The Effect of Mulaka Beejadi Lepa and Pruthu Nimba Panchaka Churna in the Management of Vicharchika W.S.R. to Eczema

Research Article

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Abstract

According to Ayurveda, Vicharchika is a major problem in skin diseases. All Kusthas are having Tridosha origin. The disease Vicharchika to a greater extent resembles eczema/dermatitis. Despite of great advance in dermatology and the advent of powerful antibiotics, antifungal as well as steroids, Eczema continues to defy the best effect of dermatologists. Hence it is the need of the hour to find out safe and effective medicine for Vicharchika and here comes the role of Ayurveda. The involvement of Vata results in dry, blackish lesion of eczema, itching in those affected areas is due to Kapha and Pitta is responsible for Srava. In classical texts, Ayurveda Acharyas emphasizes shodhana and shamanaya therapy as the line of treatment at various contexts. So, the study aimed to evaluate efficacy of Mulaka beejadi lepa and Pruthu nimba panchaka churna in vicharchika, 30 children aged 3-16years who were fulfilling the inclusion criteria and diagnostic criteria were selected from Kaumarabhritya OPD and IPD of S.V.Ayurvedic College & Hospital, Tirupati. Patients were given Mulaka beejadi lepa as external application and vati prepared with Pruthu nimba panchaka churna 250mg BID in 3-10years age group and 500mg BID in 11-16yrs age group children for 30days and called for follow up after 15days to note any recurrence. The cases were recorded as per the case Pro forma and observations were recorded. Symptoms were scored and statistically analysed for any change before and after treatment. Mulaka Beejadi lepa as external application and Pruthu Nimba panchaka churna internally are very effective in the management of vicharchika.

Keywords: Kushta, Vicharchika, Eczema Mulaka beejadi lepa, Pruthu nimba panchaka churna.

Introduction

Ayurvedic physicians are providing good health to human race by treating their diseases with the help of Ayurvedic principles since thousands of years ago. Dermatological problems are seen by pediatricians every day and comprise of around one quarter of a busy outpatient clinic (1). In Ayurveda all types of skin diseases have been discussed under the broad heading of kushta which is further divided as Maha kushta and Kshudra kushta (2). Acharyas considered vicharchika as kshudra kushta(3). Different acharyas have defined vicharchika in different ways.

In shabdha kalpa druma the disease which coats or covers the skin in particular manner and causes cracking of skin of hands and feet mainly

As per Acharya Charaka the skin disease where eruptions over the skin appear with dark pigmentation, itching with profuse discharge from lesion are seen is vicharchika(4).

According to Sushruta, Disease where severe itching, severe pain, and dryness is seen is Vicharchika (5).

Acharya Kashyapa says Black, red ulcers with pain, discharges and suppuration is Vicharchika(6).

Vicharchika, according to Ayurveda is Rakta Pradosaja Vikara having involvement of tri dosha with dominance of Kapha, with symptoms of kandu, srava, pitika, vivarnata, rukshata (7). It can be co-related with eczema, according to allopathic view. Eczema is non-contagious inflammation of the skin characterised by erythema, scaling, edema, vesiculation and oozing. It also affects psychological status and disturb social life due to its appearance (8). It causes disturbed sleep and poor growth (9). Eczema is most common relapsing skin disease seen in infancy and childhood (10). It is slightly more common in boys than in girls (11). Now a days, modern science has advanced so much particularly in dermatology as topic is concerned and also with availability of powerful antibiotics, antifungal, antihistaminic, steroids etc., but better management is not been searched out till today.

Ayurvedic system of medicine is generally considered as the best for most of the skin diseases. Holistic approach of Ayurveda is particularly useful in treating skin diseases, which is often a manifestation of systemic illnesses. In Ayurveda, Shodhana, Shamana and Nidana parivarjana are the principle treatment for any disease. Shaman chikitsa is more preferable than Shodhana chikitsa in paediatric age group, because children have mridu and sukumar body constitution. The selected drug compounds, i.e. MULAKA BEEJADI LEP4 and PRUTHU NIMBA PANCHAKA CHURNA are well indicated for Kushta and both act as Shaman dravyas in Kushta especially in vicharchika.
Aims and Objectives
To study the efficacy of *Mulaka Beejadi Lepa* and *Pruthu Nimba Panchaka churna* in *Vicharchika*.
To study in detail about the etiopathogenesis and prevalence of *Vicharchika* in the light of description available for *Eczema* in modern science.

