



# ROLE OF VICHARCHIKARI TAIL AND LAGHU MANJISTHADI KWATH

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## ABSTRACT

Eczema, also known as atopic dermatitis, is a common chronic skin condition that can lead to recurrent disease, and poor quality of life if left untreated. Genetic as well as environmental factors are thought to play a part in the pathogenesis. Eczema is most commonly seen in children but can be seen in adults. People with the disease tend to have dry, itchy skin that is prone to infection. Eczema is commonly known as the "itch that rashes" due to dry skin that lead to a rash as a result of scratching or rubbing. the most important treatment of eczema is skin hydration followed by topical steroids for flare-ups. The clinical presentations of Vicharchika is similar to Eczema in modern dermatology.

Therefore to identify an alternative, the study entitled entitled "ROLE OF VICHARCHIKARI TAIL AND LAGHU MANJISTHADI KWATH IN VICHARCHIKA" was undertaken in 40 Vicharchika patients. All selected patients were randomly assigned to two groups, Group A ( Vicharchikari Tail ) & Group B ( Laghu Manjisthadi Kwath ). Total duration of study was 45 days along with a follow up period of 15 days. Assessment was done on the basis of subjective and objective parameters. Result-overall response was In Group A, Excellent improvement was seen in 50% of patients and 40% patients shows marked improvement. In Group B showed Excellent improvement was seen in 40% of patients shows Marked improvement in 40% patients. The overall effect of Group A was better than Group B in relieving the symptoms.

**KEYWORDS:** Eczema, Vicharchika, Mahakushtha, KshudraKushtha, Shodhan, Shaman Atopic dermatitis.

## INTRODUCTION

The body's largest organ of defence is the skin. A healthy skin is the mirror image of good health. The unbroken skin is the natural dressing over the body. It effectively serves as a barrier to prevent the spread of illnesses.

In Ayurvedic texts, all skin diseases were included under the term 'Kushtharoga' which is classified into two main divisions i.e., Mahakushtha and Kshudrakushtha. Vicharchika is a type of Kshudra Kushtha often encountered by Ayurvedic dermatologists characterized with symptoms namely Kandu, Srava, Pidika. Main line of treatment for Vicharchika in Ayurveda is Shodhan and Shaman.

In contemporary dermatology, the clinical manifestations of Vicharchika are comparable to Eczema. Eczema (also called atopic dermatitis) is characterized by dry itchy skin with areas of poorly demarcated erythema and scale<sup>(1)</sup>.

In the acute phase eczema may be vesicular and oozing, in the chronic phase it may become hyper pigmented and lichenified (thickened). Excoriations (scratch marks) are frequently seen. The most prevalent type of dermatitis is eczema, sometimes referred to as atopic dermatitis. It is thought that the etiology is influenced by both hereditary and environmental factors. Although it can affect adults, eczema is more frequently found in youngsters. People with the condition frequently have infected, dry, and itchy skin. Eczema is frequently referred to as the "itch that rashes" because of the dry skin that causes a rash when scratched or rubbed. The lifetime prevalence of atopic dermatitis is about 15 – 30% in children and 2 – 10% in adults. About 60% of cases will develop within the first year of life. In contrast to metropolitan settings, atopic dermatitis is more prevalent in rural ones. This incidence emphasizes the link to lifestyle and environment factors in the mechanisms of Atopic dermatitis. Atopic dermatitis is a part of the triad known as the 'Atopic march'. This relates to the association between patients with atopic dermatitis, asthma and allergic rhinitis. About 50% of patients with severe atopic dermatitis will develop asthma, and 75% will develop allergic rhinitis.

Ayurveda believe that all Dosha in balance is essential for well-being Ayurveda offers treatment for the root of eczema by cleansing vitiated Dosha and balancing the Dosha and Dhatus.



According to *Charaka*, the ancient medical authority Ayurveda is characterized by skin eruption with dark discoloration, itching and profuse discharge. Authors like *Vagabhatta*,

*Madhavkara* and *Bhavamishra* are in agreement with him whereas *Sushruta*, the father of surgery' has mentioned the symptoms as dryness of the skin with intensive itching and marked innings<sup>(2)</sup>.

