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A study on the efficacy of *Siravyadha* followed by *Snuhi Kaanda Lepa* in the management of *Vicharchika* (eczema)

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ABSTRACT

Beauty is either skin deep i.e. Superficial or the purity of soul itself the later which is implied to *Satwa Guna* is penultimate and is beyond physical afflictions. Complexion, color etc. attributed to the healthy status of *Tawka* (skin) and the humors and the former is mean of sensory perception and the *Vata Dosh*a pervades in it. People who live in urban areas and in climates with low humidity seen to be at increased risk for developing atopic dermatitis. W.H.O reveals that more than 75 million people all over the world have this disease.

Key words: *Vicharchika*, *Siravyadha*, *Snuhi Kaanda Lepana*.

INTRODUCTION

Skin is the most exposed part of body which remains continuously in direct touch into the outer atmosphere and foreign bodies, physical, chemical and biological environment agents also play role in producing the skin disease.

Skin is the largest organ which protects and covers an area of approximately 2m² of whole body.^[1] It is one of the *Panchendriya* which is called as *Sparsnendriya*.^[2] Healthy skin is the mirror image of good health. The color of the skin is important biologically, cosmetically and socially. Skin problems occur from all the ages' neonate to the elderly and causes harm, they are disability, discomfort and

disfigurements.

Ayurveda is an ancient science which helps to maintain the health of the healthy person and also helps to cure the disease.^[3] Our Acharyas has consider the skin disease under the heading of *Kustha*. This is one of the *Asta-mahagadha* also.^[4,5] In our science skin disease have explained as *Mahakustha* and *Kshudra Kustha*. Skin disorders are having prevalence rate of about 15% of world's population. Because of vitiation of *Tridosha* it produces many groups of symptoms. Some of them has mentioned as kind of *Kustha* can be classified, According to the dominance of the *Dosha* as *Mahakustha* and *Kshudrakustha*. *Vicharchika* is one type of *Kshudra Kustha* having the dominance of *Kapha*, *Pitta* and *Kapha Dosh*a. *Vicharchika* can be correlated with Eczema in modern parlances. It is commonly seen in clinical practice for long proportion of skin disease. As the *Kustha Roga* has different and complex type of pathology with different sign and symptoms. Many skin diseases have not any remedies. Some of them are relapsing out of them. *Vicharchika* is one which relapsing by its complex pathology. Though the various treatments are available in contemporary science they are still not effective in preventing its reoccurrence. Hence wide spectrum prevalence its chronicity, lack of effective drug attract the researcher to look the

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suitable remedy for the disease. The Modern medicine consist of Antihistamine pills, oral and topical Steroids, Topical immune modulators and phototherapy by UV rays. oral steroids are reserved for life saving cases and its prescription is for a limited period, Long term use of Topical steroids causes thinning of skin, stretch marks, unwanted hair growth, redness of skin, and rebound of disease on withdrawn, Topical immune modulators can cause skin cancer which has been proven on animal experimentation and even phototherapy may end in white skin and skin cancer.

With these drawbacks, the present study titled 'To evaluate the efficacy of Siravyadha followed by Snuhi Kaanda Lepa in the management of Vicharchika (eczema), is being taken in the direction of giving relief to the patient and prevent the relapse, this can save the patient from agony of persistent discomfort and restricted social life, thereby considerably improving the dermatology - specific quality of life. Here Siravyadha is Ardha Chikitsa in overcoming Rakta Pradoshaja Vyadhi and Lepa Karma is patient friendly (can be carried out by patient). Local therapeutic procedure which is found to be highly efficacious in skin disorders to abate the local discomfort which is by easy and fast absorption and will have local results and unwanted reactions.

OBJECTIVE OF THE STUDY

The main objective of the study was to establish the authenticity of the reference stating that *Dagdha Snuhi Kaanda* is effective in the management of Vicharchika.

MATERIALS AND METHODS

Source of data

Patients suffering from features of Vicharchika, were selected from OPD and IPD of Tegginmath Ayurvedic Medical College, Hospate.

Method of collection of data

A total of 40 cases with clinical features of Vicharchika namely *Kandu, Pidaka, Srava, Shyavata, Rukshata, Raji*, were selected for the present study, adhering to

inclusion and exclusion criteria. Informed consent was taken in all the cases.

