A Clinical Evaluation of Panchanimba Choorna and Durvadi Lepa in the Management of Vicharchika W.S.R. to Eczema

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ABSTRACT

The most prevalent chronic skin condition that recurs in infancy and childhood is eczema. Boys are slightly more likely than girls to have it. Vicharchika is a major issue in skin diseases, according to Ayurveda. Even with significant advancements in dermatology and the development of potent antimicrobials, antifungals, and steroids, eczema persists despite medical professionals' best efforts. Serious adverse effects of these modern medications include bone marrow depletion, liver and kidney failure, etc. Use of tropical steroids over an extended period of time can cause telangiectasia, stria, and skin atrophy. Therefore, it is imperative to discover a safe and effective treatment for Vicharchika, which is where Ayurveda comes in. 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. Panchanimba Choorna and Durvadi Lepa are well indicated for Kushta and both act as Shaman dravyas in Kustha. Aims and Objectives: To study the efficacy of Panchanimba Choorna, Durvadi lepa in Vicharchika. To find out economical therapy for Vicharchika with minimum or no side effects. Results in Comparing all the symptoms before and after treatment of three groups had significant action in management of Vicharchika. Though group C (Panchanimbachoorna & Durvadi Lepa) was more effective than group A (Durvadi Lepa). (Panchanimbachoorna) &B Treatment had no side effects on clinical trial. Conclusion all three groups had significant action in management of Vicharchika.

Keywords: Vicharchika, Panchanimba Choorna, Durvadi Lepa

I. INTRODUCTION

A very old disease known as vecharchika was reported in ancient Kustha science. There are three distinct categories for Vicharchika: Kshudra Kustha, KshudraRoga, and Sadhya Kustha. Since all Kustha are descended from Tridoshaia. Vicharchika can be explained similarly, with Kapha being in charge of Kandu, Pitta of Srava, and Shyava signifying the existence of Vata.

Modern science has advanced significantly in recent years, especially in the field of dermatology. Although strong antibiotics, antifungals, antihistaminics, steroids, and other medications are readily available, management has not yet been discovered. There aren't many medications that are meant to treat symptoms alone. The most undesirable use of them is indiscriminate. The world is gradually moving towards Ayurveda these days in search of a comprehensive and safe means of curing illnesses. Especially in the field of skin problems Ayurveda contribute remarkably. Shodhana (biopurification), Shaman (pacification) and Nidana Parivarjanam are main route of treatment for any So, in the present study, disease. shamanachikitsa has been selected in that Panchanimba Choorna are chosen for the treatment of Vicharchika. Lepana has been given importance in Kustha by all the Acharyas. Acharya Charaka has told that first Lekhana should be applied before the Lepana administration & for this form of chikitsa Durvadi Lepa has been chosen in this study.

REVIEW OF LITERATURE II.

Vicharchika is a significant disease because of its increased prevalence, chronic nature, and acute phase progression to severe condition. Ayurvedic classical writers expounded on the multifactorial origin of vicharchika, which elicits abnormal responses at



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the level of Rasavaha, Raktavaha, Mamsavaha, and Swedavahasrotas. Vicharchika is considered to be the closest term for eczema, one of the skin conditions that Charaka describes. (Cha.Chi. 7/26 &Su.Ni 5/8).

Hypothesis

H0 –Panchanimba choorna, & Durvadi Lepa are not effective in the management of Vicharchika.

H1-Panchanimba choorna, Durvadi Lepa are effective in the management of Vicharchika

Aim: A clinical evaluation of Panchanimba Choorna and Durvadi Lepa in the management of Vicharchika w.s.r. to Eczema.

Objectives

- 1. To study literary explanation of Vicharchika.
- 2. To study Panchanimba Choorna and Durvadi Lepa in detail.
- 3. To study comparative efficacy of Panchanimba Choorna and Durvadi Lepa in Vicharchika.
- 4. To see the side effect of Panchanimba Choorna and Durvadi Lepa during the trail.

III. MATERIAL AND METHODOLOGY

3.1 Material

1. Pancha Nimba Churna

Preparation of Drug

- a. All ingredients are taken according to BhaishajaRatanvali / KushtaAdhikara 82-85
- b. PanchanimbaChoorna (Contain): Nimba leaves
 1 part, Nimba Root 1 part, Nimba Flower 1 part, Nimba Fruit 1 part, Nimba skin in dry form 1 part
- c. All ingredients are mixed together in same quantity and choorna prepared under all aseptic precautions.
- d. After preparation of choona as per dose 6gm choorna given to the patient in two divided doses with lukewarm (Ushnodak) water.
- e. Packaging of drug done under all aseptic precautions in 50gm plastic bottle and then labelled.