Herbal medicine has a long history that predates human civilization. *Vedas* are the oldest record of human civilization and we can find description of many plants used as medicines in the *Vedas*. Plants were used as medicines not only in India, but also in China, Egypt and Greece before the Christian era. Nature has provided a complete storehouse of remedies to treat all ailments of mankind. Around 3,35,000 plant species are known to be used by humans in some capacity around the world, however only a very small portion of these are actively employed as medicines. Recent studies have shown that the demand for herbal products is increasing all over the world, because of increasing adverse effects of synthetic products. Increasing population, health awareness and increasing side effects of modern medicine are the other factors which have increased the demand of *Ayurvedic* medicines all over the world. In this era, drastic development in the field of science and technology is going on. Scientists are discovering a lot to make our life better. In life is very fast and competitive. Everyone wants to be best. Because of this, persons of this era compromise with their food habits and routine life schedule. The 21st Century has rendered man the primary victim of various ailments due to its constant changes in life styles, the environment, and dietary practices<sup>(3)</sup>.

## AIMS AND OBJECTIVE

- To evaluate the efficacy of *Vicharchikari Tail* with *Laghu Manjisthadi Kwath* on *Vicharchika*.
- To provide a reliable, cost effective *Ayurvedic* treatment for *Vicharchika*.

## MATERIAL AND METHODS

**Selection Of Patients:-** Patients with clinical features of the *Vicharchika* attending the OPD of *kaya Chikitsa* department of "Rishikul campus" Hospital, Uttarakhand Ayurved University Haridwar. Will be selected randomly for this clinical study, irrespective of sex, religion, occupations, etc. A detail proforma will be prepared on the basis. The patients fulfilling the Inclusion and Exclusion criteria will be registered on this proforma and scoring of the different clinical feature will be done on the assessment criteria.

- **TYPE OF STUDY-** Open Randomised Trial
- **LEVEL OF STUDY-** OPD and IPD level
- **PERIOD OF STUDY-** 18 month (1<sup>1/2</sup>)
- **DURATION OF TREATMENT-** 45 days

## METHOD OF TREATMENT/ INTERVENTION

**SELECTION OF DRUG:-** The two drugs selected for the present study

1. *Vicharchikari Tail*
2. *Laghu Manjisthadi Kwath*

**DRUG TRIAL SCHEDULE:** The selected patients for trial were randomly divided into following 2 groups.

1. **GROUP 1:-** Patients were treated with "*Vicharchikari Tail*".
2. **GROUP 2:-** Patients were treated with "*Laghu Manjisthadi Kwath*".

**FORM OF MEDICINE – Tail, Kwath**

## DRUG DOSAGES

1. *Vicharchikari Tail* - Applied on affected area twice a day for 45 days.
2. *Laghu Manjisthadi Kwath* - 40 ml before meal twice a day for 45 days.

**ROUTE OF ADMINISTRATIONS – Local Application, Oral**

**ASSESSMENT CRITERIA:** The assessment was done at an interval of 15 days.

**INGREDIENTS****Group 1****Table no 1: The Ingredients of Vicharchikari tail**

S.NO.	DRUG	PART USED	PART
1.	<i>Chameli</i>	Leaf	1 Part
2.	<i>Nimba</i>	Leaf	1 Part
3.	<i>Arka</i>	Leaf	1 Part
4.	<i>Kutaja</i>	Stem bark	1 Part
5.	<i>Dronpushpi</i>	Leaf	1 Part
6.	<i>Haridra</i>	Rhizome	1 Part
7.	<i>Vatsnaabha</i>	Root	1 Part
8.	Vyosha	<i>Shunthi</i>	1 Part
		<i>Maricha</i>	
		<i>Pippali</i>	
9.	<i>Kuchala</i>	Seed	1 Part
10.	<i>Kaner</i>	Root	1 Part
11.	<i>Manahshila</i>		1 Part
12.	<i>Hartaala</i>		1 Part
13.	<i>Kashisa</i>		1 Part
14.	<i>Shunthi</i>	Rhizome	1 Part
15.	<i>Sarshpa</i>	Oil	1 Part