Materials and Methods
The materials and methods used and the modifications made was based on easy availability of the drugs, feasibility of the methods, available literature, traditional experiences and expert opinions.

### Mulaka Beejadi Lepa (12)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mulaka beejja</td>
<td>1 part</td>
</tr>
<tr>
<td>Sarshapa</td>
<td>1 part</td>
</tr>
<tr>
<td>Laksha</td>
<td>1 part</td>
</tr>
<tr>
<td>Haridra</td>
<td>1 part</td>
</tr>
<tr>
<td>Chakramarda beejja</td>
<td>1 part</td>
</tr>
<tr>
<td>Srivestaka</td>
<td>1 part</td>
</tr>
<tr>
<td>Sunti</td>
<td>1 part</td>
</tr>
<tr>
<td>Pippali</td>
<td>1 part</td>
</tr>
<tr>
<td>Maricha</td>
<td>1 part</td>
</tr>
<tr>
<td>Vidanga</td>
<td>1 part</td>
</tr>
<tr>
<td>Kusta</td>
<td>1 part</td>
</tr>
</tbody>
</table>

**Method**
Preparation of *Mulaka beejadi Lepa*:
Above said *Lepa* ingredients were made into very fine powder after drying properly. *Madhucchista* and *Narikela taila* are taken as base elements for *lepa*. They are heated together and fine powder of above drugs are added to it to get *lepa* consistency. They are cooled down till it gets solidified. The *lepa* is applied on lesions.

### Pruthu Nimba Panchaka Churnam (13)

<table>
<thead>
<tr>
<th>Drug</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nimba tvak</td>
<td>1 part</td>
</tr>
<tr>
<td>Nimba sara</td>
<td>1 part</td>
</tr>
<tr>
<td>Nimba beejja</td>
<td>1 part</td>
</tr>
<tr>
<td>Nimba pushpa</td>
<td>1 part</td>
</tr>
<tr>
<td>Nimba patra</td>
<td>1 part</td>
</tr>
<tr>
<td>Sunti</td>
<td>1 part</td>
</tr>
<tr>
<td>Pippali</td>
<td>1 part</td>
</tr>
<tr>
<td>Maricha</td>
<td>1 part</td>
</tr>
<tr>
<td>Haridra</td>
<td>1 part</td>
</tr>
<tr>
<td>Anamaki</td>
<td>1 part</td>
</tr>
<tr>
<td>Hareetaki</td>
<td>1 part</td>
</tr>
<tr>
<td>Vibheetaki</td>
<td>1 part</td>
</tr>
<tr>
<td>Madhu</td>
<td>Enough quantity to roll in to pills</td>
</tr>
<tr>
<td>Ghrita</td>
<td>Enough quantity to roll in to pills</td>
</tr>
</tbody>
</table>

**Method:**
Preparation of *Pruthu nimba panchaka churna vati*
The above ingredients are made into fine powder. *Madhu* and *ghrita* were added to it and made it into a dough form, which does not stick to the fingers. This dough is rolled into pills of 250mg each.

Source of data
About 30 children aged between 3-16years were randomly selected for the study from OPD and IPD of Department of *Kaumarabhrithya*, S.V. *Ayurvedic* Hospital, Tirupati.

### Selection of Patients
Total 30 patients were selected and registered from O.P.D. and IPD of department of *Kaumarabhrityam*, S. V. *Ayurvedic* Hospital, based on the inclusion Criteria and clinical features mentioned.

### Method of study
30 children aged between 3-16years were randomly selected and were treated with *Mulaka beejadi lepa* as external application and *vati* prepared with *Pruthu nimba panchaka churna* 250mg BID in 3-10years age group and 500mg BID in 11-16yrs age group children for 30days and called for follow up after 15days.

### Counselling
Counselling for both Parents and Guardian was given explaining the nature of the disease and its prognosis.

### Diagnostic criteria
For the diagnosis and assessment of *vicharchika* in children, Scoring criteria for subjective parameters, SCORAD Score were adopted.

#### Inclusive Criteria
- Patients of age group 3-16 years.
- Patients with signs and symptoms of *Vicharchika*.
- Signs and symptoms of *Eczema*.

#### Exclusive Criteria
- Age group > 16 years.
- Children with any other chronic skin diseases like psoriasis.
- Children with other debilitating diseases like SLE,TB
- Children under any systemic medication.
- Other types of *Kustha* that are *asadhya*.

