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A Comparative Clinical Study In The Management Of *Vicharchika* by *Karanja Taila* & *Siravyadha*

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ABSTRACT: Eczema or dermatitis is an inflammatory response of the skin to multiple agents, characterized by erythema, edema, vesiculation, oozing, crusting and later lichenification. Charka describes '*Vicharchika*' under *Kshudrakustha* with the *lakshanas Kandū, Shyavapidaka and Bahusrava*. Authors like Yogratnakara, Madhavkara and Vangasena too referred the same features. According to Sushruta the *lakshanas are Rajyo, Atikandu, Ruja, and Rukshata* involving the domination of Pitta. In Ayurvedic classics there is an elaborative treatment for *vicharchika*, which includes both *shodhana & shamana chikitsa*. In this study, comparison of efficacy of *Siravyadhana* and *Karanja Taila* application on *vicharchika* is studied. Total 60 patients of *Vicharchika* (eczema) were registered for the present study. They were randomly divided into two groups of 30 each. Group A was given Required quantity for external application twice daily, half an hour before bath & half an hour before bed time. In group B, 2 seating of *Siravedhana* karma was carried out on every 15 days followed by application of *Karanja taila* twice daily. Amount of Blood letting was decided after measuring one Anjali fulfilled by water in every patient. Results: After the study it is revealed that the *Siravedhana* followed by application of *Karanja Taila* is having good results in *Vicharchika*.

Keywords: *Vicharchika, Eczema, Siravedhana, Karanja Taila.*

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INTRODUCTION:

The skin is a largest and important organ which covers entire body and protects from invasion of micro-organisms. Though the skin diseases are not a life threatening, they make the patient worried due to its appearance. Severe itching or burning or oozing disturbs his routine and its nature susceptible to be chronic. Even though many skin diseases may be cured yet the relapsing nature of few diseases (eczema, psoriasis, seborrhc dermatitis etc) makes it much harassment for patient and troubles some for physician too. Skin of the child differs greatly from adult Skin, it is tender, delicate and easily susceptible to infections, so due care with early intervention required to prevent further progression of the pathological condition. Eczema or dermatitis is an inflammatory response of the skin to multiple agents, characterized by

erythema, edema, vesiculation, oozing, crusting and later lichenification¹. Charka² describes ‘*Vicharchika*’ under *Kshudrakustha* with the *lakshanas Kandu, Shyavapidaka and Bahusrava*. Authors like Yogratakara³, *Madhavkara* and *Vangasena* too referred the same features. According to Sushruta⁴ the *lakshanas are Rajyo, Atikandu, Ruja, and Rukshata* involving the domination of Pitta. In Ayurvedic classics there is an elaborative treatment for vicharichika, which includes both shodhana & shamana chikitsa. Shodhana Chikitsa⁵ includes blood letting⁶ by various methods. Acharya Shushruta, has explained the use of siravyadha⁷ in Vicharchika. In Vagbhatta, Charaka & in Bhel samhita⁸ also siravyadha is advised for Vicharchika. Karanja taila^{9,10} explained in Bhaishajya ratnavali¹¹ and Sushruta

Samhita is directly indicated in Vicharchika. So, a comparative study has been taken to know the difference between two types of management.

AIMS & OBJECTIVES OF STUDY:

1. To study in detail vicharchika according to Ayurvedic classics and contemporary science.
2. To evaluate the efficacy of external application of Karanja taila in Vicharchika.
3. To evaluate the efficacy of Siravyadhana karma followed by external application of Karanja Taila in Vicharchika.
4. To evaluate the comparative clinical study of Siravyadha & external application of Karanja taila in Vicharchika.