**Group 2****Table no 2: The Ingredients of Laghu Manjisthadi Kwath**

S.NO.	DRUG	PART USED	PART
1.	<i>Manjistha</i>	Stem bark	1 Part
2.	<i>Vibhitaki</i>	fruit	1Part
3.	<i>Haritiki</i>	fruit	1 part
4.	<i>Amalaki</i>	fruit	1 part
5.	<i>Kutaki</i>	Root	1 part
6.	<i>Vacha</i>	Root	1 part
7.	<i>Daruharidra</i>	Stem bark	1 part
8.	<i>Haridra</i>	Rhizome	1 part
9.	<i>Guduchi</i>	Stem	1 part
10.	<i>Nimba</i>	leaf	1 part

**SUBJECTIVE PARAMETER****Table no 3: Grading of Subjective Parameters**

Subjective Parameters	Grade 0	Grade 1	Grade 2	Grade 3
<b>Kandu (Itching)</b>	No itching	Mild/infrequent itching	Moderate (tolerable)	Very severe itching disturbing sleep and other activity
<b>Vedana (Pain)</b>	No pain	Mild pain	Moderate (tolerable)	Very Sever pain
<b>Daha (Burning sensation)</b>	No burning sensation	Mild burning sensation after itching	Moderate burning sensation with no disturbance in sleep	Sever burning sensation with disturbed sleep
<b>Vivarnata (Discolouration)</b>	Normal skin colour	Brownish red discoloration	Blackish red discoloration	Blackish discoloration
<b>Srava (Discharge)</b>	No discharge	Slightly discharge	Moderate discharge	Extremely discharge
<b>Rukshata (Dryness)</b>	No dryness	Slightly dryness	Dry	Extremely dry
<b>Thickness</b>	No Thickness	Slightly raised	Thick	Very thick



## OBJECTIVE PARAMETER

Table no 4: Grading of Objective parameters

Objective Parameters	Grade 0	Grade 1	Grade 2	Grade 3
No. of <i>Mandala</i>	No. of <i>Mandala</i>	1 to 3 <i>Mandala</i>	4 to 6 <i>Mandala</i>	> 7 <i>Mandala</i>
Area occupied by the <i>Mandala</i>	Zero cm <sup>2</sup>	< 25 cm <sup>2</sup>	25 to 50 cm <sup>2</sup>	> 50 cm <sup>2</sup>

## FOLLOW UP

The follow up was done at the interval of 15 days after completion of trial.

## INCLUSION CRITERIA

1. Patients having the signs & Symptoms of *Vicharchika*.
2. Age group between 20 to 60 years.
3. Patient willing to participate in above mentioned trial with informed consent.

## EXCLUSION CRITERIA

1. Age group less than 20 year and more than 60 year.
2. Pregnancy and lactations.
3. Patient known case of Psoriasis, leprosy, local burn etc.
4. Any other secondary skin diseases.
5. Uncontrolled Diabetic & Hypertension patients.

## CRITERIA FOR WITHDRAWAL

1. Personal matters
2. Intercurrent illness
3. Aggravation of complaints.
4. Leave against medical advice (LAMA).

## INVESTIGATIONS

- HB%
- T.L.C
- D.L.C
- E.S.R
- Blood sugar (random)
- SGOT, SGPT
- Blood urea, Serum creatinine.
- Serum cholesterol.
- Urine - routine and microscope.

## OBSERVATION AND RESULTS

### Statistical Analysis

- **Wilcoxon signed rank test** was applied on the subjective parameters.
- **Paired ‘t’ test** was applied on objective parameters.
- The test were carried at the level of 0.05, 0.01, 0.001 level of p.
- For inter group comparison of subjective parameters, **Mann Whitney ‘U’ test** was used.
- For inter group comparison of objective parameters **Unpaired ‘t’ test** was used.

### Assessment of overall effect of the Therapy

All the B.T. score of the above-mentioned symptoms & objective parameters of the patient were added.  
All the A.T. score of the above-mentioned symptoms & objective parameters of the patient were added.  
Overall percentage improvement of each patients was calculated by the following formula;

$$\frac{\text{Total BT}-\text{Total AT}}{\text{Total BT}} \times 100$$



**Over-all assessment of therapy**

The result thus obtained from individual patient was categorized according to the following grades:

- Excellent  $\geq 75\%$  relief
- Marked Improvement  $\geq 50\%$  up to 74% relief
- Mild improvement  $\geq 25\%$  up to 49% relief
- No improvement  $\leq 24\%$  relief

