed analysis and observations noted in this study, following conclusions can be drawn. *Vicharchika* is a *Kshudra Kushta* caused due to the morbidity of *Kapha* and *Pitta dosha* involving *Tvak, Rakta, Mamsa and Lasika.* Minimal or no *Purvarupa* and less severe *Rupa* characterizes *Kshudra Kushta* and so also *Vicharchika.* Morbid *Kapha Dosha* predominates the *Samprapti* of *Vicharchika* and the same is reflected in *Rupa. Viruddha Ahara* and *Viruddha Vihara* is main cause for the disease *Vicharchika.* The clinical symptoms of *Vicharchika* are akin to dermatitis to a larger extent. Acute Dermatitis simulates the *Sravi Vicharchika* and Chronic Dermatitis simulates the *Asravi Vicharchika. Khadira aristadi Kashaya* and *Navaka Kashaya* are effective in reducing the severity of symptoms of *Vicharchika.* Marked reduction in the mean score of outcome measures – *Pidaka, Kandu, Srava* and *Shyavata* are recorded and are statistically highly significant. Comparatively better response may be expected if this treatment is added with *Shodhana* treatment or by increasing the duration of medication. *Khadira aristadi Kashaya* is *Kashaya -Tikta Rasa Pradhana*, *Guna-Laghu Rooksha Pradhana* and *Snigdha , Veerya-Anushna Sheeta, Vipaka-Katu, Doshaghnata-Kapha- Pitta shamaka* and *tridosha hara. Navaka Kashaya* is *Tikta-Kashaya Rasa pradhana*, Guna-*Guru, Laghu, Ruksha, Veerya-ushna veerya pradhana, Vipaka-katu* and *Doshaghnata: Pitta –Kapha Shamana* and *Tridosha hara.* Both the groups are proved effective in reducing in the cardinal sign and symptoms.In comparison to *Navaka Kashaya, Khadira aristadi Kashaya* seems to provide better relief (%) in *Pidaka, Kandu, Srava* and *Shyavata.* Both the groups seem to be showing high Statistical Significance (P<0.001) on 1intensity on cardinal sign and symptoms. And mean wise better improvement. By using Paired 't' test. *Kandu* showing statistically high significant (P<0.001) and *Pidaka, Srava* are showing statistically significance (P<0.05) by using unpaired t-test. Thus, we can conclude that Group A is more effective than Group-B.

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Table no.1 shows the research design of group A

Group A Sample size	Drug	Dose	Anupana	Duration
20 patients	*Khadira aristadi Kashaya*	30ml twice a day. Half an hour before food	*Sukoshna jala*	30 days

Table no.2 shows the research design of group B

Group B Sample size	Drug	Dose	Anupana	Duration
20 patients	*Navaka Kashaya*	30ml twice a day. Half an hour before food	*Sukoshna jala*	30 days

Table No. 3 Shows Ingredients Of *Khadira aristadi kashaya*:-

Sl.	Sanskrit Name	Botanical name	Part used	Proportion
1	*Khadira*	Acasia catechu	Bark	1 Part
2	*Arista*	Azadirachta Indica	Bark	1 Part
3	*Guduchi*	Tinospora Cardifolia	Stem	1 Part
4	*Patola*	Trichosanthes Nerifolia	Root	1 Part
5	*Darvi*	Berberis Aristata	Stem	1 Part
6	*Durlabha*	Fagonia Cretica	Whole Plant	1 Part

Table No. 4 Shows Ingredients *Navaka Kashaya*:

Sl.	Sanskrit Name	Botanical name	Part used	Proportion
1	*Amalaki*	Embelica Officinalis	Fruit	1 Part
2	*Haritaki*	Terminalia chebula	Fruit	1 Part
3	*Vibhitaki*	Terminalia Bellerica	Fruit	1 Part
4	*Nimba*	Azardiracht indica	Bark	1 Part
5	*Patola*	Trichosanthes Nerifolia	Root	1 Part
6	*Manjista*	Rubia Cardifolia	Stem	1 Part
7	*Rohini*	Picorhiza kurroa	Stem	1 Part
8	*Vacha*	Acorus Calamus	Rhizome	1 Part
9	*Rajani*	Curcuma Longa	Root	1 Part

Table 5 Table Group-A Showing Statistical analysis after treatment
Following are the statistical data obtained (Paired t test with IBM SPSS software)

Group – A								
Parameter	Mean		MD	S.D	S.E	DF	t	P	Remark
	BT	AT		+/ -	+/ -				
PIDAKA	2.15	0.15	2.00	0.73	0.16	19	12.33	< 0.001	HS
KANDU	2.55	0.50	2.05	0.51	0.11	19	17.96	< 0.001	HS
SHYAVATA	1.85	0.35	1.50	0.89	0.20	19	7.55	< 0.001	HS
SRAVA	2.00	0.50	1.50	0.61	0.14	19	11.05	< 0.001	HS

Table 6 Group-B showing statistical analysis after treatment

Group – B								
Parameter	Mean		MD	S.D	S.E	DF	t	p	Remark
	BT	AT		+/ -	+/ -				
PIDAKA	2.10	0.50	1.60	0.60	0.13	19	11.96	< 0.001	HS
KANDU	2.65	1.20	1.45	0.69	0.15	19	9.45	< 0.001	HS
SHYAVATA	1.90	0.55	1.35	0.59	0.13	19	10.28	< 0.001	HS
SRAVA	2.00	0.90	1.10	0.72	0.16	19	6.85	< 0.001	HS

Table7 Parameter Wise Relief %

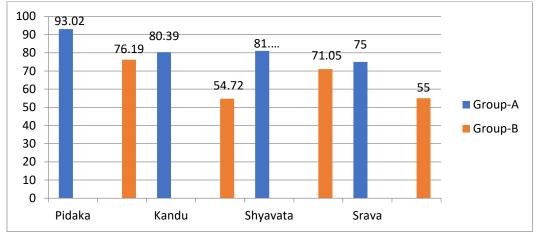| Parameter(s)	Group-A	Group-B
Pidaka	93.02	76.19
Kandu	80.39	54.72
Shyavata	81.08	71.05
Srava	75.00	55

Figure 2 Parameter Wise Relief % - Bar Chart

Table 8 Table Statistical Analysis of Group-A and Group-B after Treatment

Unpaired t – Test									
Parameter	Group A			Group B			DF	t	p	Remark
	N	MD	SD	N	MD	SD				
PIDAKA	20	2.00	0.73	20	1.6	0.6	38	2.01	< 0.05	SS
KANDU	20	2.05	0.51	20	1.45	0.69	38	3.1273	< 0.05	HS
SHYAVATA	20	1.50	0.89	20	1.35	0.59	38	0.6282	> 0.05	NS
SRAVA	20	1.50	0.61	20	1.1	0.72	38	1.97	< 0.05	SS

Table 9 Overall Response

Overall Response												
	Complete Remission		Marked Improvement		Moderate improvement		Mild improvement		No Change		Total	
	Patient	%	Patient	%	Patient	%	Patient	%	Patient	%	Patient	%
Group-A	2	10	13	65	4	20	1	5	0	0	20	100
Group-B	1	5	8	40	2	10	7	35	2	10	20	100