

The role of *Trijatyadichoorna* with *Bhallataktail* in the management of *Vicharchika* w. s. r. to eczema.

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ABSTRACT

In ayurveda all skin diseases describes under the heading of kushta. "*Kushnateetikushtham*." [4]

(*Ma.Ni/kushta/Tika 1*)

The disease that destroys the affected part of skin . Both charaksamhita and sushrutsamhita classify skin disease into 2 categories . [3]

- 1) *Mahakushtha* (major)
- 2) *Kshudrakushtha* (minor) Ch.ni 5/4

According to Ayurveda, Eczema may be considered a type of *kushtha*. i. e. type of *kshudrakushtha* which is disease of the skin. It is also known as a type of *twakroga*. which also signifies that it is a skin disease that *twak* translates to skin and *rog* translates to pain . *Vicharchika* is characterised by the following symptoms *tikandu* , *bahustrav* , *rukshta* , *shyavata* , *pidika*, *raji*. As described in terms of *nidan* , *purvarupa*, *samprapti* and *chikitsa* *vicharchika* can most certainly be correlated with the modern interpretation of eczema or atopic dermatitis .Eczema or atopic dermatitis is chronic inflammatory skin condition. Atopic dermatitis is characterised by

cracked or scaly skin discolored patches, erythema (red skin), papules, exudate (oozing) and intense pruritus (itching).

KEYWORDS

Vicharchika , *Eczema*, *Atopic dermatitis*, *Trijatyadi choorna*, *Bhallatak tail*, *Kushtha*, *Kshudrakushtha*, *Twak rog*

INTRODUCTION

As we all know that skin is the largest organ of human body. The skin extremely compound organ and it is related to visual clinical specialty. It covers

Area of approx 22 square feet and weight 4.5 -5kg. Which is almost 16% of total body weight. It is known as "Gyanendriya" which is one out of five . Which is responsible for "sparshgyan".

In ayurveda all skin diseases describes under the heading of *kushta* .

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(*Ma.Ni/kushta/Tika 1*) [4]

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There are seven *mahakushtha* and eleven *kshudrakushtha*. The *mahakushtha* include those that are considered variations of leprosy. While the *kshudrakushtha* comprise all other skin conditions. It is generally agreed by most *ayurvedic* scholars that *vicharchika* is *kshudrakushtha* (minor) most closely resembles the modern interpretation of eczema of atopic dermatitis.

1) "त्वचःकुर्वन्तिवैवर्ण्यदुष्टःकुष्ठमुशन्तितत्
कालेनोपेक्षितंयस्मात्सर्वकुष्ठातितद्वपु //
(अं.सं.नि. 14/3) ^[5]

2) सकण्डुपिडकाश्यावाबहुस्त्रावाविचर्चिका....//
"च.चि. 7/26, भा.प्र. 54/27, यो.र. ^[7, 8, 6]

3) "राज्योअतिकण्ड्वर्तिरुजः
सरुक्षाभवन्तिगात्रेषुविचर्चिकायाम्//....."
सु.नि. 5/13^[2]

4) "सकण्डुपिटीकाश्यावालसीकाद्व्याविचर्चिका
// ".....अ.ह. 14/18^[1]

Hetu of *vicharchika* according to *ayurved samhita* are *viruddhaanupan*, *chardivegvidharan*, *adhyasan*, *mithyopchar* of *panchakarma*, *diwaswap*, intake of food during indigestion, excessive use of *navanna*, *dadhi*, *amla*, *lavan*, bath after heavy meals sudden changes from heat to cold or cold to heat without following the rules of *vihar*. *Agnimandya* is the root cause of all disease. The cause of eczema may be combination of genetic and environmental factor like allergens, pollen, house dust, dandruff. Irritants like soap, detergents, shampoo, meats. Microbes like bacteria such as *staphylococcus*, viruses, certain fungi.