### Drug and posology:
- Patients were given *Mulaka beejadi lepa* as external application and *vati* prepared with *Pruthu nimba panchaka churna* 250mg BID in 3-10years age group and 500mg BID in 11-16yrs age group children for 30days.

### Duration:
The period of study will be for one month.

### Follow up of the Study
- All the cases are followed up with an interval of 15days between each sitting for the progress or changes during treatment.
- Total treatment schedule was for 30 days (active trial phase). The patients were called on 45th day to note any reoccurrence.
Assessment criteria

Subjective Criteria

- **Kandu** (Itching)
  0 - No itching
  1 - Mild itching not disturbing normal activity
  2 - Occasional itching disturbs normal activity
  3 - Itching present continuously and even disturbing sleep

- **Daha** (Burning)
  0 - No burning sensation
  1 - Mild type of burning not disturbing normal activity
  2 - Occasionally burning disturbing normal activity
  3 - Burning present continuously and even disturbing sleep

- **Srava** (Discharge)
  0 - No discharge
  1 - Moisture on the skin lesion
  2 - Weeping from the skin lesion
  3 - Weeping from the skin lesion followed by crusting

- **Rukshata**
  0 - No dryness
  1 - Dryness with rough skin (Ruksha)
  2 - Dryness with scaling (Kharā)
  3 - Dryness with cracking (Parusha)

- **Pidika**
  0 - No eruption in the lesion
  1 - Scanty eruptions in few lesions
  2 - Scanty eruptions in at least half of the lesion
  3 - All the lesions full of eruption

- **Vaivarnyata**
  0 - Nearly normal skin color
  1 - Brownish red discoloration
  2 - Blackish red discoloration
  3 - Blackish discoloration

Objective Criteria

- Absolute Eosinophil count.
- SCORAD International scoring system

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Criteria for overall assessment

Total effect of therapy on 30 patients of *vicharchika* was calculated by taking the mean of % of relief.

- Cured – Patients showing 100% improvement in signs and symptoms have been considered as cured.
- Complete Remission – Patients showing more than 61-99% average improvement in the Signs and Symptoms have been considered as complete remission.
- Marked improved – the patients showing improvement in between 41-60 % in Signs and Symptoms has been considered as Marked improved.
- Partially improved – the patients showing improvement in between 25-40 % in Signs and Symptoms has been considered as Mild improved.
- Unchanged – no change or less than 25% improvements in Signs and Symptoms have been considered as unchanged.

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Observation:

Among 30 patients completed the treatment and follow up. Maximum number of children’s belongs to 11-15 years of age group (56.66%), Male child (66.66%), resident of *Jangala desha* (80%), Hindu religion (86.66%), *Mandagni* (46.67%), mixed diet (90%), *Vata Pradhana Prakruti* (43.33%), *Madhyama Samhanana* (66.67%), poor socioeconomic class (50%) and maximum number of patients consumed more *Katu*, *Lavana* and *Amla Ras* i.e. 73.33%, 70%, 66.67% respectively, family H/o allergy (46.67%) and eczema (43.33%). The symptoms of *Vicharchika* like Kandu (100%), Vaivarnya (100%), Pidika (56.66%), Rukshata (53.33%), Srava (46.66%), Daha (40%), Ruja (16.67%) and Rajyo (16.66%).

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Results

Effect of therapy on subjective and objective parameters

Extremely significant results (*P* <0.001) were found in parameters like Kandu, Vaivarnya, Rookshata, Pidika, Srava, Rukshata and decrease in SCORAD scoring. A.E.C. (absolute Eosinophil count). Significant (*P* <0.01) results were noticed in Ruja and very significant result for Daha.

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Table No:1 Showing Effect of therapy on subjective and objective parameters