**Table no 5: Shows Status of The 40 Patients of Vicharchika**

S.NO.	GROUP	TOTAL REGISTERED	LAMA	COMPLETED
I	<i>Vicharchikari Tail</i>	20	0	20
II	<i>Laghu Manjisthadi Kwath</i>	20	0	20

**Table no 6: Demographic Distribution of patients**

S.No.	Features	No. of patients	Percentage
1.	Age (31-40)	16	40%
2.	Sex (Male)	22	55%
3.	Religion (Hindu)	35	87%
4.	Marital (Married)	32	80%
5.	SES(Middle class)	29	73%
6.	Occupation(housewives)	13	33%
7.	Agni (Mandagni)	21	52%
8.	<i>Deha prakriti</i> (Kapha-pitta)	16	40%
9.	Bowel (regular)	26	65%
10.	Sleep (disturbed)	25	62%
11.	Area (Urban)	28	70%
12.	Chronicity (< 6 months)	16	40%
13.	Nature Of Allergens(winter)	19	47%
14.	Type Of Disease ( <i>Shushka</i> )	22	55%
15.	Area Of Involvement (Lower Extremities)	18	45%
16.	Addiction (TEA(>2times/day))	19	47%
17.	<i>Jarana Shakti</i>	26	65%

**Table no 7: Sign and Symptoms Wise Distribution of 40 patients of Vicharchika**

SIGNS & SYMPTOMS	Group I	Group Ii	Total	Percentage
<i>Kandu</i> (Itching)	20	20	40	100%
<i>Vedana</i> (Pain)	09	10	19	47.5%
<i>Daha</i> (Burning sensation)	20	19	39	97.5%
<i>Vivaranata</i> (Discolourations)	20	20	40	100%
<i>Srava</i> (Discharge)	04	17	21	52.5%
<i>Mandala</i>	18	17	35	87.5%

**Table no 8: Efficacy Study of Group 1 On Subjective Parameters in Vicharchika**

Group-A Sub.	MEDIAN		MEAN		SD	SE	Wilcoxon W	P-Value	% Effect	Result
	BT	AT	BT	AT						
<i>Kandu</i> (Itching)	2	0	2	0.15	0.587	0.131	-210	<0.001	92.5%	HS
<i>Vedana</i> (Pain)	1	0	1	0	0	0	-28	<0.01	100%	S
<i>Daha</i> (Burning sensation)	1	0	1.4	0	0.502	0.112	-210	<0.001	100%	HS
<i>Vivaranata</i> (Discolouration)	3	1	2.25	0.6	0.745	0.166	-190	<0.001	73.33%	HS
<i>Srava</i> (Discharge)	1	0	1	0	0	0	-10	>0.05	100%	NS
<b>Thickness</b>	2	0	1.8	0.4	0.502	0.112	-210	<0.001	77.77%	HS



**Table no 9: Efficacy Study of Group 1 On Objective Parameters in Vicharchika**

Group B Obj.	N	MEAN		D	Paired t test	SD	SE	P-Value	% Effect	Result
		BT	AT							
No. of Mandala	20	1.15	0.65	0.50	4.359	0.513	0.115	<0.001	43.47	HS
Area of Mandala	20	1.35	0.8	0.55	4.819	0.510	0.114	<0.001	47.82%	HS

**Table no 10: : Efficacy Study of Group 2 On Subjective Parameters in Vicharchika**

Group-B Sub.	MEDIAN		MEAN		SD	SE	Wilcoxon W	P-Value	% Effect	Result
	BT	AT	BT	AT						
Kandu (Itching)	2	0.5	1.8	0.55	0.550	0.123	-190	<0.001	69.4%	HS
Vedana (Pain)	1	0	1.4	0.42	0.378	0.142	-21	<0.01	60%	S
Daha (Burning sensation)	1	0	1.2	0.4	0.410	0.091	-136	<0.001	66.6%	HS
Vivaranata (Discolouration)	3	1	2.1	0.85	0.638	0.142	-171	<0.001	59.52%	HS
Srava (Discharge)	1	0	1.06	0.46	0.507	0.130	-45	<0.01	56.2%	S
Thickness	1	1	1.4	0.6	0.600	0.145	-91	<0.001	62.5%	HS

