

## ***A STUDY ON THE EFFECT OF YASHADAMRITA MALHARA AND YASHAD BHASMA WITH SIKTH TAILA IN VICHARCHIKA WITH SPECIAL REFERENCE TO ECZEMA***

**Manjeet Rani<sup>1</sup>, C.P. Kashyap<sup>2</sup>, J.R. Sankhyan<sup>3</sup>**

<sup>1</sup>M.D. Scholar, <sup>2</sup>Reader & Head, <sup>3</sup>Senior Lecturer  
P.G. Department of Ras Shastra & Bhaishajya Kalpana,  
Rajiv Gandhi Govt. P.G. Ayurvedic College,  
Paprola, Distt.- Kangra, Himachal Pradesh, India. Pin- 176115

**Email:** [manjeetnandal99@gmail.com](mailto:manjeetnandal99@gmail.com)

### **ABSTRACT**

Generally, skin diseases run a chronic course and the recurrence is very common. In *Ayurvedic* texts, topical application of *Yashadamrita Malhara* is said to be very effective in the treatment of *Vicharchika*. But previously no study was carried out to evaluate the effect of this *Malhara*. Hence this study was planned to evaluate the effect of *Yashadamrita Malhara* and *Yashad Bhasma* with *Sikth Taila* in the management and prevention of the recurrence of *Vicharchika*. In first group, *Yashadamrita Malhara* was applied externally to the patients of *Vicharchika* (Eczema) which provided highly improvement to 55.55% patients, moderate improvement to 33.33% patients and mild improvement to 11.11% patients but the recurrence rate was high i.e 62% . Similarly in second group, *Yashad Bhasma* with *Sikth Taila* was applied externally to the patients of *Vicharchika* (Eczema) provided high improvement to 44.44% patients, moderate improvement to 33.33% patients and mild improvement to 22.22% patients. In this study, total 20 patients of *Vicharchika* (Eczema) were registered, among which 18 patients completed the full course of treatment. Both the drugs were given for local application twice daily. Results of the study showed that both drugs may be recommended as one of the drugs for the treatment of *Vicharchika*.

**Keywords:** *Vicharchika, Yashad, Malhara, Bhasma, Sikth Taila, Eczema*

### **INTRODUCTION**

*Ayurveda* made up of word *Veda* (knowledge) and *Ayush* (life) i.e. knowledge of life. An Ay-

*urvedic* system adopts a holistic approach towards health care by balancing the physical,

mental and spiritual functions of the human body<sup>1</sup>. It is the oldest system of medicine, practiced since thousand of years with medicines comprising of herbs, minerals, metals and animal origin. *Vicharchika* is one of the diseases mentioned in ancient science among the *Kushta*. *Vicharchika* is categorized in different ways i.e. *Kshudra kushta*, *Kshudra roga* and *Sadhya kushta*. All *Kushtas* are having *Tridoshaja* origin, hence *Vicharchika* can be explained in similar manner i.e. *Kapha* is responsible for *Kandu*, *Pitta* is responsible for *Srava* and *Shyava* indicates the presence of *Vata*.<sup>2</sup> Despite its *Tridosha* origin, various *Acharyas* have mentioned different dominances in *Vicharchika* i.e. *Kapha*<sup>3</sup>, *Pitta*<sup>4</sup>, *Vata-pitta pradhana*<sup>5</sup>, which also suggest specific symptom complexes. As per the symptomatology and pathogenesis, *Vicharchika* has been directly correlated with eczema (dermatitis) in modern science, with symptoms *Sakandu* (excessive itching), *Pidaka* (papules, vesicles, pustules), *Shyava* (erythema with discolouration), *Bahusrava* (profuse discharge, oozing), *Raji* (thickening, lichenification of skin), *Arti* (pain), *Ruksha* (dry lesion), etc. Dermatitis is being used as a synonym of eczema by most of the dermatologists.<sup>6</sup> in recent days; modern science has reached the top by great advances, particularly when dermatology topic is concerned and also in regards to 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. Skin diseases like eczema get a suitable atmosphere especially in developing countries, because of fast life style, industrial and occupational hazards, repeated use of chemical ad-

ditives etc nowadays, 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. Topical application of *Yashadamrita Malhara* is said to be very effective in the treatment of *Vicharchika*<sup>7</sup>. But previously no study was carried out to evaluate the effect of this *Malhara*. Hence this study was planned to evaluate the effect of *Yashadamrita Malhara*. Topical use of *Yashadamrita Malhara* and *Yashad Bhasma* with *Sikth Taila* were subjected to clinical trial in this study.