AIMS AND OBJECTIVES: -

1) To evaluate the clinical effect of *Trijatyadi churna* orally and *Bhallatak tail* locally for 45 days in management of *vicharchika* with special reference to Eczema

2) To compare the effect of *Trijatyadi churna* and *Bhallatak tail* with *tab.levocetirizine* and *tacrolimus ointment*

MATERIAL AND METHOD:-

1.selection of cases – 60 clinically diagnosed patients of *vicharchika* selected from O.P.D /I.P.D unit of P.G. Department of *kaychikitsa*, L.K. Ayurved hospital, Yavatmal

A) INCLUSION CRITERIA:-

- 1) Age group above 16 and below 70 years.
- 2) patient having classical signs and symptoms of *vicharchika*,
 - a) *Kandu* (itching)
 - b) *Pidika* (eruption)
 - c) *Syavavarna* (blackish discolouration)
 - d) *Strava* (discharge)
 - e) *Ruja* (pain)
 - f) *Rajyo* (marked lining due to thickness of lesion)
 - g) *Rukshata* (dryness)
 - h) *lohitvarna* (redness of lesion)
- 3) Patient willing for clinical trial.
- 4) Irrespective of gender, occupation, Religion, economical barrier.
- 5) patients willing to participate.
- 6) patient who will fulfil criteria and take regular medicines with regular follow up.

B) EXCLUSIVE CRITERIA:-

- 1) Age group below 16 years and above 70 years.
- 2) Pregnant and lactating mother.
- 3) Infective origins like
 - a) Koch's
 - b) Hansen's disease
 - c) Scabies
 - d) Psoriasis

- e) Fungal infection /herpes zoster.
- 4) Drug induced eczema.
- 5) Immune compromised like HIV, HBV
- 6) Systemic disorders DM, CCF
- 7) Diabetic wound
- 8) Malignancy

- 9) Patient having cardiac disease like hypertension, CVE
- 10) Renal diseases like CKD
- 11) Endocrine disorders will exclude from study to avoid over lapping of symptoms.
- 12) Allergy induced eczema.

TABLE NO.1**Showing grouping of cases**

	Group A(n=30) Trial drug	Group B(n=30) Control drug
Dose	<i>Trijatyadi churna</i> 3gm Bhallatak tail L.A	Tab.levocetirizine 5mg Tacrolimus ointment 0.03%
Route	Churn-3gm Tail L.A.	Tab.-orally Ointment-L.A.
Anupan	Churna-Koshnaja	Water
Duration	45 days	45 days

Selection of drugs :-

Taking the symptoms and the samprapti of vicharchika into consideration, “*Trijatyadichurna* and *Bhallatak tail*” were selected.

Contents of *Trijatyadi choorna*

:-

Ela, twak, tejpatra, haritaki, bibhitaki, amalaki, shunthi, vidang, draksha,

haridra, daru haridra, nimbpatra, pippali, guduchi, mishi, shashtishali, meshshrungi

Contents of *Bhallatak tail*:-

Bhallatak, shunthi, marich, pippali, haritaki, amalaki, bibhitaki, gunja, kushtha, saindhav, sauvarchal, bidlavan, samudra, audbhid lavan, sarshap tail.

ASSESSMENT CRITERIA:-

For assessment of the efficacy of the trial therapy, following parameters were adopted

1) Subjective criteria

Sr.No.	Symptoms	Criteria for gradation			
		0 grade	1 st grade	2 nd grade	3 rd grade
1	<i>Kandu</i> (itching)	Absent	Tolerable	Non tolerable but does not disturb sleep	Disturb sleep and other activities
2	<i>Shyavvarna</i>	Normal skin	Slightly	Dark patches	Black spot

	(blackish discolouration)		black		with variations
3	<i>Pidika</i> (eruption)	Absent	One to two	More than two	All over body
4	<i>Rukshta</i> (dryness)	No line on scrubbing by nails	Faint line on scrubbing by nail	Lining and word can be written by nails	Excessive <i>rukshta</i> leading to <i>kandu</i>
5	<i>Strav</i> (discharge)	Absent	Occasional discharge after itching	Occasional oozing without itching	Excessive oozing making clothes wet
6	Affected area of body	Absent	Up to 25%	26 to 50%	More than 50%
7	<i>Rajyo</i> (marked lining due to thickness of lesion)	Absent	Mild	Moderate	Severe
8	<i>Lohitvarna</i> (redness of lesion)	Normal skin	Slightly red	Redish patches	Dark red patches
9	<i>Ruja</i> (pain)	No pain	Mild pain	Moderate pain	Severe pain

