

CLINICAL STUDY ON *VICHARCHIKA* (IRRITANT CONTACT DERMATITIS) WITH
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ABSTRACT

Skin is the chief wrap of the body, plays an important role in maintaining barrier between internal and external environment. *Ayurveda* has described all skin disease under the sunshade of the *Kushtha and Kshudra Kushth*, which can be listed as “*Ayurvedic dermatology*”. *Acharya Charaka* and *Acharya Shusruta* have separately told the concept of contact poisoning. They have mentioned external and internal effect of poison (irritants) on the body. According to *Ayurveda*, irritant contact dermatitis is symptomatically very similarly to *Vicharchika* described in various texts. In the present study 15 *vicharchika* (irritant contact dermatitis) patients were registered from the O.P.D., Department of *Agadtantra*, Rishikul Ayurvedic College, Haridwar. All patients completed their treatment. The aim of the study was to evaluate the role of selected ayurvedic medicines on the management of *Vicharchika*. The treatment schedule was to apply *vishaghna lepa* applied locally over the affected area twice a day for a period of 45 days. In present study overall Result of Group is 35.3%. No adverse drug reaction was found in this clinical study.

KEY WORDS: *Kushtha, Kshudra kushth, Dermatology, Dermatitis, Vicharchika, Vishaghna.***INTRODUCTION**

Vicharchika (irritant contact dermatitis) suggests that dark itching eruptions with haptic sensation and exuberant discharge.^[1] According to *Charaka* due to *nidana sevan* all *doshas* are vitiated and they in turn vitiated *Twak, Rakta, Mamsa, Lasika* in the skin. All these tissues lose their tone, excess *kleda* is formed, skin also loses its tone and ultimately *Kushtha* is formed.^[2] Eczema or dermatitis is a group of diseases that results in inflammation of the skin. These diseases are characterized by itchiness, red skin and a rash. In cases of short duration, there may be small blisters, while in long-term cases the skin may become thickened. The area of skin involved can vary from small to the entire body.^[3] According to the clinical features, the disease *Vicharchika* (irritant contact dermatitis) is closely resembled with the Eczema or dermatitis. *Ayurveda* is an ancient scientific medical knowledge in the world. So many ayurvedic medicines had been described in ayurvedic classical books for the treatment of *Vicharchika* (irritant contact dermatitis). *Vicharchika* (irritant contact dermatitis). The suitable effective treatment of this disease is not available in the modern medicine the disease is affecting both physically and mentally so it draws attention nowadays to different

research scholars for research purpose. Hence *Vishaghna lepa* had been selected for clinical evaluation on the management of *Vicharchika* (irritant contact dermatitis).

Objectives

The present study is planned with the following objectives-

- ❖ To evaluate the efficacy of *Vishaghna lepa* in the management of ICD (irritant contact dermatitis).

MATERIAL AND METHOD**Study design**

Total 15 patients had been registered for the present clinical study as per the criteria for diagnosis of the disease *Vicharchika* (irritant contact dermatitis). All the 15 patients completed they're till the end of study. The patients had been selected from the O.P.D. of *Agadtantra*, Rishikul govt. Ayurvedic P.G. college, Haridwar, as per the criteria given below:

Inclusion criteria: a) Age group between 16-60 years.

b) Chronicity not more than 2 years.

c) Patient fulfilling the diagnostic criteria of Irritant contact dermatitis.

Exclusion criteria: a) Patient suffering from severe chronic illness.
b) Patient suffering with chronic infectious disorder.
c) Known case of other allergic disorder.

Assessment criteria

Assessment of the patients was done on the basis of relief in the symptomatic parameters. The symptoms and the grading are as follows.

a) Itching

0 - No itching.
1 - Mild itching not disturbing normal activity.
2 - Occasional itching disturbing normal activity.
3 - Itching present continuously and disturbing sleep.

b) 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 disturbing sleep.

c) Discharge

0 - No discharge.
1 - Moisture on the skin lesion.
2 - Occasionally discharge.
3 - Discharge present continuously

d). Dryness

0 - No dryness.
1 - Dryness with rough skin.
2 - Dryness with scaling.
3 - Dryness with cracking.

e). Vesicles

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 eruptions.

f). Discoloration

0 - Nearly normal skin colour.
1 - Brownish red discoloration.
2 - Blackish red discoloration.
3 - Blackish discoloration.

Vicharchika (irritant contact dermatitis) was diagnosed on the basis of clinical manifestations as described in Ayurvedic classical texts and modern text. Routine Hb%, TLC, DLC, ESR, Patch test, Blood Sugar (fasting/ P.P) had been done to exclude other pathological conditions of the registered patients.

All patients completed their treatment, the treatment schedule was to apply *Vishaghna lepa* locally over affected area twice in a day for 45 days. Some instruction were given to the patients during the therapy those were to avoid cold drinks, ice cream, curd, milk with salt, milk with fish, cold water, sleeping at day time.