<table>
<thead>
<tr>
<th>Parameters</th>
<th>n</th>
<th>Mean</th>
<th>%of relief</th>
<th>SD</th>
<th>t</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Itching (Kandu)</td>
<td>30</td>
<td>2.00</td>
<td>0.43</td>
<td>80%</td>
<td>0.74</td>
<td>0.50</td>
</tr>
<tr>
<td>Eruption (Pidika)</td>
<td>30</td>
<td>1.13</td>
<td>0.40</td>
<td>61.76%</td>
<td>0.11</td>
<td>0.56</td>
</tr>
<tr>
<td>Discharge (Srava)</td>
<td>30</td>
<td>1.23</td>
<td>0.43</td>
<td>64.86%</td>
<td>1.33</td>
<td>0.63</td>
</tr>
<tr>
<td>Dryness (Rukshata)</td>
<td>30</td>
<td>0.97</td>
<td>0.37</td>
<td>62.06%</td>
<td>1.10</td>
<td>0.56</td>
</tr>
<tr>
<td>Discolouration (Vivarnata)</td>
<td>30</td>
<td>1.80</td>
<td>0.60</td>
<td>66.66%</td>
<td>0.71</td>
<td>0.62</td>
</tr>
<tr>
<td>Pain (Ruja)</td>
<td>30</td>
<td>0.30</td>
<td>0.07</td>
<td>77.77%</td>
<td>0.75</td>
<td>0.25</td>
</tr>
<tr>
<td>Burning sensation (Daha)</td>
<td>30</td>
<td>0.80</td>
<td>0.30</td>
<td>62.5%</td>
<td>1.03</td>
<td>0.60</td>
</tr>
<tr>
<td>AEC</td>
<td>30</td>
<td>726.23</td>
<td>451.30</td>
<td>37.28%</td>
<td>132.70</td>
<td>113.08</td>
</tr>
<tr>
<td>SCORAD</td>
<td>30</td>
<td>36.463</td>
<td>13.737</td>
<td>62.33%</td>
<td>8.441</td>
<td>8.828</td>
</tr>
</tbody>
</table>
Table 2 Showing Overall assessment of therapy

<table>
<thead>
<tr>
<th>Overall assessment</th>
<th>No.of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cured</td>
<td>4</td>
<td>13.33%</td>
</tr>
<tr>
<td>Complete remission</td>
<td>15</td>
<td>50%</td>
</tr>
<tr>
<td>Marked relief</td>
<td>11</td>
<td>36.66%</td>
</tr>
<tr>
<td>Partial relief</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Not cured</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Graph No:1

In a sample of 30 patients, maximum patients were having complete remission i.e., 50%, 36.66% of patients show marked relief, and 13.33% patients show complete cure.

Discussion

Vicharchika is one of the chronic skin diseases. Atopic dermatitis or Eczema is the most common relapsing skin disease seen in infancy and childhood. It affects 10-30% of children worldwide and frequently occurs in families with asthma, allergic rhinitis, and food allergy (14). Vicharchika has been mentioned in almost all Ayurvedic texts, either in form of Kshudra Kustha or Sadhya Kustha.

Various Acharyas mentioned Vicharchika with different Doshic involvement of vision of their symptomatological complex. Charka says that Vicharchika has a Kapha dominancy, because there is an excess Kandu (itching), vivarnata (discoloration), Pidika (boil), srava (profuse oozing), which also indicates its initial or acute stages.

Characteristics like Raji (marked lining) and Arti (pain) and Ruksha (dryness) etc., which indicate chronic or later stage. Thus, this separation may also suggest different stage of disease Vicharchika.

In initial stage of Vicharchika when pruritus may be severe, ultimately skin intactness may rupture and water discharge may produce which is also mentioned by Vaghbata that Vicharchika has a characteristic like Lasikadhya while Indu explained it with Jalapraya i.e. watery discharge.

The symptomatology of Vicharchika is similar with Eczema i.e., Sakandu (excessive itching), Pidika (papule/pustule/vesicle), Shyava (discoloration/hyper pigmentation), Bahusrava (profuse oozing) and later Raji (marked linings/lichenification/Cris-cross marking), Ruja (pain), Saruksha (excessive dryness).

The etiopathogenesis is also similar to Eczema i.e. Viruddha, Mithya Ahara and vihara and other nidana may act as metabolic toxins or other irritant and produce sensitization of skin.

After above discussion it can be said that Vicharchika is a clinical entity in which the lesion has been Shyava colored of Pidika with excessive itching and oozing, which may develop anywhere in the body, either wet or dry.

Eczema can be considered in same category because first manifestation of eczema is erythema or reddening of skin, edema, vesiculation, oozing, crustung and later lichenification. Due to the intra and extra environmental changes in body and its reactions against them, may produce extreme stage of Vicharchika.

