

Clinical Researches

Role of *Rasayana* in Cure and Prevention of Recurrence of *Vicharchika* (Eczema)

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Abstract

Generally, skin diseases run a chronic course and the recurrence is very common. Mandip and Chandola (2009) reported that *Shirishadi* Decoction administered orally and simultaneously *Snuhyadi Lepa* applied externally to the patients of *Vicharchika* (Eczema) provided complete remission to 18.2% patients, marked improvement to 42.4% patients and moderate improvement to 36.4% patients but the recurrence rate was very high i.e. 80%. *Charaka*, in the context of the treatment of *Apsmara* mentions that in all the chronic diseases, *Rasayana* drugs should be prescribed. As eczema is a chronic disease and its recurrences are very common, therefore, it was thought desirable to evaluate the role of the *Rasayana* drugs in the cure and prevention of the recurrence of *Vicharchika* (Eczema). In this study, total 38 patients of *Vicharchika* (Eczema) were registered, among which 31 patients completed the full course of treatment. These patients were first subjected to *Koshtha Shuddhi* done with *Aragvadha* (*Cassia fistula*) *Hima* administered orally at bedtime for initial eight days. Thereafter 30 ml of *Shirishadi* Decoction and 6 gm of *Guduchi* (*Tinospora cardifolia*) and *Bhringaraja* (*Eclipta alba*) powder was given with *Ghritha*. Both the drugs were given twice daily after meals orally. Simultaneously, *Snuhyadi Lepa* was applied on the eczematous lesions. Results of the study showed that addition of *Rasayana* drugs provided complete remission to 22.6% and checked the recurrence of the disease in the 89.5% patients of *Vicharchika* (Eczema).

Key words: *Vicharchika*, *Rasayana*, *Koshtha Shuddhi*, *Shirishadi* Decoction, *Snuhyadi Lepa*, *Guduchi-Bhringaraja Rasayana*, Eczema, Recurrence.

Introduction

Vicharchika, according to *Ayurveda* is *Rakta Pradoshaja Vikara* having involvement of three *Dosha* with dominance of *Kapha*¹. Though, it is *Kshudra Kushtha*, it runs a chronic course and has a tendency of exacerbations. *Vicharchika* can be co-related with eczema from allopathic stand point which is a form of dermatitis, or inflammation of the upper layers of the skin. The term eczema is broadly applied to a range of persistent or recurring skin rashes characterized by redness, skin edema, itching and dryness, with possible crusting, flaking, blistering, cracking, oozing or bleeding. Areas of temporary skin discoloration sometimes characterize healed lesions, though scarring is rare². Long-standing eczema is often dry and is characterized by thickened, scaling skin with hyper pigmentation

and visible criss-cross markings (lichenification)³. In maximum of cases, patients of *Vicharchika* (Eczema), who do not get cure from the Allopathy Medicine, come to *Ayurveda* treatment with a great hope for curing their disease. Naturally by the time, they approach to *Ayurvedic* physician for the help, disease had already attained the chronic state, thus making the job further difficult. Other problem with the skin diseases is of their frequent recurrence for which, also the definite answer has to be worked out.

So it is our foremost duty to find out the definite solution for these two major problems of the modern era. *Mandip* and *Chandola* (2009)⁴ carried out a clinical study to evaluate the role of *Shirishadi* Decoction administered orally and simultaneously *Snuhyadi Lepa* applied externally in the management of the patients of eczema. This combination provided complete remission to 18.2% patients, marked improvement to 42.4% patients and moderate improvement to 36.4% patients but the recurrence rate was very high i.e. 80%.

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In the context of the treatment of *Apasmara*, *Charaka* has mentioned that in all the chronic diseases, *Rasayana* drugs should be prescribed⁵. But to get maximum benefit of *Rasayana* therapy it is essential to perform *Shodhana* prior to administration of *Rasayana*⁶. *Shodhana* is a long process and hence in the present study, before administration of the *Rasayana* drugs *Koshtha Shuddhi* was done in the patients with *Aragvadha*.