2. Durvadi Lepa

Preparation of Durvadi Lepa:-

Sr. No.	Drug	Latin Name	Part used	Quantity
1	Durva	Cynodon dactylon	panchang	1 Part
2	Chakramarda	Cassia tora	Beeja (seed)	1 Part
3	Tulasi	Ocimum Sanctum	Patra (leaf)	1 Part
4	Haritaki	Terminalia chebula	Phala(fruit)	1 Part
5	Saindhav lavana	Rock Salt (English name)	Lavan(Salt)	1 Part
6	Kanji & Takra			As required for Bhavana

3.2 Methodology

Drug Administration Schedule

	Group A Trail Group (Internally)	Group B Trail Group	Group C Combine Trail	
Treatment given	Panchanimba Choorna	(Externally) Durvadi Lepa	Group	
			Panchanimba Choorna +	
			Durvadi Lepa	
Dosage	3 gm. Twice a day	Twice Daily	3 gm. Twice a day	
Kala	Apana Kala	Morning & Evening	Apana Kala	
Anupan	Ushnodaka		Ushnodaka	
Root of	Oral	Externally	Oral & Externally	
Administrations				
Treatment	28 Days	28 Days	28 Days	
Period				
Follow-up	0-7-14-21-28	0-7-14-21-28	0-7-14-21-28	
Period				



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Assessment Criteria

Subjective Criteria: To reducing sign & symptoms of Vicharchika (eczema).

- a. Kanduta
- b. Pidika
- c. Shayavarna
- d. Srava
- e. Rajyo
- f. Ruja
- g. Rukshata
- h. Rakta

Investigation Product

- a. **TRAIL TREATMENT**: Panchanimba Choorna & Durvadi Lepa on vicharchika with special reference to eczema.
- b. **DOSAGE:** 3 Masha (3 grams) twice a day
- c. **DOSAGE PERIOD:** 28 days.
- d. ROOT OF ADMINISTRATION: -
- For Oral PanchanimbaChoorna
- Local application Durvadi Lepa
- e. PACKAGING— In choorna form packaged in plastic bags.
- f. **FOR LOCAL APPLICATION** The part should be cleaned with worm water
- g. **DOSAGE** Twice in a day.

Efficacy Score System

Lakshanas Severity Index: -Absent – 0, Mild – 1+, Moderate – 2++, Severe – 3+++

Objective Criteria

Investigation was done such as:

- a. Hemogram with ESR
- b. Urine: Routine.& Microscopic
- c. BUL. Sr. creatinine
- d. BSL: Routine
- e. Eosinophills Levels.

IV. DISCUSSION

When applied appropriately, the basic Shamanachikitsa treatment method mentioned in Ayurvedic classics can help treat disorders affecting the Rasavaha, Raktavaha, Mamsavaha, and Swedvahasrotas. Thirty-six of the 37 patients who signed up for the study finished the entire course of treatment, with one patient withdrawing. group in patients Α received Panchanimbachoorna treatment; twelve patients in group B received Durvadi Lepa treatment; and twelve patients in group C received both Panchanimbachoorna and Durvadi Lepa treatment.

In the group A, patients were subjected for Panchanimbachoorna in dose of 3 gm. morning &

evening with lukewarm water. In group B, the patients were subjected for Durvadi Lepa for the external application morning & evening. In group C the patients were subjected for Panchanimbachoorna internally & Durvadi Lepa for the external application.

The follow up was up to 28 days in both the groups. Each patient is assessed on the basis of lakshanas in them according to gradations.

Symptomatic relief is the main criteria for the assessment. Haemogram with ESR, Urine Routine & Microscopic, BUL, Sr.creatinine, BSL-Routine, and Eosinophils Levels was carried out before treatment & after treatment. The observations made on all the 36 patients and the results obtained in all the treated groups are discussed ahead.

- 1. Age: In this present series 36% Patient having age between 16 30 years are more sufferer of this disease. The reason may be that this is the age of more struggles for the establishment in social and occupational area.
- 2. Presence of Lesion: In present study, Maximum numbers (55%) of patients had lesions on both extremities, 35% of patients had lesions on lower limbs.
- 3. Symptom: Kandu&Ruja were present in all the 36 patients i.e.100% of cases. Pidikawas present in 94% patients, while 83 % was having Vrana and 81% were suffering with Rajyo.
- a. Group A Significant result in the cardinal symptoms were observed in Kandu, Pidika, Shayavavarna, and Ruja.
- Group B Significant result in the cardinal symptoms were observed in Kandu, Pidika, Shayavavarna, Rukshata, and Rakta.
- c. Group C- Highly significant result in the cardinal symptoms were observed in Kandu, Pidaka, Srava, Shayavavarna, Ruja, Rukshata, Rakta, Praklinna, observed in Symptomatology. Above statistical analysis shows that Group C is more effective than Group B & Group A inlakshanasof Kanduta, Pidika, shayavarna, Ruja, Rakta&Praklina.

Effect of therapies on hematocrits values: Hemoglobin: There is no significant change in all groups.

Erythrocyte Sedimentation Rate: There is no significant change in all groups.

Eosinophil: Eosinophil count was highly significantly reduced in group C & group A

Urine analysis: There is no significant change in all groups.

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Probable mode of action:

In Vicharchika, the most dominant Doshas are Pitta and Kapha, and Kushtha is Tridoshaja Vyadhi. Consequently, Pittarechaka. Consequently, it combats Raktadushti by rectifying vitiated Pachaka Pitta and aiding in the purification of Raktadhatu. The other Pittas in the body, such as Bhrajaka Pitta, which is also vitiated in Vicharchika, are under the authority of Pachaka Pitta.

