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

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Abstract: To Study the efficacy of Panchanimba Choorna & Arkataila by conducting clinical trials on Vicharchika W.S.R. to Eczema & To see side effects or adverse effects (if any) of Panchanimba Choorna & Arkataila during clinical trials. Results in Comparing all the symptoms before and after treatment of three groups had significant action in management of Vicharchika. Though group C (Panchanimbachoorna & Arkataila) was more effective than group A (Panchanimbachoorna) &B (Arkataila). Treatment had no side effects on clinical trial. All three groups had significant action in management of Vicharchika.

Keywords: Vicharchika, Panchanimba Choorna, Arkataila

1. Introduction

Vicharchika is very old disease mentioned in ancient science among the Kustha. Vicharchika categorized in different way i.e., Kshudra Kustha, KshudraRoga and Sadhya Kustha. All Kustha are having Tridoshaja origin so, Vicharchika can be said in same way i.e. Kapha is responsible for Kandu, Pitta is responsible for Srava and Shyava indicate the presence of Vata. (M. N. 49/23- Kanthadatta).

Now a days, modern science reach top of the hill by great advance particularly in dermatology as topic is concerned and also availability of powerful antibiotics, antifungal, antihistaminic, steroids, etc. but better management could not be searched out till today. Few drugs are available for symptomatic relief only. Their indiscriminate use is most undesirable.Now a day, whole world is gradually turning towards Ayurveda for safe and complete cure of diseases. Especially in the field of skin problems Ayurveda can contribute remarkably. Shodhana (bio-purification), Shaman (pacification) and Nidanaparivarjanam are main route of treatment for any disease. So, in the present study, only 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 Arkataila has been chosen in this study.

2. Review of Literature

Vicharchika is an important disease due to its higher and widespread incidence, chronicity and progression to grave condition in acute phase. The multifactorial origin of vicharchika evoking abnormal responses at the level of Rasavaha, Raktavaha, Mamsavaha & Swedavahasrotas, has been the subject of exposition by various Ayurvedic classical writers. Vicharchika reach to be nearest term for Eczema, which is one of the Skin disorders described by Charaka. (Cha.Chi. 7/26 &Su.Ni 5/8).

Hypothesis
H0 –Panchanimbachoorna, &Arkataila are not effective in the management of Vicharchika.H1– Panchanimbachoorna, Arkataila are effective in the management of Vicharchika

Aim: A clinical evaluation of PanchanimbaChoorna and Arkataila in the management of Vicharchikaw.s.r. to Eczema.

Objectives
1) To study literary explanation of Vicharchika.
2) To study PanchanimbaChoorna and Arkataila in detail.
3) To study comparative efficacy of PanchanimbaChoorna and Arkataila in Vicharchika.
4) To see the side effect of PanchanimbaChoorna and Arkataila during the trial.

3. Material and Methodology

3.1 Material

1) Pancha Nimba Churna
Preparation of Drug
a) All ingredients are taken according to Bhaishajyaratnvali / 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.4) After preparation of choona as per dose 6gm choorna given to the patient in two divided doses with lukewarm (Ushmodak) water.5) Packaging of drug done under all aseptic precautions in 50gm plastic bottle and then labelled.

2) Arkataila
Preparation of Arkataila:-
a) All ingredients are taken according to Yogartnakar/ Kushta Adhaya 1.
b) Arkataila (Contain):- a) Arka Patra Swaras – 16 part b) Murchita Sarshap Taila – 4 part c) Haridra Kalk – 1 part .
c) Arkapatra Swaras 16 part, Murchita Sarshap tail 4 part & Haridra Kalka 1 part are mixed together and heated on mandagni.4) After Tail Siddhi lakshanas seen Tail separated in another container.5) Packing of Arkapatra Tail under all aseptic precautions. Arkapatra Tail was packed in 100ml bottle and then labelled.

3.2 Methodology

Drug Administration Schedule

<table>
<thead>
<tr>
<th>Treatment given</th>
<th>Group A Trail Group (Internally) Pancharimba Choorna</th>
<th>Group B Trail Group (Externally) Arkataila</th>
<th>Group C Combine Trail Group Pancharimba Choorna + Arkataila</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dosage</td>
<td>3 gm. Twice a day</td>
<td>Twice Daily</td>
<td>3 gm. Twice a day</td>
</tr>
<tr>
<td>Kala</td>
<td>Apana Kala</td>
<td>Morning &amp; Evening</td>
<td>Apana Kala</td>
</tr>
<tr>
<td>Anupan</td>
<td>Ushnodaka</td>
<td>---</td>
<td>Ushnodaka</td>
</tr>
<tr>
<td>Root of Administrations</td>
<td>Oral</td>
<td>Externally</td>
<td>Oral &amp; Externally</td>
</tr>
<tr>
<td>Treatment Period</td>
<td>28 Days</td>
<td>28 Days</td>
<td>28 Days</td>
</tr>
<tr>
<td>Follow-up Period</td>
<td>0-7-14-21-28</td>
<td>0-7-14-21-28</td>
<td>0-7-14-21-28</td>
</tr>
</tbody>
</table>