Sharma and Singh (1989)⁷ evaluated the role of *Rasayana* in the cure of urticaria wherein it was concluded that if the *Guduchi* and *Bhringaraja Rasayana*, when added to the anti urticaria drug viz. *Udarda Prashamana* powder, the cure rate of the patients of *Shitapitta* (urticaria) was increased from 27.3% to 71.4%. So this combined therapy was considered as ideal for the treatment for *Shitapitta* (urticaria). These findings were reconfirmed by *Ramajiyani* and *Singh* (1992)⁸ and *Dobaria* and *Singh* (1997)⁹. Taking all these points into consideration this study was planned to ascertain whether addition of *Rasayana* drugs to the treatment of *Vicharchika* enhances the cure rate or prevents its recurrence.

Shirishadi Decoction and *Snuhyadi Lepa* used by *Mandip* and *Chandola* were selected as the treatment drug. For *Rasayana* effect, *Guduchi* and *Bhringaraja* were selected. *Guduchi* is *Kushthaghna*, *Rasayana*, and has proved to have anti allergic, anti-oxidant, immunostimulant and hepatoprotective properties¹⁰. Similarly *Bhringaraja* is *Kushthaghna*, *Rasayana* and *Keshya*. It also possess anti oxidant, anti inflammatory, anti leprosy, haematinic and tonic actions¹¹. Further as mentioned above earlier workers also reported the beneficial effects of *Guduchi* and *Bhringaraja* in the skin disease such as *Shitapitta* (Urticaria), therefore both of these drugs were selected as *Rasayana* drugs.

Prior to the administration of *Rasayana* it is necessary to perform *Shodhana* at least cleaning of bowel (*Koshtha Shuddhi*) with purgative drug, therefore in this study for *Koshtha Shuddhi* a simple drug *Aragvadha* (*Cassia fistula*) was selected. The aim of the study was to evaluate the role of *Guduchi* and *Bhringaraja Rasayana* powder along with *Shirishadi* Decoction and *Snuhyadi Lepa* in the management of *Vicharchika* (Eczema).

Material & Methods

Total 38 patients of *Vicharchika* (Eczema) were registered from the OPD and IPD of *Kayachikitsa* department of IPGT&RA Hospital, Gujarat Ayurved University, Jamnagar for this study, out of which 7 were dropped-out and 31 patients completed the prescribed course of the treatment¹².

Criteria of Diagnosis

The diagnosis was mainly based on the clinical

presentation of *Vicharchika* (Eczema) as mentioned in the *Ayurveda* and Allopathic texts.

Exclusion criteria

1. Patients of *Vicharchika* having secondary infections.
2. Patients suffering with Diabetes mellitus.
3. Patients of status eczematous condition.

Investigations

- Routine and microscopic examination of urine and stool
- Routine hematological investigation for Total Leucocyte Count, Differential count, Hemaglobin%, ESR.
- Skin scrap test was done to exclude ring worm in doubtful patients.

Drugs, dose and duration

The patients were first subjected to *Koshtha Shuddhi*. For this purpose *Aragvadha Hima* made from 10gm of *Aragvadha Phala Majja* was used. Thereafter, the patients were treated with *Shirishadi* Decoction administered orally in the dose of 30 ml and 6gm of *Rasayana* drug comprising of equal parts of powder of *Guduchi* (*Tinospora cardifolia*) and *Bhringaraja* (*Eclipta alba*) twice daily with *Ghrita* after meal. Simultaneously, after cleaning the lesions with warm water, *Snuhyadi Lepa* was applied externally on the lesions twice a day. Duration of treatment was 60 days.

Method of Preparation of the Drugs

1. *Aragvadha Hima*: For preparation of the *Hima*, 10 gm pulp of *Aragvadha* (*Cassia fistula* Linn.) was soaked in 40 ml of water for 12 hours and then it was squeezed through a coarse cloth and liquid thus obtained was given orally at bedtime for initial eight days for cleaning of bowel (*Koshtha Shuddhi*).
2. *Shirishadi Decoction*: This decoction was prepared by taking equal parts of coarse powder of *Shirisha* (*Albizia lebbek* Linn. Willd), *Nimba* (*Melia azadirachta* Linn.), *Sariva* (*Hemidesmus indicus* R. Br.), *Kantakari* (*Solanum xanthocarpum*), *Khadira* (*Acacia catechu* Willd.) and *Saptaparna* (*Alstonia scholaris* R. Br.). To this powder, 16 times water was added and reduced to one fourth by heating on slow fire.
3. *Snuhyadi Lepa*: For the preparation of *Snuhyadi Lepa*, thick stems of *Snuhi* (*Euphorbia neriifolia* Linn.) were taken. After removing the thorns, its pulp was taken out with knife and the hollow space thus obtained was filled with coarse powder of seeds of yellow *Sarshapa* (*Brassica campestris* Linn. Var.), and pulp of *Snuhi*. It was kept in oven at fixed temperature (80 degree C) for about 4 to 5 days, till it became dry to powder. Thereafter, it was taken out from the oven, made in the form of powder and then filtered through 80 sized sieves. To this powder, Mustard (*Sarshapa*) oil was added in the ratio of 1:4 and filled in cleaned bottles with tight lid. Before using, it was mixed well and applied on the lesions twice a day.
4. *Guduchi-Bhringaraja Rasayana*: Equal part of powder of