**Table no 11: Efficacy Study of Group 2 On Objective Parameters in Vicharchika**

Group B Obj.	N	MEAN		D	Paired t test	SD	SE	P-Value	% Effect	Result
		BT	AT							
No. of Mandala	20	1.1	0.7	0.4	3.559	0.503	0.112	<0.01	36.36%	S
Area of Mandala	20	1.1	0.75	0.35	2.854	0.470	0.105	<0.01	31.81%	S

**Table no 12: Intergroup Comparison of Subjective Parameters**

Variable	Group	N	Mean Rank	Sum of Ranks	Mann-Whitney U	P-Value	Result
Kandu	Group A	20	1.85	420.0	508.5	<0.01	S
	Group B	20	1.25	400.0			
	Total	40					
Vedana	Group A	7	1	56	56.00	>0.05	NS
	Group B	7	0.857	49			
	Total	14					
Daha	Group A	20	1.4	514	514.0	<0.01	S
	Group B	20	0.8	306			
	Total	40					
Vivaranata	Group A	20	1.65	469.5	468.5	>0.05	NS
	Group B	20	1.25	353.5			
	Total	40					
Srava	Group A	4	1	52.8	52.0	>0.05	NS
	Group B	15	0.6	139.8			
	Total	19					
Thickness	Group A	20	1.4	453.2	251.0	<0.01	S
	Group B	17	0.882	252.1			
	Total	37					



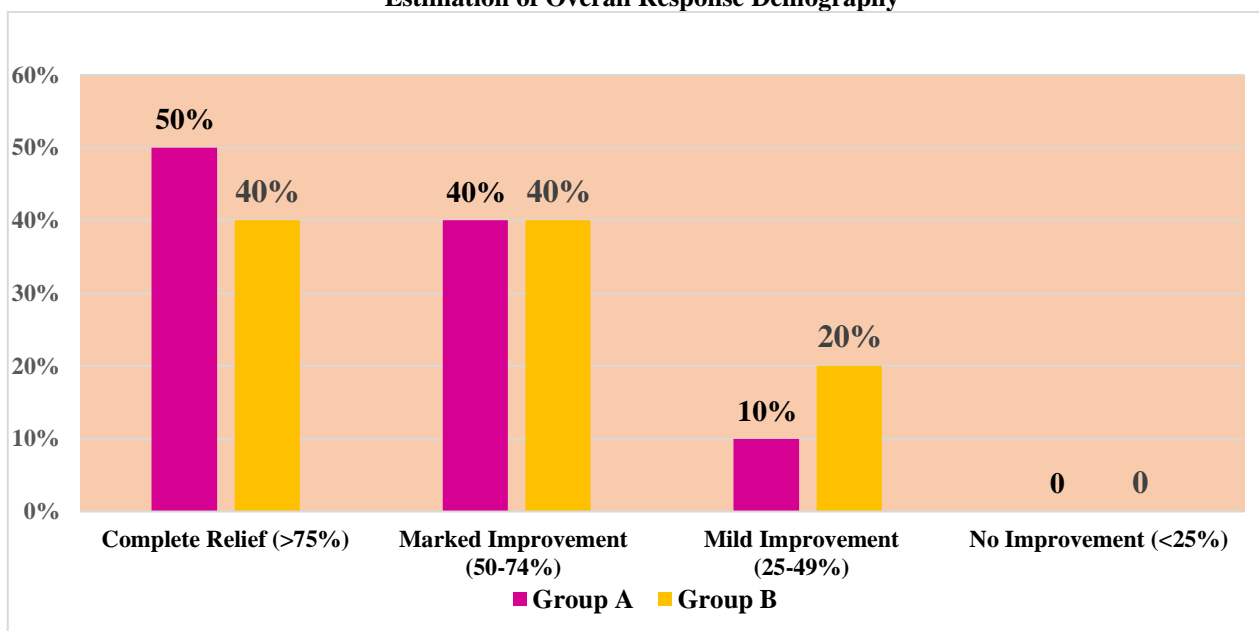
**Table no 13: Intergroup Comparison of Objective Parameters**

Variable	Group	N	Mean difference	SD	T-Value	P-Value	Result
No. of Mandala	Group A	20	0.550	0.510	0.936	>0.05	NS
	Group B	20	0.400	0.503			
	Total	40					
Area of Mandala	Group A	20	0.650	0.489	1.939	>0.05	NS
	Group B	20	0.350	0.489			
	Total	40					