MATERIALS & METHODS:

Inclusion criteria:

1. Patients with classical signs and symptoms of vicharchika are selected.
2. Patients of either sex with the age group between 16 - 60 years.
3. Patients fit for Siravyadha Karma.
4. Diabetic patients with controlled blood sugar levels

Exclusion criteria:

1. Subject associated with systemic or metabolic disorders such as uncontrolled diabetes, varicosity, Venous Ulcers.
2. Pregnant women, lactating mothers and women who's using oral contraceptives.
3. Patients suffering from HIV & HbSAg.
4. Patients unfit for Siravyadha karma.

Study Design: In this Present study, 60 Subjects diagnosed as Vicharchika were selected incidentally and randomly categorized into two groups consisting of minimum 30 patients in each group.

KARANJA TAILA (A) GROUP:

Karanja Taila Application: Required quantity for external application twice daily, half an hour before bath & half an hour before bed time.

SIRAVEDHANA (B) GROUP:

Siravedhana karma followed by application of Karanja Taila. In this group 2 seating of Siravedhana karma was carried out on every 15 days followed by application of Karanja taila twice daily. Amount of Blood letting was decided after measuring one Anjali fulfilled by water in every patient.

Assessment of Clinical Trial:

1. The assessment of clinical study is done by the severity of symptomatology.
2. The clinical assessment are done – before treatment and after treatment by grading them as mild, moderate and severe.

Mann Whitney U test has been used to find the significance between two groups and Friedman Rank test has been used to find the significance within group.

Grading:

G-0-Nil	-
G-1-Mild	+
G-2-Moderate	++
G-3-Severe	+++

Based on above criteria, grading the response was assessed:

1. Good response – All signs and symptoms are relived.
2. Moderate Response – Any 25 to 50% signs and symptoms are presenting &

rest are relived.

Mild Response – Any 75% signs and symptoms are presenting and remaining other symptoms are relived.

3. No Response – Presence of all signs and symptoms.

CLINICAL OBSERVATIONS:

Total number of patients, taken for the observational study are 60. A special attention has been paid to the 60 patients in consideration to notice the incidence of Sex: Age: Religion: socio economic status: occupation: food habits: Laxanas: and response in relation to observational study.

The patients are classified in to two groups. Group – A and Group – B having 30/30 patients in each group.

Group ‘A’ - Application of Karanja Taila.

Group ‘B’ – Siravedhana Karma followed by application of Karanja Taila.

TABLES:

1. Showing distribution of Age of patient in Group A and Group B.

Ages	Group A		Group B	
	No.	%	No	%
21-30	8	26.7	6	20
31-40	8	26.7	13	43.3
41-50	9	30	7	23.3
51-60	5	16.7	4	13.3
Total	30	100	30	100

2. Showing distribution of Gender of patient in Group A and Group B.

Gender	Group A		Group B	
	No	%	No	%
Male	16	53.3	21	70
Female	14	46.7	09	30
Total	30	100	30	100

3. Showing Distribution of Religion of patient in Group A and Group B

Religion	Group A		Group B	
	No	%	No	%
Hindu	28	93.3	30	100
Muslim	02	6.7	00	00
Total	30	100	30	100

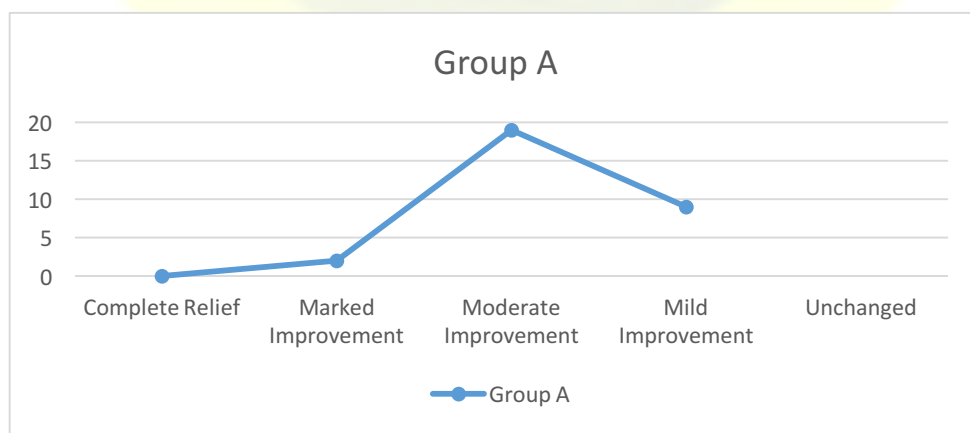
4. Showing Distribution of diet of patient in Group A and Group B.