Guduchi (*Tinospora cardifolia* Willd) and *Bhringaraja* (*Eclipta alba* Hassk) was taken.

Assessment of the effects of the therapy: To assess the effect of the therapies suitable scores to each of the signs and symptoms of the disease were assigned. The overall effect of the treatment was assessed as follow:

Complete remission: 100% relief in the signs and symptoms along with plain skin surface with significant change of the color of the affected skin nearly to normal.

Marked improvement: 100% relief in the signs and symptoms but slight presence of pigmentation and/or thickening of the skin.

Moderate improvement: More than 50% relief in the signs and symptoms with marked improvement in pigmentation and thickening of the skin.

Improvement: Less than 50% relief in the signs and symptoms with slight improvement in pigmentation and thickening of the skin.

Unchanged: No relief in the signs and symptoms.

Follow-up Study

After completion of full course of the treatment, the patients were asked to report at the fortnight interval for follow-up study for the period of two months. During the visit the patients were enquired for the relapse of the disease. In such patients where the drug provided partial relief was enquired whether there was exacerbation in their symptoms during the period.

Results

The maximum patients of this series i.e. 68.4% were in the age group of 21-50 years, 57.9% were male, 21.1% were housewives and 34.2% were laborer, 84.2% were married, 84.2% were Hindu, 55.3% were belonging to middle class of the society and 76.3% were Vegetarian.

The effect of the therapy on the main symptoms such as itching, discharge, hyper-pigmentation and thickening of skin were evaluated every week of the treatment, which are depicted in Table 1-4 respectively (Figure 1).

The effects of the therapy on the other signs and symptoms recorded in the patients of this series have been shown in Table 5 (Figure 2). The effect of the therapy was also noted on the *Dushti Lakshana* of *Dosha*, *Srotasa* and *Tvak*, which have been shown in Table 6. The therapy significantly reduced the eosinophil count as shown in Table 7. The next Table 8 depicts the overall effects of the therapy and in the Table 9 the results of follow up study have been depicted.

Effect of Shirishadi Decoction, Snuhyadi Lepa and Rasayana

After performing *Koshtha Shuddhi* with *Aragvadha*, 31 patients of *Vicharchika* (Eczema) were treated simultaneously with *Shirishadi Decoction*, *Guduchi-Bhringaraja Rasayana* and *Snuhyadi Lepa* for the period of two months. This therapy provided significant relief in the symptoms like itching (95.8%), burning sensation (100%), eruption (98.2%), discharge (100%), dry skin (100%), hyper pigmentation (77.7%) and thickening of the skin (65.7%). It also provided significant improvement in the symptoms of irritation (100%), disturbed sleep (100%), cracking (86.5%), bleeding (83.6%), indigestion (94.3%), general debility (82.4%), constipation (77.7%) giddiness (74.4%), blackouts (75%) and anorexia (66.7%).

The drugs of this group gave significant improvement in *Dushti* symptoms of *Vata* (68.4%), *Pitta* (91.5%), *Kapha* (62.4%), *Tvak* (53.2%) and *Raktavaha* (76.5%), *Mamsavaha* (73.9%) and *Svedavaha* (70.6%) *Srotasa*. It also significantly reduced eosinophil count by 64.7%. The week wise improvements recorded in this group in the main symptoms like itching, discharge, hyper-pigmentation and thickening of the skin have been shown in Table 1 to 4 respectively (Figure 1).

Total effect: In this group, complete remission was reported in 22.6% patients, marked improvement in 48.4%, patients, moderate improvement in 25.8% patients and improvement in 3.2% patients (Table 8). In this group only 10.5% patients reported recurrence of the disease with few symptoms (Table 9).

