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## MANAGEMENT OF VICHARCHIKA (ECZEMA) WITH AN AYURVEDIC INTERVENTION (BHALLATAKA VISHADI AGADA LEPA AND ARKA TAILA LEPA) - A RANDOMIZED PILOT STUDY

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### ABSTRACT

**Background:** A skin lesion that exhibits the symptoms such as chronic inflammation and frequent relapses indicates Eczema or Atopic dermatitis, the most common among the skin disorders. This is also associated with red rashes and itching over the affected areas.

**Aims and Objectives:** Aim of the study was to evaluate the effect of Bhallataka Vishadi Agada Lepa and Arka Taila Lepa in the management of vicharchika on *Kandu* (itching), *Pidika* (eruption), *Vaivarnya* (depigmentation), *Srava* (discharge), *Daha* (burning sensation) *Rukshata* (dryness), number of patches and also the area of the patches.

**Design:** This was a randomized pilot study, 20 patients who fulfilled the eligibility criteria were selected for the study and randomized into 2 groups, Group A and Group B. Group A was administered Bhallataka vishadi agada lepa and Group B with arka lepa daily both morning and night for 30 days. Assessments were made before, during and after the treatment and follow up done once in 15 days.

**Results:** Arkalepa showed statistically significant results compared to Bhallataka vishadi agada lepa by reduction of *Kandu* (itching), *Pidika* (eruption), *Vaivarnya* (depigmentation), *Srava* (discharge), *Daha* (burning sensation) *Rukshata* (dryness), number of patches and also the area of the patches.

**Conclusion:** Bhallataka vishadi agada lepa showed significant changes in reduction of the symptoms of vicharchika compared to arka lepa.

**Keywords:** *Vicharchika, Eczema, Bhallataka Vishadi Agada, Arka, Lepa*

## INTRODUCTION

Eczema with aprevalence of 200 million is also known as atopic dermatitis, a chronic inflammatory skin condition that affects worldwide. [1, 2] In highly developed countries, the incidence of atopic dermatitis has significantly raised over the past decades. [3] Though can occur at any age, most commonly affects the kids in the first year of life. [4, 5] With the nature of relapsing, eczema has become a chronic disorder that needs to be maintained with the updated treatment protocols. [6]

Eczema or the Atopic dermatitis is an inflammatory disease that is chronic, most common and relapsing in nature. The term Dermatitis is made up of two words derma and it is. It is derived from the Greek word “derma,” meaning the *skin*, and “itis,” which means *inflammation*. The term Eczema is derived from the word eczema which means *to boil over*. Very often, these terms are used alike. [7] People with eczema exhibit symptoms like skin lesions,

discomfort, itching with disturbed sleep. It is a condition that also affects quality of life of patients as they and their families are exposed to social embarrassment. [8] Recent studies have updated 2.5%-15% of eczema prevalence or the atopic dermatitis in adults. [9, 10]

Generally, moisturizing and lipid-replenishing products are used to treat by application twice a day. By this, itching gets relieved and is protected from irritants and germs. Application of normal soaps and shampoos or shower gel irritates and dries out the skin due to its constituents. Many cleansing products are also used to get rid from this problem. Loss of moisture caused due to the application of normal soaps can be compensated by emollients. Conservatively, the flare-ups of Eczema such as itching and inflammation are treated with steroid creams. In addition, other medicines such as pimecrolimus and tacrolimus are also used to treat eczema. Apart from these, eczema is

also treated with medications that suppress certain immune responses, UV radiation and wet wraps etc. [11]

In the management of eczema, the goals are to reduce dermatitis and pruritus, prevent the exacerbations and therapeutic risk minimization. Topical anti inflammatory and moisturizing products of the skin forms the conventional treatment for the management of these patients. In case of advanced eczema, phototherapy or systemic treatment is advised. [12, 13]

5000 years old medical science and the traditional medicine known as Ayurvedic science, has vast description of skin diseases. It contains many effective formulations and therapies and customized according to person's lifestyle. It mainly focuses on health promotion and disease prevention. [14] In Ayurveda all the skin disorders are included under Kustharogas and they are of two types as Mahakushta and Kshudrakushta, i.e the major and minor skin diseases. These mahakusthas are again classified into seven types and kshudrakusthas into eleven types respectively and also said as one of the "Astha Mahagada". [15]

Based on the signs and symptoms as per Modern science, the disease named as Vicharchika can be correlated to Eczema or the Atopic dermatitis. Charaka Acharya

presents Vicharchika as a disease that is characterized with pimple like formation associated with itching, blackish discoloration and excessive discharge. Whereas according to Acharya Sushruta, Vicharchika presents with pain and itching. [16] Apart from the disease description, various treatments including formulations and therapies are available in Ayurvedic classics. In the present study, an attempt has been made to evaluate the effect of the formulations named Bhallataka vishadi agada lepa and the arka lepa in the management of vicharchika or the eczema that is described in the science.