**Table no 14: Estimation of Overall Response in Each Group**

Overall effect	Group 1		Group 2	
	No	Percentage %	No	Percentage %
Complete relief (>75%)	10	50%	8	40%
Marked Improvement (50-74%)	9	40%	8	40%
Mild Improvement (25-49%)	1	10%	4	20%
No Improvement (<25%)	0	00%	0	00%

**Estimation of Overall Response Demography**



## DISCUSSION

### Discussion on Observation

It was found that majority of patients (40%) were in the age group of 31-40 years. This data indicates of younger age group people, it may be due to hectic life style and dietary disturbances. It was found that maximum patients were male (55%). In our study, 33% of patients were housewife, it may be stressful condition aggravates the disease.

In this study maximum patients i.e.(73%) were from Middle class, As stated, earlier patients were selected from government hospital, which provides free medication.

In this study Maximum number of patients i.e. (70%) were from Urban area. Urban lifestyle which is full of polluted air, irregular and unhygienic dietary habits and stressful routine can be one of the causes.

Maximum number of patients i.e. (70%) were from Urban area. Urban lifestyle which is full of polluted air, irregular and unhygienic dietary habits and stressful routine can be one of the causes. Apart from this location of hospital in Urban region is also significant. out of 40 patients, (62%) were having disturbed sleep. Disturbed sleep was perhaps a result of the disease because itching is symptoms of the disease.



maximum i.e., (40%) patients were having <6 months chronicity. This observation shows chronic nature of the disease. In this study Majority of the patients (50%) were addicted to tea/coffee. . Excessive intake of tea vitiate *Pitta Dosha* which increased risk of *Vicharchika*. that lead to excessive burning in *Vicharchika*. Maximum no. of patients (65%) were of *Madhyama Jarana Shakti*, *Jarana Shakti* indicates towards the *Bala* (strength) of the *Agni* of the patients. Thus decrease strength of *Agni* may lead to formation of *Ama* and *Annavish* which causes *Mandagni* and *Tridosha Prakopa*. Also indigested food produces free radical which is cause of *Vicharchika*.

## DISCUSSION ON EFFECT OF THERAPY

### In Group 1 (*Vicharchikari Tail*)

- statistically high significant result found in **subjective parameters** like *Kandu, Daha, Vivarnata, thickness* ( $P<0.001$ ).
- statistically significant result found in **subjective parameters** like *Vedana* as value of ( $P<0.01$ ).
- statistically non-significant result found in **subjective parameters** like *Srava* as value of ( $>0.05$ ).
- statistically high significant result found in **objective parameters** like *No of Mandala* and *Area of Mandala* as value of ( $P<0.001$ ).

### In Group 2 (*Laghu Manjisthadi Kwath*)

- statistically high significant result found in **subjective parameters** like *Kandu, Daha, Vivarnata, Thickness* ( $P<0.001$ ).
- statistically significant result found in **subjective parameters** like *Vedana, Srava* as value of ( $P<0.05$ ).
- statistically significant result found in **objective parameters** like *No of Mandala* and *Area of Mandala* as value of ( $P<0.05$ ).

## ASSESSMENT OF TOTAL OUTCOME

- Overall response in **Group A** was **Excellent** improvement in **50%** patients, **Marked** improvement in **40%** patients. and **Mild** improvement in **10%** patients whereas **0%** patients showed no improvement.
- While **Group B** showed **Excellent** improvement in **40%** patients, **Marked** improvement in **40%** patients and **Mild** improvement in **20%** whereas **0%** patients showed no improvement.