Diet	Group A		Group B	
	No	%	No	%
Vegetarian	9	30	10	33.3
Mixed	21	70	20	66.7
Total	30	100	30	100

Mode of Response in 60 patients after 30 days treatment.

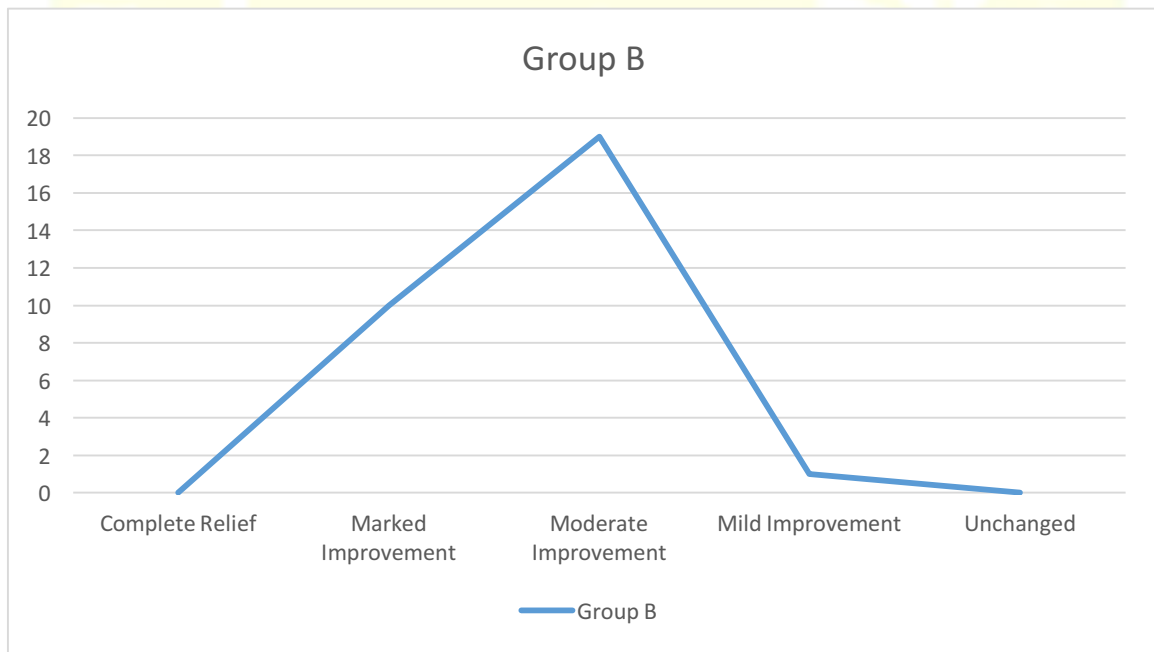
1. Group – A – 30 Patients

Results	Group A	
	No. of Pts.	Percentage (%)
Complete Relief	0	0
Marked Improvement	2	6.67
Moderate Improvement	19	63.33
Mild Improvement	9	30
Unchanged	0	0