#### **METHODOLOGY**

This was a randomized controlled pilot study including 20 patients of vicharchika aged between 18-60 yrs who attended the OPD and IPD of SVM Ayurvedic Medical College and RPK Ayurvedic Hospital ILKAL, Karnataka.

**Source of the Data:** 20 subjects of Vicharchika or the eczema aged between 18-60 yrs were selected from the OPD and IPD of SVM Ayurvedic Medical College and RPK Ayurvedic Hospital ILKAL, Karnataka

**Study design:** In this randomized controlled pilot study, 20 patients of Vicharchika were assigned to two groups (Group A, n=10) and (Group B, n=10). Group A patients were administered Bhallataka Vishadi agada lepa

daily for 30 days and Group B patients with Arka Taila lepa daily for the same duration.

### Inclusion criteria

Both male and female patients aged between 18 to 60 years who presented with the features of vicharchika irrespective of their occupation and economic status and with the lakshanas of Kandu, Pidaka, Shyavavarna, with or without srava and Rukshata and diagnosed as Vicharchika and who were willing to participate for the study were included for the study.

**Exclusion Criteria:** Patients who were on steroid therapy, eczema lesions with secondary infections, patients who were unfit

for Lepana Karma and patients who were suffering from systemic disorders were excluded from the study.

### Outcome measures:

#### Subjective parameters:

1. Kandu (itching)
2. Pidika (eruption)
3. Vaivarnya (depigmentation)
4. Srava (discharge)
5. Daha (burning sensation)
6. Rukshata (dryness)

#### Objective parameters:

1. Number of patches
2. Area of patches

Table 1: Grading of the Parameters

S. No.	Parameters	Gradings
1.	<b>Kandu (Itching)</b>	
	No itching	0
	Mild (Occasional itching)	1
	Moderate (Continuous itching which not disturbs routine activities & sleep)	2
	Severe (Continuous itching which disturbs routine activities but not sleep)	3
2.	<b>Pidaka (Lesion)</b>	
	No eruptions	0
	Mild (Scanty eruptions in few regions)	1
	Moderate (Scanty eruptions in at least half of lesions)	2
	Severe (All the lesions full of eruptions)	3
3.	<b>Vaivarnya (Discoloration)</b>	
	Absent (Normal skin color)	0
	Brownish red discoloration (Rakta or Aruna varna)	1
	Blackish red discoloration (Shyava varna)	2
	Blackish discoloration (Krishna varna)	3
4.	<b>Srava (Discharge)</b>	
	Absent (No Discharge)	0
	Mild (moisture on the skin lesion)	1
	Moderate (weeping from the skin after itching)	2
	Severe (profuse weeping making clothes wet)	3
5.	<b>Rookshata (Dry Skin)</b>	
	No dryness	0
	Dryness with rough skin (Ruksha)	1
	Dryness with scaling (Khara)	2
	Dryness with cracking (Parusha)	3
6.	<b>Daha (Burning Sensation)</b>	
	Absent (No Burning sensation)	0

	<b>Mild Burning</b>	<b>1</b>
	<b>Moderate Burning</b>	<b>2</b>
	<b>Severe Burning</b>	<b>3</b>
<b>7.</b>	<b>Number of Patches</b>	
	<b>No Patch</b>	<b>0</b>
	<b>1-2 Patches</b>	<b>1</b>
	<b>3-4 Patches</b>	<b>2</b>
	<b>More than 5 patches</b>	<b>3</b>
<b>8.</b>	<b>Area of the patches</b>	
	<b>In between 0-10 square cm</b>	<b>0</b>
	<b>In between 10-20 square cm</b>	<b>1</b>
	<b>More than 20 square cm</b>	<b>2</b>

## INTERVENTION

Group A was administered Bhallataka Vishadi agada lepa externally, daily both at morning and night till it gets dried for the total duration of 30 days. Group B was administered Arka Taila lepa externally till it gets dried, twice a day both morning and night for the same duration. Both the groups were assessed before, during and after the treatment. Follow up was done on the 45<sup>th</sup> day.

Group A: Bhallataka Vishadi Agada lepa

Bhallataka Vishadi Agada lepa is indicated for Viharchika and is described in Astanga Samgraha uttarasthana vishopayogi adhyaya. It consists of ingredients such as Vatsanabha, Bhallatka, Shamyaka (Aragvadha) and Agni (Chitraka).