### Aims and Objectives

1. To evaluate the effect of of *Yashadamrita Malhara* and *Yashad Bhasma* with *Sikth Taila* in management of *Vicharchika* and associated symptoms of *Vicharchika* like pruritus, papules and hyperpigmentation etc.
2. To make a follow up for any relapse of symptoms of *Vicharchika* or recurrence of *Vicharchika* etc.
3. To compare the effect of *Yashadamrita Malhara* with *Yashad Bhasma* and *Sikth Taila*.

### Material and method

#### Source of Data:

20 Cases of *Vicharchika* were selected randomly from OPD of *Ras Shastra* as well as patients which were referred from other Departments of Rajiv Gandhi Govt. Post Graduate *Ayurvedic* College & Hospital, Paprola.

#### Criteria for Diagnosis:

1. **Subjective Criteria:** Patients will be diagnosed on the basis of sign and symptoms of *Vicharchika* as per *Ayurvedic* symptoma-

tology. The patients having following signs and symptoms were diagnosed as suffering with *Vicharchika* (Eczema)<sup>8</sup>.

- *Kandu* (Pruritus)
- *Pidika* (Pappules)
- *Shyava* (Hyperpigmentation)
- *Bahusrava* (Discharge)
- *Ruja* (Pain)
- *Rukshata* (Dryness)
- *Shotha* (Thickness of skin)

## 2. Objective criteria:

- Routine haematological investigations like Hb g%, TLC, DLC, ESR.
- Routine urine examination

## Criteria for inclusion:

1. Patient suffering from *vicharchika* in between the age group of 15-70 years were selected.
2. Patients possessing signs and symptoms on the basis of diagnostic criteria were selected.

## Criteria for exclusion:

1. Patients above 70 years and below 15 year were excluded.
2. Patients suffering from AIDS, Cancer, TB, DM and severe systemic disorders were excluded.
3. Patients of *Vicharchika* having secondary infections were excluded.

## Method for the preparation of drugs:

### Yashad Bhasma<sup>9</sup>:

*Yashad Bhasma* was prepared by the reference of R.T. (21/104-107). Here in this process of *marana* equal amount of *Sh.Parada* and *Sh. Gandhaka* were taken and triturated vigorously till homogenous mixture formed. After that homogeneous mixture of *Yashad, Parada* and *Gandhaka* were levigated with *Nimbu*

*Swarasa* and subjected to *Putra* in horizontal Electric muffle furnace (E.M.F.). Total 8 *putra* were given at temperature 800<sup>0</sup> C to increase therapeutic effectiveness of *Bhasma*.

### Yashad Pushpa<sup>10</sup>:

*Yashad Pushpa* was prepared by the reference of R.T. (19/112-115). 450 gm of *Yashad* was taken in the crucible and allowed to melt over the ignited coal stove. 1200<sup>0</sup>C temperature was sufficient enough to convert zinc metal to its flowers i.e. *Yashad Pushpa*.

### Yashadamrita malhara<sup>11</sup>:

*Yashadamrita Malhara* was prepared first as explained in classic. First *sikth taila* base was prepared using *sikth* and *tila taila* in ratio 1:6 respectively. It was followed by mixing of *Yashad Pushpa* and *Sikth Taila* in ratio 1:3.

## Method of Research:

- **IEC approval & Consent:** Approval from the institutional ethics committee was taken prior to begin with study vide letter No.IEC/2015/1049 dated 16/06/2015. A written & informed consent of patients was taken before their registration for the study.
- **Patients Information Sheet & CRF:** All the patients were given an information sheet stating all the details of the study protocol, benefits of trial & any expected side effect. A Clinical Research Performa was prepared to note down all the details of the patients and their disease.
- Trial groups 20 patients of *Vicharchika* were treated by randomly dividing them into two groups each comprising of 10 patients and treatment was given as follows-

Group 1: The patients of this group were treated with *Yashadamrita Malhara*.

Group 2: The patients of this group were treated with *Yashad Bhasma* and *sikh taila*.

**Form of drug :** Malhara (ointment)

**Dosage :** To be applied topically/Q.S.

**Duration :** 15 days

**Follow-up :** After 7<sup>th</sup> and 15<sup>th</sup> day of initiation of trial.

**Assessment :** Patients of both the groups were thoroughly assessed for any improvement in the subjective criteria after every 7<sup>th</sup> days till the completion of trial period of 15 days.

**Parameters for Assessment of Results:** Assessment of the results obtained were done on the basis of 7 subjective criteria which were assigned different grades. Haematological and urine examination were done before the therapy.

**Statistical Analysis:** The obtained data was analyzed statistically and expressed in terms of mean standard deviation (SD) and standard error (SE). The “t” test was applied to observe the significance of results obtained after treatment.

#### **Clinical observations and results:**

The data collected from clinical trial was compiled and subjected to statistical analysis and presented under following sections.