Table 1: Week wise improvement recorded in itching of 31 patients of Vicharchika (Eczema)

Weeks of the treatment	Mean score		In comparison to initial				
	B.T.	A.T.	%	S.D. (±)	S.E. (±)	t	p
1 st week	2.4	1.4	41.6	0.7	0.12	8.7	<0.001
2 nd week	2.4	0.9	62.5	0.8	0.15	10.1	<0.001
3 rd week	2.4	0.6	75.0	0.8	0.15	12.3	<0.001
4 th week	2.4	0.5	79.2	0.8	0.15	13.1	<0.001
5 th week	2.4	0.4	83.3	0.8	0.15	13.5	<0.001
6 th week	2.4	0.3	87.5	0.9	0.16	13.9	<0.001
7 th week	2.4	0.2	91.6	0.8	0.14	16.3	<0.001
8 th week	2.4	0.1	95.8	0.8	0.14	16.3	<0.001

Table 2: Week wise improvement recorded in discharge of 31 patients of *Vicharchika* (Eczema)

Weeks of the treatment	Mean score		In comparison to initial				
	B.T.	A.T.	%	S.D. (±)	S.E. (±)	t	p
1 st week	0.8	0.3	62.5	0.6	0.1	4.7	<0.001
2 nd week	0.8	0.16	80.0	0.7	0.12	5.4	<0.001
3 rd week	0.8	0.06	92.5	0.8	0.14	5.3	<0.001
4 th week	0.8	0.03	96.2	0.8	0.14	5.6	<0.001
5 th week	0.8	0.0	100	0.7	0.13	5.9	<0.001
6 th week	0.8	0.0	100	0.7	0.13	5.9	<0.001
7 th week	0.8	0.0	100	0.7	0.13	5.9	<0.001
8 th week	0.8	0.0	100	0.7	0.13	5.9	<0.001

Table 3: Week wise improvement recorded in hyper pigmentation of 31 patients of *Vicharchika* (Eczema)

Weeks of the treatment	Mean score		In comparison to initial				
	B.T.	A.T.	%	S.D. (±)	S.E. (±)	t	p
1 st week	1.8	1.3	27.7	0.5	0.09	6.4	<0.001
2 nd week	1.8	1.03	42.7	0.6	0.12	6.8	<0.001
3 rd week	1.8	0.9	50.0	0.7	0.13	7.1	<0.001
4 th week	1.8	0.8	55.5	0.7	0.13	7.6	<0.001
5 th week	1.8	0.7	61.1	0.8	0.14	7.8	<0.001
6 th week	1.8	0.5	72.2	0.8	0.15	8.8	<0.001
7 th week	1.8	0.5	73.2	0.8	0.15	8.8	<0.001
8 th week	1.8	0.4	77.7	0.8	0.14	9.4	<0.001

Table 4: Week wise improvement recorded in thickening of skin of 31 patients of *Vicharchika* (Eczema)

Weeks of the treatment	Mean score		In comparison to initial				
	B.T.	A.T.	%	S.D. (±)	S.E. (±)	t	p
1 st week	1.4	1.13	19.3	0.4	0.08	3.2	<0.001
2 nd week	1.4	1.0	28.6	0.56	0.1	3.8	<0.001
3 rd week	1.4	0.9	35.7	0.57	0.1	4.4	<0.001
4 th week	1.4	0.8	42.8	0.57	0.1	5.4	<0.001
5 th week	1.4	0.7	50.0	0.6	0.1	5.9	<0.001
6 th week	1.4	0.5	64.3	0.8	0.14	5.9	<0.001
7 th week	1.4	0.5	64.3	0.76	0.14	6.3	<0.001
8 th week	1.4	0.48	65.7	0.75	0.13	6.7	<0.001

Table 5: Effect of the treatment on the other signs and symptoms of 31 patients of *Vicharchika* (Eczema)