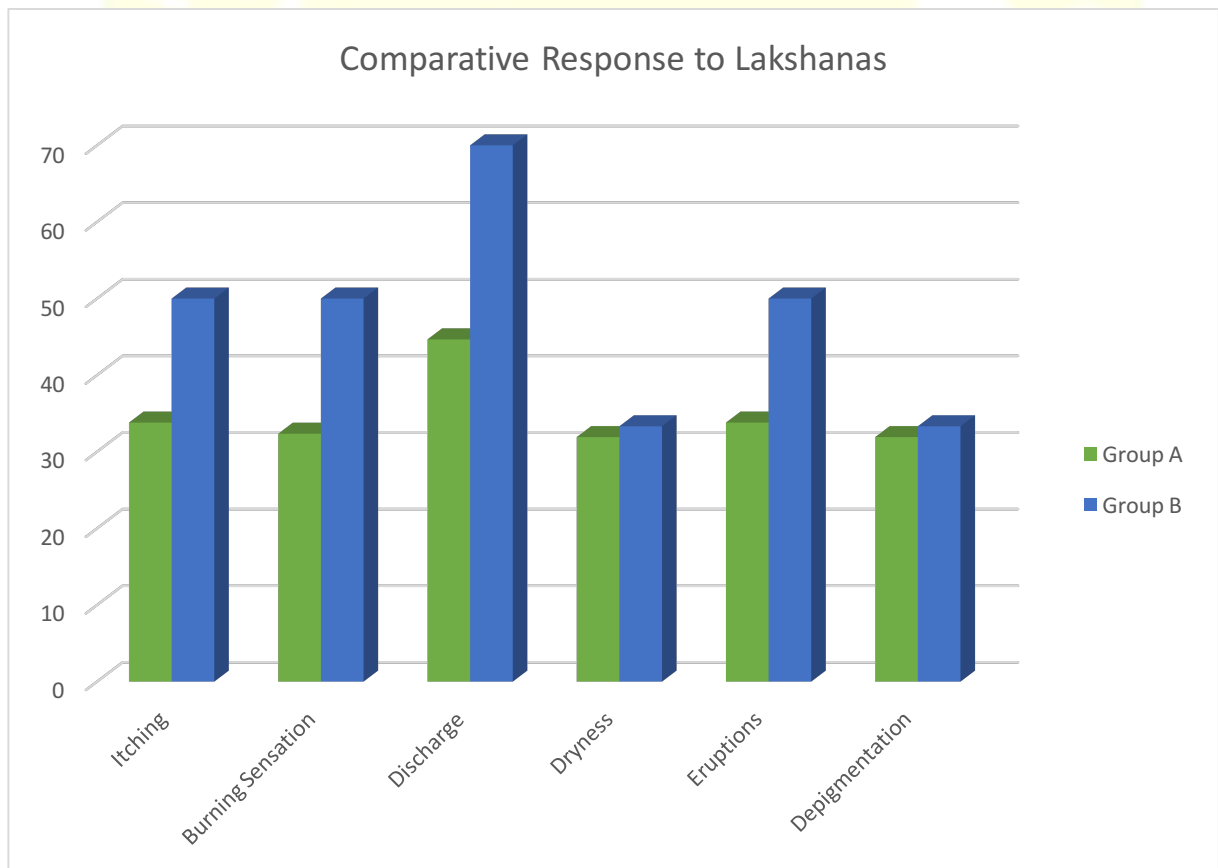
2. Group-B-30 Patients

Results	Group B	
	No. of Pts.	Percentage (%)
Complete Relief	0	0
Marked Improvement	10	33.33
Moderate Improvement	19	63.33
Mild Improvement	1	3.34
Unchanged	0	0



3. Response to Lakshanas in 60 patients of Vicharchika.

Symptoms	% of Reduction in Group A	% of Reduction in Group B
Itching	33.81	50
Burning Sensation	32.36	50
Discharge	44.67	70
Dryness	31.92	33.33
Eruptions	33.81	50
Depigmentation	31.92	33.33
Thickening Of Skin	32.36	50



RESULTS:

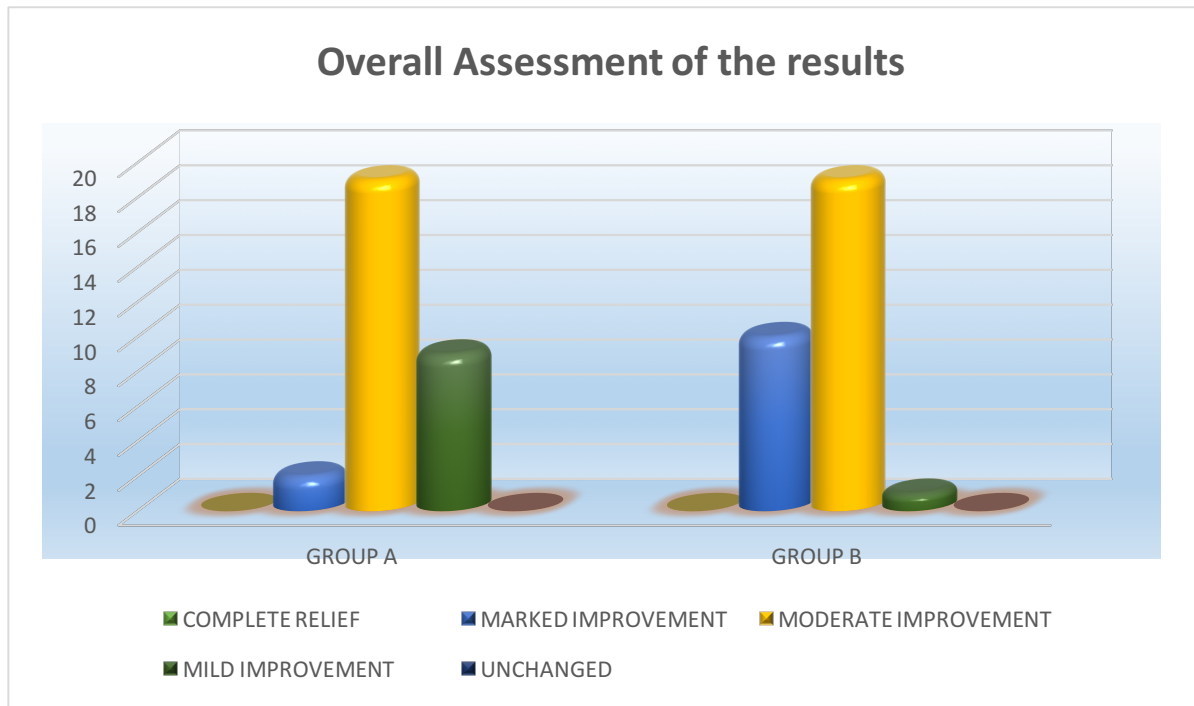
Analytical Findings Observed

1. Itching: It is evident from the foregoing that provided Group B is faster and better relief in Itching in comparison to Group A.
2. Burning Sensation: It is said that the effect of Group B in improving the Burning sensation was bit better in comparison to Group A.
3. Discharge: It is evident from the effect of Group B in improving the discharge was bit better in comparison to Group A.
4. Dryness: It is evident from the foregoing that the effect of Group B was almost equal to Group A.
5. Eruptions: It is evident from the foregoing that the effect of Group B in reducing the Eruptions was better in comparison to Group A.
6. Depigmentation: It is evident from the foregoing that the effect of Group B was almost equal to Group A in reducing depigmentation.

Overall Effect:

The present study reveals that in Group A, none had complete relief 6.67% had Marked improvement and 63.33% had Moderate improvement, 30% had Mild

improvement. In Group B, none had Complete relief 33.33% had Marked improvement and 63.33% had Moderate improvement, 3.34% had Mild improvement.



CONCLUSION:

Conclusion is the determination established by investigating in various ways and deducting by means of various reasons¹². On the basis of the present study, following conclusions is drawn.