Inclusion Criteria

1. Patients with clinical features of Vicharchika namely *Kandu, Pidaka, Srava, Shyavata, Rukshata, Raji, Ruja* and *Daha* were included.
2. Lesions limited to upper or lower limbs.

Exclusion Criteria

1. Vicharchika associated with other skin disorders.
2. Systemic disorders, that would come in the way of disease and treatment
3. Pregnancy and Lactation
4. Age below 16 and above 70 years

Investigations

CBC, RBS, Urine Routine Examination were done to rule out other systemic disorders.

Sampling Design

A total of 40 cases of Vicharchika, after considering the above mentioned criteria were included for the study.

The 40 cases included were randomly allotted into two groups namely Group-A & Group-B, each consist of 20 patients.

General instructions to the patients

1. Advised to take bath regularly with gram flour, lukewarm water and avoid using soap and shampoo.
2. Maintain good physical hygiene.
3. Avoid tight clothing.
4. *Pathya Ahara* - Bland diet, food products which are bitter in taste, light for digestion.
5. *Apathya Ahara* - Diet having excessive *Katu, Amla* & *Lavana Rasa*, fatty & fried food, curds & non-veg diet were strictly avoided during the course of the study. In addition alcohol, smoking & tobacco chewing were also avoided.

Materials required**For Siravyadha**

- *Tila Taila* - sufficient quantity purchased from Davanagere Ayurveda Pharmacy.
- Pressure cooker connected with rubber tube - 1
- Water - sufficient quantity
- Sterile Cotton - sufficient quantity
- Tourniquet - 1
- Sterile glove - No 6.5, sufficient number
- Surgical Spirit - sufficient quantity
- Disposable needle -18 No. gauze - 1
- Measuring jar - 1
- Cotton Pads - sufficient quantity
- Sterile roller bandage - 1

Materials for Lepa application

- *Dagdha Snuhi Kanda Bhasma* - Sufficient Quantity
- *Sarshapa Taila* - Sufficient Quantity
- Wooden Spatula - 1
- Sterile Cotton Swabs - Sufficient Numbers.
- Surgical Gloves - No 6.5, Sufficient Numbers
- Sponge Holding Forceps - 1.
- Roller Bandage - Sufficient Quantity.

Study Design - Comparative clinical study**Group A****Table 1: Showing the procedure in Group A**

Poorva Karma	Pradhana Karma	Paschat Karma
1. <i>Tila Yavagu Pana</i> , 1 <i>Moohurth</i> (48 min) before the procedure.	<i>Siravyadha</i> 2 <i>Angula</i> above <i>Kshipra Marma</i> on 1 st , 15 th & 30 th day	Pressure bandage applied
2. <i>Sthanika Abhyanga</i> by warm <i>Tila Taila</i> .		
3. <i>Nadi Sweda</i> with <i>Jala</i>		

Group B**Table 2: Showing the procedure in Group B**

Poorva Karma	Pradhana Karma	Paschat Karma
1. <i>Tila Yavagu Pana</i> , 1 <i>Moohurth</i> (48mins) before the procedure of sufficient quantity	1. <i>Siravyadha</i> 2 <i>Angula</i> above <i>Kshipra Marma</i> , on 1 st , 15 th & 30 th day 2. Application of <i>Dagdha Snuhi Kanda Bhasma</i> in sufficient quantity with <i>Sarshapa Taila</i> , once daily for 30 days in the morning.	1. Pressure bandage applied 2. Allowed to dry up the <i>Lepa</i> and then wiped with swab.
2. <i>Sthanika Abhyanga</i> by warm <i>Tila Taila</i>		
3. <i>Nadi Sweda</i> with <i>Jala</i>		

Procedure**Group - A (*Siravyadha*)****Poorvakarma**

- Procedure was made known to patient in advance and written consent was obtained.
- ***Yavagupaana*** - Patients were advised to consume sufficient quantity of *Tila Yavagu* 1 *Moohurth Kala* (48 minutes), before undergoing *Siravyadhana*.
- ***Abhyanga and Sweda*** - The affected limb was anointed with *Tila Tail*, followed by *Sthanika Nadi Sweda* with water.