Symptom	Mean score		% age of improvement	S.D. (±)	S.E. (±)	t	p
	B.T.	A.T.					
Burning sensation	1.4	0.0	100	0.8	0.14	9.8	<0.001
Eruptions	1.7	0.03	98.2	0.8	0.15	11.5	<0.001
Dryness	1.1	0.0	100	0.9	0.16	6.3	<0.001
Irritation	0.9	0.0	100	0.7	0.1	6.8	<0.001
Disturbed sleep	0.7	0.0	100	0.7	0.1	5.7	<0.001
Cracking	0.5	0.06	86.5	0.8	0.14	3.1	<0.01
Bleeding	1.16	0.19	83.6	0.95	0.17	5.7	<0.001
General debility	1.48	0.25	82.4	0.80	0.15	7.7	<0.001
Constipation	0.9	0.20	77.7	0.87	0.15	4.30	<0.001

Table 6: Effect of the treatment on the Dosha, Srotasa & Tvak Dushti of 31 patients of Vicharchika (Eczema)

Dosha/Srotas Dushti	Mean score		% age of improvement	S.D.	S.E. (±)	t (±)	p
	B.T.	A.T.					
Vata	1.9	0.6	68.4	1.3	0.2	5.4	<0.001
Pitta	1.06	0.09	91.5	0.9	0.2	5.5	<0.001
Kapha	2.9	1.09	62.4	1.0	0.18	9.9	<0.001
Rasavaha	3.9	2.0	48.7	1.3	0.2	7.8	<0.001
Raktavaha	1.7	0.4	76.5	0.8	0.1	9.2	<0.001
Mamsavaha	1.6	0.4	73.9	0.9	0.2	7.1	<0.001
Svedavaha	1.7	0.5	70.6	0.8	0.1	7.9	<0.001
Tvak	2.2	1.03	53.2	0.9	0.17	7.1	<0.001

Table 7: Effect of the treatment on the Hematological values of 31 patients of Vicharchika (Eczema)

	Value		% age of decrease	S.E. (±)	t	p
	B.T.+S.D. (±)	A.T.+S.D. (±)				
TLC (Per cu mm)	8398.3 ± 1592.2	9145.4 ± 1185	8.9	357.3	1.69	>0.05
Neutrophils (%)	62.5 ± 9.9	65.1 ± 5.2	4.1	1.6	1.4	>0.05
Lymphocytes (%)	30.7 ± 6.4	30.0 ± 6.6	2.3	1.9	0.4	>0.05
Eosinophil (%)	6.8 ± 2.7	2.4 ± 1.3	64.7	0.4	6.89	<0.001
ESR (mm 1st Hr. Wintrobe)	17.6 ± 12.8	17.1 ± 11.9	2.8	3.6	0.12	>0.05

Table 8: Overall effect of Shirishadi Decoction and Snuhyadi Lepa and Rasayana on the 31 patients of Vicharchika (Eczema):

Overall Effect	Number of patients	Percentage of patients
Complete remission	07	22.6
Marked improvement	15	48.4
Moderate improvement	08	25.8
Improvement	01	03.2
Unchanged	00	00.0

Table 9: Result of follow up study

Group	No. of patients reported for follow up	% of Recurrence	Patients with No Recurrence
Shirishadi Decoction and Snuhyadi Lepa and Rasayana with Koshtha Shuddhi	19	10.5	89.5

Discussion

Comparison of the results of effect of Shirishadi Decoction administered orally along with Guduchi-Bhringaraja Rasayana powder given after performing Koshtha Shuddhi and simultaneously Snuhyadi Lepa applied externally (Group SR) provided better effects to the patients of Vicharchika (Eczema) than Shirishadi Decoction administered orally and simultaneously Snuhyadi Lepa applied externally to the patients of Vicharchika (Eczema) given without Rasayana and Koshtha Shuddhi (Group S).

Mandip and Chandola (2008)⁴ in their earlier study reported that Shirishadi Decoction and Snuhayadi Lepa provided 93.9% relief in the symptom of itching, whereas in present study in which Rasayana was added the relief in itching was 95.8% (Figure 3). Thus addition of Rasayana

provided comparatively little better relief in this symptom. Similarly addition of Rasayana also provided comparatively better relief in discharge (In S Group 95.8% and in SR Group 100%: Figure 3).

Mandip and Chandola (2008)⁴ reported that in S Group, 93.9% relief in the symptom of itching was noticed which was maximum in the sixth week and thereafter no further improvement was noticed. Whereas in SR Group, 95.8% relief was found, this was comparatively more persistent as the relief continued in all the weeks of the treatment.