2) Objective criteria:-

Blood investigations done to rule out disease if necessary

- 1) CBC with DLC
- 2) ESR
- 3) BSL

4) KFT

5) LFT

6) HBsAg

7) Tri-dot

8) Urine- Routine

Microscopic

Observation and results :-

Relative incidence of various symptoms -

Sr no	Symptoms	Group A n =30		Group B n =30		Total	
		No	%	No	%	No	%
1	<i>Kandu</i>	30	100	30	100	60	100
2	<i>Shyavvarna</i>	30	100	30	100	60	100
3	<i>Pidika</i>	15	50	16	53.33	31	51.66
4	<i>Rukshata</i>	30	100	29	96.66	59	98.33
5	<i>Strav</i>	10	33.33	8	26.66	18	30
6	<i>Ruja</i>	21	70	16	53.33	37	61.66
7	<i>Rajyo</i>	23	76.66	17	56.66	40	66.66
8	<i>Lohitvarna</i>	5	16.66	3	10	8	13.33

Mean improvement	68.38 %	73.14%		
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Showing the overall comparative improvement in clinical features of vicharchika in two treated groups (Mann-whitney U test)

Sr.no.	Symptoms	Group A			Group B		
		%	P	Result	%	P	Result
1	<i>Kandu</i>	80	0.05	ES	87.77	0.05	ES
2	<i>Shyavvarna</i>	64.44	0.05	ES	67.77	0.05	ES
3	<i>Pidika</i>	68.88	0.05	ES	72.91	0.05	ES
4	<i>Rukshata</i>	83.33	0.05	ES	85.05	0.05	ES
5	<i>Strav</i>	80	0.05	ES	79.16	0.05	ES
6	<i>Ruja</i>	65.07	0.05	ES	79.16	0.05	ES
7	<i>Rajyo</i>	66.66	0.05	ES	72.54	0.05	ES
8	<i>Lohitvarna</i>	46.66	0.05	ES	55.55	0.05	ES

Distribution of patients according to relief

Overall Effect (patient wise)	No. of patients			
	Group A		Group B	
	Count	%	Count	%
Marked improvement	0	0%	0	0%
Moderate improvement	15	50%	14	46%
Mild improvement	15	50%	16	54%
Unchanged	0	0%	0	%
Total	30	100%	30	100%

DISCUSSION: -

The oral use of *Trijatyadichoorna* works as *Raktaprasadan*. Which absorbs the *kleda* present in *raktadhatu*. Most of the contents are *katuvipaki* and *ushnaviryatmak* due to its *katuvipak* and *ushnavirya* hence *Trijatyadichoorna* acts as a "varnya".

Contents like *Daruharidra*, *guduchi*, *triphala*, *vidang* etc. increases the liver function and purifies the blood and act as *kandughna*, *kushtghna* and *kledaghna*.

Bhallatak tail contains *Bhallatak*, *trikatu*, *triphala*, *guna*, *kushtha*, *panchalavan* and *Sarshap Tail*. This contents are *katuvipaki*, *ushnaviryatmak* and due to

ruksha and *laghuguna* they absorbs *kleda* in *rakta* and *mansadhatu* and act as *kledaghna*, *kandughna*, *raktaprasadan*.

Local application of this *Bhallatak* tail plays as antimicrobial role through inhibitory effect on microbial growth. It is rich source of antioxidant.

CONCLUSION: -

Vicharchika is *kaphapradhanvyadhi*, According to Wilcoxon signed rank test ($p < 0.05$) both group Le. *Trijatyadichoorna* orally and *Bhallatak* tail topically (trial group) and tab. *levocetirizine* orally and *tacrolimus* ointment topically (control group) has significantly reduced *kandu*, *shyavvarna*, *Pidika*, *ruja*, *rajyo*,

rukshata, strava, lohitarva According to Mann-Whitney's U test ($p < 0.05$) in Stray and easy score that means these symptoms decreased significantly more in Group A than in Group B.

• In case of symptoms *kandu, shyavarna, Pidika, ruja, rajyo, rukshata, lohitarva* the test has shown insignificant difference between mean difference of Group A and Group B ($p > 0.05$)

Finally we concluded that

• *Trijatyadichoorna* orally and *Bhallatak* tail topically is same effective as Tab. *Levocetirizine* orally and tacrolimus ointment topically in the management of *vichrchika*.

Tab. *levocetirizine* orally and tacrolimus ointment topically is found slightly better on the basis of percent relief.

• *Trijatyadichoorna* orally and *Bhallatak* tail topically is effective than tab. *levocetirizine* orally and tacrolimus ointment topically in the management of *vichrchika* to reduce *strav* and easy score.

• *Trijatyadichoorna* orally and *Bhallatak* tail topically is not effective as tab. *levocetirizine* orally and tacrolimus ointment topically in the management of *vicharchika* to reduce *kandu*,

shyavarna, Pidika, ruja, rajyo, rukshata and lohitarva.

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