Pradhana Karma

The patient was made to sit comfortably over the examination table in the minor OT. Then the area (Prominent vein just 2 *Angula* above *Kshipra Marma*) was thoroughly cleansed with surgical spirit. A tourniquet was tied 2 inch above the ankle joint/wrist joint to make the vein prominent and if essential, mild blow was given over the vein. A sterile needle of 18 No. gauze was used for Bloodletting, and blood was collected in the measuring jar, The procedure was completed when Blood flow stopped on its own, or upto 200 ml, which was earlier.

Paschat Karma

After letting out blood, the needle was taken out, and the area wiped with cotton swab, a sterile cotton pad

was applied and bandaged. The patient was asked to take rest for 10-15 minutes, and advised to consume *Gudajala Pana* of sufficient quantity, and was advised to remove the bandage in the evening.

Group B: (Siravyadha and Lepa)

Siravyadha

Poorvakarma

- Procedure was made known to patient in advance and written consent was obtained.
- **Yavagupaana** - Patients were advised to consume sufficient quantity of *Tila Yavagu (Pana)* 1 *Moohurth Kala* (48 minutes), before undergoing *Siravyadhana*.
- **Abhyanga and Sweda** - The affected limb was annointed with *Tila Taila*, followed by *Sthanika Nadi Sweda* with water.

Pradhana Karma

The patient was made to sit comfortably over the examination table in the minor OT. Then the area (Prominent vein just 2 *Angula* above *Kshipra Marma*) was thoroughly cleansed with surgical spirit. A tourniquet was tied 2 inch above the ankle joint to make the vein prominent and if essential, mild blow was given over the vein. The sterile needle of 18 No. gauze was used for Bloodletting, and collected in the measuring jar, the procedure was completed when Blood flow stops on its own, or upto 200 ml, which was earlier.

Paschat Karma

After letting out blood, the needle was taken out, and the area wiped with cotton swab, a sterile cotton pad was applied and bandaged. The patient was asked to take rest for 10-15 minutes, and was advised to remove the bandage in the evening.

Lepa

Dagdha Snuhi Kanda Lepa

Quantity of this *Lepa* was prepared, as mentioned in the Review of preparation of *Dagdha Snuhi Kanda Lepa* and the same was stored in air tight glass jar, which was used whenever required with sufficient quantity.

Based on the size of the lesion, the quantity of the Lepa was decided. The *Dagdha Snuhi Kanda Lepa* was applied to the lesion in the following manner

- The lesion was cleaned properly with sterile swabs dipped in clean warm water & the area was mopped with sterile gauze, and then allowed to dry up.
- The *Dagdha Snuhi Kanda Lepa* was applied over the lesion with the help of a spatula in the opposite direction of the hair root & care was taken not to extend the *Lepa* over the normal skin. The thickness of the *Lepa* was that of *Ardra Mahisha Charma*.
- The *Lepa* was allowed to dry up after which the area was moistened and cleaned with warm water & mopped up with dry sterile gauze. The area was then dressed with plain gauze to avoid exposure to dust etc. and also to see that it should not come in contact with the cloth of the patient which maybe soiled.
- The *Lepa* was applied once a day in the morning for a period of 30 days.

Assessment Criteria

The results were evaluated by subjective & objective parameters mainly based on clinical observations by grading method

Grading of parameters

Subjective criteria

1) *Kandu* - (Itching)

- Absent - [Score- 0]
- Mild - (Not disturbing daily activities) [Score -1]
- Moderate - (Disturbing daily activities) [Score -2]
- Severe - (Disturbing daily activities and sleep.) [Score -3]

Objective criteria

1) *Pidaka*

- Absent - [Score 0]
- Present - [Score 1]

2) Srava : (Discharge)

- Absent - [Score 0]
- Mild - [Score 1]
- Moderate - [Score 2]
- Profuse - [Score 3]

3) Shyava Varna

- Normal skin color - [Score 0]
- Brownish red discoloration - [Score 1]
- Blackish red discoloration - [Score 2]
- Blackish discoloration - [Score 3]