1. The first section incorporates the general observations i.e. demographic profile including age, sex, religion etc.
2. Second part incorporates the effect of therapy evaluated by improvement in subjective as well as objective criteria.

#### **DEMOGRAPHIC PROFILE**

Demographic data of all the 20 patients registered for Clinical study is shown here on the

basis of Age, Sex, Occupation, Education, Marital status, Habitat, Diet and Life style.

**Status of 20 patients of Vicharchika:** Total 20 patients were registered. In group-1, 10 patients were registered amongst which 9 patients completed the trial and 1 patient left the treatment against the medical advice. In group-2, 10 patients were registered and 1 patient left the treatment against the medical advice.

Hence, the total number of patients is 20 for the present study. Demographic observations for 20 patients and clinical trial results for 18 patients are described as follows.

1. **Age** - It was found that maximum number of patients in the present study belongs to the age group of 31--50 years i.e. 60%, followed by 21-30 years (30%), which correlates the incidence of age. This shows the high incidence in madhyamavastha. This age is golden period for individuals when mental stress and other exposure i.e. occupational, environmental, unwholesome food were more which leads to dermatitis.
2. **Sex** - Maximum number of patients were male i.e. 55% while the percentage of female patients was 45%. So it can be said that in this study males are more affected than females which coincides with the observation of incidence.
3. **Marital Status** - Maximum number of patients registered in this study were married (95%).
4. **Habitat** - Maximum patients included in the study i.e. 65% reside in rural area, as research institute is situated in rural area and the input in OPDs is maximum from villages.

5. **Occupation** - On considering the nature of occupation, it was found that maximum number of patients i.e. 60% were housewives and farmers. Farmers who are exposed to irritant substances in the form of pollens or fertilizers are having a higher tendency and housewives are more exposed to household appliances, which are common causative factors for *Vicharchika*.
6. **Dietary habits** - Maximum number of patients (85%) were having mixed diet. So, it can be concluded that the nidana like guru, vidahi, ushna, tikshna and matsya sevana definitely plays a role in the causation of *kustha*.
7. **Prakriti** - Maximum number of patients, *Pitta-Kapha Prakriti*(85%), followed by *kapha-Pittaja Prakriti* (10%). Kapha and Pitta are considered as the aggravated Dosha in the pathogenesis of *Vicharchika*.
8. **Presence of symptoms** –In the present clinical trial Hyper pigmentation and dryness symptoms were present in all i.e.in 100 % patients. 80-90% patients were having complaint of pruritus, pappules and discharge. 77.77% patients were having symptom of *pain*, Complaint of the symptom *thickness* were present only in 44.44% patients.

In group 1-*Yashadamrita Malhara* provided significant relief in the symptoms of *vicharchika*

such as pruritus (90%), pappules (77.28%), hyper pigmentation (70.56%), discharge (64.69%), pain (84.59%), dryness (90.91%) and thickness (75%). In this group, 73.33% patients had marked improvement and 26.67% patients had moderate improvement. [Table 1]

In group 2- *Yashad Bhasma* with *Sikth Taila* also provided significant relief in the symptoms of *vicharchika* such as pruritus (89.49%), pappules (81.83%), hyper pigmentation (68.40%), discharge (62.51%), pain (79.98%), dryness (92%) and thickness (83.33%). In this group, 73.33% patients had marked improvement and 26.67% patients had moderate improvement. [Table 1]

Inter group comparison shows that there is insignificant difference in the effect of therapy on the symptoms in both the groups. (p>0.05). [Table 2]

#### OVERALL EFFECT OF THE THERAPY:

**Group-1** -Among the 09 patients, 01patient was mildly improved, 03 patients were moderately improved and 05 patients were highly improved.

**Group 2** -Among 09 patients, 02 patients were mildly improved, 03 patients were moderately improved and 04 patients were highly improved. [Table 3]

**Table:1** Effect of therapy on the Symptoms in patients.

Symptom	Group- 1				Group- 2			
	Mean Score		% of relief	P	Mean Score		% of relief	P
	B.T	A.T			B.T.	A.T.		
Pruritus	2.222	0.222	90%	P<0.001	2.714	0.286	89.49%	P<0.001
Pappules	3.143	0.714	77.28%	P=0.002	2.444	0.444	81.83%	p<0.001
Hyper pigmentation	1.889	0.556	70.56%	P=0.011	2.111	0.667	68.40%	P=0.001

Discharge	1.889	0.667	64.69%	P<0.001	2.286	0.857	62.51%	P<0.001
Pain	1.857	0.286	84.59%	P=0.005	2.143	0.429	79.98%	P=0.001
Dryness	2.444	0.222	90.91%	p<0.001	2.778	0.222	92%	p<0.001
Thickness	2.000	0.500	75%	P=0.014	1.500	0.250	83.33%	P=0.015