In S group, 95.8% relief in complain of discharge from lesions of the patients of Vicharchika (Eczema) was observed whereas, 100% relief was found in SR Group. Both of these findings were statistically highly significant. In the feature of hyper pigmentation, both the groups

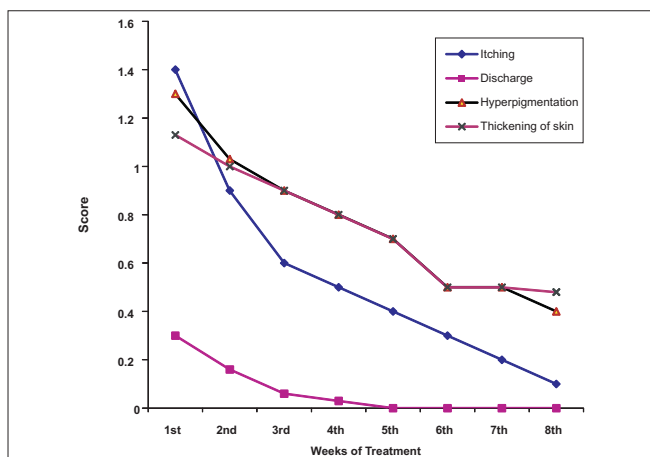


Figure 1: Week wise improvement in the symptoms of Vicharchika (Eczema)

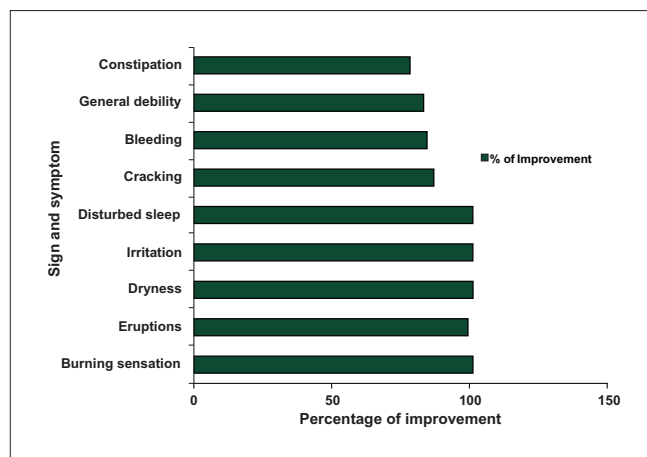


Figure 2: Effect of therapy on other sign and symptoms:

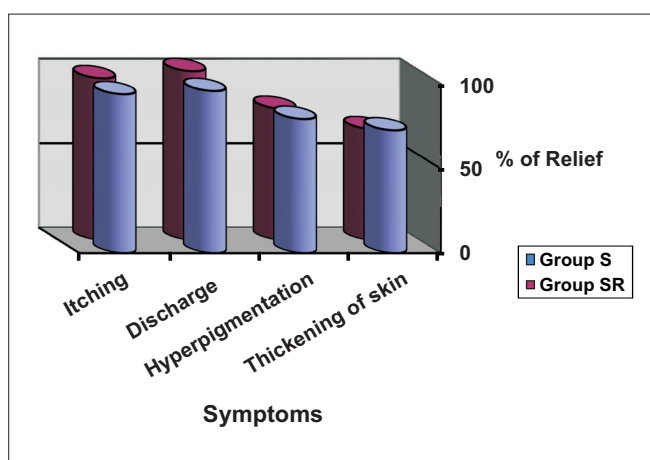


Figure 3: Comparison of effect of s group & sr group on symptoms of Vicharchika (Eczema)

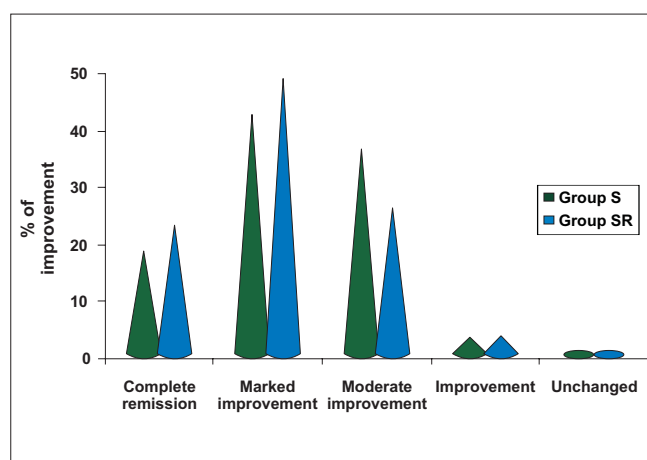


Figure 4: Comparison of overall Effect of Group S & Group SR

provided highly significant effect which 79.3% in S Group and 77.7% in SR Group. Similarly, both the groups provided highly significant relief effect in the feature of thickening of the skin, which was 72.5% in S Group and 65.7% in SR Group (Figure 3).