4) Rookshata

- Absent (Normal skin) - [Score 0]
- Mild (dry with rough skin) - [Score 1]
- Moderate (dry with scaling) - [Score 2]
- Severe (dry with cracking) - [Score 3]

5) Raji

- Absent - [Score 0]
- Present - [Score 1]

6) Ruja

- Absent - [Score 0]
- Present - [Score 1]

7) Daha

- Absent - [Score 0]
- Present - [Score 1]

Total effect assessment of the study

Unchanged	0 – 25 %
Mild Response	26 – 50 %
Moderate Response	51 – 75 %
Marked Response	76 – 99 %
Cured	100 %

OBSERVATIONS AND RESULTS

In the present study 40 patients were studied in the following 2 groups, those were included based on inclusion criteria and fulfils the subjective and objective parameters

Group A - *Siravyadha* 20 patients.

Group B - *Siravyadha* and *Dagdha Snuhi Kanda Lepa* 20 patients.

The data's collected are presented below:

Showing the distribution of patients by age

Out of 40 patients, 7 patients of <30 yrs. (17.5 %), 7 patients of between 31-40 years (17.5 %), 9 patients of between 41-50 years (40%), 9 patients of between 51-60 years (22.5%), and 1 patient was of >60 years (2.5%).

Distribution of Patients by Sex

Out of 40 patients majority of patients were male i.e. 25 patients (62.5%), and 15 (37.5%) patients were female.

Showing the distribution of patients by religion

Among 40 patients 32 patients (80%) were Hindu and 3 patients (8%) were Muslim.

Showing the distribution of patients by Economical status

Out of 40 patients; 20 (50%) were belonging to Lower class, 18 (45%) were of middle class, and 2 (10%) were belonging to upper class.

Showing the distribution of patients by Food Habit

Out of 40 patients; 32 (80%) are Vegetarian, 8 (20%) are taking mixed food.

Showing the distribution of patients in terms of body parts affected

Among 40 patients; 23 (57.5%) had lesion in legs, 4 (10%) had in soles, 2 (5%) had in Hand, 7 patients had on Arm, 01 (2.5%) had in palm and 3 (7.5%) had lesion in Back.

Distribution of the patients according to their chronicity

The maximum number of patients with chronicity of disease about 1-2 year with the incidence of 45 % in both the groups,

Duration up to 1 year with the incidence of 30% in group A, and 15% in group B.

Duration of disease 2-3 year with the incidence of 20% in group A, and 15% in group B.

Duration of disease 3-5 year with the incidence of 25% in group B and 5% in group A.

Comparative evaluation of *Kandu* in two groups

In group A, Maximum number of 18 (90%) were having Severe *Kandu*, two patients (10%) were having moderate *Kandu* before treatment,

On 15th day, 8 patients (40%) got complete relieved of *Kandu*, 11 (55%) patients got mild relief, and 1 patient got moderate relief.

On 30th day, 17 (85%) patients got complete relief, and 3 (15%) patients got mild relief.

So in group A, Total 85% of patients got complete relief from *Kandu*, and 15% of patients got mild relief

Comparative Evaluation of *Pidaka* in two groups

In group A,- 17 patients (85%) presented with *Pidaka* and 3 patients (15%) were not presented with *Pidakas*,

On 15th day, 16 patients (80%) got complete relief.

On 30th day, 19 patients (95%) got complete relief. And 1 patient not relieved with *Pidakas*.

Comparative evaluation of *Srava* in two groups

In group B- Maximum of 5 (25%) patients presented with profuse *Srava*, 2 patients (10%) with moderate *Srava*, and 1 patient with mild *Srava*.

On 15th day, 3(15%) patients showed mild *Srava*, and 5 patients got complete relieve of *Srava*.

On 30th day, all 19 (95%) patients got complete relief of *Srava*. one patient still presented with *Srava*.

Comparative Evaluation of *Shyavatha* in two groups

In group A- Maximum of 19(95%) patients presented with Blackish discoloration of lesion before treatment and one patient with Blackish red discoloration..

On 15th day, 15 (40%) patients showed blackish red discoloration, and 5 (60%) patients showed brownish red discoloration.