**Table 2:** Inter Group Comparison

S.No.	Signs / Symptoms	% Relief		% difference	P
		Gr.1	Gr.2		
1.	Pruritus	90%	89.49%	0.51%	<0.05
2.	Pappules	77.28%	81.83%	4.55%	>0.05
3.	Hyper pigmentation	70.56%	68.40%	2.16%	>0.05
4.	Discharge	64.69%	62.51%	2.18%	>0.05
5.	Pain	84.59%	79.98%	4.61%	>0.05
6.	Dryness	90.91%	92%	1.09%	>0.05
7.	Thickness	75%	83.33%	8.33%	>0.05

**Table3:** Overall Effect of the Therapy

Overall Effect	Trial Group-I		Trial Group-II	
	No. of Cases	% age	No. of Cases	% age
100% Relief	0	–	0	0%
60–90% Relief	5	55.55	4	44.44
60–40% Relief	3	33.33	3	33.33
40–10% Relief	1	11.11	2	22.22
<10% Relief	0	0%	0	0%

## DISCUSSION

The present study was completed to evaluate the efficacy of an Ayurvedic formulation on Vicharchika. The outcome of the study showed ample evidence in regard to action of drug.

In Ayurvedic classics, *Agnimandya* by *Virudha Ahara*, *Vihara* play important role in the pathogenesis of Vicharchika. The drugs, which are used in the present study, are Tikta, Katu and Kashaya rasa predominant and have the agnidipan property. Their probable mode of action is as suggested below:

Topical administration of zinc appears to be superior to oral therapy due to its action in reducing super infections and necrotic material via enhanced local defense systems and colla-

genolytic activity & the sustained release of zinc ions that stimulates epithelialization of wounds. Zinc is transported through the skin from these formulations, Topical zinc therapy is emphasizes its importance in auto debridement, anti-infective action, and promotion of epithelialization. Zinc oxide is used to soothe skin.<sup>12</sup>

As per anatomy of skin just below the top layer of skin a thicker dermis is present where nerves, hair follicles, sebaceous glands, sweat glands, blood vessels and lymph vessels are situated. Under the dermis is the subcutaneous fatty layer. Applying ointment to the skin is a quick and efficient way to introduce them into the blood, nerves and lymph. Many ointments are lipophilic, meaning that by their molecular

design they want to jump into tissues containing protein, like our skin. In present study, *Yashadamrita Malhara* and *Yashad Bhasma* with *Sikh Taila* were selected for local application. *Yashad* having *Tikta, katu, Kashaya Rasa* and *Sheet Virya* shows Pittakaphahara Karma, Raktashodhana, Krmighna, Kushtaghna and Kandughna action<sup>13</sup>.

*Yashadamrita Malhara* containing *Yashad Pushpa* and *Sikh Taila* were selected for the present study. *Yashad Pushpa* having *Tikta, katu, Kashaya rasa* and *Sheet Virya* shows Pitakaphahara Karma and Kushtaghna Karma which all are useful in breaking of etiopathogenesis of Vicharchika i.e. *Vicharchika* occurs due to *Agnimandya* by *Virudha Ahara, Vihara*.<sup>14</sup> So, *Yashad* correct it by *Rasa* which may enhance *Agni*. It is having *Vata-Kaphahara Rasa* and *Guna*, so *Tridosha Prakopa* may be corrected. Topical drugs also enhance the skin metabolism, so healthy repairing may also take place. Oils having Vegetable fats contain hydrocarbons which are also helpful media for cutaneous absorption. So all actions are favourable to break the etiopathogenesis of skin.

In clinical experience, this Malhara was found effective in both dry and wet lesion. From the above explanations we can observe that the drugs used in this study are having *Katu, Tikta* and *Kashaya Rasa*. *Katu Rasa* contains *Vayu* and *Agni Mahabhutas*, while *Tikta Rasa* contains *Vayu* and *Akasha Mahabhutas*. While their overall *karma* is *Raktaprasadana, Kushtaghna* and *Kandughna*.

## CONCLUSION

The present study conclude that the drugs are effective in relieving signs and symptoms of vicharchika. Both therapies were found significantly effective in management of vicharchika. No untoward effect was noted during treatment and follow up period in both groups, however, this is only a preliminary study conducted as a part of educational research program with small number of patients, in fixed duration of time. Further multicentre, clinical studies are required with larger sample to establish vicharchikahara effect of these drugs. On the basis of the results of this dissertation, *Yashadamrita Malhara* may be recommended as one of the drugs for the treatment of *Vicharchika*.

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