Assessment Criteria

Primary End Point: To reducing sign & symptoms of Vicharchika (eczema).
  a) Kanduta
  b) Pidika
  c) Shayavarna
  d) Srava
  e) Rajyo
  f) Ruja
  g) Rukshata
  h) Rakta

Secondary End Point
  a) To relieving of other symptoms of vicharchika (eczema)
     • Praktina
     • Vrana
     • Paka
  b) Comparison of Pancharimba Choorna & Arkataila

Investigation Product
  a) TRAIL TREATMENT: Pancharimba Choorna & Arkataila 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 – Pancharimba Choorna
     • Local application (Pratisaranarthra) – Arkataila
  e) KALA– Apana Kala
  f) ANUPAN– Ushnodak
  g) PACKAGING– In choorna form packaged in plastic bags.
  h) FOR LOCAL APPLICATION – The part should be cleaned with warm water after drying applies the oil.
  i) PACKAGING– In Taila form packaged in plastic bottles.
  j) 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

4. Observation and Results

Age distribution of cases

<table>
<thead>
<tr>
<th>Age</th>
<th>No. of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>16–30 yrs</td>
<td>13</td>
</tr>
<tr>
<td>31–45 yrs</td>
<td>8</td>
</tr>
<tr>
<td>46–60 yrs</td>
<td>10</td>
</tr>
<tr>
<td>61–70 yrs</td>
<td>5</td>
</tr>
</tbody>
</table>

Affection of the Vicharchika on the different body parts distribution of cases

<table>
<thead>
<tr>
<th>Affected Body Parts</th>
<th>Group-A</th>
<th>Group-B</th>
<th>Group-C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neck</td>
<td>1</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Thoracic</td>
<td>3</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Abdomen</td>
<td>2</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Lumbar</td>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Upper Limbs</td>
<td>2</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Lower Limbs</td>
<td>5</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>Other Parts</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Effect of Therapy: Comparison between effect of therapy on Lakshana of Group A, Group B and Group C

<table>
<thead>
<tr>
<th>Kanduta</th>
<th>Day-0 Mean score</th>
<th>Sd</th>
<th>Day-28 Mean score</th>
<th>Sd</th>
<th>Wilcoxon Signed Ranks TestZ</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group-A</td>
<td>2.33</td>
<td>0.492</td>
<td>1.58</td>
<td>0.515</td>
<td>3.217</td>
<td>0.002 Sig</td>
</tr>
<tr>
<td>Group-B</td>
<td>2.42</td>
<td>0.515</td>
<td>1.83</td>
<td>0.389</td>
<td>3.464</td>
<td>0.005 Sig</td>
</tr>
<tr>
<td>Group-C</td>
<td>2.58</td>
<td>0.515</td>
<td>0.75</td>
<td>0.452</td>
<td>3.115</td>
<td>&lt;0.001 HS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pidika</th>
<th>Day-0 Mean score</th>
<th>Sd</th>
<th>Day-28 Mean score</th>
<th>Sd</th>
<th>Wilcoxon Signed Ranks TestZ</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group-A</td>
<td>1.50</td>
<td>0.798</td>
<td>0.83</td>
<td>0.577</td>
<td>3.153</td>
<td>0.029 Sig</td>
</tr>
<tr>
<td>Group-B</td>
<td>1.97</td>
<td>0.514</td>
<td>1.25</td>
<td>0.452</td>
<td>3.134</td>
<td>0.003 Sig</td>
</tr>
<tr>
<td>Group-C</td>
<td>1.67</td>
<td>0.492</td>
<td>0.42</td>
<td>0.515</td>
<td>3.071</td>
<td>&lt;0.001 HS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Shayavarna</th>
<th>Day-0 Mean score</th>
<th>Sd</th>
<th>Day-28 Mean score</th>
<th>Sd</th>
<th>Wilcoxon Signed Ranks TestZ</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group-A</td>
<td>1.17</td>
<td>0.718</td>
<td>0.17</td>
<td>0.389</td>
<td>2.972</td>
<td>0.183 Sig</td>
</tr>
<tr>
<td>Group-B</td>
<td>1.33</td>
<td>0.985</td>
<td>0.42</td>
<td>0.515</td>
<td>2.598</td>
<td>0.009 Sig</td>
</tr>
<tr>
<td>Group-C</td>
<td>1.17</td>
<td>0.718</td>
<td>0.17</td>
<td>0.389</td>
<td>2.271</td>
<td>&lt;0.001 HS</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Srava</th>
<th>Day-0 Mean score</th>
<th>Sd</th>
<th>Day-28 Mean score</th>
<th>Sd</th>
<th>Wilcoxon Signed Ranks TestZ</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group-A</td>
<td>0.67</td>
<td>0.651</td>
<td>0.42</td>
<td>0.515</td>
<td>2.762</td>
<td>0.309 NS</td>
</tr>
<tr>
<td>Group-B</td>
<td>0.50</td>
<td>0.674</td>
<td>0.25</td>
<td>0.452</td>
<td>2.333</td>
<td>0.299 NS</td>
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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 ArkaTaila for the external application morning & evening. In group C the patients were subjected for Panchanimbachoorna internally & ArkaTaila 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. Pidikawasen present in 94% patients, while83% 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.