On 30th day, 8 (40%) patients showed blackish red discoloration, and 12 (60%) patients showed brownish discoloration.

In this study, no complete relief observed regarding the discoloration.

Comparative evaluation of *Rookshata* in two groups

In group A, Maximum of 6(30%) patients showed severe *Rookshata*, 5 (25%) patients showed moderate *Rookshata*.

On 15th day, one patient showed complete relief of *Rookshata*, and 10 (50%) patients showed mild *Rookshata*.

On 30th day, 6 (30%) patients showed mild *Rookshata*, and remaining all patients showed complete relief from *Rookshata*.

Comparative evaluation of *Raji* in two groups

On 15th day, 6 patients relieved completely and 3 (15%) patients showed *Raji*

On 30th day, 7 patients showed complete relief and 2 (10%) patients were still with *Raji* over the lesion.

In group A, Maximum of 11(55%) patients were presented with *Raji* before treatment,

Comparative evaluation of *Ruja* in two groups

In group A, Maximum of 11 (55%) patients presented with *Ruja* before treatment.

On 15th day, all 20 patients relieved with *Ruja*

Comparative evaluation of *Daha* in two groups

In group A, Maximum of 10(50%) patients presented with *Daha* at lesion.

On 15th day, all patients relived by *Daha*.

Comparative evaluation of overall outcome in two groups studied.

Overall outcome	Group A	Group B
Excellent	10(50.0%)	17(85.0%)
Good	9(45.0%)	3(15.0%)

Poor	1(5.0%)	0
Total	20(100.0%)	20(100.0%)

Excellent outcome are significantly more in Group B with P=0.041*

DISCUSSION

Among 40 patients, In both the Groups 27 (67.5) Patients shown Excellent response, 12 (30%) Patients shown Good response, 1 (2.5%) patient shown poor response,

Those who were shown mild, moderate and poor response in them:

- (i) Once *Siravyadhana* is not sufficient,
- (ii) Strong involvement of morbidity of *Dosha* and
- (iii) Patient didn't follow the proper instructions during *Siravyadhana Karma*
- (iv) One patient unable to follow proper *Ahara-Viharas* and indulged in *Nidana Sevana* during the procedure.

Probable mode of action of *Siravyadha*

Siravyadha is a procedure of *Raktamokshana*. It is indicated to expel out the vitiated blood from all over the body.

Acharya Sushruta advocates *Siravyadha* at the site of *Kshipra Marma* as a treatment of *Vicharchika*. The disease *Kushta* is a *Rakta Pradoishaja Vyadhi* and *Vicharchika* is one of the *Kshudra Kushta*, hence *Raktamokshana* helps in expelling out the *Dushta Rakta* from the body.

The site selected is 2 *Angula* above the *Kshipra Marma*, here the site can be co-related to dorsal arch of the foot. So the peripheral point has been selected for *Siravyadha* because it is easy to perform *Siravyadha* as the veins are superficial in the extremities

After a particular amount of blood letting (120 ml) the fluid and plasma components of the blood will be decreased. Normally the exchange of gases, nutrients and waste products between blood and tissue takes place at the capillary level. Hence the volume loss may

affect this exchange mechanism and also decreases the plasma and its contents like immune globins, carbohydrates, lipids, salts, vitamins and clotting proteins.

Here the low oxygen at the tissue stimulates the development of RBC'S by haemopoiesis and even the volume loss will be replaced by the plasma proteins, Plasma proteins are essential in maintaining the blood volume. These plasma proteins are too large to leave the vasculature and remain in the capillaries exerting the osmotic pressure over the lesion that pulls the fluid back into the vascular system from the interstitial space.

So whenever the blood is contaminated with any type of particular allergens that starts to circulate all over the body, finally it gets lodged in the tissue at capillary junction where the blood exchanges its contents with the tissue. Hence these particular allergens deposit there and produce the symptoms as in case of eczema.

Hence in *Siravyadha* the *Dushita Rakta Nirharana* takes place, replacing with *Shuddha Raktha*, which nourishes the affected site with Oxygen and nutrients, hence the symptoms of *Vicharchika* subsides.