## PROBABLE MODE OF ACTION OF VICHARCHIKARI TAIL

- *Vicharchikari tail* is described the *Bhaisajya-Ratnavali* (*B.R 54/325-327*)
- All these have *Vicharchikari tail* with the properties like- *Ushna, Tikshna, Laghu, Madhura, Lekhana Guna, Ushna Virya & Katu Vipaka*. This *Tail* is also having *Sukshma* properties. Pharmacologically all the ingredients of tail have an Anti-microbial, Anti-fungal, anti-inflammatory, anti-allergic action hence can effectively reduce the infection and prevent its recurrence by improving the immunity of skin by its antioxidant property.
- *Vicharchikari Tail* has been selected because of its *Kushthaghna, Kaphavatahara, and Rasayana* (Rejuvenation) effect on *Twak* (Skin), and its ingredients have the properties to restore the natural functions of *Bhrajaka Pitta*. *Tail* having the property of deep penetration helps to remove inflammatory substances and promote the regeneration of new tissue.
- These drugs are having *Katu, Tikta, Kashya rasa* which makes the drugs to act as *Kapha shamaka, Ama Dosha hara* drugs.
- *Katu Rasa* removes the obstruction and and thus correct the *Srotoshodhana*.
- *Vishaghna, Krimighna, Dahaprashamana, Kandughna, and Kushthaghna* are among the properties that belong to *Tikta Rasa*.
- Most of the ingredients are of *Ushna Virya*, which has *Vata-kapha shamaka* and *Ashupaka* property through which it works quickly at minute channels.
- *Shodhana* of *Srotas* (Removal of blockage in microchannels) can be helped by *Katu Vipaka*.

## PROBABLE MODE OF ACTION OF LAGHU MANJISTHADI KWATH:

- *Laghu manjishthadi Kwath* is described in *Bhaishajya Ratnakara* (*B.R. 54/66-67*).
- The contents such as *Manjishta, Katuki, Haridra, Giloy* and *Nimba* having *Rakta Shodhaka* property removes the *Ama* (Advanced glycation end products and toxic substances) from blood and helps to maintain moisture and pH of the skin.
- The contents of *Laghu manjishthadi Kwatha* such as *Vibhitaki* and *Amalaki* having *Deepana, Pachana* activities (Improving digestion and metabolism) result in correction of functions of *Agni*, and thus prevents a further vitiation of blood, skin hydration, and pH, as well as the formation of *Ama* (Advanced Glycation End Products and Toxic Substances).





- *Laghu Manjishthadi Kwatha* such as *Manjistha*, *Amalaki*, and *Haritaki* possess Antiproliferative, Antifungal, Antimicrobial, And Anti-Inflammatory activities.
- *Laghu Manjishthadi Kwatha* mentioned in *Bhaishajya Ratnakara* has been selected because of its efficient mode of action in *Rakta Dushti* (Blood impurities), *Twak Vikara* (Skin related disorders), easy availability, and cost-effectiveness, *Laghu Manjishthadi Kwath* without producing any side effects.
- Most of drugs are *Deepana*, *Pachana*, *Laghu*, *Ruksha*, *Ushna* and *Tikshna*. So they do *Aampachan*. So the *Srotorodha* is removed and *Sroto Vishodhana* is done.

## CONCLUSIONS

- *Vicharchika* being a *Kshudra Kushtha* has *Kapha* dominance.
- Contrary to previous belief that its increased incidence is found in elderly patients it has been studied that it is significantly prevalent in middle aged persons.
- *Vicharchika* in modern medical science has similarity with Eczema.
- Maximum number of patients had the chronicity of more than 6 months but some were suffering from few years also had previously undergone allopathic treatment.
- Maximum patients had the history of tea addiction and *Virudha Ahara* which clearly shows the role of *Ama* formation in pathogenesis of *Kushtha*.
- Family history was not reported in maximum patients which suggests that the disease is not hereditary.
- From this study it is concluded that the effect of *Vicharchikari Tail* is much better than effect of *Laghu Manjishthadi Kwath* only in managing the patients of *Vicharchika*.
- Overall effect of *Vicharchikari Tail* can be summarized as *Tridosha Shamaka* (mainly *kaphaja*). *Kushthaghna*, *kandughna*, *krimighna*, *rakta-shodhana*, *deepana*, *pachana*.
- Remission of treatment which leads to fact that *Vicharchika*, is a *Yapya* disease.
- No adverse drug reaction was found during the course of treatment in both the groups.

## RECOMMENDATION

*Vicharchikari Tail* reveals admirable results when given to the patients of Mild to Moderate stages of *Vicharchika* but further evaluation is to be done as:

- Study should be repeated by taking large sample with longer duration to see better of drug and to know its efficacy the recurrence of disease in follow ups has decreased or not.

## REFERENCES

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