Main place of etiopathogenesis, which has been in Tvak (Adhisthana), Rakta (blood and lymph), Mamsa (deep cutaneous tissue) and Lasika (sweat gland apparatus).
Probable Mode of Action

Mulaka Beejadi Lepa

Vicharchika is a kapha predominant disease. Most of the drugs used in the formulation have katu, tiktta rasas, laghu, ruksha teekshna guna, ushna veerya and katu vipaka. These properties of drugs helps in alleviating kapha and pitta dosha.

All the drugs in combination having Kushtaghana, Kandughana, Krimighna, Rasayana and also Varnya, lekhana, dhaa prashhamana properties.

Mulaka Beeja reduces the dryness of the skin, cracks and moisturizes the skin from inside. Thus reducing the rukshatva guna in vicharchika(15). Presence of sulphur compound in Mulaka Beeja possess Kitari, Pamar, Kustaghna properties (16).

Sarshapa shows Vedana sthapana property. Anti-fungal and wound healing property of Laksha helps in healing of the lesions (17).

Lekhaniya guna of haridra is useful for reduction of thickness of skin and vaivarnyata in the disease.

The svana in vicharchika is controlled by Sleshma puti hara, Vrana shodaka and Dusta Vrana hara properties of Srivestakata (18). Anti oxidant, Kandughna, Krimighna, Dadru hara and Lekhana properties of Chakramardala Beeja helps in alleviating Kanda, pidika symptoms of the disease. Thrachryson isolated from seeds showed stronger anti-oxidant activity (19).

Trikatu helps as shula hara(ruya). Blood purifying and, wound healing properties of Vidanga shows kushtaghna action on skin (20). Wound healing activity of embelin isolated from the ethanol, extract of leaves of embelia ribesburm (21).

Varnya property of kusta drug reduces discolouration (vivarnata) of the skin. Melanogenesis inhibitory compounds from saussureae Radix (22).

Mahucchista having vrana ropana property acts as kushtaghna.

Narikela taila improves skin hydration, lauric acid present in narikela taila possess bactericidal, fungicidal and anti-inflammatory properties.

Recent research work shows that these drugs are having potent Anti-allergic, Anti-inflammatory, Immunomodulatory, chemo protective, Anti-bacterial, Anti-oxidant, Anti-ulcerogenic, Anti-microbial and Anti-fungal properties.

Pruthu Nimba Panchaka churna

Nimba having tiktta, kashaya rasa, laghu guna, sheeta veerya, katu vipaka shows pitta shamakha kaphaghna, vrana ropana, krimighna, kandughana, dhaa prashhamana, rasayana properties.

Neem bark and leaf shows Anti-inflammatory, Anti-bacterial and Anti-fungal properties. Neem seed shows anti leprotic, Anti-helmentic properties.

Neem flowers are used in vitiated conditions of Pitta and Kapha. It has anti helmentic property.

Neem gum is reported to be useful in treatment of skin diseases. Nimba has Vrana shodhaka property.

A plant derived wound therapeutic for cost-effective treatment of post-surgical scalp wounds with exposed bone(23).

Sroto shodaka property of Maricha and Hariyakta helps in proper circulation and nourishes the tissues.

Pippali acts as kaphaghna due to its Deepana, Pachana and Ama dosha hara property. Anulomana guna of hareetaki, Sunti and Vibheetaki alleviates Pitta dosha, one of the vitiated doshas in vicharchika. Maricha acts as shula hara, Amalaki act as Rakta shodaka as well as Daha prashamana.

Triphala having rechaka property alleviates pitta dosha.

Go ghirita having madhura rasa guru guna sheeta veerya katu vipaka alleviates vata and Pitta doshas and shows kushtaghna property.

Madhu having madhura kashaya rasa guru guna, sheeta veerya, katu vipaka alleviates Tridoshas and shows lekhana, shodana, Anti-inflammatory, Anti-oxidant and Anti-fungal properties.

These drugs are also having Raktashodhaka and Raktaprasadana properties, because of Tikta and Kashaya rasa dominance, Rakta is one of the main dushya in tvak vikara. These properties have direct positive effect on Tvak dhatu.

Conclusion

The experiment clearly concludes that Mulaka beejadi lepa and pruthu nimba panchaka churna for external application could be a remedy for Vicharchika and can be used in other Kushta also especially Kaphaja-pittaja kushthas explained in the classic texts without any side effects. It will be a panacea for many of the skin problems. Thus the clinical study clearly concludes that this should be a best remedy.

Reference

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13. Ramanivasa Sharma, Sahasrayogam, edition-oct-1989, pg.no- 113