b) 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, Pidika, Srava, Shayavavarna, Ruja, Rukshata, Rakta, Praklimna, observed in Symptomatology. Above statistical analysis shows that Group C is more effective than Group B & Group A inlakshanasof Kanduta, Pidika, shayavarna, Ruja, Rakta&Praklimna.

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.

**Probable mode of action:**

Kushtha is Tridoshaja Vyadhi, Kapha& pitta Dosha is most dominant Dosha in Vicharkicha. Drug hence Pittarechaka. So, it corrects vitiated Pachaka Pitta and helps in purifying Raktdhatu and thereby combating Raktdushiti. Pachaka Pitta controls the other Pitta in the body including Bhrajaka Pitta which is also vitiated in Vicharkicha.

Excessive Kleda in Vicharkicha is produced due to Twagashritavitiated Udaka, which is Aap Mahabhuta Pradhana. Katu Rasa in Panchnimbachoura & ArkaTaila stop the production of MalarupaKledaRasavaha, Raktavaha.

### 5. Discussion

Among the disorders affecting the Rasavaha, Raktavaha, Mamsavaha & Swedavahasrotas. The fundamental treatment method of Shamanachikitsa mentioned in Ayurvedic classics, if administered judiciously, the desired results can be achieved. Out of the 37 patients registered for the study, 1 patient dropped out and the remaining 36 patients completed the full course of treatment. In group A of Panchanimbachoorona 12 patients completed the full course of treatment, in group B of ArkaTaila 12 patients completed the full course of treatment, while in group C Panchanimbachoorona & ArkaTaila 12 patients completed the full course of treatment.

### Table 5.1 Result of Therapy

<table>
<thead>
<tr>
<th>Result</th>
<th>Group A</th>
<th>Group B</th>
<th>Group C</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
<td>No.</td>
</tr>
<tr>
<td>1 Complete remission (100%)</td>
<td>83%</td>
<td>0</td>
<td>0%</td>
<td>3</td>
</tr>
<tr>
<td>3 Marked improvement (&gt;75%)</td>
<td>25%</td>
<td>1</td>
<td>8.33%</td>
<td>6</td>
</tr>
<tr>
<td>7 Moderate improvement (50-75%)</td>
<td>28%</td>
<td>9</td>
<td>75%</td>
<td>3</td>
</tr>
<tr>
<td>1 Mild improvement (25-50%)</td>
<td>8.33%</td>
<td>2</td>
<td>16.66%</td>
<td>0</td>
</tr>
<tr>
<td>0 Unchanged (&lt;25%)</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

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Mamsavaha and Swedavahasrotasata get vitiated in Vicharchika. Most of drugs are Deepana, Pachana, Laghu, Sukha, Ushna, and Tikshna. So, they do Aampachan.

They remove Sanga from Srotasa and do Srotomukha Vishodhana; many of drugs are Kushtihaghna 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, Sukha, 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 vicharchikavyayadi.

6. Conclusion

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

1) Vicharchikais stated as a Kshudra-Kushtha & Sadhya Kushthably all acharya, but Kushthais one among AshtaMahagada. So, it is difficult to cure.

2) Vicharchikacan be seen at any age but frequenly 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) MithyaAhara – Vihara, especially Navanna, Viruddhabara and Vegavidharana are the main causative factors of Vicharchika.

5) Excessive intakes of Santarpaka Nidana cause Agni Dushtiand play an important role in manifestation of Kushtha.

6) Panchanimbachoorna & ArkaTaila (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 Panchanimbachoorna & ArkaTaila shows more effective result compared with Group B &Group A in the symptoms such as Kanduta, Pidika, shayavarna, Ruja, 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.

7. Scope of Study

During follow up, Kandu was tended to rise after two weeks of discontinuation of treatment. Thus, it is proposed that the medicines should be administered for longer duration to provide better result to patients. For further research, some modification in the treatment schedule should be done, i.e., addition of Panchakarma therapy (Vamana, Virechana, and Raktamokshana).

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