Group B: Arka lepa

Arka lepa is indicated for vicharchika and is explained in the madhyama khanda of Sharangadhara samhitha. It consists of ingredients such as Arka, Haridra and Sarshapa.

**ETHICAL CLEARANCE:** The study was approved by the institutional ethical committee.

**DATA EXTRACTION AND STATISTICAL ANALYSIS:** The data obtained was recorded, tabulated and statistically analyzed using appropriate statistical methods.

## RESULTS

The present study was conducted on 20 patients and two groups. Group A and Group B with 10 patients each. Group A patients were administered bhallataka vishadi agada lepa and Group B with Arka lepa for 30 days and follow up done on 45<sup>th</sup> day.

In the present study, maximum numbers of patients were in the age group of 57-80yrs, patients with minimum educational background were the most affected. Hindus and Muslims were the maximum number of patients with the incidence of vicharchika and regarding the diet, both vegetarians and non vegetarians were equally affected with viharchika.

Table 2: Demographic data

		Group A	Group B
Age	16-36yrs	2	3
	37-56yrs	4	3
	57-80yrs	4	4
Education	Below 10 <sup>th</sup> Std	4	3
	PUC	2	3
	Graduate	2	3
	Post graduate	2	1
Occupation	Home makers	5	6
	Labourers	3	3
	Office worker	2	1
Religion	Hindus	5	4
	Christians	1	1
	Muslims	4	5
Diet	Veg	4	4
	Mixed	6	6

Table 3: Results Before and After treatment

Sl.No	Marked Improvement (In number)	Moderate Improvement (In number)	Mild Improvement (In number)	Drop outs
Group A	4	3	2	1
Group B	5	3	1	1

In Group A, Marked improvement was observed in 4 patients, moderate improvement in 3 patients and mild improvement in 2 patients. In Group B, Marked improvement was observed in 5

patients, moderate improvement in 3 patients and mild improvement in 1 patient. Group B showed significant changes compared to Group A with reduction in

## RESULTS WITHIN GROUPS

### Group A

S. No.	Parameters	Before treatment	15 <sup>th</sup> day	30 <sup>th</sup> day	45 <sup>th</sup> day
1.	Kandu (Itching)	3	2	2	1
2.	Pidika (eruption)	3	3	2	2
3.	Vaivarnya (depigmentation)	3	2	2	1
4.	Srava (discharge)	3	2	2	1
5.	Daha (burning sensation)	3	3	2	2
6.	Rukshata (dryness)	3	2	1	1
7.	Number of patches	3	2	2	1
8.	Area of patches	2	1	1	1

In Group A, kandu, which was 3 before the treatment reduced to 1 after the treatment. Pidika from 3 to 2, Vaivarnya from 3 before the treatment to 1 after the treatment, Srava

from 3 to 1, daha 3 to 2, rukshata from 3 to 1, number of patches from 3 to 1 and Area of patches from 2 to 1 showing the efficacy of Bhallataka vishadi lepa.

Group B

S. No.	Parameters	Before treatment	15 <sup>th</sup> day	30 <sup>th</sup> day	45 <sup>th</sup> day
1.	Kandu (Itching)	3	2	1	0
2.	Pidika (eruption)	3	3	2	1
3.	Vaivarnya (depigmentation)	3	2	1	0
4.	Srava (discharge)	3	2	2	1
5.	Daha (burning sensation)	3	3	2	1
6.	Rukshata (dryness)	3	2	1	1
7.	Number of patches	3	2	1	1
8.	Area of patches	2	1	1	0

In Group B, kandu, which was 3 before the treatment reduced to 0 after the treatment. Pidika from 3 to 1, Vaivarnya from 3 before the treatment to 0 after the treatment, Srava from 3 to 1, daha 3 to 1, rukshata from 3 to 1, Number of patches from 3 to 1 and Area of patches from 2 to 0 showing the efficacy of Arka lepa

### BETWEEN THE GROUPS

#### Kandu (itching)

In Group A, kandu or the itching showed reduction from 3 to 1 and in Group B from 3 to 0 showing the efficacy of Arka lepa compared to Bhallatka vishadi lepa in Vicharchika.

#### Pidika (eruption)

In Group A, pidika or the eruption showed reduction from 3 to 2 and in Group B from 3 to 1 showing the efficacy of Arka lepa compared to Bhallatka vishadi lepa in Vicharchika.

#### Vaivarnya (depigmentation)

In Group A, Vaivarnya or the depigmentation showed reduction from 3 to 1 and in Group B from 3 to 0 showing the efficacy of Arka lepa compared to Bhallatka vishadi lepa in Vicharchika.

#### Srava (discharge)

In Group A, Srava or discharge showed reduction from 3 to 1 and in Group B from 3 to 1 showing the efficacy of Arka lepa compared to Bhallatka vishadi lepa in Vicharchika.