In Vicharchika, Twagashritavitiated Udaka (Aap Mahabhuta Pradhana) is the cause of excess Kleda. Arkataila and Panchnimbachurna's Katu Rasa cease producing MalarupaKleda.In Vicharchika, Rasavaha, Raktavaha, Mamsavaha, and Swedavahasrotasa become vitiated.Deepana, Pachana, Laghu, Ruksha, Ushna, and Tikshna make up the majority of drugs. They thus practise Aampachan.

They remove Sanga from Srotasa and do Srotomukha Vishodhana; many of drugs are Kushthaghna and Kandughna. So, they effect on Vicharchika. Krumi is mentioned as a causative factor of Kushtha. So, Krumighna Dravya of this medicine effects on Krumi.Most of drugs are Laghu, Ruksha, Ushna and Tikshna. So they effect on Sravi nature of Vicharchika. It improves the quality of Rasadi dhatu, thus prevent the disease formation. Kushtha isthe diseases which develops when Twak, Rakta, Ambu, Mamsa become Shithila and Drug give strength to them and does prevent the vicharchikavyadhi.

V. CONCLUSION

On the basis of the present study, following conclusions can be drawn.

- 1. Vicharchika is stated as a Kshudra-Kushtha & Sadhya Kushthaby all acharya, but Kushtha is one among Ashta Mahagada. So, it is difficult to cure.
- 2. Vicharchika can be seen at any age but frequently in young age due to exposure to occupational, environmental factors and mental stress.
- 3. Now a day junk food, irregularity in food taking, suppression of natural urges, uses of cosmetics and other chemicals, polluted environment, stressful life and Emotional disturbances definitely play a major role in manifestation of Vicharchika.
- 4. Mithya Ahara— Vihara, especially Navanna, Viruddhahara and Vegavidharana are the main causative factors of Vicharchika.

- 5. Excessive intakes of Santarpaka Nidana cause Agni Dushti and play an important role in manifestation of Kushtha.
- 6. Panchanimba choorna & Durvadi Lepa (Group—C) proved to be more effective than (Group-B) & (Group-A) management in Vicharchika.
- 7. More number of patients is from 16 − 30 yrs. age group.
- 8. As per statistical analysis Group C which was treated with Panchanimba choorna & Durvadi Lepa shows more effective result compared with Group B & Group A in the symptoms such as Kanduta, Pidika, shayavarna, Ruj a, Rakta & Praklina.
- 9. Group B is slightly effective than Group A in symptoms Rajyo, Rakta, Praklina & Vrana.
- 10. These drugs have no adverse & toxic effect observed in any patient during study.

REFERENCES

- [1]. Amar Kosha Ed. By Shivadatta, Nirnayasagar press, Mumbai.
- [2]. API Book of Medicine Ed. By. G.S. Sainani, 5th ed., National Book Depot, Mumbai.
- [3]. Arundatta SarvangasundaraComm.OnAshta ngaHridaya, ChaukhambhaOrientalia,Varanasi.
- [4]. Ashtanga Hridaya Nirmala Hindi Commentary By. Bramhanand Tripathi, Chaukhambha Sanskrit Pratisthan, Delhi.
- [5]. Ashtanga Samgraha Hindi commentary By Atrideva Gupta, KrushnadasAkadami, Varanasi.
- [6]. Atul Satasiya A clinical study on the management of Vicharchika with BhringarajaRasayana and Jalaukavacharana, K. C., 2004, Jamanagar.
- [7]. Bangasen Hindi commentary By Hariharaprasad Tripathi, 1st edition, Chakhambha Sanskrit Sansthana, Varanasi.
- [8]. Bhaishajya Ratnavali Ed. By. RajeshwaraDutt Shastri, 18th edi,Chakhambha Sanskrit Sansthana, Varanasi.
- [9]. Bhavaprakasha Ed. By. Bramhashankar Mishra with Vidyotini Hindi Commentary, Chaukhambha Sanskrit Pratisthan, Varanasi.



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- [10]. Bhela Samhita Ed. By. Vd. Venkatasubrahmanya Shastri & Sri. Rajrajeshwar Shastri, CCRAS. Delhi.
- [11]. Bhimani Ketan Comparative study of Virechana and Jalaukavacharana Karma in the management of Vicharchika, K.C.,2005, Jamanagar.
- [12]. C.C. Chatterjee Human Physiology (1997) Vol. I & II, 9th ed., Medical Allied Agency, Calcutta.
- [13]. Chakradatta Ed. By RamanathDwivedy, edi.2005, Chaukhambha Sanskrit Pratisthan, Varanasi.
- [14]. Charaka Samhita Chakrapani rachitaAyurvedadipikaCommentry, Ed. By YadavajiTrikamaji Acharya, 2007, ChaukhambhaPrakashana, Varanasi.
- [15]. Charaka Samhita Charaka Chandrika Hindi Comm. By Bramhanand Tripathi,
- [16]. Charaka Samhita Gujarati, Hindi, and English Comm. published By Gulabkunvarba-press Jamanagar.