Vicharchika in modern view has similarity with Eczema & its types. Frequently *Shodhana* is indicated in *Kustha* due to involvement of *BahuDosha*, which even holds good for *Vicharchika*. Relapsing nature of *Vicharchika* is most common, which suggest that, long term intensive therapy is necessary for eradication of the disease. *Karanja Taila*

is safest, easiest and scientific method to apply. *Karanja Taila* provide significant ($p < 0.001$) relief in the symptoms of *Vicharchika* like, *Kandu*, *Pidika*, *Daha*. *Karanja taila* has properties like *kanduhara*, *vranaropaka*, *raktaprasadan*, *vishahara*, *vicharchikanashak*. Which gives relief in symptoms of Eczema. *Siravedhana karma* provides better relief in the symptoms of *Vicharchika* like *Pidika* and *Daha* which were significant ($p < 0.001$). *Pidika* and *Daha* are *Pittaja Vyadhi* with involvement of *Rakta Dosh*. Due removal of *Rakta* which is

Asraya Sthana of Pitta Their Symptoms were relieved in better way by *Siravedhana*. *Siravedhana* done with internal *Snehpana* and *Abhyanga* for three days provide better result. It is a *Sarvang Shodhana* Procedure and *Poorvakarma* is required before *Siravedhana karma*. Over all *Siravedhana Karma* followed by

application of *Karanja Taila* proved to be more effective in the management of *Vicharchika* in comparison result provided by only application of *Karanja Taila*. On the basis of results obtain during the study it is suggesting that *Siravyadhana Karma* followed by application of *Karanja Taila* is better for the management of *Vicharchika*.

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Conflict of interest :- Nil

REFERENCES

1. Harrison's Principle of Internal Medicine, 15th chapter 9.
2. Rajeshwari dutta shastri ed, charakaa samhita reprint, edition 1998, Pub: Choukamba Bharatiya academy Varanasi , sutrasthana 24th chapter, 16th shloka PP-445
3. Indradeva Tripathi ed, Yogaratnakara, reprint edition 2005, Varanasi, Pub; Choukamba Sanskrit samsthan, Kusta chikitsa prakarana PP-221
4. K.R. Srikanthmurthy ed, sushruta samhita Vol-II, ed 2nd 2005, Varanasi, Pub: Choukamba Orientalia Chikitsa sthana, 9th chapter, 6th shloka PP-104
5. Vidyotini ed, Charaka samhita edition 1st 1962, Varanasi, Pub: Choukamba Baratiya academy, chikitsa sthana 7th chapter, 39-42 shloka, PP-255.
6. K.R. Srikanthmurthy ed, sushruta samhita Vol-II ed 2nd 2005, Varanasi Pub: Choukamba Orientalia Sharira sthana, 8th chapter, 17th shloka,
7. K.R. Srikanthmurthy ed, sushruta samhita Vol-II ed 2nd 2005, Varanasi Pub: Choukamba Orientalia Sharira sthana, 8th chapter, 17th shloka,
8. P.V. Sharma edited Bhel samhita. reprint edition 2005, Varanasi, Pub; Choukamba Vishwabharati Nidansthana, 5th chapter, 1-4 shloka PP-150
9. Dr. P.M. Mehata Ed. Shushruta Samhita edited with Ayurveda Tattva sandipika,. ed 6th 1987, Pub – Chaukhamba Sanskrit Sansthan. Sutrasthana 45th chapter, 115th shloka
10. Rajeshwari dutta shastri ed, Bhaisajya Ratnavali, edition 18th 2005, varanasi. Pub: Choukamba Sanskrit sanstan Visarpa Chikitsa, 57th chapter 26th shloka,
11. Rajeshwari dutta shastri ed, Bhaisajya Ratnavali, , edition 18th 2005, varanasi, Pub: Choukamba Sanskrit sanstan Medoroga chikitsa prakarana, 39th chapter 11th shloka PP-747
12. Vidyotini ed, Charaka samhita, edition 1st 1962, Varanasi.. Pub: Choukamba Baratiya academy, Vimanasthana 18th chapter