Vishaghna lepa

1. Leaves of *nirgundi*
2. Bark of *shrisha*
3. Petroleum jelly
4. Til oil
5. Honey bee wax
6. Preservative sodium benzoate

Method of preparation of *lepa*

Firstly *Shirisha* bark and *nirgundi* leaves *kwatha* were made individually then their *ghana* was prepared, after that the *ghana* of both the drugs was mixed with petroleum jelly, Til oil, honey bee wax and preservative sodium benzoate was packed in 10gm for convenient use.

Method for application of *lepa*

- ❖ The patients were asked to wash the area with normal water prior to application of *lepa*.
- ❖ Required quantity of *lepa* were advised to apply in over the affected area.
- ❖ The *lepa* was applied twice a day.

Follow-up

The follow up of the patients was done at the interval of 15 days. Patients were kept under advice to avoid irritant that causes irritation. Patient was advised to visit O.P.D latter on for counselling purpose.

Observation

A total of 15 patients were selected for the study there were 13.33% male while 86.66% females respectively. Maximum patients were in age Group 40-50 years followed by age 30-40 and 50-60 years. They were 66.66%, 20%, 13.33 % respectively. Based on occupation maximum patients were found in homemakers' group. They were 60 %. All patients were of Hindu religion. Based on socio economic status maximum patients were mid class (66.66%). High class is 26.66%, mid class is 66.66% and Poor are 6.66% based on marital status 14 patients were married (93.33%), 01 patients were unmarried (6.66%). Based on dietary habits maximum patient dietary habits were non vegetarian 60% and Vegetarian were 40%. Based on bowel habits out of 15 patients, 6 patients bowel habits were regular (40%) and 09 patients bowel habits were constipated (60%). Based on appetite Moderate Appetite patients were 60% and Poor Appetite patients were 40%. Maximum patients were of *vaat-pittaj prakarti*. Maximum of *madhyam sara*, *samhana*, *praman*, *satmay*, *satva* and *vyam shakti*.

RESULTS AND DISCUSSION

The results obtained from the study shown a marked difference in the symptoms. The patients showed moderately significant results in the relief of all the symptoms. In this study on application of *Vishghna Lepa* in patients we found no improvement in 33.3% patients, mild improvement in 60% patients, moderate improvement in 6%, Thus it is cleared from the study

that *Vishaghna lepa* helps in the management of *vicharchika* (irritant contact dermatitis).

Statistical findings in 15 patients of *Vicharchika*-

Parameter	BT	AT	%	P
Itching	1.8	0.933	48.16%	<0.001
Burning sensation	1	0.533	46.7 %	<0.001
Dryness	1.533	1.066	30.46 %	<0.001
Discharge	1	0.666	33.4%	<0.001
Discoloration	1.333	0.9333	30%	<0.001
Vesicle	1.733	1.333	23.08 %	<0.001

Overall effect of therapy

Effects	No. of patients	Percentage
Mild improvement	9	60%
Moderate improvement	1	6%
No improvement	5	33.3%

Probable mode of action of *Vishaghna lepa*

The contents of *Vishaghna lepa* are the leaves of *Nirgundi*, bark of *Shirisha*, mixed with petroleum jelly, Til oil, honey bee wax and preservative sodium benzoate. All these have conferred *Vishaghna lepa*. *Shirisha* has *Laghu Ruksha Guna*, due to this it causes *shoshana* of Discharge. And *Kapha shaman*, *Kapha Shamana* leads to subsidence of *kandu* (itching). *Anushna veerya* and *Kashaya Madhura rasa* of *shirisha* subsides burning sensation. *Katu Vipaka* does *ama pachana*.

Nirgundi has *Laghu Ruksha guna* and *Ushna veerya*, due to this it absorbs extra *kleda* and *kapha*, which is responsible for *kandu* and *stravaa*. *Tikta kashaya rasa*, subsides burning sensation of *vicharchika*. *Vatakapha shamaka dosha prabhava* helps in size reduction of vesicle. In most of the patients *kandu*, *daha*, *shrava*, *Rukshata* and *Pidikotpatti* was relieved significantly.

CONCLUSION

Vicharchika, is one of the *Kshudra kushta*, is a very common contagious skin disorder which is caused due to vitiation of *vaat*, *pitta*, *kapha*, *twacha*, *rakta*, *mamsa* and *lasika*. Though not among the serious ailments, this *kshudra roga* named *Vicharchika* causes physical and mental stress to the individual suffering with it. It can be correlated to irritant contact dermatitis. In the present study *vishaghna lepa* showed moderately significant result that led to the patient satisfaction, *lepa* is the most cost-effective modality, which can be adopted here in this disease condition. No complication had been observed in this clinical study and such kind of research work may be designed in further for more conformation to provide the better Ayurvedic treatment on the management of *Vicharchika* and the maintenance of hygiene is a very important issue and not to be neglected during treatment.

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