Probable Mode of action of *Lepa*

Application of *Lepa* in opposite direction of the hairs, help the active principles in *Lepa* infused to enter *Romakupa* and absorbed through *Siramukha* and *Swedavaha Srothas*, the opening of *Dhamanis* connected to *Romakupas*, the essence of these are absorbed and passed to the deeper layers,

The *Lepa* mentioned in *Astanga Hridaya* meant for *Vicharchika* and said to have *Kusthaghna* property, *Katu Rasa*, *Ushna Virya*, and *Katu Vipaka* of the ingredients of *Lepa* helps in pacifying *Kapha Dosha* which is causative factor of *Vicharchika*.

Snigdha Guna and *Vata-Pittahara* property of *Sarshapa Taila* helps in mitigating dryness of skin, which is main cause in the onset of Eczema.

The chemical analysis of *Lepa* has come out to be having ph of 9.4, which is said to be alkaline in nature (*Kshara*), here *Ksharana Karma* of this helps in debriding the dead cells, allowing proper nutrition to

local tissues and *Sthambana* property of *Kshara* helps in relieving the discharge. Presence of high protein content of *Lepa*, acting as anti-oxidant and helps in nourishment of local tissues, which might help in resistance of skin allergen, thus probably reduces the relapsing nature of Eczema.

CONCLUSION

Vicharchika as a *Kshudra Kustha* has *Kapha* dominance & even involvement of *Tridosha* can be evident from its signs & symptoms. *Vicharchika* in modern view has similarity with Eczema. *Vicharchika* is a disease of agriculturists, housewives, industrial workers who are open to the assault of irritant substances. It is also chronic in nature so after remission, there are chances of recurrence. Reports of allergic contact dermatitis from shampoos are mainly case based. Shampoos can cause dermatitis of the scalp, face and neck. Most of the patients were reported in the chronic stage of *Vicharchika*. Negligence in early stage and recurrence of *Vicharchika* is common phenomenon. *Vicharchika* condition is more aggravated by dry and cold weather, and also when excessive sweating occurs. Sunlight and irritant material also precipitates the conditions. General emotional expression also interfere in skin condition i.e. anxiety, depression, tense mind activate the sympathetic nerve stimulation which produce indigestion, skin manifestation etc. There will be strong involvement of psychological factors in the causation of *Vicharchika* like *Chittodwega*, *Krodha* are found. Maximum number of patients had lesion in lower extremity especially feet followed by in hands is the 2nd common site of affliction. The *Lakshana Kandū* is noticed in all the 40 patients of the present study. Lower extremities are more prone to be affected by *Vicharchika*.

Siravyadha Karma provides better relief in the symptoms of *Vicharchika*, by *Nirharana* of *Dusta Raktha* and replacing it with *Shuddha Raktha* for nourishment to *Twak*. *Lepa* provides highly significant results as it has ph of 9.4, which acts like mild *Kshara* and hence *Ksarana* of *Pidakas* (dead cellular

debridment) takes place. *Lepa* has the chemical constituents like ions in the *Lepa* helped for the easy diffusion of drugs, and proteins in the *Lepa* helped for the nourishment of skin. Statistical analysis of both the treatment plans yield results which were statistically significant. Clinically the features of *Vicharchika* namely *Kandū*, *Pidaka*, *Srava*, *Rookshta*, *Raji*, *Rooja*, and *Daha* showed signs of complete relief at the end of treatment. Complete relief of *Shyavata* was not achieved in both the treatments except (15%) in group B.