#### Daha (burning sensation)

In Group A, daha or the burning sensation showed reduction from 3 to 2 and in Group B from 3 to 1 showing the efficacy of Arka lepa compared to Bhallatka vishadi lepa in Vicharchika.

#### Rukshata (dryness)

In Group A, rukshata or the dryness showed reduction from 3 to 1 and in Group B from 3 to 1 showing the efficacy of Arka lepa compared to Bhallatka vishadi lepa in Vicharchika.

**Number of patches**

In Group A, number of patches showed reduction from 3 to 1 and in Group B from 3 to 1 showing the efficacy of Arka lepa compared to Bhallatka vishadi lepa in Vicharchika.

**Area of patches**

In Group A, the area of patches showed reduction from 2 to 1 and in Group B from 2 to 0 showing the efficacy of Arka lepa compared to Bhallatka vishadi lepa in Vicharchika.

**DISCUSSION**

When characterized by erythema that is poorly defined and associated with edema, vesicles and weeping, it is to be understood as the acute stage of Atopic dermatitis or atopic eczema which is a skin condition that is itchy, having skin flexures and inflammation. Chronic stage is characterized by skin thickening or the lichenification. [17]

According to *Ayurveda*, *Vicharchika* is a *Rakta Pradoshaja Vyadhi* with the predominance of tridoshas and mainly kapha. [18] *Vicharchika* being a chronic skin lesion with exacerbations and a *Kshudra Kushtha* which can be co-related to eczema or the atopic dermatitis as per the Modern medicine. [19] Most of the patients of *Vicharchika* (Eczema) come for Ayurvedic treatment when the disease has

become chronic with severe intensity. Eczema being most painful and embarrassing skin lesion, it needs a definite and a lasting solution to overcome from the problem.

Ayurveda is one of the earliest medical sciences and the framework of scientific and systematized knowledge. It aims at both the maintenance of positive health and treatment of the diseases. Various concepts of the science including the tridosha theory, panchabhautik concept, cause and effect theory and much more add to the credit of making it a holistic and a complete science. Apart from its vast treasure of health and lifestyle, Ayurveda has detailed descriptions of poison beginning from its form, qualities, action, antidotes and usage. The science has dedicated one of its branch known as *Agada tantra* to the poisonous sources in which the clinical usage of poisonous materials for the treatment preparations are being advocated and also pacifying and treatment of the poisonous bites etc. Since ages, poison and its potential have always fascinated Man. The current research studies are being focused on finding the methods for the treatment of most dreadful disorders by using the nature's lethal poisonous substances.

Few studies on the long usage of rat poison and arsenic have showed its effectiveness in blood cancer-promyelocytic leukaemia.



Digitalis plant that was once used for poison tipped spears was widely used as a heart medication. Agada yogas or the formulations are made up of visha dravyas and are said to be more potent due to their nature Prabhava and with special qualities such as Yogavahi, Teekshna, Ushna etc. gunas that helps to the combat of disease. These visha dravyas become fit and more potential for therapeutic use after the proper shodhanaand is also used as a rasayana.

According to Vishajyotsnika, Prabhava of Agada yoga is said as “Vishaveekamad’angum’ (vishajyotsnika-6/72) which means the one that decodes the pathology of the disease by the virtue of Agada yoga dravya unique combinations. But the action of yoga is due to its Prabhava, which shows the unique property of a single ingredient. Lepa Chikitsa of Ayurveda one among the Bahir Parimarjana Chikitsa is specifically indicated for Twakgata Vikaras that facilitates the expulsion of the local Doshas. [20]

Arka lepa and Bhallataka vishadi agada lepas used in the present study are one such agada formulations prepared out of visha dravyas and possess the unique property called prabhava. These two lepas were administered to 10 patients of 2 groups for 30 days morning and night daily. Among the 2

groups, Group B with Arka lepa showed significant changes in Vicharchika due to its laghu, ruksha, tikshna and snighdha gunas, kaphahara and kushtagna properties.

## CONCLUSION

Vicharchika being the most common of twak vikaras demands the effective treatment to overcome from it. Being a chronic disorder it leads to embarrassment and affects the social life of the patients suffering from it. With many treatments available up to date to treat the disease, the disease has become so chronic that it resumes back with exacerbations. Most of the patients come for the Ayurveda treatments at a very later stage and associated with complications. With this great challenge, complete effort is made to provide the best relief for the patient. The present randomized pilot study showed the significant changes in vicharchika by reduction of kandu, pidika, srava, daha, rukshata, vaivarnya, number of patches and the area of patches with the arka lepa compared to the Bhallataka vishadhi agada lepa.

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