Comparison of the overall effects of the therapies

Complete remission was found in 18.2% patients in S Group while 22.6% patient reported complete remission in SR Group. Marked improvement was noticed in 42.4% and 48.4% patients in S Group and SR Group respectively. In S Group moderate improvement was found in 36.4% patient, while in SR Group it was found in 25.8% patient. Improvement was reported in 3% and 3.2% of patients respectively in S Group and SR Group respectively (Figure 4).

The results of the follow up study showed that recurrence of eczema in S Group was in 80% patients whereas recurrence reported in SR Group was only 10.5% patients.

It is obvious from the foregoing comparisons of the results of the earlier study and present study that addition of

Rasayana to the Shirishadi Decoction and Snuhyadi Lepa significantly prevents the recurrence of the disease as no recurrence was reported in 80% patients in SR group. However there was not much increase in the cure rate because it remains 22.6% in SR group which was 18.2% in S group. The reason may be that in the texts it is mentioned to administer Rasayana drugs after Shodhana while in the present study we had administered Rasayana only after Koshtha Shuddhi by Aragvadha. Therefore it is suggested that another study may be carried out in which Rasayana drugs and other drugs may be administered after proper Shodhana as per classical method.

Conclusion

On the basis of the results of this study it may be concluded that addition of Guduchi-Bhringaraja Rasayana to Shirishadi Decoction and Snuhyadi lepa significantly checked the recurrence of eczema as in this group no recurrence was reported in 89.5%. However, no much increase in the cure rate was found in comparison

to earlier study as it was 22.6% in Rasayana group and 18.2% without Rasayana group.

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हिन्दी सारांश

विचर्चिका की अपुनरुद्भव चिकित्सा में रसायन का प्रभाव

मनदीप कौर एवं एच. एम. चन्दोला

प्रायः त्वक् रोगों में चिरकारिता और पुनः आवृत्ति अधिक पायी जाती है। मनदीप कौर और चन्दोला (२००८) द्वारा प्रस्तुत किये गए शोधकार्य से पाया गया कि यदि विचर्चिका (इक्जिमा) के रोगियों को शिरीषादि क्वाथ पानार्थ तथा स्नुह्यादिलेप त्वक् पर लगाने हेतु दिया जाये तो १८.२% रूग्णों में पूर्ण लाभ, ४२.२% रूग्णों में उत्तम लाभ और ३६.४% रूग्णों लाभोन्मुख हुये। परन्तु ८०% रूग्ण में इस रोग की पुनरावृत्ति पायी गयी। अपस्मार रोग की चिकित्सा में चरक ने सभी प्रकार की जीर्ण व्याधियों में रसायन का प्रयोग बताया है। विचर्चिका भी एक प्रकार का जीर्ण रोग है, जिसमें कि पुनरावृत्ति एक मुख्य विशेषता है। अतः यह विचार किया गया कि इस रोग की चिकित्सा एवं प्रतिबंध में रसायन की भूमिका को स्थापित किया जाए। इस शोध में कुल पंजीकृत ३८ रोगियों में से ३१ रोगियों ने चिकित्सा अवधि पूर्ण की। इन रोगियों को कोष्ठशुद्धि के लिये प्रथम आठ दिनों में आरग्वध हिम रात को सोते समय एक बार दिया गया। उसके साथ शिरीषादि क्वाथ (३० मिली.) और गुडूची भृंगराज चूर्ण (६ ग्राम) घृत के साथ, दिन में दो बार भोजनोपरान्त दिया गया। साथ ही स्नुह्यादि लेप को आक्रान्त त्वक् पर लगाने के लिये दिया गया। इस शोधकार्य में पाया गया कि इस चिकित्सा से २२.६% रूग्णों में पूर्ण लाभ पाया गया तथा ८९.५% में पुनरावृत्ति नहीं पायी गयी।