REFERENCES

1. Hutchinsons clinical methods edited by Michael glynn, 22nd edition, reprinted 2007, Toronto, 11th chapter, Page no.251.
2. Agnivesha, Charaka samhita raised by charaka samhitha raised by charaka and dridabala with ayurveda dipika commentary of charakrapanidatta, edited by harishchandra singh kushvane, Sutrasthana chapter 8/8, edition Reprint 2011 Pub:Chaukhambha orientalia, Varanasi and P-124.
3. Agnivesha, Charaka samhita raised by charaka samhitha raised by charaka and dridabala with ayurveda dipika commentary of charakrapanidatta, edited by harishchandra singh kushvane, Sutrasthana chapter 30/26, edition reprint 2011 Pub:Chaukhambha orientalia, Varanasi and P-405.
4. Agnivesha, Charaka samhita raised by charaka samhitha raised by charaka and dridabala with ayurveda dipika commentary of charakrapanidatta, edited by harishchandra singh kushvane, Indriyasthana, chapter 9/8, edition reprint 2011 Pub:Chaukhambha orientalia, Varanasi and P-913.
5. Sushruta, Sushruta samhita Nibandhasangraha commentary of Dalhanacharya and Nyayachandrika panchika commentary of gayadasa, edited by Kaviraja ambika dutta shastri, sutrasthana chapter 33/4, reprint edition 2005 pub:chaukhambha Publication, Varanasi and P-127.
6. Amarsimha, Namalinganusasana or Amarkosha with the Ramashrami commentary of Bhanuji Dikshita and Maniprabha Hindi commentary Edited by Pandit Haragovinda Shastri, 3rd Edition-1997, Choukhambha Sanskrit Sansthan, Varanasi, Pp-668.
7. Agnivesha, Charaka Samhita revised by Charaka and Dridabala with Ayurveda dipika commentary of chakrapanidatta, Edited by Yadavji Trikamji Acharya, Sutra sthana 8th chapter, 7th Varanasi, Pp-738, Page no.56. Edition-2005, Choukhambha Surbharati Prakashan,
8. Sushruta, Sushruta Samhita, Nibandhasangraha commentary of Dalhanacharya and Nyayachandrika Panchika commentary of Gayadasa, Edited by Yadavji Trikamji Acharya,

- Shareerasthana 1st Chapter, Reprint 2005, Choukhambha Orientalia, Varanasi, Pp-824, Page no.339.
9. Agnivesha, Charaka Samhita revised by Charaka and Dridabala with Ayurveda dipika commentary of Chakrapanidatta, Edited by Yadavji Trikamji Acharya, Chikitsa sthana 15th chapter, 7thPrakashan, Varanasi, Pp-738, Page no.514. Edition-2005, Choukhambha Surbharati
 10. Agnivesha, Charaka Samhita revised by Charaka and Dridabala with Ayurveda dipika commentary of Chakrapanidatta, edited by Yadavji Trikamji Acharya, Shareera sthana 3rd Prakashan, Varanasi, Choukhambha Surbharati, Pp-738, Page no.310. Chapter, 7th Edition-2005,
 11. Sushruta, Sushruta Samhita, Nibandhasangraha commentary of Dalhanacharya and Nyayachandrika Panchika commentary of Gayadasa, Edited by Yadavji Trikamji Acharya, Shareerasthana 4th Chapter, Reprint 2005, Choukhambha Orientalia, Varanasi, Pp-824, Page no.355.
 12. Vagbhata, Ashtanga hridayam Sarvanga sundari commentary of Arunadatta and Ayurveda rasayana commentary of Hemadri, edited by Bhisagacharya Harishastri Paradakara Vaidya, Shareera sthana, 3rd Chapter, 9th Edition- 2002, Choukhambha Orientalia, Varanasi, Pp-956, Page no.386.
 13. Vagbhata, Ashtanga hridayam Sarvanga sundari commentary of Arunadatta and Ayurveda rasayana commentary of Hemadri, edited by Bhisagacharya Harishastri Paradakara Vaidya, Shareera sthana, 3rd Chapter, 9th Edition- 2002, Choukhambha Orientalia, Varanasi, Pp-956, Page no.386.
 14. Agnivesha, Charaka Samhita revised by Charaka and Dridabala with Ayurveda dipika commentary of Chakrapanidatta, Edited by Yadavji Trikamji Acharya, Shareera sthana 7 th chapter, 7thPrakashan, Varanasi, Choukhambha Surbharati, Edition-2005, Pp-738, Page no.337.
 15. Vaidya Jadavaji Trikamji acharya edited Charaka samhita Shareerasthana chapter-7/4, edition reprint 2005, and pub: Chowkhamba Surabharati Prakashana, Varanasi, P-337.
 16. Vaidya Jadavaji Trikamji Acharya edited Sushrutasamhita, Shareerasasthana, Chapter- 4/4, 7th edition 2002, pub: Chaukhambha Orientalia, Varanasi, p-355.

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